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Quality Assessment of the Essential Health Clinic through Staff and Patients; Assessment of the Referral System for Specialty Care through the Essential Health Clinic; Clinical Standing Orders for Disbursement of Cold/Allergy/GI/Minor Pain Packs

Cortney Bernardo
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Quality Assessment of the Essential Health Clinic through Staff and Patients; Assessment of the Referral System for Specialty Care through the Essential Health Clinic; Clinical Standing Orders for Disbursement of Cold/Allergy/GI/Minor Pain Packs

Abstract
This descriptive research study looks at a variety of components of the Essential Health Clinic.

Objective: 1) To assess quality management assessment for the Essential Health Clinic based on both staff and patient views. 2) To assess the referral system for specialty care for patients of the Essential Health Clinic, and increase the referral sources throughout the community. 3) To develop standing orders for triage nurses to use for disbursement of cold/allergy/gastrointestinal (GI) and minor pain packs to patients presenting to the clinic with minor complaints.

Design: A descriptive research study with an administrative emphasis.

Methods: 1) Patient satisfaction surveys were administered over a two week period with Likert style questions along with a provided space for written comments on how to improve the system(s) of the Essential Health Clinic. Volunteer surveys with Likert style questions were mailed with an enclosed return envelope that had been addressed with postage provided. 2) The referral system was reviewed and evaluated based on specialty. Local physicians were contacted by mail or phone with emphasis of the need for an increased number of referral contacts for the Essential Health Clinic, expectations of referred patients, a contact for that clinic, and the number of patients that they are willing to take on a monthly basis was obtained. 3) Development of standing orders regarding prepackaged OTC medications were done providing the triage nurse the ability to distribute cold/allergy/GI/minor pain packs without the patient being seen by a medical provider at the clinic.

Conclusions: 1) As expected satisfaction surveys of the clinic reveal, that both clinic volunteers and the patients who utilize the services of the Essential Health Clinic continue to be at the higher end of the satisfaction scale. 2) The list of community physicians willing to participate in either the ongoing or specialty care needs of patients of the EHC. 3) The standing orders for disbursement of cold/allergy/GI/minor pain packs were created for the EHC and accepted and signed off by the EHC medical coordinator. Allowing triage nurses the ability to distribute the packs without the patient seeing an on-site provider.

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Quality Assessment of the Essential Health Clinic through Staff and Patients; Assessment of the Referral System for Specialty Care through the Essential Health Clinic; Clinical Standing Orders for Disbursement of Cold/Allergy/GI/Minor Pain Packs

A Clinical Research Project Submitted to the Faculty of the School of Physician Assistant Studies

Pacific University
Forest Grove, OR

For the Masters of Science Degree August, 2005

Faculty Advisor: Mary Von, MS PA-C
Clinical Project Advisor: Jonathon W Gietzen, MS PA-C
Project Mentor: Linda Solares, Clinic Manager Essential Health Clinic
Chris Legler, MS PA-C
Investigator Biography

Cortney Bernardo grew up in a small, rural Southern Utah community, Circleville, where she graduated from Piute High School in 1997. She attended Utah State Valley College in Orem, Utah for the first year of her undergraduate studies and transferred to Cedar City, Utah to attend Southern Utah University (SUU) for the remainder of her college education. Cortney graduated from SUU with a bachelor’s degree in Zoology and a minor in Chemistry with the intent to one day work within the medical field.

While working as a medical assistant for an Anesthesiologist in St. George, Utah who was specialized in pain management, she became even more determined to work in the medical field. She worked very closely with a nurse practitioner of who was a great inspiration for her, and she was greatly impressed with the amount she was able to do with the patient. She found that her desire to work with others in relationship to their health could be achieved by becoming a Physician Assistant. She then applied to and was accepted to Pacific University, Masters of Physician Assistant studies in 2002. Cortney is currently in her clinical year of studies and is anticipating graduation in August of 2005.
Abstract

This descriptive research study looks at a variety of components of the Essential Health Clinic.

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List of Abbreviations

EHC - Essential Health Clinic
GI - Gastrointestinal
OTC - Over the Counter
QMA - Quality Management Assessment
RN - Registered Nurse
INTRODUCTION

First seen in the 1960s, free clinics were established to provide medical care for individuals, particularly those who were underinsured or uninsured, and were unable to obtain needed care elsewhere.¹ According to the Free Clinic Foundation of America, a free clinic, which by definition does not charge for its services, is a private, community-based health care clinic for families of the working poor and the retired.²

Community free clinics offer an opportunity to reach poor, underserved populations with health promotions and disease prevention programs.³ Steinbach has pointed out that people with low incomes are often less healthy than the rest of the population because they lack access to preventive health education, and health maintenance goods and services.⁴ As compared to middle and upper income groups, individuals with low incomes are 60% more likely to die from preventable or treatable diseases such as pneumonia, diabetes, and tuberculosis.³

Free clinics are private, nonprofit corporations with tax-exempt status. They are designed to provide primary and specialty care, access to laboratory services and prescription medications. Services are provided at little or no charge and delivered primarily or exclusively by volunteer licensed health care professionals.⁵

The Essential Health Clinic (EHC) was first opened in October of 2001. The clinic is a non-profit organization that was started by a group of local community agencies (Pacific University School of Physician Assistant Studies, Tuality Healthcare, Virginia Garcia Memorial Health Center, Community Action Organization, Housing Development Corporation of Northwest Oregon, Providence Health System, St.
Matthew’s Catholic Church, and Washington County Health Department)⁶ and continues to be run through this community support.

The clinic is based in Hillsboro, Oregon and operates every Monday and Thursday night. It is run, solely, with volunteers who include several different medical professionals from around the local area. The volunteers are made up of physicians, physician assistants, physician assistant students, nurse practitioners, nurses, medical students, front office staff, and Spanish translators. Hospitals, health systems and community partners provide lab work, medications, follow-up care, administrative support, space, food and more.

With Hispanic population growth exceeding that of all other racial and ethnic groups⁷ the clinic is known for seeing mostly the Hispanic population of the community. Along with those that are uninsured and/or unable to access healthcare by any other means. Treating children is a priority. They act more like an urgent care setting concentrating on the treatment of acute medical conditions such as infections (ear, urinary and respiratory), minor injuries, wounds, asthma and rashes.⁶ The EHC depends on referral sources to local volunteer practitioners for continuation of care of long term health conditions.

SECTION 1

Background

There are currently 345 free clinics registered in the United States, and despite their long history, there is surprisingly little published about them.⁵ Kelleher identified a variety of advantages in the delivery of neighborhood-based free medical care to indigent
populations. These clinics usually have easy access, flexibility of structure, client
familiarity, community involvement through volunteerism, coordination with other
community medical organizations, efficient operations, and low costs. He goes on to
mention that there is little networking or information sharing between clinics, and that
much of the research being published is based on patient demographics.

Since the first year of operation, the EHC has been conducting Quality
Management Assessment (QMA) through the use of surveys distributed among its
volunteers and patients. This is the attempt being made by the clinic to obtain insight
into the current operation of the clinic and the satisfaction of its volunteer staff and
patients. The clinics continued use of QMA data allows for comparison of satisfaction
benchmarks on a yearly basis. This allows the EHC to better understand the impact of
changes made in their attempt to improve the quality of care delivered at the EHC.

Although, there is not much being published by means of patient satisfaction or
volunteer satisfaction in free clinic settings, there have been several publications in
regards to patient satisfaction within other clinical settings.

Studies have shown that patient characteristics and the method used for data
collection can influence patients’ responses to satisfaction surveys. One must take into
account the age of the patient, the education level, sex, marital status, and the type of
setting in which the patient is being seen. Patients enter into the medical care field with
differing expectations about care. Patients within the free clinic setting may have
different expectations regarding the care that they are receiving. Patients view the free
clinic as their only access to health care, and they are usually very appreciative for the
services that they receive. Versus a patient entering a clinic where their services are
covered by insurance or they are personally paying for the services rendered, and they have the choice of a variety of clinics and physicians that they are able to see.

The personal interaction between patient and physician strongly affects patient satisfaction. The reasons for enhanced patient satisfaction are probably multifactorial but at least in part are likely due to racial/ethnic identification, trust, and communication. The importance of the quality of the organization of practice has been underscored by a documented association between the work satisfaction of primary care physicians and the satisfaction of their patients. The nature of the verbal and nonverbal communication between physician and patient affects both patient satisfaction with care and physician satisfaction with work. The EHC patient's are primarily Hispanic and this leads to a disadvantage of communication between the patient and provider due to the vast majority of providers needing a translator to communicate with the patient. Compared with patients who could communicate adequately with their examiner without the aid of an interpreter, patients who communicated through an interpreter perceived their examiner as less friendly, less respectful, and less concerned for them as a person.

