

# Volunteer Handbook

*Beauregard Αγαπη Community Clinic*



## Beauregard Agape Community Clinic

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## **Introduction**

Thank you for volunteering to give some of your time, personality and expertise in service to others at Beauregard Agape Community Clinic. The need for the services the clinic provides has been evident to many, and the ability to provide these services depends entirely on volunteers. There are no paid employees, and financial resources do not permit employing people to do the various tasks which are necessary to fulfill the mission of the Clinic. We believe that you will feel compensated for the time and energy you invest here, and we hope you will count it as one of the meaningful experiences of your life.

## **History**

In late 2006 a group of social service professionals and physicians began to meet to explore the possible need of and the availability of resources to provide for medical and pharmaceutical needs of working citizens of our area who are not covered by any private or government health insurance program and whose resources do not permit them to purchase such care. As these discussions progressed and information was acquired, others, representing the disciplines of law, business/banking, accounting, pharmacy, medical office management, pastoral care and public relations were invited to participate, and in 2007 the decision was made to incorporate under the laws of Louisiana regulating not-for-profit corporations and to seek tax-exempt status from the IRS. These milestones were reached during the year, and the search for a location in which to provide services resulted in First Baptist Church leasing for \$1.00 per year the 5000 square foot building at 213 West Second Street. In early 2008 volunteers relocated materials the church had stored there to another site owned by the church, and renovation of the building began. Throughout the year many volunteered their time and expertise for rearranging walls, electrical, plumbing, and sheetrock installation, coordinated by a volunteer local contractor. A minimal amount of the work was done by paid craftsmen. Meantime, a large number of local citizens responded to the need for financial support and supplied all that was needed. Much valuable help was received from the Calcasieu, Rapides and Lafayette free clinics and from the National Association of Free Clinics. The Clinic began to fulfil its mission in Spring 2009.

## **Mission**

The Beauregard Agape Community Clinic exists to improve the physical, emotional and relationship (both with the Creator and with others) health of working citizens of Beauregard, and the areas of Vernon and Allen Parishes surrounding DeRidder, whose resources do not permit adequate access to health care in the private sector

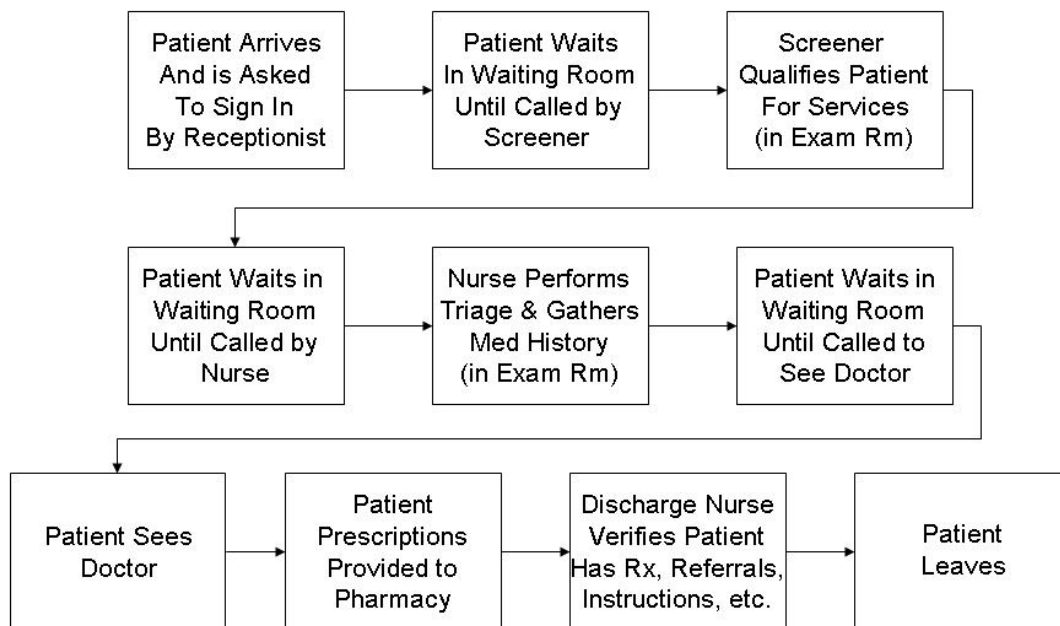
## Patients

The patients of the Beauregard Agape Community Clinic are working citizens of the DeRidder trade area who have no third party health coverage of any kind and whose family income does not exceed 200% of the Federal Poverty Level. Quality health care and medications are provided free of cost.

## Clinic Operations

The clinic is currently open on Thursday afternoon/evening. It is a walk-in clinic with no appointments given. Patients are screened for eligibility beginning at 3 pm. After the screening is complete, the nursing staff begins triage and medical history collection. At 6 pm the doctors begin to see patients. Typically there are at least 2 to 3 doctors on duty on clinic night, with each doctor seeing approximately 10 patients per night. The process that a patient follows when being seen at the clinic is shown below.

