



HYBRID INTERN HANDBOOK

Fall 2020

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On January 4th, 2001, a group of UC Davis undergraduates and medical students established the Vietnamese Cancer Awareness, Research and Education Society (VN CARES). This was in response to the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) report, revealing that Vietnamese American women had the highest incidence rate of cervical cancer – five times greater than Caucasian women. VN CARES is a student-run organization that promotes cancer awareness and provides free cancer screenings to the under-served Vietnamese population.

VN CARES began working with the Sacramento Vietnamese community to implement three primary goals:

1. Inform the community about the prevalent types of cancer that affect the target population – namely liver, breast, cervical, prostate, and colorectal cancer
2. Educate the community about the benefits of performing regular cancer screenings and receiving the available cancer treatments
3. Enroll people to receive free cancer screenings

SHORT TERM OBJECTIVES

1. Recruit members who will assist VN CARES in helping the community
2. Promote cancer awareness through outreach and educational presentations
3. Recruit, enroll, and assist Vietnamese individuals into cancer preventative care and cancer treatment programs
4. Gather qualitative and quantitative data about the healthcare services provided to the Vietnamese community

LONG TERM OBJECTIVES

1. Reduce the cancer-related disparities in the Vietnamese community
2. Ensure that all Vietnamese individuals obtain the knowledge and resources they need to maintain a cancer reducing lifestyle
3. Participate in the planning and implementation of research activities designed to identify the health care needs of the Vietnamese community
4. Network with other organizations to achieve common objectives

Internship Requirements & FYIs

Internship Requirements	Probationary Term	Internship Term
Description:	1/2 - Quarter Commitment: Fall 2020	2 - Quarter Commitment Winter- Spring 2021
Meetings:	Attend 1 Meeting	Attend 4 Meetings /Quarter
Clinics:*	None	2 Clinics /Quarter
R&E Events	1 Credit (fulfilled by interview and skills practical)	2 Credits/Quarter
Public Relations:	1 Hour	4 Hours /Quarter
Social:	1 Social Event	1 Social Event /Quarter
Orientation & Practical	2 Orientations 1 Written Practical 2 Skills Practical	Proctoring (Clinic) Presentation Training + End of Term Eval (R&E) Winter 2020
Evaluations:	1 Evaluation	1 Evaluation /Quarter
Membership Fee:	\$20 + Clinic T-Shirt	\$20/Term
Orientation and Practical Day are mandatory for all interns!		

NOTE:

1. There are no meetings during the summer quarter.
2. Only half of your PR credits can be fulfilled by food/restaurant fundraisers.
3. 1 Term = 3 quarters (probationary quarter + internship term)

***** At the end of your R&E internship term, if you wish to continue the internship for the next cycle, there will be an end of term evaluation that consists of essay questions and a presentation interview. This will take place the last quarter of your internship term (Spring 2020) should you wish to continue. It is possible to be exempt from this final evaluation if you have shown significant improvement and participation during your internship term (Winter-Spring 2020).*****

3-Strike Policy:

You can receive a strike for:

1. Being late
2. Not wearing appropriate apparel
3. Signing up for an event, and either not showing up or not notifying the Officer in charge by 5PM the day before the event with a proper reason

NOTE Interns can only cancel clinic 48 hours before.

4. Not completing internship requirements*

NOTE:

1. Strikes may also be given at the discretion of the Officer.
2. You can only receive a maximum of 1 strike per event.
3. Accruing 3 or more strikes within an internship term will result in dismissal from the internship*.
4. Your performance may be evaluated at any time during the internship. Interns may be dismissed at the discretion of the Officer board, regardless of the number of strikes.

Transcript Notation Requirements:

Clinical and R&E Interns

- Available every quarter (2 transcript notations possible per internship term).
- Must complete 40 hours per quarter and quarterly Internship requirements.
- Hours can rollover to the second term of the internship to meet the 40 hours requirement. Only 1 transcript notation will be given.

*Not fulfilling the requirements or accruing 3 or more strikes may result in a dismissal from the internship and void your eligibility to receive transcript notation.

Saturday Clinic vs. Sunday Clinic

Two main types of clinics: Saturday vs. Sunday

It is critical to understand the differences between our two clinic days.

****Some committees have specialty clinics. Please refer to the Committees Page of the handbook for more information**

	Saturday Clinic	Sunday Clinic
Services	Primary Care	Cancer Screening
Appointments	No	Yes
Frequency	Weekly	Monthly
Specialties	<p>Different specialty available each week of the month</p> <ul style="list-style-type: none"> • 1st Week: Musculoskeletal • 2nd Week: Pharmacy Consultation + Psychiatry • 3rd Week: None • 4th Week: Dermatology 	<p>Sunday Clinic also doubles as</p> <ul style="list-style-type: none"> • Liver Ultrasound Clinic (every 3 months) • OB/Gyn Clinic (depending on availability)
Co-D of the day	PHAC & VN CARES & HLUB UG CoDs	VN CARES CMs
Gives the patient number of the day	Receptionist	Greeter
Cleans/restock the room	Patient Advocate	Floater
Inform after room is done	Undergraduate Co-Director	Floater
Chart at the end of the day	Receptionist	Lab Log-Out Team

Saturday Primary Care Clinic

PHAC/VN CARES/HLUB UG CoDs

- Hannah Pan
- Athena Tam
- Daniel Wong
- Diana Moua
- Christina Trinh

Different PA Roles

- Receptionist Assistant
- Patient Advocate (PA)
 - FIT kit only
 - H .Pylori Drop-Off
 - Blood draw only
 - Med Refill only
 - PAP Refill only
 - Vitals, translation, lab
 - Promote different services provided by committees
 - MD Consultation
- Lab Logout Team
- Lab calls

Saturday Clinic Flow

Patient Check-In

After a UG CoD assigns you (PA) to a patient, call the patient by the **patient # of the day** and verify their **name, birthday, phone number, and address**.

Do vitals **in the room (unless told otherwise)**.
Note: write your name under PA for Vitals in problem sheet

If your patient is in room, write name in PA translation. If your patient has not been assigned a room, tell the patient to wait in the waiting area.

Give chart to **the UG-CoDs** of the day

When UG has given you the patient's chart and assigns you (PA) and a patient to a room, bring the patient to the room and then return the chart to **UG**. Write your name under PA translator.

Go back to the room with the patient for translation. Complete all committee checklists. Once done, clean the room and **notify the UG** that you are done with the room

Depending on the patient, do labs/ lab log-out and med refill. **Update the IMI + Medication Master Drug List.**

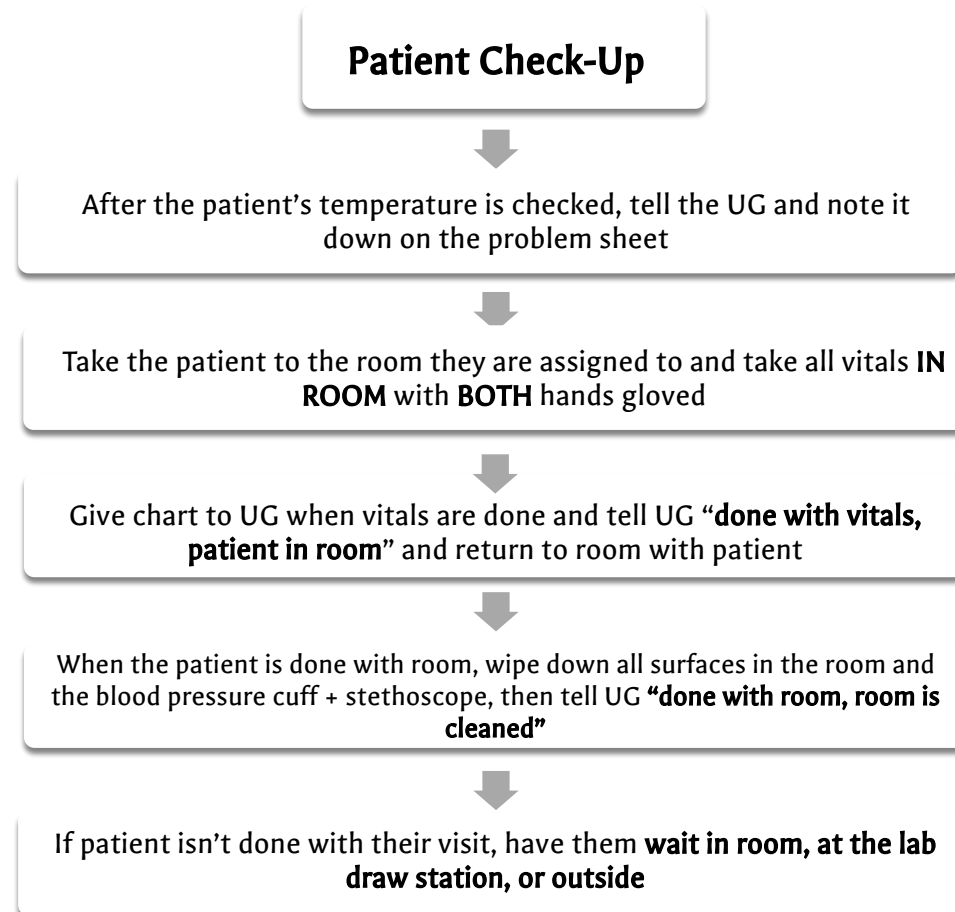
Remind MS that chart goes to **receptionist** at the end and **return the original IMI card to the patient.**

Refer to page
26-27 for **VITALS**

Note: If you work with a new patient, make sure to fill out Patient Visit Sheet, Patient Information, and Consent Form

COVID 19: Saturday Clinic Flow

- Patients can have in-clinic visit **ONLY** through appointments. Appointments can be made by calling the clinic phone numbers
- All patients will be screened for COVID-19 at the door and have their temperatures checked



PA Role :Receptionist Assistant

For ***Chinese, English and Hmong speaking*** patients:

- Look for the patient chart according to the number indicated on the IMI Card
 - Note: The chart may be in the chart cabinet, lab crate, diabetes box, on the VN CARES table in the back room, or with committee Co-Ds

For ***Vietnamese speaking*** patients

- Translate for the receptionist and patient
- Fill out the problem sheet of the day according to what the receptionist fills out in the registration sheet. *Remember to fill out the language box
- Collect and clip the IMI card to chart if the patient is there for a med/PAP refill or is a new patient
- Place the chart in numerical order in the “Vitals to be done” rack

For ***New*** patients

- Make a new chart and paperclip a **Demographic Form** and a **Prefilled Hepatitis Lab Form** onto the **Patient Visit Sheet, and Blue Diabetes Tracking Sheet** (refer to **Page 13**)
- For newly screened patient, give the patient a “Know HBV” brochure.
- Refer to **Page 49** if want to know more about Hepatitis Screening. **ALL NEW PATIENTS NEED TO BE SCREENED FOR HEPATITIS**

Chart Layout

This box indicates **patient's language/dialect**

Receptionist assistant is responsible for helping receptionist **fill out the part in the dashed box.**

• This box indicates the **patient's number of the day**

• PA calls patients by this number when asked to do vitals or bring patient into a room.

Paul Hom Asian Clinic

Name (last, first) _____ Date _____ Medical record # _____

Age _____ Sex _____ M _____ F _____ Smoker? _____ Fasting _____ N _____ Y _____ Insurance _____ BIC? _____ N _____ Y _____

Weight: _____ Height: _____ Temp: _____ Heart Rate: _____ Respiratory Rate: _____

BP - L: _____ R: _____ Time: _____ PA Vitals: _____ PA Translation: _____

Chief Complaint: _____

HPI: _____

Physical + A/P: _____

Current Medications:			Labs/X-rays
Name, Strength, and Quantity	Directions	Comments	

Medical Student _____ Preceptor Name (please print) _____ Preceptor Signature _____

Saturday Problem Sheet

Patient Chart	
Left Side	Right Side
<ol style="list-style-type: none"> Diabetes Lab Track (Blue) Green/Orange Hepatitis B/C Monitoring Sheet (only if patient has Hepatitis) Lab Results, including Liver Ultrasound Results (most recent on top) Patient Visit Sheet Patient Information Patient Medical Consent Form Covered California Check List <p>*If lab result and Liver ultrasound is on the same date, Liver Ultrasound should be on top</p> <p>*If new patient, clip demographic and prefilled lab forms onto patient visit sheet (paperclip on the inside)</p>	<ol style="list-style-type: none"> Medication Master Drug List (yellow) MS Soap Notes (on top of the respective Problem Sheets) Diabetes Checklist (If applicable) Problem Sheet (most recent on top) Photocopy of prescription (underneath the problem sheet of the day prescription was given) Photocopy of referral forms (underneath the problem sheet of the day the patient was referred)

MEDICAL STUDENTS: Please ask Diabetes CoDs for DM checklists

BLUE Diabetes Tracking Sheet

GREEN Hepatitis Monitoring Sheet

Patient Information Sheet

Patient Consent Form

Patient Visit Sheet

[illegible]

Allergies:
Hay fever, grass, "dirty carpet/clothes" cause asthma-like symptoms

YELLOW Master Medication List

Saturday Problem sheet

Medical Students SOAP Notes

Copy of Referral Letter

PA Role: 2 Types of Medication Refills

PAP Refill (gets medication)

Ask PAP CoDs if the patient's medication is ready and make sure the patient has seen a doctor **within 6 months**.

If **not** ready, then ask PAP for the next step.
If **yes**, **do vitals** and fill out **PAP questionnaire**.

Ask an **MD/MS** to dispense the medication i.e. giving the prescriptions to patients. Remember to grab the side effects sheets too. **If it is a NEW medication, grab MD for med consult**

Make sure the **PA (you)** and **PAP CoD** sign the **front page**. The **patient** and **MS/MD** dispensing the medication signs the **back page** of the questionnaire.

Return updated IMI card to patient, **update the Medication Master Drug List** and return chart to **receptionist**.

Med Refill (gets prescription)

Make sure the patient has seen a doctor **within a year** and then **do vitals**.

Get 1 prescription per medication being refilled and fill out the top of the prescription.

Ask an **MD** to write and sign the prescription as well as the chart.

Photocopy the prescription and place it under the most recent patient problem sheet.

Return the updated IMI card to the patient, update the **Medication Master Drug List**, and return the chart to **receptionist**.

Patient Assistance Program Refill (PAP)

What is it?

