

## **Physician Orientation Manual - Attachments**

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## **Clinic Staff and Primary Responsibilities:**

### **Ray L. Cox, MD, MBA: Executive Medical Director**

Responsible for all medical and executive functions of the clinic; contact - [rcox@vimclinic.org](mailto:rcox@vimclinic.org) or ext. 226.

### **Julie Copp, RN, MSN: Director of Patient Care Services**

Responsible for all patient care and nursing functions of the clinic; contact – [jcopp@vimclinic.org](mailto:jcopp@vimclinic.org) or ext. 229

### **Bella Perez, MD: Assistant to the Medical Director**

Responsible for the acquisition of medications through the patient assistance program; contact - [bperez@vimclinic.org](mailto:bperez@vimclinic.org) or ext. 222

**Nena Balzola: Office Manager and Patient Navigator:** Responsible for office functions and scheduling patient care outside of the clinic; contact – [nbalzola@vimclini.org](mailto:nbalzola@vimclini.org) or ext. 225

### **Stan Stolarczyk: Director of Volunteers:**

Responsible for all lay volunteers; contact – [sstolarczyk@vimclinic.org](mailto:sstolarczyk@vimclinic.org) or ext. 238

### **Doug Wolter, Director of Mental Health Services;**

Responsible for all Mental Health volunteers and scheduling; contact ext. 232

### **Patty Diggs, Physician Coordinator:**

Responsible for Physician Scheduling; contact – [pdiggs@vimclinic.org](mailto:pdiggs@vimclinic.org) or ext. 242

### **Lois Schuhrke, Dental Coordinator:**

Responsible for Dental Scheduling; contact – [lschuhrke@vimclinic.org](mailto:lschuhrke@vimclinic.org) or ext. 249

### **Sandee Brooks, Technical Support:**

Responsible for EMD, electronic medical record support; contact – [sbrooks@vimclinic.org](mailto:sbrooks@vimclinic.org) or ext. 231



## Services Provided Medical Care and Specialties

Internal Medicine	Pediatrics	Endocrinology
Gynecology	Immunizations	Cardiology
Chiropractic	Dermatology	Ear, Nose and Throat
Gastroenterology	Neurology	Ophthalmology
Imaging	Surgery	Urology
Pharmacy	Laboratory	Psychiatry
Mental Health Counseling	Podiatry	Infectious Disease
Dentistry	Orthopedics	Family Medicine

### VIM Clinic: General Hours

MONDAY	8:30 AM – 11:00 AM	12:30 – 3:00 PM ****
TUESDAY	8:30 AM – 11:00 AM	1:30 PM – 3:30 PM
WEDNESDAY	8:30 AM – 11:00 AM	1:30 – 4:00 PM* 12:30 – 3:00 PM **** 5:00 – 7:00 PM***
THURSDAY	8:30 AM – 11:00 AM	12:00 PM – 4:00 PM**
FRIDAY	8:30 AM – 11:00 AM	no pm hours on Friday

\* Mental Health Clinic only

\*\* Diabetes and Hypertension Clinics only

\*\*\* 2<sup>nd</sup> and 4<sup>th</sup> Wednesday Evening Clinic

\*\*\*\* New Patient Registration

### Dental Clinic

MONDAY	8:30 AM – 11:00 AM	1:30 PM – 4:00 PM
TUESDAY	8:30 AM – 11:00 AM	1:30 PM – 4:00 PM
WEDNESDAY	8:30 AM – 11:00 AM	1:30 PM – 4:00 PM
THURSDAY	8:30 AM – 11:00 AM	1:30 PM – 4:00 PM
FRIDAY	8:30 AM – 11:00 AM	no pm hours on Friday

