

## ATTACHMENT B: COUNCIL APPLICATION



### The Walworth County Patient Safety Partnership Council Member Information and Application (Patient or Caregiver)

#### What is the Patient Safety Partnership Council?

The Walworth County Patient Safety Partnership Council is a group of committed patients, caregivers, healthcare providers and community members who work together to improve medication safety for individuals 55 years and older.

#### What are the criteria for being a council member?

1. Patient members must be 55 years and older
2. Able to attend meetings every other month (date, time and location to be determined)
3. Must maintain appropriate and confidential handling of personal information
4. Able to listen to differing opinions and share different points of view
5. Be positive and supportive of the project's mission
6. Comfortable speaking in a group with candor
7. Able to use their experience constructively
8. Able to work productively and collaboratively with council members whose background, experience and style may be different than their own
9. Able to reflect on issues and priorities that are different than their own

#### What are the responsibilities of a council member?

10. Be accountable to those whom they represent
11. Reach out broadly and listen to other patients, families, healthcare providers and community members
12. Be committed to improve care for all patients and family members
13. Maintain confidentiality at the council meetings and outside the meetings
14. Respect the collaborative process and the council as the forum to discuss issues
15. Be willing to listen to differing views
16. Encourage all council members to share ideas and viewpoints

#### What is the time commitment for council members?

Council members make a commitment for two years. The Council will meet every other month at a date, time and location to be determined by the members. Council members may be asked to participate in activities such as educational workshops and community outreach.

#### What kind of support will the council members receive?

The Walworth County Patient Safety Partnership Council is being funded by a grant from the Agency for Healthcare Research and Quality (AHRQ) and by Aurora Health Care. Council members are invited to a retreat at the Grand Geneva Resort November 1 – 2, 2005, facilitated by Consumers Advancing Patient Safety (CAPS). CAPS is a national consumer-led organization formed to be a collective voice for individuals, families and healers who wish to prevent harm in healthcare encounters through partnership and collaboration. The retreat's objective is to establish a forum and a process for healthcare consumers/patients to partner with other healthcare stakeholders and, through this partnership, take on bold, creative initiatives that continuously make healthcare better. At the retreat, the vision, mission and objectives of the council will be established. Patient and caregiver council



members will receive one night's complimentary lodging at the Grand Geneva Resort for the retreat. In addition, members will receive a \$100 stipend for each council meeting attended.

Questions?

Contact:

Patti Pagel RN, Project Coordinator  
Kathy Leonhardt MD, Project Leader

Phone: 262-249-5037  
Phone: 262-787-2748



**COUNCIL MEMBER APPLICATION FORM – PATIENT OR CAREGIVER**



Date: \_\_\_ - \_\_\_ - \_\_\_

Name:

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Mailing Address:

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

Home Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

1. What is your preferred way of receiving communication about the council?

- Email                       Regular Mail

2. Is it ok to share your contact information (address, telephone number, email address) with other members of the council?

- Yes                       No

3. Are you 55 years and older?

- Yes                       No

4. Are you the caregiver of a family member or friend who is 55 years and older?

- Yes                       No

5. Have you received care at an Aurora Health Care clinic or hospital?

- Yes                       No

5a. If Yes, at which Aurora Health Care clinic(s) and at which hospital(s) did you receive care?

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6. Do you have any dietary needs we should be aware of (i.e. vegetarian)?

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7. Do you have any special needs we should be aware of?

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8. Why would you like to be on the Walworth County Patient Safety Partnership Council?

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9. What medication safety issues would you like to see the Council address?

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10. What special interest or experiences would you like to offer to the Council?

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11. Please note any questions or concerns:

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Return this application to: Patti Pagel RN, Patient Safety Project Coordinator  
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