



Surgical Teams Orientation Packet

**Blessings to all who are considering leading and/or participating
in a surgical mission trip to Haiti!**

This packet is designed to give you insiders' insight into CCH Surgical Team Trips, answering some of our most frequently asked questions. If you have additional questions after reading this document and/or want to discuss trip opportunities, please don't hesitate to reach out to:

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- **Dr. Wayne Reichman, CCH Medical Director & Medical Committee
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1. About CCH

The Community Coalition for Haiti (CCH) and its many volunteers have been working and walking alongside Haitian partners for more than 25 years to achieve healthcare, education and community development goals. CCH efforts always emphasize in-country leadership, training and empowering Haitians to improve their own communities. CCH operations are based in the coastal city of Jacmel, enabling collaboration with communities and institutions throughout southern Haiti. To learn more about our mission and programs, please visit www.cchaiti.org.

2. Welcome to the CCH Clinics!

CCH operates a Primary Care Clinic, PT/Rehab Clinic and Pharmacy in Haiti, each of which is staffed by Haitian medical professionals. Co-located in the same facility as the Primary Care Clinic is CCH’s Jim Wilmot Surgical Center, used by surgical teams who provide pro- bono surgical care, most of which is not otherwise accessible in Haiti. No man, woman or child is ever turned away from the CCH Clinics because of inability to pay. Patients often travel by public bus or motorcycle from several hours away to receive care. Hospital St Michel is a lightly equipped and supplied public hospital nearby which provides emergency and obstetric care.



In addition to providing direct patient care, CCH healthcare volunteers also train Haitian medical professionals through classroom-based and hands-on learning. Training participants include CCH medical staff as well as staff from the local public hospital and surrounding clinics.

The CCH Clinics also anchor a number of rural mobile clinics and health education initiatives that reach into Southeast Haiti and beyond. School-Based Clinics are currently held three times per year in CCH's rural partner schools, and health education fairs have focused on stroke prevention, diabetes and high blood pressure as well as breast and reproductive health.

3. CCH's Jim Wilmot Surgical Center

CCH's Surgical Center offers three operating rooms for surgical teams (two large and one small). Each OR is equipped with a manual surgical table, back table, anesthesia machine and cart and a bovie machine. Two of the ORs have an X-ray view box. There is overhead fluorescent lighting and an adjustable surgical light.

Other equipment available in the Clinic includes:

- Stryker Lap tower
- Sonosite M-Turbo Ultrasound
- Covidian Triad energy platform
- Phillips BV Pulsera C-arm and fluoro table (*coming soon!*)
- Minimal positioning equipment (e.g., there are stirrups).

Haiti's inconsistent power systems and its extreme heat and humidity are tough on equipment. Although CCH strives to maintain equipment on a regular basis, teams should confirm all equipment needs when a trip is initially scheduled, so that CCH can confirm availability and/or working order.

There is a small (two chair) pre-op area, a 3-4 bed first stage recovery area and a 4 bed overnight recovery area. The Surgical Center has a small instrument room with basic instruments, two steam sterilizers and an electric washer and dryer. **Any specialty or preferred instruments should be brought to Haiti by the team.**



4. How it Works: Pre-, Intra- and Post-Operative Phases at CCH

The CCH Surgical Center is currently only in operation when qualified teams of volunteers from the US travel to Haiti to serve with CCH and provide pro bono surgical care. There is a CCH Health Resources & Clinic Coordinator on staff in Jacmel who keeps the patient consult lists and can answer general equipment and supply questions. CCH also employs Haitian general medicine physicians, but there is no regular surgical staff. Surgical patients are referred to CCH from a number of sources. CCH's own

Primary Care and PT/Rehab Clinics refer patients to the Surgical Center, as do Jacmel's public Hospital St Michel and more than 20 partner clinics across the country.

Though each team runs its Surgical Week a bit differently, all teams must call upon their **Mindfulness, Flexibility and Creativity** to function well in the challenging and low-resource environment that is Haiti. See the sections that follow for insight into how things typically flow in any given Surgical Week.

