**NMOM – Patient Exit Lead Protocol**

Area includes Pharmacy, Patient Survey, and Post Op Station

*Other various organizations may set up near our area (i.e. health departments, Sooner Care organizations, etc.)*

On Thursday help to unpack the trucks and setup the Patient Exit Area.

* Note: when unpacking, keep one box of pens to replace for clipboards that are missing pens and get most of the medical histories so we can reassemble clipboards after the survey is completed.
* Goody bags and patient take-home gauze baggies need to be assembled. After all patients have been admitted each day obtain the number from patient registration so that an accurate amount of goody bags can be available the patient exit area.
* If more goody bags are assembled than the amount of patients admitted for Saturday, then disassembly of the extra bags can occur during down time – may want to have about 10 extra made just in case they are needed.
  + Can leave materials in the goody bags that will not be outdated so they are ready for next year

The patient exit area needs to have gloves, disinfectant wipes, hand sanitizer, and a biohazard disposal bag/box available in case patients lay their used gauze on the table during the exit survey interview.

The following are supplies needed for volunteers to complete the patient exit survey: clipboards, pens, patient survey (English/Spanish), patient experience cards, work/school excuses, and patient goody bags.

The post-op station needs gloves, disinfectant wipes, hand sanitizer, a biohazard disposal bag/box, baggies of gauze, loose gauze, penlights or small flashlights, dental assistants, and two dentists during busy times.

There are runners just for the Patient Exit Area. A runner from the treatment floor will bring the patient to the Patient Advocate area and passes them to an “exit runner”. The “exit runner” will take the patient and direct them through the flow of the patient exit area. (i.e. post-op, pharmacy, survey tables, final exit door).

* If there are enough runners available some can be stationed at the Patient Advocate area to escort patients to the post-op (if they had extractions), pharmacy (if meds were prescribed), and patient survey; then, depending on the length to final exit door, additional runners can escort the patients from survey to the final exit door.
* Volunteers at patient survey table needs to motion to a runner when they are ready for a patient from the Patient Advocate area
  + Works better if all the exit tables are in one line; (Rx for the first stop works much better)

If a family member gets done first then they have to still exit through the patient exit area and wait in family waiting area after the final exit door; they cannot go back into the patient/clinic area or wait in the exit area

If the patient is coming back the second day to finish treatment, then they need an “OkMOM Patient Follow-up” form from the Patient Advocate station so they can bypass triage the next day; otherwise, they will have to go through triage again. NOTE: Patient Advocate will inform the patients where to enter for the second day; once the patients have entered (and bypassed triage) they will still have to wait in line (in arrival order) in the treatment area(s).

* When the patient checks in on the second day with their copy of the “OkMOM Patient Follow-up” form, a volunteer from another department will pull their Medical History from day one and a runner will escort the patient to the appropriate treatment area(s)

**Duties of Patient Survey Volunteers:**

* Runner should be with the patient at all times
* Be alert of possible medical emergencies and where first aid is
  + Pale/white face, sweating, nodding head, etc.
* Verify the patient has been through the Patient Advocate area
  + The Patient Advocate will stamp either side of the medical history
* Verify the patient received meds from pharmacy station if meds were authorized
* Verify the patient has signed the medical history
* Verify there is a clinician name (and/or signature) on the front of the medical history if treatment was provided and there is a hygienist’s signature on the back of the medical history if applicable
* Complete the appropriate health department codes on the back of the Medical History; do not ask the patient if they are pregnant – mark this if it is evident
* X-Rays
  + If the patient is not returning for care, give the patient x-rays (found under Medical History form on clipboard)
  + If the patient is returning for care, keep the patient’s x-rays with the Medical History form
    - Staple together with the “OkMOM Patient Follow-up” form and turn into Coding with the other medical histories; Coding will separate return patients and place the medical history paperwork in an accordion file
* Every Adult Patient must complete a survey (even for families, if both parents received care)
  + What if patient is returning?
    - Typically patients complete the survey on day one but sometimes the Patient Advocate area will allow patients to bypass the Patient Exit Survey area
    - Do not have patients complete a survey on day two because it should have been done on day one
  + Volunteers need to ask the patient the survey questions because it goes faster – most patients are tired and somewhat out of it from their procedure(s)
  + Some patients complain because they don't get everything they wanted or had a bad experience – refer to Patient Advocates
* Offer the patient a patient experience card for additional comments – patient can complete
* Give the patient a goody bag (adults only) and thank them for coming
  + If the patient received an x-ray and is not returning, put the copy in the goody bag
  + If there are pedo toothbrushes available in the patient exit area, give the children a toothbrush but not a goody bag (they should have received supplies from the pedo/family clinic area)
* Patient Exit is a one way road – once the patient leaves he/she cannot come back in the exit area
* If possible, alphabetize the medical histories someone will come by to pick them up or a runner can take them to the coding area
  + Runner needs to take medical histories, patient exit surveys, and patient experience cards to coding so they can start entering the data. Frequently take the medical histories to coding so they don’t get backed up.
* Stack clipboards in boxes for runner to take back to triage
  + Specific directions about managing clipboards will be given on site
    - If outside agencies (health department) are located after patient survey, the clipboard process may change
  + On Friday, keep pens attached to clipboard and place new Medical History
  + On Saturday *(once triage doesn’t need any more clipboards)*, remove pens and place pens in box for storage. Stack clipboards in groups of four-six (depending on box size), alternating the stacks, so that they can store easily. Pack in specific boxes and label on inventory sheet(s) with number of clipboards in box.
    - Once all patients are admitted on Saturday into triage, obtain unused clipboards, Medical Histories, and pens from patient registration area and begin packing for storage

**Duties toward the end of Saturday:**

* Save patient take-home bags for next year
  + Disassemble goody bags – can leave materials in the goody bags that will not be outdated so they are ready for next year
  + If toothpaste will expire before the next OkMOM do not place in storage
* Package the clipboards for storage
* Package the pens for storage
* Box all items for storage and inventory; record on inventory sheets for OkMOM and personal use when ordering supplies for the next year

**Duties of Post-Op Area Volunteers:**

Dentist, if available, will look at extraction site

* Wear goggles, unless have eyeglasses, and a mask
  + Apply antibacterial hand gel, then new gloves
  + Ask the patient how many extractions they had and obtain that many clean gauze prior to touching the patient (if the patient is unaware of how many extractions then refer to the medical history to obtain an accurate count of extraction sites)
    - Fold new gauze into fourths
    - Remove used gauze from patient’s mouth and place in biohazard trash
    - Place new gauze at each extraction site and have patient close
  + Remove dried blood from patient’s face, if applicable
  + Remove gloves and place in regular trash
  + Apply antibacterial hand gel
* Give the patient a baggie of take-home gauze (may need more than one baggie depending on the number of extractions)
* Verbalize post-op instructions (i.e. no straw, smoking, etc.) and inform patient a copy of the instructions are in their goody bag and there is an after-care phone number on top of the instructions if the patient needs anything
* Runner will escort patient from post-op area to pharmacy (if meds were prescribed), patient survey, and final exit door
* During down time assemble patient take-home gauze baggies (3x3 or 4x4 – place about 3 or 4 in each baggie; do not use 2x2)