

PROMISE FOR HAITI MEDICAL TRAVEL MANUAL

Byenveni nan Lopital Byenfesans nan Pigon *(welcome to the Hospital Bienfaisance of Pignon)*



What do you want to do?

We are delighted you want to work with our hospital and clinic staff, helping to care for our beloved community. We need to know what skills and services you want to offer, and are happy to share information regarding our greatest needs in your areas of expertise. Ideally the trip and team focus would be determined several months in advance. We usually need a minimum of 4 months to find enough patients for your specific team or specialty.

Who should come with you?

You do not need to bring an entire operating room or clinic crew as the hospital staff includes OR scrub techs, circulating staff and floor nurses, as well as anesthetists. However, staff of all types are welcome and can be used for your mission. The local surgeons also will want to scrub with you as they are available. We expect you will want to teach the local physicians and staff, and they will want to learn all they can from you and your staff so they can continue the care of your patients.

Expectations of all Medical Professionals

We are a Christian Institution with the primary goal of our mission to bring people to know the Love of Christ. Secondly, because of his Love for us we work to help the needy and poor people of Haiti who have so little resources. While it is our honor to have you working in the Lord's Mission in Pignon, we expect all team members to behave and act accordingly in a way commiserate with the teachings of Christ. We encourage our teams to interact with our staff, townspeople and patients in a way that reflects our values.

BEFORE YOU COME:

In addition to the general Traveler Form, Traveler Fee Form, and Volunteer Team Form, Medical Professionals should also supply the following:

TEAM LEADER

Please have your team (if applicable) identify a leader to make sure all necessary steps have been taken for all the members of the team, communications with PFH and the Hospital Bienfaisance are clear, and supplies and medicines are appropriately handled before you arrive. It is also important we have a point of contact.

LICENSING

This pertains to **all medical professionals** intending to provide care in country First visit (these can be submitted online on the volunteer page, traveler application form):

- current medical license
- Color passport-size picture

Send these via mail or online (faster) to the PFH Volunteer Coordinator, NO LATER than 2 months before departure. These are permanently filed with the Ministry of Health and other offices around the country.

Subsequent visits:

- Copy of current license emailed to the volunteer coordinator 2 months in advance

MEDICATIONS & SUPPLIES

See the below section. You will need to plan at least 6 months in advance of your trip to make sure your time in Pignon goes smoothly. Even so, you should always be prepared to "expect the unexpected." Things will not always go as planned, and it important you and your team are ready for all contingencies when providing medical care.

COORDINATION OF SERVICES & PATIENTS

The staff of PFH and the Hospital Bienfaisance work very hard to make sure your patients receive good care, that patients come for you to work with, and that they receive good care after you leave. This takes time, patience and understanding when working in a developing world hospital. We will perform to the best of our abilities all we can to make sure your trip is time well spent. It is CRUCIAL that you can let our



staff know several months ahead of your intentions when visiting Pignon so they can properly plan. Many times, patients are coming from long distances to receive care, frequently with no resources of their own. We have to be able to assist in making arrangements for patients and families, so please be respectful that time is valuable in that process.

Medications, Supplies & Shipping

MEDICATIONS

Medical teams should plan to acquire **all** medications needed to support their planned activities at HBP, including antibiotics, general and local anesthetics, narcotics, emergency meds and antihypertensives or other applicable medications. Planning should begin **6 months** ahead of your team trip. Non-controlled medications may be shipped ahead or carried in team luggage. Shipments, if part of HBP's planned 'imports' communicated annually late summer, will be exempt from Customs fees. Anything carried in luggage could be charged Customs, though this rarely occurs.

(See Appendix for sample list of medications)

Stateside acquisition of Medication for your Mission:

1. One's employer/clinic: depending on state statutes, hospital pharmacies can order medications and then donate them to the mission team, including narcotics
2. Americares (www.americares.org): an account is created by a participating physician and the meds must be delivered to a clinic or hospital address
3. King Pharmaceuticals
4. Vendors can be asked to donate
5. IMRES (www.imres.nl)
6. Blessings International (www.blessing.org)
7. MAP International (www.map.org)
8. Direct Relief (www.directrelief.org)
9. Project Hope (www.projecthope.org)
10. International Aid (www.internationalaid.org)

Transport of controlled medications

The DEA requires approval to carry/export controlled substances out of the country. The transporting physician (with a valid DEA number) must have the controlled meds in possession. Then the application process can be started, **a minimum of 2 months** before departure. See http://www.deadiversion.usdoj.gov/imp_exp/med_missions.htm for the detailed description of requirements.

1. The sponsoring local organization (CBP) must send an exact list of the meds to the Ministry of Health requesting approval, certifying their use by the medical team (this is the CNA, Certificate from the National Authority)
2. The waiver application is sent to the DEA electronically and includes the above list, the above CNA, the travel itinerary, a statement of team purpose, contact information, the 222 form for scheduled 1 and 2 substances, and invoices for 3 and 4. *** The 222 forms are easily obtained by requesting them on the website***

3. The DEA approval process can take up to 4 weeks once the application is submitted.
4. This process is continually modified, and it's not unusual for additional information to be requested after the application is sent in.
5. Controlled medications are recommended to be carried in by the sponsoring physician in either carry-on or checked baggage.

