

Faith In Practice

Life Changing Medical Mission

Leadership Conference

October 2024

2024 Leadership Conference Agenda - draft

7:00-7:30am	**Coffee and Breakfast**		
7:30-7:35am	**Welcome and Opening Prayer**	Cary Moorhead, MD and Julie Eberly	Kingwood Room
7:35-7:45am	**Leadership Conference Overview**		
7:45-8:30am	**High Level Updates**		Kingwood Room
	Volunteer Engagement	Abby Maxa	
	Guatemalan Program	Jaime de Leon	
	Insight	Ian Rhoades	
	Fundraising and Share The Mission	Taylor O'Neill	
8:30-9:00am	**Quality Committee Updates**	Lola Coke, PhD et al	Kingwood Room
9:00-9:15am	Break		
9:15-10:15am	**Breakout Session 1**	Medical Clinic & Surgery Discussion	Montrose A & Montrose B Rooms
10:15-10:30am	Break		
10:30-11:45pm	**Breakout Session 2**	Medical Clinic & Surgery Discussion	Montrose A & Montrose B Rooms
11:45-12:00pm	Break and Return to Main Room		
12:00-12:30pm	**Final Remarks and Closing Prayer**	Cary Moorhead, MD	Kingwood Room

Mission

Faith In Practice improves the health and wellness of underserved Guatemalans through health- related medical missions, community-based health initiatives, robust partnerships, and education while fostering spirituality and compassion in our patients and volunteers.



Leadership Conference Overview

Faith In Practice
Life Changing Medical Mission

- Thank you for your commitment to Faith In Practice, your volunteers, and every patient life you have impacted!
- Goals for today include: Provide information about the 2024 season, update on what is in store for 2025, and gain your insight.
- We want to foster discussion during the breakout sessions that will help Faith In Practice continue to support you and your teams in the best way possible.
- QR code on the printed agenda provides access to resources.
- Recordings of the content in the main room, and notes taken during the breakout sessions will be sent out in the next few weeks along with the resources from the QR code.

Calendar 2024 Season Accomplishments



Medical Clinics
13 Missions



Surgery
26 Missions



Women's Health
18 Missions
3 VIA Cryo Trainings
Cancer Case Management



Mobility Clinics
17 Missions



Patient Services
Transport and Lodging
Medications
Imaging and Labs
Case Management



Guatemalan Volunteers
43 Leaders
300 Network Volunteers
10 CHW/N Trainees

CY2025 Program Plans

49 Weeks of Healthcare
*47 US-volunteer Missions
*2 VIA Trainings

21,000+ Patients Served Annually Through the Following Programs



Rural Medical Clinics
18 Missions

Surgery
29 Missions

Women's Health
18 Missions
2 VIA Cryo Trainings
Case Management

Mobility Clinics
28 Missions

Patient Services
Transport and Lodging
Medications
Imaging and Labs
Case Management

Guatemalan Volunteers
43 Leaders
300 Network Volunteers
10 CHW/N Trainees

Programs are Supported by



Staff
50 Guatemalan-based
16 US-based

Volunteers
2,500 Active Volunteers

Technology
Patient Management,
Resource Management

Medications and Supplies
Medicine, equipment, implants, etc.

Warehouse
14,000 sqft

Volunteer Program

Post-Trip Assessment Results YTD

Volunteer Portal & Team Leader Database

Recruiting Guidelines

Filling Essential Team Roles



Volunteer Program

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Post-Trip Assessment Results (all YTD)

- **1,207 US Volunteers →** 43% Survey Completion (520 Completed)
- **194 First-Time Volunteers Completed Survey →** 38% of volunteers were first-time with FIP
- **Volunteers who plan to serve within the next 2 years →** 93% first-time; 97% returning
- **5 questions related to satisfaction with Team Leadership →** 99% of ALL volunteers were satisfied by the resources provided, communication, and leadership for their teams.
- **2 questions related to FIP website and FIP Houston staff response →** 96% found the FIP website helpful; 98% report they were assisted quickly if they reached out FIP staff.
- **Question related to feeling valuable throughout the mission week →** 98-100% of volunteers felt they were of value to their team throughout their week.

