WHC CLINIC GUIDE

Sharath Reniguntala, MD

2014

GENERAL CLINIC INFORMATION:

1. SIGN INTO EPIC
2. DEPARTMENT: "**PURPLE SOUTH**" or "**PURPLE NORTH**"
3. Click **SCHEDULE** tab in Upper Left
4. Find your name for your scheduled patients.
5. To open an active clinic encounter just double click the patient's name. To preview the patient's info, (e.g., if you're just reading up on a patient and don't want to open a clinic visit) click the **REVIEW** tab
6. ALWAYS check **PROBLEM LIST, ALLERGIES, MEDICATIONS** and check the **Mark As Reviewed** button on the bottom
7. If a patient has more than 10 medications, have the RN review their med list with them
8. It will make your day smoother if you pre-plan the patient list with your MA and go over who may need labs, depression screening etc. You should also look up your patients the day before clinic to anticipate any labs, vaccines, referrals etc.
9. Use the template **FM CLINIC NOTE**
10. Orders – go to **ORDER ENTRY and** click the **During Visit** box if it is during the visit or **After Visit** if it is a future order or a home medication. Assign every order with a diagnosis.
11. All clinic notes should be completed ASAP if you are sending the patient to the hospital/ED or if they have an appointment with another provider the same day. Otherwise have them done w/in 24 hrs.

TELEPHONE ENCOUNTERS

- To document when you make a phone call to a patient.
- Also if you want your team RN to call a patient for you regarding labs, tx, follow up etc.

1. **TELEPHONE CALL** (telephone icon) tab in top row of EPIC
2. Type in patient information
3. Department: WHC PURPLE SOUTH/NORTH
4. **Reason for Call**
5. **Documentation** (write details of what you spoke about or what you want the RN to say to the patient) e.g. Please inform pt that their test was positive for XYZ and I have prescribed ABC
6. **Meds & Orders** (if needed)
7. **Routing "P WHC PURPLE SOUTH TEAM"** or **"P WHC PURPLE NORTH TEAM POOL"**
8. **Close Encounter**

Type 2 Diabetes Practice Guidelines

Hennepin County Medical Center 2013-2014

Screening

Screen all patients every 3 years starting at age 25 due high risk population (ADA recommends general screening at age 45 years). If risk factors present, start earlier and screen annually.

Risk Factors

- BMI>25 kg/m^2 (>23 kg/m^2 in Asian Americans)
- Family history (especially 1st degree relative)
- Hypertension (≥140/90 mmHg)
- Dyslipidemia (HDL≤35 mg/dL and/or triglyceride ≥250 mg/dL)
- High risk for diabetes (prediabetes): A1C 5.7-6.4%, impaired fasting glucose (IFG) 100 - 125 mg/dL; impaired 2 hr glucose tolerance 140 - 199 mg/dL (refer to RD for education)
- Previous gestational diabetes: macrosomic or large-for-gestational age infant
- Acanthosis Nigricans, PCOS

Diagnosis

Lab Tests

A1C ≥6.5%, casual ≥200 mg/dL plus symptoms or fasting ≥126 mg/dL; if positive, confirm diagnosis with second lab test (A1C, casual or fasting plasma glucose) unless unequivocal hyperglycemia (e.g. patient started on insulin with A1C >12%)

Hospital Admission Criteria: BG >250 mg/dL, ketonuria, evidence of acidosis (bicarbonate <19) and/or anion gap >12; BG >500 mg/dL and evidence of dehydration (postural hypotension, tachycardia, increased BUN)

Symptoms

Often none

Common: Blurred vision; urinary tract infection; yeast infection; dry/itchy skin; numbness or tingling in extremities; fatigue

Occasional: Increased urination, thirst, and appetite; nocturia; weight loss

Urine Ketones

Usually negative

Treatment Options

Medical Nutrition Therapy Stage; Oral Agent Stage; Combination Therapy Stage; Insulin Stage; *see Type 2 Diabetes: Master DecisionPath*

Targets

Self-Monitored Blood Glucose (SMBG) Plasma Referenced Meters

- More than 50% of SMBG values within target range
- Pre-meal: 70–130 mg/dL
- Post-meal (1-2 hr after start of meal): <180 mg/dL
- Bedtime: 100–160 mg/dL
- No severe (assisted) or nocturnal hypoglycemia

Adjust pre-meal target upwards if decreased life expectancy; frail elderly; cognitive disorders; or other medical concerns (cardiac disease, stroke, hypoglycemia unawareness, ESRD)

Blood Pressure

<140/80 mmHg (consider <130/80 mmHg if long life expectancy (for renal protection), high risk for stroke; consider <140/90 mmHg if complex patient factors)