PAP is a program run by pharmaceutical companies that give away **FREE, BRAND-name medication** for low income underinsured individuals. PAP Committee specializes in enrolling patients to those programs

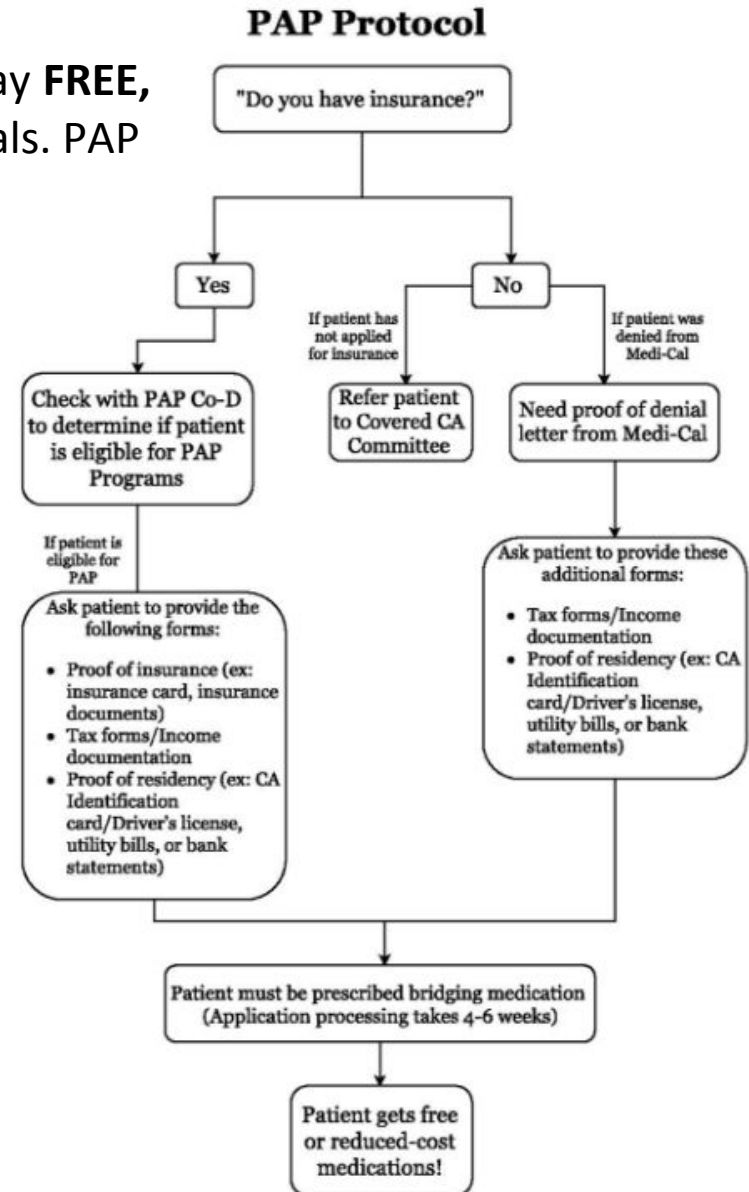
Eligibility Criteria

- US resident or permanent resident
- Low-Income
- Uninsured or Underinsured (no prescription coverage)
- Patient sees a doctor and gets a blood draw every 6 months to monitor the patient's status on the medication
- Patient must reapply every year
- Patient must give an active phone number

Required documents

- Copy of the patient's most recent tax return or Social Security benefits statement
- Proof of Residency (Driver's License, Utility Bills)
- Insurance Cards (Must indicate no prescription coverage) OR Insurance Denial Letter
- Social Security Number

Note: Patient who are enrolled in PAP often receive routine medication called **"PAP REFILL"**
They take home physical medication from the clinic



Role: PAP Refill

PAP QUESTIONNAIRE QUICK GUIDE:

- 1.) Check with PAP Co-D if meds are available BEFORE starting on questionnaire.
- 2.) If meds are available, complete page 1 & bring to PAP Co-D.
- 3.) Wait for PAP to give you meds.
- 4.) Find MS/MD to review medical chart and questionnaire prior to dispensing to patient.
- 5.) After dispensing, have MS/MD and patient sign bottom of Page 2.
- 6.) Bring completed questionnaire to PAP.

****Note to PA:** If it's been greater than 6 months since the patient last saw a doctor or got a blood draw, please check with a medical student or physician to see if they would recommend the patient to come in for a check-up.**

PAP PATIENT SAFETY QUESTIONNAIRE

Today's Date: _____

Name (last, first): _____ Chart Number: _____

Date of Birth: ____/____/____ Blood Pressure: (R) ____ (L) ____

Phone Number: _____ Did you confirm the patients phone number? ☐ Yes ☐ No

QUESTIONS TO ASK PATIENTS:

1.) What are your current medications? How are you taking the meds?
****PA Directions:** Please write down the patient's current medications and instructions based on his/her medical chart.
 Quick Reference: QD=once daily, QHS=once daily at night, BID= twice daily, PRN= as needed, PO=by mouth.**

Current Medications (Please include Drug Name, Strength, and Directions)	Confirm Med Usage	If "N" is marked, please note why.	PAP Med?	Comments:
Example Lipitor 20 mg, PO, Qday	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	**Example** n/a	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	
	Y / N		Y / N	
	Y / N		Y / N	
	Y / N		Y / N	
	Y / N		Y / N	
	Y / N		Y / N	

2.) How are you feeling on your current medications? Are you feeling any side effects or abnormal symptoms below?

Mental/Visual/Cardiovascular	Musculoskeletal/Respiratory	Gastrointestinal/Urogenital/Renal	IF NO SYMPTOMS, please check box
<input type="checkbox"/> Dizziness <input type="checkbox"/> Headache <input type="checkbox"/> Vision changes <input type="checkbox"/> Mood changes <input type="checkbox"/> Irregular heartbeat	<input type="checkbox"/> Dry cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Muscle pain	<input type="checkbox"/> Increased urination <input type="checkbox"/> Nausea or Vomiting <input type="checkbox"/> Swelling of hands and feet <input type="checkbox"/> Constipation or Diarrhea	<input type="checkbox"/>

Any complaints/symptoms/comments not listed above, please write here: _____

DISCLAIMER:

By signing below, you are verifying that all answers on this questionnaire are accurate to the best of your knowledge and all discrepancies have been acknowledged, noted, and addressed by a physician.

QUESTIONNAIRE COMPLETED BY: **PA**

Print Name: _____ Signature: _____ Date: _____

COMPLETED QUESTIONNAIRE REVIEWED BY PAP Co-D BEFORE DISPENSE OF PAP DRUGS:

Print Name: _____ Signature: _____ Date: _____

NEW MS or MD signature block moved to BACK PAGE!
Only need to get signature when ready to dispense!

Version Date: 14 Jun 2024

FOR PAP CO-D USE ONLY

PAP Drug(s) REQUESTED:

Drug Name and Strength	Last dispensed by PAP?	Due for refill? (3 mos from last dispense date)	Meds Available Today? If no, please note why in comments.
	____/____/____ <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	____/____/____ <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	____/____/____ <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	____/____/____ <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	____/____/____ <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: _____

PAP DRUGS DISPENSED TODAY

Drug Name and Strength	Qty	Directions	Lot #	Exp Date	PAP Co-D Initials

By signing below, I verify that I've received the drugs listed and have been advised on how to take the medications properly as written above. If I make any changes to my medications or have any concerns, I understand it's my responsibility to notify my physician as soon as possible.

以下簽名，本人證明我有拿到以上的藥。本人明白應該如何服用這些藥，也得到醫生的意見。如果本人改變服用以上的藥，或者有任何問題，本人明白這是我的責任，也應該儘快的通知我的醫生。

Sau khi ký dưới đây, tôi chứng nhận là tôi đã nhận được thuốc và được hướng dẫn về cách sử dụng thuốc hợp lý. Nếu tôi có thay đổi thuốc hay có bất cứ thắc mắc gì, tôi hiểu rằng trách nhiệm của tôi là thông báo cho bác sĩ càng sớm càng tốt.

PATIENT SIGNATURE:

Print Name: _____ Signature: _____ Date: _____

QUESTIONNAIRE REVIEWED AND MEDICATIONS DISPENSED BY: **MEDICAL STUDENT, PHYSICIAN, OR LICENSED PERSONNEL**

Print Name: _____ Signature: _____ Date: _____

****When completed, please place questionnaire on the RIGHT side of the patient's blue PAP folder. Thank you!****

Version Date: 14 Jun 2024

Note: Patient who routinely pick up PAP REFILL must complete a **PAP Questionnaire** (above) when picking up the medication from the clinic. This form must be returned to PAP Co-Director at the end of day



1. ALL PAP patients' charts have a red folder.

Protocol for PAs: Whenever you encounter a red folder chart, come to PAP Co-Ds for a follow-up.

2. All PAP patients' charts have a PAP Medication Compliance Tracking Sheet underneath the Yellow Master Drug List

Expectation for PAs: know about this sheet in case MS/MD asks about it.

Patient Assistance Program (PAP) Medication Compliance Tracking Sheet

Chart number:

Date	Medication(s)	Compliant (Y/N)	Any Side Effects	Note

3. Faxing Protocol

- Tap the “Home” option on the gray fax machine (HP Laser)
- Select “Fax” option
- Tap on the blank box for number and press number “1”
 - Put in the rest of the 10 digit of the FAX number. This includes 3-digit area code following by 7 numbers. VERIFY the fax number.
 - Ex: 1 916 999 9999
- Select “Options”, then “Notifications” and “this job”
- Place the papers right side up in the feeder of the fax machine. If there is more than one page, make sure to separate each page using fingers to prevent the fax machine from taking in more than one page at a time
- Hit the start button



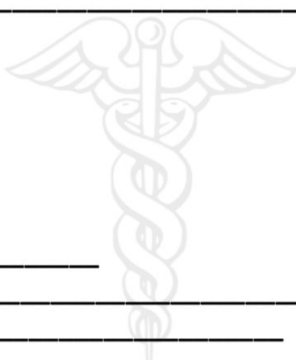
PA Role: MED Refill

MED Refill simply means patient will get a PAPER prescription and take it to the pharmacy to get the physical medication there

Steps:

1. Perform vitals (page 26-27)
2. Grab prescription form and fill out top portion
3. Find available MEDICAL DOCTOR and give him/her chart to review
4. Make copy of prescription and place under the **Problem Sheet** of the day.
5. Ask PAP for **Side Effects Sheet**
6. Update **IMI Card** and **Master Medication List** if necessary
7. Ask MD to hand prescription to patient
8. Have MD sign bottom of problem sheet
9. Give receptionist chart and say “done done w/ meds”

Note: Patient should leave with IMI card, side effects sheet, and prescription.

 Paul Hom Asian Clinic 6341 Folsom Boulevard, Sacramento CA 95819 Phone: (916) 736-3966 / Fax: (916) 453-9725 Open Saturdays from 8 AM to 1 PM			
Name: _____		Date: _____	
Address: _____		DOB: _____	
Rx: _____ <div style="text-align: center;">  </div>			
Number of Refills: _____			
M.D. (Print Name): _____			
NPI/DEA: _____			
Phone number: _____			
M.D. signature: _____			

Prescription Form

What is it?

Sometimes patients require to discuss with MD for possible new medications, lab results, etc. that DOES NOT require a full in-room visit. UG Co-D will let you know if that is the case

Steps of MD Consultation:

- Perform Vitals
- Find table space by Committee Co-Ds to conduct Consultation
- Look for a Preceptor to do the Consultation.
- Do MED REFILL as needed

*Note: This situation would not involve a medical student



What is it?

Covered California Committee specializes in helping patients enroll to affordable medical and prescription insurances

INSURANCE ENROLLMENT (REQUIRED DOCUMENTS):

- 1. Proof of Identity** (social security #, birth certificate)
 1. Undocumented (no SSN)? No problem!
- 2. Proof of Citizenship** (US passport, green card)
- 3. Proof of Residency** (driver's license)
- 4. Proof of Income** (tax returns, pay stubs)

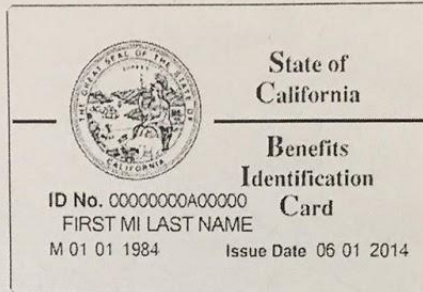
REFERRAL PROGRAMS:

SPIRIT: (No insurance) Cataract Surgery/Hernia Surgery

Healthy Partners: (Emergency MediCal) Diagnostic Services

Types of Insurance Cards (Medical vs Rx)

Common Benefits Identification Cards

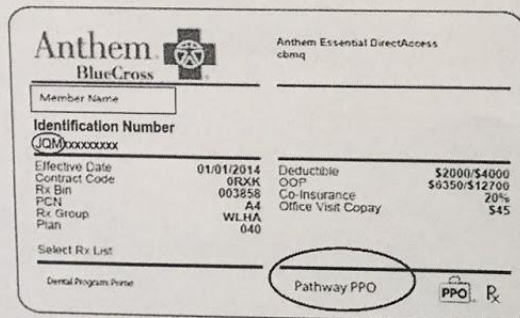


English: Medi-Cal Card

Cantonese: 白卡 *baak6 kaa1*

Mandarin: 白卡 Bái kǎ

Vietnamese: thẻ trắng (thẻ trợ giúp y tế cho người thu nhập thấp)

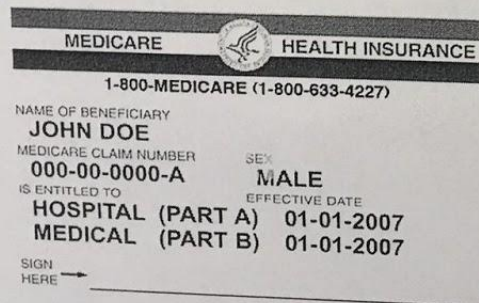


English: Insurance Card

Cantonese: 保險卡 bou2 him2 kaa1

Mandarin: 保險卡 bǎo xiǎn kǎ

Vietnamese: thẻ bảo hiểm



English: Medicare Card

Cantonese: 紅藍卡 hung4 laam4 kaa1

Mandarin: 红蓝卡 Hóng Lán kǎ

Vietnamese: thẻ đỏ (thẻ trợ giúp y tế cho người già và người khuyết tật)

Insurance Checklist Protocol

Check Patient Visit Sheet and see if Patient has insurance or not [Insurance Y/N]

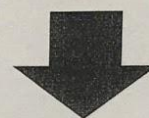
Check if Patient has completed the Checklist in the past 3 months

Ask Do You Have Insurance?



IF YES

1. Fill out necessary information on the YES-Checklist.
2. Photocopy patient's insurance cards onto the back of the form
3. Photocopy the checklist and put the original form in the bottom of the left side of the chart and give the copy to the CC CO-D



IF NO

1. Fill out necessary information on the NO-Checklist
2. If they do not want insurance or cannot apply – write down reason
3. Photocopy the checklist and put the original form into the bottom of left side of the chart and give the copy to the CC CO-D

Note: Re-do Covered California Checklist every 3 months to update patient insurance status

Covered California Committee

YES-Insurance Checklist

Patient Name: _____ Today's Date: _____
 Phone Number: _____ Chart #: _____
 Language: _____ DOB: _____

What kind of Insurance does your patient have?

Please Check:	If Applicable, Which Insurance Company?
<input type="checkbox"/> Covered California (Obamacare)	<input type="checkbox"/> Kaiser Permanente
<input type="checkbox"/> MediCal	<input type="checkbox"/> Molina
<input type="checkbox"/> Emergency MediCal	<input type="checkbox"/> Health Net
<input type="checkbox"/> Medicare	<input type="checkbox"/> Anthem Blue Cross

Other Insurance: _____

If Possible, write down the Primary Care Provider (PCP) Information

PCP Name	_____
PCP Phone Number	_____
Has the Patient ever visited their PCP?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DON'T FORGET TO PHOTOCOPY THE PATIENT'S BENEFITS IDENTIFICATION CARD (BIC) AND SECONDARY CARD ON THE BACKSIDE OF THIS PAGE!