The use of interpreters who are not “trained” to be translating consist of nurses, medical assistants, family members, friends, etc and are often referred to as ad hoc interpreters. This practice results in frequent errors in interpretation, including omissions, additions, substitutions, and condensation of what was said by both the clinician and the patient. Ebden found that 23% to 52% of physicians’ questions were either misinterpreted or not interpreted at all, and inadequate interpretation has been shown to result in misdiagnosis in psychiatric interviews. The use of these interpreters leads to a compounded problem within the network by certain behaviors that are created by the
provider. One such problem that is created is that of the provider's lack of eye contact with the patient, but instead communicating with only the interpreter. Lack of eye contact may directly decrease satisfaction, but it may also lessen health care providers' awareness of nonverbal clues about patients' thoughts and feelings. Inadequate interpretation also impairs patient-provider communication about diagnosis and treatment. These factors lead to the importance of the use of surveys to determine if patients feel comfortable using the available volunteer translators at the EHC. To ensure that patients are not feeling like omissions are being made and their provided care is not influenced by the use of the volunteer interpreters.

A number of studies have demonstrated that, beyond the actual nature of the physician-patient encounter, organizational factors can influence patient satisfaction with care. A study of 21,115 primary care patients in a large physician network concluded that organizational efficiency of the office and quality of physician care affected patient satisfaction independently. A study of 2,628 visits conducted in five university-based primary care practices demonstrated that satisfaction with the provider and satisfaction with the office itself contributed independently to overall satisfaction as well. This can lead one to speculate that the overall satisfaction of the EHC will be influenced by not only the patient's encounter with the volunteer provider, but also, their experience with the front office staff, triage nurses and interpreters.

Patient satisfaction within clinical settings has been thoroughly studied in the literature. Correlates of patient satisfaction have included waiting time, gender, race, and Spanish as primary language/translator use. However, in an extensive literature search regarding both patient and volunteer satisfaction within a free clinic
setting, the author was unable to find an adequate number of resources to use within this project that related patient and/or volunteer satisfaction within a free clinic setting. The author used various search engines including CINAHL, Med Line, First Search, Ovid, Google and Yahoo using keywords “patient satisfaction”, “volunteer satisfaction” both alone and in combination with “free [health] clinics” and “satisfaction surveys”.

Southwestern Washington Clinic is another free clinic located in Vancouver, Washington which is also associated with Pacific University. There have been a total of three projects done with this clinic in previous years. The author obtained and reviewed these projects with the intent of obtaining various references to be used within this project. The emphases of these three projects have been based on the demographics of the clinic,\textsuperscript{17,18,19} and not the satisfaction of patients or its volunteers, thus, providing no means of additional resources. Again supporting what Kelleher\textsuperscript{8} had found in regards to previous research among free clinics being primarily on clinic and patient demographics.

The first QMA of the EHC was conducted in 2002. Between 2002 and 2005, the questions asked on both the patient and volunteer surveys have been slightly modified to meet the needs of the EHC for that given year. It was through the 2002 clinical project done by Callahan\textsuperscript{20}, that the altered Likert style of questionnaires was developed. He proceeded to assign the altered Likert style questions with the number system of 4 – very satisfied, 3 – satisfied, 2 – unsatisfied, and 1 - very unsatisfied. With this numbering system results of the surveys were then created into averages, which is not a typical process in determining the results of Likert style questioning. This is so because one cannot assume that there is an equal difference between very satisfied and satisfied as is the difference between satisfied to unsatisfied. By calculating averages of the responses,
the previous studies have assumed an equal difference between the four available responses. It would be of much more use to just report the number of responders for each question through percentages. Seeing that this is the way the first QMA was performed for the clinic, the projects done with the EHC since that time have used the same way to calculate and process the data obtained.

The first year of QMA at the EHC was done in 2002. It was through the use of the averaged questions that the clinic found that both patient and volunteer satisfaction were overall satisfied with the operations of the functioning clinic. The following averages support this finding done by Callahan in 2002:

- Overall patient satisfaction of 3.7, satisfaction with the courtesy of the front office staff 3.89, satisfaction with the amount of time waited before being seen 3.35, satisfaction with ability to communicate with a provider 3.81, and satisfaction with the overall care received 3.73.
- Overall volunteer satisfaction of 3.46, satisfaction with ability to communicate with patients 3.45, satisfaction with the functionality of the clinic 3.23, satisfaction with the overall care of the patients 3.22, satisfaction with co-volunteer relationships 3.72, and satisfaction with the recognition of efforts 3.69.

The QMA conducted in 2003 by Bellovin also followed Callahan in using the averaging of the altered Likert style of questioning to determine results. Again the averages implied that there was overall satisfaction among both the patients and the volunteers of the EHC. The following are the results found by Bellovin in 2003:

- Overall patient satisfaction of 3.76, satisfaction with the courtesy of the front office staff 3.57, satisfaction with the ability to communicate with a provider 3.80, satisfaction with the treatment offered by the provider 3.74, and satisfaction with overall experience at the clinic 3.74.
- Overall volunteer satisfaction of 3.47, satisfaction with the functioning clinic 3.67, satisfaction with overall care of the patients 3.38, satisfaction of ability to communicate with the use of interpreter 3.14, satisfaction with co-volunteer relationships, satisfaction with recognition of efforts 3.56.

Gapay conducted the 2004 QMA for the Essential Health Clinic. As like the previous years, the information gathered for the clinic was processed by averaging the
altered Likert questions. Although the averages for varies questions slightly differed from year to year, the overall satisfaction levels of both patients and volunteers were higher than in any other year. The following are the results found by Gapay in 2004:\textsuperscript{22}:

Overall patient satisfaction of 3.8, satisfaction with the courtesy of the front off staff 3.87, satisfaction with the ability to communicate with a provider 3.83, satisfaction with the treatment offered by your provider 3.85, and satisfaction with overall experience at the clinic 3.73.

Overall volunteer satisfaction of 3.69, satisfaction with the functioning clinic 3.54, satisfaction of ability to communicate with the use of an interpreter 3.83, satisfaction with co-volunteer relationships 3.59, satisfaction with recognition of efforts 3.79.

The data from these previous years of QMA show that overall there is an upward trend of both volunteer and patient satisfaction\textsuperscript{22}. The fact that these previous authors chose to average the Likert style questions, leads to a difficult situation for the author of this years QMA. It was decided, by the author, to perform both the averaging of the altered Likert questions, so that a comparison can be made with the previous year’s data, as well as to present them in percentage values for further years to use for comparison.

\textit{Purpose of the Study}

The EHC is run solely with the help of volunteers throughout the community which includes both those within the medical field, such as student physician assistants, physicians, nurses, nurse practitioners, physician assistants, as well as those that volunteer as translators and office support. It is important that these volunteers are satisfied within their working environments, their activities performed, the appreciation they receive, along with knowing that the time they are contributing to the clinic is worthwhile for them. The results of this QMA will be posted in the quarterly assessment pamphlet for viewing of this year’s results by the present volunteer staff.
It is also of great importance to obtain surveys from the patients emphasizing what features of the clinic are important to them, the happiness with the use of the on-site translators, and what suggestions they would recommend to improve the quality of care that they receive.

Through the QMA process the EHC strives to provide an environment where volunteers feel their contribution of time and resources are valued in such a way that long term enduring relationships are developed. The use of these QMAs are also used to illustrate that the clinic is being run with satisfaction and thus provide a means to help the clinic receive federal grant money as well as donations.

**Methods and Materials**

**Volunteer Satisfaction Surveys**

The development of volunteer satisfaction surveys were developed in 2002 by the manager of the clinic, and the first PA student conducting the EHC quality assessment management. These surveys used this year were obtained from the previous year, 2004, and reviewed by Linda Solares and the author, and found to be adequate in content on what Linda would like addressed this year through the use of the surveys.

The manager of the EHC prepared mailing labels for all volunteers of the clinic. The packets were then assembled by the author composing of a letter of explanation (Figure 1), a survey containing modified Likert style questions (Figure 2), and a return addressed stamped envelope with the instructions to return the survey to the author. A total of one hundred and fourteen packets were assembled and mailed. The volunteers were asked to rate their satisfaction level to each question as: Very Satisfied, Satisfied, ...
Unsatisfied, or Very Unsatisfied. The modified Likert style of questioning was given a rating scale of very satisfied – 4, satisfied – 3, unsatisfied – 2, and very unsatisfied – 1, respectively.

As the surveys were returned, the information from each survey was documented in an Excel database on the author’s computer. Each survey was logged based on the specific role of each volunteer at the EHC. Individual averages of each question and overall averages were calculated. Individual percentages were also calculated by using the number of responders for each particular question. A Microsoft Word document was created and all comments were recorded based on each individual question.

