

## EP4 – CARE DELIVERY SYSTEM(S)

*Provide one example, with supporting evidence, of nurse(s) collaborating with patient(s), families, or both, to influence change in the organization.*

At NewYork-Presbyterian/Columbia University Irving Medical Center (NYP/Columbia), the Patient and Family Advisory Council (PFAC), comprised of NYP/Columbia former patients and family members of patients, serves as an advisory board to the hospital leadership team, inclusive of nurse leaders. The PFAC patient/family members partner with the NYP/Columbia leadership team to help improve the overall experience for patients and visitors. The role of the PFAC includes:

- Fostering communication between patients, families, and the healthcare team
- Establishing a venue for patients and families to participate in policy and program development
- Providing an opportunity for patients and families to review recommendations referred to them
- Participating in building renovations or development of new facilities and programs

### EP4.1—PFAC Bylaws

The NYP/Columbia PFAC is facilitated by Lucille Austria, DNP, MBA, RN, OCN, NE-BC, Director of Nursing, and Susan Levit, former patient/family member. NYP/Columbia PFAC members included: Denise Chrzanowski, MSN, RN, CRRN, Patient Care Director (nurse manager, at the time), Rehab (8GN-605710) [8GN] and Medical (8MA-Med Annex-605712) [8MA] Units; Stephanie Nguyen, BSN, RN CCTN, Patient Care Director (at the time), Transplant (M9H-605160) [M9H]; Emmanuel “Manny” Taveras, Nursing Project Manager; Brad Fronckowiak, Nursing Project Manager (at the time); Brittany Guzinski, executive PFAC liaison, NYP; and Maria Colon, Patient Experience Program Manager, NYP. Membership also included (at the time) the following NYP/Columbia patient/family members: Ginny Clark, Pam Detrow, Beatriz Badillo, Peter Rivera,

Carolyn Leary, Maggie Velez, Cassandre Collazo, Aida Ruiz, Layna Abreu, Loretta Knapp, Susanne Mullman, Arthur Clark, Toni Harline, and Bonnie Farbstein.

Prior to the COVID-19 pandemic, the PFAC members requested a change to the organization's patient and family lounge amenities for the fourth floor waiting room for patients and families in the MICU (4HN-605420) [MICU] and SICU (4HS-605152) [SICU]. They requested improving the patient and family experience by adding amenities that the patient and family lounge did not offer, such as a water cooler, to patients and family members utilizing the lounge. The lack of a water dispenser was negatively impacting the patient and family experience and its need was prioritized by the PFAC committee members. The PFAC patient and family members collaborated with the organization's nurses and other PFAC members to prioritize specific amenities that would contribute to an improved patient and family experience. They exchanged ideas and agreed to add a Quench water machine. Richard Evans, Senior Vice President and Chief Experience Officer, NYP, a guest member to the PFAC meeting, agreed to champion the change with Ms. Austria. However, due to the COVID-19 pandemic surge in March 2020, the organization paused meetings so this initiative was delayed. To prepare for resumption of PFAC meetings, Dr. Austria and Mr. Taveras met in September 2021 to review previous initiatives and action items that were put on hold. [EP4.2—Meeting Notes September 2021](#)

In September 2021, Mr. Taveras obtained a quote and approval to install plumbing necessary for the addition of the Quench water machine in the fourth floor family lounge. In October 2021, he reached out to the Quench company to order the machine. The Quench machine is rented from the company and requires a monthly fee for operation. Dr. Austria discussed payment of the rental fee with Courtney Vose, DNP, MBA, RN, APRN, NEA-BC, Vice President and Chief Nursing Officer (at the time). Dr. Vose supported the proposed organizational change and decided that the nursing department, under cost center 605000, would fund the cost of renting the Quench machine. [EP4.3— Quench Machine Plumbing Installation and Quench Machine Order Request](#)