Covered California Committee CO-D Signature: _____

NO-Insurance Checklist

Patient Name: _____ Today's Date: _____
 Phone Number: _____ Chart #: _____
 Language: _____ DOB: _____

Reason Patient does not have insurance: _____

Note Patient's monthly income: _____

If applicable, note patient's immigration status: _____

If patient would like to sign up, make sure he/she, along with any family members claimed on the same tax form, has at least ONE of the documents under EACH of the 4 categories. NOTE: Some documents may be used for multiple sections

Proof of Identity		
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Driver's License or ID Card	
<input type="checkbox"/> U.S. Passport	<input type="checkbox"/> Social Security Number Card	
Proof of Citizenship		
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Non-Citizen Number/Card	
<input type="checkbox"/> U.S. Passport	<input type="checkbox"/> Immigration Papers/Forms/Green Card	
Proof of Residency		
<input type="checkbox"/> Driver's License or ID Card	<input type="checkbox"/> Rent or Mortgage Receipt	<input type="checkbox"/> Utility Bill
Proof of Income		
<input type="checkbox"/> Rent or Mortgage Receipt	<input type="checkbox"/> Self-Employment Record	
<input type="checkbox"/> Medical Bills or Receipts	<input type="checkbox"/> Proof of Child Support or Alimony	
<input type="checkbox"/> Paycheck	<input type="checkbox"/> Income Tax Forms	<input type="checkbox"/> Utility Bill

Covered California Committee CO-D Signature: _____

YES CC-Checklist

NO CC-Checklist

Note: One or the other are place in the **LEFT** side of the chart

Interclinic Referral Forms (Not-in-Chart)

medical release.jpg

12/12/2017

Paul Hom Asian Clinic
6341 Folsom Blvd.
Sacramento, CA 95819
(916) 736-3966

*Mailing Address: Paul Hom Asian Clinic, P.O. Box 72623, Davis, CA 95617

MEDICAL RECORDS RELEASE FORM

I, _____, do hereby give permission
(Patient's Full Name)

for _____, to release any
(Name of Medical Facility or Doctor)

medical information pertaining to my medical care to:

Paul Hom Asian Clinic
P.O. Box 72623
Davis, CA 95617

I further authorize Paul Hom Asian Clinic to release any medical information
pertaining to my medical case to any medical facility or provider I am referred
to by the Paul Hom Asian Clinic.

Print Name: _____
Date of Birth: _____
Signature: _____
Date: _____


☐ Copy of Chart Enclosed

<https://drive.google.com/file/d/0B3h1h1o1owdJdWVkeFZrNzQ/view>

Medical Record Release Form

***NOTE: THESE ARE
NOT THE ONLY
REFERRAL FORMS
THAT WE HAVE.
ASK IF YOU'RE
UNSURE.**

***DO NOT FAX ANY
PERSONAL HEALTH
INFORMATION TO
OTHER STUDENT
RUN CLINICS**

 **PAUL HOM ASIAN CLINIC**
6341 Folsom Blvd
Sacramento, CA
Mailing Address: PO Box 72623, Davis, CA 95617
Phone: 916.736.3966 | Fax: 916-453-9725
Clinic Hours: Saturdays Only 8am-12pm

FAX COVER SHEET

Date:		# of Pages:	
To:		From:	Paul Hom Asian Clinic
Phone:		Phone:	916-542-2737
Fax:		Fax:	916-453-9725

Warning: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or is the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you received this documentation in error, please notify us immediately and destroy the related documentation. Thank you.

Subject:

Message:

Dear Case Manager,

Please find the following items attached for your review:

If you need additional information, please contact one of our Patient Assistance Program Coordinators at phacpap@gmail.com. Thank you.

Sincerely,

Fax Cover Sheet

PA Role: Vitals

Vitals Normal Ranges

*Note down the time when vital starts (when you go to confirm the patient) in the "Time" on the problem sheet.

Heart Rate: 60-100 at rest

Respiratory rate: 20 and under

Blood Pressure: 120/80

Temperature: 97.6-99.6F

<i>Weight</i>	<i>Height</i>	<i>Temperature</i>	<i>Heart Rate</i>	<i>Respiratory Rate</i>
<ul style="list-style-type: none"> • Move the 50 lb block first. The 50 lb block should line up with the appropriate tick mark • Move the top block slowly until the scale balances • Record the weight in pounds. Weight is the sum of both blocks • Scale back to 0 when you're done 	<ul style="list-style-type: none"> • Make sure the patient is not wearing any shoes • Move the lever to the patient's height • Read the height and record it • Round to the nearest inch • Scale back to 5ft when you're done • In room, pull up the measure stick to the height of the patient and push all the way back down when done. 	<ul style="list-style-type: none"> • Put on gloves • Use an alcohol wipe to wipe the mouth piece • Put on a cover slip and turn on the thermometer • Place it gently under the patient's tongue • When it beeps repeatedly, record the temperature • Remove the cover slip and wipe the mouth piece using the same alcohol wipe 	<ul style="list-style-type: none"> • While waiting for the thermometer to beep, use your index and middle finger to find the pulse, which is usually below the base of the thumb • Count the number of pulses for 30 seconds and multiply by 2 • Record the heart rate/ minute 	<ul style="list-style-type: none"> • While waiting for the thermometer to beep and after taking the patient's heart rate, tell the patient you will double check the heart rate using the other arm • Place your fingers on their arm, but count the number of breaths discretely for 30 seconds and multiply by 2 • Record the number of breaths/minute

*Notes: If scale or height is broken do it outside then finish the rest of vitals in room.

Blood Pressure

- Place the cuff around the patient's arm. It is snug if you can put **2 fingers in the cuff**
- Put on the stethoscope with the ear pieces facing **away** from you
- Place the head of the stethoscope at the crease of the arm near the medial (middle) side of the body
- Inflate the cuff to **180 mmHg**
- **Slowly** release the valve and **record the first time you hear a heartbeat and when the heartbeat first disappears.**
- Measure on **both** left and right arm

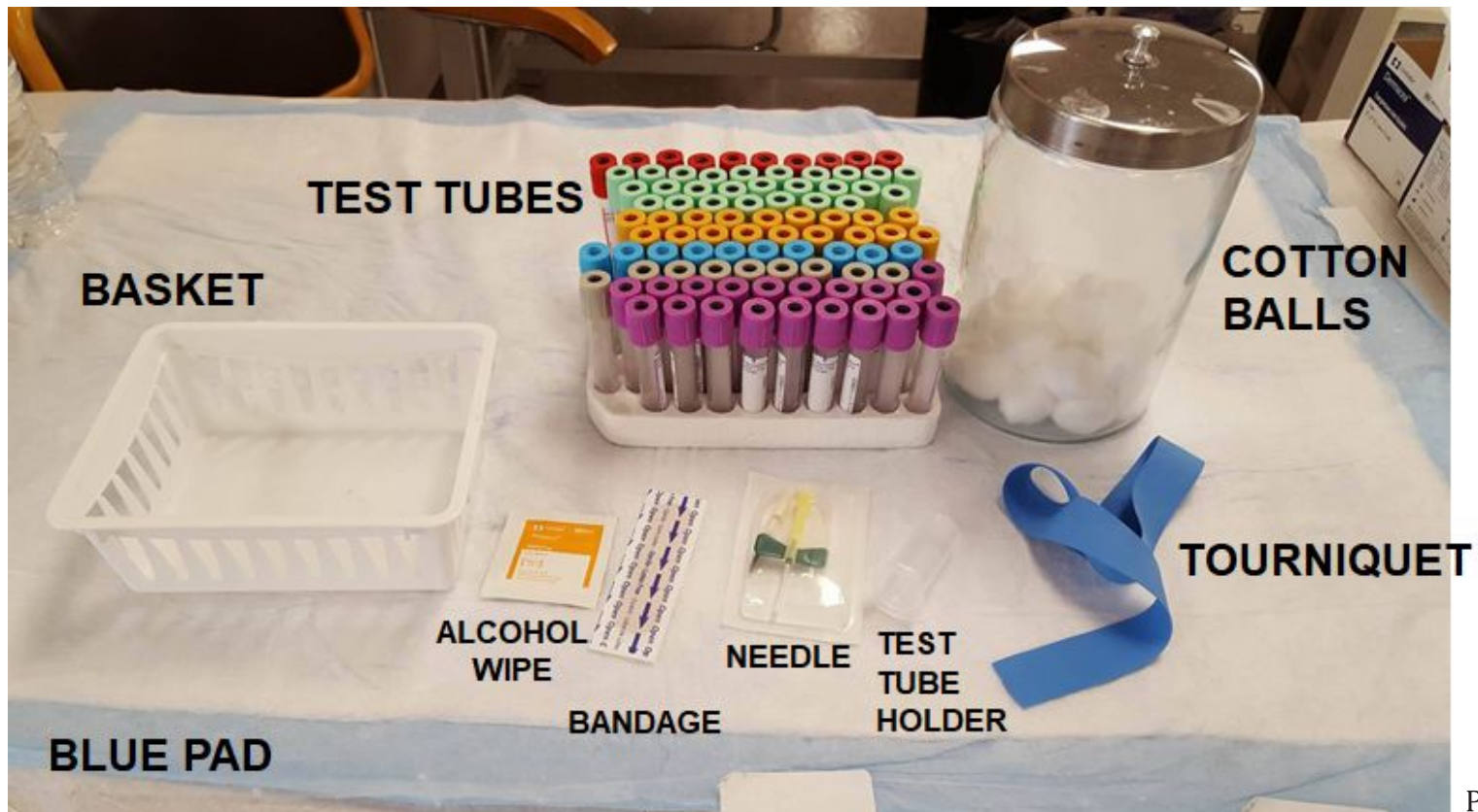
Note for Blood Pressure:

1. Make sure the patient's **feet** are **flat on the ground and he or she sits up straight. (Legs can't be crossed)**
2. Make sure the patient **isn't wearing any tight or heavy clothing**
3. Make sure the patient rests his or her arm at **about heart level** and keeps the **palms facing up**
4. **Never** re-pump the blood pressure knob while measuring blood pressure
5. **Do not** put the whole head of the stethoscope under the cuff

PA Role: Lab Handling

Blood Draw Station Set-Up

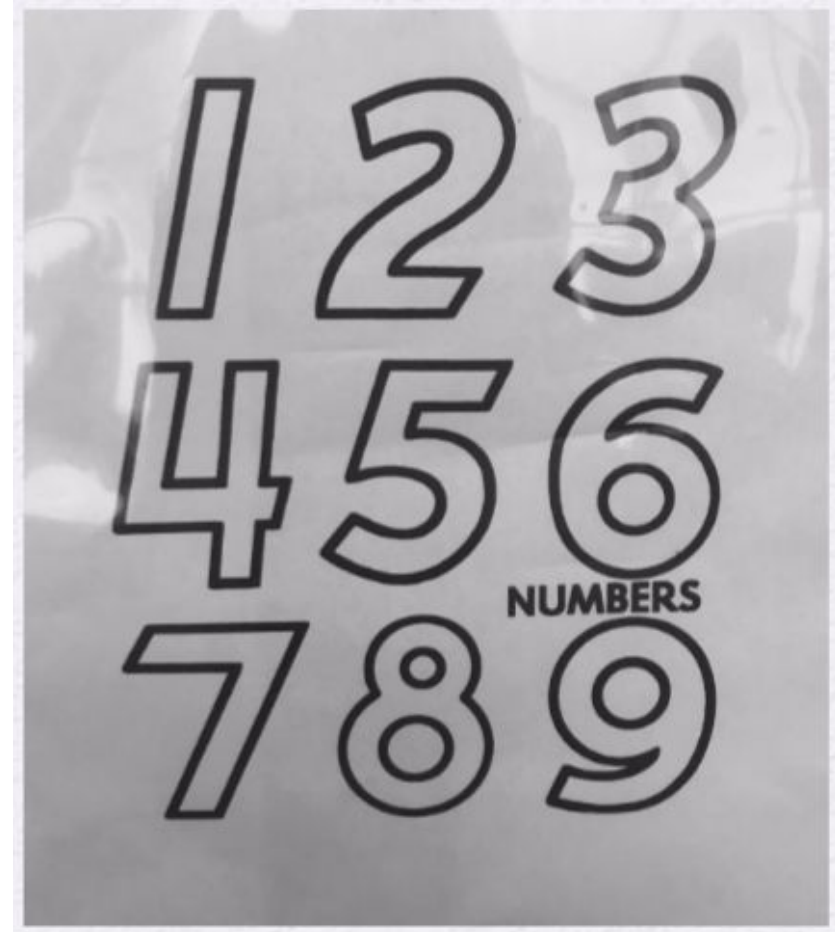
<i>Inside the Basket</i>	<i>On the Table</i>
<ol style="list-style-type: none"> 1. Tourniquet 2. Needle 3. Test tube holder 4. Bandage 5. Alcohol wipe 	<ol style="list-style-type: none"> 1. Blue pad 2. Test tubes 3. Cotton balls



Proper Way to Write Numbers

NOTE: UCDCMC Laboratory services prefer the numbers to be written this way on the lab forms and lab labels.