**Patient Satisfaction Surveys**

To accommodate the large Hispanic population being seen at the clinic patient satisfaction surveys were developed in both English and Spanish. These surveys, again containing modified Likert style questions (Figures 3 & 4), with a provided space to allow patient’s overall suggestions of the clinic. Over the period of two weeks fifty surveys were administered to patients by the author. The surveys were administered following the patient’s assessment and treatment of their current medical problem. This was done to reassure the patient that no bias was given based on their answers to the survey. The patients were asked to rate their satisfaction level to each question as: Very Satisfied, Satisfied, Unsatisfied, or Very Unsatisfied. Again a numbering system of very satisfied – 4, satisfied – 3, unsatisfied – 2, and very unsatisfied – 1, respectively.

As the surveys were returned the information was placed into an Excel spreadsheet based on each question. Individual averages were calculated for each
individual question as well as individual percentages calculated by using the number of
responders for each particular question. A Microsoft Word document was also composed
for the recordings of all the suggestions given by the patients.

All precautions were followed regarding confidentiality, with both the volunteer
and patient surveys, the data was de-identified, and HIPAA regulations were followed at
all times. No patient was individually identified. Data was stored on the author’s
personal computer that was password protected.

Results

Volunteer Satisfaction Surveys

A total of 114 volunteer satisfaction survey packets were mailed and within a four
week period 47 completed surveys returned (41.23%). Of the returned surveys, 44.68%
were from clinicians, 25.53% were from RNs, 12.72% from triage, 10.64% from
interpreters, 2.13% from lab, and 2.13% from office volunteers. Figure 5 illustrates the
averages per question, as listed below. A summary of the averages are documented in
Table 1, including a break down of individual question by clinic role (Figure 6). The
total cumulative average for the overall volunteer satisfaction was 3.63, with the highest
possible score being 4.0 and the lowest being 1.0. The question with the highest average
was the satisfaction with the recognition of their efforts obtaining an average of 3.68.
Satisfaction with co-volunteer relationships obtained an average of 3.66, and satisfaction
with the ability to communicate with the use of an interpreter averaged 3.63. The
question receiving the lowest average was the satisfaction with the functioning clinic with
an average of 3.53. Tables 2-5 summarize the overall comments to questions 5-8 of the
satisfaction survey. The comments written were overall positive, with some great suggestions for EHC improvements.

When the results are calculated in percentage values per question (Table 6), the satisfaction with the functioning clinic received 61.70% of volunteers being very satisfied, 36.17% satisfied, and 2.13% as very unsatisfied. Satisfaction with the ability to communicate with the patients with the use of interpreters, 67.65% of volunteers were very satisfied, and 32.35% satisfied. Satisfaction with the co-volunteer relationships overall were 68.09% of volunteers being very satisfied, and 31.91% satisfied. Satisfaction with the recognition of the volunteer efforts showed that 72.34% of volunteers were very satisfied, 25.53% satisfied, and 2.13% very unsatisfied. Tables 7-12 break down the percentage values per question for each individual volunteer role.

Patient Satisfaction Surveys

A total of 50 surveys were administered to patients seen at the EHC within a two week period. A summary of the averages, along with the patient’s overall comments of the EHC are documented in Table 13. The total cumulative average (Figure 7) for the patient’s satisfaction with the EHC was 3.82, with the highest possible score being 4.0 and the lowest possible being 1.0. Question 1, in regards to the front office courtesy had an average of 3.88, with this being the highest scoring average of the four questions asked. Question 2, dealing with the ability to communicate with the provider through the provided on-site translators received an average of 3.84. Question 3, the satisfaction of the treatment that they received from the provider scored an average of 3.78. Lastly question 4, pertaining to the overall experience at the clinic received the lowest average
of 3.76. The summaries of comments were all positive and very appreciative of the services that the EHC provided to the patient's at that time.

When the data is calculated in percentage values (Table 14), satisfaction with front office courtesy 88% of patients were very satisfied and 12% satisfied. Satisfaction when dealing with the ability to communicate with the provider through the provided on-site translator revealed that 86% of patients were vary satisfied, 12% satisfied, and 2% unsatisfied. Satisfaction with the treatment that the patients received from the provider showed that 80% were very satisfied, 18% satisfied and 2% unsatisfied. Lastly satisfaction pertaining to the overall experience at the clinic by the patients showed that 76% were very satisfied and 24% were satisfied.

Discussion

This study evaluated satisfaction among EHC volunteers, as well as the satisfaction of EHC patients. Although there is not much research supporting both volunteer and patient satisfaction within a free clinic setting, the use of previous studies performed for the EHC can be used to assess these satisfaction levels.

The return rate of volunteer surveys has been quite equivalent throughout the years with only minimal percentage differences. The return rate was 39% in 2002, 40% in 2003, 38% in 2004, and this year 41.23%. Although there have been differences in the return rate between each individual clinical role, the high end of this year's return rate was from the clinicians. Their return rate was 44.68% of the 47 volunteer surveys that were returned. This making up close to half of the surveys returned.
Previous QMAs done for the EHC have shown a slight upward trend in averages for volunteer satisfaction (Table 15 - highlighted). Alike previous years, this year has shown averages that would imply that volunteers are overall satisfied with the clinic. The overall average this year is 3.63. If one assumes that there is an equal difference between very satisfied and satisfied, versus satisfied and unsatisfied then this average would imply that the volunteers fall between being very satisfied and satisfied leaning slightly more towards being very satisfied. This is implied due to very satisfied being given a score of 4.0 and satisfied having a score of 3.0, and 3.63 falls slightly higher than 3.5 which is midpoint between the two. If this is assumed, the EHC has had volunteers that are overall satisfied since the beginning of operations with the previous year, alike this year, leaning more toward very satisfied. In previous years the overall averages have been more mid-way between the satisfied and very satisfied mark: 3.46 in 2002\(^{20}\), 3.47 in 2003\(^{21}\), until 3.69 in 2004\(^{22}\).

Table 15 shows the comparison values question for question from 2002 to 2005. This table demonstrates that there had been a slight decrease in satisfaction with the functioning clinic from 2003 (3.67)\(^{21}\) to 2004 (3.54)\(^{22}\), but that this year with the average of 3.53, the value has stayed almost consistent with the year prior. There was a large decrease in satisfaction levels with the ability of communicating with patients through use of an interpreter from 2002 (3.45)\(^{20}\) to 2003 (3.14)\(^{21}\), followed by an increase in 2004 (3.83)\(^{22}\). This year’s average of 3.63 implies that there is a decrease in the satisfaction with the communicating abilities with interpreters and volunteers, although this value still falls between the staff being very satisfied and satisfied. It is through this that the EHC can strive to work on the communication between the volunteer staff and the interpreters.
to better this relationship and hopefully increase this average for the next year’s QMA.

Relationships among co-volunteers within the clinic has shown an increase since 2003 (3.50)²¹ to 2004 (3.59)²² to this year with the average of 3.66. The satisfaction with the volunteer staff’s recognition of efforts shows a decrease in 2003 (3.56)²¹ from 2002 (3.69)²⁰ to an increase in 2004 (3.79)²². This year’s average dropped to 3.68, but this question received the highest average of the survey, which implies that the volunteer staff this year is most satisfied with this part of the clinic.

These results show that the EHC needs to work on the communicating among the interpreters and the rest of the volunteer staff, as well as the recognition efforts from the clinic to the volunteer staff. Dealing with the use of an interpreter within this setting is of up-most value with such a large population of the patients being seen at the clinic being Hispanic and primarily Spanish speaking.

Patient satisfaction comparisons to previous years to this year are as follows (Table 16): The overall patient satisfaction in 2002 was 3.70²⁰, in 2003 3.76²¹, in 2004 3.80²², and this year 3.82. This demonstrates that throughout the years, the patients are becoming more satisfied with the operation of the EHC, and the services that are provided. Again assuming that there is an equal difference in very satisfied to satisfied as is the difference between satisfied and unsatisfied, the increase in the averages are getting closer to the very satisfied score of 4.0 than to the satisfied score of 3.0.

Patient’s satisfaction research among various clinical settings have demonstrated that there are multiple aspects that determine a patients’ satisfaction within any given clinic. These have been found to include waiting time¹⁰, gender¹⁶, race¹¹, and Spanish as primary language/translator use.⁷,¹²,¹⁶ Through the use of this project, the satisfaction
levels are slightly altered due to the fact that these patients are being seen within a free
clinic setting. This project placed primary focus on satisfaction among the patients in
relation to the front office staff of the clinic, the communication ability among the
provider and the patient, the treatment offered by the provider and the overall experience
at the clinic. The largest correlation among this study and others is the satisfaction of the
use of translators for communication among the volunteer staff of the EHC and the
primary Spanish speaking patients.

