

CAMP VISIT GUIDANCE

## CAMP VISITS

Visits to the camp sites will be made by the nurses and Outreach Workers routinely. Other DRM staff also visit the camps occasionally. Any other person who wishes to visit a camp by accompanying a health care team member MUST BE CLEARED BY THE NURSE COORDINATOR AND DIRECTOR.

It has been found in the past that visits to the CAMP SITES DURING THE FARMWORKERS' LUNCH HOUR OR DURING THE EVENING HOURS are more beneficial in that:

- 1) A larger population of farmworkers will be available for health appraisal and identification of needs; and
- 2) The farmworker should be given the opportunity to work as much as possible and should not be pulled from work unless it is a priority situation.

During the initial visit and registration:

- 1) The Nurses screen blood pressures and do oral screening on all individuals 10 years of age and older. This will not only help the nurse identify potential health care problems, but will serve as a vehicle to obtain a rapport with the farmworkers.
- 2) Personal Health History cards are to be requested from all registrees; if they have none, AND patient has medical problems and/or is expected to come into clinic one is to be started and patient requested to bring it to each clinic visit.

After the initial visit, the nurse and Outreach Workers can identify priority needs and a plan of action as a team.

When a farmworker crew arrives, the Outreach Worker assigned to the nurse responsible for that camp will:

- 1) Make certain that each farmworker and family members are registered for the Health Project, and has a Personal Health History card. (see above)
- 2) Educate the crewleader and farmworkers in the services provided by the Migrant Health Project and Delmarva Rural Ministries. This is an on-going process. Establishing and maintaining good rapport with crewleader is of unquestionable value.
- 3) Identify a central area in the camp site (ie., the kitchen or telephone location) and post the number of the Health Project.
- 4) Get a camp phone number, grader number /or establishing a contact system for assigned camps.

RESPONSIBILITIES ON CONSECUTIVE VISITS INCLUDE:

1. Identifying other social needs of farmworkers which would contribute to a better health status, i.e:
  - a. The need for emergency food/Food Stamps
  - b. The need for referral for health care services
  - c. The WIC program
  - d. Clothing
  - e. Advocacy for applying for financial aid when hospitalization is imminent. (i.e. pregnancy)
2. Transportation to and from dental clinic, and other diagnostic and health care appointments and social service agencies. The following outlines more specifically the role of the nurse and the Outreach Worker during camp visits:

A. Nurses

Nursing visits to the camp site will be made at least on a weekly basis to identify health care problems. However, each nurse will be responsible for setting up her own schedule of visits.

SPECIFIC DUTIES ARE TO INCLUDE:

1. Screening for hypertension and immunizations
2. Health histories
3. Health education
4. Assessment of health status
5. Referrals to proper health care providers
6. Appraisal of environmental factors which may contribute to health care problems
7. Follow-up on identified health care problems

B. Outreach Workers

The Outreach Worker will be responsible to a nurse. Visits by Outreach Workers will be:

1. Made by either accompanying nurse
2. Individually carrying out specific duties that the nurse has requested
3. Follow-up initiated by outreach (i.e. eye appointment)
4. To provide transportation for farmworkers. ( as above)

If the nurse has to make a late night visit, she may feel more comfortable being accompanied by an Outreach Worker. There should be no risks to the staff if they conduct themselves in a professional manner. The majority of camps respect the Health Care Project.

## ATTACHMENT NUMBER 11

### APPOINTMENT SYSTEM

A well defined appointment system can be difficult to maintain when serving a population who is in the service area for an indefinite amount of time, and whose main priority is work, with health care taking a backseat.

The appointment schedules are depicted under each life cycle. Presented here is a general outlined frame of reference.

#### I. Triage:

Each farmworker who has a health concern is assessed by a nurse either on-site, off-site in the camps or schools or by phone. The nurse then either refers the patient to the Project's Migrant Health Clinic, to the private sector (primarily for speciality services), or to the emergency room if warranted.

#### II. Appointments:

The nurse, through the Medical Records Clerk, arranges for an appointment to the appropriate provider.

##### A. On-Site Migrant Clinic:

The Medical Records Clerk logs in the name of the patient on a clinic sheet for the appropriate clinic. The need for transportation is also assessed and scheduled by the clerk as required. An appointment card is delivered by the outreach worker.

##### B. Off-Site Private Providers:

If the problem is one which necessitates explanation, often the nurse will schedule the appointment him/herself. Transportation and translation services are assessed and often provided by the outreach worker. If the problem is apparently complicated, the nurse may accompany the patient. Routine private sector appointments are arranged through the Medical Records Clerk.

The nurse fills out a referral form (attached for review) explaining the complaint in S-O-A-P fashion. This form accompanies the patient and the provider completes the bottom with their assessment and plan.

#### III. Broken Appointments - No Shows:

The nurse is responsible for following up on all broken appointments. He/she consults with the Medical Records Clerk to check the clinic log book, and consults with the outreach worker on private sector appointments. A camp visit is often made to assess why the patient could not keep the appointment, and a new appointment is rescheduled.