4.1 Pre-Operative Phase

Patients referred to CCH for surgical care are placed on a list, by specialty. When a surgeon with that specialty agrees to serve with CCH in Haiti, relevant patients are scheduled for a pre-op clinic, during which they are evaluated by CCH physicians (and sometimes volunteer surgeons who choose to travel to Haiti for a brief consult trip prior to a surgical week). Following pre-op evaluations, a list of recommended surgical patients is sent to the US surgical team. Recommended patients are typically received approximately 6 weeks prior to the surgical trip.

The US surgeons are asked to review the proposed surgical lists, select their patients and indicate what additional tests, if any, they would like patients to undergo prior to arrival of the team. Please see **Table 1** on page 4 for a list of tests readily available in Jacmel. Questions and discussion are encouraged – and can be asked of Haitian medical staff by email or by videoconference!

On arrival in Haiti, surgeons and anesthesiologists will have the opportunity to host their own pre-op consults with their patients (translators are provided). The patients' primary care physicians also participate in the pre-op consult, when available. It is critical not to rush these consults, especially because of cultural and language differences and lack of post-op hospital care. CCH asks that its volunteers work diligently to ensure that patients understand all pre-op directions and have multiple opportunities to share medical conditions or surgical risk factors not previously discovered. It is at this time that we can make a final confirmation that lab tests etc. were done and any surgical or post-op complications or new information can be considered and planned for. CCH expects the surgeon and anesthesiologist to determine if case risk is appropriate for our facility, i.e., equipment, recovery resources, medication, appropriate available staff and surgical morbidity. It is only after these in-country pre-op consultations that the OR schedule is finalized and posted.



For all programmed surgeries that would have risks of significant blood loss, surgeons are asked to notify the CCH Health Resources & Clinic Coordinator, Melissa Jean-Bart (melissajb@cchaiti.org), at least 4 weeks before scheduled surgery date so that requisition of adequate blood reserves can be facilitated. Melissa must know the name of the patient and number of blood units required. ****Please note that because of the challenges in Haiti, it is extremely important that the 4-week time line before scheduled surgery is respected in order to secure the availability of blood units for surgery.*** To learn more about CCH's Blood Protocol, please see **Appendix 1**.

TABLE 1: Tests that are Available in Jacmel

Pre-surgical laboratory screening tests:

- CBC
- Chemistry 8
- Lipid Panel
- Blood Type
- Bleeding Time
- Prothrombin Time (PT)
- Stat HIV testing

Other tests available in Jacmel:

- Electrocardiogram (EKG)
- X-ray
- Basic Ultrasonography (abdominal, Transvaginal, etc)

Pre-surgical laboratory tests only available in Port au Prince (2-4 hrs away)

- Thyroid function tests
- PSA
- Cardiac Echo
- CT Imaging

While all surgeries are provided free of charge to patients, lab tests are paid for out-of-pocket.
Please do not hesitate to order all needed tests but not unnecessary ones.

4.2 Intra-Operative Phase

Each morning before surgeries begin, the surgical team circles to discuss key issues for the day and to allow for any questions or discussion.

The schedule of patients and team member assignments for the day are posted on a central white board in the pre-op area. Assignments may change frequently due to the nature of events in Haiti. Remember to be flexible and to stop and ask questions, as needed.

CCH strongly recommends to its teams that all cases be finished by 5:00pm. The days are long and hard; finishing in the ORs by 5:00pm allows for clean-up, debrief and preparations for the next day.

4.3 Post-Operative Phase

There are two recovery areas. The immediate PACU has 3-4 beds and is manned by Surgical Team nurses, with translators. Often, nursing students from Jacmel's Notre Dame School of Nursing in Jacmel will be available to shadow nurses in the PACU and provide a helping hand.