The comparison of previous year averages question to question (Table 17) among
the patients of the EHC shows the satisfaction of patients with the front office staff had a
high average in 2002 (3.89) but with a step off in 2003 (3.78), but since that year the
average has increased in 2004 (3.87) to level off this year with 3.88. The
communication among the patients and the volunteer practitioners had a large increase
from 2002 (3.35) to 2003 (3.80), but again the satisfaction averages have leveled off
with 2004 (3.83) along with this year of 3.84. Demonstrating that both the front office
staff and communication among the patient and practitioner are edging toward becoming
an average of very satisfied of 4.0, verses the satisfied value of which is 3.0. The
satisfaction of patients with the treatment offered by the provider has increased and
decreased within the last few years. There was a decrease in average value from 2002
(3.81) to 2003 (3.74), then an increase in 2004 (3.85) to another decrease to 3.78 this
year. The overall satisfaction with the patient’s experience at the EHC has remained
steady throughout the years with 2002 (3.73), 2003 (3.74), and 2004 (3.73). This
year the average seemed to increase slightly to 3.76. All of the averages obtained this
year, alike others, have fallen between the 4.0 scale of very satisfied and the 3.0 scale of
satisfied. This supports the claim that the patients of the EHC are satisfied with the services that they receive at the clinic.

The use of volunteer interpreters is utilized by providers of the EHC due to the patient population being primarily Hispanic and speaking Spanish. The previous studies have shown that there is often less satisfaction among the patients needing the use of an interpreter to communicate with their provider. This years QMA has demonstrated that the patients of the EHC are satisfied with the use of these volunteer translators (3.84), but the volunteer staff feel like there is needed improvement among the communication between themselves and the patients (3.63). It is important that the patient’s average is high indicating that these patients are understanding the diagnosis and the treatment plan which in turn minimize improper use of medication and increase the improvement of their current medical problem.

Dealing with the studies that have found that patient satisfaction is correlated with that of the provider’s satisfaction has minimal effects within this study. The fact that the study is done within the setting of a free clinic, changes the way that one can view the provider–patient relationship. The provider’s satisfaction within the EHC is different being that these providers are there to volunteer, and not being paid for the services that they provide. One can assume that if the provider’s were unhappy within this environment, they would not return to the EHC to provide these patients with free medical care. Overall, the providers/volunteers have been satisfied with the way that the EHC is functioning (3.53), and this leads more emphasis to be placed on the satisfaction of the patients within this setting.
The patient’s of the EHC are very grateful for the services that they are receiving through this free clinic setting (Table 13 - comment summary). This year’s QMA revealed no comments that would warrant improvement or any suggestions for the way that the clinic should improve the services that they provide to this community.

The independent variables vary from person to person. When dealing with the volunteers different co-workers, hours worked and patient loads may produce different opinions with each individual. When dealing with the patients and independent variables, they may have had a bad experience with a certain provider on a previous visit, or was unhappy with the way they were treated by various employees, adding some bias and differences in the way each patient looks at their experience and the quality of the clinic.

Possible cofounders of this study may include, but are not limited to that of the volunteers of the clinic not feeling comfortable filling out the surveys with truthfulness with the fear that upon return they will be criticized and looked down upon. It is in hopes that this did not occur due to the surveys being returned to the author personally and that all of the staff are volunteers and are there willingly and not being paid. The independent variables listed above may also have an effect on the results of the surveys. Patients may have felt like if they answer the surveys in one way, the quality of care they receive will change on their next visit. It was thought that this would be decreased by the surveys given to the patient after receiving treatment for their current medical condition, and the author distributing the surveys verses staff of the EHC.
Conclusions

The Essential Health Clinic provides care to uninsured patients through a large volunteer staff. Through the use of yearly QMAs the clinic is able to create long enduring relationships among its volunteers and patients, striving for satisfaction among these groups.

It has been demonstrated through the use of these QMAs throughout the years, that the volunteers are overall satisfied with the environment of the EHC. It is also evident that these volunteers are dedicated to serving the less fortunate population of Washington County by continued support. The volunteer’s suggestions were limited and overall positive providing great suggestions on ways to improve the environment in which they volunteer. The only aspect of the results of this year’s study is that with the volunteer staff feeling less satisfied with their ability to communicate with the patients through the use of a volunteer translator. It is in hope that the EHC will address this question among its staff and help to ensure that the volunteers come to feel comfortable in communication with the patients through these individuals.

Many free clinic patients that utilize the services of the EHC would seek care through the emergency department, or would not seek care if this clinic did not exist. This would lead to poorer health status of these patients. The QMA has demonstrated throughout the years that the patients that do utilize this clinic are very grateful for the services that they receive along with the volunteer staff that help make the clinic possible.

Further research is needed for full evaluation and comparison among other free health clinics. This may prove to be difficult seeing that not much is published or shared among the free health clinics across the nation. Although that information is not
available for this year’s QMA, the EHC will continue to hold yearly QMAs to ensure that
its volunteer staff is encircled with satisfaction and a sense of great accomplishment
about the services that they are providing. As well as satisfaction among the patients the
clinic is dedicated in serving.
SECTION 2

Background

Free clinics address neither hospital nor long-term care needs, moreover, they cannot provide continuity, and they raise the question of a two-tiered system, with low income and uninsured patient’s potentially receiving lower quality care.\(^1\) Appropriate care for the more common chronic diseases of adults such as hypertension, diabetes, and hyperlipidemia includes regular office visits, chronic medications, periodic laboratory testing, and occasional subspecialty visits.\(^5\) The Essential Health Clinic has several referral sites available for patients requiring a continuation of their medical needs providing patients with a higher quality of care. This minimizes the two tiered system, allowing the patient to receive treatment and care for their chronic and specialty healthcare needs. Preventive services involve office visits for counseling as well as for screening mammography, Pap smears, fecal occult blood testing, sigmoidoscopy, colonoscopy, cholesterol testing, and immunizations.\(^5\) This presents as a big challenge facing free clinics as a means as needing to expand their services by finding additional resources.

Currently the process of referring patients from the EHC is not well organized, and the referral base is not as adequate as the clinic would like to see. Another obstacle facing the clinic is having stable relationships with these referral sources to ensure that a certain number of patients are able to be seen within a given amount of time. The referral sources do not completely understand the role that the Essential Health Clinic is not that of a primary care provider, but more like an urgent care for these patient’s needs.
Purpose of the Study

It is essential to widen this referral base to guarantee that the patients being seen in the clinic are able to receive adequate care for their medical needs outside of the clinic. It is also of great importance that these referral sights understand that the Essential Health Clinic has limitations on treatment of patients and these patients are usually on a time sensitive schedule. The Essential Health Clinic is a first step for the patient, not a primary care setting, and the patient is not able to be seen and followed on a regular basis. The Clinic is willing to help with the referral process, if the first referral sight is unable to address the conditions of the patient, the EHC will take these patients back and find the appropriate referral needed.

With the Essential Health Clinic becoming more familiar with the expectations, such as certain tests and further studies that need to be done prior to the patient being referred, the number of patients a clinic is willing to accept in a given month, and a contact person for the clinic, the referral of the patient will be a much more timely, concrete, and efficient process.

Methods and Materials

The assessment of the referral system for specialty care for patients of the Essential Health Clinic was reviewed by the author and Linda Solares, manager of the EHC, to determine what specialty sources were currently available, and what other specialty services would benefit the patients being seen at the clinic. Local facilities and practitioners were located using Tuality Healthcare and Providence Medical Centers. The clinics office managers/practitioners were then contacted through mail, phone, or personal interaction to obtain the willingness of these practitioners to see patients referred.
to them from the clinic, and thus, increase the number of available referral sources to increase the quality care of the patients. The limitations and the role of the Essential Health Clinic were reviewed, the expectations of the referral clinic for patients, the number of patients that clinic is willing to take on during any given month, and a contact person for that clinic were all be obtained and documented.

Results
See Appendixes A – E.
SECTION 3

Background

The clinic has several “acute medication packs” that are used for patients with less severe medical conditions. These include a cold pack, an allergy pack, a gastrointestinal (GI) pack, and a minor pain pack. These packs are composed of several different over-the-counter (OTC) medications that have been put together by the clinic. Often the patients presenting to the clinic are willing to try one of these packs, in which a triage nurse is able to distribute. The patients that receive these packs are instructed to try the enclosed medications and to return to the clinic if the symptoms have not improved or worsened within three to four days.

Purpose of the Study

The development of standing orders will allow for the triage nurses to distribute the packs without having to first consult an on-site provider. These standing orders will be implemented as part of the clinic's policies and procedures. As part of the teamwork effort of the EHC, the triage nurses are able to see and evaluate the patient’s need to be seen by a provider. It is very common for patients to present with cold symptoms for just a few days, seasonal allergy flare-ups, GI upset or minor aches and pains. With these nurses determining the need of care, several patients are able to obtain one of these packs without being seen by a provider. This opens up more opportunity for other patients presenting to the clinic to be seen.
Methods and Materials

The development of standing orders regarding the disbursement of cold/allergy/GI/minor pain packs was done by obtaining the input of two RN’s currently volunteering at the clinic. The proposed orders were then typed up by the author and reviewed by Chris Legler, MS PA-C. The standing orders were simplified and a final draft was revised by the author. The proposals were developed, to include signs and symptoms, with the guidelines for the RN’s to use for disbursement of these packs. The author then attended an EHC monthly meeting at Tuality Healthcare where the standing orders were presented to the medical director of the EHC, Edmundo Rosales, MD for review and signature.

