

JOB AID: ESCORTS

Summary:

Escorts may be outdoors guiding patients between buildings or taking patients from one station to another within the clinic. Escorts work in a boomerang model – taking patients from the area where the Escort is based, making a clear hand-off to other volunteers at the destination, then returning to their base. Escorts may have to assist patients in wheelchairs. Appropriate shoes and attire are important to remember for this assignment. Rotation between escorting duties and monitoring patient waiting areas may occur. Volunteers in this role are also instrumental in answering questions and helping to create a compassionate experience. A detailed patient flow diagram can be found at <https://seattlecenter.org/skccclinic/orientation/>

This clinic is for anyone in need who waits their turn to receive a ticket:

1. Smile and make eye contact.
2. Maintain visible fairness.
3. Do not make assumptions or judgements about others.
4. Be compassionate and respectful, yet appropriately firm when needed.

Exterior Escorts:

1. Review patient paperwork to confirm they are authorized to go to the care area/building.
 - a. **Pink Dental** Record: can go to dental in **Exhibition Hall**.
 - b. **Blue Vision** Record: can go to vision in **Cornish Playhouse**.
 - c. **Yellow Medical** Record: can go to medical in **McCaw Hall**.
 - d. **All patients can go to healthcare resources in McCaw Hall**, with or without a white Healthcare Resources & Visit Recommendations record.
2. Only use designated routes between Clinic buildings which are marked by large signs, and most are under covered walkways.
3. Whenever possible, escort multiple patients who are going to the same care area/building.
4. Once you have reached your destination, there should be a clear hand-off of the patient(s) with the Exit & Entry volunteers for that building.
5. Before returning to your base, inquire with the Entry & Exit volunteer if there are any patients going to that care area/building and, if so, take those patients with you.
6. Patients are supposed to turn in all colored documents before departing the Clinic. If you encounter a patient who is departing and still has paperwork, offer to turn it in for them. Take the documents to any Checkout station.

Interior Escorts:

1. All patients must follow the same basic progression. **Reviewing paperwork before escorting a patient helps to ensure they have followed this progression before going to the next step (service or care area).** Always escort a patient to Checkout when they are done in a care area (dental, medical, vision).
 - a. **Patient Registration:** Receive wristband and records for authorized care areas.
 - b. **Patient Intake:** Meet with healthcare provider to have vitals and health history documented.
 - c. **Care Area Start/Triage:** Meet with healthcare provider to determine treatment plan for the day.
 - d. **Care Area Checkout:** Healthcare record is reviewed for completeness, referrals, prescriptions, etc. and is retained by the Clinic.

2. Review patient paperwork to confirm they are authorized to go to the service. Each care area has a different service structure.
 - a. **Pink Dental Record:** Following triage and x-ray, patients are generally approved for one type of service per day unless the services are interconnected like surgery and temporary partial teeth, or endo and crowns. Follow the service area(s) and order indicated in the Treatment Plan section.
 - b. **Blue Vision Record:** Patients progress through a series of stations according to their determined needs.
 - c. **Yellow Medical Record:** Patients can go to as many services in a day as time allows; however, diagnostic services that are ordered should be prioritized. Patients **do not** need to go to Medical Start/Triage before getting immunizations.
 - d. **Healthcare Resources (Social Work, Health Insurance Assistance, Community Health Center Information, Medication Affordability Support):** Accessible to all, no paperwork required.
3. Only use designated routes between waiting areas/services/floors.
4. Once you have reached your destination, there should be a clear hand-off of the patient(s) with the Waiting Area Monitor or service provider.
5. Return to your base location.
6. If you see patients wandering unescorted, especially in McCaw Hall, ask them where they are going and either escort them yourself or find someone who can.

Wheelchair Protocol:

1. All Clinic wheelchairs have identification cards attached to them indicating their designated base (building and location). Some wheelchairs may be dedicated to interior use only.
2. There are two types of wheelchairs: regular and bariatric. Bariatric wheelchairs are the larger size.
3. For liability and safety reasons: 1) **Escorting patients to locations outside the Seattle Center campus is prohibited.** The Mercer Street garage is the only exception. 2) **Do not physically assist (lift) a patient in or out of a wheelchair** even if you are trained to do so.
4. **Lock the brakes and take a firm hold of the handles** before a patient gets in or out of a wheelchair. Lift or adjust the footrests and arm rests if needed.
5. Give verbal cues to help the patient with sitting and standing, and to alert them when the wheelchair is going to start moving.
6. **Before a patient sits in a Clinic wheelchair**, explain that the wheelchair is only available to get them from one place to the next. They will need to get out of the wheelchair once they reach their destination so the wheelchair can be used to transport others. Later, if the patient needs a wheelchair to move to a different location, a new wheelchair request will be made.
7. Escorts are responsible for the wheelchairs. **An escort must remain with a Clinic wheelchair whenever a patient is using it** and should return it to its designated base once a trip is completed.