Volunteer Program

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Volunteer Portal and Team Leader Database

- **Managed Missions** → Volunteer Portal where US volunteers can view pending tasks, upload documents (including saved documents), and access important links
- **Managed Missions** → Team Leaders can also view who has applied and who is approved on their team(s), and view all tasks for their volunteers
- **Team Leader Database** → Team Leader access to 1) notate names on the roster, and 2) upload volunteer flight information

Volunteer Program

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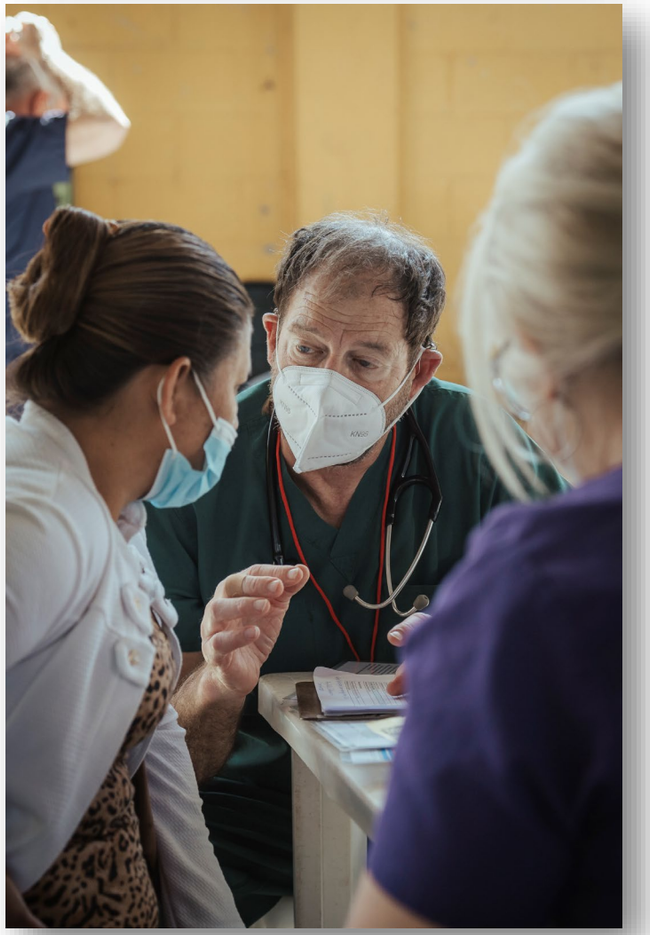
US Volunteer Recruiting Guidelines

- **Essential Support in each OR** → Anesthesia, Scrub, Circulator
- **Orthopedic Specialist** → Medical Clinic Teams
- **Imaging Specialist (Ultrasound)** → Medical Clinic Teams
- **Interpreters, or Bilingual Providers** → Important for both Surgery and Medical Clinic teams
- **Provider Assistant/General Support** → Can be non-medical; valuable to ensure medical clinic runs smoothly and efficiently