# Clinic Process



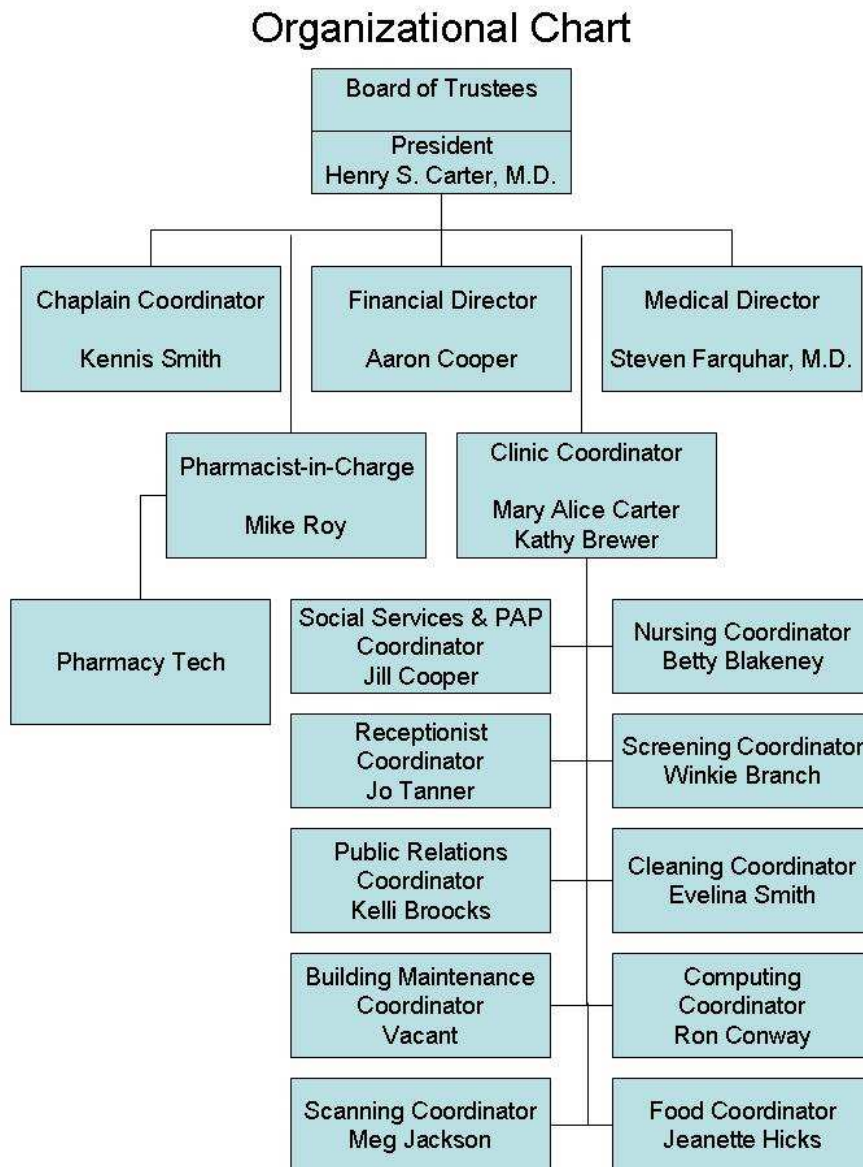
Note: Chaplain & Social Service consultations can occur at any point in this process.

## Role of Volunteers

In fulfilling the mission of the Clinic, all the functions are carried out by volunteers with no paid employees. The trustees who serve on the governing board do so with the satisfaction of providing a needed service without monetary compensation.

Some also serve in various ways as volunteers in delivering that service, just as you are doing. Volunteers are used in all phases of Clinic operation – publicity, fund-raising, housekeeping, computer maintenance, supplying food for Clinic-night volunteers, as well as receptionists, patient assistance, screening, record keeping, pharmacists, chaplains, nurses and physicians. As responsible participants in the effort to fulfill the Clinic’s mission, all volunteers are expected to maintain highest professional and ethical standards both in and outside of the clinic; failure to do this will result in their being asked to terminate their relationship with the Clinic.

## Organizational Structure / Chain of Command



## **Confidentiality Responsibility**

By the nature of the work performed at the Clinic, there is a large amount of personal information about patients and activities of the clinic that are confidential. As a volunteer it is vitally important to adhere to the confidentiality policy of the clinic in dealing with all aspects of patient care. This means NO patient information should be discussed with anyone except other clinic volunteers on a need to know basis. This includes, but is not limited to, a patient's personal, financial, medical, or pharmaceutical information. It also extends to the fact that someone was seen or applied to be seen at the clinic. Violations of this policy will result in a volunteer being asked to terminate their relationship with the Clinic. Violation of confidentiality laws is punishable by law as well.

## **Conflict of Interest**

A conflict of interest may exist when the interests or concerns of a volunteer, or other person associated with the clinic, may be seen as competing with the interests or concerns of Beauregard Agape Community Clinic. A volunteer, or other interested party, is under a continuing obligation to disclose to the Clinic Coordinator any actual or potential conflict of interest as soon as it is known or reasonably should be known. This does not necessarily mean that someone with a potential conflict of interest will not be allowed to volunteer at the clinic, only that care must be made to ensure there are appropriate safe guards put in place to avoid any actual or perceived wrong doings.

## **What is Needed and/or Expected of Volunteers?**

Professional license information on file. Licensed professionals will need to provide a copy of their professional diploma and the current year's license.

Other Required Paperwork on file. All volunteers must have a completed a Volunteer Application and Pledge of Confidentiality Form on file.

Be Reliable. Volunteers are asked to schedule their time at the clinic. Because patients will be depending on us all, we must do everything in our power to provide a smooth and pleasant experience for them. This means we will be relying on scheduled volunteers; drop in volunteers are discouraged. Every effort should be made to fulfill your scheduled commitments. Should something arise that prevents you from making your scheduled clinic time, please follow the steps below (in order):

1. Make every attempt to contact another volunteer to substitute for you.
2. Contact the role coordinator as early as possible to let him/her know of the substitution or failure to find a substitute. This will allow him/her to have as much time as possible to make necessary arrangements.

3. If you are unable to make contact with the role coordinator please contact the clinic coordinator to let him/her know that you will be unable to fulfill your volunteer commitment for the clinic session.