During the November 2021 PFAC meeting, Dr. Austria and Mr. Taveras checked in on patient and family perceptions about the patient experience. The group agreed that the collaborative project to change and upgrade the fourth floor lounge amenities was a priority. Dr. Austria shared an update on progress. Mr. Taveras noted the plumbing installation was completed in October 2021. Dr. Austria stated the nursing department would be paying the rental fee for the Quench machine and that it would be installed in early 2022 due to supply chain restraints resulting from the COVID-19 pandemic. [EP4.4—PFAC Meeting Minutes November 2021.](#)

In January 2022, as a result of the collaboration among PFAC members, the Quench machine was installed in the fourth floor lounge, meeting the PFAC's request for amenities and changing the way the organization provided comfort and easy access to hydration. The February 2022 monthly purchase order indicating the rental fee payment demonstrated the success of the PFAC and its patient/family members, in partnership with Dr. Austria, an NYP/Columbia nurse, to influence change in the organization. During the PFAC meeting on April 12, 2022, the former patient and family volunteer members acknowledged and shared their appreciation for the efforts of Dr. Austria and Mr. Taveras in championing the installation of the Quench machine, the organizational change they promoted. [EP4.5—Quench Invoice and PFAC Minutes April 2022](#)

# NewYork-Presbyterian Hospital (NYP)

## Patient and Family Advisory Council (PFAC) By-laws

### Article I. Our Vision and Mission:

The Patient Family Advisory Council (PFAC) refers to a formal group of patients and family members working collaboratively with clinicians and hospital staff toward initiatives that promote patient and family-centered care. The name of the advisory council may be adjusted to reflect the population of the recipients of care.

The PFAC seeks to enhance the delivery of patient and family-centered care at NewYork-Presbyterian Hospital (NYP) through collaborative efforts between patients, families, staff, physicians and hospital administrators. Our Vision is to achieve a level of care where patient and family partnership is expected and welcomed by all.

The Mission of the Patient and Family Advisory Council is comprised of the following important elements:

- **Promote Patient and Family-Centered Care**  
The PFAC shall seek opportunities to advise NYP administration, staff and faculty with respect to the needs of patients and their families as well as the delivery of Patient and Family-Centered Care. Patient and Family-Centered Care is an approach to healthcare which respects the central and pivotal role the patient and family play in caring for an individual receiving care both in and out of the hospital setting. This approach relies upon doctors, nurses, hospital administrators, patients and families working together as partners in care. When patients and families are involved in the process, the results are clear: better health outcomes and greater patient satisfaction.
- **Encourage Patient/Family and Staff Collaboration**  
The PFAC shall identify opportunities for patients and family members to work side by side – as project advisors or standing committee members – in conjunction with hospital staff and faculty members for the purpose of adding the patient and family perspective to the work being done at NYP. It is the goal of the PFAC to create open channels of communication between patients, families and staff in an effort to work together to implement solutions which will improve delivery of care as well as enhance the patient/family experience.
- **Educate and Empower Patients and Families**  
The PFAC strives to educate caregivers and staff and to empower patients and families concerning their role in their own care or that of their family member.

## **Article II. PFAC Roles and Responsibilities:**

The Patient and Family Advisory Council shall consist of individuals who subscribe to the Mission and Vision of the PFAC. This will include adult patients or adult family members of patients who have been treated at NYP (“Patient / Family Advisors”) as well as staff and faculty advisors (“Hospital Liaisons”). An Executive Committee comprised of both Patient / Family Advisors and Hospital Liaisons, will guide and support the Council’s efforts.

### **SECTION 1: PATIENT/ FAMILY ADVISORS (PFAs)**

#### **A. Definition:**

The Patient and Family Advisory Council shall consist of Patient and Family Advisors. These include adult patients, adult family members, and legal guardians of patients who have been treated at NYP.

The Council shall strive to create a membership that reflects the diversity of the NYP patient population encompassing medical diagnoses, geographic areas and cultural backgrounds.

#### **B. Responsibilities:**

Patient/Family Advisors are expected to:

- Work collaboratively with Hospital Liaisons and other faculty and staff.
- Patient and Family Advisors are Hospital Volunteers. PFAC Members are required to adhere to the NYP Volunteer policies and procedures.
- Make every effort to attend meetings and actively participate.
- Provide meaningful feedback from a patient/family perspective as applicable.
- Represent the collective voice of patients and families rather than the individual’s perspective.
- Be an active voting member.