Edmundo Rosales, MD returned the reviewed standing orders and presented them back to the author for minor corrections that he would like performed. The author proceeded to fix the minor corrections, and once again presented them to Edmundo Rosales, MD, medical director of the EHC for signature and placement into the EHC policy booklet.

Results

See Appendix F – I for the standing orders.
Table 1. Volunteer Satisfaction Survey Statistics Summary

Number of Surveys Mailed: 114
Number of Surveys Returned: 47
Percentage of Surveys Returned: 41.23%

Question Scoring Method:
- Very Satisfied 4
- Satisfied 3
- Unsatisfied 2
- Very Unsatisfied 1

Total Survey Average: 3.63

Individual Question Averages:
1. How satisfied are you with the functioning of the clinic? 3.53
2. Do you use an interpreter? If yes, how satisfied are you with your ability to communicate with the patients? 3.63
3. How satisfied are you with your co-volunteer relationships? 3.66
4. How satisfied are you with the recognition of your efforts? 3.68

Question with Highest Average: 3.68 - Satisfaction with recognition of efforts.
Question with Lowest Average: 3.53 - Satisfaction with the functioning clinic.

Individual Question Averages by Clinic Role

<table>
<thead>
<tr>
<th>Clinical Role</th>
<th>Question 1</th>
<th>Question 2</th>
<th>Question 3</th>
<th>Question 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinician</td>
<td>3.68</td>
<td>3.56</td>
<td>3.68</td>
<td>3.77</td>
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<tr>
<td>RN</td>
<td>3.17</td>
<td>3.72</td>
<td>3.67</td>
<td>3.67</td>
</tr>
<tr>
<td>Triage</td>
<td>3.5</td>
<td>4</td>
<td>3.5</td>
<td>3.67</td>
</tr>
<tr>
<td>Interpreter</td>
<td>3.8</td>
<td>NA</td>
<td>3.8</td>
<td>3.2</td>
</tr>
<tr>
<td>Lab</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Front Desk</td>
<td>4</td>
<td>NA</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
Table 2. Summary of Volunteer Satisfaction Survey Comments for Question 5

Question 5 – If you are not currently volunteering, please explain your reason(s):

- Won't be due to graduation from Pacific University
- Current schedule does not allow – but will be back soon.
<table>
<thead>
<tr>
<th>Table 3. Summary of Volunteer Satisfaction Survey Comments for Question 6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question 6 – Please comment on how you think we can improve the clinic:</strong></td>
</tr>
<tr>
<td>• More comprehensive approach to patients with mental health issues.</td>
</tr>
<tr>
<td>• Communication and support between staff.</td>
</tr>
<tr>
<td>• Provide gloves to those performing triage.</td>
</tr>
<tr>
<td>• More lab capability – EKG for example.</td>
</tr>
<tr>
<td>• A wait time for triage to tell patients.</td>
</tr>
<tr>
<td>• Better food for volunteers, fruit has been great!</td>
</tr>
<tr>
<td>• More practitioner (particularly MD) recruiting.</td>
</tr>
<tr>
<td>• Shorten repeat visit paperwork.</td>
</tr>
<tr>
<td>• More space for patient files – clear out old ones.</td>
</tr>
<tr>
<td>• More medication selection.</td>
</tr>
<tr>
<td>• Better follow-up for chronic diseases.</td>
</tr>
<tr>
<td>• Very well run!</td>
</tr>
<tr>
<td>• Open the clinic more often.</td>
</tr>
<tr>
<td>• Get a pulse ox.</td>
</tr>
<tr>
<td>• Organize additional fundraisers to help the clinic.</td>
</tr>
<tr>
<td>• The clinic is great, and serves a great need in our community.</td>
</tr>
<tr>
<td>• Wish we could help patients get financial assistance on expensive daily medications.</td>
</tr>
<tr>
<td>• Supply chart review room for students/preceptors.</td>
</tr>
<tr>
<td>• If using both halls, have interpreters positioned accordingly.</td>
</tr>
</tbody>
</table>
Table 4. Summary of Volunteer Satisfaction Survey Comments for Question 7

Question 7 – Please comment on the initial support and training you received at the clinic:

- Excellent.
- Learn as I went, it was all good.
- Fantastic, the volunteers/clinic staff have gone out of their way to assist.
- Thrown in, but that is how I learn best.
- Great – love Linda Solares.
- Would like to see a class for new individuals on medical terminology.
- Very poor initial support and training, I had to ask as I went along, even then it was like pulling teeth to get an answer.
- Maybe each department could have a set person to train new-comers.
Table 5. Summary of Volunteer Satisfaction Survey Comments for Question 8

**Question 8 – Please comment on how you think ongoing support and training should be provided:**

- Offer information about training offered in community.
- Pair new providers with established providers for mentoring until they feel comfortable.
- A 10-20 minute brainstorming and communication session 1x a month.
- Continue with CME evenings.
- Development of job descriptions with each position with responsibilities outlined.
- More recruits for interviewing patients.
- More feedback from medical providers on how the interpreters are doing.
- Annual competency training on triage protocols.
- Reach out to other schools in the area (Nursing, NP/PA, Medical) to make them aware of their opportunity to volunteer.
- Social Worker at the clinic for consultations.
- Medical Spanish courses.
- More referral sources information and process.
- Multiple Linda x5 – she is great!
- In-service newsletter would be helpful.
### Table 6. Volunteer Satisfaction Survey Percentages per Question

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Unsatisfied</th>
<th>Very Unsatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1</td>
<td>61.70</td>
<td>36.17</td>
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<td>2.13</td>
</tr>
<tr>
<td>Question 2</td>
<td>67.65</td>
<td>32.35</td>
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<td></td>
</tr>
<tr>
<td>Question 3</td>
<td>68.09</td>
<td>31.91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question 4</td>
<td>72.34</td>
<td>25.53</td>
<td></td>
<td>2.13</td>
</tr>
</tbody>
</table>

Table 6: Volunteer Satisfaction Survey Percentages per Question, with all clinical volunteer roles combined. Values are percentages of satisfaction per question. Question 1 – Satisfaction with the functioning clinic, Question 2 – Satisfaction with ability to communicate with the patient with use of an interpreter, Question 3 – Satisfaction with co-volunteer relationships, Question 4 – Satisfaction with recognition of efforts.

### Table 7. Volunteer Satisfaction Survey Percentages per Question for Clinicians

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Unsatisfied</th>
<th>Very Unsatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1</td>
<td>68.18</td>
<td>31.82</td>
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<tr>
<td>Question 2</td>
<td>55.56</td>
<td>44.44</td>
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<tr>
<td>Question 3</td>
<td>68.18</td>
<td>31.82</td>
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<tr>
<td>Question 4</td>
<td>77.27</td>
<td>22.73</td>
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</table>

Table 7: Volunteer Satisfaction Survey Percentages per Question by Clinicians, values are percentages of satisfaction per question. Question 1 – Satisfaction with the functioning clinic, Question 2 – Satisfaction with ability to communicate with the patient with use of an interpreter, Question 3 – Satisfaction with co-volunteer relationships, Question 4 – Satisfaction with recognition of efforts.

### Table 8. Volunteer Satisfaction Survey Percentages per Question for RNs

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Unsatisfied</th>
<th>Very Unsatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1</td>
<td>41.67</td>
<td>50.00</td>
<td></td>
<td>8.63</td>
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<tr>
<td>Question 2</td>
<td>72.73</td>
<td>27.27</td>
<td></td>
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</tr>
<tr>
<td>Question 3</td>
<td>66.67</td>
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<tr>
<td>Question 4</td>
<td>66.67</td>
<td>33.33</td>
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</tbody>
</table>

Table 8: Volunteer Satisfaction Survey Percentages per Question by RNs, values are percentages of satisfaction per question. Question 1 – Satisfaction with the functioning clinic, Question 2 – Satisfaction with ability to communicate with the patient with use of an interpreter, Question 3 – Satisfaction with co-volunteer relationships, Question 4 – Satisfaction with recognition of efforts.
### Table 9. Volunteer Satisfaction Survey Percentages per Question for Triage

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Satisfied</th>
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<th>Unsatisfied</th>
<th>Very Unsatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1</td>
<td>50.00</td>
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<tr>
<td>Question 3</td>
<td>50.00</td>
<td>50.00</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Question 4</td>
<td>66.67</td>
<td>33.33</td>
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</table>

Table 9: Volunteer Satisfaction Survey Percentages per Question by Triage, values are percentages of satisfaction per question. Question 1 – Satisfaction with the functioning clinic, Question 2 – Satisfaction with ability to communicate with the patient with use of an interpreter, Question 3 – Satisfaction with co-volunteer relationships, Question 4 – Satisfaction with recognition of efforts.

