

**MISSION OF MERCY: INDEX
OF SAMPLE FORMS/MATERIALS**

Models That Made It

This booklet contains a compendium of information compiled from various Mission of Mercy (*MOM*) events to help you plan and organize a MOM event in your area. It is intended to supplement the MOM “Model That Made It” implementation guidebook developed by the Virginia Health Care Foundation (*VHCF*). The sample forms and materials contained here are organized by Committee and correspond to those cited in the MOM implementation guidebook.

We hope these materials will be helpful to you in creating your own MOM event. Visit the Virginia Health Care Foundation website at www.vhcf.org to download any of these materials, and to find the MOM implementation guidebook.

If you have suggestions for additions or changes to this information, we encourage you to share them. Please email info@vhcf.org with any comments or ideas for improvement.

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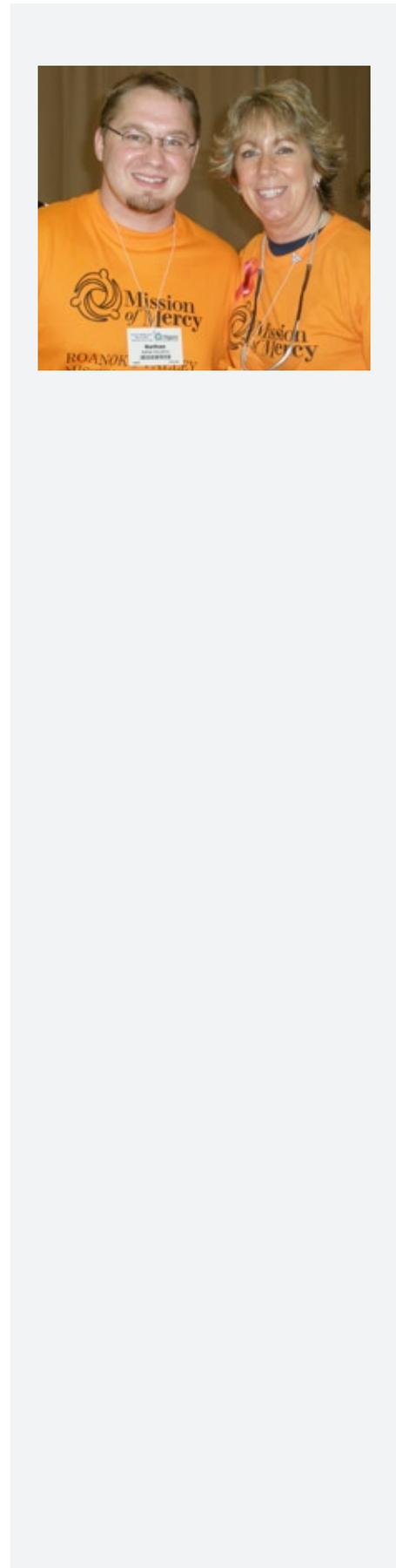
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Mission of Mercy: Index of Sample Forms/Materials

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Sample Budget (Orange MOM 4/21/10 Version)

Item/Service	Cost Basis	Estimated Cost	Actual Cost
Volunteers		\$6,245	\$7,341
Hotel Rooms for VCU Students	32 Rooms at Holiday Inn Orange @ \$108.90/ea	\$3,168	\$3,703
Hotel Rooms	10 Room for VDA Reps @\$115/ea	\$575	\$1,500
Hotel Rooms	1 Room for 2 Truck Drivers @ \$115/ea	\$115	-
T-Shirts for Volunteers	350 shirts of various colors @ \$5.25/ea	\$1,837	\$1,874
Key Volunteer Travel Expenses	Est 5 Key Volunteers @ Avg Mileage 200 x \$.55	\$550	\$264
Dental Services		\$14,000	\$9,555
Dental Supplies - Local		\$2,000	\$665
Dental Supplies - VDA	600 patients @ \$15/ea	\$9,000	\$6,390
Equipment Usage	1 Day (5/1/10)	\$3,000	\$2,500
Medical Services		\$6,100	\$1,630
Medical Supplies		\$1,500	-
Pharmacy		\$4,500	\$1,530
Needle Disposal		\$100	\$100
Logistics		\$7,050	\$10,059
Stone Fire Station	Deposit and Charge for On-site Staff	\$250	\$250
Stone Fire Station	Rental (4/30/10)	\$175	\$175
Security/Parking		\$1,890	\$500
Truck Driver	2 Drivers @ \$150/ea	\$300	\$150
Truck Mileage	Est 200 Miles Each x 2 x \$.55	\$220	\$370
Fire Station Usage	Event Location (2-Day Cost)	\$500	\$2,000
Storage		\$1,080	\$540
Trash	Clean-up and Removal	\$300	-
Insurance		\$400	\$300
Port-a-Pottie	Rental 11 Units, 1 Handicapped & 1 Washing Basin	\$1,000	\$1,050
Tent	60x40 tent	\$800	\$1,153
Generator/Compressor	Compressor, 2 Back-up Generators, Diesel Fuel	\$135	\$1,000
Dumpster		-	-
OCFC Staff Support	Paid 1/2 Salary of Development Asst. Local Free Clinic	-	\$1,421
Chair Rental		-	\$275
Scanning Equipment & Supplies		-	\$500
Light Tower Generators		-	\$375
Public Relations		\$1,300	\$4,201
Gifts to MOM Notables	Madison Commemorative Plates	\$200	\$550
Postage		\$300	\$503
Shipping		\$250	-
Newspaper Ads & Donor Recognition		\$200	\$199
Event Photographer		\$350	-
Montpelier Gift Bags/Items		-	\$2,950
Patient Registration		\$2,400	\$6,308
Office Supplies		\$200	\$1,375
Printing/Signage/Design/Forms		\$2,000	\$3,519
Misc Supplies		\$200	\$1,414
Food & Beverage		\$3,500	\$6,812
Food	250 Volunteers @ Est \$14/ea Food/Beverage	\$3,500	\$5,937
Ice Reefer Rental		-	\$110
Ice & Chest		-	\$390
Water Barrel Rental		-	\$200
Flowers		-	\$175
TOTAL		\$40,595	\$45,905

Mission of Mercy Request for Reimbursement

Name: _____

Address: _____

City, State, Zip: _____

Amount Requested: _____

Date of Purchase: _____

Please attach all receipts to this "Request for Reimbursement"

Purpose of Purchase: _____

Signature of person seeking reimbursement: _____

Date: _____

Project Manager Approval (signature): _____

Date: _____

Finance Officer Approval (signature): _____

Date: _____

General Volunteer Job Descriptions

Position Description: Food Volunteer

To ensure that volunteers and patients have the food/beverages that they need during project hours

Responsibilities/Activities:

- Assist the Food and Beverage Committee in setting up food distribution area
- Prepare food for patients/volunteers
- Distribute food to patients/dentists

Timeframe:

- Four-hour shifts on project days

Supervision:

- Food and Beverage Committee Chief

Training:

- Any necessary training will be provided on-site
-

Position Description: Interpreter

To ensure non-English speaking patients get the information and services they require

Responsibilities/Activities:

- Assist non-English speaking patients through the clinic process, providing translation services as needed

Timeframe:

- Four-hour shifts on project days

Supervision:

- Volunteer Committee Chief

Training:

- Any necessary training will be provided on-site
-

Position Description: Patient Escort

To manage patient flow

Responsibilities/Activities:

- Assist patients through registration process, medical/dental screenings, procedures, and exiting the clinic

Timeframe:

- Four-hour shifts on project days

Supervision:

- Volunteer Committee Chief

Training:

- Any necessary training will be provided on-site
-

Position Description: Patient Registration

To register patients for services

Responsibilities/Activities:

- Answer patient questions about registration process
- Collect necessary information for patient charts
- Direct patients to appropriate seating area
- Collect data as patient exits
- Ensure completed records are filed properly

Timeframe:

- Four-hour shifts on project days

Supervision:

- Patient Registration Chief

Training:

- Any necessary training will be provided on-site by patient registration leaders
-

Position Description: Parking/Security Volunteer

Provide guidance for purposes of parking and other assistance as needed for attendees, staff, and others during MOM project events

Responsibilities/Activities:

- Guidance of vehicular traffic for parking in pre-defined and appropriate areas
- Oversight of a safe and secure area for attendees and staff in pre-defined parking areas
- Assistance through guidance and information for MOM project attendees

Timeframe:

- Four-hour shifts on project dates

Supervision:

- Parking/Security Section Chief

Qualifications:

- Ability to stand for long periods and work in inclement weather

Training:

- To be provided during orientation

Please note: General volunteers are asked to be flexible. Due to the unknowns of the project (*client numbers*), volunteers may be used in different capacities depending on the need. Volunteers could be asked to serve as place holders for clients, to file patient records, etc.

Mission of Mercy General Volunteer Application

Name:

Organization:

Email:

Shift Available (please circle all available shifts):

Friday (*set-up*)

6:00 a.m. - 9:00 a.m.

9:00 a.m. - Noon

Noon - 3:00 p.m.

3:00 p.m. - 6:00 p.m.

Saturday

4:00 a.m. - 8:00 a.m.

8:00 a.m. - Noon

Noon - 4:00 p.m.

4:00 p.m. - 8:00 p.m.

Sunday (*tear-down*)

8:00 a.m. - Noon

I am able to stand for long periods of time: Yes No

I am able to lift boxes heavier than 15 lbs: Yes No

I speak Spanish: Yes No

Piedmont Regional Mission of Mercy

Triage: April 30

Clinic: May 1

Barboursville Fire Station

5251 Spotswood Trail

Barboursville, VA 22923

Conveniently located on Rt. 33 between Ruckersville and Barboursville

Thank you for joining us at the first Mission of Mercy project to be held in the Piedmont.
We appreciate your commitment of time and caring.

Just for Dental Volunteers

What to Bring

The Piedmont is a rural area and our facilities are small. In order for you to feel as comfortable as possible, we suggest you bring some items of your own, For example:

- Lighting is provided but if you are used to working with a headlight, please consider bringing one.
- Some doctors prefer to bring their own composite materials, instruments and burs. In general, every effort will be made to have the instruments available to do operative procedures.
- Scrubs and comfortable shoes will be appropriate to wear during the project.
- If you have a comfortable doctor's seat or assistant stool that you would prefer to use, please bring it. You can unload it at the front of the fire house before you park.