- **NO** dash on number "7"s OR "Z"s
- **DO NOT** close your "4"s
- **DO** Cap and Tail your "I"s
- **Dates** should be mm/dd/yy
- **The laboratory will NOT read the specimens if the labels are written incorrectly.**



Regular Lab Form

- PAs fill out the areas in the dashed boxes (leave SSN blank)
- Make sure the patient's information matches with the previous lab form
- Any discrepancy in the patient's information (e.g. name, birthdate, etc.) can be noted in the box at the bottom right.
- Write short and concise sentences
- Be mindful to fit everything in the box
- This box is also used to write any additional labs (e.g. HPV, FIT, H. Pylori)

UCDHS Laboratory
12300210

PAUL HOM / ASIAN CLINIC
P. O. Box 72623
Davis, Ca 95817

CLIENT#: 12300210

☐ **STANDING ORDER**
Order Start Date: _____
Order End Date: _____
Frequency: _____
Physician Signature: _____

Referring Physician: **RONALD JAN, MD # C2311**

Critical Values: First call: Ronald Jan, M.D. @ cell#: (916) 207-6898
If there is not a response then **PAGE @ (916) 816-8177** (This is the Clinic Pager)

Patient Last Name: _____ First: _____ MI: _____
Patient SS #: _____ Male ☐ Female ☐ Age: _____ Birthdate: _____
Patient Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____

STAT ☐ **CLINIC** ☐ **FAX:** () _____
BILL TO ☐ Client ☐ Patient ☐ Insurance
Attach Copy (Both sides) of all the Insurance Cards

Diagnosis & ICD Code(s): _____
24 HOUR URINE: Start Date: _____ Time: _____ Finish Date: _____ Time: _____
Patient Weight: _____ Height: _____

TESTS

Fasting	Yes	No	TESTS	TOXICOLOGY	MICROBIOLOGY
<input type="checkbox"/> AFP	<input type="checkbox"/> AFP	<input type="checkbox"/> AFP	<input type="checkbox"/> Hepatic Panel (Bili-Tot, Alkaline Phosph, Protein, Total AST, ALT, Albumin)	<input type="checkbox"/> Acid/Neutral GC Screen	<input type="checkbox"/> MPCTNGS
<input type="checkbox"/> APTT	<input type="checkbox"/> APTT	<input type="checkbox"/> APTT	<input type="checkbox"/> HGB	<input type="checkbox"/> Basic Drug GC Screen	<input type="checkbox"/> GC & Chlamydia Swab
<input type="checkbox"/> AMM	<input type="checkbox"/> AMM	<input type="checkbox"/> AMM	<input type="checkbox"/> LPI	<input type="checkbox"/> Comprehensive Drug Screen (Urine)	<input type="checkbox"/> Chlamydia Trichomonas Swab
<input type="checkbox"/> ANA	<input type="checkbox"/> ANA	<input type="checkbox"/> ANA	<input type="checkbox"/> LPD	<input type="checkbox"/> Lipid Panel (TC, HDL, Trig, and Calc LDL)	<input type="checkbox"/> Neisseria Gonorrhea Swab
<input type="checkbox"/> BNP	<input type="checkbox"/> BNP	<input type="checkbox"/> BNP	<input type="checkbox"/> LPD 2	<input type="checkbox"/> Lipid Panel 2 (Direct LDL, if trig >400)	<input type="checkbox"/> Neisseria Gonorrhea Urine
			<input type="checkbox"/> LH	<input type="checkbox"/> Luteinizing Hormone (LH)	<input type="checkbox"/> Chlamydia Trichomonas Urine
			<input type="checkbox"/> MA	<input type="checkbox"/> Microalbumin Urine, Random	<input type="checkbox"/> MPCTNGU
			<input type="checkbox"/> MONO	<input type="checkbox"/> Mono Screen	<input type="checkbox"/> Bacterial Vaginosis Rapid Test
<input type="checkbox"/> BHCQNT	<input type="checkbox"/> Beta HCG Quant	<input type="checkbox"/> Beta HCG Quant	<input type="checkbox"/> NBIL	<input type="checkbox"/> Neonatal Bilirubin	<input type="checkbox"/> GC & Chlamydia Urine
<input type="checkbox"/> CA125	<input type="checkbox"/> CA 125	<input type="checkbox"/> CA 125	<input type="checkbox"/> K	<input type="checkbox"/> Potassium	<input type="checkbox"/> Screening Group B Strep
<input type="checkbox"/> CBC	<input type="checkbox"/> CBC - No Diff	<input type="checkbox"/> CBC - No Diff	<input type="checkbox"/> PROLAC	<input type="checkbox"/> Prolactin	<input type="checkbox"/> Rectovaginal / OB pt 5 only
<input type="checkbox"/> CK	<input type="checkbox"/> CK - W / Diff	<input type="checkbox"/> CK - W / Diff	<input type="checkbox"/> PSA	<input type="checkbox"/> Prostate Specific Antigen Monitor	<input type="checkbox"/> Culture, Beta Strep Group A
<input type="checkbox"/> CA	<input type="checkbox"/> CK, Total	<input type="checkbox"/> CK, Total		<input type="checkbox"/> Prostate Specific Antigen Screen	<input type="checkbox"/> Throat only
<input type="checkbox"/> CMP	<input type="checkbox"/> Calcium	<input type="checkbox"/> Calcium		<input type="checkbox"/> TFCLO	<input type="checkbox"/> Culture, routine Bacteriology
	<input type="checkbox"/> Comprehensive Metabolic Panel	<input type="checkbox"/> Comprehensive Metabolic Panel		<input type="checkbox"/> TLDB	<input type="checkbox"/> Culture, routine
	(Glucose, BUN, Creatinine, Sodium, K, Chloride, CO2, Calcium, Protein, Albumin, Bili-Tot, ALP, AST, ALT)	(Glucose, BUN, Creatinine, Sodium, K, Chloride, CO2, Calcium, Protein, Albumin, Bili-Tot, ALP, AST, ALT)		<input type="checkbox"/> TLI	<input type="checkbox"/> Culture, Fungal
<input type="checkbox"/> CR	<input type="checkbox"/> Creatinine, Blood	<input type="checkbox"/> Creatinine, Blood		<input type="checkbox"/> TMXT	<input type="checkbox"/> Culture, Stool (sal, shig, campy) or other enteric pathogen
<input type="checkbox"/> CC	<input type="checkbox"/> Creatinine Clearance	<input type="checkbox"/> Creatinine Clearance		<input type="checkbox"/> TPHENO	<input type="checkbox"/> (specify) _____
	MUST also order Blood Creatinine	MUST also order Blood Creatinine		<input type="checkbox"/> TDHP	<input type="checkbox"/> Cryptosporidium & Giardia only
<input type="checkbox"/> ES	<input type="checkbox"/> Estradiol	<input type="checkbox"/> Estradiol		<input type="checkbox"/> TVPA	<input type="checkbox"/> O & P Stool, routine x
<input type="checkbox"/> FER	<input type="checkbox"/> Ferritin	<input type="checkbox"/> Ferritin			<input type="checkbox"/> CDOT
<input type="checkbox"/> FOL	<input type="checkbox"/> Folate	<input type="checkbox"/> Folate			<input type="checkbox"/> Clostridium Difficile Toxin
<input type="checkbox"/> FSH	<input type="checkbox"/> Follicle Stimulating Hormone (FSH)	<input type="checkbox"/> Follicle Stimulating Hormone (FSH)			<input type="checkbox"/> Fresh Stool
<input type="checkbox"/> G	<input type="checkbox"/> Glucose	<input type="checkbox"/> Glucose			<input type="checkbox"/> Culture, Other (specify) _____
<input type="checkbox"/> GTT	<input type="checkbox"/> Glucose Tolerance Panel, Outpatient	<input type="checkbox"/> Glucose Tolerance Panel, Outpatient			<input type="checkbox"/> Acid Fast Smear
	<input type="checkbox"/> Glucose Tolerance Panel, Pregnant	<input type="checkbox"/> Glucose Tolerance Panel, Pregnant			<input type="checkbox"/> Culture, HSV only
<input type="checkbox"/> HIVS	<input type="checkbox"/> HIV Antibody Screen	<input type="checkbox"/> HIV Antibody Screen			<input type="checkbox"/> Culture, routine Viral
<input type="checkbox"/> THOM	<input type="checkbox"/> Homocysteine	<input type="checkbox"/> Homocysteine			<input type="checkbox"/> Viral EIA/Immunofluorescence
<input type="checkbox"/> HGBA1C	<input type="checkbox"/> Hemoglobin A1C	<input type="checkbox"/> Hemoglobin A1C			Agents: _____
<input type="checkbox"/> HEPPAN	<input type="checkbox"/> Hepatitis Acute Panel (HBsAg, Anti-HCV, Anti-HAVIgM)	<input type="checkbox"/> Hepatitis Acute Panel (HBsAg, Anti-HCV, Anti-HAVIgM)			
<input type="checkbox"/> AUSAB	<input type="checkbox"/> Hepatitis B Surface Antibody	<input type="checkbox"/> Hepatitis B Surface Antibody			
<input type="checkbox"/> HAVAB	<input type="checkbox"/> Hepatitis A Ab, Total	<input type="checkbox"/> Hepatitis A Ab, Total			
<input type="checkbox"/> HAVABM	<input type="checkbox"/> Hepatitis A Ab, IgM	<input type="checkbox"/> Hepatitis A Ab, IgM			
<input type="checkbox"/> HBsAg	<input type="checkbox"/> Hepatitis B Surface Antigen	<input type="checkbox"/> Hepatitis B Surface Antigen			
<input type="checkbox"/> HCV	<input type="checkbox"/> Hepatitis C Antibody Screen	<input type="checkbox"/> Hepatitis C Antibody Screen			
<input type="checkbox"/> HEPCLO	<input type="checkbox"/> Hepatitis C Viral Load	<input type="checkbox"/> Hepatitis C Viral Load			

ADDITIONAL TEST(S) & COMMENT

6817 (4/14) ORIGINAL - FORWARD TO CLIENT SERVICES 916-734-7373 1-800-551-9511 Lydia P. Howell, M.D., Director

Lab form or also called "Requisition" Form

Lab Handling: Filling out Lab Forms/Labels

1. **Wear gloves on non-dominant hand only**
 1. **DON'T WEAR GLOVES INSIDE THE PRECEPTOR ROOM, BREAK ROOM, & PATIENT WAITING AREA**
2. Obtain and fill out the lab form in **capitalized letters** while the blood is drawn. **(PATIENT INFORMATION MUST MATCH THE INFORMATION ON PREVIOUS LAB RESULTS)** and **LEAVE SSN BLANK.**
3. Label the test tubes and **gently** invert each sample **~7-8 times** (**If the MS/RN has not inverted yet**)
4. Make sure the **MS/MD/RN** initials the lab form.
5. Confirm if there are any **time/temperature sensitive labs**
6. Put the samples in a **bio-hazard bag** with the lab form folded in fours and the **chart number** facing away from the lab samples

Note:

- Use the new lab label maker at the lab log-out station
 - Give the lab log out team the filled out lab form and the patient's chart with all the needed information
 - Clarify how many lab labels need to be printed
- If it doesn't work/not there, then follow the usual labeling protocol below:
 - Make sure **fasting** YES or NO is circled
 - Make sure all information is accurate
 - Patient's **name** in lab form must match all labels (Write in patient's **middle initial only**)
 - **DO NOT PUT SSN ON LAB LABELS.**
 - Write dates as **MM/DD/YY**
 - If any of the patient's information from the previous lab result doesn't match the one on the patient's visit sheet or patient information sheet, write the old info that is on the previous lab results in the lab form and write the new/correct information in the "additional comment" box.

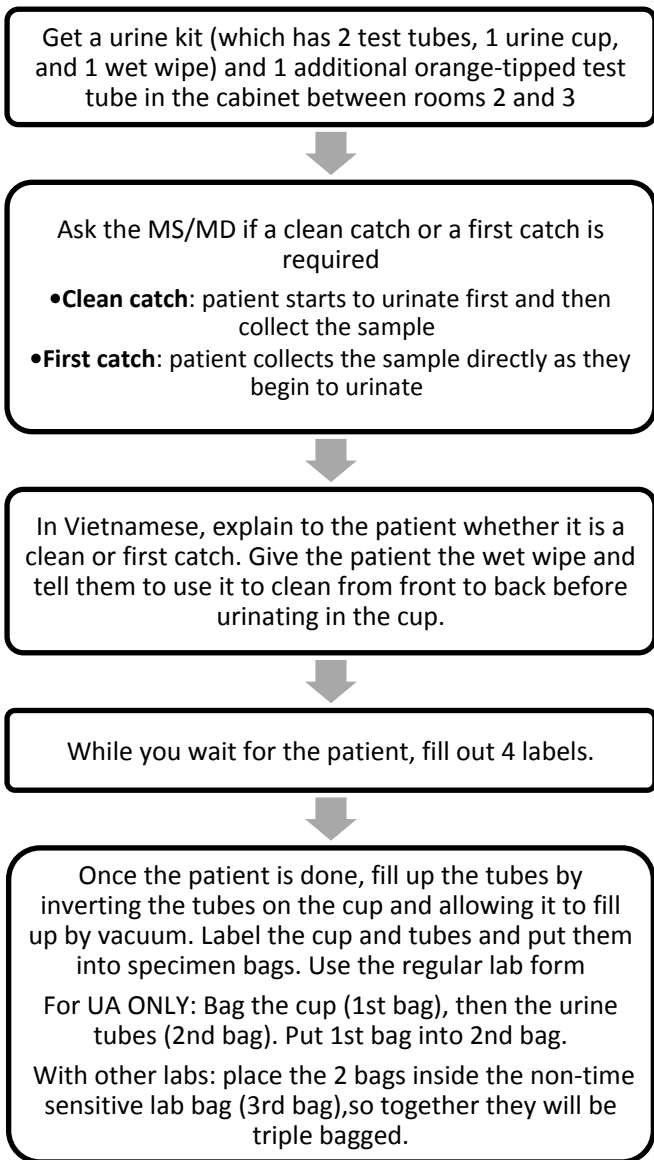
Name _____ Chart _____	Name _____ Chart _____
SSN _____ DOB _____	SSN _____ DOB _____
Fasting Y N Date _____ Time _____	Fasting Y N Date _____ Time _____
Name _____ Chart _____	Name _____ Chart _____
SSN _____ DOB _____	SSN _____ DOB _____
Fasting Y N Date _____ Time _____	Fasting Y N Date _____ Time _____
Name _____ Chart _____	Name _____ Chart _____
SSN _____ DOB _____	SSN _____ DOB _____
Fasting Y N Date _____ Time _____	Fasting Y N Date _____ Time _____

Time-Sensitive Labs

1. All time-sensitive and non-time sensitive tests can be placed in the same bag with the **same lab form** if they are stored in the **same location**.
2. Follow the same lab and lab log-out procedure.
3. After log-out, notify the MS CoD and the UG CoD of the day.
4. Write on the white board the patient chart number, type of test, time of collection, your first name and your last name initial.