JOB AID: WAITING AREA MONITOR

Summary:

Waiting Area Monitors greet patients as they arrive at a station, direct them to an appropriate seat, track who is next for service, and monitor how many people are waiting. They are also instrumental in answering questions and helping to create a compassionate experience.

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Managing a waiting area:

1. Please respect the process outlined below. If you individually make changes, it may result in undesirable consequences beyond your area. If you have problems or feedback, speak to your Lead.
2. **Only one waiting list should be kept for each designated waiting area**, even if:
 - a. You manage two adjacent waiting areas.
 - b. More than one Waiting Area Monitor is assigned to manage a waiting area.
3. Patients may only wait for one area at a time.
4. **Patients should be added to the waiting list, in order of arrival** at the designated waiting area. Although sitting in order helps patients to observe a fair, first-come, first-served process, due to some minor exceptions outlined below, **the waiting list is the ultimate indicator of who is next in line**.
 - a. In a large, multi-row waiting areas, use the Start of Line and End of Line markers to help guide patients.
 - b. **Patient guests** may be seated with them but **are not to receive healthcare services (or be added to list)**.
 - c. Patients with mobility issues may be seated at the beginning/end of a row for convenience but should be admitted according to their place on the waiting list.
 - d. If a large amount of open seating is available in a waiting area, it is okay for patients to leave one seat between themselves/their group and the next patient.
5. On the waiting list, **do not alter** the numbers shown in the column **Total # for Day**.
6. For privacy reasons, **only use the patient's ID # (e.g. P12345), first name and last initial** on the waiting list. It is also helpful to note if the patient speaks a language other than English and/or has specialty needs (e.g. wheelchair use). The patient's ID, name and primary language are indicated on the label on their green folder.

7. Write the **time each patient arrives** AND the **time they are admitted for service**.
 - a. If multiple patients arrive or are admitted for service at once, write the time for the first patient in the group and then use “ or ↓ to indicate the same time for the rest of the patients in that group.
 - b. When a patient is admitted for service, **put a check mark (✓) in the admitted (Admtd) column** to help you keep track of who is next in line.
 - c. **The patient immediately after the last Admtd check mark (✓) should be the next person admitted for service.**
 - d. If the next patient on the list has a language or other specialty need and may benefit from a brief wait until a specific provider is available, explain to that patient why another person is skipping over them. If the patient disagrees, admit them in their original order. Otherwise, stay aware of their place on the waiting list. **Note why they're out of order (OOO)** and get them into service as soon as possible.
8. **Patients may take a break** to go to the restroom, get a snack, talk to resource providers etc. Some may choose to leave the facility for a short period. The patient's **seat should remain empty**. They do not have to notify you when they leave, but if they do, or if you observe it, **note the time** in case of an issue later.
9. **If a patient is not present when their turn comes**, look around and wait a moment to be sure they haven't just gone to the restroom etc. If they aren't found, **write “absent”** in place of the time the patient was admitted for service and **do not put a check mark (✓)** in the admitted (Admtd) column. That means they lost their place in line and must go to the end of the line if/when they return. If they return, they should be added to the wait list again in their new position.
10. Occasionally, another volunteer will come by to collect information from the waiting list to help Clinic leadership regulate service flow.
11. If another person replaces you as Waiting Area Monitor **do not start a new waiting list, continue using the same list throughout the day**. Take a few minutes to have the new Monitor work alongside you to ensure they understand the process. **Review the list with them** including the next person on the list for service, anyone who is out of order (OOO) and is still awaiting service, if someone is not seated in line order due to mobility issues, and any upcoming specialty needs.