The second recovery area is for patients who need to stay longer for observation or even overnight in the care of CCH. When there are overnight patients, Haitian RNs are hired to stay overnight and a team surgeon/anesthesiologist will do evening rounds with those RNs. The surgeon/anesthesiologist will also be given a cell phone for On-Call availability during the night. A translator will also be hired to stay in the recovery room overnight with the Haitian RNs, in case they do need to call a US team member. A standard postop drug box should be prepared and given to overnight RNs. The on-call physician should know the list of available drugs in it.



Patients are routinely scheduled for follow up postop appointments in 1 week either in their referring clinic or the CCH Primary Care Clinic. **Any problems that develop post-operatively are referred by the CCH Lead Physician in country (Dr. Jean Fenel Francois) to Dr. Wayne Reichman (CCH Medical Director) and the responsible surgeon for triage.**

To learn more about the day-to-day schedule of a typical surgical week, please see **Appendix 2**, prepared by a veteran CCH Surgical Team volunteer.

5. Your Surgical Team

The minimum requirements and competencies for a Surgical Team depend on how many ORs the team wishes to run during their time of service in Haiti. The CCH Surgical Center offers 3 ORs, all of which can be run simultaneously – *provided that* adequate human and material resources are secured for the surgical week. **Please see Table 2 for a basic guide to the minimum number and types of team members needed.**

Every team must identify a Team Leader. The Team Leader may be a surgeon or any other member of the team traveling to Haiti. The Team Leader will serve as CCH's primary Point of Contact with the team. The responsibilities of the Team Leader include:

- Assuring that there are enough appropriately skilled professionals for each surgical room, pre-op and post-surgical care.
- Relaying information from CCH to all team members
- Coordinating a team meeting prior to the trip
- Immediately notifying CCH surgical team coordinator or CCH medical director if a critical team member cancels their trip or fails to schedule their flight

- Defining the list of necessary drugs, equipment and supplies and assuring sufficient quantities are procured, packed for travel and transported to the airport.
- Assuring that CCH owned luggage is returned to USA
- Assuring that all items and/or specimens, that need be are brought back to the USA

TABLE 2: Minimum Number and Types of CCH Surgical Team Members

| | |
|---------------------|--|
| Team Leader: | |
|---------------------|--|

| OR 1 | OR 2 | OR 3 |
|--|--|--|
| <input type="checkbox"/> Surgeon <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> First Assist <input type="checkbox"/> Scrub Nurse or OR Tech* <input type="checkbox"/> Circulator RN <input type="checkbox"/> Recovery RN | <input type="checkbox"/> Surgeon <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> First Assist <input type="checkbox"/> Scrub Nurse or OR Tech* <input type="checkbox"/> Circulator RN <input type="checkbox"/> Recovery RN | <input type="checkbox"/> Surgeon <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> First Assist <input type="checkbox"/> Scrub Nurse or OR Tech* <input type="checkbox"/> Circulator RN <input type="checkbox"/> Recovery RN |

| Pre-Op / PACU |
|--|
| <input type="checkbox"/> <input type="checkbox"/> Two RNs OR <input type="checkbox"/> One RN <u>and</u> <input type="checkbox"/> One LPN or Tech |
| <p>A team of 2-4 Haitian nursing students usually joins surgical weeks and is available to help in these areas as well (if approved by Team Leader). For surgeries that require an overnight stay, Haitian RNs will be hired to stay overnight. The surgeon and/or anesthesiologist will do evening rounds with those RNs and be On Call with a phone provided by CCH. A translator will be hired to stay overnight.</p> |
| 1 Other Helpful Additions to the Team: |
| <input type="checkbox"/> <u>Biomed engineer/tech</u> <input type="checkbox"/> Logistics / Team Coordinator <input type="checkbox"/> Materials manager <input type="checkbox"/> Photographer / Videographer <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other People willing to serve |

As you compile your Surgical Team, please make sure that all members are comfortable and competent in fulfilling the roles they will be expected to take on in a no-backup available environment. All members must also be encouraged to use limited supply and drug resources wisely and be flexible and adaptable. Members should be physically able to stand for 8+ hours/day, navigate one flight of concrete stairs and climb on and off of pickup trucks.