<i>How to Store</i>	<i>Labs</i>
<i>Time Sensitive and Temperature Sensitive:</i> Refrigerate and between ice	HBV & HCV Viral Load H. Pylori Rheumatoid Factors
<i>Time Sensitive and Temperature Sensitive:</i> Room Temperature	Hep C Genotype
<i>Time Sensitive:</i> Refrigerate	PTT ESR Total Iron Serum (Green Cap) Transferrin Ferritin
<i>Temperature Sensitive:</i> Room temperature	PT/INR

Urine Analysis



*****Handle urine samples at the sink and wear gloves on BOTH HANDS*****

PA Role: Blood Draw Protocol

GREEN, Quarter Sized Lab Referral Slip

Lab Referral Slip for Paul Hom Asian Clinic

Today's Date: ____ / ____ / ____

Patient's Name: _____

Chart #: _____

Referral for (check all that apply)

- ☐ Blood draw (please specify tests): _____
- ☐ Urine Test

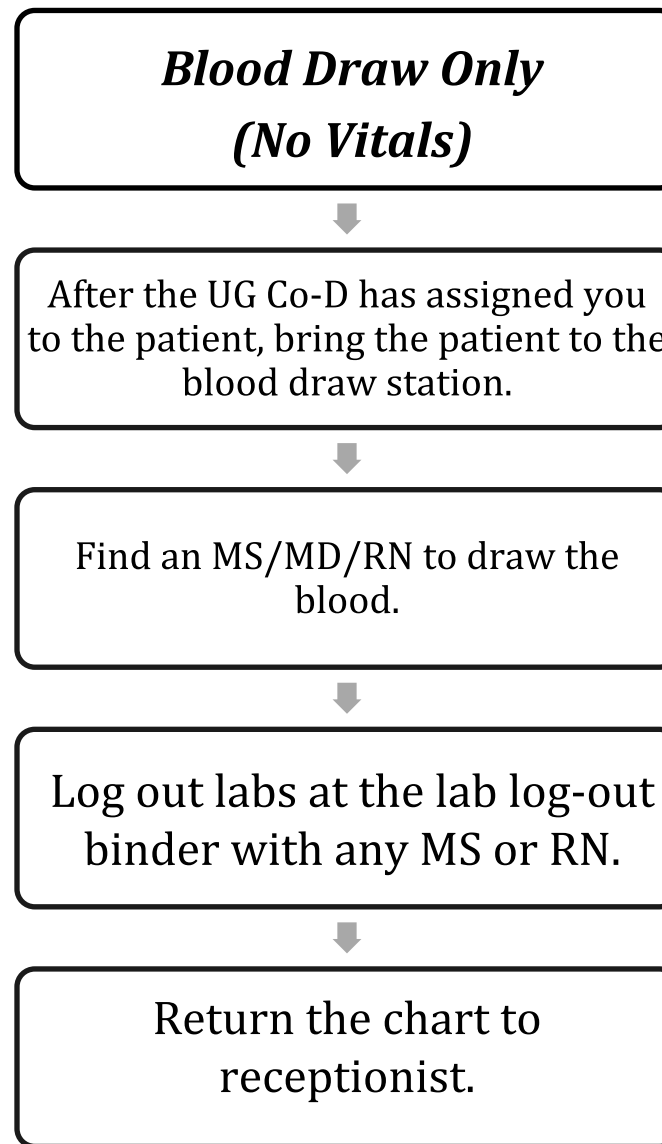
Is FASTING required? ☐ Yes ☐ No

Referral Time Period

- ☐ 1 week
- ☐ 6 months
- ☐ Other (specify): _____

Referring MS or MD (print name): _____

DONE



- Note: **SOME (not all)** Patient will bring this in order to do blood draw only. When done, write "DONE" across the slip and STAPLE to the problem sheet of the day

Diabetes Tracking sheet

- If patient gets a blood glucose blood draw (HbA1c), **TAKE THEIR WEIGHT** and update the blue diabetes tracking sheet.
- Make sure to also fill out the patient info in the top left corner.
- Patient typically will need to draw for HbA1C every 3-6 months

Patient Name _____
Chart # _____
Height: _____

LAB TRACKING SHEET

HbA1c:
≤ 5.6: Normal
5.7-6.4: Pre-diabetes
≥ 6.5: Diabetes

Date	Wt	DM maintenance				Lipid Panel				Notes for eye exam, foot exam, etc. Ex. Eye exam done on 3/5
		HbA1c	Albumin: Creatinine ratio	Creatinine	DM Medications + dose Ex. Metformin 500 mg bid	Tot. Chol	HDL	LDL	TG	

MEDICAL STUDENTS: Please ask Diabetes CoDs for DM checklists.

Last updated 4/18/18

Lab Log-Out Protocol

Lab Log-Out Form: After labs are bagged and labeled, and lab form is filled, head over to the lab log out station

If your patient has any of the following labs, please place a checkmark in the "HEP" column

List of HEP Labs: HepBsAg | HepBsAb | HepB core total Ab

HBV VLD | HCV VLD | CMP | AFP | CBC | HbA1C | HepBeAg | HepBeAb

DPU: Didn't pick up

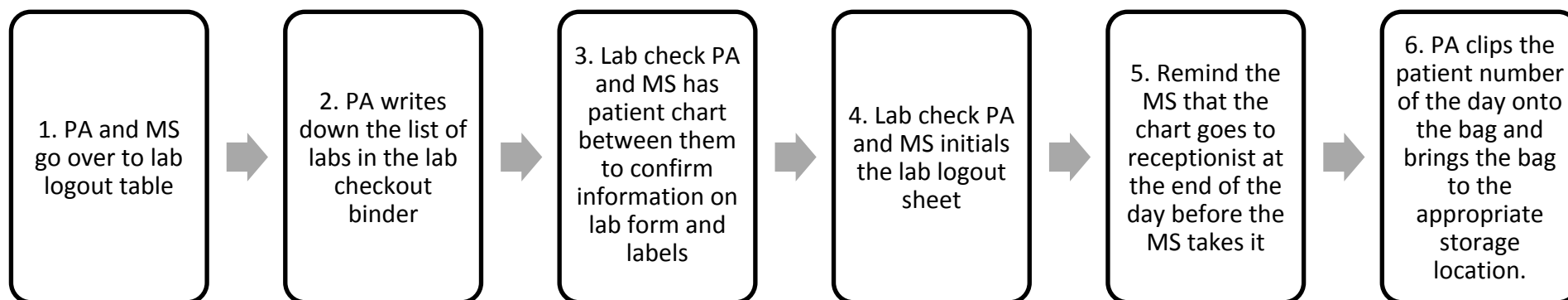
WN: wrong number

LV: Left Voicemail

OOS: out of service

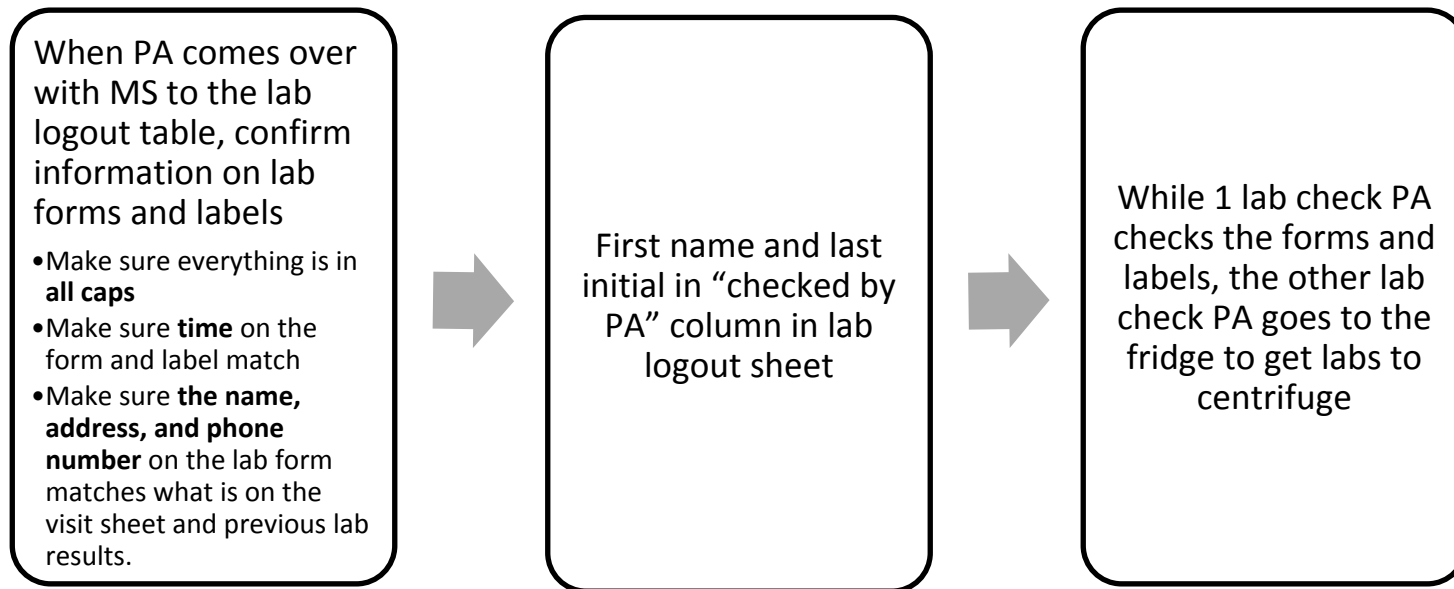
RD = Results Delivered

Date	Patient # of Day	Patient Chart #	Last Name, First Name	PA MS/MD/RN (Initials)	List of Labs	HEP	Lab Checkout		Lab Call	
							1st Check PA (Initials)	2nd Check MS/MD/RN (Initials)	Week 1	Week 2
									AM	AM
									PM	PM



At Lab Logout:

- Fill out the lab log out sheet and give the lab to the lab logout team.; then clip the lab bags with the clip number correlating to the patient number of the day.
- Remind the MS to return the chart to receptionist before they take it.
- Give the labs to Lab Log-out Team to centrifuge it (if applicable)



Centrifuge protocol

1. Place test tube into plastic red test tube holder
 - If patient has an odd # of test tubes, fill up another test tube with an approximate amount of water
 - **Do not spin CBC or Prothrombin or purple or blue test tubes**
 - Spin only one patient's test tubes at a time to avoid mixing the tubes and the forms
2. Push "open/start" button and open the lid
3. Place the red test tube holder into the centrifuge symmetrically
4. Close lid and turn the knob until the "latched" button is on
5. Press the "Start" button (centrifuge is already pre-set for 10 min at 3300 rpm)
6. Gently slide out the test tube to prevent mixing (if test tubes are difficult to slide out, use metal clamps to lightly pull up caps. Be careful not to crack the test tubes by pressing metal clamps too tightly)
7. Gently put tubes back into bag and back into the fridge

Lab Calls

Whenever you are not with a patient between, do lab calls. Interpreted lab results can be found on the lab call counter

NOTE: Do lab calls twice a day: one in the morning (around 8:30AM-12PM), and one in the afternoon (after 12PM).

Make sure the patient has signed their medical release (consent) form before calling. If it is signed, proceed to call the patient.

PLEASE TRY YOUR BEST TO REACH THE PATIENT! (try all numbers you can find)

Yes, the patient picks up

- Follow the script: *"Hello, this is (your name) from VN CARES/PHAC, a free clinic on Folsom Blvd. May I please speak with (patient's name)"* and confirm their birthdate and phone number.
 - "Can you tell me your birthday?"
 - "Can you tell me your phone number?"
- Then, inform the patient of the doctor's interpretation.
- After telling the patient of their results, write on both the lab results and lab log-out binder: **results delivered, date, time, first name and last initial**
- Place chart in the diabetes box

No (first week), the patient doesn't pick up: Leave 1 voice mail **ONLY in the 2nd call.**

- Leave a voicemail using the script: *"Hello, this is (your name) from VN CARES/PHAC, a free clinic on Folsom Blvd. I want to let (patient name) know that we have the lab results from (date of lab). **We will try to call you again next week.** You can also give us a call back at (916)542-2737."*
- Write on the lab result: **left a voicemail or not available (explain why they did not pick up i.e. phone disconnected), date, time, first name and last initial.** Log out the first call in the lab log out binder.
- Place chart back in correct language pile on lab call counter.

No (second week), the patient doesn't pick up: Leave 1 voice mail in the 3rd call and 1 voice mail in the 4th call

- Leave a voicemail using the script: *"Hello, this is (your name) from VN CARES/PHAC, a free clinic on Folsom Blvd. I want to let (patient's name) know that we have the results from (date of lab). Please call us back at (916)542-2737."*
 - Leave voicemail in the AM (if PT did not pick up) and PM of second week
- Write on the lab result and in the lab log-out binder: **left a voicemail or not available (explain situation i.e. invalid number), date, time, first name and last initial**
- Place chart in the "For UG's to Review" metal bin the Lab Call Table
 - the UGs will take care of those hard-to-call labs

Lab Call with Hepatitis Result

When you deliver hepatitis screening results, please read from a letter template to the patient over the phone.

-

Purpose: to standardize the explanation of screening labs patients receive in order to be accurate as possible.

-

When you are doing a lab call that has Hep screening results, please find a Hep Co-D for their assistance:

- You will be given a script/letter to read off of to deliver the results.
- After results are delivered,
 - (1) Depend on the Hepatitis status of the patient, you will be directed by the Hep Co-D to make a photocopy of the script/letter.
 - (2) You will put it in an envelope, add a stamp, and hand it over to a Hep Co-D to be mailed.

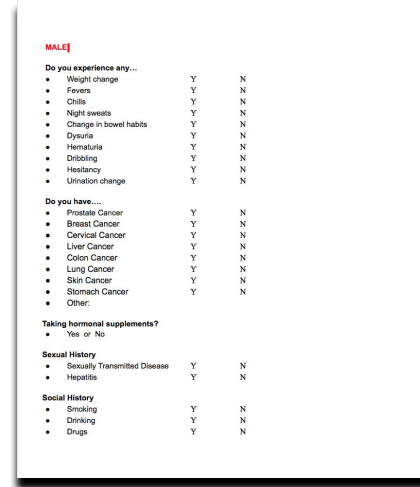
Sunday Cancer Screening Clinic

VN CARES Clinical Managers

- Natalie Nguyen
- Christina Trinh
- Khoi Nguyen

Different PA Roles

- Greeter
- Receptionist Assistant (Same as Saturday)
- CoD Assistant
- Patient Advocate (PA)
 - Vitals (Same as Saturday)
 - Translation
 - Lab
- Floater
- Lab Logout Team



MALE

Do you experience any...

• Weight change	Y	N
• Fevers	Y	N
• Chills	Y	N
• Night sweats	Y	N
• Change in bowel habits	Y	N
• Dysuria	Y	N
• Hematuria	Y	N
• Dribbling	Y	N
• Hesitancy	Y	N
• Urination change	Y	N

Do you have....

• Prostate Cancer	Y	N
• Breast Cancer	Y	N
• Cervical Cancer	Y	N
• Liver Cancer	Y	N
• Colon Cancer	Y	N
• Lung Cancer	Y	N
• Skin Cancer	Y	N
• Stomach Cancer	Y	N
• Other:		

Taking hormonal supplements?

- Yes or No

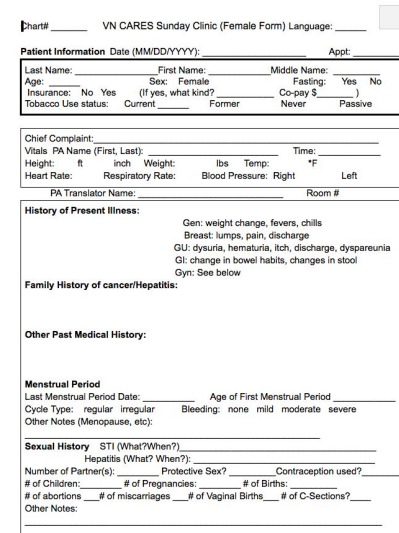
Sexual History

- Sexually Transmitted Disease Y N
- Hepatitis Y N

Social History

- Smoking Y N
- Drinking Y N
- Drugs Y N

Sunday Pre-Cancer Screening Questionnaire



Chart# _____ VN CARES Sunday Clinic (Female Form) Language: _____

Patient Information Date (MM/DD/YYYY): _____ Appt: _____

Last Name: _____ First Name: _____ Middle Name: _____
 Age: _____ Sex: Female Fasting: Yes No
 Insurance: No Yes (If yes, what kind? Co-pay \$ _____)
 Tobacco Use status: Current _____ Former _____ Never _____ Passive _____

Chief Complaint: _____
 Vitals PA Name (First, Last): _____ Time: _____
 Height: ft inch Weight: lbs Temp: *F
 Heart Rate: Respiratory Rate: Blood Pressure: Right Left
 PA Translator Name: _____ Room # _____

History of Present Illness: _____
 Gen: weight change, fevers, chills
 Breast: lumps, pain, discharge
 GU: dysuria, hematuria, itch, discharge, dyspareunia
 GI: change in bowel habits, changes in stool
 Gyn: See below

Family History of cancer/Hepatitis: _____


Other Past Medical History: _____

Menstrual Period
 Last Menstrual Period Date: _____ Age of First Menstrual Period: _____
 Cycle Type: regular irregular Bleeding: none mild moderate severe
 Other Notes (Menopause, etc): _____


Sexual History STI (What? When?): _____
 Hepatitis (What? When?): _____
 Number of Partner(s): _____ Protective Sex? _____ Contraception used? _____
 # of Children: _____ # of Pregnancies: _____ # of Births: _____
 # of abortions _____ # of miscarriages _____ # of Vaginal Births _____ # of C-Sections? _____
 Other Notes: _____

Sunday Problem Sheet

Sunday Clinic Flow




After the CoD assigns you (PA) to a patient, call the patient by the patient # of the day and verify their name, birthday, phone number, and address. Write your name under PA vital.