Record your volunteer time. Record the time you spend volunteering at the clinic using the MedServices software or on the form kept in the kitchen if you do not have a MedServices account. This is important for reporting purposes so everyone will have a clear indication of the effort needed to keep the clinic operational and to show the outpouring of help provided to the community through the clinic. Appendix F provides instructions on how time can be entered using the MedServices software. If you should need help in doing this, please ask.

Dress Code. Volunteers are expected to dress professionally. Name tags are required and will be provided to those who do not already have such. Closed toe shoes are required in the clinic for safety reasons. Clean scrubs are allowed. However, tank tops, halter tops, short pants above the knee, and other 'non-professional' dress are not allowed. Please dress as you would want those in your doctor's office to dress.

## **Service Roles and Descriptions**

Following are the descriptions of the volunteer positions at the clinic. Each position is important and critical to the smooth operation of the clinic. As a volunteer you will be helping many people of the community and your services will be highly valued.

### Building Maintenance

Volunteers who do the building maintenance will be called upon as needed. Activities needed may be as simple as changing light bulbs to more complicated issues that might arise.

### Chaplains

Chaplains at the clinic will help to optimize patient relationships with others and with the Creator. Their duties will include:

- Help make clients feel welcome and re-assured using tact and diplomacy.
- Tactfully offer to be available for discussing or counseling regarding relationship needs.

Chaplains will not serve as a representative of his/her particular church but of the Christian faith and the benefits it offers in relationships. Referrals to a pastor or church for follow up may be offered if desired by the client.

### Cleaners

The cleaners of the clinic will ensure the clinic is cleaned after each clinic and ready for the next week's clinic. Floors, windows and furniture will be

cleaned. Trash will be removed. Any maintenance issues that are noticed will be communicated either to the Clinic Coordinator or the Building Maintenance Coordinator directly. Any other issues noticed should be raised with the Clinic Coordinator. These activities are very important to ensure the clinic image is one of cleanliness and to help reduce the spread of infection.

### Computing Specialist

The computing specialist will perform backups, system maintenance checks and system administration duties to ensure the computing system remains reliable and responsive. This function is critical as all patient records will be kept electronically with NO paper copies as backup.

### Dentists

On referral of patients qualified to receive care in the clinic, dentists will provide services at their professional discretion, by appointment, in their offices.

### Food Preparers

Many volunteers at the clinic will be coming to the clinic immediately following a work day. There will not be time for these volunteers to eat before they begin working at the clinic for the evening. For this reason the volunteers who prepare and bring food to the clinic will be providing a valuable service to other volunteers. Food will be prepared for 15 to 20 volunteers each week (2-3 doctors, 2-4 nurses, 3-4 screeners, 4 receptionists, 1 chaplain, 1 pharmacist, 1-3 pharmacy reps, clinic coordinator).

### Nurses (RN's and LPN's)

Nurse duties will include the following:

- Assess Patient and Take Vital Signs
- Get Patient History
- Enter all Data in MedServices Software Which is Used to Manage ALL Patient Records
- Be Available to Assist as Requested
- Ensure Patients Understand Doctor's Instructions
- Schedule Follow Up Lab Work, Tests, Referrals

The process for doing the nursing work at the clinic can be found in Appendix A.

### Nursing Assistants

Nursing assistant duties will include:

- Escort patients from reception area to and from exam rooms for screening, triage, nursing history as requested by screeners and nurses.
- Take vital signs on patients

- Assist the nurses or physicians in any way requested during their interviews and/or exams.
- Assist with maintaining equipment and supplies.

### Nurse Practitioners

- Perform nursing duties
- As requested, nurse practitioners will provide primary care in conjunction with a volunteer primary care physician on duty at the clinic.

### PAP Administrator

The Pharmacy Tech volunteers will plan, organize, and implement a Pharmaceutical Access Program (PAP) to procure free pharmaceuticals for the Clinic patients. Specific tasks associated with this role include:

1. Enroll patients in pharmaceutical companies' indigent programs during clinic session or business hours, depending on requirements.
2. Complete applications, including patient/physician signatures where required, for expeditious mailing. Ensure that each pharmaceutical company's stipulations are fulfilled so requests are not hampered by improper procedures.
3. Follow-up on incomplete applications requiring action during business hours, such as patient pre-enrollment.
4. Assure postage is adequate on all request packages.
5. Use MedServices to maintain a system of tracking medications, both pending and received.
6. Anticipate and apply for refill medications for each patient.
7. Follow-up on pending applications > 2months old.

### Pharmacists

Pharmacists will run the pharmacy as a service to the patients of the Clinic.

The pharmacist duties will include the following:

- Oversee the pharmacy to meet state licensing requirements
- Supervise pharmacy technicians and volunteer in receiving, inventorying, documenting, and storing pharmaceuticals
- Supervise dispensing of medications on clinic nights and the refilling of prescriptions
- Supervise required record keeping for Board of Pharmacy

### Pharmacy Tech

The Pharmacy Tech will assist in the pharmacy department during clinic sessions and as needed for special projects. Duties will include, but not be limited to:

1. Operate the computer

2. Assist in gathering medications and counting/filling prescription bottles, under the direct supervision of a licensed pharmacist.
3. Assist in the ordering of pharmaceuticals.

### Physician Assistants

Physician assistants will provide primary care under the supervision of a volunteer primary care physician on duty at the clinic.

### Physicians, Primary Care

Primary care physicians will provide the same high quality care which they render in their private offices. This will include the following:

- Assess patient histories
- Perform as detailed physical exam as is needed
- Order and interpret any diagnostic tests needed
- Prescribe appropriate medications, as far as is possible from the in-house pharmacy or refer to an appropriate source of secondary care
- Document care in MedServices

Service is not expected more than once monthly, less if an adequate number of physicians volunteer. The steps needed to complete the MedServices documentation are found in Appendix B.

