

Clinic Director's Handbook

No one person is more important to the effective operation of a medical clinic ministry than the Medical Director. Many tasks can be delegated but it is essential that the many different areas of responsibility be supervised by one person. The Director does not need to be a medical professional but will of necessity learn much about the role of the physicians and the nurses. Knowledge of the many prescription medications needs to be gained quickly as the one most frequent request will be in this area.

When a church begins a Charity Clinic they assume partnership with the health care providers in the community. The Director should make contact with the Director of the County Medical Society if there is one in the county where your clinic is located. Make them aware of your existence and ask for information about any meetings that might be appropriate for you as Director to attend. Most medical societies send out newsletters and will gladly make their member physicians aware of your program.

This booklet is intended to give the new Director an overview of and a guide to many of the responsibilities of the position. Some blank pages are added at the back for those other tasks that will arise, since every situation has its own peculiar characteristics. The order of subjects covered is in no way indicative of their importance.

Records

Medical records must be carefully maintained. The chart filing process should provide efficient retrieval of patient records while maintaining strict confidentiality. Records should not be arranged by patient names but rather by a coded system requiring an index to access individual information.

- Charts and chart filing system

- Card index file

- Patient confidentiality- HIPA

Procedures must be established to define the process of routing the patient and their information during the clinic session. The charts are to be pulled and placed in the clinic examination area for the nurses to prescreen the patients. After the physician has completed his examination, diagnosis and treatment plan, the charts are to be retrieved and placed back into storage. Keep the number of people handling this information to a minimum to avoid any question of the protection of personal information.

OUTSIDE PRESCRIPTIONS

Every clinic will get many requests for controlled substances, particularly pain medications. In Oklahoma, a clinic with a Charity Pharmacy will not be licensed

to stock and dispense controlled substances. As a result, there will be requests for prescriptions to be written to take to a regular retail pharmacy. Many clinics have a standing policy that no outside prescriptions will be written for such medications. If the physician in charge feels the medications are necessary and has no problem with writing an outside prescription, you may consider such a policy. Safeguards need to be put in place so that a patient may not use the free clinic for abuse of controlled drugs. This writer has seen patients come to clinic sessions and watch to see if the physician on duty is different from the one who previously prescribed narcotics for them. Without carefully reading the previous patient treatment plans, the physician could be persuaded to write an additional prescription. Since abusers do not get their medications through insurance plans, they can simply go to different pharmacies and get them filled.

NURSING CERTIFICATES

When nurses are enlisted to work in the medical clinic, it is a good practice to ask them to bring their nursing certificate and let you make a copy of it for your files. The Director should be aware of the different levels of nurse training and capabilities and be confident that all nurses are current with their licenses. In the absence of nurses for a medical clinic session, anyone may be enlisted to take patients to a waiting room and write in prescreen them for the attending physician. In such an event, it would be wise to inform both the patient and the physician that this person is not a nurse. This writer has used college and high school students as volunteers in medical clinics to do these functions. Students desiring to one day enter pre-med courses of study like to have experience working in a medical clinic and have that volunteer service entered into their academic record.

MISSION STATEMENT

Every medical ministry should have a simple, concise mission statement. If possible, post your mission statement in poster form in your reception area or waiting room. As volunteers are enlisted and interviewed the mission statement will help the Director involved the volunteer in the over all ministry of the clinic. The mission statement will also allow you to minister to the volunteer. Never think that just because a person is willing to volunteer their time and services to help others that they do not need to be ministered to as well. More attention will be given to this subject in the Supervision of Volunteer section further down.

FOLLOW UP CARE

The Director will be the primary person involved in the patient's follow up care. There will be occasions when a patient needs specialized care that the free clinic cannot provide. The Director should continually work with other health care providers in the community to establish a network of support services. As

physicians are contacted, remember that for various reasons many will not elect to come to the clinic to work but may be enlisted to see an occasional patient in their office without charge. Enlistment of personnel and services will also be discussed in a later section. The Director will be a key person in making the free clinic a part of the total health care team in the city and county.

If there is a local hospital or one in an adjacent city or town that serves the community the clinic is located in, make contact with the Administrator and inquire about any services they might be willing to provide for the clinic. As the number of free clinics continues to increase, hospital administrators are learning that these clinics make a significant contribution. Many hospitals, from small town units to the famed Parkland Hospital in Dallas, Texas, are finding that the free clinics help to ease the load on their emergency rooms. Many people without insurance will not go to a doctor's office because of the cost involved. If there condition worsens, they have no other recourse but to go or be taken to a hospital emergency room. A free clinic will give them an avenue of care and treatment that will let them be taken care of before they become seriously ill.

As a result of this intervention in the CARE of the uninsured, hospital administrators are increasingly willing to offer support services such as x-ray, laboratory work and general surgery. The Social Services Director in the hospital may also refer indigent patients to the free clinic for follow up care after leaving the hospital, especially if medications are needed. This is an exciting prospect for the church sponsored clinic as it seeks to extend a positive witness to the community. Many doors of opportunity will open for evangelism and ministry as the free clinic continues.