Many healthcare teams that serve with CCH in Haiti bring healthcare professional students with them as important members of the team. Volunteers often also bring their spouses, partners and/or teenage or adult children. We love experiential training and shared service experiences – indeed, both are critical parts of how we advance our mission to transform lives!

To ensure volunteer and patient safety during these experiences, however, CCH has established specific guidelines for healthcare professional students & other non-medical observers. These guidelines are effective as of April 1, 2017:



- Individuals must be at least 16-years-old to be permitted in the operating rooms for observation. Scrub clothes, masks, and caps are required.
- Individuals may be invited to scrub on cases by their team lead *only* if they are currently enrolled healthcare professional students – i.e., PA, medical, nursing, dental, or surgical technicians.
- Medical students, nursing students & residents may be allowed to perform IV access.
- Medical students and residents may be allowed *under direct Attending supervision only* to perform intubations and spinal anesthesia.
- Final determination of OR privileges within boundaries of the above are at the sole discretion of the Surgeon and Medical Director, both of whom should be contacted if any questions arise.

6. Surgical Materials & Supplies – Who Provides What

Surgical weeks at the CCH Clinic consume a tremendous amount of materials & supplies. Each case has its own specific needs, on top of the general materials, supplies and pharmaceuticals required for any surgery. **It is ultimately the responsibility of the Team Leader, working in close communication with CCH, to ensure that the team has all needed equipment, supplies, instruments, and drugs for the trip.**

Please see **Table 3** for a breakdown of what materials, supplies and pharmaceuticals CCH provides and what teams must provide.

TABLE 3: Surgical Supplies – Who Provides What

CATEGORY 1: CCH *always* provides the following consumables for Surgical Teams

- IV fluids
- Sevoflourane (anesthesia gases cannot be transported via plane)
- Fentanyl (must document each dose & save vials)*
- Midazolam (must document each dose & save vials)*
- Oxygen & nitrous oxide
- Code cart including Dantrolene and 20% lipids
- HIV prophylaxis drugs for 1-2 people

****Any use of Midazolam and/or Fentanyl require a signed Pre-trip Narcotic Agreement form.***

CATEGORY 2: Items CCH *tries* to provide but also needs teams to bring

- Needles, syringes, alcohol prep pads
- Anesthesia circuits
- IV sets
- Gloves, gowns, head covers, shoe covers, masks
- Surgical scrub brushes
- Chlorhexidine preps
- OR drapes
- Scalpels, Bovie sets -Drains, tubes -Sterile sponges.
- Surgical instruments (basic set of clamps, some retractors)
- Any special equipment (check with Larry Walker re: electrical needs vs. capacity)

There is a modest supply of oral drugs kept at the Surgical Center for urgent needs, e.g. beta blockers, etc., but **please do not assume availability of any medication** without confirming prior to the trip, as some medications, e.g. levothyroxine, are difficult to obtain in Haiti.

For the supplies listed in Category 2, each team must confirm with the CCH Surgical Teams Coordinator if the supplies are indeed available.

Even if availability of Category 2 items in-country is confirmed, donations of such supplies are greatly appreciated and encouraged to help CCH maintain an adequate inventory. If items are confirmed to be *unavailable*, the team must provide the supply for their surgical week.

TABLE 3: Surgical Supplies – Who Provides What (continued)

CATEGORY 3: What Surgical Teams Always Need to Bring with Them to Haiti**

- Propofol
- IV Toradol
- Advil
- Oxycodone or hydrocodone
- Neostigmine
- Prophylactic IV Cephalosporins
- Spinal anesthetics and needles
- Lidocaine
- Bupivacaine
- Pediatric and adult size LMA's and ET tubes
- O2 Nebulizers

****Please note that collecting these drugs, supplies and equipment usually takes several months of advance planning, solicitation/purchase, collection, packing and transportation planning. Teams should plan and organize accordingly.**

Possible donor organizations for medications and supplies include **Americares** (www.americares.org), **MAP International** (www.map.org) and **Brother's Brother Foundation** (www.brothersbrother.org).