Orientation BBQ

Friday night, April 30, please join us at 6:30 p.m. for an orientation/welcome BBQ at the Stonefire Station reception hall adjacent to the firehouse.

Please verify that the number of BBQ attendees you indicated at registration is still correct.

Please email any changes to Barbara Rollins at Rollins@vadental.org.

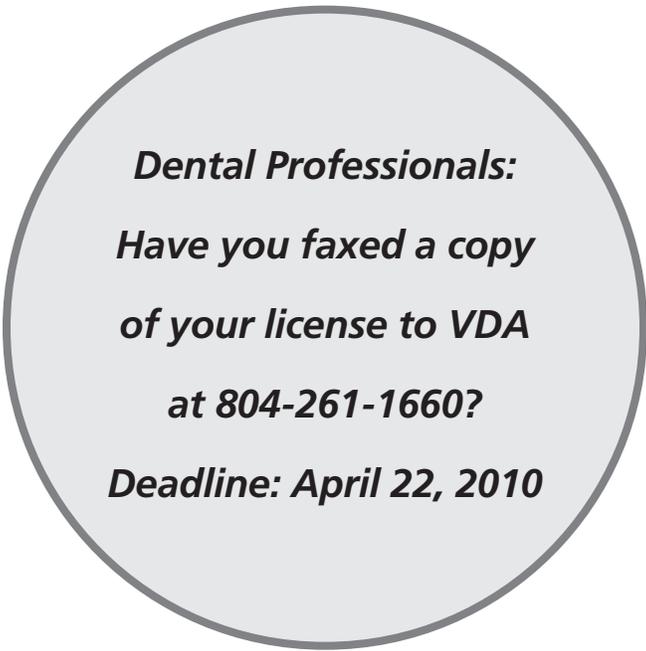
Schedule

Friday, April 30

9:00 a.m.	Set up begins
Noon	VDA arrives
2:00 p.m.	Triage begins
6:30 p.m.	Orientation/Welcome BBQ

Saturday, May 1

5:30 a.m.	Firehouse opens
6:00 a.m.	Dr. Brooks meeting with VCU students; pre-registered patients seated
6:30 a.m.	*Orientation for all dental professionals*
	*This is an important orientation session including information on the operation of the clinic, how to deal with medical emergencies, patient flow, communications and security.
7:00 a.m.	Clinic opens; Same day patient registration begins



***Dental Professionals:
Have you faxed a copy
of your license to VDA
at 804-261-1660?
Deadline: April 22, 2010***

For All Volunteers

Parking: You may drop off and pick up your supplies and equipment at the main fire house. However, after dropping off your supplies you must move your car and park in the grass field immediately adjacent to the firehouse. Both parking areas will be staffed by attendants to facilitate parking and traffic and to direct you the entire time.

Volunteer Check In: Volunteer entrance is at the center back of the building. Volunteer check in is straight ahead of volunteer entrance just before the food tent. Cliff DeMers from Roanoke is handling name tags and check-in as he has done so generously for other MOM projects. All volunteers will need to check in and check out at the volunteer check in desk each day you work. T-shirts, badges, instructions and a warm welcome await you at volunteer check-in.

Reminders:

- Food will be provided for all volunteers starting with a continental breakfast at 5:30 a.m. Saturday
- Jeans and comfortable shoes are appropriate
- Spanish translators will be available
- If it rains, bring an extra set of shoes for when you are outdoors.
- Please check in and check out at the volunteer desk each day. It's easy; it's right by the food!

Volunteers can be identified by t-shirt color:

- Dental – personal scrubs or lavender t-shirt
- Medical – green t-shirt
- Team Leaders – blue t-shirts
- Translators – orange t-shirts
- General – yellow t-shirts
- VCU Student Leaders – Red t-shirt

Important Addresses and Driving Instructions:

MOM Venue/The Barboursville Firehouse

5251 Spotswood Trail
Barboursville, VA 22923

Stonefire Station (Friday night BBQ)

5361 Spotswood Trail
Barboursville, VA 22923

Holiday Inn Express, Orange

750 Round Hill Drive
Orange, VA 22960

James Madison's Montpelier

11407 Constitution Highway
Montpelier Station, VA 22957

Best Western Charlottesville Airport Inn & Suites

5920 Seminole Trail
Ruckersville, VA 22968-0900

From Richmond: Take 64 W to US-15. Exit 136 towards Gordonsville. Take a right on James Madison Hwy/US-15N. Enter next roundabout and take second exit to US-33/Spotswood Trail. Fire house on your right.

From Charlottesville: Take Rt 20 N and turn left onto Spotswood Trail/US-33. Drive half a mile and Fire House will be on your right.

From Culpeper: Take US-15 S to Orange and then follow directions from Orange.

From Orange: Take Hwy 20 S. Turn right onto US-33/Spotswood Trail. Fire House will be less than a quarter mile on your right.



Still have questions? Please email Glennah at gpekey@aol.com or call 540-972-4347.

Health Screening Job Descriptions

Position Description: Medical Director

The Medical Director provides consultation for Health Screening services offered at the Roanoke Mission of Mercy project. Health screening services are provided during the event to identify patients who may present a medical risk(s) for dental procedures. The Health Screening services include:

- Blood pressure screenings
- Blood glucose screenings
- Body Mass Index (*optional and self-reported*)
- Medication evaluation
- Prothrombin Time/International Normalized Ratio (*PT/INR*) screenings (*when indicated*)
- Post-exposure evaluation for potential blood borne pathogens exposures

Pre-event Activities:

- Working directly with the chairperson of the Health Screening Committee and the Dental Director to establish acceptable “screening parameters” for the above services.
- Working directly with the chairperson of the Health Screening Committee in approving an “Exposure Control Plan for Blood Borne Pathogens” and “Post-exposure Procedures” for source patient and volunteers.
- Recruit volunteer physicians and/or mid-level providers who are available for medical consultation on-site during the event. Determine orientation needs for these volunteers. Assist the Health Screening chairperson in creating a provider work schedule for the event.

Event Activities:

- Provide on-site consultation with Health Screening chairperson/dental services/participant in the event participant exceeds safe medical screening parameters
- Consultation with PT/INR staff/dental/participant in the event participant exceeds safe parameters
- Support and identification of actual blood borne pathogen exposures

Post-event Activities:

- Attend debriefing meeting

Position Description: Health Screening Volunteer

Candidates:

RN (*Registered Nurse*), LPN (*Licensed Practical Nurse*), EMT (*Emergency Medical Technician*), FNP (*Family Nurse Practitioner*), PA (*Physician Assistant*), CNA (*Certified Nursing Assistant*)

Note: Licensure will be verified by Medical Director

Job Description:

To support this mission by being able to provide all of the following basic medical screenings for each participant:

- identify participants currently on blood thinners
- review medical history for drug allergies and completeness
- blood pressure reading (*use of manual sphygmomanometer/cuffs*)
- blood glucose value (*using lancets and Precision Xtra blood glucose monitor*)
- pulse measurement
- highlight and record values; to be used in dental triage process

Health Screening Station Instructions – *Sample*

Function:

To support this mission by providing basic health screenings for each participant; to include blood pressure and blood glucose screenings and to highlight for dental triage those parameters below that may be of concern prior to and regarding dental treatment.

1. *Anticoagulant Medication Check – Please ask prior to screening participant*

- ARE YOU ON ANY ANTICOAGULANT SUCH AS COUMADIN/WARFARIN? IF YES, document and highlight name of anticoagulant on registration form AND refer participant to nursing supervisor for PT/INR evaluation before performing any further screening

2. *Drug Allergies – ASK, DOCUMENT AND HIGHLIGHT IF ANY DRUG Allergies On Registration Form*

3. *Blood Glucose – OSHA requires change of gloves prior to serving each participant. Place used lancets ONLY into dirty sharps containers; all other refuse place in regular trash*

- Document blood glucose value on participant copy, registration form and tic sheet
- 200 and above? Please highlight elevated value on all forms
- Below 70mg/dl? Too low, as defined by the American Diabetes Association (*Diabetes Forecast, April 2009, Checking Your Blood Glucose by Erika Gebel, PhD*) If complaints of low blood sugar symptoms, (*shakiness, fainting*) please notify nursing supervisor - snacks available based on medical need

IF ELEVATED BLOOD GLUCOSE, PLEASE ASK:

- Do you have diabetes?
- Are you on any diabetic medicines? Have you taken meds today? Record answer on registration form; example: dx Diabetes, on diabetic meds, taken today, OR on diabetic meds, not taken today

4. *Blood Pressure – clean stethoscope ear pieces with alcohol when passing equipment on to the next shift*

- Document blood pressure reading on participant copy, registration form and tic sheet
- 165/100 and above? Repeat blood pressure reading after several minutes, document and highlight all elevated readings on all forms

IF ELEVATED BLOOD PRESSURE, PLEASE ASK:

- Do you have high blood pressure?
- Are you on blood pressure medicine; Have you taken it today? Record answer on registration form; example: dx Hypertension, on hypertension meds, taken today, OR on hypertension meds, not taken today

5. *Pulse – document on registration form and highlight if irregular*

Sample Health Screening Supply List (One Day MOM)

- 8 Precision Xtra Glucometers
- 8 3V Medical #2032 Batteries
- 8 Boxes/#100 (Total 355) Lancets
- 6 Sleeves/#200 (Total 1200x2) Gauze Sponges for screening, recheck
- 7 Boxes/#200 (Total 1400) Alcohol wipes for screening, recheck
- 7 Boxes/#100 (Total 700) Band-Aids for screening, recheck
- Gloves:
 - 3 boxes/#100 (Total 300) SMALL
 - 8 boxes/#150 (Total 1200) MEDIUM
 - 3 boxes/#100 (Total 300) LARGE
- 8 Dirty Sharps Containers
- 1 Eyewash Station (*unused/2 bottles*)
- 8 Trash Cans
- 75 Trash Can Liners
- 15 80z Hand Sanitizer
- 9 Rolls Paper Towels
- 750 Precision Xtra Blood Glucose Test Strips (*Electrodes*)
- PDI Sani-Cloth Plus Germicidal Disposable Cloth Canisters (*for wiping blood spills*)
- Centrifuge (*need electrical outlet*)
- 8 Large Adult Cuffs/covers
- 8 Regular Adult Cuffs/covers
- 8 Stethoscopes
- 5 boxes sealable sandwich bags

Dental Services Job Descriptions

Position Description: Dental Services Volunteers

1. Patient Escorts: Assist & direct patients from one service area to another.

In Triage Station:

- Manage waiting area. Direct patient to triage.
- Escort patient from triage to x-ray.
- Escort patient from triage to dental hygiene.