PHARMACY LICENSE RENEWAL

In Oklahoma, pharmacy licenses expire June 30 of each year. If not renewed by July 15, the license fee doubles. Renewal applications are mailed out in late May or early June. The Director can do most of the application renewal for the pharmacy manager. Fill in all needed information including names and license numbers of all pharmacists who volunteer in the clinic. Once the pharmacist has looked over the form and signed it, make a copy to keep in the office. As changes occur in the pharmacy staff, make corrections on the office copy. Then, when the next year's renewal form comes, you can simply copy the up to date information onto the new form and have it ready to submit. Your pharmacy manager will appreciate your attention to this matter. He will be involved with his own renewal process which is much more involved than that of the Charity Pharmacy.

PHARMACY GUIDELINES AND POLICIES (for initial application)

As a part of the initial pharmacy license application you will be required to submit a copy of the pharmacy's policies and procedures. Refer to APPENDIX A for some sample policies from other pharmacies you may use as a guide.

PATIENT TERMINATION

As unlikely as it may sound, there may come a time when a patient must be terminated. Reasons vary, but it may become necessary for you to terminate some patient and you need to have a procedure in place before it happens. In conference with your Pastor, or Board of Directors, brainstorm the possible reasons for which a patient might be terminated. Abuse of the clinic, belligerence, hostile or threatening behavior, threatening to sue the clinic or doctors, just to suggest a few. Once a policy for termination is thought through and put into place, you might consider having a copy of it available for the persons who interview new patients. If a patient is told ahead of time that these behaviors will not be tolerated in the clinic and that services can be terminated, you can better be prepared to deal with any situation that should arise. This can also be part of your ministry to volunteers, who need to be kept from as much abuse and mistreatment as possible.

VOLUNTEER TERMINATION

As unlikely as patient termination may sound, be aware that you need to have a policy in place for volunteer termination. There are some people who are just not suited for volunteer ministry. There may be personal or family situations which impinge on a volunteer and become active in his or her relationships with others. A person who is argumentative, combative or easily irritated can undo much of what you are wanting to accomplish in your program. A wise Director may be able to transfer a volunteer to a different area of responsibility where they can still be useful and removed from the area where they are having conflict. Remember, it is better to be prepared for a situation that never arises than to get caught unprepared. The worst kinds of setbacks are those that could have been avoided.

Schedules

The physicians who volunteer to serve in your clinic are foundational. You will want to give them every possible consideration, realizing that their schedules fill up far in advance. The availability of physicians will largely determine what days and times your clinic can be open. Once you determine the clinic schedule, you might consider asking the various physicians if they would like to commit to the same time, such as the first Thursday of each month.

This has at least two advantages. First, it will allow them to look ahead and adjust their personal schedule accordingly. Second, when inevitable conflicts

arise in their schedule, you can ask them to switch nights with another volunteer if their schedule will permit. This arrangement lets them know that there is some flexibility in your schedule and that you are giving consideration to theirs. I have known of some clinics that wait until just a few days before the clinic is to be open and then start calling their volunteer physicians. To me, this is an inconsiderate method of scheduling and reflects an unprofessional program.

There will be those times when a physician will have to cancel at the very last moment. If you have been consistent in scheduling your volunteers well in advance, you will be much more comfortable calling on one of the doctors at the last moment. If you have a track record of short notice scheduling, the doctor may not feel like he should be the one to make up for your shortcomings. Plan ahead, contact your volunteers by fax, phone message or e-mail, to remind them. They live and work by interacting with others and they will appreciate your courteous reminder. Notice I said "phone message" not phone call. Try to avoid calling the doctor away from his work or asking him (or her) to call you back just for a reminder. Even office receptionists can be trusted to give the doctor a reminder for you.

Pharmacists

Your pharmacist's schedule is, in most cases, quite different from that of the physicians. For several obvious reasons, Monday is just about always the busiest day in any given pharmacy. If you use Monday for some of your program, such as for a prescription refill night, plan your schedule so patients can be checked in and ready before the pharmacist arrives. It is far better for you to wait until they arrive and have work ready for them to start on immediately than for them to stand around and wait. In all scheduling matters, it is good to remember the Golden Rule!

Most charity pharmacies have a large volume of prescriptions because they are only open about once each week. Some of these will fill over 200 prescriptions in an evening. Many pharmacists will not fill over 100 prescriptions in an entire day in their own location. There are some things that other volunteers might be able to do under the supervision of the pharmacist, but each one should be allowed to make that decision. If you can enlist a Pharmacy Technician to help that would be ideal. For an additional \$10 per year a Technician can get a duplicate certificate to have on file at the pharmacy.

Nurses

Nurses in a charity clinic will be needed in 3 areas. The first station should be that of intake. The intake nurse will question the patient and determine what condition prompted them to come to the clinic. An intake nurse will know that

many people have chronic ailments that will not be cured and go away. It is important for this nurse to determine the most pressing need of the patient. Then, she will weigh the patient, check blood pressure, check blood sugar or check the patient's temperature, as the conditions require. The chart should also list any medications the patient is taking.