IMPORTANT INFORMATION

*** Bringing outdated meds is FORBIDDEN by the Haitian Ministry of Health and if brought into the country will be confiscated in customs. Expired medications at the mission can place the mission in jeopardy with the Ministry of Health and they should not be brought to the mission.

*** There are SOME medications available in country for purchase through HBP, but this is quite variable, and has unpredictable costs and currently undependable.

SUPPLIES

Medical teams should plan to acquire **all supplies** needed to support their planned activities at HBP. For example, a surgical team would need gloves, gowns, caps, shoe covers, anesthesia circuits, endotracheal tubes, airways, IV fluids catheters and tubing, syringes, needles, drapes, packs (for OR cases), Foley catheters, suction tubing, dressings, suture (especially specialized), blood pressure cuffs, stethoscopes and cautery pencils. Leftover supplies are utilized by the hospital after teams leave. A more accurate, real time inventory process is an immediate goal currently in development to assist all in bringing only what's needed, both type and volume. An up to date list will be available soon via our website.

INSTRUMENTATION

Most anything basic is available, but often not organized. One frequently looks through instrumentation the day before to organize for the next day's cases. Specialized instrumentation (plastics, etc) can easily be brought and returned home again. There are basic operative laparoscopic capabilities but it's important to review what's available and verify functionality before starting a case. Endoscopy is also available. The instruments are picked the night before so that they can all be steam sterilized in the central supply room between the two ORs.



SHIPPING

There are a number of ways to ship supplies. Shipping via Mission Flights International (www.missionaryflights.org) from Ft. Pierce, Florida brings everything directly to Pignon, and for volume less than a 20 foot container, is the easiest method. The charge is per pound (currently around \$1.60/pound) and this **includes** Customs charge.

Items should be shipped to:

Hospital Bienfaisance
3170 Airmans Dr. Unit 1039-PFH
FORT PIERCE FL 34946

For larger volumes, it's essential to forecast what will be sent and notify HBP by mid summer so they can be included on the list of expected 'imports' for the government, thereby invoking the 'franchise' (non-profit) customs exemption. The shipment via shipborne container must be sent at least 2-3 months before the team's arrival usually to Port au Prince and then transported to Pignon. There are a number of trusted brokers in Florida and Haiti, that CBP has access to. Please keep in mind the manifest should be EXACT and ACCURATE otherwise you may be charged customs charges.

Staffing at the Hospital Bienfaisance

LOCAL STAFF AND CLINICS

HBP is staffed by a number of physicians, representing Family Practice, Pediatrics, Internal Medicine, General Surgery, OB/Gyn, Anesthesia and Orthopedics. There are also general practice residents doing their required 'social year' done immediately after graduation from medical school. The specialists rotate in and out every two weeks, as they usually conduct a private practice in Port au Prince the opposite weeks that they are in Pignon. So not all specialties are always available.

They provide outpatient care in the clinics, and cover the hospitalized patients 24/7. They also help identify those who will need surgical care by visiting teams, and will ask for clinic consults during the week a team is present too. The surgeons will often scrub in for the team's cases if they are available, help co-manage postoperatively and assume care with the team's departure.

Charts are all paper, stored in the clinic unless the patient is hospitalized. Peri-operative charting, including operative notes, and orders can be done in English. There is a pharmacy that supplies outpatient and inpatient needs, a lab that provides HIV, malaria, TB screening, along with hemograms, urinalysis, cross matching and simple chemistries. The radiology department includes an Xray machine, C-arm and an ultrasound machine, with potential for future image digitalization.

Many teams can provide a great experience for all staff if they can bring nurses that can care for your patients in the hospital both before and after surgery during their hospital stay. Teaching on the nursing level is always welcome and needed. However, translation will be required to be effective.

ANESTHESIA

Bringing your own anesthetist has its own obvious advantages; however, there is a local excellent English-speaking anesthetist who usually staffs the Zanmi Lasante (PIH) hospital in Mirebalais, but will work for a US team if she has enough notice and for the equivalent pay she'd receive there, currently \$200/week, plus per diem in the dorm with the rest of the team. The Ohmeda anesthesia machines are functional but don't have ventilators or end-tidal CO2 monitors. Pulse oximeters are available.

HOW PATIENTS GET TO THE OPERATING ROOM

Patients are identified by the local staff in the local and outlying clinics for their possible need for specific care by the team coming to Pignon. They are then asked to return to HBP at a designated time during the week the team is present.

The OR manager is in charge of coordinating the patients as they arrive, and communicating with the US team. She also coordinates any new patients that are added to the OR schedule which can happen via new consults. She also helps prioritize the cases and the optimal order, based on the resources available.

The cases are done by a combination of US and Haitian providers and support staff. The patients recover in the PACU and then the major cases are transported to their rooms or wards. Post op care is done by both hospital and US team members as collaboratively and constructively as possible, as the hospital staff is eager to learn.