In addition to seeking out donations, medications that must be provided by the team can also be purchased legally from a pharmacy in the US. Drugs can be purchased by completing an order form with specific drug product indicated (preferably NDC #) and signed by a physician. Drugs are sold to the physician with an accompanying invoice.

When traveling, CCH strongly recommends dividing surgical supplies and medications between two or more suitcases in the event that baggage is lost or delayed in transit. When possible, carry such supplies in carry-on luggage.

7. Additional Words of Wisdom

- There is a tertiary care facility on par with a US facility in Mirebalais, but it is 4.5 hours away – please plan accordingly. The local Hospital St Michel could potentially take a patient for simple care; if needed, but drugs, supplies and explicit instructions would need to be sent with the patient.
- There is a single, medium-sized refrigerator in the CCH Clinics. It is located in the pharmacy. Teams should keep refrigerated drugs and, if necessary, pathology specimens to hand-carry back to the US, there. If your team anticipates needing to come home with pathology samples, please bring appropriate packing materials (e.g., screw top Ziploc containers – these can be packed in luggage in a biohazard bag).

- Taking of pictures of patients can only be done with patient permission and exclusion of all identifying factors.
- All team members may be asked to carry one or two 50-lb suitcases of supplies/equipment/drugs. Team Leaders should plan packing carefully to assure sufficient capacity. There is rarely space for non-surgical items (stuffed animals, balls, etc.). Encourage team members to pack their personal items in one carry-on suitcase to minimize luggage costs and overall weight.
- Expect it to be hot & with animal noises (dog, rooster, goats) at night! The OR's do have air conditioning!
- Enjoy Jacmel and be sure to allow some time for fun – go to the beautiful places, enjoy sunrises & sunsets, smell the bougainvillea, laugh with a child and look at the stars. Be present in the country where you're serving!

We'd love for you and your team to add to this list! If you have other Words of Wisdom to share with current and future travelers, please contact Audrey Sandhusen (Audrey@cchaiti.org).



Appendix 1: CCH Blood Protocol

CCH protocol for availability of Blood for Transfusions

For all programmed surgeries that would have risks of significant blood loss, volunteer surgeons are asked to notify CCH Health and Resources Coordinator (Melissa Jean-Bart) at least **4 weeks** before scheduled surgery date. Surgeons are asked to please provide the following information:

- **Name of the patient**
- **Number of blood units required**

Subsequent to receiving the surgeon's request, the following protocol to request blood units will be followed by CCH primary care physicians in Jacmel:

- CCH primary care doctors will contact the patient to notify him/her that blood units would need to be ordered on their behalf **before** their scheduled surgery.
- The primary care physicians will complete **the Red Cross Blood Requisition Form** and give it to the patient.
- Patients will have to go to the Blood Bank along with 2 donors that would donate blood on behalf of the patient.
- The patient will then return to the CCH clinic with the donor card (so that we are aware that the patient is in the Red Cross system).
- A note will be entered into the patient's chart, once the patient becomes a Red Cross Donor.
- CCH will be notified by the Red Cross **1 Week** before the scheduled date of surgery as to whether or not the blood units are available the day of surgery & the number of available units.
- A note is then entered into the patient's chart, once confirmation has been received that blood units will be available during surgery. The confirmation will be available before the Pre-Op Consult in Jacmel.
- The blood units will be picked up by CCH staff the morning of surgery.

P

lease note that because of the limitations I Haiti, it is extremely important that the 4-week time line before scheduled surgery is respected in order to secure the availability of blood units for surgery.

