

- 5 patients, 4 employees, and 2 guests were present
- We began with a welcome and introductions. This was followed by signing of photography releases and taking a group picture. It was explained that we would use the picture on our Facebook, website, publications, and to frame and hang in the lobby.
- The next topic was a brief HIPAA training and the signing of confidentiality agreements. This is primarily so that health information shared within the meeting is kept private.
- All of the patients were presented with binders personalized for them. These binders contain the PFAC Mission Statement, previous meeting minutes, meeting agenda that they may take notes on, and will now contain the photo release and HIPAA waiver. Patient Advisors will leave the binders at this building so that don't have to carry them back and forth.
- The next item on the agenda was a review of audio recordings of calls from a patient complaint on the after-hours service. The patient advisors listened to the audios and were encouraged to give feedback. Some of the things they noticed were:
 1. There is clearly a need for more specific training for the answering service to obtain basic information like the patient name and phone number right away. They need a script similar to what 9-1-1 operators use.
 2. They put the patient on hold without asking even after the patient stated that her baby was having trouble breathing.
 3. The tone of voice was very different when they were speaking to the patient and to the doctor. It seemed that they were just calling the doctor because they realized they handled it poorly.
 4. Some also acknowledged that if the patient thought her baby was having difficulty breathing she should have gone to the ER not called the answering service. She should not have waited to get refills until it was an urgent situation and even if the answering service had called the doctor, it would take time to get refills called in and filled.

We will be doing a more in depth analysis and giving the answering service a script to follow.

- Following up on old business from the last meeting:
 1. We have talked to the city and highway department; only tourist industries and medical care open 24/7 can have signs on highways and interstates.
 2. We are looking into a way to replace the content on the TV in the lobby. Destiny has emailed the company with some things we would like to have added.
 3. We will be working on a plan to engage in more community events. We currently do Wild about Wellness, Senior Expo, and Race for the Cure. We will look into doing 4 more. The biggest restriction is having the budget and staffing to do this. .
 4. We are working on new patient packets that will have team cards, PCMH brochures, information on when to go to the PCP and when to go to the ER, information on how a residency works, and postcards that have bulleted points which we could also hand out at community events. Those would have information such as:
 - a. The number of providers we have, and that we use a team approach so you will always be able to see someone on their team when they are not here
 - b. In-house resources like pulmonary function testing, a pharmacist who can answer medication questions, diabetic education, behavioral health, telemedicine, xray, lab, and minor procedure clinic.
 - c. Same day access, after hours providers on call, and extended hours
 - d. That if you are hospitalized you will see our providers and not a hospitalist.

- The next topic was changing patient mindsets from getting well to staying well and preventive care rather than just seeing the doctor when you are sick. It was mentioned that our providers don't always give patients a suggested follow-up timeframe and most patients don't seem to know when they need to come back unless they ask. If we told patients who have Diabetes, for example, that we need to see them back in 3 months to recheck their A1c and gave them an appointment card when they were leaving, this could help them to stay well. We discussed that we could have team-color appointment cards with the providers names that the providers could carry in their pocket or we could stock in the exam rooms. They could circle their name and put a follow-up time on the card so that the patient could take it to the front desk and make an appointment upon leaving.
- Two issues were brought up:
 1. Patient was told that they had to call and change their provider with the insurance company before they could be seen. They were on hold for a long time and had to give out personal information within earshot of others. This also delayed their appointment.
 2. Patient was told that they needed to make an appointment to get a medication refilled. They said they would give them a refill and set the appointment date. When the patient picked up the refill it was a reduced number of pills (only enough until the appointment) instead of 30 but they had to pay the full amount.
- The meeting was adjourned with the reminder that the next one will be in September.