In X-ray:

- Manage waiting area. Direct patient to x-ray.
- Escort patient from x-ray back to triage or to restorations, surgical waiting areas.

In Hygiene:

- Manage waiting area. Direct patient to hygiene chairs.
- Escort patient from hygiene to Exit.

In Restoration-Surgery:

- Manage waiting area. Direct patient to dental chair.
- Escort patient from hygiene to Exit.

2. Sterilization:

- Clean and sterilize surgical instruments.

3. Biohazardous Wastes:

- Collect and discard liquid and solid biohazardous wastes.
- Prepare Sci-Med waste containers for pick-up and transport to designated area.

Position Description: Dental Director

The Dental Director works in consultation with the Virginia Dental Association Foundation Leadership to determine: dental services provided at the MOM Project, event layout and emergency protocols. He/she will also work directly with the volunteer chair and the VDAF to recruit dental professionals to volunteer prior to the event (event planning) and during the event.

Pre-event activities:

- Working directly with the chairperson of the Health Screening committee to establish acceptable outcome levels for blood pressure and glucose screenings.
- Working directly with the chairperson of the Health Screening committee in approving an “Exposure Control Plan for Blood Borne Pathogens” and “Post-exposure Procedures” for source patient and volunteers.
- Recruit volunteer dentists, hygienists and dental assistants to provide care during the event. In consultation with VDAF, determine orientation needs for these volunteers. With the VDAF, create a provider work schedule for the event.

Event activities:

- Provide dental care
- Provide consultation to students and volunteers
- Oversee, with VDAF dental services

Post-event activities:

- Attend debriefing meeting

Prevention of Blood Borne Pathogen Exposure

1. Wash hands prior to beginning shift and when ending shift
2. Change gloves with each patient
3. Handle waste properly. Use RED BIOHAZARD CONTAINERS for dirty sharps and REGULAR TRASH CANS for used gauze, bandaids and alcohol wipes.
4. Clean spills with germicidal wipes wearing gloves; place that refuse in biohazard container

Definition of regulated waste: liquid or semi-liquid or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; an pathological and microbiological wastes containing blood and other potentially infectious materials.

PROTOCOL FOR TREATMENT FOLLOWING BLOOD AND OR BODY FLUID EXPOSURES

Definition of blood or body fluid exposure: a percutaneous injury (*needlestick or cut with a sharp object*), contact with mucous membranes, or contact of skin (*particularly when exposed skin is chapped, abraded, or afflicted with dermatitis or contact is prolonged and extensive*) with blood, tissues, or other body fluids. Potentially infectious bloody fluids include blood, bloody fluids, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid and amniotic fluid.

1. Clean wound with soap and water
2. LABS MUST BE DRAWN ON THE SOURCE PATIENT IMMEDIATELY at bloodborne pathogen exposure station (*Roanoke City Health Dept*)
 - Order exposure panel on a down time form (*done at Carilion Clinic*)
 - **Get source name, phone number and address.**
3. Notify the nursing supervisor
4. Fill out employee event form ONLY if Carilion Employee
5. Report to bloodborne pathogen exposure station/Mission of Mercy medical director.
6. If exposure is determined by medical director, proceed to Carilion Clinic emergency room for further evaluation and treatment.

If Carilion Employee; post exposure counseling is provided thru Employee Health, Occupational Medicine, or the Infectious disease Physician. Follow up with the Worker's Compensation office is required.

If NOT Carilion Employee; follow up with your doctor for post exposure counseling.

Pharmacy Duties for Mission of Mercy/Exit Protocol

At the exit tables, please assist each patient by the following duties:

Review each prescription for accuracy, DEA noted on each control prescription, patient allergies, drug interactions.

Notify Terri Bryant for approval for any medication not on approved list:

- Amoxicillin
- Acetaminophen with codeine #3
- Cephalexin
- Clindamycin 150mg
- Darvocet N 100
- Erythromycin 250mg
- Ibuprofen
- Lortab 5/500
- PenVK 500mg
- Generic Peridex
- Percocet 5/325
- Vicodin ES

Counsel patients on proper usage of medications. No prescription refills will be authorized. The prescription expires one week after it is written.

Offer Medical Center Pharmacy and three CVS pharmacies (*Hollins, Towers and 9th Street*) as sites of free medications. Provide maps. *Please note: Medical Center Pharmacy will honor any prescriptions written as a result of a follow-up visit the week of March 29 to April 2, 2010.*

Hand out blank profile sheets to shorten wait times at pharmacies

Ask for Medicaid and VA Premier insurance cards to present at pharmacies. These are the only insurances we will inquire about. Focus is on swift service and ease for each pharmacy.

Direct patients to display tables upon exiting the Civic Center.

I will be available throughout the two-day event providing pre-op medications and answering any of your questions.

Thank you for volunteering with Mission of Mercy. We could not do this without you! Call throughout the day for questions on my cell (761-1753).

Terri Bryant

Sample Letter to Procure VDOT Compressor

January 6, 2010

Mr. Richard L. Caywood
District Administrator
Virginia Department of Transportation
P O Box 3071
Salem, VA 24153

Dear Mr. Caywood:

I have been contacted by Pat Young, project manager of the Roanoke Mission of Mercy (*MOM*) project to be held at the Roanoke Civic Center March 26-27, 2010. As you are aware, these missions are held to provide dental care and medical screening to underserved uninsured adults in Southwest Virginia and several other areas in the Commonwealth. The urgency of this type of service was clearly demonstrated in 2007 and 2008 year when over 2000 uninsured adults stood in line for hours to receive dental services in Roanoke. Volunteer dentists expect to serve over 1,000 patients again at MOM 2010.

I understand that VDOT donated an air compressor and fuel to run the dental units at the Roanoke Mission of Mercy 2007 and 2008 and at similar projects. I would hope VDOT could do the same for next year's project in Roanoke. Ms. Young is requesting a VDOT commercial air compressor, set at 100 psi, with a 100 foot long ½ inch hose and sufficient fuel to allow for continuous running 12 hours each of the two days of the event. The air compressor would be needed the afternoon of March 25 at 1:00 p.m. and could be removed after 5:00 p.m. on Saturday, March 27, or could remain there until the following Monday morning. Arrangements can be made by contacting Bobby Baker at 540-776-4015.

Thank you for your kind attention to this request. I hope VDOT will be able to assist our communities in this very worthwhile mission.

Sincerely,

John S. Edwards

JSE:arb

cc: Pat Young



**This Voucher is good
until July 29, 2010**

Date:

Name:

You have been given a prescription for medication in conjunction with dental treatment at a Mission of Mercy dental fair. Please take your prescription and this voucher within **TWO** days to one of the pharmacies listed on the attached form and you will not be charged for your prescription. If you do not have your prescription, you will not receive medication. If you do not have this voucher, you will be charged for your prescription.

Designated MOM Volunteer:

Logistics Position Descriptions

Position Description: Parking/Security Volunteer

Provide guidance for purposes of parking and other assistance as needed for attendees, staff, and others during MOM project events

Responsibilities/Activities:

- Guidance of vehicular traffic for parking in pre-defined and appropriate areas
- Oversight of a safe and secure area for attendees and staff in pre-defined parking areas
- Assistance through guidance and information for MOM project attendees

Timeframe:

- Four-hour shifts on project dates

Supervision:

- Parking/Security Section Chief

Qualifications:

- Ability to stand for long periods and work in inclement weather

Training:

- To be provided during orientation

Please note: General volunteers are asked to be flexible. Due to the unknowns of the project (*client numbers*), volunteers may be used in different capacities depending on the need. Volunteers could be asked to serve as place holders for clients, to file patient records, etc.

Patient Registration, Patient Exit, Data Entry Policies and Procedures

Greeting Patients

All volunteers are reminded to greet patients graciously and respectfully.

Patient Registration

- 8 tables for patient registration in the Special Events Center (SEC) (see attached event map)
- 2 registration volunteers/table
- 1 patient escort volunteer/table
- See attached volunteer schedule

Patient Flow:

- Patients will be seated in the Patient Registration Waiting area in numeric order however once patient begins receiving services, the numeric order is no longer applicable as patient's time at each station/service area will vary.
- While seated, patients will receive a clip board and be asked to **complete the following**:
 - Patient Record (demographic information) (available in English/Spanish)
 - Patient Waiver (available in English/Spanish)
 - Patient Deemed Consent for Testing (available in English/Spanish)
- Patient will be escorted to patient registration table in the order they are seated.
- **Registration volunteers will review for completeness:**
 - Patient Record (Demographic Information) (English/Spanish)
 - Patient Waiver (English/Spanish)
 - Patient Deemed Consent for Testing (English/Spanish)
- **A patient chart is created.** The patient's "line ticket" number will become the medical record number. Record patient's last name and first name on the chart's tab.
- Verify whether the patient is on "Blood Thinners" or has a "Latex Allergy." If yes, attached a red sticker on the chart's tab.

<i>Sticker Color</i>	<i>Reason</i>
RED	Patient is on blood thinners
BLUE	Patient has a latex allergy

Please note patients on Blood Thinners should be escorted directly to the PT/INR testing table at Health Screenings.

- **Patient will receive a wrist band** with the medical record number on it. Wrist bands are color-coded based on date of service. (See attached wrist band color codes)
- Handicapped/special needs patients may have one escort accompany them. A wrist band will be given to these escorts that links them to the handicapped/special needs patient.
- **Interpretive services** (Spanish primarily, sign and limited other languages) are available as needed.
- When registration is complete, a volunteer will escort the patient to the Health Screenings waiting area.

Patient Exit

- 2 patient exit tables (*2 volunteers/table*)

Patient Flow:

- Patients will present with their chart to Exit table at the end of the dental visit.
- Volunteer will review chart for completeness. Ensure dental encounter form is complete and patient received follow-up care instructions as indicated.
- Patients who had extractions or other surgical procedures will be given a post-surgical pack (*gauze, OTC pain reliever, and follow-up instructions*) by the volunteer.
- All patients given prescriptions will be directed to the pharmacy station at the Exit table.
- Volunteers will file patient chart when complete.