### Table 10. Volunteer Satisfaction Survey Percentages per Question for Lab

<table>
<thead>
<tr>
<th>Question</th>
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<th>Unsatisfied</th>
<th>Very Unsatisfied</th>
</tr>
</thead>
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<tr>
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<tr>
<td>Question 3</td>
<td>100.00</td>
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<td>Question 4</td>
<td>100.00</td>
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</tbody>
</table>

Table 10: Volunteer Satisfaction Survey Percentages per Question by Lab, values are percentages of satisfaction per question. Question 1 – Satisfaction with the functioning clinic, Question 2 – Satisfaction with ability to communicate with the patient with use of an interpreter, Question 3 – Satisfaction with co-volunteer relationships, Question 4 – Satisfaction with recognition of efforts.

### Table 11. Volunteer Satisfaction Survey Percentages per Question for Interpreters

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Unsatisfied</th>
<th>Very Unsatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1</td>
<td>80.00</td>
<td>20.00</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Question 2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Question 3</td>
<td>80.00</td>
<td>20.00</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Question 4</td>
<td>60.00</td>
<td>20.00</td>
<td>-</td>
<td>20.00</td>
</tr>
</tbody>
</table>

Table 11: Volunteer Satisfaction Survey Percentages per Question by Interpreters, values are percentages of satisfaction per question. Question 1 – Satisfaction with the functioning clinic, Question 2 – Satisfaction with ability to communicate with the patient with use of an interpreter, Question 3 – Satisfaction with co-volunteer relationships, Question 4 – Satisfaction with recognition of efforts.
Table 12. Volunteer Satisfaction Survey Percentages per Question for Office

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Unsatisfied</th>
<th>Very Unsatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1</td>
<td>100.00</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Question 2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Question 3</td>
<td>100.00</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Question 4</td>
<td>100.00</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 12: Volunteer Satisfaction Survey Percentages per Question by Office, values are percentages of satisfaction per question. Question 1 – Satisfaction with the functioning clinic, Question 2 – Satisfaction with ability to communicate with the patient with use of an interpreter, Question 3 – Satisfaction with co-volunteer relationships, Question 4 – Satisfaction with recognition of efforts.
Table 13. Patient Satisfaction Survey Statistics and Comments Summary

Number of Surveys Administered: 50

Question Scoring Method:

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>4</td>
</tr>
<tr>
<td>Satisfied</td>
<td>3</td>
</tr>
<tr>
<td>Unsatisfied</td>
<td>2</td>
</tr>
<tr>
<td>Very Unsatisfied</td>
<td>1</td>
</tr>
</tbody>
</table>

Total Survey Average: 3.82

Individual Question Averages:

1. How satisfied are you with the courtesy of the front office? 3.88
2. How satisfied are you with your ability to communicate with your provider? 3.84
3. How satisfied are you with the treatment offered by your provider? 3.78
4. How satisfied are you with your overall experiences at the clinic? 3.76

Question with Highest Average: 1 – Satisfaction with front office staff.

Question with Lowest Average: 4 – Overall satisfaction with experience at the clinic

Comment Summary:

- This is the best experience I have ever had.
- Thank you so much.
- Everything was great.
- This clinic helps us out a lot, thank you.
- The Doctor was amazing; I wish the clinic all the luck.
- Keep up the good work.
- Thank you very much for your time and your help, may God bless you.
- It takes time, but it is really nice not to have to worry about a bill that you can’t pay.
- The service you give us is very good.
- When I come to the clinic I feel welcome and taken care of. May God bless you all – especially the doctors.
- Clinic is excellent, the staff is helpful – this is a great community service.
- Thank you so much for being here.
- The provider was very easy to talk to and helped me feel very comfortable.
Table 14. Patient Satisfaction Survey Percentages per Question

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Unsatisfied</th>
<th>Very Unsatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1</td>
<td>88</td>
<td>12</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Question 2</td>
<td>86</td>
<td>12</td>
<td>12</td>
<td>-</td>
</tr>
<tr>
<td>Question 3</td>
<td>80</td>
<td>18</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Question 4</td>
<td>76</td>
<td>24</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 14: Patient Satisfaction Survey Percentages per Question, values are presented in percentages. Question 1 – How satisfied were you with the courtesy of the front office staff. Question 2 – How satisfied were you with the ability to communicate with your provider. Question 3 – How satisfied were you with the treatment offered by your provider. Question 4 – How satisfied were you with your overall experience at the clinic.

Table 15. Volunteer Satisfaction Survey Question Comparison 2002 – 2005

<table>
<thead>
<tr>
<th>Question</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1</td>
<td>3.23</td>
<td>3.67</td>
<td>3.54</td>
<td>3.53</td>
</tr>
<tr>
<td>Question 2</td>
<td>3.45</td>
<td>3.14</td>
<td>3.83</td>
<td>3.63</td>
</tr>
<tr>
<td>Question 3</td>
<td>3.72</td>
<td>3.50</td>
<td>3.59</td>
<td>3.66</td>
</tr>
<tr>
<td>Question 4</td>
<td>3.69</td>
<td>3.56</td>
<td>3.79</td>
<td>3.68</td>
</tr>
<tr>
<td>OVERALL</td>
<td>3.46</td>
<td>3.47</td>
<td>3.69</td>
<td>3.63</td>
</tr>
</tbody>
</table>

Table 15: Volunteer Satisfaction Survey Question and Overall Comparison 2002-2005. Question 1 – Satisfaction with the functioning clinic, Question 2 – Satisfaction with ability to communicate with the patient with use of an interpreter, Question 3 – Satisfaction with co-volunteer relationships, Question 4 – Satisfaction with recognition of efforts.

Table 16. Comparison of Patient Satisfaction 2002 - 2005

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Overall Average of Patient Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td></td>
<td>3.7</td>
</tr>
<tr>
<td>2003</td>
<td></td>
<td>3.76</td>
</tr>
<tr>
<td>2004</td>
<td></td>
<td>3.8</td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td>3.82</td>
</tr>
</tbody>
</table>

Table 16: Comparison of Overall Patient Satisfaction 2002-2005.
Table 17: Comparison of Patient Satisfaction Question by Question 2002 - 2005.

<table>
<thead>
<tr>
<th>Question</th>
<th>2002 Averages</th>
<th>2003 Averages</th>
<th>2004 Averages</th>
<th>2005 Averages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1</td>
<td>3.89</td>
<td>3.78</td>
<td>3.87</td>
<td>3.88</td>
</tr>
<tr>
<td>Question 2</td>
<td>3.35</td>
<td>3.80</td>
<td>3.83</td>
<td>3.84</td>
</tr>
<tr>
<td>Question 3</td>
<td>3.81</td>
<td>3.74</td>
<td>3.85</td>
<td>3.78</td>
</tr>
<tr>
<td>Question 4</td>
<td>3.73</td>
<td>3.74</td>
<td>3.73</td>
<td>3.76</td>
</tr>
</tbody>
</table>

Table 17: Comparison of Patient Satisfaction Question by Question 2002 - 2005. Question 1 – How satisfied were you with the courtesy of the front office staff. Question 2 – How satisfied were with the ability to communicate with your provider. Question 3 – How satisfied were you with the treatment offered by your provider. Question 4 – How satisfied were you with your overall experience at the clinic.
Figure 1. Explanatory Letter Accompanying the Volunteer Satisfaction Survey

May 2005

Dear Volunteer,

Thanks to your continued help the Essential Health Clinic has been operating successfully since October 2001. The clinic has brought reassurance, relief, guidance and resolution to literally hundreds of people in our community. To remain a valuable resource to the community it is important that the Essential Health Clinic continue to function in a friendly, coordinated, and efficient way.

As part of an ongoing effort by Pacific University, PA students and the Essential Health Clinic, I am conducting both patient and volunteer satisfaction surveys. The ideas and opinions you provide will influence the future success of the clinic. It would be appreciated if you could take a few minutes and complete the attached volunteer survey. Please include any ideas and comments that you might have about volunteering at the clinic. You will find a self addressed stamped envelope for your return of the survey to me at my home address. They surveys should NOT be returned to the Essential Health Clinic.

I am performing this research personally, you are able to withdraw your consent at any time, participation in the survey will have no bearing on your status as a volunteer at the free clinic or the services you receive at the clinic. Names are not needed and it is important that you only fill out one survey and your participation in completing the survey will act as your consent in being part of the project.

Thank you for your time and continued support to make the Essential Health Clinic a more enjoyable workplace.