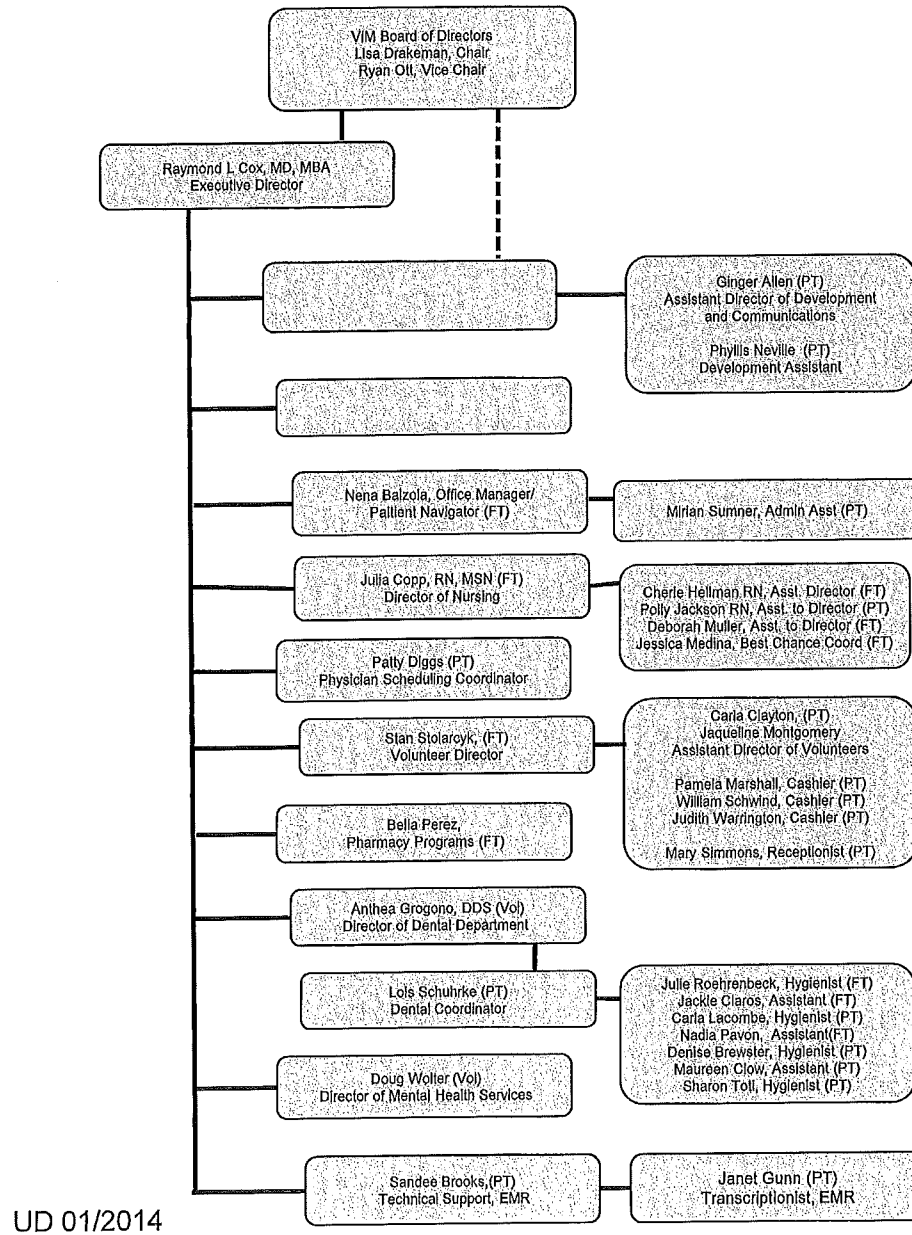
### Specialty and Chronic Disease Clinics

Diabetes Clinic	Thursdays 12:00 – 4:00
Weight Management Clinic	Thursdays 1:00 – 2:00
Hypertension Clinic	Thursdays 12:00 – 4:00

### New Patient Registration

Monday and Wednesdays 12:30 PM – 3:00 PM

# Volunteers in Medicine Staff Organization Chart



## VIM Emergency Protocol

### **STAFF**

### **ROLE**

Front desk

Identify patient in distress at check-in-

Alert Staff Nurse immediately of situation (Feature 610 may be used to announce Code Blue and its location)

Direct EMS Responders to the appropriate location

Periodically assess waiting room for patients in distress

Alert waiting patients about potential delay

Medical assistants  
(runners)

Situate ill patient in designated resuscitation room-assess surroundings

Alert physicians and nurses of the emergency and the patient's location

Bring all emergency equipment ( Crash Cart /AED/O2) to the site of the emergency (if not already in the treatment room)

Obtain initial set of vital signs and document

If oxygen saturation is less than 90 percent, start oxygen by face mask

Assist in code

<b>STAFF</b>	<b>ROLE</b>
Staff nurses	ACLS or BLS Certified Staff Nurse to act as Team Leader. Act as medication nurse or code nurse in resuscitation
Physicians	Respond to call for assistance  One physician to act as code team leader  One physician to control airway  One physician to assist in resuscitation and/or act as float physician
Checkout desk	When necessary, dial 9-1-1, give location and description of the emergency along with name and age of patient
Additional office staff	Keep flow of patients moving out of office
10/8/13	

# Emergency Action Plan Preparedness Procedures

## Fire Drill:

There will be two fire drills a year. The staff will practice without patients on how evacuations will be conducted.