Data Entry

- Volunteers will enter patient demographics, health screenings and dental treatment data into an Excel spreadsheet.
- Work should be saved periodically throughout the day and at the end of each shift onto a Flash drive. These flash drives will be collected by the Patient Registration Chief at the end of each day.

Mission of Mercy
Notice of Deemed Consent for HIV, Hepatitis B or C Testin

If any Mission of Mercy health care professional volunteer should be directly exposed to your blood or body fluids in a way that may transmit disease, your blood will be tested for infection with human immunodeficiency virus (*HIV*), as well as for Hepatitis B and C. A physician or other health care provider will tell you the result of the test. Under Virginia Code 32.1-45.1 (A), you are deemed to have consented to the release of the test results to the person exposed.

In you should be directly exposed to blood or body fluids of a Mission of Mercy health care professional volunteer in any way that may transmit disease, that person's blood will be tested for infection with HIV as well as Hepatitis B and C. A physician or other health care provider will tell you and that person the result of the test.

I certify that I have consented to HIV, Hepatitis B and C testing as described above.

Signature of Patient, Parent/Legal Guardian

Date

Relationship (if signature is not patient)

Signature of Person Obtaining Consent

Date

Mission of Mercy
Notificación of Autorización para Examen de HIV, Hepatitis B ó C

Si alguno de los profesionales sanitarios voluntarios de Mission of Mercy fuera expuesto directamente a su sangre o líquidos corporales en cualquier forma que se pueda transmitir una enfermedad, su sangre será examinada por VIH, también Hepatitis B y C. Un medico u otro proveedor sanitario le dará el resultado del examen. Bajo el Código de Virginia 32.1-45.1 (A), se considera que usted ha dado permiso para dar a conocer los resultados del examen a la persona expuesta.

Si usted fuera expuesto directamente a sangre o líquidos corporales de uno de los profesionales sanitarios voluntarios de Mission of Mercy, en cualquier forma que se pueda transmitir una enfermedad, la sangre de esa persona será examinada por VIH, también Hepatitis B y C. Un medico u otro proveedor de salud les dará a usted y a esa persona los resultados del examen.

Certifico que he dado permiso para hacer eximes de VIH, Hepatitis B y C, come se describe arriba.

Firma del Paciente, Padre/Guardián, o Persona actuando en Loco Parentis

Fecha

Relación *(Si la firma no es del Paciente)*

Firma de la Persona Obteniendo el Consentimiento

Fecha

Mission of Mercy Patient Waiver

IMPORTANT NOTICE

Mission of Mercy volunteers may not be able to provide you with all the services you need, but if you would like to consult with our volunteer team and receive the type of treatment being offered today, **PLEASE READ THE PATIENT WAIVER BELOW VERY CAREFULLY, AND SIGN IT.**

While the volunteer hygienists, dentists and oral surgeons offer high quality procedures with good equipment, I understand that, because of the number of people needing to be seen, I might not receive multiple extractions or multiple fillings. I understand that I might have certain medical conditions which would keep me from having the type of treatment I am requesting. I also understand that the dental care providers are volunteers, some from out-of-town, and are not available for follow-up care in the event of complications. I agree to seek any follow-up care I might need from my local dentist, family physician, or a hospital emergency room.

In consideration of the free dental care services received on the date below, I, for myself and anyone entitled to claim through me, do hereby waive and release the Mission of Mercy or any person or organizations acting on their behalf or sponsoring or volunteering at this clinic, from all claims of liability arising out of my acceptance of such free care including but not limited to medical, surgical, dental, and/or vision care or other health care or medical advice.

I grant to the Mission of Mercy and its agents the right to use my picture, voice and other reproductions of my physical likeness in connection with advertising or publicizing Mission of Mercy services and its activities in all forms of media in perpetuity.

I have read, or had read to me, and understand and agree to all of the above.

Patient signature

Date

In case of an emergency, please contact:

Name

(_____) _____

Telephone number

Are they here with you today? Yes or No

Mission of Mercy Patient Waiver

Anuncio Importante

Es posible que los voluntarios del Mission of Mercy no tengan las capacidades a provenir todos los servicios dentales que usted necesita, pero si usted quisiera consultar con nuestro equipo de voluntarios y recibir los tipos de tratamiento que ellos están ofreciendo hoy, POR FAVOR LEE LA RENUNCIA DE PACIENTES ABAJO CON MUCHO CUIDADO.

Nota a los pacientes dentales: Mientras que los voluntarios que son dentistas, higienizas y cirujanos orales ofrecen procedimientos de alta calidad con equipo que está en una condición buena, yo comprendo que porque hay muchas personas que necesitan tratamiento, es posible que no puedo recibir varias extracciones y varias calzas. Yo comprendo que es posible que yo tengo algunas condiciones medicales que pueden prohibirme de recibir el tipo de tratamiento dental que yo estoy pidiendo. También, comprendo que los voluntarios (*algunas que son visitantes de otras regiones*) no están disponibles para continuar cuidado, si hay problemas después de la clínica hoy. Yo accedo a buscar al cuidado dental después del clínico, si necesito, de un dentista local, mi médico de cabecera o el cuarto de emergencia en el hospital.

En consideración a los servicios libres de tratamiento dental que recibí en la fecha abajo, yo, para mi mismo y alguien que puede hacer una reclamación por mi, yo soy por la presente renuncia y libera al Mission of Mercy, algunas personas o organizaciones que actúan en representación del Mission of Mercy y los que patrocina o volunta a esta clínica, de todas reclamaciones de responsabilidad que provenir de mi aceptación de cuidado gratis que incluido, pero no esta limitado a, cuidado médico, quirúrgico, dental y/o cuidado visual o otro cuidado o consejos médicos.

Doy permiso al Mission of Mercy y sus agentes la derecha a usar fotos, mi voz, y otras reproducciones de mi retrato físico en conexión con la publicidad de la clínica o otras publicaciones sobre los servicios y las actividades del Mission of Mercy en todas las formas de los medios de comunicación a perpetuidad.

Yo he leído, o había leído a mí, y comprendo e accedo a todo que está arriba.

Firma de paciente

Fecha

In case of an emergency, please contact:

Apellido

(_____) _____

Telefono



CLEANING ~ FILLING ~ EXTRACTION

Patient ID #:

PATIENT RECORD / INFORMACION SOBRE EL PACIENTE

DATE: / FECHA:		FIRST NAME / APELLIDO		SECOND / SEGUNDO		PHONE/TELÉFONO							
MAILING ADDRESS/STREET ADDRESS / DIRECCIÓN		CITY/ CIUDAD		STATE/ ESTADO		CODIGO POSTAL							
SEX <input type="checkbox"/> MALE / HOMBRE <input type="checkbox"/> FEMALE/ MUJER		MARITAL STATUS/ ESTADO CIVIL <input type="checkbox"/> SINGLE/ SOLTERO <input type="checkbox"/> MARRIED/ CASADO		RACE (CHECK ONE) <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER		RAZA (MARQUE UNO) <input type="checkbox"/> HISPANIC YES <input type="checkbox"/> HISPANO NO							
NUMBER OF PEOPLE LIVING IN YOUR HOUSEHOLD:		ANNUAL HOUSEHOLD INCOME:		INGRESOS ANUALES DE LA FAMILIA									
NÚMERO DE PERSONAS QUE VIVEN EN SU CASA		CURRENT EMPLOYMENT STATUS: / SITUACIÓN LABORAL:		<input type="checkbox"/> FULL-TIME JORNADA COMPLETA <input type="checkbox"/> PART-TIME JORNADA PARCIAL <input type="checkbox"/> UNEMPLOYED DESEMPLEADO <input type="checkbox"/> RETIRED RETIRADO <input type="checkbox"/> SEASONAL POR TEMPORADA									
DO YOU HAVE MEDICAL INSURANCE? / ¿TIENE SEGURO MÉDICO?		<input type="checkbox"/> YES <input type="checkbox"/> NO											
DO YOU HAVE DENTAL INSURANCE? / ¿TIENE SEGURO DENTAL?		<input type="checkbox"/> YES <input type="checkbox"/> NO											
REGULAR MEDICAL CARE/ CUIDADO MÉDICO HABITUAL <input type="checkbox"/> YES <input type="checkbox"/> NO		LAST MEDICAL VISIT (WHEN, WHY)/ ÚLTIMA VISITA MÉDICA (CUÁNDO, POR QUÉ)		Dr's Name: / Nombre del Médico									
REGULAR DENTAL CARE/ CUIDADO DENTAL HABITUAL <input type="checkbox"/> YES <input type="checkbox"/> NO		LAST DENTAL VISIT (WHEN, WHY)/ ÚLTIMA VISITA DENTAL (CUÁNDO, POR QUÉ)		Dr's Name: / Nombre del dentista:									
		HAVE YOU EVER ATTENDED A MISSION OF MERCY? / ¿HA VISITADO UNA "MISSION OF MERCY" ("MISIÓN DE CARIDAD) ANTERIORMENTE?		<input type="checkbox"/> YES <input type="checkbox"/> NO									
		LOCATION OF PREVIOUS MISSION OF MERCY: / DIRECCIÓN DE LA "MISSION OF MERCY" (LA MISIÓN DE CARIDAD) QUE VISITÓ.		<input type="checkbox"/> YES <input type="checkbox"/> NO									
MEDICATIONS YOU CURRENTLY TAKE/ MEDICAMENTOS QUE ESTA TOMANDO													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"></td> <td style="width: 50%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>													
DO YOU TAKE BLOOD THINNERS? / ¿ESTA TOMANDO / ANTICOAGULANTES?		<input type="checkbox"/> YES <input type="checkbox"/> NO											
MEDICAL HISTORY				DRUG ALLERGIES		Vital Signs and Lab Findings							
<input type="checkbox"/> DIABETES <input type="checkbox"/> CURRENTLY PREGNANT <input type="checkbox"/> HEPATITIS <input type="checkbox"/> OSTEOPOROSIS <input type="checkbox"/> HEART DISEASE <input type="checkbox"/> HIV+ <input type="checkbox"/> ASTHMA <input type="checkbox"/> WEAR GLASSES/CONTACTS <input type="checkbox"/> ARTHRITIS <input type="checkbox"/> ANEMIA <input type="checkbox"/> SEIZURES <input type="checkbox"/> CHICKEN POX <input type="checkbox"/> HEARING LOSS <input type="checkbox"/> TOBACCO USE <input type="checkbox"/> VISION LOSS <input type="checkbox"/> RADIATION TX <input type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> HIGH/LOW BP <input type="checkbox"/> SCARLET FEVER <input type="checkbox"/> EXCESSIVE BLEEDING <input type="checkbox"/> SHUNTS <input type="checkbox"/> RHEUMATIC FEVER <input type="checkbox"/> MITRAL VALVE PROLAPSE <input type="checkbox"/> JOINT REPLACEMENT				<input type="checkbox"/> NONE <input type="checkbox"/> PENICILLIN <input type="checkbox"/> TCM/DCN <input type="checkbox"/> EMYCIN <input type="checkbox"/> SULFA <input type="checkbox"/> FLAGYL <input type="checkbox"/> CEPHALOSPORIN <input type="checkbox"/> SPECTINOMYCIN <input type="checkbox"/> FLUOROQUINOLONES <input type="checkbox"/> LATEX <input type="checkbox"/> OTHER/OTRO		<input type="checkbox"/> BP <input type="checkbox"/> PULSE <input type="checkbox"/> GLUCOSE <input type="checkbox"/> FASTING PT/INR FINDINGS							
HISTORIAL MÉDICO				ALERGIAS A MEDICAMENT		Notes							
<input type="checkbox"/> DIABETES <input type="checkbox"/> EMBARAZADA <input type="checkbox"/> HEPATITIS <input type="checkbox"/> OSTFOPOROSIS <input type="checkbox"/> CARDIOPATÍA <input type="checkbox"/> HIV+ SEROPOSITIVO <input type="checkbox"/> ASMA <input type="checkbox"/> USA I FNTE/SI FNTE I AS <input type="checkbox"/> ARTRITIS <input type="checkbox"/> ANEMIA <input type="checkbox"/> CONVULSIONES <input type="checkbox"/> VARICELA <input type="checkbox"/> PÉRDIDA AUDITIVA <input type="checkbox"/> USA TOBACO <input type="checkbox"/> PERDIDA DE VISTA <input type="checkbox"/> RADIOTRAPIA <input type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> PRESIÓN SANGUINIA ALTA/BAJA <input type="checkbox"/> ESCARLATINA <input type="checkbox"/> SANGRA EXCESIVAMENTE <input type="checkbox"/> VÁLVULA DE DER <input type="checkbox"/> FIEBRE REUMÁTICA <input type="checkbox"/> PROLAPSO DE VÁLVULA MISTRAL <input type="checkbox"/> PROTESIS ARTICULAR				<input type="checkbox"/> NINGUNA <input type="checkbox"/> PENICILINA <input type="checkbox"/> TETRACYCLINE/DOSICICLINE <input type="checkbox"/> EMYCIN <input type="checkbox"/> SULFA <input type="checkbox"/> FLAGYL <input type="checkbox"/> CEPHALOSPORIN <input type="checkbox"/> SPECTINOMYCIN <input type="checkbox"/> FLUOROQUINOLONES <input type="checkbox"/> LÁTEX <input type="checkbox"/> OTROS									

