



CRUDEM
HÔPITAL SACRÉ COEUR – HAITI

Information for Volunteers - Medical Supplement

Dear Friends,

Thank you for sharing the CRUDEM Foundation's mission of serving the sick and poor of northern Haiti. You will come to love and admire these remarkable people. We hope that you will find your trip rewarding in many ways.

Please take time to get to know the Haitian staff. A collegial manner will encourage fruitful interaction. They have a lot to offer us, including expertise in tropical diseases, local epidemiology and insight into the social and economic conditions affecting the population. They are friendly and gracious when treated with the respect they deserve.

This booklet supplements the general *Information for Volunteers* and will hopefully orient medical volunteers and assist in the planning and preparation of their visit.

GUIDING PRINCIPLES

The same principles that guide the practice of quality medical care in the United States are to be followed while practicing medicine at Hôpital Sacré Coeur. The certification and credentialing for physicians as well as the rules and regulations governing activity in the OR and hospital are the same as in the US. A valid medical or nursing license is required for nursing or medical privileges at Hôpital Sacré Coeur.

OVERVIEW

Hôpital Sacré Coeur (HSC) is a 120 bed hospital in Milot, Haiti with 3 operating rooms, outpatient clinics, an onsite full laboratory, pharmacy, labor and delivery room, c/s room, pediatric wing and blood bank. The hospital has full maternity services, a Filariasis Project, HIV/AIDS prevention and treatment program including the prevention of mother-to-child

transmission, and a children's nutrition center for malnourished preschoolers. Outreach is done through the Community Health Services department. At the present, nine public health nurses and 33 "health agents" serve the region and reach over 150,000 people in the out-lying area with vaccinations, pre-natal care, basic hygiene, nutrition training, and treatment of HIV/AIDS, tuberculosis, malaria, and filariasis. The hospital is one of only 2 locations in Haiti treating entire families, including children, with antiretroviral drugs. These medications are provided at no cost to the patients through the AIDSRelief consortium. HSC has the great distinction of being named a Reference Hospital (an official referral site) by the Haitian Ministry of Health.

It is estimated that in Haiti 60% of the population, particularly in rural areas lack access to basic healthcare services. Statistics show that in Haiti there is one doctor to every 10,000 inhabitants. HSC consistently treats over 50,000 people on an outpatient basis and performs over 1,000 surgeries each year. It has over 5,000 hospital admissions and 1,300 newborn deliveries. There is no other pharmacy or laboratory in the area, so the hospital fills over 154,000 prescriptions and completes over 97,000 lab tests annually. In addition, the hospital serves an average of 24 children per day in its Nutrition Center program and provides almost 2,000 patient visits through the Mobile Clinic project.

Haiti is the poorest country in the western hemisphere with approximately 80% of the population living in dire poverty. Hôpital Sacré Coeur has been a beacon of hope for the people of Northern Haiti for more than 25 years.

Extreme poverty spawns a challenging clinical climate. Life expectancy in Haiti is the lowest in the Western Hemisphere. For women, it is 54 years, for men 51 years. Infant mortality before age one is 76 deaths per 1,000. Malnutrition affects 35% of children under the age of five. 118 children out of 1,000 die before reaching the age of five. 1 out of every 14 children never reaches a first birthday. The incidence of diseases ranging from intestinal parasites to HIV-AIDS is extremely high. Only about 71 percent of the population has access to safe drinking water and only 34 percent has access to sanitary sewer systems. The incidence of diabetes and hypertension is high.

Due to poverty, it is not unusual for patients not to comply with their prescribed medications. General nutrition and hygiene practices are challenging due to the very nature of the environment. Many patients walk for hours to reach the hospital. Frequent trips for routine or follow-up care are not to be assumed. Patients often present with advanced disease.

The value of medical care is not always wholeheartedly embraced. Voodoo is still practiced widely in Haiti. Be it by belief, tradition or a hedging their bets, it is not unusual to discover that patients not only consult the hospital for care but their local Shaman as well. They may be given a variety of herbal concoctions; all dubious, some deadly.