### **SECTION 2: HOSPITAL LIAISONS**

#### **A. Definition:**

All hospital staff and university employees who support the PFAC Vision and Mission are welcome to participate. PFAC Hospital Liaisons are non-voting members. NYP and the PFAC shall strive to ensure a broad range of departments and positions be represented.

**B. Responsibilities:**

Hospital Liaisons are expected to:

- Promote collaboration with the PFAC throughout the hospital.
- Make every effort to attend meetings.
- Provide meaningful feedback from a Hospital Liaison perspective.
- Represent the collective voice of hospital administration rather than the individual's perspective.

SECTION 3: EXECUTIVE COMMITTEE

**A. Definition:**

The Executive Committee (EC) is comprised of active Patient/Family Advisors and Hospital Liaisons and are selected according to the procedures of the individual PFACs. At a minimum, the EC shall consist of a Chair and a Hospital Liaison.

The mandate of the Executive Committee is to set and operationalize strategic goals and to address all administrative matters. Every PFAC Executive Committee should have a Chair and may also include additional roles in accordance with the needs of the individual PFACs. Each PFAC will set annual goals. The EC will work together to ensure that PFAC goals and projects are properly aligned with hospital initiatives and priorities.

**B. Responsibilities:**

Executive Committee members are expected to:

- Attend EC meetings.
- Set agenda for PFAC meetings.
- Facilitate PFAC meetings.
- Advocate for and report on progress towards delivering patient and family-centered care throughout New York-Presbyterian.
- Participate in goal planning that compliments the hospital's strategic plan.
- Engage and participate in a leadership capacity.
- Ensure processes are in place for continuity of membership/leadership. Each PFAC must have a documented succession plan that outlines staggered term limits and requires such limits not to exceed 3 years for the Chair position and the executive committee as applicable. No one individual shall serve more than one term in the Chair role.

### **C. Chair Definition:**

The Chair is required to be a Patient/Family Advisor.

## **SECTION 4: EXECUTIVE SPONSOR**

Each PFAC will be assigned an NYPH senior leader, as the Executive Sponsor with whom to collaborate and coordinate. The Executive Sponsor will ensure and empower appropriate Hospital Liaisons to serve on the Executive Committee, assist in the succession planning process and serve other duties as needed.

## **Article III. PFAC Operational Guidelines:**

### **SECTION 1: PATIENT and FAMILY ADVISORY COUNCIL MEMBERSHIP TERMS**

Council membership for Patient and Family Advisors is a two-year term, although Advisors in good standing are encouraged to extend their membership if space on the Council permits. To maintain a status of good standing, Patient and Family Advisors must demonstrate a good faith effort to attend regularly scheduled PFAC meetings as well as meetings related to projects and/or committees to which they are assigned and to be responsive to electronic and other communication with respect to PFAC projects and/or initiatives.

- Patient and Family Advisors are Hospital Volunteers. PFAC Members are required to adhere to the NYP Volunteer policies and procedures.
- PFAC members are expected to wear a PFAC Hospital ID only when on site for PFAC business.
- If there is no contact from a committee member for greater than 6 months, an EC member will reach out to clarify status.

### **SECTION 2: PATIENT AND FAMILY ADVISORY COUNCIL MEETINGS**

#### **A. Meetings:**

Each Council will schedule regular, standing meetings. A published list of meeting dates for the term will be provided.

A quorum is necessary for all voting matters. A quorum is established when the attendance of Council members with voting privileges (i.e., patient and family members) reaches 50% plus 1.

**B. Agenda:**

The Executive Committee shall determine the agenda items for each meeting.

**C. Meeting Minutes:**

A designee of the EC will ensure meeting minutes are taken and distributed to the Council mailing list within an appropriate length of time.

**D. PFAC Council Make Up:**

Each PFAC should strive to have 51% or greater PFA representation.

**SECTION 3: BY-LAWS AND AMENDMENTS**

**A. Bylaws:**

Once approved by majority Steering Committee vote, these by-laws are binding. By-laws shall be reviewed annually by the PFAC Steering Committee and amended as needed. Proposed amendments will be put to a vote. Adoption of revised by-laws will require a majority vote in the presence of a quorum.