### Physicians, Specialists

Specialist physicians will provide care for patients in their specialty at a special clinic session every 1-3 months. There may be times when the primary care physician believes a situation is urgent and should be addressed before the next scheduled specialty clinic. In this case, with the agreement of the specialist physician, the patient may be seen at an appointment time in the specialist's office without charge. The specialist physician duties at the clinic will include the following:

- Order and interpret diagnostic tests
- Prescribe medications, as far as is possible from the in-house pharmacy or refer to an appropriate source of secondary care
- Recommend appropriate referral for any needed additional specialty care
- Document care in MedServices

Service is expected about every 1 to 3 months.

### Public Relations

Those volunteers helping in the public relations arena will help to build and keep up public awareness of the clinic within the community. This includes reaching out to prospective patients to let them know of the services offered at the clinic and what documents they will need to bring to qualify as a patient of the clinic. In addition, the public awareness volunteers will also work to

help raise funds to support the clinic at the direction of the Public Relations Coordinator and the Board of Trustees.

### Receptionists

Receptionists will greet and register patients. The process for performing the greeting, registering and scanning functions can be found in Appendix C.

### Scanners

Scanners will be responsible to scan in patient paperwork and ensure it is stored in the correct patient's records in the MedServices system. The process for screening patients can be found in Appendix E.

### Screeners

Screeners will be responsible to qualify patients to be seen at the clinic. The goal is to 'screen in' patients rather than to 'screen out' patients. However, the clinic policy must be followed and consistency in qualifying patients is equally as important. The process for screening patients can be found in Appendix D.

### Social Services

The Social Services Coordinator is responsible to counsel clinic patients and provide them with proper referrals to other agencies that can provide needed help in areas outside the clinic's mission. This includes those who may come to the clinic for medical care but do not qualify as patients.

## APPENDIX A – Process for Nursing Duties

The process for doing the patient assessment and getting vital signs and patient history follows:

1. Pull the Patient Card with the next sequential number, from the 'Ready for Nurse' bin.
2. Call out the 'sequential number' and invite the patient to an exam room for a nursing assessment.
3. Introduce yourself and explain to the patient you will gather the medical information before they see the doctor.
4. Get the patient's vital signs if not already done so by a nursing assistant, discuss patient's primary reason for visiting the clinic, and perform any triage duties as appropriate.
5. Logon to MedServices software and get into the Patient Screen for your patient:
  - a) Select Patients on the left hand side of the screen.
  - b) Select "Complete List" at the bottom of the screen.
  - c) Scroll through the list and double click on the patient's name whose primary ID number matches that on the patient card. This will put you on the correct Patient Screen.
6. Interview the patient to complete the following screens in MedServices:
  - a) **Visit**, This screen can be reached by selecting Visits at the top right hand of the Patients Screen.
    - i. To create a new visit, select Add at the bottom of the screen.
    - ii. Place your notes regarding the patient's reason for visit in the Notes section on this screen. This is where you can also place any information you wish the doctor to see about your evaluation, including any medical history information. Type your initials at the end of your notes.
    - iii. Once all pertinent fields have been entered, select exit.
  - b) **Patient History**, This screen can be reached by selecting Patient History at the top middle of the Patients Screen. Pay particular attention to the current meds field. Select the buttons at the top right hand corner of the screen to complete the following screens:
    - i) **Hospital**
    - ii) **Surgery**
    - iii) **Social**Once all the sub-screens and fields have been entered, select exit to return to the Patient screen.
  - c) **Family History**, This screen can be reached by selecting Family History at the top of the screen. Select exit when all pertinent fields have been completed to return to the Patients Screen.
  - d) **Allergies**, Similar to c above, except for Allergies.
  - e) **Vaccines**, Similar to c above, except do for Vaccines.
7. Log out of MedServices
8. Explain to the patient that the doctor will be in as soon as possible
9. If the doctors are within 15 minutes of seeing patients, leave the Patient Card in the file holder on the door of the exam room where the patient is waiting. If the doctors are not within 15 minutes of seeing patients, place the Patient Card in the 'Ready for Doctor' bin.

The discharge process follows:

1. Be available to meet the patient and doctor when the patient's exam is complete. Gather all pertinent information and paperwork from the doctor.
2. Enter the exam room to discuss any follow up instructions or needs with the patient. This includes, but is not limited to, referrals, diagnostic tests, laboratory work, etc.
3. If the patient must wait for medicines or anything else, ask them to wait in the waiting room and they will be called when everything is ready.
4. Ensure the MedServices visit screens have been completely and fully completed by the nurse & doctor.
  - a. Select the Diagnosis icon at the top of the Visits screen to ensure the diagnosis code has been entered for this visit.
  - b. Use the Education icon at the top of the Visits screen to enter the discharge actions you have undertaken with the patient.
  - c. If appropriate, select the Procedures, Diagnostic Tests, Laboratory, and Referral icons at the top of the Visits screen to enter the appropriate information.
  - d. Ensure a doctor has been listed on the visits screen. (Hint: Entering the last name of the doctor should convert to the doctor's full name upon selecting View or Save.
5. Ensure any prescriptions have been given to the pharmacy.
6. Once the prescriptions are ready, call the patient to give them their medicine, referrals and any other material/information they need. Ensure the patient understands all medical instructions.
7. If the doctor has asked the patient to return to the clinic, ask the patient to stop at the receptionists desk to have them record their return visit and to find out what time they will need to come on that day..
8. Shred the Patient Card.
9. Ensure all referrals are handled appropriately.