Do Vitals (do vitals for patients in the room unless told otherwise)



Logout vitals with UG Co-Ds. If patient still has Cancer Screening questionnaire, also return it to UG CoD.



Then return to the room with the patient. If your patient has not been assigned to a room, tell the patient to wait in the waiting room.



When UG has given you the patient's chart and has assigned you (PA) and a patient to a room, bring the patient to the room and then return the chart to UG CoD. Write your name under PA translator.



Go back to the room with the patient for translation. Complete all committee checklist. Inform the patient to urinate **after the Ms leaves and right before changing into gown and drape for physical exam**. Once done, tell the floater that you are done with the room.



Do labs/ lab log-out and med refill if needed. Remember to update IMI card as needed.



Remind MS that chart goes to **lab log-out** at the end of the day

Cancer Screening Requirements

Please memorize the cancer screening requirements for recruiting patients at both clinic and public relation events.

Screenings

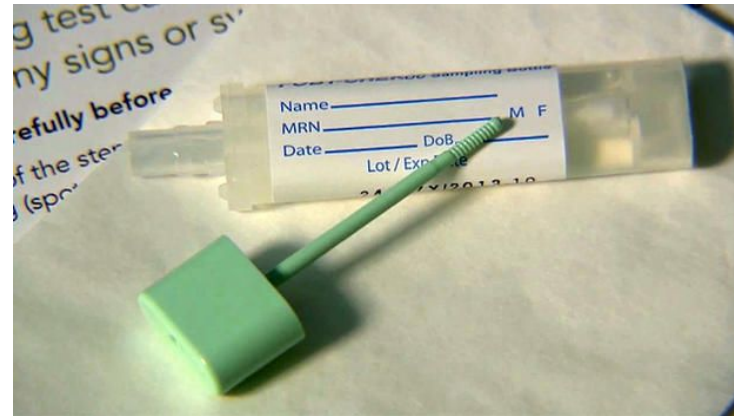
	Exam	Ages	Frequency
Male:	Prostate Cancer <ul style="list-style-type: none"> Prostate Specific Antigen <ul style="list-style-type: none"> (PSA-Blood Test) Digital Rectal Exam <ul style="list-style-type: none"> (DRE-Physical Exam) 	50+	Every 2 years
Female:	Breast Cancer <ul style="list-style-type: none"> Clinical Breast Exam <ul style="list-style-type: none"> (CBE-Physical Exam) Mammogram Cervical Cancer <ul style="list-style-type: none"> Pap Smear HPV NOTE: 21-29 years old are not eligible for co-testing	CBE - 40+ Mammogram - 40+ Pap Smear – 21 (or if sexually active) to 29 HPV and Pap smear- 30 to 65 years old	Every 2 Years Every 3 Years Every 5 years (if in a monogamous relationship, and last Pap smear and HPV results are negative)
Everyone:	Liver Cancer <p>Hepatitis B Screening (Blood test)</p> <ul style="list-style-type: none"> Hepatitis B Surface Antigen (Hep B sAg) Hep B Surface Antibody (Hep B sAb) Hep B Core Total (Hep Bc Ab TOT) Colon Cancer <ul style="list-style-type: none"> Fecal Immunochemical Test (FIT- take home and mail back) 	Hep B - All Ages FIT - 50+ (Female) FIT - 45+ (Male)	Once in lifetime Every year

Greeter and CoD Assistant

Greeter	Co-D Assistant
<ol style="list-style-type: none"> 1. Greet the patient in their respective language 2. Check the patient's appointment time on the appointment sheet given to you at the beginning of the day. Call the patient 15-30 minutes before the appointment time to remind them 3. Give the patient the "number of the day" 4. If a patient doesn't show up after 15 minutes, call to remind them. 5. After 30 minutes pass and the patient doesn't show up, call the patient 1 more time 6. Update the receptionist and Co-D with the number of the day, no-shows, and cancellations 	<ol style="list-style-type: none"> 1. Chooses and announces the "word of the day" at morning meeting 2. Helps and does as the CoD asks 3. Finds MS, preceptors, and PAs 4. Retrieves chart from the PA and places them in the racks 5. Checks rooms and PAs to ensure clinic flow 6. Fills out the clinic tracking sheet

FIT-kit (Fecal Immunochemical Test)

- Fill out the **lab form** with all the information as you would do so for a normal blood draw. No need for a signature/initial in the box (since RN/MD/MS is not drawing blood). In the bottom right corner, in the comments section, write **“Fecal Immunochemical Test.”**



- Remind the patient to fill in the **time and date** on the lab label **AND** the lab form.
- You the PA obtain a printed label and stick it to the test tube.

- Obtain **sample FIT kit** and explain procedure (in Vietnamese or English) to patients (instructions in next slide). Grab instruction sheet in the language needed.

- Notify the patient that the results will be sent to clinic and we will call them when the results are in.

UCDHS Laboratory
PAUL HOM / ASIAN CLINIC
P. O. Box 72623
Davis, Ca 95817
CLIENT#: 12300210

☐ **STANDING ORDER**
Order Start Date: _____
Order End Date: _____
Frequency: _____
Physician Signature: _____

Referring Physician: **RONALD JAN, MD # C2311**

Critical Values: First call: Ronald Jan, M.D. @ cell#: (916) 207-6898
If there is not a response then PAGE @ (916) 816-8177 (This is the Clinic Pager)

Patient Last Name: _____ First: _____ MI: _____
Patient SS #: _____
Patient Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____

Medical Record or Patient ID # or Specimen #: _____ DATE/TIME COLLECTED: _____ INITIALS: _____
STAT: ☐ PHONE: () _____
FAX: () _____
BILL TO: ☐ Client ☐ Patient ☐ Insurance
Attach Copy (Both sides) of all the Insurance Cards

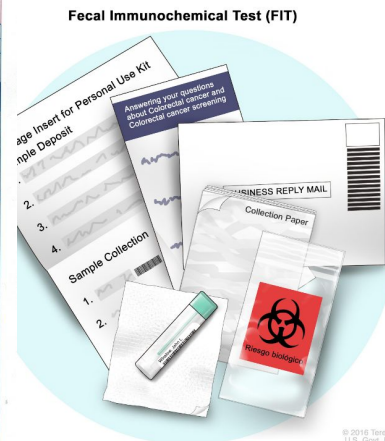
Diagnosis & ICD Code(s): _____ Medicare and Medi-Cal will pay only for tests that meet the Medicare and Medi-Cal coverage criteria and are reasonable and necessary to treat or diagnose an individual patient.

24 HOUR URINE: Start Date: _____ Time: _____ Finish Date: _____ Time: _____
Patient Weight: _____ Height: _____

TESTS	TOXICOLOGY	MICROBIOLOGY
Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No TS <input type="checkbox"/> ABO, Rh, Antibody Screen APTT <input type="checkbox"/> APTT AMM <input type="checkbox"/> Ammonia ANA <input type="checkbox"/> Antinuclear Antibody BMP <input type="checkbox"/> Basic Metabolic Panel (Glucose, BUN, Creatinine, Sodium, Potassium, Chloride, CO2, Calcium) BUN/CREAT <input type="checkbox"/> BUN, Creatinine, Sodium, Potassium, Chloride, CO2, Calcium CA125 <input type="checkbox"/> CA 125 BC <input type="checkbox"/> CBC - No Diff CBC <input type="checkbox"/> CBC - W Diff CK <input type="checkbox"/> CK, Total CA <input type="checkbox"/> Calcium CMP <input type="checkbox"/> Comprehensive Metabolic Panel (Glucose, BUN, Creatinine, Sodium, Potassium, Chloride, CO2, Calcium, Protein, Albumin, Bilirubin, Total ALP, AST, ALT) CR <input type="checkbox"/> Creatinine, Blood CC <input type="checkbox"/> Creatinine Clearance ES <input type="checkbox"/> Estradiol FER <input type="checkbox"/> Ferritin FOL <input type="checkbox"/> Folate FSH <input type="checkbox"/> Follicle Stimulating Hormone (FSH) G <input type="checkbox"/> Glucose GTT <input type="checkbox"/> Glucose Tolerance Panel, Outpatient HVS <input type="checkbox"/> HIV Antibody Screen THOM <input type="checkbox"/> Homocysteine HGBA1C <input type="checkbox"/> Hemoglobin A1C HEPPAN <input type="checkbox"/> Hepatitis Acute Panel (HbSag, Anti-HCV, Anti-HIV1/2) AUSAB <input type="checkbox"/> Hepatitis B Surface Antibody HAVAB <input type="checkbox"/> Hepatitis A Ab, Total HAVABM <input type="checkbox"/> Hepatitis A Ab, IgM HBsAG <input type="checkbox"/> Hepatitis B Surface Antigen HCV <input type="checkbox"/> Hepatitis C Antibody Screen HEPCLO <input type="checkbox"/> Hepatitis C Viral Load HEP <input type="checkbox"/> Hepatitis Panel (Bil. 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Additional Test(s) & Comments: _____

Fecal Immunochemical Test



English FIT-kit instructions

- Put wax paper in an empty toilet
- Deposit fecal matter onto the wax paper.
 - Wax paper is flushable
- Open the sample tube and use the tip of the stick to obtain fecal sample (Make sure you sample at multiple places)
 - Cap back the tube sample lid – you will hear a “click”
- Write the date and time on the test **tube label** and **lab** form
- Wrap the sample tube and place sample tube into biohazard bag. Glue the envelope.
- Mail in the sample **WITH** the lab form. (the envelope is prepaid and ready to be sent to the lab)

Vietnamese FIT-kit instructions

- Để tờ giấy sáp trên nước của bồn cầu
- Đi cầu bình thường
 - Lưu ý rằng là cô/bác có thể dội tờ giấy sáp được
- Mở ống nghiệm ra và dùng đầu của ống nghiệm để chích vào nhiều chỗ khác nhau trên mẫu phân [OBJ].
 - Cô hoặc bác hãy đóng nắp của cái thẻ lại và sẽ nghe được cái “cụp”
- Cô hoặc bác nhớ ghi ngày và giờ trên **ống nghiệm** và **mẫu đơn xét nghiệm**
- Bọc ống nghiệm, cho ống nghiệm vào bì “biohazard” Và bỏ vào bì thư rồi dán lại
- Khi xong cô hoặc bác nhớ la **bỏ thẻ thử nghiệm và mẫu đơn xét nghiệm** vào bì thư và gửi đi
 - Cô/ hoặc bác không cần dán tem vì phòng mặt đã trả tiền tem rồi a.

Helicobacter Pylori (H. Pylori)

Time-Sensitive (2-4 hours)

Temperature-Sensitive (ICE)

Materials: Biohazard bag, sample cup (green/white top), label, general lab form

First Week

PATIENT ADVOCATE Instructions

- Complete a lab label with patient information and leave date/time blank
- Complete the general lab form and leave date/time blank
 - **You don't need to fill out MS/MD initials or Fasting**
- Put label on sample cup.
- Place lab form in the biohazard bag pocket.

Patient Instructions

- Once you finish your bowel movement, place some of the stool at least to the **60 line** of the sample cup.
- Write the **time/date** on the label of the sample cup and place in the biohazard bag
- Complete the general lab form by putting the **time/date** you took your bowel movement.
- Place sample into the freezer or with ice.
- Return to the clinic within **5 days of bowel movement with ice to drop off.**

How to Log Out First Week:

1

Put "H. PYLORI" with a 1 in a circle next to it.
Tell the receptionist that is "Done with
NO LAB"

Second Week

PATIENT ADVOCATE Instructions

- Once UG assigned you the patient, **put on gloves**, before confirming patient.
- Obtain sample from patient and place by the sink near Room 2.
- Confirm both label and lab form are completed and are **within 5 days!**
- Notify UG Co-D of time sensitive lab
- Notify MS Co-D of time sensitive lab
- Write on the Time-Sensitive Board

Patient Instructions

- Tell patient to wait in the waiting room while PA confirms all the labels are correct and completed.
- Once you confirm everything is correct, you can tell them to leave after lab checkout PA has checked as well.
- We will call them back for their results.

How to Log Out Drop-off:

2

Put "H. PYLORI" with a 2 in a circle next to it.
Tell the receptionist that is "Done with LAB"

Helicobacter Pylori (H. Pylori)

- **PATIENT NEEDS TO FILL OUT THE DATE/TIME COLLECTED BOX.**
- **No need for “FASTING” box.**
- **No need for MS/MD/RN initials as well.**

Write “H. PYLORI” in additional comments.