LABORATORY

The laboratory offers a long list of diagnostic tests at an affordable cost, some of which are not available in other parts of Northern Haiti. The current list of tests offered is available on the CRUDEM website in the "Volunteer Application &

Forms” section. The laboratory facilities at HSC are outstanding by any developing country standards, but Haiti is a developing country and costs and availability are always factors. PAP smears, pathology-reports, cultures and hemoglobin A1c’s are not available. Please consult with the HSC Medical Director prior to requesting tests that are not on the current menu.

BLOOD BANK

In the spring of 2005, the hospital began operating a blood bank, serving patients from area dispensaries and a smaller area hospital. The Red Cross provides the hospital with the necessary equipment, supplies, staff training and funds required to pay the salary of one technician.

STAFF & TRAINING

Not only is the hospital providing much needed medical services to the people of the region, but it is also the region’s largest employer, providing over 300 medical and non-medical jobs at present. We are paying a living wage in a country where more than two-thirds of the labor force does not have a formal job.

We are training Haitians to run their own hospital and care for their fellow Haitians (Dr. Harold Prével, a Haitian physician, is the Executive Director of the hospital.) This is the ideal situation for a country like Haiti, which desperately needs this generation and a next generation of proficient healthcare workers, administrators, managers and professionals.

At present there are full time internists, general practitioners, family practitioners, full and part-time pediatricians, full and part-time OB-Gyns, a part-time ophthalmologist, full and part-time surgeons, three nurse anesthetists, three pharmacists, a dentist and three full time residents. There are full time nurses, including the nursing services director, nursing service managers, staff nurses, midwives, public health nurses, nurse auxiliaries and nurses’ aides. In addition, the laboratory has a staff of full and part-time technicians.

BEFORE YOU TRAVEL

The timing of the visit must be coordinated with the needs of the hospital. It may not be possible to go at the exact time you desire, so flexibility in booking is extremely important. Contact CRUDEM to schedule your visit. Once the date has been approved, preparations can begin. Please refer to our *Information for Volunteers* booklet for information on booking flights, items to bring, details on accommodations and so on. **Registration with CRUDEM is required. Once approved for travel, the CRUDEM Volunteer Credentials Coordinator will contact you and provide you with a list of forms and credentials needed to process your approved trip.**

PATIENT SCREENING & SCHEDULING

Once the hospital is aware of your travel dates and specialty they will begin scheduling patients for your visit. An interpreter for scheduling of surgical cases will assist you in the outpatient clinic. These patients will then see an internist for a medical clearance prior to surgery. All patients need an evaluation by one of the resident medical staff prior to surgery. You will find this most helpful because of their expertise and our obvious language barrier. Each case will be considered on an individual basis in accordance with established protocol.

Medical personnel are encouraged to plan their visits from Saturday to Saturday. Surgical teams should be prepared to attend a preoperative clinic soon after their Saturday arrival. This will permit the selection and screening of potential surgical cases so that you can begin work on Monday morning.

Please fill out a Surgery Scheduling Form for each patient. You can download this from the “Volunteer Application & Forms” section of our web site www.CRUDEM.org. You might consider printing and bringing copies along with you since printing is often unavailable at the hospital.

At the time of the surgical consultation, the surgeon, with the assistance of an interpreter, must take the time to listen to the history and explain to the patient all the risks and consequences of the procedures. S/he must assure that the patient fully understands the information and s/he is in accord and gives consent voluntarily.

The decision to operate on a patient with a tropical disease must be made in consultation with one of the HSC staff, who has more experience in this area.

Patients should not go to the Surgical Suite without having been first screened by an internist and/or anesthesiologist.

If a surgical candidate has a co-existing condition that necessitates that the surgery be deferred, please inform the nurse in charge of the specialty clinics so that she may reschedule the procedure.

The surgical candidate must be clearly informed by the HSC nurse in the clinic of the method of payment for the surgical intervention and describe exactly what the fee does and does not include.

The HSC nursing staff from the specialty clinic is responsible for helping the surgical candidates understand the physical and psychosocial consequences of the surgical procedure.