The Process for Handling Lab Results is as follows:

1. The Medical Director or his/her designee will provide the Nurse Coordinator or his/her designee of lab results and an understanding of all follow up work required.
2. The Nurse Coordinator/designee will call the patient with the results and any instructions from the doctor.
3. Once the results have been communicated to the patient, the nurse will log the lab results in the patient's MedServices record. This will be recorded on the Visits screen with an LOC listed as 'Phone Contact' and the notes sections explaining what was stated during the phone conversation. The lab results will then be placed in an envelope and put in the 'Ready for Scanning' bin.

## APPENDIX B – Process for Physician Duties

The clinic uses 100% electronic records. This will require you to understand the basics of the process/system. The following is meant to provide a very basic, 'Get Started' view:

1. The patient names and other identifying information are placed on ½ sheets of paper (called Patient Card) clipped to the chart holder outside of each exam room. Most doctors find it helpful to review the patient records in the MedServices software prior to entering the exam room. This can easily be done using the computers at the nurses' station.
2. To access a patient record,
  - a. Logon to MedServices software
  - b. Select 'Patients' on the left side of the screen.
  - c. Select "Search" at the bottom right side of the window.
  - d. Type in the last name
  - e. Select 'View'.
  - f. If more than one patient has this last name a list of patients will appear. Scroll through the list and double click on the patient's name whose primary ID number matches that on the Patient Card. If only one patient has this last name, the basic information pertaining to that patient will appear on the screen.
3. View the Patient Screen paying particular attention to the 'Notes' and 'See Patient Flag' sections. This is where the nurse and screener will post any specific information (s)he feels you should know based on his/her assessment.
4. During or after your exam with the patient, complete the Visits screen for the patient. The following provides one method you might use for this:
  - a. Select 'Visits' on the right side of the second row of buttons at the top of the window.
  - b. At the top of the window a list of visits the patient has made to the clinic will appear. Select the one with today's date.
  - c. Select 'Edit' at the bottom middle of the screen.
  - d. Select 'Exam Notes' at the bottom left side of the window.
  - e. Select 'Import Table' that the bottom left side of the window.
  - f. Select the down arrow in following the Description box.
  - g. Scroll down to select the 'Normal' template.
  - h. Type in your notes here. Type your initials at the end of your notes.
  - i. Click on 'Finished'
  - j. Check to verify LOC is correct. If not, click on the down arrow and scroll through the list to find the correct LOC. Select the correct LOC.
  - k. Check to verify the Physician field includes your name. If not, type your last name in.
  - l. Select 'View' at the bottom middle of the screen.

5. Complete the diagnosis, diagnostic tests, laboratory, procedures, and referral screens as appropriate. The following provide one method you might use for this:
  - a. At the top of the screen you will see a row of icons. Select the one that represents the information you wish to enter.
  - b. Select 'Add' to add an entry to the list that appears at the top of the screen. Select 'Edit' to edit an entry that appears at the top of the screen.
  - c. Select the down arrow that appears following the description of the information to be added (eg, diagnosis, procedure, etc.)
  - d. Scroll down to find the entry you would like to enter and select that entry. If the appropriate entry does not appear in the list, type in the entry.
  - e. Fill in any required fields highlighted in yellow.
  - f. Select 'Save'
  - g. Select 'Exit'
6. Log out of MedServices. (Select icon at bottom right corner of screen.)
7. Ask the discharge nurse to take the patient's prescription to the pharmacy and to complete any education, referrals, etc as needed.

## APPENDIX C – Process for Receptionist Duties

The process for greeting patients follows:

1. Greet each patient cordially and welcome them to the clinic.
2. Give each patient a 'sequential number' card when they enter the door.
3. Ask each patient if they have their social security card, driver's license, pay stubs and last year's income tax return.
4. Ask each patient to take a seat in the waiting room until their number is called.

The process for registering patients follows:

1. Call each 'sequential number' out, one at a time, to invite the patient up to the reception window.
2. Ask the patient for their first and last name, middle initial, and date of birth or, if appropriate, ask them to fill out a Patient Card.
3. Search the MedServices database to see if the patient has been previously registered at the clinic. From the patient screen, click on "Complete List" to see a list of all registered patients. Scroll through the list to see if you can find the patient as previously registered.
  - a. If patient has an existing record, select them from the list and verify with the patient you are reviewing the correct record. Check the patient's status. If status indicates 'Not Eligible', then contact the Receptionist Coordinator to ask for appropriate guidance. If the Patient Screen Notes section shows the patient is returning for a visit, verify that against the schedule list. If the patient is returning per the Notes section, then delete the comment in the notes section about the patient returning.
  - b. Review the "See Patient Flag" if it appears on the Patient screen. If the patient was due to bring in additional paperwork, ask the patient if they brought it in. If they did not, ask if they can return home to retrieve it. If not, please contact the Receptionist Coordinator to ask for appropriate guidance.
  - c. If patient does not have an existing record, then they are a new patient. Add the patient to the patient records by selecting Add from the Patient Screen and entering the patient's first and last name, middle initial, and date of birth. Give the new patient the "Documentation You Must Have Today to be Seen at the Clinic" and the "Agape Clinic Medical History" forms and ask him/her to complete it as they wait.
4. Place the patient's name on the "Patient List – Sign-In Sheet".
  - a. If the patient has a preference regarding which doctor they would like to see, record that on the sign-in sheet. Explain to the patient there is no guarantee that they will see this doctor, but we will try.
  - b. Place the patient's permanent ID on the sign-in list.