Careful selection of patients is imperative: given the lack of critical care services that providers may be accustomed to stateside. (no critical care services, lack of power overnight, no ability to ventilate patient's outside of the OR, etc.) Discussing peri-operative complications and risk with the local providers and involving them in developing the post-op care plan is paramount to a successful trip and quality care for the patient.

Please also keep in mind that patients and family members frequently are riding on rough terrain to reach the hospital over long distances. This may influence how long they need to stay in Pignon following surgical procedures.

One should note that many patients do not have money for expenses incurred as a result of their trip to Pignon. Although to us is very inexpensive, money necessary to travel to the hospital, for food while in Pignon, or for family members is for most not readily available. Any assistance teams can provide to help with patient expenses is greatly appreciated!!

While you are in Pignon . . .

TRANSLATION

The hospital staff and patients preferably speak Creole' although anyone literate also speaks French, and many speak some English, a few fluently, including Jacqueline, the team liaison. There are a number of local young people who are also fluent in English and the hospital administration can hire one or two for the week to translate, the fees for which are paid by the team.

For the best experience, planning ahead to have medical students or residents present who speak English and have knowledge of medical language can be of great assistance. Additionally, some teams bring an expatriate from the states to help with translation.

EMERGENT SUPPORT FOR TEAM MEMBERS

Any resources at HBP are available for emergent care of a team member. Teams typically take care of their own healthcare needs as best possible, with medical evacuation always available if need be for which teams carry **required travel insurance**.

HIV risk is minimal given the 0.5% prevalence in rural Haiti, and the extremely rare incidence of a significant hollow needle stick in the OR. All OR patients are tested for HIV pre-op. Anti-retrovirals are available should a team member have exposure.

The most significant health risk is mosquito-borne illness, such as malaria, dengue or chikungunya, or even zika. Therefore anti-malarial medications, clothing, repellants, and mosquito nets offer the best protection.

It is unusual for teams members to have GI illness while in Haiti if they eat only the food the mission prepares for them; however, it is always a good idea to bring immodium, ciprofloxacin, and electrolytes (gatorade powder, etc.) should a team member develop a problem. The diet change from the American diet is enough to cause some GI distress on occasion.

TEACHING

All teams are encouraged to offer didactic experiences for the hospital staff, both formally and informally. Continuing education taken for granted in the US is scarce and sought after in Haiti. There is a well equipped conference room, with audio visual capabilities. The camera images from the main OR can also be shown in the conference room for real time teaching.

Other Items

WIFI and PHONE ACCESS

There is wifi available on the hospital campus, and at the local internet cafes. Options for access include:

- International data and cell phone plans via your local service provider. US cell phones will function in Haiti with range and packages specific to the US carrier.
- Local services of Digital or Natcom - A potentially cheaper alternative is to purchase a local flip phone and SIM card, with a pennies/minute rate for calls to the US and a reliable in country method for communication with the hospital administration and staff. The team liaison in Pignon can easily facilitate this.
- Digital packages locally exists for Digital and Natcom using a hotspot. We have found that WhatsApp works very well for digital voice communications back to the U.S.

LAST BUT NOT LEAST!!

Like many developing world hospitals, the Hospital Bienfaisance has constant needs for materials, supplies & money. Commonly, medical missionaries realize the only cost to the trip are travel expenses, supply expenses and time off from their own work. While we GREATLY appreciate this generous giving we ask that each team consider the *INCREASED* cost of work for the hospital via overtime for employees, diesel fuel costs, supply costs for testing, patient travel, etc. We ask that each team consider leaving a donation for the hospital at departure to help offset the costs of operation.

Also, please feel free to have our Health Partner's liaison, Jean Robert, take you to some of the families sponsored on our program who could benefit from a "house call." At times, these local interactions can be some of the most meaningful of your trip. If you have a desire to do so, please indicate that to us and we will make arrangements.

PLEASE SEE THE VOLUNTEER ORIENTATION MANUAL FOR EXTENSIVE
GENERAL TEAM INFORMATION

APPENDIX LIST OF FREQUENTLY USED OR MEDICATIONS

EPHEDRINE
METOCLOPRAMIDE
PHENYLEPHRINE
MIDAZOLAM
GLYCOPYROLATE
ATROPINE
MARCAINE SPINAL 7.5%
MARCAINE 0.5% FOR EPIDURAL ANESTHESIA
PROPOFOL
KETOROLAC
MORPHINE
VANCOMICYN
ATRACURIUM
SUCCINHYCOLINE
ROCURONIUM
FENTANYL
SEVOFLURANE GAZ
ISOFLURANE GAZ
ANCEF
THIOPENTAL
NALOXONE
DEMEROL
DEMEROL
LABETALOL
HYDRALAZINE
KETAMINE
EPINEPHRINE
DEXAMETAZONE
FUROSEMIDE
HETASTARCH
RANITIDINE IV
TRAMADOL IV
DICLOFENAC IV
GLUCOSE 50%