No surgeon will perform an operation if s/he cannot assure post-operative follow-up. Visiting medical staff must make arrangements with the HSC staff physician who will assume the follow-up care of their cases. The more difficult cases or those anticipated to have complex post-op courses should be performed at the beginning of the volunteer’s stay.

The number of cases that may be performed is a function of the number of beds available on the in-patient service. The number of cases should not exceed 30/week. In cases of emergency, the HSC Medical Director can intervene, arbitrate and decide.

Patients are admitted to the hospital the evening prior to their surgery. Because bed space is limited, the preoperative stay should not exceed 24 hours under ordinary circumstances. Surgical review of the medical record by the surgeon and anesthesiologist, with legibly written preoperative orders, should be carried out the evening prior to surgery whenever possible. If there is a late admission, this may need to be done the next morning.

PRE-OPERATIVE ADMISSION AND PREPARATION

After pre-operative screening has been satisfactorily completed, and it has been determined that the patient is a suitable candidate for surgery, the patient is admitted to the in-patient department where the immediate pre-op and pre-anesthesia preparation is executed by the nursing staff. All surgical candidates must be prepared for surgery by the staff of the specialty clinics. Please fill out a HSC Consult Form when the surgery is scheduled. A copy can be downloaded from the volunteer section of our web site. You might consider printing and bringing copies of this form along with you.

The nurse responsible for the care of the surgical candidate must assure that the pre-operative preparations have been completed prior to sending the patient to the Operating Room.

Upon admission, all patients must sign a consent form and if possible, be witnessed by a closely related family member. All candidates for general anesthesia must have an open venous line with the appropriate IV solution started on the service to which the patient was admitted.

The evening before a laparotomy procedure, at the preference of the surgeon, a cleansing enema may be administered on the admitting unit.

The nursing staff of the admitting unit administers the pre-anesthesia medication.

Before the patient leaves for the Operating Room, the nursing staff must again fully inform the patient of the nature of the surgical procedure they are about to undergo. This is a supplementary precaution to assure that the patient has not changed his/her mind.

All pages of the patient's medical record must be clearly identified with name, dossier (medical record) number and date. **Please note that in Haiti the date should be recorded as dd/mm/yyyy (for example, Fourth of July 4/7/2010 and not 7/4/10 as is done in the states).** All sheets of the medical record (orders, notes, operative procedure and others) must be clearly and legibly filled out and be understandable to the staff providing care. The medical

record must accompany the patient to the OR and include all laboratory results.

Surgery begins at 8 am and concludes before 4 pm to give staff a chance to catch the bus back home. A limited night shift is available to help after 4 pm.

It is not uncommon for a patient to fail to show up for surgery. You need to keep this in mind in the scheduling process.

One of the 3 operating rooms needs to be kept available for emergencies. This can be done by coordinating the start and finish times of the cases.

Larger, more complicated cases should be done early in the week, leaving your last few days for more minor surgeries.

The OR staff request that the surgeon provide a list of instruments and medical supplies prior to surgery to the operating room staff. This will help the operating crew function more efficiently.

OPERATING ROOM PROTOCOLS

The surgeon is responsible for verifying the correct surgical site on the patient immediately prior to surgery. Only a surgeon who is qualified in a particular specialty (credentialed-license specialty training) can participate in an operative case.

No surgeon is to perform an experimental procedure or a procedure for which s/he is not credentialed.

The surgeon has responsibility to uphold all the generally accepted principals and standards of care for protection of the patient.

Any additional procedures must be discussed with the patient prior to the intervention and noted in the chart.

There must be sufficient time between cases to allow the staff of the OR to turn the room around.

In the rare event that evacuation of the patient is necessary; the Medical Director and hospital staff will make all the arrangements. The cooperation of the attending surgeon is, of course, assumed.

The attending surgeon must approve visitors to the OR. Admitted visitors should be medical, in limited number and dressed appropriately in scrubs. Only qualified observers, like residents and attending surgeons, can actively participate in surgery. The patient should be asked to sign a form allowing observers and the taking of photographs for educational purposes in the OR.