DENTAL HISTORY

- UNDER DOCTOR'S CARE
- GUMS BLEED WHEN BRUSHING,FLOSSING
- SENSITIVE TO HOT/COLD
- WEARS PARTIAL, BRIDGE,DENTURES

TRIAGE NOTES:

RX? NAME & AMOUNT: _____

TRIAGE DENTIST: _____

Date: _____

TREATMENT/COMMENTS:

Restorative: Include tooth #, surfaces, material, anesthesia...and any relevant notes

Oral Surgery: Include tooth #, Surgical vs. Non Surgical, anesthesia...and any relevant notes

RX? NAME & AMOUNT: _____

ATTENDING DENTIST: _____

Date: _____

Patient Registration Position Descriptions

Position Description: Interpreter

To ensure non-English speaking patients get the information and services they require

Responsibilities/Activities:

- Assist non-English speaking patients through the clinic process, providing translation services as needed

Timeframe:

- Four-hour shifts on project days

Supervision:

- Volunteer Committee Chief

Training:

- Any necessary training will be provided on-site
-

Position Description: Patient Escort

To manage patient flow

Responsibilities/Activities:

- Assist patients through registration process, medical/dental screenings, procedures, and exiting the clinic

Timeframe:

- Four-hour shifts on project days

Supervision:

- Volunteer Committee Chief

Training:

- Any necessary training will be provided on-site
-

Position Description: Patient Registration

To register patients for services

Responsibilities/Activities:

- Answer patient questions about registration process
- Collect necessary information for patient charts
- Direct patients to appropriate seating area
- Collect data as patient exits
- Ensure completed records are filed properly

Timeframe:

- Four-hour shifts on project days

Supervision:

- Patient Registration Chief

Training:

- Any necessary training will be provided on-site by patient registration leaders
-

Please note: General volunteers are asked to be flexible. Due to the unknowns of the project (*client numbers*), volunteers may be used in different capacities depending on the need. Volunteers could be asked to serve as place holders for clients, to file patient records, etc.

Food & Beverage Position Descriptions

Position Description: Food Volunteer

To ensure that volunteers and patients have the food/beverages that they need during project hours

Responsibilities/Activities:

- Assist the Food and Beverage Committee in setting up food distribution area
- Prepare food for patients/volunteers
- Distribute food to patients/dentists

Timeframe:

- Four-hour shifts on project days

Supervision:

- Food and Beverage Committee Chief

Training:

- Any necessary training will be provided on-site
-

Please note: General volunteers are asked to be flexible. Due to the unknowns of the project (*client numbers*), volunteers may be used in different capacities depending on the need. Volunteers could be asked to serve as place holders for clients, to file patient records, etc.

A Summary of Food Consumed by 400 Adults (*Volunteers Only!*) at the One-Day Piedmont Regional MOM

1,000 soft drinks	50 lbs. of chicken salad
4,000 bottles of water	Case of tomatoes
14 gallons of iced tea	Case of lettuce
15 lbs. of coffee	2 cases of bread
3 boxes of tea (10 bags each)	50 lbs. of pasta salad
6 qts. half and half	250 hot dogs and buns
180 Bagels	4 jars of relish
320 Breakfast wraps	Case of mustard
200 Kite's ham biscuits	Case of ketchup
150 cups of yogurt	Chopped onions
200 bottles of assorted juices	6 cases of chips, pretzels
2 cases of melon	60-70 dozen desserts (<i>cookies, brownies, cakes, muffins</i>)
1 case of prepared pineapple	6 gallons ice cream
2 cases of grapes	125 ice cream cones
1 case of bananas	100 tootsie roll pops
3 flats of strawberries	
32 lbs. of oranges	

What is the MOM Piedmont Regional Dental Day?

MOM stands for Mission of Mercy. The MOM Piedmont Regional Dental Day will provide free dental services to as many uninsured adults in our area as possible in a one-day dental clinic. The clinic anticipates capacity to serve between 500 and 600 patients.

Where and when will the MOM Piedmont Regional Dental Day take place?

The MOM Piedmont Regional Dental Day will take place May 1, 2010, starting at 7:00 a.m. at the Barboursville Fire House (*5251 Spotswood Trail, Barboursville, Virginia 22923*).

Who sponsors the MOM Piedmont Regional Dental Day?

MOM was created by the Virginia Dental Health Foundation (*VDHF*), an arm of the Virginia Dental Association (*VDA*), to serve citizens with little or no access to dental care. The MOM Piedmont Dental Day is co-sponsored by the VDHF, Virginia Commonwealth University, and the newly established Orange County-based Piedmont Regional Dental Clinic (*PRDC*), with support from area Free Clinics.

What dental services will be delivered?

Dental services provided will include: 1) Preventative dentistry—teeth cleaning, fluoride application, sealants, oral hygiene, and nutritional counseling; 2) Restorative dentistry—fillings; and 3) Extractions, limited surgery. Each patient will receive at least one dental service. If the patient needs more than one service a list of other dental care resources where they may receive treatment will be provided.

Who is eligible to receive free dental services?

MOM Dental Days are held in underserved areas of the state to serve working poor, underinsured, and uninsured people in need of dental care. The Mission of Mercy serves people with no other dental care option. This Mission of Mercy project will serve adults over 18 years of age.

How can individuals receive dental services on May 1?

Dental care will be provided on a first-come, first-served basis. Because there is such a great demand for dental care in our region, it is likely that the clinic will reach capacity by very early Saturday morning. **It is strongly recommended that those wishing to receive service pre-register on Friday, April 30, 2010, at 2:00 p.m. at the Barboursville Fire House.** Friday is for pre-registration only. Pre-registration on Friday does not *guarantee* dental service on Saturday unless the patient is among the first 500-600 patients on site. No dental services will actually be performed on Friday.

Patients who have completed pre-registration will be seated at 6:00 a.m. on Saturday. Same day registration starts at 7:00 am on Saturday. The Saturday Clinic is first-come, first-served. On Saturday morning once all the patients who could be treated during the day are in line, the Clinic will be deemed at capacity. Additional patients will be turned away. (*This may happen early Saturday morning.*) A handout on additional dental resources will be provided to anyone wishing it.

Who delivers the dental services?

All dental services will be delivered by fully accredited dentists, dental hygienists, and supervised dental student volunteers.

How can I support the MOM Piedmont Dental Day?

You can support the MOM Piedmont Dental Day by volunteering in any one of a number of ways. More than 350 volunteers are necessary to make the day run smoothly. Volunteers are needed for many tasks, and any help you can give will be greatly appreciated: dental and medical professionals; patient registration; site set-up and take-down; parking and traffic control; trash pick up; Spanish language translators; crowd control; food donations and distribution; records management and transcription, and event planning support. Please register as a volunteer at www.vadental.org for the Piedmont Regional Mission of Mercy.

If you cannot volunteer, you can help by donating money to help defray the cost of the event. Please visit www.vaprdc.org to make a donation to PRDC/Mission of Mercy or send your contribution to Piedmont Regional Dental Clinic, P.O. Box 152, Barboursville, VA 22923.