### General Fire Safety Instructions:

- Avoid Panic: Do **not** shout "Fire!"
- Evacuate patients in immediate danger
- Contain the fire by closing the door
- Call Hilton Head Fire Department at 911
- Follow clinic procedures below for individual responsibilities

### Specific Directions for Response to Fire:

- A different staff person is in charge of checking different areas, closing doors behind them and hanging the checked-off badge at the door.
  - Volunteer Department to check:
    - medical records,
    - men's and women's restrooms at the entrance,
    - pharmacy,
    - greeter rooms,
    - triage,
    - Bella's room and
    - Ophthalmology.
  - Dental Department to check:
    - every dental area
    - including office, closets, rooms and storage area.
  - Nursing Department to check:
    - Rooms 8 through 13
    - Lab
    - Lab restroom and
    - Radiology
  - Administration (Dr. Cox, Nena, Bella) to check:
    - Rooms 2 through 7,
    - bathroom in left hallway,
    - diabetes office and
    - closet beside diabetes.
    - Staff, volunteers and patients should gather outside, to the right side of the clinic, by the mailbox.

## **Actual Emergency Situations:**

**It is the duty of every staff member and volunteer to prevent patients from becoming unnecessarily frightened, confused or to panic in any emergency.**

Before acting, the staff should consult the Medical Director on what to do or, in his absence, the person in charge (Nursing Director). If not able to locate the person in charge or if he/she believes that by trying to locate them precious time is lost and people are in serious danger, then he/she should act by what he/she thinks is the best judgment call at the moment.

### **Emergency Codes:**

Each phone has a neon label with instructions on how to operate the speaker all through the clinic.

A staff member, after consulting with the Medical Director or, in his absence, the next in charge, should make the following “Code level” announcement through the speaker appropriate to the particular type of emergency:

**Code Blue:** (Cardiac or respiratory arrest. Volunteers will guide patients to stay out of the way, and follow staff instructions.)

**Code Red:** (Fire. Everybody should evacuate. Volunteers and staff move people to safety. Pull alarm. Evacuate and close doors. Extinguish small fire. -- See below for more information.)



**Code Pink:** (Child abduction or disappearance. Entryways are sealed by staff; follow staff instructions.)

**Code Green:** (Threatening armed individual. Volunteers help to maintain calm: follow staff instructions.)

**Code Black:** (Disaster situation. Inside or outside. Terrorism, tornado, etc.)

**Important: Volunteers need to be previously trained on the meaning of each code and how to act accordingly.**

**Emergency Button:**

In case of an emergency, the panic button is located under the reception desk and, once pressed, it will call the police department immediately.

**Medical Emergency: (Code Blue):**

The medical providers, on the basis of the medical protocols, will distinguish between emergencies which can be handled on-site and those necessitating referral.

It is mandatory that all employees are familiar with the location of the emergency supplies and be able to recognize the names of same. It is also strongly encouraged that the volunteer clinical staff members maintain current CPR certification.

**In the event of a medical emergency:**

Medical emergency procedure at the Volunteers in Medicine Clinic will be handled on a case-by-case basis, but will generally follow the steps outlined below:

- The person encountering the emergency shall immediately notify a volunteer physician or staff nurse and other staff members as warranted
- The volunteer physician or staff nurse shall evaluate the emergency and treat the patient as directed in the Protocols. The volunteer physician or staff nurse shall enlist the aid of any of the Volunteers in Medicine Clinic staff he/she deem necessary
- The receptionist or assistant, when instructed, shall immediately call 911 and request that an emergency unit be dispatched to the Volunteers in Medicine Clinic.
- The telephone number for the **Poison Center Hotline is: 1-800-222-1222.**

The goal of the Volunteer physician or staff nurse is to stabilize the patient for transport to the appropriate facility.

### **Plans for Non-Medical Emergencies**

The *Director of Volunteers* shall be in charge during any non-medical emergency. In his/her absence the asst director is in charge. The following items shall be readily available: flashlight with fresh batteries, battery powered radio and an emergency first aid kit.

Annual non-medical emergency drills shall be carried out and documented.

### **Fire (Code Red):**

The fire plan for the Volunteers in Medicine Clinic is to be used in case of an accrual emergency, It will be placed on clinic bulletin boards for reference.