Lipids

Cholesterol <200 mg/dL; HDL >40 mg/dL men and >50 mg/dL women; LDL <100 mg/dL; Triglyceride <150 mg/dL

EKG

Baseline testing in adults only

Hemoglobin A_{1c} (A1C)

- Target <7.0% (consider <8.0% if complex patient factors)
- Frequency: every 3 months if target not met; every 6 months if target met
- Use A1C to verify SMBG data

Estimated Glucose and A1C correlation

A1C Value	Estimated Average Glucose (eAG)
6%	126 mg/dL
7%	154 mg/dL
8%	183 mg/dL
9%	212 mg/dL
10%	240 mg/dL
11%	269 mg/dL
12%	298 mg/dL
13%	326 mg/dL

Nathan et al. Diab. Care 31:1473-1478, 2008.

Monitoring

SMBG

Instruct pt. to notify clinic if blood glucose is <70 mg/dL two times in one week or >200 mg/dL for three consecutive days

If on Medical Nutrition Therapy/Oral Medication: 2-3 times/day to start, 2-3 days/week when targets met (before breakfast, before main meal, 2 hrs after main meal).

If on background insulin: 1 time/day at varied times; if on multiple injections insulin:2- 4 times/day (may be modified due to cost, technical ability, availability of meters);

check 3 AM SMBG as needed

Method

Meter with memory that is downloadable and log book

Follow Up

Give pt. Rx for all medications and supplies to cover them until next appointment