SEATTLE/KING COUNTY CLINIC | Waiting Area Tracking Sample

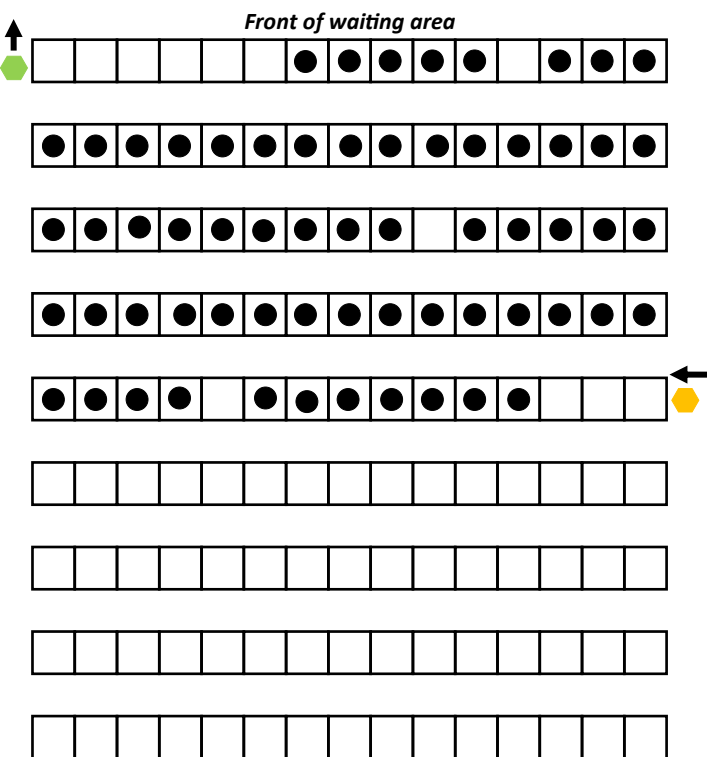
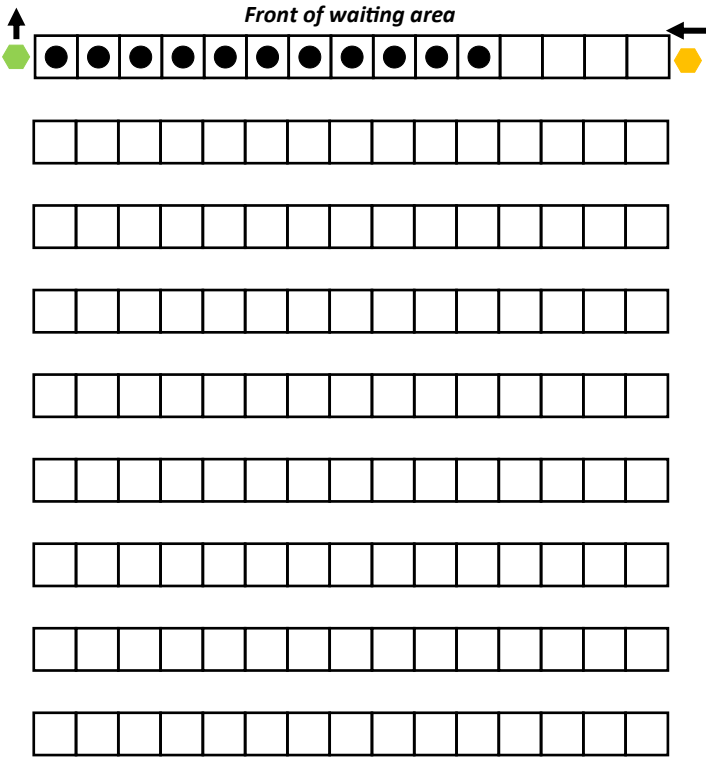
Date: Sept. 13 Area of Service: Vision Triage/Start Page 1 of _____