Additional PFAC specific procedures can be found in document entitled: **PFAC Steering- Best Practices and Campus Specific Operations.**

## Meeting Notes

Lucille Austria & Manny Taveras

Sept. 17, 2021

### Outstanding Items:

#### I. Recruitment:

- Possible “virtual” involvement, perhaps joining a committee.
- Rick would like to have a PFAC co-ordinator (current budget issue) and hopes to find the funding

#### II. Quench Machine 4th floor waiting room:

- PFAC members requested access to water for families.
- Currently nothing available to them outside of going down to the 2nd floor café.
- PFAC team has been looking to do this for several months and have not had any movement.
- Rick will provide the capital funding but will need to have a department step up to cover the monthly expense
- Rick and Lucille are going to work with facilities and have a work order done to get an actual cost for plumbing installation.
- Lucille will follow-up with CUIMC leadership on behalf of the PFAC members to determine who will support the machine and pay the monthly rental fee.

#### III. Future Direction

- More engagement with Rick
- Initiatives that do not cost money.



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Page 1

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*****					
12X10L	LEN 1/2 X 10 L COPPER	EA	20	33.15	663.00
12CSCP	1/2 CXC SLIP COUPLING PRESS	EA	20	4.89	97.80
12CLP	1/2" CXC PRESS FIT ELBOW	EA	20	6.65	133.00
12C45P	1/2" CXC PRESS FIT 45	EA	10	6.52	65.20
12CTP	1/2" CXC PRESS FIT TEE	EA	10	8.29	82.90
12CBP	1/2" CXC PRESS FIT BALL VALVE	EA	6	36.98	221.88
12CXFAP	1/2" COPPER X FEMALE ADAPT	EA	4	7.83	31.32
	PRESS FIT				
WR2350002	1/2" PVC SUSPENSION CLAMP	EA	50	0.49	24.50
WR2360002	1/2" PVC 2-HOLE CLAMP	EA	50	0.79	39.50

**APPROVED**

X: _____ (Accepted by)	Sub Total	\$1,359.10	
	Freight	\$0.00	<b>Total</b>
	Misc Charges	\$0.00	
	Tax Amount	\$0.00	<b>\$1,359.10</b>

<b>MESSAGE</b>	<b>TERMS</b>

**From:** Taveras, Emmanuel  
**To:** coconnor@quenchonline.com  
**Subject:** Quench Machine Request  
**Date:** Thursday, October 28, 2021 3:45:58 PM  
**Importance:** High

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Good Afternoon Chris,

As per our conversation, please see the information requested below. We would like to request the standalone model.

Cost Center: 605000

Address: 177 Fort Washington Avenue, NY, NY 10032

Building: Milstein 4<sup>th</sup> floor

Room number: ICU patient family waiting room

Point of contact: Emmanuel Taveras / 646-899-3649 / EMT9011@nyp.org

Best,

Emmanuel Taveras

Project Manager, Nursing

**NewYork-Presbyterian Hospital** - Columbia University Irving Medical Center

177 Fort Washington Avenue MHB 6SK

New York, NY 10032

Cell: 646-899-3649 | Office 212-305-4402 | Email: [emt9011@nyp.org](mailto:emt9011@nyp.org)

## NYP/ CUIMC PFAC

November 29, 2021

- Volunteer Members present: Bonnie Farbstein, Carolyn Leary, Susanne Boyle, Virginia Clark, Fran Maynard and Arthur Clark. Excused: Pamela Detrow
- Staff: Brittany Guzinski – NYP Executive PFAC Liaison; Maria Colon - Patient Experience Program Manager; Manny Taveras-CUIMC Nursing Project Manager; Joe Lehmkuhler, Operations Manager (guest); Beatriz Badillo, Volunteer Services Coordinator; Lucille Austria, RN, Director of Nursing

The meeting began at 11:05 AM with a change in the agenda.