Weekly

Office visit when starting Oral Agent, Combination Oral Agent and Insulin Stages

Monthly

Office visit during adjusting therapies or target not met

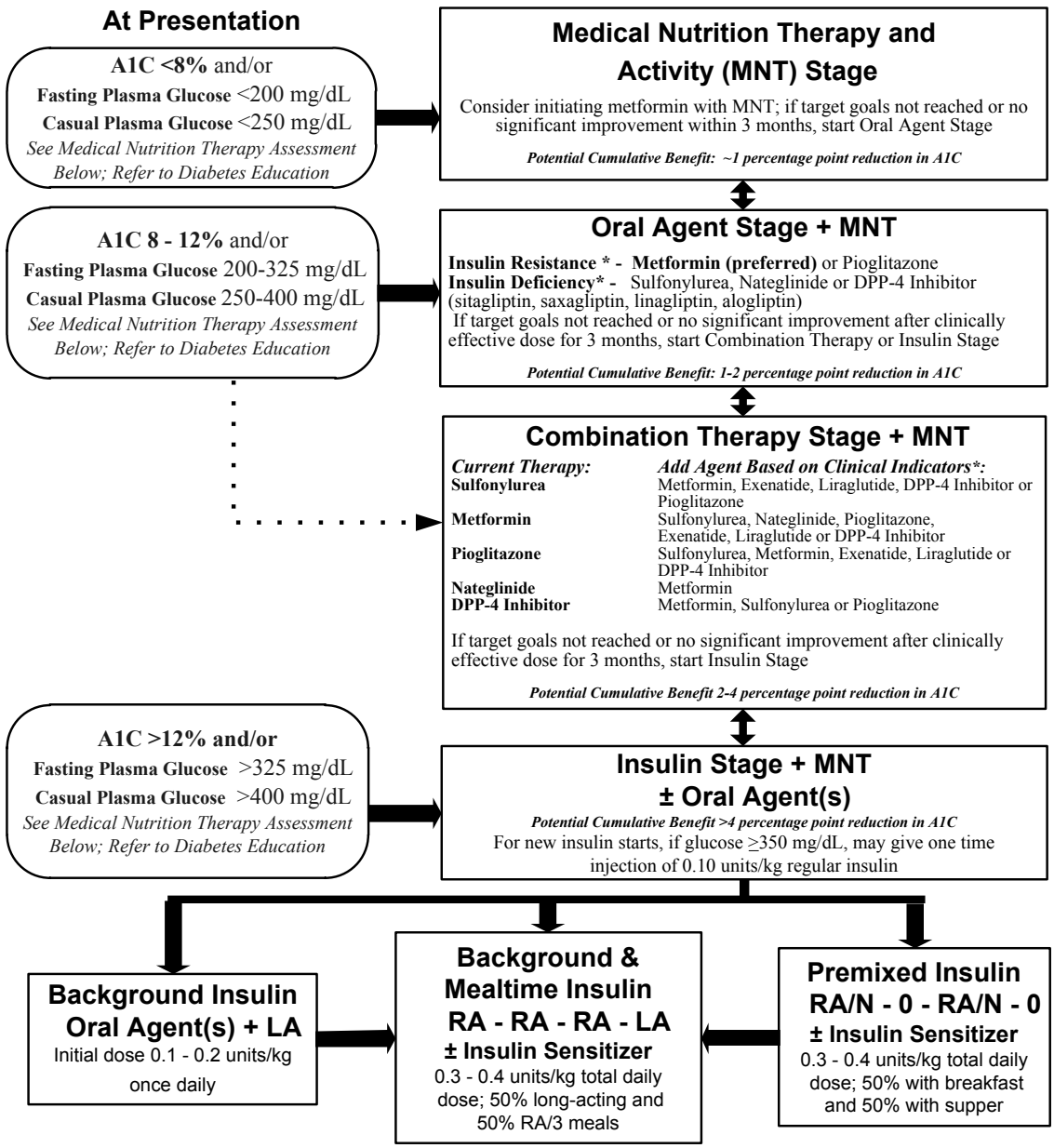
Every 3-6 Months

Hypoglycemia; medications; weight or BMI; BP; SMBG data (download and check meter); A1C; eye screen; foot check; medical nutrition therapy; preconception planning for women of childbearing age; **smoking cessation counseling; aspirin therapy (if appropriate)**

Yearly

In addition to the 3 month follow-up complete the following: history and physical; fasting lipid profile; albuminuria screen; dilated eye examination; dental examination; neurologic assessment; complete foot examination (pulses, sensation and inspection); referral for diabetes and nutrition education; adult immunizations (influenza, pneumococcal (≥2 yrs and revaccination >64 yrs) and hepatitis B vaccination (aged 19-59, consider ≥60 yrs) if unvaccinated)

Type 2 Diabetes: Master DecisionPath HCMC 2013-2014



Staged Diabetes Management[28], International Diabetes Center, 2013

*** Clinical Indicators**

Insulin Resistance: Obesity, HTN, elevated fasting BG, elevated triglycerides, low HDL
Insulin Deficiency: Leaner, elevated post-meal BG, symptoms

Insulins

RA= Rapid-Acting (glulisine [Apidra], lispro [Humalog], aspart [Novolog])
LA= Long-acting insulin (detemir [Levemir] or Glargine [Lantus])
N= NPH
0= None
Dose Schedule: AM - Midday - PM - Bedtime

Comments

1. Continue with medical nutrition therapy throughout all stages of therapy
2. This DecisionPath is bi-directional; patients may move in either direction between therapies
3. Consider insulin sensitizer (metformin) with all insulin therapies, especially when insulin dose >0.7 units/kg

Medical Nutrition Therapy Assessment

Q: How much regular pop, Koolaid, or juice do you drink per day?
Recommend: patient eliminate sweetened beverages from diet.
Q: How much rice or potatoes do you eat at a meal?
Recommend: 1 cup of rice or potatoes per meal.
Q: How many tortillas or bread slices do you eat at each meal?
Recommend: 2 to 4 tortillas or bread slices per meal.
Q: How many meals do you eat per day?
Recommend: eat three meals per day and bedtime snack.
Inform patient that the above recommendations are to be followed until their initial appointment with the dietitian.

Hospital Admission Criteria

BG >250 mg/dL, ketonuria, evidence of acidosis, defined as bicarbonate <19, and/or anion gap >12.
BG >500 mg/dL and evidence of dehydration (postural hypotension,

Labs for Newly Diagnosed Patient with Diabetes

Plasma glucose (fasting or casual); A1C; Serum Creatinine; Microalbumin Screen (Albumin Creatinine/Ratio); ALT; urinalysis
If evidence of diabetic ketoacidosis (DKA) or hyperglycemic hyperosmolar syndrome (HHS); obtain BMP and CBC if infection is suspected; see Hospital Admission Criteria

WARFARIN MONITORING

For target INR of 2.0 to 3.0, no bleeding:*

INR	< 1.5	1.5 to 1.9	2.0 to 3.0	3.1 to 3.9	4.0 to 4.9	≥ 5.0
Adjustment	Increase dose 10 to 20%; consider extra dose	Increase dose 5 to 10%†	No change	Decrease dose 5 to 10%†	Hold for 0 to 1 day then decrease dose 10%	See reverse side.
Next INR	4 to 8 days	7 to 14 days	No. of consecutive in-range INRs x 1 wk (max: 4 wks)‡	7 to 14 days	4 to 8 days	See reverse side.