UCDHS
Laboratory



PAUL HOM / ASIAN CLINIC

P. O. Box 72623
Davis, Ca 95817

CLIENT#: 12300210

☐ **STANDING ORDER**

Order Start Date: _____

Order End Date: _____

Frequency: _____

Physician Signature: _____

Referring Physician: RONALD JAN, MD # C2311														
Critical Values: First call: Ronald Jan, M.D. @ cell#: (916) 207-6898 If there is not a response then PAGE @ (916) 816-8177 (This is the Clinic Pager)														
Patient Last Name LEE	First PING PING	MI 	Medical Record or Patient ID # or Specimen # PATIENT											
Patient SS # 	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Age 56	Birthdate 06/11/1962	<input type="checkbox"/> STAT <input type="checkbox"/> PHONE: () <input type="checkbox"/> FAX: ()											
Patient Address 1234 FOLSOM BOULEVARD			<input type="checkbox"/> BILL TO → <input type="checkbox"/> Client <input type="checkbox"/> Patient <input type="checkbox"/> Insurance											
City SACRAMENTO	State CA	Zip 95838	Phone # 123-456-7890											
Attach Copy (Both sides) of all the Insurance Cards														
Diagnosis & ICD Code(s): 24 HOUR URINE: Start Date: Time: Finish Date: Time: Patient Weight: Height:			Medicare and Medi-Cal will pay only for tests that meet the Medicare and Medi-Cal coverage criteria and are reasonable and necessary to treat or diagnose an individual patient											
<table border="1"> <thead> <tr> <th colspan="2">TESTS</th> <th colspan="2">TOXICOLOGY</th> <th colspan="2">MICROBIOLOGY</th> </tr> </thead> <tbody> <tr> <td>Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td> TS <input type="checkbox"/> ABO, Rh, Antibody Screen APTT <input type="checkbox"/> APTT AMM <input type="checkbox"/> Ammonia ANA <input type="checkbox"/> Antinuclear Antibody BMP <input type="checkbox"/> Basic Metabolic Panel (Glucose, BUN, Creatinine, Sodium, Potassium, Chloride, CO₂, Calcium) BHCGONT <input type="checkbox"/> Beta HCG, Quant CA125 <input type="checkbox"/> CA 125 BC <input type="checkbox"/> CBC – No Diff CBC <input type="checkbox"/> CBC – W / Diff CK <input type="checkbox"/> CK, Total CA <input type="checkbox"/> Calcium CMP <input type="checkbox"/> Comprehensive Metabolic Panel (Glucose, BUN, Creatinine, Sodium, K, Chloride, CO₂, Calcium, Protein, Albumin, Bilirubin, ALP, AST, ALT) CR <input type="checkbox"/> Creatinine, Blood CC <input type="checkbox"/> Creatinine Clearance ES <input type="checkbox"/> Estradiol FER <input type="checkbox"/> Ferritin FOL <input type="checkbox"/> Folate FSH <input type="checkbox"/> Follicle Stimulating Hormone (FSH) G <input type="checkbox"/> Glucose GTT <input type="checkbox"/> Glucose Tolerance Panel, Outpatient HIVS <input type="checkbox"/> HIV Antibody Screen THOM <input type="checkbox"/> Homocysteine HGBA1C <input type="checkbox"/> Hemoglobin A1C HEPPAN <input type="checkbox"/> Hepatitis Acute Panel (HBsAg, Anti-HCV, Anti-HAV IgM) AUSAB <input type="checkbox"/> Hepatitis B Surface Antibody HAVAB <input type="checkbox"/> Hepatitis A Ab, Total HAVABM <input type="checkbox"/> Hepatitis A Ab, IgM HBSAG <input type="checkbox"/> Hepatitis B Surface Antigen HCV <input type="checkbox"/> Hepatitis C Antibody Screen HEPCLD <input type="checkbox"/> Hepatitis C Viral Load </td> <td> HFP <input type="checkbox"/> Hepatic Panel (Bil-Tot, Alkaline Phosph, Protein-Tot, AST, ALT, Albumin) HGB <input type="checkbox"/> Hemoglobin LP1 <input type="checkbox"/> Lipid Panel (TC, HDL, Trig, and Calc, LDL) LP2 <input type="checkbox"/> Lipid Panel 2 (Direct LDL if Trig >400) LH <input type="checkbox"/> Luteinizing Hormone (LH) MA <input type="checkbox"/> Microalbumin Urine, Random MONO <input type="checkbox"/> Mono Screen NBIL <input type="checkbox"/> Neonatal Bilirubin K <input type="checkbox"/> Potassium PROLAC <input type="checkbox"/> Prolactin PSAM <input type="checkbox"/> Prostatic Specific Antigen Monitor PSA <input type="checkbox"/> Prostatic Specific Antigen Screen PT <input type="checkbox"/> Protime (INR) RF <input type="checkbox"/> Rheumatoid Factor ESR <input type="checkbox"/> SED RATE NA <input type="checkbox"/> Sodium RPR <input type="checkbox"/> Syphilis (RPR) TSHC <input type="checkbox"/> Thyroid Stimulating Hormone (TSH) TSHR <input type="checkbox"/> TSH REFLEX (if TSH result is less than 0.35 or greater than 5.5 µU/ml, a Free T4 test will be ordered) FT4C <input type="checkbox"/> Thyroxine Free (Free T4) TESTO <input type="checkbox"/> Testosterone, Total TBIL <input type="checkbox"/> Total Bilirubin UA <input type="checkbox"/> Urinalysis, complete UR <input type="checkbox"/> Urine Culture UACII <input type="checkbox"/> Urinalysis with a Culture If Indicated (Note: submit urine in urine culture transport tube in addition to urine for urinalysis.) 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Ab, IGG VZIGG <input type="checkbox"/> Varicella Zoster Ab, IGG MUMPSIGG <input type="checkbox"/> Mumps Ab, IGG </td> <td> SOURCE: MPCTNGS <input type="checkbox"/> GC & Chlamydia Swab MPCTS <input type="checkbox"/> Chlamydia Trichomatis Swab MPNGS <input type="checkbox"/> Neisseria Gonorrhoeae Swab MPNGU <input type="checkbox"/> Neisseria Gonorrhoeae Urine MPCTU <input type="checkbox"/> Chlamydia Trachomatis Urine MPCTNGU <input type="checkbox"/> GC & Chlamydia Urine BVRT <input type="checkbox"/> Bacterial Vaginosis Rapid Test BSRVAG <input type="checkbox"/> Screening Group B Strep BSTH <input type="checkbox"/> Rectovaginal / OB pt S only Throat only: <input type="checkbox"/> Culture, routine Bacteriology <input type="checkbox"/> Gram Stain <input type="checkbox"/> Culture, Fungal <input type="checkbox"/> Culture, Stool (sal, shig, campy) or other enteric pathogen (specify) _____ FADCG <input type="checkbox"/> Cryptosporidium & Giardia only OP <input type="checkbox"/> O & P Stool, 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TESTS		TOXICOLOGY		MICROBIOLOGY										
Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No	TS <input type="checkbox"/> ABO, Rh, Antibody Screen APTT <input type="checkbox"/> APTT AMM <input type="checkbox"/> Ammonia ANA <input type="checkbox"/> Antinuclear Antibody BMP <input type="checkbox"/> Basic Metabolic Panel (Glucose, BUN, Creatinine, Sodium, Potassium, Chloride, CO ₂ , Calcium) BHCGONT <input type="checkbox"/> Beta HCG, Quant CA125 <input type="checkbox"/> CA 125 BC <input type="checkbox"/> CBC – No Diff CBC <input type="checkbox"/> CBC – W / Diff CK <input type="checkbox"/> CK, Total CA <input type="checkbox"/> Calcium CMP <input type="checkbox"/> Comprehensive Metabolic Panel (Glucose, BUN, Creatinine, Sodium, K, Chloride, CO ₂ , Calcium, Protein, Albumin, Bilirubin, ALP, AST, ALT) CR <input type="checkbox"/> Creatinine, Blood CC <input type="checkbox"/> Creatinine Clearance ES <input type="checkbox"/> Estradiol FER <input type="checkbox"/> Ferritin FOL <input type="checkbox"/> Folate FSH <input type="checkbox"/> Follicle Stimulating Hormone (FSH) G <input type="checkbox"/> Glucose GTT <input type="checkbox"/> Glucose Tolerance Panel, Outpatient HIVS <input type="checkbox"/> HIV Antibody Screen THOM <input type="checkbox"/> Homocysteine HGBA1C <input type="checkbox"/> Hemoglobin A1C HEPPAN <input type="checkbox"/> Hepatitis Acute Panel (HBsAg, Anti-HCV, Anti-HAV IgM) AUSAB <input type="checkbox"/> Hepatitis B Surface Antibody HAVAB <input type="checkbox"/> Hepatitis A Ab, Total HAVABM <input type="checkbox"/> Hepatitis A Ab, IgM HBSAG <input type="checkbox"/> Hepatitis B Surface Antigen HCV <input type="checkbox"/> Hepatitis C Antibody Screen HEPCLD <input type="checkbox"/> Hepatitis C Viral Load	HFP <input type="checkbox"/> Hepatic Panel (Bil-Tot, Alkaline Phosph, Protein-Tot, AST, ALT, Albumin) HGB <input type="checkbox"/> Hemoglobin LP1 <input type="checkbox"/> Lipid Panel (TC, HDL, Trig, and Calc, LDL) LP2 <input type="checkbox"/> Lipid Panel 2 (Direct LDL if Trig >400) LH <input type="checkbox"/> Luteinizing Hormone (LH) MA <input type="checkbox"/> Microalbumin Urine, Random MONO <input type="checkbox"/> Mono Screen NBIL <input type="checkbox"/> Neonatal Bilirubin K <input type="checkbox"/> Potassium PROLAC <input type="checkbox"/> Prolactin PSAM <input type="checkbox"/> Prostatic Specific Antigen Monitor PSA <input type="checkbox"/> Prostatic Specific Antigen Screen PT <input type="checkbox"/> Protime (INR) RF <input type="checkbox"/> Rheumatoid Factor ESR <input type="checkbox"/> SED RATE NA <input type="checkbox"/> Sodium RPR <input type="checkbox"/> Syphilis (RPR) TSHC <input type="checkbox"/> Thyroid Stimulating Hormone (TSH) TSHR <input type="checkbox"/> TSH REFLEX (if TSH result is less than 0.35 or greater than 5.5 µU/ml, a Free T4 test will be ordered) FT4C <input type="checkbox"/> Thyroxine Free (Free T4) TESTO <input type="checkbox"/> Testosterone, Total TBIL <input type="checkbox"/> Total Bilirubin UA <input type="checkbox"/> Urinalysis, complete UR <input type="checkbox"/> Urine Culture UACII <input type="checkbox"/> Urinalysis with a Culture If Indicated (Note: submit urine in urine culture transport tube in addition to urine for urinalysis.) B12 <input type="checkbox"/> Vitamin B12	TAN <input type="checkbox"/> Acid/Neutral GC Screen TBB <input type="checkbox"/> Basic Drug GC Screen TDS <input type="checkbox"/> Comprehensive Drug Screen (Urine) TDAU <input type="checkbox"/> Drugs of Abuse Screen (Urine) TEG <input type="checkbox"/> Ethylene Glycol TVOL <input type="checkbox"/> Volatile GC Screen THCUR <input type="checkbox"/> Cannabinoids Screen (Urine) TCARB <input type="checkbox"/> Carbamazepine TCYCLO <input type="checkbox"/> Cyclosporine DIG <input type="checkbox"/> Digoxin TFK506 <input type="checkbox"/> FK 506 TLB <input type="checkbox"/> Lead, Blood TLI <input type="checkbox"/> Lithium TMTX <input type="checkbox"/> Methotrexate TPHENO <input type="checkbox"/> Phenobarbital TDPH <input type="checkbox"/> Phenytoin TVPA <input type="checkbox"/> Valproate TVANCO <input type="checkbox"/> Vancomycin – (PK, TR, or RND)* RUBELIGG <input type="checkbox"/> Rubella Ab, IGG RUBEIOGG <input type="checkbox"/> Rubella Ab, IGG VZIGG <input type="checkbox"/> Varicella Zoster Ab, IGG MUMPSIGG <input type="checkbox"/> Mumps Ab, IGG	SOURCE: MPCTNGS <input type="checkbox"/> GC & Chlamydia Swab MPCTS <input type="checkbox"/> Chlamydia Trichomatis Swab MPNGS <input type="checkbox"/> Neisseria Gonorrhoeae Swab MPNGU <input type="checkbox"/> Neisseria Gonorrhoeae Urine MPCTU <input type="checkbox"/> Chlamydia Trachomatis Urine MPCTNGU <input type="checkbox"/> GC & Chlamydia Urine BVRT <input type="checkbox"/> Bacterial Vaginosis Rapid Test BSRVAG <input type="checkbox"/> Screening Group B Strep BSTH <input type="checkbox"/> Rectovaginal / OB pt S only Throat only: <input type="checkbox"/> Culture, routine Bacteriology <input type="checkbox"/> Gram Stain <input type="checkbox"/> Culture, Fungal <input type="checkbox"/> Culture, Stool (sal, shig, campy) or other enteric pathogen (specify) _____ FADCG <input type="checkbox"/> Cryptosporidium & Giardia only OP <input type="checkbox"/> O & P Stool, routine x _____ CDT <input type="checkbox"/> Clostridium Difficile Toxin Fresh Stool <input type="checkbox"/> Culture, Other (specify) _____ <input type="checkbox"/> Acid Fast Smear <input type="checkbox"/> Culture, HSV only <input type="checkbox"/> Culture, routine Viral <input type="checkbox"/> Viral EIA/Immunofluorescence Agents: _____										
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ADDITIONAL TEST(S) & COMMENTS														
H. PYLORI														

PAP Smear/HPV Handling

Pap Smears:

1. In the room, if asked, help the MS or MD stir the spatula and/or cytobrush vigorously in the specimen container after collection **with gloves on both hands**
2. Once done, close the container and dispose the cytobrush and spatula in the trash can
3. IMMEDIATELY label the container and bring the sample when you leave the room
4. Fill out the Pap smear test lab form and mark **CERVICAL, SPATULA and CYTOBRUSH**
 - a) Note: Pap Smears will have its own bag aside from other non-sensitive and sensitive labs.
5. Put both lab forms and specimen container inside the bag before walking out.

HPV:

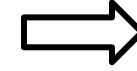
1. Grab a **regular lab form**. Fill out the top with patient information. Then, write HPV in the "additional comment" box
2. Put the form in the same bag as with the Pap Smear.
 - a) Note: For Pap Smear and HPV co-testing, the specimen will be from one Pap Smear container. **One bag** will be used, but there will be **2 separate lab forms**.

PAP Smear Form

HPV Form

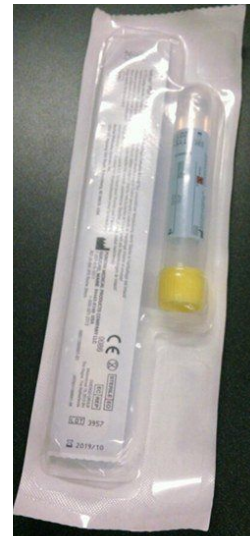
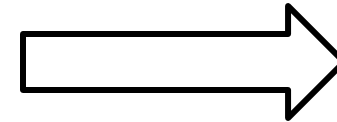
GC Kit (Female & Male)

GC Kit (STI test): Treat it as a non-time sensitive lab. Label all tubes and put it in the same bag as any non time-sensitive labs with the **regular lab form**



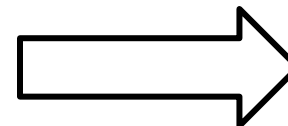
GC Kit Female

- Regular Lab Form
- Specimen would be collected from the patient's cervix.
- Speculum, lubricant, drape and gown would be needed for the procedure
 - After the cotton swab is used to collect the sample, swirl the swab in the provided tube.
 - Then, break the swab, leave it in the tube and close the tube.
- Label, bag and store in Fridge the same way as for a NON-Time Sensitive Lab



GC Kit Male

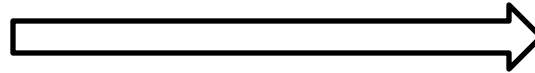
- Grab a urine cup from the urine analysis (UA) kit
- Ask MS/MD if they want a clean catch or first catch
- Explain to the patient to fill urine to the line of the cup
- Handle urine at the sink by grey cabinet
 - Use the pipet in the GC Kit to pipet the urine in the urine cup into the provided tube in the GC kit
 - Fill it up so that it is in between the 2 lines
 - **Double Bag since it is a urine sample**



****Wear gloves on both hands for male and female tests**

Hepatitis B Screening

Demographic form and pre-filled regular lab form found here



In order for a patient to successfully be screened for Hepatitis B, the PAs need to complete:

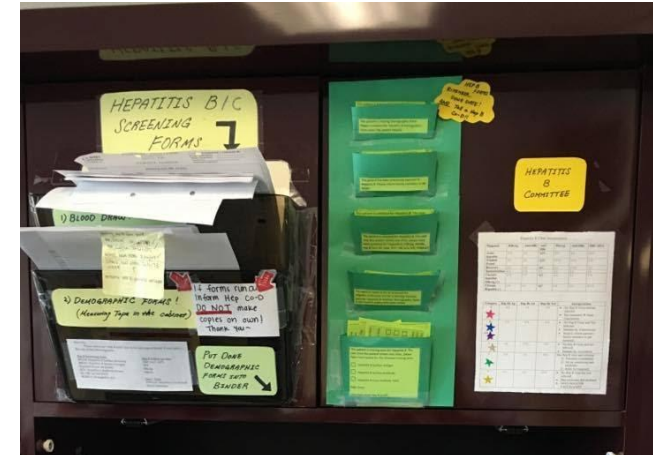
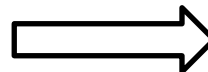
Demographic form:

- Complete the front and back of the form. File the form back into the binder in the Hepatitis corner.