- c. If the patient is a new patient, place a “Y” in the ‘New Patient column.
  - d. If the patient does not need to see a doctor, but is just needing a prescription refill, please a “Y” in the “Rx Only” column.
  - e. The screeners will notify you after the patient has been screened if he/she qualified. Place a “N” in the “NOT Qualified” column if the patient cannot be seen at the clinic. Place a small check mark in this column if the patient qualified to be seen at the clinic.
  - f. Leave the “Time Left Clinic” column blank.
5. Create 2 Patient Cards, filling name, DOB, reason for visit, primary id number, tonight’s sequential number and the current date blanks. Sign in the appropriate blank at the bottom of the card.
  6. Put the newly created Patient Cards (paper clipped together) in the ‘Ready for Screening’ bin.
  7. Remind the patient to keep their ‘sequential number’ card handy throughout the clinic night. Explain the ‘sequential number’ will be used throughout that clinic to call the patient. Patients may be called out of sequence depending on the purpose of the patient’s visit. Please let them know they should ask if they become concerned that they have been forgotten. Explain the clinic process; that the patient will be seen first by the screener, then the nurse, then the doctor.
  8. Ask the patient to be seated in the waiting room until their ‘sequential number’ is called by the screener.

The process for checking a person out of the clinic is as follows:

1. Ask to see any of the paperwork provided by the doctor or nurse regarding follow up appointments or return visits.
2. For any follow up visits requested by the doctor, record the patient’s name, in the follow up reminder book. (Remember, the clinic is only open on Thursday evenings.) No more than 15 patients should be given a reminder to return on a particular evening. If this should happen, suggest the patient return the week before or after.
3. On the Patient Screen, place a note in the Notes section stating the patient’s suggested return date and whether the return visit will be to see a doctor or nurse.
4. Verify all lab referrals are complete.
5. For all lab referrals to BMH, please ensure the patient’s social security number appears in the “MBH Patient Acct #” field.
6. For all lab referrals to BMH, run a MedServices “Query”. To do this,
  - a. Select “Query” on the right side of the MedServices window.
  - b. Using the drop down menu in the center of the screen, select “Patients and Related Visits”.
  - c. Select the “Continue” button.
  - d. Select “BMH Lab Request”.
  - e. Select “Run Query”.
  - f. Type in the permanent “Patient Id Number”.
  - g. Select “Done”.

- h. Type in the date.
  - i. Select "Done".
  - j. Select "Print".
  - k. Verify the patient information is correct.
  - l. Hand the report to the patient and explain that this form and the referral slip will both be needed when they report to the hospital for their testing.
7. Place the time the patient left the clinic on the "PATIENT LIST – SIGN-IN" Sheet in the "Time Left Clinic" column.

Things to Remember:

1. Sign and date all comments placed in all notes sections
2. Always put comments at the beginning of the notes section. This will allow the most recent notes to be seen first.

## APPENDIX D – Process for Screener Duties

The information that the patient must present to verify eligibility follows:

1. **Driver's license** or something 'official' showing they are a resident of the DeRidder trade area (Beauregard, Allen or Vernon parishes). Although a driver's license is preferred, if the listed address is out of the area they must use one of the following to show they live in the trade area:
  - a) Photo ID (with current local address)
  - b) Bill showing address (with applicant's name and/or household member name on the address)
  - c) Voter's registration
2. **Three most recent paystubs** are needed to show proof the patient, or their spouse, is working. If at least one of them were employed within the past 6 months that will qualify them as well. If the patient does not receive paystubs for their work you must have at least one of the following:
  - a) Signed and dated letter from employer stating income with employees name, address and phone number listed. A letter from an employer should include the employer's address and phone number.
  - b) Monthly books for self-employed person
  - c) Bank statements from past 3 months
  - d) Proof of enrollment in a college, vocational or trade school that does not offer insurance
  - e) Proof of recent terminated employment (within the past 6 mos) and an indication they are actively looking for work or are a seasonal worker (fisherman, lawn care, etc.). A layoff slip or a letter from the previous employer is required in a layoff case. If these are not available contact the Screening Coordinator.
3. **Last year's income tax return** or a completed a 4506-T form for those who did not file an income tax return. This is extremely important.
4. **Social Security Card** or another form of id with the social security number printed on it.
5. You will also be asking the patient questions as you interview him/her to verify the following:
  - a) Works at least 20 hours/week or has a qualifying spouse that is working at least 20 hours/week
  - b) Making no more than 200% of the national poverty level (this must include spouses income as well)
  - c) Does not have and does not qualify for any form of insurance (including, but not limited to, Medicaid, Medicare, LaCHIP, LaMOM, school supplied, disability, etc.)
  - d) Does not obtain the majority of their income from SSI, food stamps, child support, etc.
  - e) Is not seeking medical services dealing with job related injuries covered on worker's compensation
  - f) Is not involved in any medical lawsuit
  - g) Is not seeking a medical second opinion

The process for screening patients is as follows:

1. Pull, by sequential number, the next Patient card from the 'Ready for Screening' bin.
2. Call out the 'sequential number' and invite the patient to an exam room for screening.
3. Introduce yourself and explain to the patient the screening process.
4. Verify the patient has all the paperwork required as described on the previous page.
5. Logon to MedServices software and select the Patient screen. Click on "Patient" and then chose "Complete List" at the bottom at the bottom of the screen. Scroll through the list and double click on the patient's name whose primary ID number matches that on the patient card. (Note: you can click on the headings to sort the list by whatever criteria you desire.)
6. Complete the following screens in the MedServices software using paperwork provided by the patient and by interviewing the patient. All the information is entered into the MedServices system using the following screens.
  - a) **Screening**. The information requested on this screen comes from interviewing the patient.
  - b) **# in Family on Patient Screen**. The number of dependents living in the household must be entered in the '# in Family' field on the patient screen. This is required for the MedServices software to correctly calculate the '% of Poverty Level' on the Income screen. This information is obtained by interviewing the patient and is verified by looking on the income tax forms.
  - c) **Income**. The income information comes from the pay stubs (or equivalent) that the patient has brought in. Use the gross adjusted income from the tax returns to just make certain it lines up somewhat with the paystubs from step 3 above. If there is a big difference between the monthly income calculated using the pay stubs and the income tax figures, ask the patient if they are a seasonal worker or if their pay stub includes overtime that may not be a normal part of their pay. Remember, we are trying to screen patients in, not out.