For target INR of 2.5 to 3.5, no bleeding:*

INR	< 1.5	1.5 to 2.4	2.5 to 3.5	3.6 to 4.5	4.5 to 6.0	> 6.0
Adjustment	Increase dose 10 to 20%; consider extra dose	Increase dose 5 to 10%§	No change	Decrease dose 5 to 10%; consider holding one dose§	Hold for 1 to 2 days then decrease dose 5 to 15%	See reverse side.
Next INR	4 to 8 days	7 to 14 days	No. of consecutive in-range INRs x 1 wk (max: 4 wks)‡	7 to 14 days	2 to 8 days	See reverse side.

MANAGEMENT OF SIGNIFICANTLY ELEVATED INR WITH OR WITHOUT BLEEDING[4]

INR 5.0 to 8.9, no significant bleeding: Omit 1 to 2 doses; reduce dose 10 to 20 percent; monitor frequently. Alternately consider vitamin K1 1 to 2.5 mg orally.

INR ≥ 9.0, no significant bleeding: Hold warfarin therapy; give vitamin K1 5 to 10 mg orally; monitor frequently. Resume at lower dose when INR is therapeutic.

Serious bleeding, any INR: Hold warfarin; give vitamin K1 10 mg slow intravenous (IV) plus fresh plasma or prothrombin complex concentrate, depending on urgency; repeat vitamin K1 every 12 hours as needed.

Life-threatening bleeding, any INR: Hold warfarin; give prothrombin complex concentrate (or recombinant factor VIIa as an alternate) supplemented with vitamin K1 (10 mg slow IV); repeat as needed.

http://www.aafp.org/fpm/2005/0500/p77.html

A Systematic Approach to Managing Warfarin Doses

Mark H. Ebell MD, MS *Fam Pract Manag.* 2005 May;12(5):77-83

PEDIATRICS

EPIC:

1. Review **Growth Chart**
2. Review **Immunizations** to see vaccines given in the HCMC system. Review **MIIC** in upper R corner to see all vaccines ever given in Minnesota.
3. Click **Visit Navigator** then go to **SmartSets** to find the appropriate template for the visit. e.g., 4 month Well Child visit. This includes note templates, suggested vaccinations, suggested labs and follow up visits.
4. Make sure you order hearing and vision for kids 3+ y.o. and lead and hemoglobin for 1 and 2 y.o.

BRIGHT FUTURES: http://brightfutures.aap.org/pdfs/bf3%20pocket%20guide_final.pdf

Bright Futures is a quick reference guide made by the AAP for Well Child Visits

SCREENING: hearing/vision, labs, etc

https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3379-ENG

VACCINATION SCHEDULES:

There are copies of a simplified vaccination schedule on the kiosks. If you can't locate one, here are some links:

0-6 y.o. : http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf

7-18 y.o. : http://www.cdc.gov/vaccines/who/teens/downloads/parent-version-schedule-7-18yrs.pdf

There are also mobile apps from the CDC and ACIP

RESOURCES:

i. EARLY CHILDHOOD INTERVENTION SERVICES in HENNEPIN COUNTY

http://www.hennepin.us/residents/health-medical/early-childhood-intervention-services

ii. Legal Aid referral at Whittier for all children who enrolled in the Dream Act in 2012 and those who were brought to the US before the age of 18.

iii. Aqui Para Ti: female Spanish adolescent support group at East Lake Clinic, moving to Whittier very soon.

OB

Link to Prenatal Care:
http://residents.fammed.org/Manuals/OB%20Book/Prenatal%20Care%20p%20153-5.pdf

EPIC:

1. Click on **Visit Navigator**
2. Find the **OB** tab on the top Right
3. Fill out the **Pregnancy Checklist**
4. Fill out the **OB Flowsheet**
5. If the patient has GDM (Gestational Diabetes Mellitus), also fill out the Gestational Diabetes Mellitus flowsheet. You will learn more about this during your GDM training.
6. Note template, type .OBFMC
7. Orders: from **OB** tab go back to **Provider Info** tab and click on **SmartSets** and type in **904001** or **OB PRENATAL**. Here you will find orders for labs, vaccines.

Fetal Heart Sounds:

Your MA should bring in the Doptone machine to hear fetal heart sounds

Vaccinations:

It is safe to complete Hep B series during pregnancy

Patients should receive Tdap in the 3rd trimester during each of their pregnancies

Substance Abuse in Pregnancy: inform Social Worker ASAP. Get **Pain Clinic Urine** test each visit