If there is a fire, every effort should be made to confine it to the immediate area in which it started. All personnel should be notified immediately in the event of a fire anywhere in the building so that they can move promptly to their regular stations. All personnel should be prepared to take whatever steps are thought best by those in charge.

What to do when the alarm goes off:

Look for fire. If any found, proceed to evacuate the building. First, notify volunteers of the emergency situation; the building should then be evacuated following the fire drill procedure. Avoid Panic: Do NOT shout "Fire!"

Use common sense always!!

Evacuation Routes: Always use the closest route that is available to evacuate the Volunteers in Medicine Clinic. Routes and exits are drawn on the attached diagram.

Distribution of Evacuation Responsibilities:

The safety program is everyone's responsibility; however, it is the *Director of Volunteers'* responsibility to direct the program.

- Receptionist: To evacuate from waiting rooms and rest rooms
- Nurses: To evacuate from exam rooms, offices, staff rest room, lab and lounge
- Employee/Volunteer Roll Call:
  - Calling the Fire Department: Whoever finds the fire is to call the Hilton Head Island Fire Department at 911
  - Fire Extinguisher Operators: Receptionist, Nurse, Volunteer nurses and/or volunteer physicians
  - Removing key and essential data diskettes and efforts to secure all records: *Director of Volunteers*
  - Turning off equipment and closing doors: last person out

Evacuate every space and hang the appropriate badge by the door. Once every; area has been checked, and the rooms emptied, the staff should leave the building and meet on the right side by the mailbox.

## **General Fire and Fire Extinguisher Information**

There are three types of fires:

- Class A: Fires involving paper, wood and similar solid combustible materials.
- Class B: Fires involving flammable liquids.
- Class C: Fires involving electrical equipment.

There are several types of fire extinguishers; each type is used on a different sort of fire:

- **Water pump can:** For Class A fires – Do not use on electrical fires, or flammable liquid fires
- **Carbon dioxide:** For Class B and C fires
- **Water or Antifreeze Extinguisher:** For use on Class A fires only
- **Multi-use Extinguishers:** May be used on Class A, B, or C fires.

### Where Fire Extinguishers are Located:

Locations of fire extinguishers are designated in the diagram located in the folder for *Preventive Maintenance Fire Extinguisher Designation*.

### How to use a Fire Extinguisher: (PASS):

- P- Pull the pin
- A-Aim at the base of the fire
- S-Squeeze the handle
- S-Sweep from side to side

### Notes:

- The range of fire extinguishers is 5-30 feet. Do not attempt to use extinguishers on fires that are unsafe to approach at this range.
- The discharge time of extinguishers is 5-30 seconds. Use the extinguisher in brief blasts, stopping to see if you have been effective, thus saving the time for repeated attempts. Locate the area not under control and try again.

## **Disaster Situations (Code Black):**

### **Severe Thunderstorm, Hurricane and Tornado:**

#### **Severe Thunderstorm:**

Lightening, flash floods, tornadoes and down bursts typically accompany thunderstorms. Tune a radio to receive weather bulletins when weather appears threatening. In the event of threatening weather, ask staff, patients and other visitors to remain inside the Volunteers In Medicine Clinic. Avoid using the phone.

In the event of severe thunderstorms, proceed according to the following plan:

- The *Director of Volunteers* will advise all patients and staff of severe weather conditions upon notification of the condition's existence
- The *Director of Volunteers* will recommend that all patients and staff remain indoors and not venture out unless absolutely necessary
- The *Director of Volunteers* will instruct patients and staff to stay away from doors and windows, metal pipes, sinks and plugs in electrical equipment such as office, lab equipment, and computers, etc.
- The *Director of Volunteers* will advise all patients and staff that the telephone is not to be used
- Personnel will remain alert to the possibility of worsening weather conditions that may cause tornadoes and take appropriate action in such a case

#### **Hurricane:**

We will follow the County Evacuation Order. Volunteers should assume that when the local authorities give evacuation orders, the clinic will be closed. Staff will follow evacuation plan.

