

2020 Network Patient Representative (NPR) Participation Agreement Form

Must be completed for all new and returning NPRs.

Please assist the NPR with completing this form. Fax to **405.942.6884** or mail to **Health Services Advisory Group (HSAG): Network 13, 4200 Perimeter Center Drive, Suite 102, Oklahoma City, OK 73112**. If you do not have access to a fax machine, then please ask your facility social worker to assist. Do not **email** forms to the Network.

Brief Overview (excerpt from the NPR Guidebook—a copy will be provided to both staff and NPR)

The NPR Program intention is to help spread educational information to patients and provide them with additional support by fellow patients in their dialysis clinic. The Network NPR Program is made up of NPRs from across Arkansas, Louisiana, and Oklahoma. NPRs are individuals who are on dialysis or have had a kidney transplant. They volunteer at their dialysis clinics working with staff to help improve the patient experience, assist in Quality Improvement Activities (QIAs), share patient education, and represent the patient voice. NPRs also can serve as peer mentors to fellow patients by sharing their experiences and providing support and encouragement. NPRs are role models in their clinics because of their positive outlook and their desire to learn as much about their kidney disease and treatment as they can to improve their quality of life.

NPR Responsibilities

It is up to the NPR on how involved he/she wishes to get but, at a minimum, we ask the NPRs do the following:

- Work with your facility staff on patient engagement activities and Network 13 QIAs.
- Share educational materials from Network 13 and their dialysis facilities with other patients (e.g., posting information on bulletin boards).
- Provide support to new and current patients by phone, email, or in-person.
- Refer patients with questions or concerns to appropriate clinic staff. Avoid giving medical advice.

Additional Activity Ideas

NPRs do all sorts of things at their clinic depending how much time and interest you have. Work with your facility staff to come up with a plan for ways to get involved. Here are some ideas:

- Maintain the patient bulletin board with announcements, education, and recipes.
- Work with the social worker to welcome new patients.
- Write a “patient voice” article for the Network 13 newsletter.
- Talk with new patients or other patients who are having a difficult time with dialysis.
- Help staff plan fun activities at the clinic.
- Serve as a patient subject matter expert (SME) as a Network 13 representative on a national level.

Please notify Network 13 if an NPR steps down from his/her position, receives a transplant, changes clinics, etc. to ensure your facility information is up to date.

All fields must be completed by staff.

Facility Medicare CMS Certification Number (CCN#):	Examples: 04XXXX = Arkansas 19XXXX = Louisiana 37XXXX = Oklahoma		
Full Facility Name and Address:			
What QIA has your facility been assigned? (Please check all that apply.)	<input type="checkbox"/> Home Dialysis <input type="checkbox"/> Transplant <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Bloodstream Infection (BSI) <input type="checkbox"/> Long term Catheter (LTC) <input type="checkbox"/> Patient and Family Engagement (PFE Subset)		
QIA Staff Project Lead(s) Information:	Staff Name and Title: _____ Staff Phone Number : _____ Staff Email: _____ Social Worker Name: _____ Social Worker Email: _____		
Patient Full Name (Please write clearly.):			
Did this patient serve as an NPR in 2019?	<input type="checkbox"/> Yes <input type="checkbox"/> No Additional Comments: _____ _____		
Patient Unique Patient Identifier (UPI) Number:			
Patient Birthday: (month, day, year)			
Patient Mailing Address:			
Patient Phone Number:		Patient Email Address: (Required)	
Number of years as a dialysis patient:			
Patients Dialysis schedule (if applicable):	<input type="checkbox"/> M/W/F <input type="checkbox"/> T/Th/S <input type="checkbox"/> N/A		
Patient Current Treatment Type: (Please check the type.)	<input type="checkbox"/> In-Center Hemodialysis <input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Home Hemodialysis <input type="checkbox"/> Transplant		
Is the patient currently on a transplant waitlist?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Patient Agreement

I, _____, agree to participate as a Network Patient Representative (NPR) for the HSAG: ESRD Network 13 (Network 13) Patient Engagement and Quality Improvement Activities. I authorize Network 13 to use my name and email address for the Network-specific communications. I also agree to have my name and photograph used as a part of NPR activities. I further authorize Health Services Advisory Group (HSAG) to use my name where necessary in meeting minutes, and in listing members in reports to the Centers for Medicare & Medicaid Services (CMS). **I have been informed of the participation expectations and understand that a lack of participation may result in termination of volunteer activity.**

Patient Printed Name		Date	
Patient Signature			

Do not **email**.