POST-OPERATIVE PROTOCOLS

Be sure to fill out the procedure performed on the printed surgical format sheet to help with the billing process.

The Medical Director is responsible for assigning someone to perform follow-up of your post-op patients after your departure.

When making daily rounds, the supervising nurse on the ward will see that your charts are gathered and placed at the bed of your patients and s/he will make rounds with you. It is always advantageous to have an interpreter with you on rounds. It is most important to write clearly and legibly when making notes and orders so that the nursing and resident staff knows how to care for the patient. This is particularly important before you leave and when follow-up appointments are necessary.

ADDITIONAL OR NOTES

Sterile technique is attempted at all times, but conditions can be challenging. Scrubs are readily available and laundered on the premise but shoe covers are limited. The OR lacks screens and there are no light handles. There is a recovery room, which closes after the daytime cases are finished.

Cautery is often used. Retractors are available on request. Spinal anesthesia is used predominantly. If planned ahead, an extra anesthesia person can be brought in. There is air conditioning in the OR.

If you would like to talk with other physicians in your specialty that have worked as medical volunteers at HSC in the past, the CRUDEM Volunteer Coordinator can arrange contact.

You will find that patience and a kind word take you far. This is particularly true in working a developing world hospital.

SYSTEM CAPABILITIES

There are 3 operating rooms and a 6-8 bed ICU.

Mechanical ventilation is available, though only the nurse anesthetists are properly trained in its use. Wall oxygen and suction are available. There are no infusion pumps so pressors and other continuous medication infusions cannot be used.

Radiology is available during the day. Only plain films may be done. X-ray requisitions should be written on a prescription

pad and delivered to radiology, which will send transporters for the patient. Films should return with the patient and are to be kept with his or her chart (portfolio).

Ultrasound and echocardiography machines are available but as yet there is no trained technician to perform studies. If a study is needed and your team has someone who can obtain and interpret the study, please contact Dr. Prével. **The borrowed equipment must be returned to Dr. Prével immediately after the study.**

The laboratory will draw blood each morning. Please see “Volunteer Applications & Forms” section on CRUDEM website for the available tests. A lab requisition must be in the patient’s chart or at the nursing station. If lab tests are required later in the day the request needs to be delivered to the laboratory and a phlebotomist will come to obtain the specimen. The laboratory personnel should return results to the patient’s chart but if they are not, you can go to the lab to view the result. There is no capability to perform cultures.

There is a well-equipped pharmacy but there are occasional shortages and substitutions may have to be made. The pharmacy is located off the rear courtyard.

There are no pathology services. Any tissue specimens should be transported to the United States for analysis. Specimens should be bathed in formalin, which renders the tissue non-infectious. The formalin containers should be tightly sealed and labeled with the patient’s name. A pathology requisition form with the patient’s name and anatomical source of tissue should accompany the specimen. Please ask your colleagues to analyze the specimen for free. Results can be communicated to HSC CEO/Executive Director Harold Prével at +509 38485808 or haroldPrével@yahoo.fr.

BILLING PROCEDURES

It is important that all volunteers respect the following information on procedure of patient fees for hospitalized care at Hôpital Sacré Coeur. Due to financial constraints CRUDEM’s Hôpital Sacré Coeur is not a free care facility, we depend on the contribution of patients to help cover the costs of services provided. When a patient is hospitalized they pay 750.00 gourdes (\$18.00) as a flat registration fee to help cover the cost of their care, additional treatment costs (greatly subsidized) are added to their bill as needed and they pay the balance when they are discharged. On occasion a patient or family member may approach the visiting volunteers to complain that they are not receiving free care. ONLY members of the Haitian administration team are responsible for identifying the patients that cannot afford to pay and those patients are treated free of charge.

Please allow the hospital staff to make all decisions regarding charges for care as they are well acquainted with the system. Please respect their decisions.

TEACHING

Teaching and instructing is a part of what we do at all levels of surgical care in the OR, recovery or on the wards. It is sometimes a slow process, but needed and appreciated. You will find the Haitian medical staff to be an eager, bright and responsive audience. These nurses and doctors are in turn training local people from the community as "health agents", capable of identifying basic illnesses and encouraging people to come to the hospital when they are sick to receive care. If you have particular topics you would like to present to the staff, please contact the HSC Chief Medical Officer to arrange scheduled teaching sessions.