Appendix 2: Typical Surgical Week Schedule

A Typical Surgical Week

As we mentioned previously, every Surgical Team will run its week in Haiti a bit differently, but we often receive questions about what a typical week looks like! Take a read for a conventional schedule!

Day 1: Travel Day / Pre-op Clinic / Setup

The Surgical Team arrives in Jacmel and travels to CCH's Isaiah 61 Guesthouse. After a light meal and guesthouse orientation, surgeons and anesthesiologists travel to the Surgical Center for pre-op consults with patients, as available. Other team members help with unpacking and putting away supplies/drugs etc. and OR setup.

Team members familiarize themselves with the location of all supplies, equipment, code cart, location of IV fluids, and patient charts. Team checks to make sure all equipment is working; learn and confirm limitations of sterilization turn-around time.

By the end of this day, the surgical schedule is finalized and pre-op orders are written for the first surgical day. Out of town patients and the most difficult cases are prioritized for early in the week to allow for treatment of any complications while surgeon is in-country and allow patients to recover before what can be a rough transport back to remote areas. Remember that many of our patients return home on a motorcycle or crowded public bus!

A full-team meeting in the evening of Day 1 allows time to apprise staff of the schedule, the nature of upcoming cases & any concerns about specific cases, scheduling issues, etc.

Day 2: First Surgical Day

Many surgical teams begin each day with prayer; feel free to invite CCH staff and translators to join you! For teams that have not worked in the facility before and for teams that do not normally work together, remember that Day 1 is your time to become accustomed to the ORs and Recovery Room processes. Therefore, please anticipate that cases will take 25-50% longer than in the USA. **A typical surgical day runs between 7:30am to 5:30pm.** This avoids exhaustion on the first day, allows the team to have patients recovered enough to leave the clinic, get back to Isaiah House to enjoy dinner at 1800, have a short post-dinner team meeting to identify and work out kinks and review cases for the second surgical day. We also encourage you to watch the sunset and relax a bit on the guesthouse roof!

If there are overnight patients, the team must send a surgeon/anesthesiologist back to clinic for evening rounds. One surgeon/anesthesiologist must also be On Call for the night (cell phone provided by CCH). Please ensure that patients have postop/discharge medications dispensed and given to overnight RNs (dispense drugs AS the patients come out of OR). Anesthesiologists, please do narcotic reconciliation

with CCH Health Resources & Clinic Coordinator daily. Scrub & circulator RNs get instruments to dirty holding and clear the room (CCH staff will mop after team leaves).

Days 3-5: Surgical Days

These days are similar to Day 1 except that immediately after prayer/morning meeting, MDs do morning rounds of the prior day's patients with PACU RNs, who then discharge patients with full explanation of medications and all postop instructions. If available, the pharmacist should assist. Translators will always be available; we strongly encourage use of the repeat-back method and plenty of time for questions with patients. Remember that some of our patients will return to very rural areas over long distances.

Scrub & circulator RNs ensure that all ORs are ready to go, based on information from evening before.

Day 6: Last Surgical Day / Discharge Patients / Repack / Fun

Teams generally spend the morning of Day 6 at the Clinic, with minor procedures completed prior to mid-day. Patients are discharged, and team members work to pack up supplies and equipment, deal with any remaining to-dos and say good-bye to CCH clinic staff/translators. After lunch at Isaiah House, the team may choose to spend the afternoon at the beach, exploring the Jacmel Waterfront/Art District or simply stay at Isaiah and rest/read/enjoy unscheduled time. A final dinner can be scheduled at Isaiah or out at a hotel in the evening.

Suitcases will likely need to be packed for departure that night as most team sizes require bags to be trucked to Port Au Prince as early as 0400. Team members keep departure clothes and backpacks or handbags. Final details of transport should be confirmed with in-country staff. ****Note: it is very likely that team members will need to return to the US with at least one checked suitcase – so that equipment and bags can be returned to CCH and vendors.***

Day 7: Travel Day

Teams generally depart early to mid-morning to catch flights back to the US.