Volunteer Program

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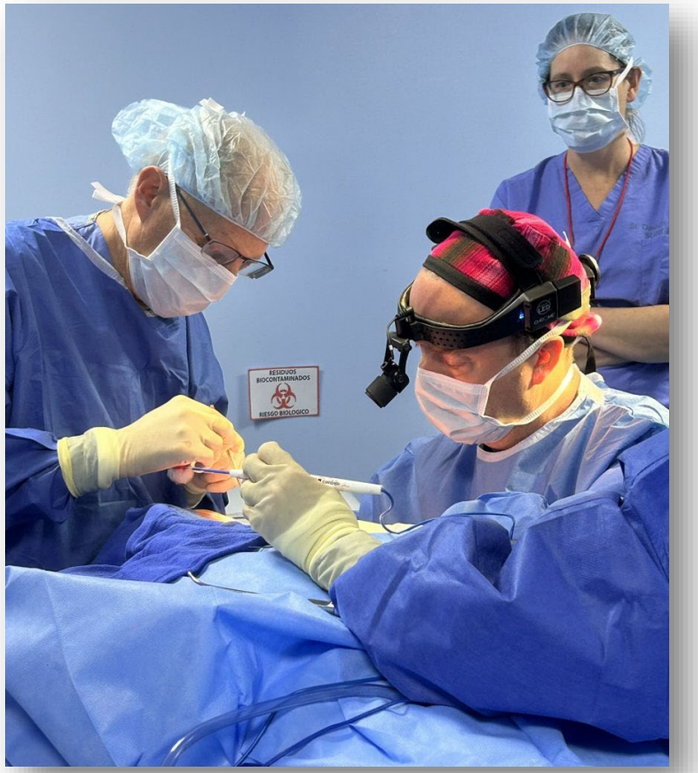
Filling Essential Roles on Mission Teams

- **When essential roles are not filled with US volunteers →** FIP pays to fill these roles in Guatemala, and there is a cost associated.
- **Cost of filling essential surgical team roles in 2024 →** $2,000 for anesthesiologist at Obras; $3,500 for anesthesiologist at HHG
- **Cost of filling essential medical clinic team roles in 2024 →** $900 per essential role that is filled with non-US person
- **FIP is here to help→** Connect with your Houston staff contact as early as possible about any challenges you have regarding recruiting for your team.



Guatemalan Program

Restructuring

CHW, GNE, Education

Partnerships

Customs/Immigration Forms



Guatemalan Program Restructuring

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RESTRUCTURING
Benefits
Adapt to Changes
Efficiency

PATIENT NAVIGATION - PAOLA

Oversees specialists and volunteers dedicated to helping our patients access the care they need. Paola provides direction to our **Guatemalan volunteer and community health worker (CHW) program, referrals program, and Casa de Fe and Casa de Milagros.** She has a high degree of understanding and teamwork between our IT department and in country staff in order to become a super user of Insight.

PATIENT CARE - ARIEL

Oversees the entire continuum of patient medical care – from our medical clinics through our surgical program. Ariel will be responsible for providing leadership and direction to our **medical clinic program, women's health program, mobility program, and surgical program.** The Patient Care Director also provides support to inter-program initiatives and collaborations.

Guatemalan Programmatic Updates

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CHW, GNE AND EDUCATION

The community health worker (CHW) is an individual who works to promote the health of members of the community impacted by Faith In Practice's Medical Clinics and Surgical Programs. The CHW is responsible for following up with identified patients selected for surgery during FIP medical clinics and providing preoperative visits to prepare patients for surgery. Post operative patients identified as needing a visit to evaluate surgical outcomes to prevent complications will also be visited by the CHW. These responsibilities include assessing patients, facilitating communication with FIP staff as issues arise and providing follow-up if symptoms are identified. The CHW will also monitor patients with chronic health conditions and provide education to ensure that they are emotionally and physically prepared for surgery.