Be sure to enter the date in the "Effective Date" field on the income page. This date should be updated each time the patient is screened at the clinic.

Once the tax return is attached to the patient record it only needs to be updated once a year after April 15<sup>th</sup>. You will need to access the Images module of MedServices to verify the most recent tax form is on file. To do this, select "Images" at the top of the patient screen. Using the ">>" button at the bottom right, scroll through all the scan images until you find one that is labeled "AD-TAX..." Double click on the image so that it appears bigger and you can verify the form on file is current.

- i. **Household Members.** The information requested on this screen comes from the number of dependents listed on the income tax form and from interviewing the patient. Be sure to enter the income from other adult (older than 18 years) household members (this includes spouse). The number of people entered here should one less than the “# in Family” field entered in step 6b above.
  - h) **Patients.** The information requested on this screen comes from the driver’s license (or equivalent), social security card, and from interviewing the patient.
  - i) **Other Info.** The information requested on this screen comes from interviewing the patient.
- 7. Set the ‘Patient Status’ field on the ‘Patients’ screen to the appropriate value. Please remember to set this value even when the patient does not qualify.
  - a) If the patient qualifies, set the patient status to ‘**Active**’.
  - b) If the patient does not have all the necessary information, but a decision is made to see the patient on an exception basis, set the patient status to ‘**Temporarily qualified**’. Place a note in the patient flag under the ‘Other info’ screen explaining the circumstance and what is expected on any follow on visits.
  - c) If the patient does not qualify for treatment at the clinic, set the patient status on the patient screen to ‘**Did not qualify**’.
  - d) If the patient leaves to go obtain additional documentation, set the patient status to ‘**On hold – waiting documentation**’.

Whenever the status is set or changed a pop-up window will appear asking for a reason for the status change. Provide a short explanation here for the status change along the lines of:

- a) New patient qualified (for a newly ‘Active’ patient)
- b) Brought in all required documentation (for changing from a ‘Temporarily qualified patient to an ‘Active patient)
- c) Patient just began new job & had only 2 pay stubs (for a ‘Temporarily qualified’)
- d) Over income (for a ‘Did not Qualify’)
- e) To bring in pay stubs (for ‘On hold – waiting documentation’)

In all cases where the status is not ‘Active’, place a note in the notes field on the income screen to explain the situation and sign and date the notes.

- 8. If the patient needs to bring in any additional documentation on the next visit, place a note in the “Flag Patient” field on the “Other Info” screen that details what needs to be brought in. Have the patient repeat back to you to ensure they understand what needs to be brought in.
- 9. Explain to the patient and have them sign the following forms if they are not already in the system (check under the Images selection). Most patients who are return patients will already have this documentation in the system.
  - a) Consent to Treatment Form
  - b) PAP Information/Medicines Mailed to Home Instruction Form
  - c) Authorization to Release Information
  - d) Pharmaceutical Limited Power of Attorney

- e) Deemed Consent for Blood Testing
  - f) Notice of Privacy Practices Form
10. Sign as a witness on all forms. If more than one witness is needed, find another staff member to complete all required signatures. It is your responsibility to ensure all signatures are completed. NOT DOING THIS PLACES THE CLINIC IN JEOPARDY.
  11. Log out of MedServices
  12. Have copies made of the patient's paperwork from step 4 above that you used to verify their eligibility. Return the originals to the patient.
  13. Escort the patient to the nursing vital/triage area or invite them to return to the waiting room and wait until they are called by the nurse. (See head nurse on duty as to which process is being used as this is based on the number of nurses available.)
  14. Place one of the Patient Cards into the 'Ready for Nurse' bin at the nurse's station. Place the card at the back of the stack.
  15. Inform the receptionists as to whether the patient qualified to be seen at the clinic or not.
  16. Place forms 7a – 7f from above and the paperwork from 9 above in one of the large envelopes provided. Paper clip the patient's ID and social security card to the paperwork so it doesn't get "lost" in the envelope. Paper clip the second Patient Card to the outside of the envelope. Place the envelope of paperwork in the 'Ready for Scanning' bin in the receptionist area.

Things to Remember:

1. Sign and date all comments placed in all notes sections
2. Always put comments at the beginning of the notes section. This will allow the most recent notes to be seen first.
3. Complete **ALL** fields on the following screens: Patient Screen, Screening, Income, Household Members (where there are other members), and Other Income.
4. Full time students who are self-supporting (not claimed as anyone's dependent) qualify to be seen at the clinic. However, most university students have access to medical care through the university and thus would not qualify to be seen at the clinic.
5. When a patient is unemployed, put a note on the income screen clearly showing the date when the patient was no longer employed and then put the date at which they will no longer be eligible to be seen at the clinic (this is 6 months after no longer employed.)
6. If someone presents at the clinic who 'falls through the crack' in our system, please put a note explaining the situation on the Income screen.
7. On the patient screen, the "Last Recert. Date" should only be changed when a patient signs the papers required at the clinic. These papers must be resigned by each patient once a year. Established patients will need to resign papers when the "Next Recert Date" shows red.
8. Pay stubs should be provided to the scanner each and every time the patient is seen at the clinic.
9. Don't forget to go through the screening questions each and every time a patient presents at the clinic. The patient's situation could change at any time and it is important these questions are asked to protect the clinic and the doctors.