Cortney A. Bernardo,
Physician Assistant Student

Pacific University
School of Physician Assistant Studies
2043 College Way
Forest Grove, OR 97116
Figure 2. Volunteer Satisfaction Survey

Essential Health Clinic

Volunteer Satisfaction Survey

Volunteer Position: __________ How long have you volunteered? ______

1. How satisfied are you with the functioning clinic?
   ( ) Very Satisfied ( ) Satisfied ( ) Unsatisfied ( ) Very Unsatisfied
   Comments:

2. Do you use an interpreter? If no, skip to #3. If yes, how satisfied are you with your ability to communicate with the patients?
   ( ) Very Satisfied ( ) Satisfied ( ) Unsatisfied ( ) Very Unsatisfied
   Comments:

3. How satisfied are you with your co-volunteer relationships?
   ( ) Very Satisfied ( ) Satisfied ( ) Unsatisfied ( ) Very Unsatisfied
   Comments:

4. How satisfied are you with the recognition of your efforts?
   ( ) Very Satisfied ( ) Satisfied ( ) Unsatisfied ( ) Very Unsatisfied
   Comments:

5. If you are not currently volunteering, please explain your reason(s):

6. Please comment on how you think we can improve the clinic:

7. Please comment on the initial support and training you received at the clinic:

8. Please comment on how you think ongoing support and training should be provided:
Essential Health Clinic

Patient Satisfaction Survey

I am performing this research personally as a Pacific University Physician Assistant Student, you are able to withdraw your consent at any time, participation in the survey will have no bearing on your status as a patient at the free clinic or the services you receive at the clinic. Names are not needed and it is important that you only fill out one survey and your participation in completing the survey will act as your consent in being part of the project.

1. How satisfied were you with the courtesy of the front office staff?
   [ ] Very Satisfied
   [ ] Satisfied
   [ ] Unsatisfied
   [ ] Very Unsatisfied

2. How satisfied were you with your ability to communicate with your provider?
   [ ] Very Satisfied
   [ ] Satisfied
   [ ] Unsatisfied
   [ ] Very Unsatisfied

3. How satisfied were you with the treatment offered by your provider?
   [ ] Very Satisfied
   [ ] Satisfied
   [ ] Unsatisfied
   [ ] Very Unsatisfied

4. How satisfied were you with your overall experience at the clinic?
   [ ] Very Satisfied
   [ ] Satisfied
   [ ] Unsatisfied
   [ ] Very Unsatisfied

Comments, Overall and Suggestions for Improvement of the Clinic:
Fecha de hoy: ________

**Clínica de Salud Esencial**

**Encuesta de Satisfacción del Paciente**

Yo personalmente, como estudiante de Asesoría Médica de Pacific University, le pido que participe en esta encuesta. Usted puede dejar de participar en la encuesta en cualquier momento. Su participación no afectará de ninguna manera cómo lo tratan a usted como paciente ni afectará los servicios que usted puede recibir en la clínica. No necesitamos su nombre y es importante que solo llene una encuesta. El hecho de llenar la encuesta servirá como su consentimiento de participar en este proyecto.

1. Qué tan satisfecho/a estaba usted con la cortesía de las personas en la recepción?
   - [ ] Muy satisfecho/a
   - [ ] Satisfecho/a
   - [ ] No Satisfecho/a
   - [ ] Muy desatisfecho/a

2. Qué tan satisfecho/a estaba usted con la habilidad de comunicarse con su médico?
   - [ ] Muy satisfecho/a
   - [ ] Satisfecho/a
   - [ ] No Satisfecho/a
   - [ ] Muy desatisfecho/a

3. Qué tan satisfecho/a estaba usted con el tratamiento que recibió de su médico?
   - [ ] Muy satisfecho/a
   - [ ] Satisfecho/a
   - [ ] No Satisfecho/a
   - [ ] Muy desatisfecho/a

4. Qué tan satisfecho/a estaba usted con toda su experiencia en la clínica?
   - [ ] Muy satisfecho/a
   - [ ] Satisfecho/a
   - [ ] No Satisfecho/a
   - [ ] Muy desatisfecho/a

Comentarios, sugerencias para mejorar la clínica:
Figure 5. Volunteer Satisfaction Survey Question Averages

Figure 6. Volunteer Satisfaction Survey Question Averages. Question 1 = 3.53; Question 2 = 3.63; Question 3 = 3.66; Question 4 = 3.68.

Figure 7. Volunteer Satisfaction Survey Question Averages by Clinic Role. Clinician: Question 1 = 3.68; Question 2 = 3.56; Question 3 = 3.68; Question 4 = 3.77. RN: Question 1 = 3.17; Question 2 = 3.72; Question 3 = 3.67; Question 4 = 3.67. Triage: Question 1 = 3.5; Question 2 = 4; Question 3 = 3.5; Question 4 = 3.67. Interpreter: Question 1 = 3.8; Question 2 (NA); Question 3 = 3.8; Question 4 = 3.2. Front Desk: Question 1 = 4; Question 2 (NA); Question 3 = 4; Question 4 = 4. Lab: Question 1 = 4; Question 2 = 3; Question 3 = 3; Question 4 = 4.
Figure 5: Patient Satisfaction Survey Question Averages. Question 1 = 3.88; Question 2 = 3.84; Question 3 = 3.78; Question 4 = 3.76.
Appendix A: Urgent Care Centers

Urgent Care Centers

(All prices vary depending on new patient status, labs, imaging, level of the injury/illness)

PROVIDENCE SCHOLLS URGENT CARE IN TIGARD 503-216-9200
12442 SW Scholls Ferry Road
Tigard, OR
- Open Monday – Friday 9am to 9pm; Saturday – Sunday 9am to 7pm
- Cost ranges from $78 - $138

TANASBOURNE URGENT CARE 503-216-9360
1881 NW 185th Ave
Aloha, OR
- Open Monday – Friday 9am to 9pm; Saturday – Sunday 9am to 7pm
- Treating minor illnesses and minor injuries
- Cost ranges from $78 - $138

TUALITY AT ALOHA URGENT CARE 503-681-4223
17175 SW TV Highway, Suite A
Aloha, OR
- Open 7 days a week 8am to 9pm
- Holidays 8am to 3pm
- Cost is $149.30

FOREST GROVE URGENT CARE 503-992-0288
3838 Pacific Avenue
Forest Grove, OR
- Open Monday – Friday 10am to 8pm; Saturday – Sunday 12pm to 8pm
- Costs range form $140 - $180 for new patients
- Financial assistance up to 35% off for those who qualify through a financial questionnaire
Appendix B: Low Cost Dental Resources

Low Cost Dental Resources
(The following clinics provide services in both English and Spanish)

DENTAL ACCESS PROGRAM (DAP) 503-988-6942
426 SW Stark, 9th floor
Portland, Oregon
- Dental Emergencies ONLY
- Monday – Friday 8am to 4pm
- Cost of $40 at time of service
- Must be low income and meet federal poverty levels
- NO OHP or private insurance

VIRGINIA GARCIA DENTAL CLINIC 503-359-8505
- Monday – Friday 8am to 7pm
- Complete dental care for kids up to age 18

DENTAL VAN 503-359-2598
- Once a month for adults located at Senior Citizen Center in Forest Grove
- Once a month for children at First Christian Church in Forest Grove
- Times and dates vary
- Emergencies will be seen first
- Current waiting list
- Call Martha Ochoa for more information
- Donations only
- Serving Forest Grove, Cornelius, Gastin and Banks patients as priority

PORTLAND COMMUNITY COLLEGE 503-977-4909
1200 SW 49th, Building H.T., Room #206
- Non-Emergency services ONLY: cleanings, x-rays, fluoride, fillings
- Must be seen by the hygienist for cleaning prior to being seen by the dentist
  - Waiting list for hygienist is 3-6 months
  - Adult cleaning costs $35
  - Reduced rate for senior citizens age 62+
- Hours vary by term
- Open October - June
Appendix C: National College of Naturopathic Medicine and Satellite Clinics

National College of Naturopathic Medicine (NCNM) & Satellite Clinics
503-499-4343

NCNM Clinic at Pettygrove
2232 NW Pettygrove
Portland, OR
Hours: Monday & Wednesday 12pm-7:30pm; Tuesday and Thursday 8am-7:30pm; Friday 8:30am-4:30pm; Saturday 8:30am-12:30pm

NCNM Clinic on First
2220 SW First Avenue
Portland, OR
Hours: Monday 12pm-7:30pm; Tuesday 9am-7:30pm; Wednesday 12pm-7:30pm; Thursday 8am-7:30pm; Friday 9:30am-5pm; Saturday 9am-12:30pm
No Sliding scale available on first visit

Homestreet
144 SE Walnut
Hillsboro, OR
Hours: Wednesday 4pm-8pm
Mental Health and General Public

In-Act
310 SW Fourth Ave, Suite 700
Portland, OR
Hours: Monday thru Thursday 9am-6pm; Friday 9am-5:30pm
Patients need to be Court referred for drug conviction
Cost is on a patient-to-patient basis