Guatemalan Programmatic Updates

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PARTNERSHIPS

MAYA HEALTH ALLIANCE
WUQU' KAWOQ

LOCAL HOPE
XELA AID

Asoc. Nuestros AhijadoS®

ROMP
Range of Motion Project

OBRAS SOCIALES
DEL SANTO
HERMANO PEDRO
FRAILES FRANCISCANOS, OFM

HOSPITAL HILARIO GALINDO - FINCA SAN CAYETANO, SAN FELIPE, RETALHULEU

Guatemalan Programmatic Updates

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Customs/Immigration Forms

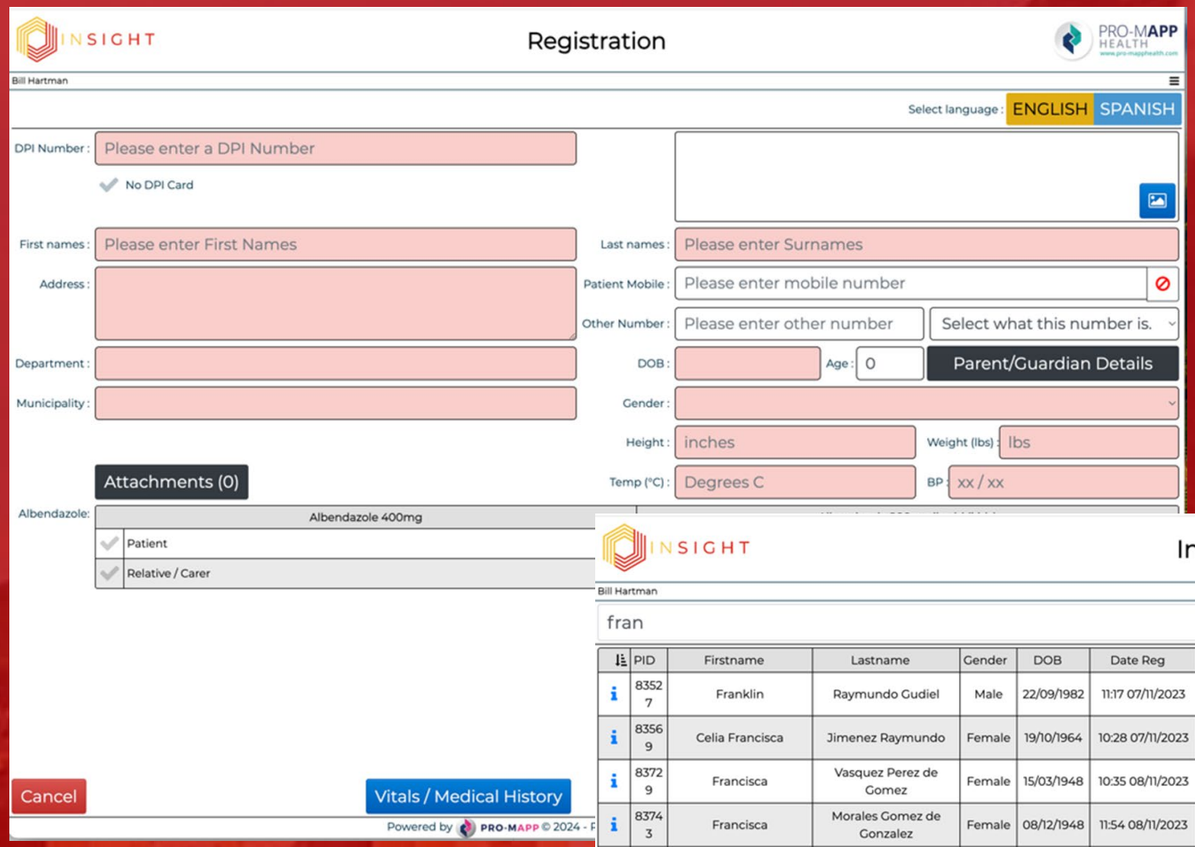


Insight Updates

2024 Impact

2025 Plan




INSIGHT
Registration
PRO-MAPP HEALTH
Bill Hartman
Select language : ENGLISH SPANISH
DPI Number : Please enter a DPI Number
No DPI Card
First names : Please enter First Names
Last names : Please enter Surnames
Address :
Patient Mobile : Please enter mobile number
Other Number : Please enter other number
Select what this number is.
Department :
DOB :
Age : 0
Parent/Guardian Details
Municipality :
Gender :
Height : inches
Weight (lbs) : lbs
Attachments (0)
Temp (°C) : Degrees C