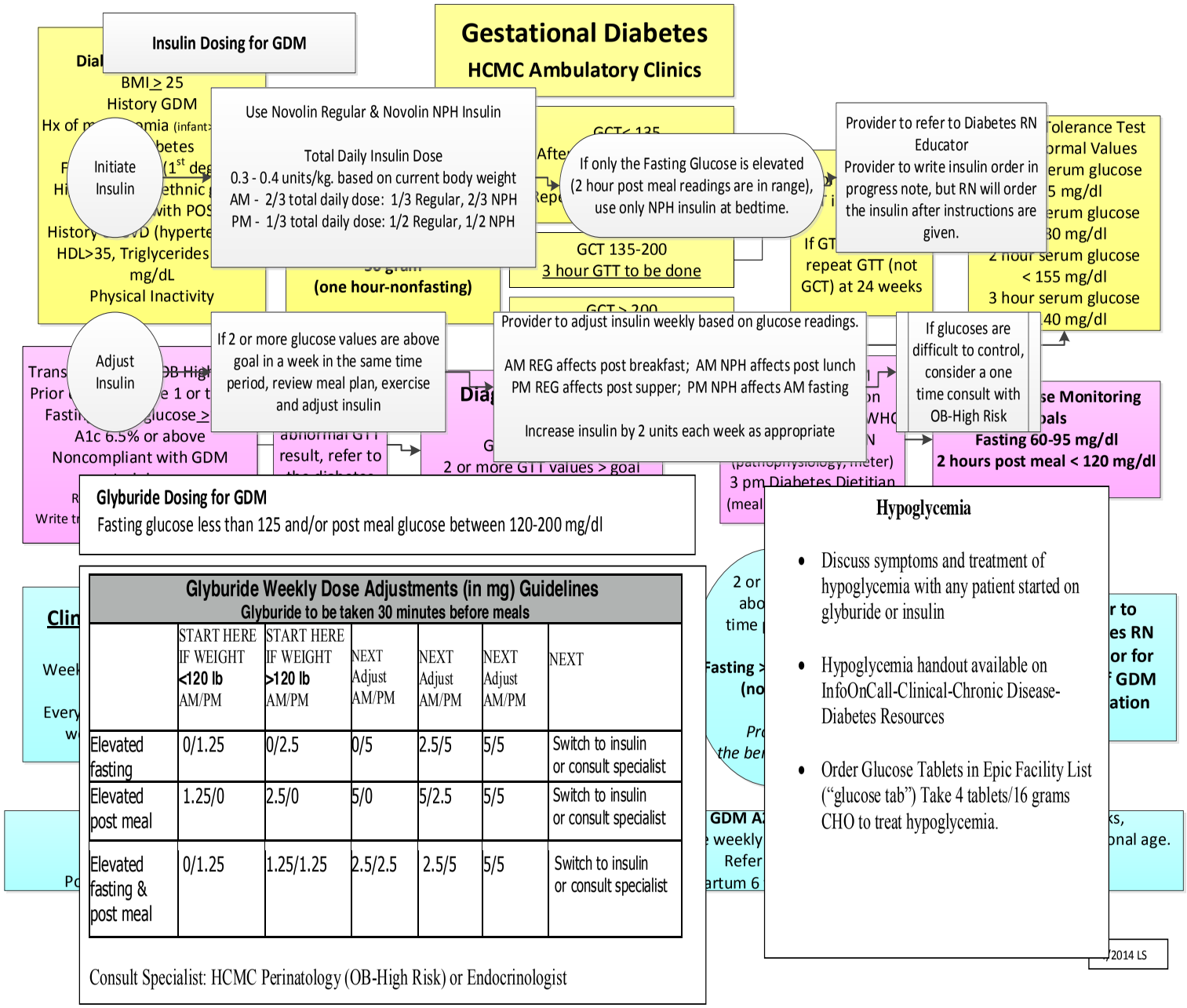
Mental Illness in Pregnancy: consult Psych NP or Dr Dieperink if medications are needed

Post Partum Check or Newborn Well Child Check: Edinburgh Postnatal Depression Scale
http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf (English)
http://www.cdph.ca.gov/programs/mcah/Documents/MO-CHVP-EPDS-Spanish.pdf (Spanish)

Diagnosis of GDM

1. 2 or more GTT values above goal
2. GCT result > 200 mg/dl

IF A PATIENT HAS JUST A HIGH FASTING GLUCOSE ON THE GTT THEY ARE REFERRED TO THE DIABETES DIETITIAN ONLY AND ARE NOT DIAGNOSED WITH GDM.