MEDICAL SUPPLIES

Before bringing any supplies to the hospital, it is essential that you check with the CRUDEM to see what is needed. When particular medical supplies are urgently needed, the CRUDEM Volunteer Coordinator will send out an email alert to team leaders.

We have a "green movement" in the US, but it is even more imperative for Haiti. That means bringing the least possible plastic and disposable items and taking all your own things back with you. Haiti has more than enough junk of its own and no place to put it. Items like shampoo, sun block, etc., in big plastic bottles, spray cans, paperbacks, worn out shoes, leftover medical supplies, personal medications, all become disposal problems for someone else to take care of when left behind.

ANY medical or non-medical supplies other than your own must be approved for shipment by both the hospital and the CRUDEM Foundation office.

Please send a description of the items you would like to send and their proposed use to Dr. Joni Paterson (email on contact list) to initiate the approval process.

ANY ITEMS SENT TO SHIPPERS WITHOUT APPROVAL WILL BE DISCARDED!!!

EXPIRATION DATES

Haitian customs will not grant entry to any medications that are less than 6 months from their expiration date.

CONTROLLED SUBSTANCES

The Haitian Ministry of Health has authorized the hospital to import and use controlled substances. If you plan to bring any level of controlled substances with you for use at the hospital, you will still need to get the permission of the USDEA to export these medications. Please consult USDEA website for instructions.

SHIPPING PROTOCOLS

If your items have been approved for shipping please follow the following protocols:

1. Package the items to avoid breakage but do not go overboard with packing supplies and add unnecessary bulk and weight.
2. Tape to the outside of each carton an envelope containing a detailed packing list of the contents and a donation letter. The packing list must include note of every item in the carton and the RETAIL value of the item (we need the true value for insurance and audit purposes). Our shipping arrangements allow us to have customs charges reimbursed so any well-intended but inaccurate valuing of materials is NOT helpful or honest. It would be most helpful if you could prepare this list as an Excel sheet and email it to the Ludlow office, in addition to taping a hard copy on the package. The donation letter must be written on somebody's letterhead and state that 100% of the items are donated for the exclusive use of Hôpital Sacré Coeur and are not for resale.
3. If items are to be held for use of your team, please mark in large letters on several sides of each box: "Hold for XYZ Team."
4. Fill out the Caribbean American Shipping Xpress Corp. (CAS Xpress) cargo advisory form that will be sent to you. Fax a copy of the form to CAS Xpress and email list to CRUDEM Ludlow office.
5. Ship the items to CAS Xpress. Except in unusual cases and with prior approval, any shipping to CAS Xpress is done at the donor's expense.

IS IT THERE YET?

CAS Xpress, CRUDEM and HSC keep close track of shipping and arrival dates. In the perfect scenario, items shipped by ocean freight arrive in Haiti within two weeks of leaving port and clear customs within 1-2 weeks. Perfect scenarios however are not always frequent visitors to Haiti! Weather, customs delays, political and labor issues often delay shipments. So....

PLAN AHEAD!!!

Ship items TWO MONTHS prior to when you need them in Haiti.

DO I GET CREDIT FOR THAT?

The donor of any supplies or shipping costs will receive not only a hearty "Thank you!" but also a letter of receipt that can be used for IRS filings. In order to receive same, please submit the "In-Kind Donation" form to CRUDEM office. A copy of this form is available in the "Volunteer Application and Forms" section on the CRUDEM website and will be provided to you in your informational email packet sent by the Volunteer Credentialing Coordinator.