BP : xx / xx
Albendazole:
Albendazole 400mg
Patient
Relative / Carer
Cancel
Vitals / Medical History
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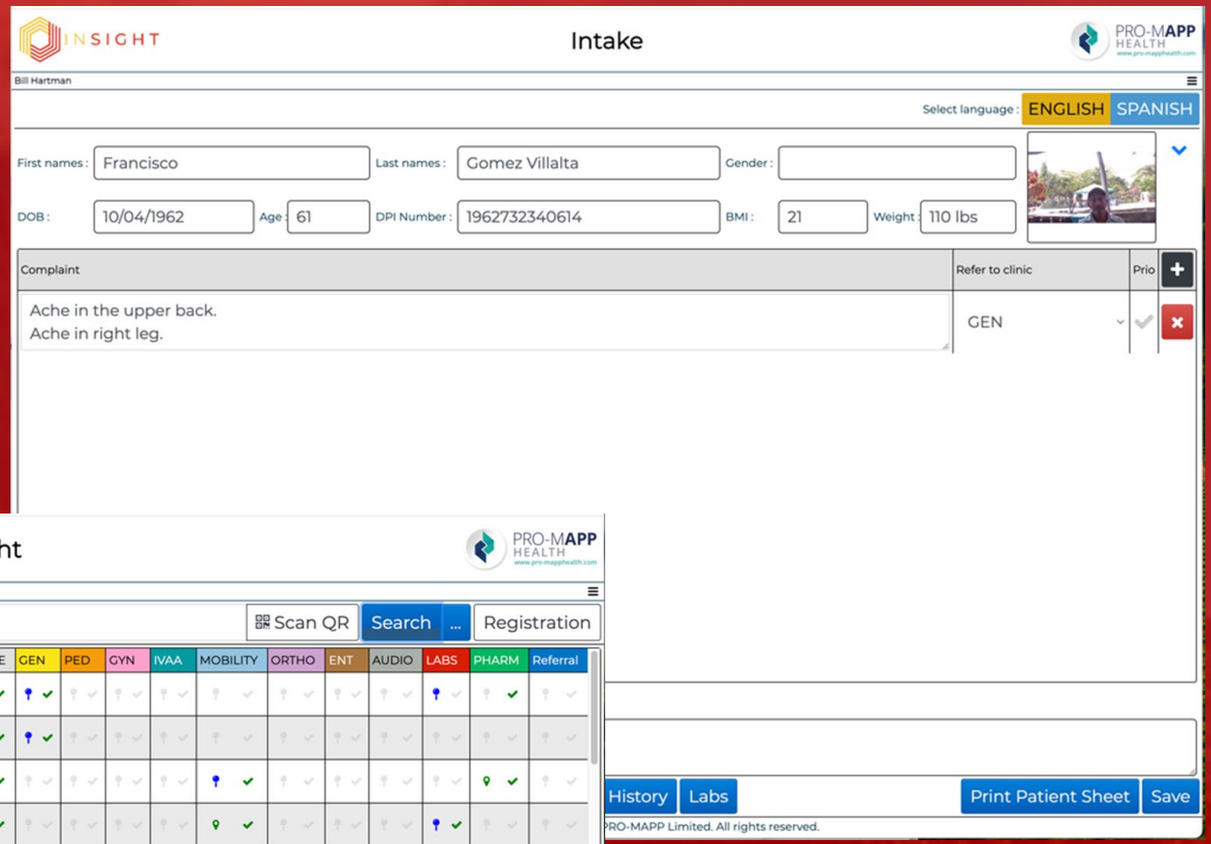
INSIGHT
Intake
PRO-MAPP HEALTH
Bill Hartman
Select language : ENGLISH SPANISH
First names : Francisco
Last names : Gomez Villalta
Gender :
DOB : 10/04/1962
Age : 61
DPI Number : 1962732340614
BMI : 21
Weight : 110 lbs
Complaint
Refer to clinic
Prio
Ache in the upper back.
Ache in right leg.
GEN
History
Labs
Print Patient Sheet
Save
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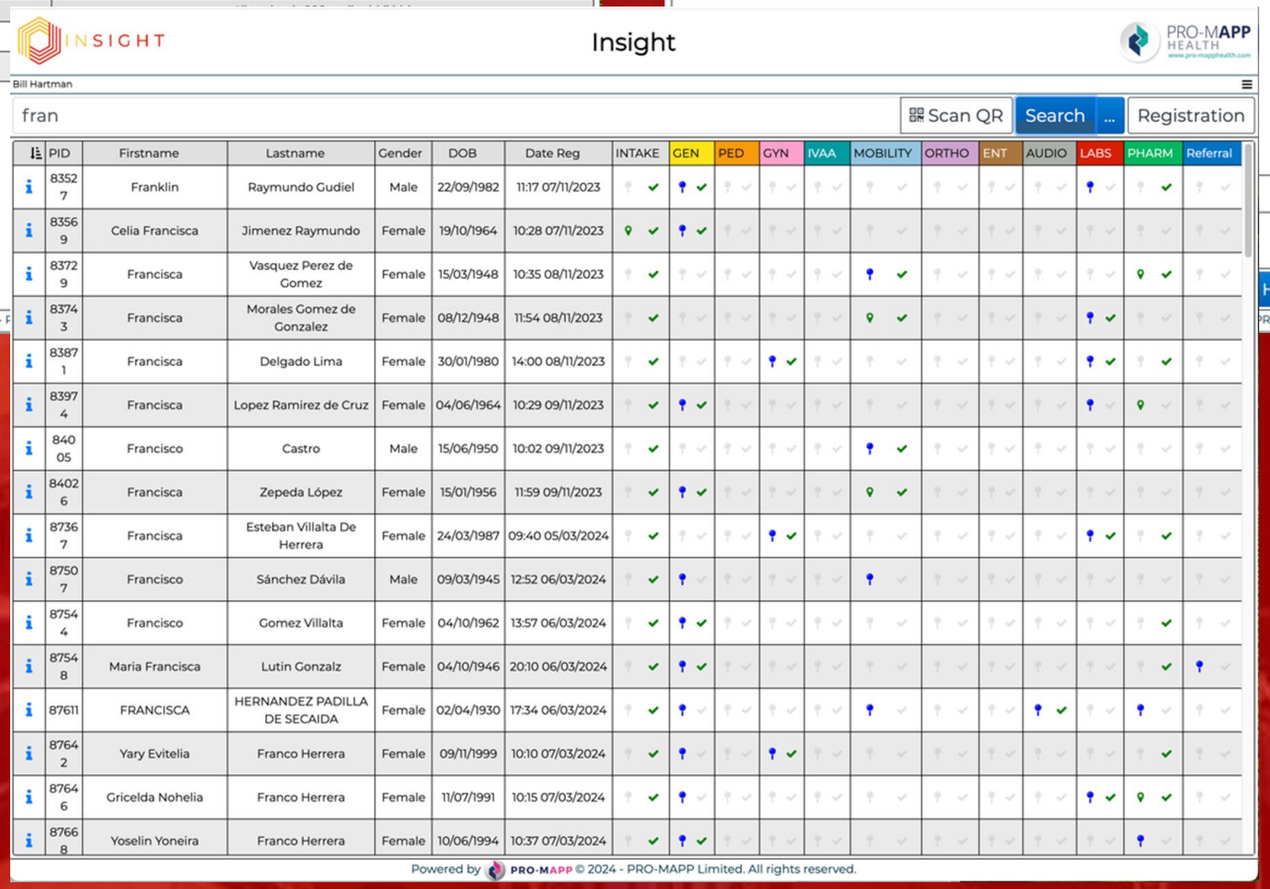
INSIGHT
Insight
PRO-MAPP HEALTH
Bill Hartman
fran
Scan QR
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...
Registration
PID
Firstname
Lastname
Gender
DOB
Date Reg
INTAKE
GEN
PED
GYN
IVAA
MOBILITY
ORTHO
ENT
AUDIO
LABS
PHARM
Referral
83527 Franklin Raymundo Gudiel Male 22/09/1982 11:17 07/11/2023
83569 Celia Francisca Jimenez Raymundo Female 19/10/1964 10:28 07/11/2023