Glyburide Weekly Dose Adjustments (in mg) Guidelines
Glyburide to be taken 30 minutes before meals

	START HERE IF WEIGHT **<120 lb** AM/PM	START HERE IF WEIGHT **>120 lb** AM/PM	NEXT Adjust AM/PM	NEXT Adjust AM/PM	NEXT Adjust AM/PM	NEXT
Elevated fasting	0/1.25	0/2.5	0/5	2.5/5	5/5	Switch to insulin or consult specialist
Elevated post meal	1.25/0	2.5/0	5/0	5/2.5	5/5	Switch to insulin or consult specialist
Elevated fasting & post meal	0/1.25	1.25/1.25	2.5/2.5	2.5/5	5/5	Switch to insulin or consult specialist

WHC IMAGING

Extension: 37830

X-RAY

- 9AM-12:30PM, 1:30-5PM
- Can order STAT XR
- Any XR except: scoliosis, leg length discrepancy

ULTRASOUND

- 8AM-4:30PM
- Usually must be scheduled, but occasionally can get same day if there are openings
- Must be fasting 6hrs for Gall Bladder or Abdominal US
- Will do Venous Doppler but not Arterial US
- Can get OB US for growth assessment, AFI, Umbilical cord ratio

MAMMOGRAM

- Will do screening mammograms, NOT Diagnostic
- Must be scheduled

ECHO

- Will do TTE every 2nd Wednesday (by US tech, analyzed at HCMC)
- Will not do Stress ECHO (must be done in hospital)

PHARMACY

Extension 37800

- Hours Mon-Thu 8am-9pm, Fri 8am-6pm, Sat 9am-1pm
- Minimal wait time (avg. 10-15 min's) compared to other pharmacies
- Accepts outside prescriptions
- OTC meds discount for HCMC employees
- If pt has no insurance, can get cash discount on OTC and prescription meds
- $4 medications available

HEALTH CARE HOME SERVICES

A Health Care Home (HCH) is an approach to primary care that involves a fundamental partnership between primary care providers, families and patients w/ the goal of improving health outcomes and quality of life for those with chronic or complex health conditions.

Care Coordination

- Participate in initial care planning meeting with provider and patient/family to establish a care plan and set patient-centered goals.
- Contact patient to address goal progress, barriers to care including changes in housing, insurance, ability to fill medications, transportation, appointment compliance etc.
- Connect patients to clinic, community and organization resources (financial aid, social work, legal aid, food shelf, clothing closet, activities, etc.)

Health Care Home candidates

- Complex patients (medical and psychosocial needs)
- Hennepin Health MHP patients

Referral to Health Care Home

- Epic referral: "**CANDIDATE FOR HEALTH CARE HOME CARE COORDINATION**"
- Fill out HCH Tiering form (ask your MA where it is)
- Call or Page gate Community Health Worker when patient is in clinic

Community Health Worker Contact Info

Melissa Kaufhold phone/ pager #	873-7877 / 580-2140
Lourdes Martinez phone/ pager#	873-7876 / 336-0751
Shawn McKinney phone/ pager #	873-7875 / 538-9533
Stephanie Scheffer, RN	873-7959 / 530-0237

Hennepin County Community Paramedic

David Johnson Cell/Pager: 396-6935 / 530-1653 David.Johnson2@hcmed.org

- David will do home visits, check vitals, collect lab specimens, medicine reconciliations

PRIMARY CARE BEHAVIORAL HEALTH SERVICES

ROLE: PCBH team is not to replace the need for specialty psychiatry services but rather to

- help support the management of patients with mild to moderate psychiatric illnesses in the primary care settings.
- providers typically see patients for a minimal number of visits and then hand the patient back to the PCP for further management. This group of providers also becomes the conduit for referral to the specialty psychiatry clinic if a patient's condition warrants more intensive services.

Psychiatric CNP

Alison Sample, CNP Pager: 530-1774 Hours: Tue-Fri 10am-6pm

- provides psychiatric medication consultation services inclusive of assessment, feedback, and treatment recommendations
- Will see adult, peds, OB patients on a short-term basis. Typically 1-3 visits, for medication management. For a curbside consult or warm handoff (if necessary)
- **REFERRAL TO PRIMARY CARE BEHAVIORAL HEALTH**

Psychologists Hours Mon-Fri 9AM-5PM
JoEllen Kozlowski, PsyD Pager: 530-1774
James Anderson, PsyD Pager: 538-2505
Patricia Castellanos, PsyD Pager: 580-9240

- **REFERRAL TO PRIMARY CARE BEHAVIORAL HEALTH**

Adults

- Any patient who needs acute, non-emergent help with behavior change, mental health assessment, or short-term counseling
- Help with developing & sticking with difficult treatment plans (HTN, weight loss, DM, smoking cessation, etc.)
- Managing depression/Anxiety/Anger/Grief/Insomnia/PTSD/ADHD etc.