10. If a patient is employed, but does not have pay stubs, there are forms in the front office the patient can use to have their employer validate their income. Help the patient understand it is in their best interest to claim all their work to qualify at the clinic.

### **HINTS for Calculating Monthly Income**

1. To find the average pay someone makes, add together the amount of all three of the pay stubs they present. Divide this amount by 3. This will give you an average pay amount.
2. Determine the patient's pay stub time period. Look to see if the pay is for a week, two weeks or a month.
3. Determine the proper MONTHLY amount to enter into the MedServices screen. To do this, look at the following table. Follow the appropriate column down until you find the amount that is closest to the average pay amount from step 1 above.
4. Enter the amount that is in the 'Equivalent Monthly Amount' column into the Income screen (and Household Member screen).

### **Pay Conversion Table**

Table to convert weekly or bi-weekly pay into a monthly income amount. (Multiply the weekly amount by 4.33 or a two week pay by 2.165 to get the monthly amount.)

Week's Pay	Two Week's Pay	Equivalent Monthly Amount	Equivalent Yearly Amount
\$100	\$200	<b>\$433</b>	\$5200
\$200	\$400	<b>\$866</b>	\$10,400
\$300	\$600	<b>\$1299</b>	\$15,600
\$400	\$800	<b>\$1732</b>	\$20,800
\$500	\$1000	<b>\$2166</b>	\$26,000
\$600	\$1200	<b>\$2598</b>	\$31,200
\$700	\$1400	<b>\$3031</b>	\$36,400
\$800	\$1600	<b>\$3464</b>	\$41,600
\$900	\$1800	<b>\$3897</b>	\$46,800
\$1000	\$2000	<b>\$4330</b>	\$52,000
\$1100	\$2200	<b>\$4763</b>	\$57,200
\$1200	\$2400	<b>\$5196</b>	\$62,400
\$1300	\$2600	<b>\$5629</b>	\$67,600

**Agape Clinic Income Maximums for Patients**  
**(calculated automatically by MedServices)**

Number in Household	Maximum Household Income For Clinic Patients (200% of Poverty Level)
1	\$21,660
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580
6	\$59,060
7	\$66,540
8	\$74,020

## APPENDIX E – Process for Scanner Duties

The process for scanning in patient paperwork is under revision and will be updated when it is complete (10/17/09).

## APPENDIX F – Entering Volunteer Time

Recording volunteer time can be done in one of two ways. The first requires you to log in only once at the end of your 'shift' and can be done as follows:

1. Log into MedServices Software.
2. Select Volunteers on the menu.
3. Select Complete List.
4. Scroll through list of volunteers and double click on your name. Your volunteer information should appear.
5. Select the Time button on the upper right hand corner.
6. Select the Add button.
7. Enter the date (pressing the 'T' key in the date/time field will put in the current date/time) in the 'Start Time' field.
8. Select the type Work Performed by you for the day.
9. Enter the number of hours you worked for the day.
10. Select Save.
11. Exit out of the Volunteer module.
12. Don't forget to exit MedServices software when you are done.

An alternative way to enter your volunteer time will require a two step process: first entering your start time at the beginning of your 'shift' and second entering your end time at the end of your shift. This can be done as follows:

1. Step 1 (to be done when you arrive at the clinic)
  - a. Complete steps 1 through 8 above
  - b. Exit out of the Volunteer module.
  - c. Exit MedServices
2. Step 2 (to be done just prior to leaving the clinic)
  - a. Complete steps 1 through 5 above
  - b. Select the entry in the grid at the top of the screen that has today's date.
  - c. Select the Edit button.
  - d. Enter the letter 'T' in the End Time field.
  - e. Select the View button.
  - f. Verify the 'Total Hours' field is correct. If not, then do the following steps:
    - i. Select the 'Edit' button.
    - ii. Change the 'Total Hours' field to be the correct value.
    - iii. Select the 'View' button.
  - g. Exit out of the volunteer module.
  - h. Exit MedServices

## APPENDIX G – General Tips and Reminders Associated with MedServices

1. Please exit completely out of MedServices when you are not actively entering or reviewing information. We currently have only 10 licenses and it is important that they are used wisely when the clinic is busy. This is also a good practice from a security point-of-view.
2. A letter 'T' typed in any date/time field will provide the current date/time.
3. When adding or editing any information in MedServices, always select 'Save' or 'View' to actually enter the information into the database. Once the information is saved, go back and verify it was saved to the correct location, with the correct patient.
4. Fill out all the information on each page. This is especially important on the Patient Screen, Medical History and the Visits Screens. Once a patient's information has all been entered, go back and verify it is all there. On the input fields that require a code value to be entered (ie, race/sex) the possible values that can be entered appear on the bottom left of the screen. These fields also need to be completed.
5. Always enter all data obtained for a patient, even if the patient may leave without seeing a doctor. If a patient leaves, please be careful to enter a reason for their departure in the note field of the Patient Screen.
6. Be aware of the Patients' Primary ID (or Pri ID) number. This is a number that uniquely identifies each patient in the MedServices system. The Pri ID is listed on the Patient Card. This number should be verified before entering or editing any information. NOTE: Pri ID is NOT equivalent to Visits ID.
7. Whenever you enter data in a Notes field, sign and date the entry.