

## Abstract

The Dedicated to Aurora's Wellness and Needs (DAWN) Clinic serves the immigrant, uninsured, and underserved population of Aurora. The majority of their services focus on providing primary care screenings, a variety of specialty appointments, and connecting patients with resources to meet various needs (including health insurance, housing, and food stamps). Currently, the DAWN clinic is unable to provide procedures or surgeries at reduced costs for this patient population who is extremely vulnerable, especially if they are unable to obtain health insurance. This is a retrospective needs assessment study to determine the number of DAWN clinic patients needing surgical/procedural treatment. The aim is to determine the surgical/procedural need then to develop a standardized protocol to track and schedule patients for that specific procedure. Initially, we focused on ophthalmology needs. This data was used to put together a proposal to ophthalmology providers to set up methods and resources for providing these treatments. Eventually, we hope to use the established ophthalmology relationship and protocol as a template to expand to other specialties at this clinic.

The ultimate goal is to create a working surgical/procedural unit that will be a reliable resource for the DAWN clinic. Data was collected via chart review in the electronic medical record system, Practice Fusion, then later, EPIC. We were looking at the assessment and plan of charts for patients seen on specialty nights (by Ophthalmology team specifically) from April 2016-April 2018 for two years of data collection. Data points include diagnoses (eye-related and risk factors/comorbidities, such as diabetes), treatment needed, treatment received, and demographic information. During this time period, we identified roughly 120 patients seen for ophthalmological services, about 20% of which needed procedures. Our goal was to identify the number of patients with surgical/procedural needs, the specific surgeries/procedures needed, and the frequency of these needs. By determining that a need did in fact exist, we were able to build a protocol for working with community providers to meet the need for cataract surgery and laser photocoagulation for diabetic retinopathy. There are no conflicts of interest to report, and COMIRB was not needed (exempt) due to the nature of this project.