The first topic covered was a discussion relating to this PFAC and the Patient Education Committee. The Patient Education Committee has expanded from a Columbia campus committee to an enterprise-wide committee. In the past the Columbia campus Patient Education Committee coordinated with our PFAC's faculty advisor. We were provided documents for our review and comment. Currently there are no PFAC members from any campus on the Patient Education Committee as the committee claims that they need a quick review and rapid turnaround. Susanne asked the question – Why? Brittany is currently working with the Patient Education Committee to get PFAC representation.

After this discussion ended there was a brief welcome by Arthur Clark.

The amended draft agenda for this meeting was reviewed and approved. Art then asked for a review and approval of the minutes from our October 12, 2021 Zoom meeting. The minutes were approved by the volunteer members present.

As all members present at the start of the meeting were also at the October meeting introductions were dispensed with.

Manny Taveras and Lucille Austria provided an update on the status of the Quench Machine installation in the 4<sup>th</sup> floor family waiting area. The water and drain pipe installation was completed in October. Lucille noted the Quench machine rental fee will be covered by the nursing department. Installation of the machine is expected in early 2022 due to COVID-19 supply chain issues. Manny will continue to follow-up and report out next month.

Maria began today's discussion with a Power Point presentation of the Patient Experience scorecard. The hospital has an overall 3-star rating with some segments rated below the overall figure. The hospital was rated one star for cleanliness and one star for a quiet environment. Communication about medicines (the agenda item) was rated two stars and is improving. Patient discharge information is rated three stars and focuses on the hospitals planning for the patient's welfare after they return home Do the patients have proper help to care for them at home? What symptoms or health problems should the patients and care giver to look out for at home?

The issue of cleanliness is due to staffing and the age of the facilities and is being addressed by the hospital. Our PFAC may be able to offer easy fix solutions to help improve the score i.e.: clean corners on the flooring and removal of chipped paint. The PFAC can assist in this area and we talked about inviting Tim Woodward of Environmental Services to our December meeting. Maria will confirm.

Susan Boyle asked about the percent of surveys returned. Maria did not have an exact figure but replied that the return number is not as great as we would like to see. In order to receive unbiased comments, the surveys are mailed to the patient's home after the hospital stay. It is not appropriate to have the patients complete the questionnaire while still in the hospital.

Maria's next focus was on Patient Experience and reengaging hospital staff. There is a resumption of VP recognition rounds and PCD (Patient Care Director) rounds. Monthly, there will be Care Champion Meetings and Ally Meetings.

Ally meetings are meetings between the PX (Patient Experience) Program Manager and support services i.e.: Environmental Services and the Food and Nutrition Department. These meetings are designed to help enhance the patient experience by allowing various departments to connect with one another.

Suggestion - With training, our PFAC members can engage directly with patients to hear their concerns get their ideas on improving their experience. Comment was made that some/many patients do not like to complain to staff but will tell a fellow patient.

The PFAC can help reengage staff through recognition and directly sharing our appreciation. Maria indicated that during this month two units will be given recognition and there are plans for a larger scale program.

There are plans for hospital leaders to adopt a unit and help nursing managers/directors improve their areas of responsibility. Currently 21 hospital leaders have signed on to adopt individual units.

The January 2022 meeting should set goals for the year. Brittany, Joe, Maria and Lucille will bring their ideas for short- and long-term goals. Brittany stated that there will be a new member recruitment effort and we should look forward to bringing on new members in February or March.

The meeting ended about 11:45 AM.

Submitted by Arthur Clark

November 29, 2021

Quench USA, Inc.  
630 Allendale Road, Suite 200  
King of Prussia, PA 19406



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Account:	D395936	Due Date:	05/02/2022
PO#		SubTotal:	\$117.42
Pmt Type		Tax:	\$10.42
Contact:	Emmanuel Taveras	Inv Amt:	\$127.84
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<b>TOTAL DUE BY 05/02/2022</b>			<b>\$127.84</b>

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2	Q7FS CF QW Plus -- Prorated	Q-171043_D395936 S0589571		01/11/2022-01/31/2022	\$35.00	\$47.42
2	Q7FS CF QW Plus	Q-171043_D395936 S0589571		02/01/2022-02/28/2022	\$35.00	\$70.00

Subtotal:	\$117.42
Tax:	\$10.42
Total:	\$127.84

Emmanuel Taveras  
PO: 7990170230

**APPROVED**

**TOTAL DUE BY 05/02/2022 \$127.84**

Due to market factors, our costs to provide superior water filtration and world-class service have risen. As a result, we absorbed most of the costs, but we will be increasing your monthly rate with your next contract renewal.