83729 Francisca Vasquez Perez de Gomez Female 15/03/1948 10:35 08/11/2023
83743 Francisca Morales Gomez de Gonzalez Female 08/12/1948 11:54 08/11/2023
83871 Francisca Delgado Lima Female 30/01/1980 14:00 08/11/2023
83974 Francisca Lopez Ramirez de Cruz Female 04/06/1964 10:29 09/11/2023
84005 Francisco Castro Male 15/06/1950 10:02 09/11/2023
84026 Francisca Zepeda López Female 15/01/1956 11:59 09/11/2023
87367 Francisca Esteban Villalta De Herrera Female 24/03/1987 09:40 05/03/2024
87507 Francisco Sánchez Dávila Male 09/03/1945 12:52 06/03/2024
87544 Francisco Gomez Villalta Female 04/10/1962 13:57 06/03/2024
87548 Maria Francisca Lutin Gonzalz Female 04/10/1946 20:10 06/03/2024
87611 FRANCISCA HERNANDEZ PADILLA DE SECAIDA Female 02/04/1930 17:34 06/03/2024
87642 Yary Evitelia Franco Herrera Female 09/11/1999 10:10 07/03/2024
87646 Gricelda Nohelia Franco Herrera Female 11/07/1991 10:15 07/03/2024
87668 Yoselin Yoneira Franco Herrera Female 10/06/1994 10:37 07/03/2024
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INSIGHT