Appendix A

POLICY ON MEDICAL STUDENTS AND RESIDENTS AT HSC

CRUDEM policies re medical students and residents are similar to those practiced by US medical training centers:

1. It is the responsibility of medical students and residents to identify a supervisory physician prior to being considered for a rotation at HSC. This requires the receipt of signed supervision documents (see below) at the CRUDEM office. Same academic institution as the medical student or resident should provide supervisory physicians. If this is not possible, CRUDEM will attempt to identify other appropriate supervisory personnel. This cannot be guaranteed.
2. Medical students may see and examine patients. They may assist in procedures. Only fourth year students may write notes and orders, which their supervising physician must cosign. They may not under any circumstances function as an independent care provider. The attending physician is responsible for seeing and examining all patients seen by the medical student, writing or cosigning notes and orders, and must supervise all procedures. Medical students must clearly identify themselves to patients and staff as a medical student. An identity badge will be provided by CRUDEM and must be worn at all times during clinical duties.
3. Residents may see and examine patients, write orders and notes, and perform procedures. The attending physician is responsible for seeing and examining all patients in the resident's charge, reviewing all resident care decisions and writing a daily note to this effect. The attending is responsible for supervising the resident when the resident is performing any procedure for which he/she is not certified to perform independently. Residents must clearly identify themselves to patients and staff as a resident physician. An identity badge will be provided by CRUDEM and must be worn at all times during clinical duties.
4. Medical students and residents may not assume any leadership roles.
5. CRUDEM may limit the number of medical students on site at any time.

SAMPLE SUPERVISION AGREEMENT FOR ATTENDING (RE RESIDENTS):

I, _____, agree to assume responsibility for the supervision of the resident _____ . I will see, examine and evaluate all patients under the care of this resident. I will review all treatment decisions made by the resident. I will write a daily note in the medical record to this effect. I will supervise all procedures for which the resident is not certified to perform independently. I will provide feedback, education (and a written evaluation if necessary) to this resident. This agreement begins on _____ and ends on _____.

SAMPLE SUPERVISION AGREEMENT FOR ATTENDING (RE MEDICAL STUDENTS):

I, _____, agree to assume responsibility for the supervision of the medical student _____ . I will see, examine and evaluate all patients seen by the medical student. I will write a daily note in the medical record to this effect. I will write all orders for patients seen by the medical student. I will directly supervise any procedure performed by the medical student. I will provide feedback, education (and a written evaluation if necessary) to this medical student. This agreement begins on _____ and ends on _____.

SAMPLE SUPERVISION AGREEMENT FOR RESIDENTS

I, _____ agree to work under the supervision of the attending _____. I agree to review my patient evaluations and treatment decisions with my attending. I will seek attending permission prior to beginning any procedure. I will obtain attending supervision for any procedure that I am not certified to perform independently. I will clearly identify myself to patients and staff as a resident physician. This agreement begins on _____ and ends on _____.

SAMPLE SUPERVISION AGREEMENT FOR MEDICAL STUDENTS

I, _____, agree to work under the supervision of the attending _____. I will not write any orders in the patient medical record. I will not perform any procedure without the permission and direct supervision of my attending. I will clearly identify myself to patients and staff as a medical student. This agreement begins on _____ and ends on _____.

CONTACT LIST

A list of HSC Medical Staff and their contact information is posted on the CRUDEM website under the section: "HSC Medical Personnel"

HSC CEO: Harold Prével, M.D.
haroldprevil@yahoo.fr

HSC Medical Director: Jacques Julmice, M.D.
julmicejacques@yahoo.fr

For questions about medical groups, medical facilities, protocols, and to schedule a visit, please contact:

William Guyol, Jr. MD., Volunteer Coordinator
& Vice President of CRUDEM
billguyol@me.com

For questions about forms, credentials, travel logistics and the nitty-gritty on day to day living for medical volunteers, please contact:

Deb Paine-Motyl, R.N., Volunteer Credentialing Coordinator
crudemdeb@gmail.com

For questions about construction/building & facilities, please contact:

Tim Traynor ttraynor1948@gmail.com

For questions about shipping, shipping approvals, in-kind and other donations, educational materials and fundraising please contact:

Joni Paterson, Ph.D., Director of Development & Administration
jmpaterson@charter.net

For questions on clinics, arrival times and special needs, please contact:

Nathalie Dorcin at Hôpital Sacré Coeur
nathaliedorcin@yahoo.fr