Pediatric

- Dr James Anderson is the only Psychologist who will see children age 5-17 yo
- For the first visit, **Parents should attend without the child**
- Parents & Dr. Anderson will decide during that visit how to proceed
- Examples for Referral: Attention problems, Behavioral problems, Difficulty following instructions, school problems, Concern about sadness or worrying

SOCIAL WORK SERVICES

Full Time Social Workers:
Theresa Guiterrez phone/pager 873-7885 / 580-5787
Neri Diaz Orellana phone/pager 873-7922 / 580-1443

Assessments
- Psychosocial
- Chemical Health: *Patients needing a "Rule 25" chemical health assessment need to be referred out for this, (one option is Julie Jacobson at East Lake Clinic)*

Reporting
- Child Maltreatment: Physical, sexual, neglect, pregnant teen under the age of 16 with older FOB, pregnant woman who has used illegal drugs (or excessive/habitual alcohol)
- Vulnerable Adult Maltreatment: Physical, sexual, neglect, self-neglect, financial exploitation

Resource and Referral Information:
- Educational resources (parenting, Adult Basic Education, Youth/Child)
- Food / Clothing / Economic Assistance
- Housing / Employment (very limited resources for undocumented immigrants)
- Services for Adults and Children with Disabilities
- Legal: landlord/tenant issues, family law, worker's rights, paternity, immigration, etc.
- Crisis Intervention: suicide/homicide risk, no food, undesired pregnancy, homeless, etc.
- Orientation for New Immigrants
- Advanced Directives

Social Work Referrals
- **Page for immediate consult if safety concern**: **child abuse, vulnerable adult abuse, current family violence, suicide/homicide risk.**
- Please refer all pregnant teens under the age of 18
- Required to make referral and immediately inform SW if: drug use in pregnancy also do **PAIN CLINIC URINE DRUG SCREEN**, or pregnant teen under the age of 16 and older FOB.
- With a new patient, contact social worker while patient is in the clinic for a brief meeting

LEGAL AID SERVICES

Attorney
Carrie Graf, Legal Aid Attorney Phone: 612-746-3607 Email: cgraf@mylegalaid.org
- **REFERRAL TO WHC LEGAL AID**
- Mid-Minnesota Legal Aid provides free civil legal services and provides representation and advice on: landlord/tenant issues; immigration issues; public benefit denials; family law issues; consumer protection issues; disability; elder law; youth law. If necessary, referral to a different legal services provider will be made.

BEHAVIORAL HEALTH RESOURCES

Adult Services	Contact Info.	Language	Payment Method
Medication Management	Mental Health Center (612)-596-9438	Interpreters Available	MA
	North Point Health and Wellness (612)-596-9438	Interpreters Available	MA, Minnesota Care, sliding fee scale
	Associated Clinic of Psychology (612)-925-6033	Interpreters Available	Medicare Part B, Metropolitan Heath Plan (MHP), MA, most private insurance plans
ort-Term Therapy	Whittier Clinic (612)-873-6963	Interpreters Available	MA (except Health Partners)
ng-Term Therapy	HCMC Hennepin Faculty Associates (612)-373-1851	Interpreters Available	You must have health insurance (including medical assistance). They do not accept patients with Medical Assistance plans of UCARE or Blue Cross Blue Shield. There is no sliding fee option available for those without insurance. They will not schedule appointments for patients with MA through the GA program.
	Mental Health Center (612)596-9438	English	MA
	North Point Health and Wellness (612)596-9438	Interpreters Available	MA, Minnesota Care, sliding fee scale
	Community-University Health Care Center (CUHCC) (612)638-0670	Interpreters Available	Free / no cost to eligible clients, sliding fee scale
	Associated Clinic of Psychology (612)925-6033	Interpreters Available	Medicare Part B, Metropolitan Heath Plan (MHP), MA, most private insurance plans
	Lutheran Social Services (888)-881-8261	English Only	MA, private health insurance, private pay, sliding fee scale
	Walk In Counseling Center (612)870-0565	English	Free
	Family Partnership (612)728-2061	Interpreters Available	Private health insurance Sliding fee scale
	North Point Health and Wellness (612)-596-9438	Interpreters Available	MA, Minnesota Care, sliding fee scale
Group Therapy	Community-University Health Care Center (CUHCC) (612)638-0670	Interpreters Available	Free / no cost to eligible clients, sliding fee scale
	Associated Clinic of Psychology (612)925-6033	Interpreters Available	Medicare Part B, Metropolitan Heath Plan (MHP), MA, Most Private Insurance Plans
	HCMC Hennepin Faculty Associates (612)373-1851	Interpreters Available	Same as for Long Term Therapy

SPECIALTY SERVICES AT WHC

PODIATRY Hours: Wed 8AM - Noon

- Kimberly Bobbitt, DPM
- Referrals for diabetic foot ulcer, bunions etc. will not do procedures in clinic.