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A nation-wide need...

More than 100 million people in the United States are without dental insurance. Many suffer from what the U.S. surgeon general calls “a silent epidemic of dental and oral diseases” caused by “profound” disparities in dental care.

“Those who suffer the worst oral health are found among the poor of all ages, with poor children and poor older Americans particularly vulnerable. Members of racial and ethnic minority groups also experience a disproportionate level of oral health problems,” the surgeon general wrote in a 2000 report.

...Reflected in Virginia

The Virginia Employment Commission 2000 Population Projects estimated that one-in-five Virginians live in an area underserved by dentists. Typically these are rural communities with a significant population living in poverty. Individuals in these areas are often left without any dental care to face extreme pain, discomfort, and embarrassment. They are most often people who are employed but poor, and people who are elderly, disabled, or uninsured.

The Mission of Mercy project

In response to this need, the Virginia Dental Health Foundation (*VDHF*) launched the Mission of Mercy (MOM) project, and began to “make caring visible.” The Mission of Mercy projects, staffed and organized almost entirely by volunteers, are one- to three-day dental clinics set up to provide a comprehensive range of dental services to those in need in Virginia. Most clinics are conducted in identified underserved areas of the state where there are not enough dentists and hygienists to serve the oral health needs of the community. Targeted to uninsured and underinsured children and adults, any individual who is able to show up on site is considered eligible to receive services. The intention is not to judge, but rather to serve.

To date, 46 MOM projects have been held across Virginia. For each MOM project, there are hundreds of volunteers who participate. To date, thousands of patients have been provided with more than \$18 million of dollars worth of free dental care. Virginia’s MOM projects have broken records for the largest two- and three-day dental outreach clinics ever conducted in the United States.

May 1: A Local Mission of Mercy: Piedmont Regional Dental Day

In response to the local need, the newly established Piedmont Regional Dental Clinic, along with the Virginia Dental Association and Virginia Commonwealth University, and with support from area free medical clinics, will cosponsor the Piedmont Regional Mission of Mercy on May 1, 2010, at 7:00 a.m. at the Barboursville Fire House (5251 Spotswood Trail, Barboursville, Virginia 22923).

Dental services provided will include: 1) Preventative dentistry: teeth cleaning, fluoride application, sealants, oral hygiene, and nutritional counseling; 2) Restorative dentistry: fillings; and 3) Extractions and limited surgery. All dental services will be delivered by fully accredited dentists, dental hygienists, and supervised dental student volunteers.

The Piedmont Regional Dental Clinic

The Piedmont Regional Dental Clinic (*PRDC*) is a new non-profit organization dedicated to providing low-cost dental services to underserved residents in the Piedmont region of Virginia. The Clinic is modeled after the very successful Augusta Regional Dental Clinic. Although it is just getting started, when fully operational, the PRDC will have permanent offices and a full-time dental staff. The MOM Piedmont Regional Dental Day is the first project of PRDC.

The Virginia Dental Association and Virginia Dental Health Foundation

The Virginia Dental Association (*VDA*) is a non-profit organization, affiliated with the American Dental Association (*ADA*), whose vision is to continually improve the quality of dental education and treatment within the state of Virginia (www.vadental.org). The Virginia Dental Health Foundation (*VDHF*) is a charitable and educational organization established by VDA in 1996 to increase access to dental care for Virginians by generating and redirecting resources throughout the Commonwealth.

The VDHF believes that oral health is an intricate part of the overall health and well being of an individual. Neglected oral hygiene has both physiological and psychological effects. Diseases of the mouth can lead to other serious concerns such as diabetes and cardiovascular disease. Individuals who suffer from medical complications such as cancer and AIDS are at an increased risk for developing oral disease. The programs supported by the VDHF help to alleviate individuals of pain, discomfort, malnutrition, embarrassment, low self esteem and depression that often result from poor oral hygiene.

MOM Dental Days in Virginia

Thus far, a total of 46 MOM projects have been held in Wise County, the Eastern Shore, Northern Virginia, Martinsville, Norfolk, Grundy, Roanoke, Emporia, Goochland, Petersburg, and New Orleans, LA. To date, 33,897 patients have been provided with more than \$18 million worth of free dental care. In 2008, the Foundation spent \$254,000 on its Missions of Mercy projects. Other states have used the Virginia Mission of Mercy as a model: Texas, Kansas, Arkansas, Nebraska, Colorado, West Virginia, Connecticut, and North Carolina.

Some past MOM Projects include:

- Goochland MOM, 2009: 207 patients received an estimated \$134,893 in free dental services
- Emporia MOM, 2009: 958 patients received an estimated \$545,352 in free dental services
- Grundy MOM, 2004-2007, 2009: 2,773 patients received an estimated \$1.6 million in free dental services
- Wise County MOM, 2000-2009: 12,191 patients received an estimated \$6.7 million in free dental services
- Northern Virginia MOM, 2002, 2004-2009: 4,667 patients received an estimated \$1.3 million in free dental services
- Eastern Shore MOM, 2001-2009: 6,213 patients received an estimated \$2.7 million in free dental services
- Petersburg MOM, 2003, 2005, 2007: 249 patients received an estimated \$80,407 in free dental services
- Roanoke MOM, 2007-2008: 1,965 patients received an estimated \$985,746 in free dental services
- Martinsville MOM, 2003: 876 patients received an estimated \$288,145 in free dental services
- Norfolk MOM, 2003: 305 patients received an estimated \$85,619 in free dental services

Donations

To make the Piedmont Regional Mission of Mercy event possible, financial support is needed. Donations to support the Mission of Mercy projects may be made online at www.vaprdc.org or mailed to:

Piedmont Regional Dental Clinic/Mission of Mercy Project
PO Box 152
Barboursville, VA
540.661.0008



Public Relations 101

Public relations is the art of using various techniques to communicate with various audiences about your project.

Steps for Success

Step 1: Identify your key audiences.

- Project partners?
- Donors or potential donors?
- Patients/clients?
- Local or state officials?
- General public?
- Other?

Step 2: Determine what information you want to communicate.

- Project impact and value (*data re: patients served, money saved and/or generated, health outcomes, other project achievements*).
- Feature story describing some key aspects of a project
- General description of project (*what it is/does, target population, hours, community partners/supporters*)
- Special events for the project (*dedication, grand opening, etc.*)

Step 3: Select the most effective medium for communicating the topic to the targeted audience

- Television
- Newspaper
- Radio
- Newsletter
- Magazine

Step 4: Make contact in the appropriate way

- Media Alert
- Press Release
- Phone call to reporter
- Letter to the editor

Step 5: FOLLOW UP. It is very important to build relationships with media contacts. Make sure you always follow-up with a phone call after submitting a press release or media alert.

Helpful Hints

- Always know the message that you want to get across through each media activity. Use data to make your case when possible.
- Recruit college students majoring in communications, local ad agencies, or public relations professionals to help you with your efforts.
- Respond promptly if a reporter calls.
- Follow-up with reporters who are not able to attend the event.
- During an interview, provide the reporter with relevant data, facts, and statistics. Stay focused on the point(s) you want to make. You can often shape a story.
- Use television when you know you will have good visuals. Be prepared to only get 10-15 seconds of coverage.
- When using the newspaper send digital photos with press releases and include the full names of the individuals pictured.
- Use any good press to help promote your project.
 - Send copies of articles to donors, community partners and other significant players in your project.
 - Keep a notebook or file of all of your press coverage.
 - Create an “In the News Page” on your website. Post all press releases and provide links to publish articles or video highlighting your project.
- Send copies of articles to funders as soon as you get them.



Tips for Handling a Media Interview

- Be knowledgeable about the issue. Anticipate likely questions and have answers ready.
- Whenever possible, support your statements with facts, statistics, quotes from experts, comparisons, or personal experiences.
- Talk from the viewpoint of the audience. Don't use jargon or "insider" terminology such as acronyms.
- Speak in personal terms. To be more believable, use "I" not "we."
- Listen carefully to the question and always tell the truth.
- Don't be evasive. Never say "no comment." If you cannot answer a question, always give a valid reason for not being able to answer.
- Don't speculate. If you don't know the answer, say so, then offer to find out.
- Don't answer hypothetical "what if" questions. Say "We don't speculate" and bridge to the real issues.
- If you don't want a statement quoted, don't make it. There's no such thing as "off the record."
- Don't lose your temper or argue with a reporter. You may win the battle, but lose the war.
- If a question contains negative language, don't repeat it in your answer.
- If asked several questions at once, pick the one question you want to answer, answer it, and let the reporter re-ask the others.
- With a forced-choice question, you don't have to accept the reporter's choices, but you can offer a third alternative.

Dealing with the Media: Know Your Rights!

When responding to media inquiries, you have the right to:

- Know who you're talking to – ask the reporter's name and publication or station.
- Know the topic or story angle the reporter wants to pursue.
- Change the location of the interview.
- Have a question repeated or clarified.
- Say you don't have an answer at hand, but will get back to the reporter to clarify. Find out the reporter's deadline and honor it.
- Direct a reporter to the appropriate spokesperson. Be sure to alert the spokesperson to expect a call from the reporter.
- Be treated with the same courtesy you extend to the reporter.



Communications Techniques & Strategies

I. Why do you want the media to talk to you?

- More people will learn about your project
- More donations
- More partners
- More volunteers
- Publicity will help you succeed

II. Who are the media?

- Broader definition of “media” than ever before
 - Traditional media outlets, such as newspapers, radio, and TV, are being increasingly supplemented by, and often replaced by, web-based content, including news websites and blogs.
 - Despite drop in subscriber base, newspapers continue to attract key audiences and are important to cultivate
 - Newspaper subscribers tend to be older, more educated and higher income, and are good targets for project support initiatives.
 - Younger, educated, affluent individuals may not subscribe to print versions of daily newspapers, but tend to keep up with local news electronically, through newspapers’ websites.

III. How do you reach the media?

- Create a media list that is both complete and accurate:
 - Current contact information for each media outlet (*update twice per year*)
 - *Correct spelling of reporter/editor*
 - More than one contact per outlet
 - Assignment Editor
 - Features Editor
 - For blogs, specialty radio and TV shows (e.g. *Good Morning Richmond*) and local/regional magazines, identify the producer or editor in charge of features and breaking news.