### Tornado:

In the event a tornado threatens the medical clinic building, proceed according to the following plan:

- **Tornado Watch:**
  - Remain inside the Volunteers In Medicine Clinic
  - The *Director of Volunteers* will be notified by the staff
  - The *Director of Volunteers* will continue to listen for weather advisory information
  - The *Director of Volunteers* will inform all staff and patients of the conditions
  - Regular activities will be continued
  - The *Director of Volunteers*, if practical, will designate persons to serve as lookouts
- **Tornado Warning:** A tornado WARNING stating that a tornado has actually been sighted will be received by staff by radio or by local law enforcement officials.
  - The patients and staff will be alerted immediately
  - All employees and staff will proceed to the interior bathroom or inside wall of the medical clinic facility
  - The *Director of Volunteers* will make efforts to secure all records and the computer tapes
  - The *Director of Volunteers* will turn off all utilities possible
  - All patients and staff will assume a curled position so as to protect their eyes and heads once in the appropriate shelter
  - The *Director of Volunteers* will determine if anyone is missing
  - If someone is missing, the *Director of Volunteers* will either organize a search or notify law enforcement officers of the missing person(s)

- Patients and staff will remain in the interior bathroom or near the inside wall of the building until the *Director of Volunteers* or designee declares it safe
- **If there is no warning**, but a tornado is sighted approaching the medical clinic, staff will direct patients to do the following and then do so themselves:
  - If time permits, go to the interior bathroom or inside wall of the building
  - If time does not permit, get into the safest area of the room which you are in (the inside wall farthest away from doors and windows)
  - Avoid windows and areas with wide roof spans
  - Do not attempt to open windows
  - Get under heavy furniture, if available
  - Assume a curled position so as to protect the head and eyes
  - Remain in position until the tornado passes
  - Proceed as in a medical emergency if injuries have occurred

### **Bomb Threat:**

A bomb threat may be received by various means, but usually will be by telephone. In the event a bomb threat is received at the medical clinic, proceed according to the following plan:

- The recipient of the call will attempt to obtain information, including:
  - Time and date reported
  - How reported
  - Exact words of caller
  - Caller's description of the bomb and its location
  - Description of the caller's voice
- The recipient of the call will immediately notify the *Director of Volunteers* or *Executive Medical Director*, but no one else.
- The *Director of Volunteers* or *Executive Medical Director* will immediately notify the local law enforcement officials.

## **Town of Hilton Head Island Police Department: Telephone 911**

No search of the premises will be made by the medical clinic personnel. However, unusual items should be noted and reported to the law enforcement search team.

- The *Director of Volunteers* or designee will inform all patients and staff of the bomb threat and begin evacuation proceedings. To avoid the risk that the bomb threat is real, the building will be evacuated in all cases
- Staff will assist all patients from the building and then themselves evacuate the building through the appropriate exits as conditions may suggest
- If time permits, staff should see that a few windows are opened and the doors are propped open when leaving the building
- The *Director of Volunteers* or designee will see that everyone evacuates at least 500 feet from the building
- The *Director of Volunteers* or designee will inform the law enforcement officials of any missing persons
- No personnel shall conduct any search for missing persons. This should be left up to the appropriate officials
- Patients and staff will not return to the building until it has been declared safe by appropriate authorities

### **What to do in other emergency situations:**

The staff, before acting, should consult with the Medical Director on what to do, and in his absence, the person in charge (Nursing Director). If not able to locate the person in charge or if he/she believes that by trying to locate them that precious time is lost and people are in serious danger, then he/she should act by what he/she thinks is the best judgment call at that moment.

Revised: 07/05/2013





## Referral for outside test/procedures

VIM physicians who want to refer a patient for an outside test/procedure should complete this form.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Diagnosis: \_\_\_\_\_

Proposed test/procedure: \_\_\_\_\_

Patient's status:

Level 1 - Critical- Life threatening condition \_\_\_\_\_

Level 2 - Severe- Job threatening condition \_\_\_\_\_

Level 3 - Moderate- stable but a progressive condition \_\_\_\_\_

Level 4 - Elective – stable or elective condition \_\_\_\_\_

Referral Physician: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*VIM negotiates rates for the procedures/test requested.

\*\*\*Patient will pay a 100% of procedure/test if possible.

\*\*\*VIM will help to fund some test/procedures if funds are available

**Please give form to Nena- Patient Navigator- to start the referral process**



## Step-by-Step Instructions for AHEC-U



Access code through June 2014 is healthcare. This code is for consortium members only and will change every six months.

### Instructions:

1. Go to <http://www.ahecu.org/>
2. Click on **"GET STARTED NOW"** in the middle of the page
3. Click on **"log in"** in the middle of the page or the upper left corner
4. Go to **"Is this your first time here?"**
5. Read instruction while scrolling down to the bottom of the page
6. Click on **"Create New Account"**
7. Complete all prompts. \_\_\_\_\_ is a member of the Lowcountry AHEC Consortium.
8. Click **"Create my new account"**
9. Read the instructions that pop up on the screen
10. Click **"Continue"**
11. Explore site as needed