The second nurse station is for the treatment nurse. If you have only one or two nurses, the intake nurse will do both tasks. (It might also work well to allow the same nurse to follow the patient through the entire process.) While the physician is with the patient a nurse should be near if the doctor requests assistance or needs a procedure to be done, such as a blood glucose test or urology test. Some physicians do not mind if the nurse is present during the examination.

The third station is for the exit nurse. This nurse will make certain the patient has received the appropriate prescriptions, if any, and that they understand how to take the medication prescribed. If there is any question about anything the doctor told them, it is good to have it answered while everyone is still present. Then, when the patient leaves they know what they are to do and what to expect as a result of their medical care.

The Clinic Director may need to assign some of these tasks. Be aware of how many helpers you have. If nurses are allowed to just stand around idle, they may not feel that their services are needed. The best thing you can do for the nurses is guide them to be involved in interacting with the patients. This is the point at which meaningful ministry may be most effective. Having received information from the physician and medication from the pharmacy, the patient should be in a more relaxed and receptive mood than before. The exit nurse should feel free to ask the patient if there are any prayer concerns and ask to have prayer with the patient. If there is a pastor or chaplain available, there may be opportunity for further ministry at this point.

Team Building

The Clinic Director has a great opportunity to minister to the volunteers who make up the medical team. Your volunteers may only see each other during the clinic session and varying schedules may not allow them to work together as a team very often. As a result, team building is very important. Make introductions as the volunteers arrive. Ask your nurses and office staff to come about 20 minutes before the clinic opens. Make introductions, and if you can, provide name tags for the volunteers. Then, before the doors are opened, share a brief prayer of thanksgiving for the workers and ask God's blessing on those who are coming for help. This process will help your team see that there is a spiritual dimension to what they are doing at the clinic. Your workers will thank you and thank the Lord for you if you keep the focus on ministry in Jesus' name. You

might even discover that they will take some of this atmosphere with them to their secular jobs day by day. What a wonderful ministry opportunity you have as Director!

Office Workers

There is always a need for ample help in the clinic office. As in other areas, the Director needs to plan ahead how to utilize these workers. They will enjoy getting to fellowship with each other but remember that they were enlisted to SERVE. New patients need to have a chart made for a record of their medical care. Provide a place with privacy for this process, such as a separate room or an area off to one side, away from high traffic. Patients will be asked for confidential and personal information and do not want an audience. If you have a surplus of workers, train them to stay out of the intake area until all patients have been interviewed.

Previous patients will already have a medical chart and after it has been pulled from the files and placed in the examination area, they can return to the waiting room. Think through the process by which charts will be handled after the doctor and the exit nurse have finished with the patient. Provide a receptacle for these charts and have a volunteer assigned to take the chart, look for any instructions the doctor may have made (such as a follow up test or procedure) and then return the chart to the shelf or file cabinet.

Equipment and Supplies

The following section lists some of the items you will want to provide for your clinic. Encourage your volunteers to report to you when they see any of these items getting low. You might want to make a checklist to help you do a periodic inventory to avoid running out of needed items.

Supplies

- Prescription labels
- Prescription pads
- Volunteer applications
- Patient prescription records
- Exam table paper
- Trashcans and liners
- Tongue Depressors
- Alcohol
- Hydrogen Peroxide
- Syringes

Equipment

- Stethoscopes
- Digital thermometer, probe covers
- Scales, adult and infant
- Otosopes, probe covers
- Blood pressure cuffs
- Glucometer and test strips
- Urine test strips

Supervision of volunteers

Some references to volunteer supervision and utilization have already been made in earlier sections. Supervision is a broad term as used here and relates to just about everything you do. Reference has been made to scheduling of volunteers and giving consideration to them. Having clear and sensible policies and being consistent in following them. Building a team helps to provide volunteers with a meaningful and fulfilling experience. All this and more is involved in your task of supervision.

You might consider asking local churches to provide snacks and refreshments for the volunteers. Many of them will come directly from their jobs without eating. An important item to mention here is quality. If you are going to provide soft drinks, pay a little extra and get the “good stuff” or brand name drinks like Coca Cola and Dr. Pepper. It is another small way of saying to your volunteers that they are important to your program.

Community connections

- Doctors' offices
- Hospitals
- Sales representatives
- Public officials: DHS and Health Department

Publicity

Publicize your clinic aggressively. If you have a newspaper that serves your area, make contact with them and offer news releases about your clinic. Even things you may not think are important might be newsworthy. Write it up, submit it, with pictures if possible, and let them decide how to use it. You could even write articles about some of your volunteers and tell how they came to be part of the clinic staff. These are human-interest stories that will be read and talked about and may help your enlistment of volunteers.

Newspapers, radio and television
Medical laboratories
Referral network
X-ray services, general surgery
Vo-Tech schools
Colleges
County medical society

Stocking the pharmacy

Ordering generics
Nursing home blister pack medications
Samples from doctors' offices and sales reps
Indigent patient program
 Needy Meds manual
 IPP software

Computer equipment

File backup
Diabetic management software