Total # for Day	Time Patient Arrived	Patient ID #, First Name, Last Initial	Admtd	Time Patient Admit Svc	Notes
1	7:30 AM	P12345 Nadja	√	8:00 AM	
2	7:32 AM	P13579 Cassie C.	√	"	Wheelchair end of row
3	7:37 AM	P24680	√	"	
4	7:46 AM	P15243 Jaideep		Absent	Left seat 7:57am
5	↓	P56789 Juan S.	√	8:05 AM	Spanish speaking
6		P60798 Tinka P.			OOO for peds specialist
7		Magda G.	√	8:06 AM	
8	8:05 AM	P49684 Viet	√	8:08 AM	
9	8:22 AM	Sisily T.			
10	8:36 AM	P15243 Jaideep			
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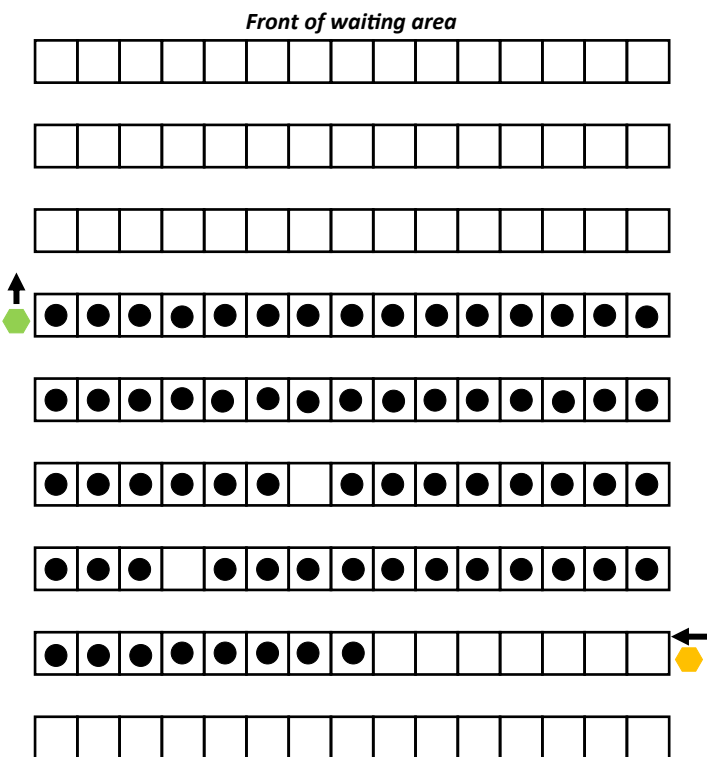
Please return this document to your Supervisor before leaving for the day. Supervisors return to Project Director.



JOB AID: WAITING AREA SEATING

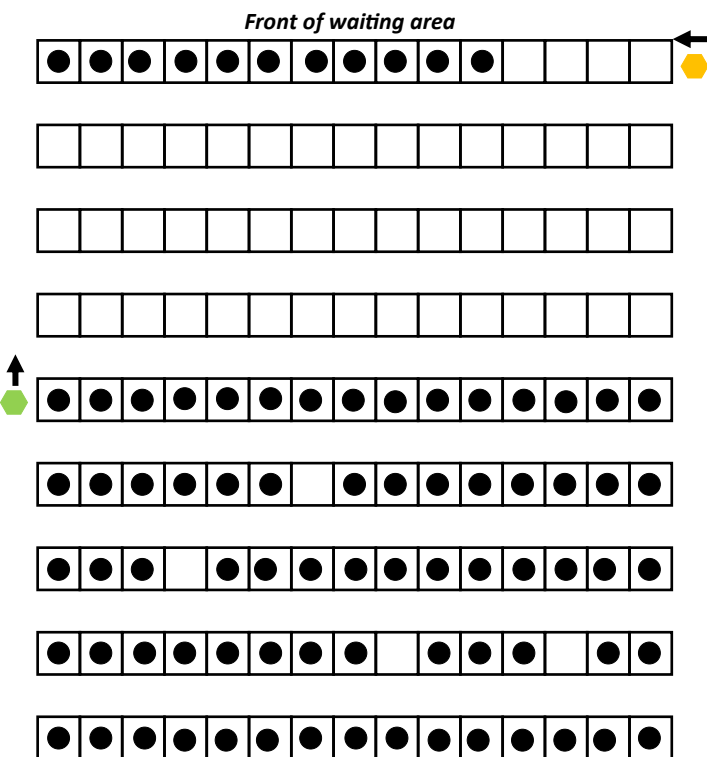
1. Start seating at front of waiting area. Retrieve from  side. Fill from  side, asking patients to fill every possible seat.
2. Continue to fill rows all the way to the back, moving End of Line  sign as rows fill in.







3. Move Front of Line  sign back as patients are called. If possible, leave empty rows in front before refilling.



4. When back of section is reached, move End of Line  sign to the front and start refilling  there.



Use Start  and End of  Line markers to indicate beginning () and end () of line.

Allow an empty seat between parties only if ample space is available.