IV. How do you create a comprehensive media list?

- Go to the library and check for either Bacon’s or Burrelle’s media list (*Online access to each can also be obtained for a fee through <http://us.cision.com> or <http://www.burrellesluce.com>*)

In the hard copy versions media outlets are listed by city – simply copy the pages you need and call each media outlet to confirm the information is correct.

- Use Google. Search www.google.com using the following key words “media listing (*name of city/state*)” – again you’ll need to call to confirm that info is correct.
- Identify blogs that are relevant to your project and become an active participant
- Once you have created your list make sure you update it every six months (*a great project for a volunteer or intern*).

V. Now you have their names, but they need yours too!

- Create a Source Sheet for use with the media that includes:
 - A link to your organization’s website, if you have one
 - Your project/organization primary contact (include work and cell numbers)
 - Brief description of organization and mission
 - Key statistics about your project (hours/days of operation, services provided, demographic profile of individuals served, data on number of patient visits, number of patients, etc.)

VI. Next Steps

- Make personal contact without “selling”
 - Look for common interests
 - Provide source sheet
 - Encourage call or visit to your organization
 - Contact the media when you have a news or feature story to pitch
 - News is time sensitive, important, has a broad appeal
 - Features are interesting or unique stories, may have a seasonal tie, can be “pitched” well in advance

VII. How to handle a media interview

- Be a great resource
 - Bring supporting data and interesting examples
 - Keep your answers brief
 - Relax, Smile
 - Take as much time as you need
- If you need to correct an answer – stop, pause and start from the beginning.
- If you don’t know the answer, say so – then try to get the reporter in contact with someone who does.
- If you are nervous...
 - Practice in front of a mirror
 - Avoid distracting habits, clothes or vocalizations
- Print copies of any print or web stories or blogs and get transcripts of any radio/TV interviews
 - Send copies of all media coverage to VHCF and to your employees, volunteers and supporters

News Rules

1. Be brief and be gone! Media Alerts and Fact Sheets are the best tools

Media Alert

- Who, what, when, where, why
- Should be sent in advance of event
- Grabs their interest
- Lists a contact person (*important to have 24-hour contact phone, preferably cell as well as office*)

Fact Sheet

- Bulleted summary of key facts
- Includes only essential information
- Indicates why your story is important
- Contains hard data
- Provides anecdotal data in brief form
- Lists a contact person and contact information

2. Give them what they want!

- When they call, meet their deadlines
- Make sure they have what they need to cover you

3. "Pitch" to the right person

- Is it a visual story?
 - If it's emotional or compelling and has "action" that would make good video, pitch local TV using a fact sheet.
 - Make sure you work with the assignment director or health reporter.
- If it's less interesting but still visual, go for a photo...
 - Take it yourself using a digital camera
 - Size to 5 x 7 and save at high resolution as a JPEG
 - Email as a color photo (*the editors can change it to black and white if they choose to use it*).
 - Include a caption when you send it including the date of the event, the names and titles of the people featured a brief description of what went on at the event, and the contact person's name/number/email address.
 - Email it to the photo editor at the local newsletter and include it with copies of your news release

- Send a news release timed for release the day of the event giving the details of the news you'd like people to know
- Send the news release both electronically, via email to your contacts, as well as via the mail – particularly if it includes visuals (*photo*)
- In addition to announcing your news, include background information on your project (*a copy of your fact sheet*) and contact information.
- Some ideas for news releases are:
 - A tie-in that your project has with a “day” or “month” – e.g. cancer screenings available at your free clinic as part of National Cancer Awareness month.
 - A significant new donation to your project
 - A milestone, such as opening a new facility, adding new care giving staff, expanding hours or days of operation, or expanding services
 - Other milestones could include achieving a new level in terms of total patients cared for (or total patients) either during the year or during your project's history

4. Follow up!

- Always send a follow-up to the reporter/media that covered your story, thanking them for their interest and offering to be a resource for them on future stories.
- If they got something wrong, never be critical. If it was a serious error (*for example, saying that your project served 250 people last year, instead of 2,500*), ask print/web sources if they would mind correcting the figure so that the information is correct for the future.
- Newspapers and magazines will print an “errata” correcting the information and will usually change the back copy online to correct it, so that future stories concerning that issue will be correct.
- Radio and TV sources do not air corrections, so drop them a polite note via email (*or in the mail*), thanking them for their interest and kindly correcting the fact/s in question.

Getting publicity is important to the success of your project. Make the commitment. You'll see the results!



Piedmont Regional *mission of mercy*

May 1, 2010
Barboursville, Virginia

The Piedmont Regional Dental Clinic (PRDC) co-sponsored a one-day Mission of Mercy project on Saturday, May 1, 2010, in Barboursville, Virginia. The 47th such Mission of Mercy project held in the Commonwealth of Virginia, this was the first such MOM held in the Piedmont region.

Event Summary

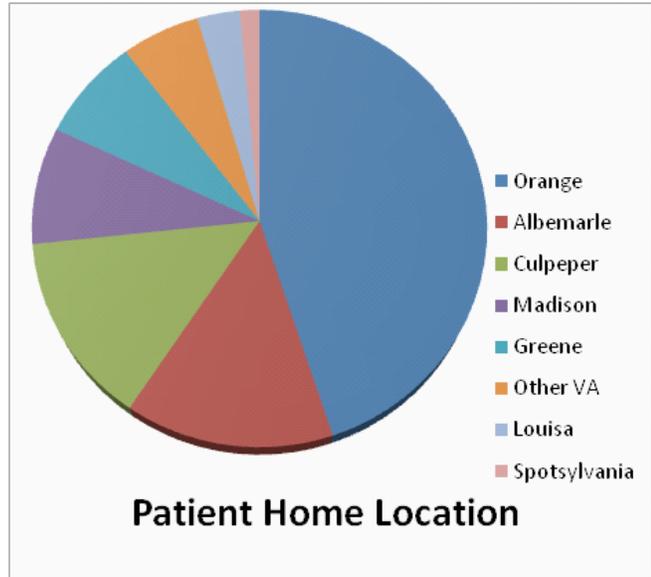
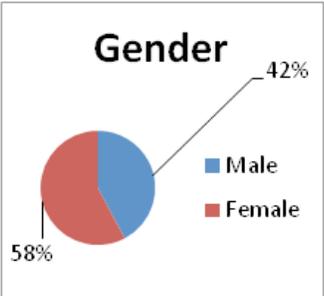
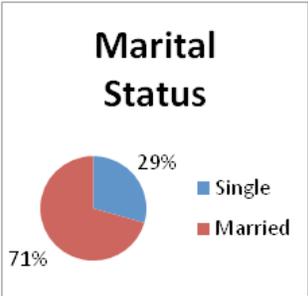
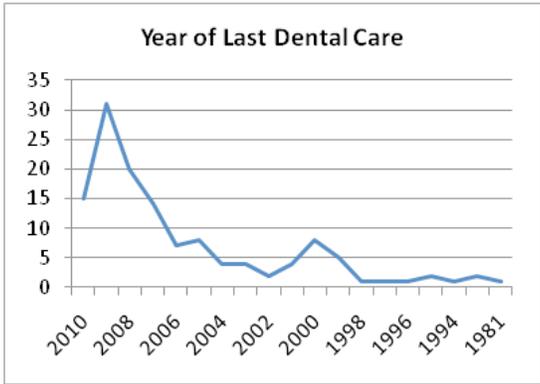
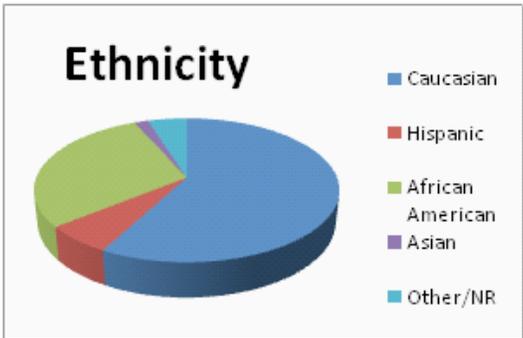
Thanks to the two other co-sponsors, the Virginia Dental Association and the Virginia Commonwealth University School of Dentistry, and with generous financial support from Delta Dental of Virginia, The Northern Virginia Dental Society, Orange County Free Clinic, Orange County, businesses, churches and numerous private donors the one day clinic achieved it's

mission of bringing significant dental care to uninsured adult Virginians in a region where need for this population is acute.

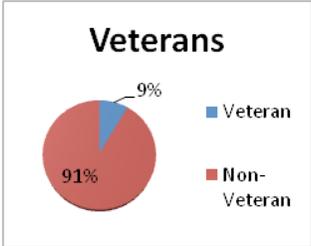
This Event Summary characterizes the patient population served, the efforts of volunteers who made this project possible and the types and value of services provided.

Patients

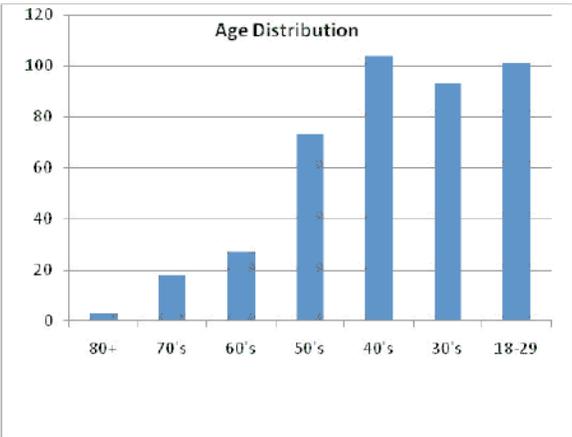
75% had no Medical Insurance
 97% had no Dental Insurance
 99% were new to the MOM clinic



Only one patient was from outside the Commonwealth of Virginia

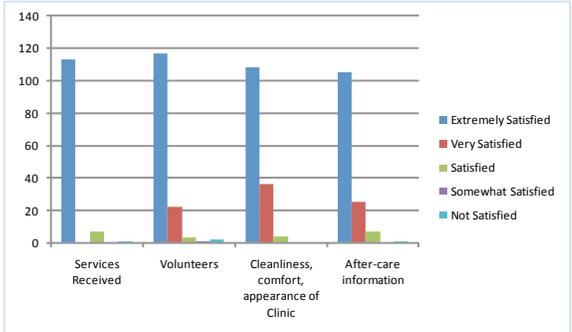


The average patient age was 42 years old. The oldest patient was 91 and the youngest was 18.



