



Patient – Family Partner Program Application Form

Thank you for your interest in the Patient-Family Partner Program. Our vision is that your insights will help to identify what really matters most to our patients in their health care experience. Together we will improve quality, safety and the patient experience.

PERSONAL DATA

Name _____ Social Security Number _____
 (Last, First, Middle)

Address _____
 Street City State Zip

Phone number _____ Cell number _____

Personal e-mail address _____

GETTING TO KNOW YOU BETTER

1. Are you a . . . Patient Family member of a patient
2. When was your care experience at Lake Region Healthcare? *(Check all that apply)*
 2015 to current year 2014 2013 2012 2011 or before
3. Which unit(s) provided care for you or your family member? *(Check all that apply)*
 Emergency Room Rehabilitation Services (PT/OT/Speech)
 Hospital Laboratory Services
 Outpatient Clinic Services Radiology
4. Please indicate the location(s) you have used: *(Check all that apply)*
 Lake Region Hospital Walk-In Clinic Cardiac Rehab/Mehl Center
 Cancer Care & Research Center Clinic Services (Fergus Falls, Battle Lake, Barnesville, Ashby)
5. We recognize that our patient and family partners have busy lives. How much time are you able to commit to being a patient and family partner? *(Check one)*
 Less than 1 hour per month 3-4 hours per month
 1-2 hours per month More than 4 hours per month
6. How do you want to help? I want to . . . *(Check all of your interest areas)*
 Interview or Questionnaires: Participate in a one-time interview or fill out a questionnaire about your health care experience.

 Reviewer: Review informational materials for patients and family members.

 Hospital or Clinic Volunteer: Nurture, support and serve through a variety of roles including: Meet, greet and escort families throughout the hospital or clinic sites, visiting patients and family members on units, or work in the Gift Shop.

- Facilities Projects:** Provide insights on new or remodeled patient care areas, and/or test and review new furniture etc.
- Focus Group or Panel Member:** Participate in a one-time meeting providing feedback, suggestions or solutions on a particular topic.
- Family Faculty:** Provide presentations through stories about your life both inside and outside the hospital. Share strategies for collaboration and teach partnership practices through real life experiences from a patient & family perspective. Examples of this include speaking at a committee meeting, new employee orientation, various hospital departments and other community venues.
- Improvement Teams:** Join a hands-on team to improve an organizational issue. Actively participate as a team member, working closely with Lake Region Healthcare staff. You would be representing the patient or family perspective. Time commitment ranges from one to five days.
- Other areas of interest, please describe:**

PLEASE TELL US ABOUT YOURSELF:

7. Why do you want to become a patient or family partner?

8. Please describe any specific things that healthcare providers or hospital/clinic staff did or said while you or your family members were in the hospital/clinic that was helpful to you or your family.

9. Please describe any specific things that healthcare providers and hospital/clinic staff could have done differently to be more helpful while you or your family member were in the hospital/clinic.

10. We want a team of volunteers with a wide-range of personal experiences and viewpoints. What aspects from your background would add to the Patient-Family Partner Program? Examples: activities within your community, new or longtime Lake Region Healthcare patient, language and cultural backgrounds.

11. Please check all experiences both personal or professional that would lend itself to being a Lake Region Healthcare Patient or Family Partner:

- | | | |
|--|---|--|
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Engineering | <input type="checkbox"/> Retail/Sales |
| <input type="checkbox"/> Purchasing/Distribution | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Supply Chain | <input type="checkbox"/> Food Service | <input type="checkbox"/> Leadership/Management |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> HR Management | <input type="checkbox"/> Other, please describe: |
| <input type="checkbox"/> Education | <input type="checkbox"/> Legal Services | |
| <input type="checkbox"/> Marketing/Advertising | <input type="checkbox"/> Fundraising | |

12. Please include the name of a personal or professional reference or a Lake Region Healthcare staff member who knows you and/or your family member (healthcare provider, therapist, social worker, etc.)

NAME _____ DEPARTMENT: _____

PHONE OR EMAIL: _____

Thank you, please return this form to:

Kathy Lehn

Lake Region Healthcare *Patient Experience Specialist*

712 Cascade St S

Fergus Falls, MN 56537