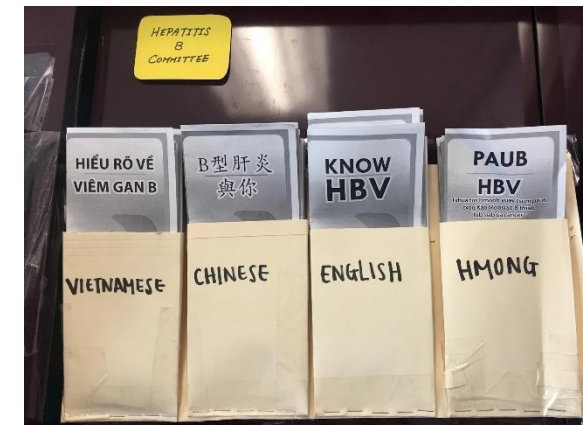
Pre-filled regular lab form:

- Ask the MS or the person who draws blood to make sure the lab boxes checked on the lab form are correct.
- Fill out the required information

NOTE: For newly screened patient, give the patient a “Know HBV” brochure



NOTE: Hepatitis B screening includes lab tests that tell whether the patient has Hepatitis B or not. Hepatitis follow up includes additional lab tests for Hepatitis-positive patients.



****After the room is done, inform the floater immediately to set up the room for the next patient****

Male Room Items	Female Room Items
<ol style="list-style-type: none"> 1. Gloves 2. Lubricant 	<ol style="list-style-type: none"> 1. Cotton swab 2. Cytobrush 3. Drapes 4. Gloves 5. Gowns 6. GC kit 7. Lubricant 8. Spatula 9. Speculum (small, medium, large) 10. Specimen bag (Biohazard bag) 11. Specimen container 12. Specimen label

Note:

- There are 2 types of speculums: **fiber optics** (only in room 2) and normal ones.
- Use **Big** cotton swabs for Pap Smear and **small** cotton swabs for GC kit (All rooms should have both types)

Lab Log-Out Team

1. Access the OneDrive for the list of patients for the day. Use a new sheet to log the location of the chart and lab forms (color code)
2. Check labs like Saturday log-out team, but clip and centrifuge as you go
3. Double check what tests were actually done vs their chief complaint(s) and update the sheet in the flash drive in a separate lab log out sheet.
4. At the end of the day, make sure all labs are checked and charts end up with lab log-out

Clinical Committees

Committees	Responsibilities	Specialty Clinics	Co-Directors
Cardiopulmonary	<ul style="list-style-type: none"> Schedule potential patients for Cardiopulmonary Clinic Provide free nicotine patches through AQS (Asian Quit Smoking) Organization 	Cardiopulmonary clinic	Ryan Lin
Covered California	<ul style="list-style-type: none"> Enroll patients for insurance and follow up with patients Must be CEC certified 	Enrollment Clinics	Sofia Lin Hang Le
Diabetes	<ul style="list-style-type: none"> Screen patients for diabetes and follow up with diabetic patients 	Diabetes Clinic	Vivian Mai
Hepatitis	<ul style="list-style-type: none"> Screen patients for hepatitis and follow up with patients who have hepatitis Provide vaccination 	<ul style="list-style-type: none"> -Liver Ultrasound Clinics -Vaccination Clinic 	Nathan Luu Eric Nguyen
Women Health	<ul style="list-style-type: none"> Help refer patients for mammogram screenings Educate patients on breast cancer Educate patients on women's health Schedule patients for OB/GYN clinic 	OB/GYN Clinics	Thuy-Linh Tran Kathleen Dang
Ophthalmology	<ul style="list-style-type: none"> Perform acuity screens Distribute vouchers for glasses 	Ophthalmology Clinics	Angela Nguyen Matthew Liu
PAP	<ul style="list-style-type: none"> Signs up patients for free medication 		Thu Pham Toan Tran Tam Dong

Creative, Outreach, and R&E Committees

Committees	Responsibilities	Co-Directors
Creative	<ul style="list-style-type: none"> • Help plan and execute large scale social events including Winter Retreat and Spring Banquet • Provides input and suggestions for other social events and ways to build a more enjoyable, inclusive environment within VN CARES 	Bryant Law
Outreach	<ul style="list-style-type: none"> • Help advertise Sunday clinic to the Vietnamese community • Search for various community service events in the area. 	Jessica Nhan Jennifer Do Celine Tran
Play for Thought	<ul style="list-style-type: none"> • Educate 1st-5th graders on various health topics • Design activities for the children and make learning fun 	Jenna Kwong Stephanie Ha
Patient Advocate Community (PAC)	<ul style="list-style-type: none"> • Educate Vietnamese high school students on various health topics • Educate Vietnamese-English translations 	Vicky Vong Janine Nguyen
Health Resources Committee (HRC)	<ul style="list-style-type: none"> • Create health related pamphlets, infographics, and other resources to inform the committee 	Jonathan Hui Leann Le Catherine Tran

If you're interested in joining Creative Committee, please reach out to Bryant Law (contact info on pg. 59)

If you're interested in joining other outreach committees, please reach out to the R&E Leaders (contact info on pg. 59)

Mission Statement

R&E is committed to improve the community's health by spreading awareness of prevalent health concerns as well as promoting healthy living. We strive to understand the current health profiles of local and global communities, master presentation skills to ensure effective health advocacy campaign, and facilitate a scientifically stimulating discourse among participants.

Events

All VN CARES interns are allowed to attend and receive credit from the following events:

- Presentations at R&E Meetings, health fairs, community facilities such as the library, senior center, etc
- Skills Workshops (i.e. public speaking, presentation making)
- Sunday Clinic Shadowing

Note on R&E Credit:

- Skills workshops qualify for ½ R&E Event with a cap of 1 R&E credit.
- Community Outreach Events qualify for ½ R&E credit for volunteers and an additional ½ credit for contributing R&E committee members.
- Clinical presentations, English and Vietnamese, are capped at 2 R&E credits per quarter.
- The types of events offered in a quarter are not limited to those listed here.

Vietnamese Interactive Community Educator (V.I.C.E)

The V.I.C.E program is a subset of R&E Internship open to those with **Vietnamese proficiency**. These interns strive to educate the low-income Vietnamese population in Sacramento on relevant health issues and promote a healthy lifestyle.

V.I.C.E Events

All VN CARES interns are allowed to attend and receive credit from the following events:

- Presentations at clinic
 - Presentations at health fairs and other community events
 - Vietnamese workshops
- ❖ VICE Interns are required to complete 1 of their 3 R&E events through a VICE event (excluding workshops).
 - ❖ All presentations qualify for 1 R&E Event.
 - ❖ All Vietnamese workshops qualify for ½ R&E Event.

Prior to each presentation, interns must attend at least 2 dry runs.

Research & Education Internship

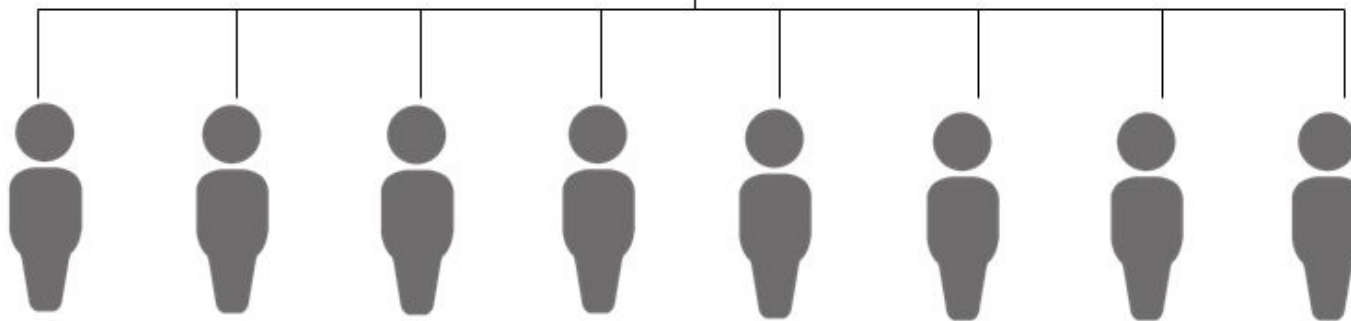
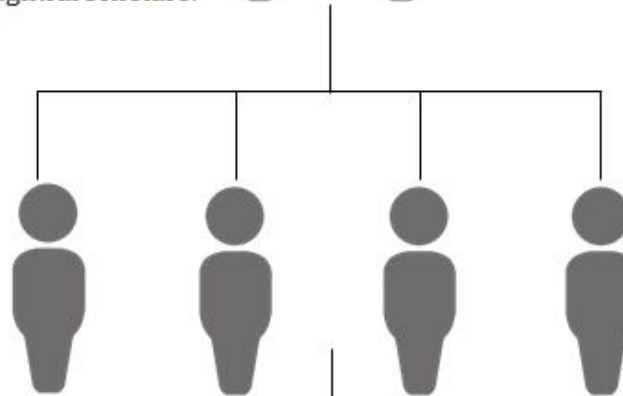
R&E Leaders

While our mission statement conveys our visions for the community, we hold it upon to also serve our interns by fostering an inclusive and collaborative learning environment for them to develop as thoughtful scholars.



Team Leaders

To further enrich the internship experience, our team leaders interact closely with interns to provide guidance and mentorship. Each team leader also works on a project that aligns with our mission statement to educate the community and provide novel experiences for interns.



R&E Interns

As R&E interns, you will primarily be presenting to the community using various methods of communication. You will be challenged to create presentations that are both educational and visually appealing for maximum effectivity. At the same time, you will be challenged to think critically.

Description:

VN CARES interns will be expected to give back to the community, publicize VN CARES to the student population, raise money for VN CARES, maintain relations with external sponsors, physicians, and recruit patients.

Purpose of Community Service

1. Give back to the community that has given you many opportunities
(Ex. Challah for Hunger, ADJ Angels of Hope, Davis Community Meals, etc).
2. Learn about other organizations that are also making a difference
3. Build relationships with other organizations
4. Spread awareness about VN CARES

Components of Public Relations:

- Community Service
- Recruitment
- Publicizing
- Fundraising

Purpose of Recruitment

1. To recruit Interns, Patients, Collaborators (doctors, businesses, etc.), Sponsors, and Center for Disease Control (CDC) studies
2. For Covered CA:
 - Interns will ask patients if they would like us to help them apply for MediCal or Covered CA.
 - If yes, then tell the Covered CA Co-D to put the patients' names on the list for the next enrollment clinic.

Note: The dress code is strictly enforced. Interns must be presentable, genuine, able to answer all procedural questions in and out of clinic, and be respectful to the public.

Goal: Publicize VN CARES to the student population!

To Publicize:

1. Obtain flyers
2. Approach the person(s) with a smile
3. Grab their attention: "Hi, are you interested in a health-related internship?"
4. Continue and inform them about who we are, what our goal is, how we reach the goal, when and where meetings are, where to obtain more information:
 - Say you're a part of VN CARES: Vietnamese Cancer Awareness Research and Education Society
 - We're a pre-health organization, striving to promote cancer awareness
 - We provide free-cancer screenings to the underserved, Vietnamese population in Sacramento
4. (Cont.)
 - We offer 3 internships (Clinical, Hybrid, and R&E) where transcript notation can be obtained.
 - Time commitment for both internships (1 probationary quarter and 2 full quarters for Clinic/Hybrid/R&E, approx. 35-50 hrs)
 - Briefly describe the 3 internship positions (Don't take too much time. Try to keep it to one phrase each.)
 - Emphasize that R&E internship does not require the fluency of the Vietnamese language.
 - Inform them that our general meetings are on Wednesdays 7:10-8:00PM. Location to be announced for that quarter.
 - R&E meetings are on Wednesdays 6:10-7:00PM. Location to be announced for that quarter.
 - For further information and contacts, tell them to visit our website at www.vncares.org or email us at publicrelations@vncares.org
5. Conclude: "Thank you for your time, and we hope to see you at our meetings!"

Things to Remember

You do not have to say everything. Omit and summarize details to keep the conversation brief, but concise.

Do's	Don'ts
Pair up with another person for support	Congregate into a group like a mob
Ask officers if you are unsure about the information	Tell the person incorrect information
Keep your phones on silent	Talk on the phone when you are on the job

Important Phone Numbers

VN CARES Clinic Number:

(916) 54 - CARE - 7 / (916) 542-2737

VN CARES Fax Number:

(916) 453- 9725

Important Emails

President:

president@vncares.org

Vice Presidents:

vicepresident@vncares.org

Secretary:

info@vncares.org

Treasurer:

treasurer@vncares.org

Clinic Team:

clinic@vncares.org

Research & Education Team:

re@vncares.org

Public Relations Team:

publicrelations@vncares.org

Webmaster:

webmaster@vncares.org

Additional Contacts

VN CARES Medical Director:

Dr. Ilya Khamishon

PHAC Medical Director:

Dr. Ronald Jan

Clinical Managers:

Natalie Nguyen: (916) 805-7419

Christina Trinh: (408) 637-9390

Khoi Nguyen: (714) 251-4219

R&E Leaders:

Leann Le: (408) 923-7299

Jonathan Hui: (408) 707-0773

Important Information

Paul Hom Asian Clinic Address:

6341 Folsom Blvd

Sacramento, CA 95819

VN CARES P.O Box Mailing Address:

P.O. Box 72709

Davis, CA 95617

Normal Values for Vitals:

Heart Rate: 60-100 at rest

Respiration Rate: 20 and under

Blood Pressure: 120/80

Temperature: 97.6-99.6 °F

Congratulations! You've completed the VN CARES Orientation. Here are your next steps...

PROBATIONARY QUARTER

- ☐ Study hard for the Practical
- ☐ Come to Clinic Tour/Study Practical for review and questions
- ☐ Pass Practical
- ☐ Complete immunizations and send proof to vicepresident@vncares.org

ACTIVE QUARTER

- ☐ Immunizations must be cleared by the External Vice President (Raymond Nguyen) and Volunteer Services
- ☐ Sign up for required events: 2 clinics, 2 R&E events, 4 PR events, 1 social event, 4 meetings
- ☐ Complete the end-of-quarter evaluation