Patient Satisfaction Survey Responses

As patients left the clinic immediately after treatment they had the opportunity to provide feedback on a variety of aspects of the PRMOM. In one-on-one personal interviews with trained social workers, patients reported themselves to be extremely satisfied with the Clinic overall. Patients also provided constructive suggestions and an overwhelming number of “thank you’s” to volunteers.



Volunteers

The volunteers were a busy group on May 1st. More than 400 people volunteered time and effort towards the project. In addition to the 12 member organizing committee that worked for more than six months to prepare for the one-day event, there was an enthusiastic turnout from both the dental and medical communities. Virginians from 26 counties volunteered for this one day event including 96 from Orange County, 48 from Albemarle County, 28 from Madison County, 17 from Culpeper County, 4 from Greene

County and 67 from Henrico County (the home of the VCU School of Dentistry).

Immediately after the event an internet-based volunteer satisfaction survey was sent to volunteers. The following responses were received as well as hundreds of individual constructive suggestions and accolades for volunteers who had been particularly helpful throughout the event.

4300 volunteer hours were recorded on-site April 30th and May 1st.

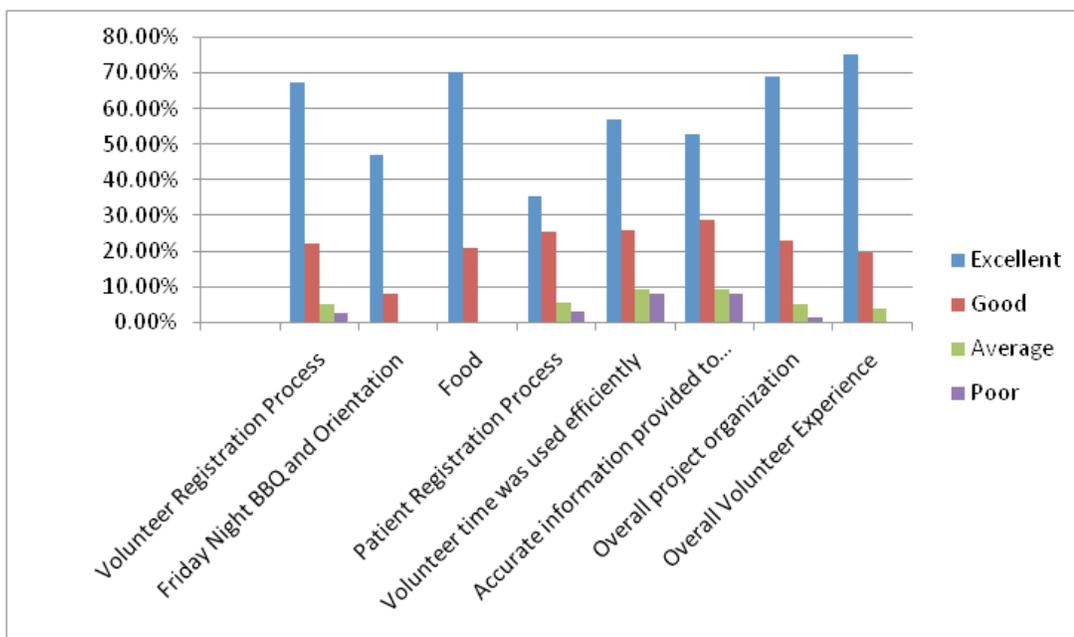
An additional 1500 hours were donated by the organizing committee in the six months prior to the event.

A most meaningful statistic was that 99% of volunteers responding said they would volunteer for another MOM project in the Piedmont.

Dental/Medical Volunteers April 30-May 1, 2010

Specialty	Number
Dentists	47
Other Dental/Tech	23
Dental Assistants	59
Students	78
Medical Doctors	2
Nurses	33
Translators	9
General Volunteers	152

Volunteer Satisfaction Survey



Services Rendered

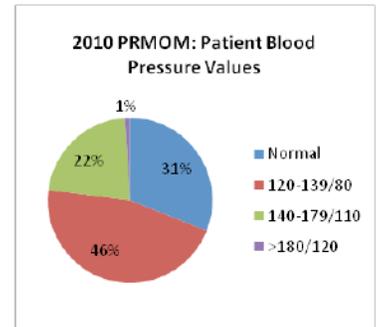
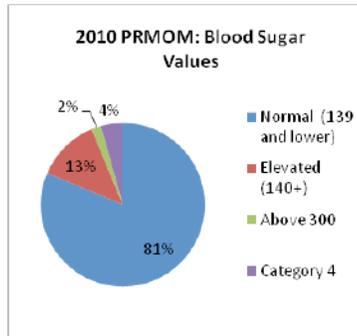
Procedures

Diagnostics and Hygiene	935
Surgical	793
Restorative	583
Endodontics	15
Dentures (full and Partial)	8
Denture Consults	3
Prescriptions	515
Vaccinations	204
Total Procedures	3056

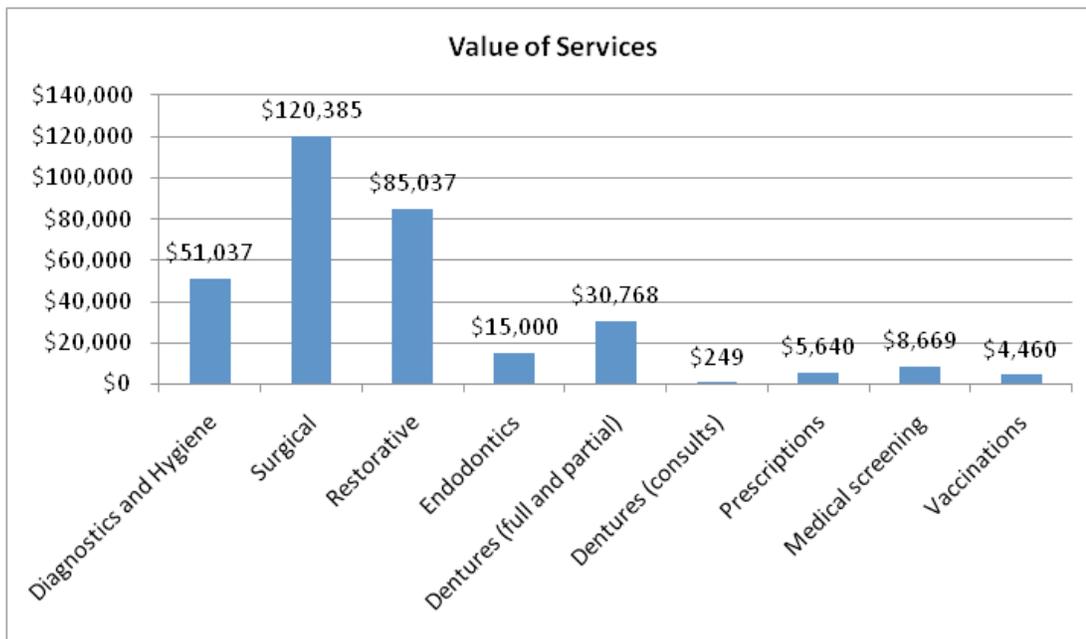
\$321,245 worth of care provided at the Piedmont Regional Mission of Mercy.

\$754.10 worth of care provided to 426 Virginians at the Piedmont Regional Mission of Mercy.

Pharmacies throughout the area including Gordonsville Medical Pharmacy, Inc., Culpeper Pharmacy, CVS of Orange, Orange Pharmacy, Madison Drug Co., Inc. Meadowbrook Pharmacy and Greene Pharmacy provided free or significantly reduced prescriptions for Mission of Mercy patients.



Total number of prescriptions (antibiotics, analgesic, etc.): 515
 Usual & customary cost: \$5,640
 Cost of prescriptions for 2010 PRMOM: \$1,530



Value of Health Screening Services based on 2010 CMS Physician Fees Schedule for CPT Code 99211 – (Limited visit, Blood Pressure) (\$18.17) and 2010 Clinical Diagnostic Laboratory Fee Schedule for CPT Code 82962 – (Blood Glucose) ((\$3.35)

Budget

The final cost of the one day Piedmont Regional Mission of Mercy was \$50,000. The Piedmont Regional Dental Clinic received sufficient donations to cover the cost of the project: \$42,252 in cash donations and \$12,287 in kind donations.

Principle Expenses: \$9000 to Virginia Dental Association for supplies, equipment usage and drivers. \$7500 related to food service for Friday night (dental volunteers only) and Saturday (all volunteers plus water for patients), \$11,000 related to the facility (rental, insurance, port

a johns, ice chests, generators, equipment/rental, security etc), \$4000 for printing and postage, \$4500 for VCU and VDA lodging (reimbursed), \$1875 for volunteer T shirts, \$2500 general/medical supplies, \$1400 for administrative support, \$1500 for pharmacy expenses and \$1000 VDA/VCU unreimbursed expenses (mileage and lodging). Detail of all event expenses available upon request.

Source of donations: 22% of donations were in kind, 12% were cash donations from local civic organizations such as churches and the Orange County Free Clinic, 11% was from grants, 8% VCU/

A donation of \$100 to the PRMOM produced \$642 worth of dental/medical/pharmaceutical care provided in the community on May 1st

VDA lodging reimbursement, 4% of cash donations were from area businesses (in addition to generous in-kind donations) and the balance came unrestricted cash donations from dozens of private individuals throughout the Piedmont region.

Conclusion

May 1, 2010 was a remarkable day in Orange County Virginia. Whether it was for patients receiving unprecedented amounts of free dental services in a single day, for the organizers who brought together the largest health care event of this nature ever held in Orange County, for the dental, medical and general volunteers statewide who contributed their talents and 4300 hours in a 36 hour period to provide care or for the donors who made this event possible, the Piedmont Regional Mission of Mercy created a unique coalition of care. Our mission: to offer an opportunity to uninsured adults to receive significant dental care in a region previously unvisited by MOM projects. In the weeks after the event the Orange Board of Supervisors voted a Resolution of Appreciation and financial support to the Piedmont Regional Mission of Mercy in recognition of our efforts. As the headline of the Orange County Review put it on page one immediately after the event:

MISSION ACCOMPLISHED





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