CARDIOLOGY Hours: Some Mondays 8AM-1PM (check schedule)

- Gautam Shroff, MD
- Simegn Mengitsu, MD

SURGERY

- Jon Krook, MD General/Bariatric Surgery Hours: Most Mondays 1-5PM
- **REFERRAL TO WHC GENERAL SURGERY CLINIC**

PEDIATRICS

- Marjorie Hogan, MD Hours: Wed 8AM-5PM, Fri 8AM-1PM
- Sonja Colianni, MD Hours: Tue 8AM-1PM
- Susan Rosenthal, MD Hours: Tue, Thu 8AM-5PM

PHYSICAL THERAPY

- **REFERRAL TO WHC PHYSICAL THERAPY**

OCCUPATIONAL THERAPY (Hand)

- Hours: Tue 8AM-3PM, Thu 8AM-1PM
- **"HAND THERAPY/OT EVAL & TREAT-WHC"**

CHIROPRACTIC

- Benjamin Backus, DC Hours: Tue, Thu 8AM – 1PM
- Specializes in: chronic and acute musculoskeletal pain and dysfunction
- **"REFERRAL TO WHC CHIROPRACTIC"**

ACUPUNCTURE

- Jessica Brown, LAc, MoM Hours: Tue, Thu 8AM – 1PM
- Specializes in: pain management, oncology support, women's health issues, and post-stroke rehabilitation. Can refer for many other conditions as well.
- **"REFERRAL TO WHC ACUPUNCTURE"**

NUTRITIONIST

- **"REFERRAL TO WHC NUTRITION"**

LACTATION CONSULT/OB EDUCATOR:

Anne Denucci-Lushine

- Prenatal Education: help schedule doula, car seat classes, fears about pregnancy
- **"Referral to WHC OB Prenatal Education"**
- Breastfeeding: get help with breastfeeding, can order breast pump - manual and electronic
- **"Referral to WHC Breastfeeding Education"**

Department Chief	**Phone / Pager**
Jerome Potts	873-8077 / 336-0813
Whittier Clinic Medical Director	
Ayham Moty , MD	873-8058/589-3826
Precepting Room	873-7944
Practice Manager	
Molly Jacques	873-8075/580-6904
Clinic Supervisor	
Tasha Waldron, RN	873-8024/510-4272
Clerical Supervisor	
	873-7895/530-8774
Interpreter Supervisor	
Julio Perfetti-Diaz	873-8017/589-0563
Charge Nurse	873-7945
Front Desk	873-7887
Specialties - Patti Alonso	873-7888

Clinical Scheduler	
Angee Zelaya	873-8070

HIM (Medical Records)	**873-7890**
Regina Dickson	873-7889
Vocera	873-9797
Fax	545-9049

House Keeping	**612-363-8587**

Pharmacy	**873-7800**
Stacy Ferderer/Manager	873-7806
Consult Room	873-7807
Fax	545-9209
Radiology	**873-7830**
Radiology Voicemail (ONLY)	873-7832
Ultrasound / Mammography	5-6531

Purple Team North	873-7949
RN-North	873-7910
Triage (No Voicemail)	873-7920
North MA Workstations	873-7911
	873-7912
	873-7918
	873-7919
FAX	873-1902
Purple Check Out Desk	873-7948
Purple Team South	873-7949
RN-South	873-7930
Triage (No Voicemail)	873-7940
South MA Work Stations	873-7931
	873-7932
	873-7938
	873-7939
FAX	873-1905
Purple Check Out Desk	873-7948

Financial Counselors	Phone
Kevin Ball	873-7881
Jodi Kaiser	873-7882
Maria (Mariuxi) Garcia	873-7883
Fax	873-1901

Social Services	**Phone / Pager**
Theresa Gutierrez	873-7885 / 580-5787
	612-296-7987 Cell
Neri Diaz	873-7922 / 580-1443
	612-296-5983 Cell

Lab / Blood Draw	873-7990
MRI	873-7834
Vein	873-7833
Fax	873-1914
PT / OT / Integrative Medicine	
Direct Care Check-Out	873-7859
PT Clerk Kari Burley	
PT Work Room	873-7850
Psychologists	
Dr. James Anderson	873-8072 / 538-2505 (pager)
Dr. JoEllen Kozlowski	612-580-5082 (pager)
Dr. Patricia Castellanos	612-580-9240 (pager)

Sports Medicine **Chiropractor/ Acupuncture**	
Rehab	873-7855
Sports Med Work Room	873-7840
Sports Med Reception	873-7849