Outside-In
1132 SW 13th Ave
Portland, OR
Pediatric hours (age up to 30): MWF 9am-11am
Priority to patients under 21 years of age or homeless individuals
Naturopathic appointments: M-F 1:30 am to full; MW 6pm to full
Appointments must be made for chiropractic and acupuncture

Portland Alternative Health Center
1201 SW Morrison St
Portland, OR
Hours: Monday thru Friday 8:30am-5pm
Clinic for drug abuse, alcohol abuse as well as a general medical clinic for the public
Very costly
Appendix D: Family Planning Resource Guide

Family Planning Resource Guide

**County Family Planning Clinics**

- Clackamas ................................................. 503-655-8471
- Clark, in Washington state .......................... 503-696-8089
- Multnomah .................................................. 503-248-3674
- Washington ............................................... 503-846-8851

**Family Planning Services**

- All Women’s Health Services .......................... 503-233-0808
- Outside In .................................................. 503-223-0808
  1132 SW 13th Ave, Portland, OR
- Planned Parenthood ........................................ 503-646-8222
  12220 SW 1st St., Suite 200, Beaverton, OR
  Hours: M & Tues 9:30am-4pm; W 8:30am-5pm; Thurs 10am-5pm; F 8:30am-5; Sat 8:30am-4pm
- Virginia Garcia Memorial Clinic ..................... 503-846-3360
  266 Main St., Hillsboro, OR
  Hours: M 8am-5pm; T 10am-7pm; W 9am-5pm; Thur 10am-7pm; F 8am-5pm
- Pregnancy Resource Center ............................. 503-346-4503

**Abortion/Sterilization Services**

- All Women’s Health Services .......................... 503-233-0808
- Downtown Women’s Center .............................. 503-224-3435
- Lovejoy Surgical Center ............................... 503-221-1870

**Pregnancy/Adoption Resources**

- Birthright – Portland Adoption Referral .......... 503-249-5801
- Birthright – Washington County ........................ 503-648-6766
  232 NE Lincoln, Suite F
  Hours: M & Tues 9:30am-4pm; W – closed; Thurs 9:30am-4pm; F 10am-2pm
  Services: Free pregnancy testing, maternity and baby clothes, referral sources as
  needed, support to clients, free diapers
- Pregnancy Resource Center (Beaverton) ............... 503-346-4503
- PREGNANCY TALKLINE .................................. 1-800-342-6688, Ext. 3

**Prenatal Care**

- Healthy Start – Virginia Garcia Clinic ............. 503-681-1881
- OHSU Beaverton .......................................... 503-418-2000
  Hours: M-F 8am-5pm; Sat 9am-1pm
- Gabriel Park ............................................... 503-494-9992
  Hours: M-Thurs 7:30am-8pm; F 7:30am-5pm; Sat 9am-1pm
  *OHSU is not seeing OHP or taking new patients at this time.
- Safenet ..................................................... 503-988-5858
- St. Vincent Healthy Start ............................... 503-216-2807
- Oregon Health Care ...................................... 1-800-359-9517
Appendix E: Low Cost Care – Providence Charity Care Clinics

Low Cost Care – Providence Charity Care Clinics

*Call to qualify 503-215-6914 based on individual basis, they provide primary care along with labs and tests ordered by that primary care provider (PCP). They do not cover any specialty or hospital care. Provide a financial assistance program and financial counselor, this is based on income versus bills and number of people within the home.

Portland Family Medicine Gateway 503-215-4250
1321 NE 99th
Portland, OR

Portland Family Medicine Southeast 503-215-9850
4104 SE 82nd Ave.
Portland, OR

Portland Family Medicine North Portland 503-215-3300
5279 N Lombard
Portland, OR

Providence Ambulatory Care and Education Center (PACE) 503-215-6600
5050 NE Hoyt
Portland, OR
On Providence Portland Campus
Patients 16 and older
Appendix F: EHC Standing Order for Disbursement of Cold Packs

Essential Health Clinic

Clinical Policy/Procedure

SUBJECT: Medical management of patients presenting with cold symptoms.

STATEMENT OF POLICY/PURPOSE:
Standing order for Registered Nurse to administer pre-packaged cold pack composed of over the counter medication.

PROCEDURE:
• Registered Nurse may dispense a cold pack based on the following guidelines:
  ▪ Cold symptoms for less than 5 days
  ▪ Temperature less than 100°F
  ▪ Mild ear discomfort
    NOTE: Children with signs of an earache, should be seen by a clinician
  ▪ Mild nasal congestion
  ▪ Mild non-productive cough without wheezing or shortness of breath
  ▪ Mild sore throat
  ▪ Mild headache without signs of stiff neck
  ▪ Mild body aches
  ▪ No vomiting or diarrhea
  ▪ Patient does not appear/act acutely ill
  ▪ No rash

• Cold pack contains over the counter medications.
• Patient instructed concerning the importance of adequate hydration.
• Patient advised to seek follow-up care if symptoms fail to improve within the next three-to-four days, or if symptoms worsen.
• Nurse documents symptoms and dispensing of the cold pack on the patient log.

APPROVED by:

Edmundo Rosales, MD - EHC Medical Director

Signature ___________________________ Date ___________________________
Appendix G: EHC Standing Order for Disbursement of Allergy Packs

Essential Health Clinic

Clinical Policy/Procedure

SUBJECT: Medical management of patients presenting with seasonal allergy complaints.

STATEMENT OF POLICY/PURPOSE:
Standing order for Registered Nurse to administer pre-packaged allergy pack composed of over the counter medication.

PROCEDURE:
- Registered Nurse may dispense an allergy pack based on the following guidelines:
  - Itchy, red and watery eyes
  - Itchy ears
  - Mild sore and itchy throat
  - Mild cough, without wheezing or shortness of breath
  - Mild chest congestion, sinus congestion
  - No fever
  - No body rash
  - No swelling of legs or tongue
  - Allergy pack contains over the counter medications.
  - Patient instructed concerning the importance of adequate hydration.
  - Patient advised to seek follow-up care if symptoms fail to improve within the next three-to-four days, or if symptoms worsen.
  - Nurse documents symptoms and dispensing of the allergy pack on the patient log

APPROVED by:

Edmundo Rosales, MD - EHC Medical Director

__________________________  _________________________
Signature  Date
Appendix H: EHC Standing Orders for Disbursement of GI Packs

Essential Health Clinic

Clinical Policy/Procedure

SUBJECT: Medical management of patients presenting with gastrointestinal (GI) complaints.

STATEMENT OF POLICY/PURPOSE:
Standing order for Registered Nurse to administer pre-packaged GI pack composed of over the counter medication.

PROCEDURE:
• Registered Nurse may dispense a GI pack based on the following guidelines:
  ▪ Mid-epigastric pain/pressure following the intake of food
  ▪ No chest pain or SOB
  ▪ Symptoms do not last all day long
  ▪ Mild to moderate burning, in the stomach or esophageal region
  ▪ No vomiting, dark or light colored stools
  ▪ No weight loss (>= 10 lbs)

• GI pack contains over the counter medications.
• Patient instructed concerning the importance of adequate hydration.
• Patient advised to seek follow-up care if symptoms fail to improve within the next three-to-four days, or if symptoms worsen.
• Nurse documents symptoms and dispensing of the GI pack on the patient log

APPROVED by:

Edmundo Rosales, MD - EHC Medical Director

Signature ____________________________ Date ____________________________
Appendix I: EHC Standing Orders for Disbursement of Minor Pain Packs

Essential Health Clinic

Clinical Policy/Procedure

SUBJECT: Medical management of patients presenting with minor pain complaints.

STATEMENT OF POLICY/PURPOSE:
Standing order for Registered Nurse to administer pre-packaged minor pain pack composed of over the counter medication.

PROCEDURE:
- Registered Nurse may dispense a minor pain pack based on the following guidelines:
  - **MUSCLE ACHES AND PAINS:**
    - Chronic or recent onset of muscle or joint pain
    - Patient denies any numbness, tingling, or weakness in the arms or legs
    - Patient does not appear to be in acute pain
    - No allergy to Aspirin or NSAIDS
  - **HEADACHE:**
    - Mild to moderate discomfort
    - Patient denies any visual changes, vomiting, fever, or stiff neck
    - Reports no aura prior to onset of headache
    - Has had a headache similar to this in the past
    - No sinus congestion, pressure or pain
    - Patient does not appear to be in acute pain
    - No uncontrolled HTN
    - No weakness or numbness of face, arms or legs
- Pain pack contains over the counter medications.
- Patient instructed concerning the importance of adequate hydration.
- Patient advised to seek follow-up care if symptoms fail to improve within the next three-to-four days, or if symptoms worsen.
- Nurse documents symptoms and dispensing of the pain pack on the patient log.

APPROVED by:

Edmundo Rosales, MD - EHC Medical Director

Signature ___________________________ Date ___________________________
References


