



## Patient & Family Partner Program

You can help improve the health of our communities.

Patient & Family Partners serve voluntarily and participate in different activities based on their interest and availability.

Partners may get involved by

- ◆ **Sharing their Regions experience at a meeting or an event**  
This involves telling your story at one meeting or several meetings. Resources are available to assist you in putting your story together in a compelling manner.
- ◆ **Participating on an improvement project**  
As a team member of an improvement project, you may be asked to participate for several hours or days each week through the life of the project.
- ◆ **Serving on a hospital committee**  
Committees typically meet for one hour on a regular basis at Regions.
- ◆ **Participating on a Patient & Family Advisory Committee**  
Patient & Family Advisory Committees meet monthly or quarterly for approximately two hours. A three-year commitment is requested.

## Qualifications:

No special experience or background is required. We are seeking patients and families who are:

- ◆ Committed to improving care and service for all patients, families, and community members
- ◆ Willing to listen and consider different points of view
- ◆ Able to share both positive and negative experiences in a constructive way
- ◆ Enthusiastic and positive about Regions' desire to be the patient-centered hospital of choice
- ◆ Able to communicate with people from different backgrounds, experiences, lifestyles, and points of view.

Depending on the activity you will participate in, you may be asked to attend a 90-minute orientation.

## How do I know I am ready to be a Patient & Family Partner?

The statements below can help you determine if you are ready to be a Partner. If you do not agree with all of them, it does not mean that you cannot be a Partner, but they may be things you need to consider more carefully.

I am ready to be a Patient & Family Partner when:

- ◆ I am willing to talk about the positive and negative care experience I had as a patient or family member of a patient.
- ◆ If I had any negative experiences, I am coping well and am ready to respectfully share my ideas about how things could have gone differently.
- ◆ I am ready to speak up and share suggestions and potential solutions to help improve hospital care of other patients and family members.
- ◆ I am willing to think beyond my own personal experiences.
- ◆ I can bring a positive attitude to discussions.
- ◆ I can listen to and think about what others say, even when I disagree.
- ◆ I am willing to keep any information I may hear as a Partner private and confidential.
- ◆ I enjoy working with people who are different from me.
- ◆ I am willing to learn how to best serve as a Partner.
- ◆ I have time in my schedule to be a Partner.

You will be contacted with next steps once your application is submitted. If you have any questions or comments, please feel free to contact Dianne O’Konski at (651) 254-2849 or via email at [Dianne.E.Okonski@HealthPartners.com](mailto:Dianne.E.Okonski@HealthPartners.com).

**THANK YOU** for your interest in the Patient & Family Partner program. Together we will improve quality, safety, and the patient experience.



**PATIENT & FAMILY PARTNER APPLICATION**

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

How do you prefer to be contacted? \_\_\_\_\_

Are you over the age of 18? (Consent form required if under the age of 18) Yes \_\_\_\_\_ No \_\_\_\_\_

I am/was a:

- Regions Hospital Patient     Family Member of a Patient

I would like to learn more about (check all that apply):

- Sharing my experience at Regions
- Participating on a project or committee
- Serving on the Patient & Family Advisory Council:  
\_\_\_\_\_ Regions Hospital      \_\_\_\_\_ Mental Health      \_\_\_\_\_ Birth Center

Was your care experience with Regions Hospital within the last 2 years? \_\_\_\_\_

**We want to know more about you. Please answer the following questions:**

Why do you want to participate as a patient & family partner?

If you are interested in participating on a committee or project, is there a special area or service you are interested in (cardiology, child birth, oncology, etc.)?

Please list any skills or experience that you feel may be helpful or relevant to the role of patient & family partner?

Is there anything else you would like us to know?

Please mail, email or fax your completed application to:

Dianne O’Konski  
Best Care Best Experience  
Regions Hospital  
640 Jackson St. Mailstop 11102X  
St. Paul, MN 55101

Email: [dianne.e.okonski@healthpartners.com](mailto:dianne.e.okonski@healthpartners.com)  
Fax: 651-254-3694

Once your application is received we will notify you.  
If you have additional questions please call Dianne O’Konski at 651-254-2849.

Thank you.