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Please reference your invoice number on your remittance.

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## CUIMC Adult PFAC

### Minutes of April 12, 2022 Meeting

Attendees via Zoom video conference:

- Volunteer Members present: Carolyn Leary, Virginia Clark: Bonnie Farbstein and Arthur Clark. Absent Pamela Detrow
- Staff: Lucille Austria, Beatriz Badillo, Manny Taveras and Dan Di Cello
- Absent: Maria Colon, and Brittany Guzinski

The meeting began at 11:10 AM with a brief greeting by Art Clark

Art asked for a review and approval of the draft meeting agenda. Maria was scheduled to be the primary staff facilitator regarding the 2022 goals and objectives and Dan will present for her.

Art asked for a review and approval of the minutes from our March 8<sup>th</sup> meeting. The minutes were approved by the volunteer members present.

The volunteer members gave Lucille and Manny a thank you for their efforts in getting the Quench water coolers installed in the 4<sup>th</sup> floor family waiting area. Art mentioned the 3<sup>rd</sup> floor waiting area that is directly under the waiting area on the 4<sup>th</sup> floor. Manny will look into a water cooler installation in that area.

Our 2022 goals were the next topic of discussion.

- Art commented on one possible goal. A couple of years ago the PFAC focused on needed improvements in the valet parking operation and illegal parking on Fort Washington Ave. That effort succeeded with improved valet service and the reduction of illegal parking. Art stated that he was at the Columbia Campus several times in the last couple of weeks and the valet parking operation continues to work well. However, their overall operation and the patient experience is hampered by serious traffic congestion, illegal parking and illegal double parking on Fort Washington Ave. The hospital cannot enforce parking regulations and needs the cooperation of the NYC police. Dan will contact NYP security and express our renewed concern.
- Improving the white board update procedure is another possibility. The manual white boards that require individual daily updates and the electronic white boards will be gradually phased out. New white board type displays on the patient's individual TV screen are in a testing mode.

Regardless of the medium, regular and accurate updating is necessary and is dependent on individual unit practices. PFAC guidance can help this effort.

- PFAC brochure. We have an existing brochure that we prepared and distributed several years ago. It was updated about 3 years ago. We can provide input on a standard PFAC wide brochure.
- The Web development team is in the process of preparing a new overall PFAC web site. The new site will have a separate section for each individual PFAC and each PFAC will be responsible for its own section.
- Improve Patient Rounding - Review and suggest questions that the patients should/could ask to improve their experience. Make suggestions that we, as patients, would like to see the medical staff ask us.

Dan will check on the status of securing a replacement for Joe Lehmuuhler.

On recruitment – Dan indicated that there has been a good response to their latest email recruitment effort. Maria will bring us up to date on any possible candidates for our PFAC.

Dan shared two PDF documents that Maria prepared for her presentation. One document covers the PFAC functions in general and the other shows the ACN (Ambulatory Care) PFAC's 2022 goals and its accomplishments for 2021. Copies both documents are attached to the minutes.

Along with TV white board replacement a tele pharmacy app (currently in a pilot test) could become available where patients can see the detail of their medications along with specifics on each. A food ordering app where patients can order their meals is also under consideration.

Lastly, Dan commented on the development of a centralized discharge call center. When operational an automated call will be made within a day or two to each discharged inpatient. There will be an initial greeting and then the discharged patient will have the option to press 1 to speak to a nurse or clinician, press 2 for another option etc. The PFAC will be able to provide input and help create a script

We will continue to discuss our 2022 goals at the May Meeting.

Our next meeting will take place via Zoom at 11:00 AM on May 10, 2022

This meeting ended at 11:55 AM

Submitted by Arthur Clark

April 25, 2022