CLINICAL PATIENT CARE METRICS

from Nov 2023 - Aug 2024

4829 PATIENTS TREATED

AGE RANGE:
4 MONTHS TO 100 YEARS OLD

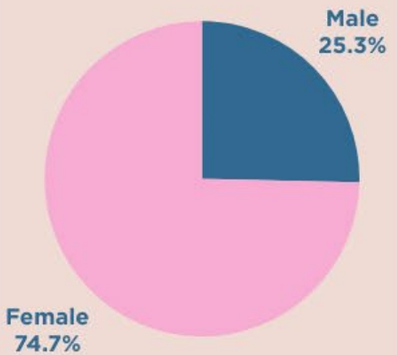
564 PATIENTS
REFERRED FOR CHRONIC CONDITION

854 PATIENTS
REFERRED TO SURGICAL EVALUATION

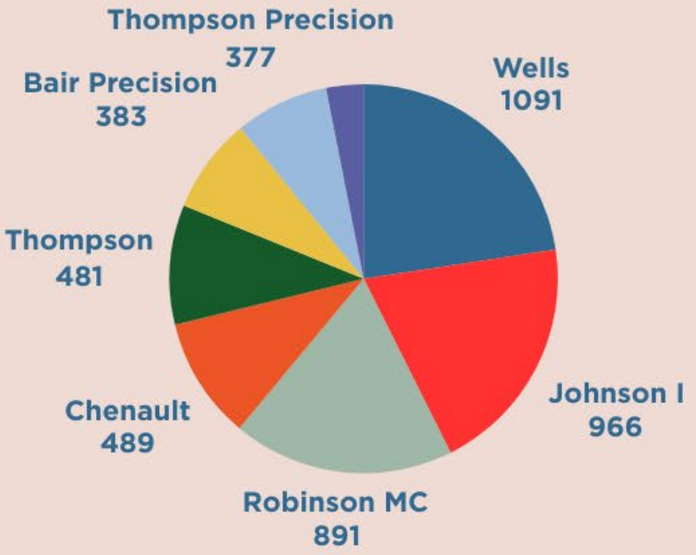
29.4%
REFERRED FOR CONTINUED CARE

16,367
UNITS OF MEDICATION HANDED OUT

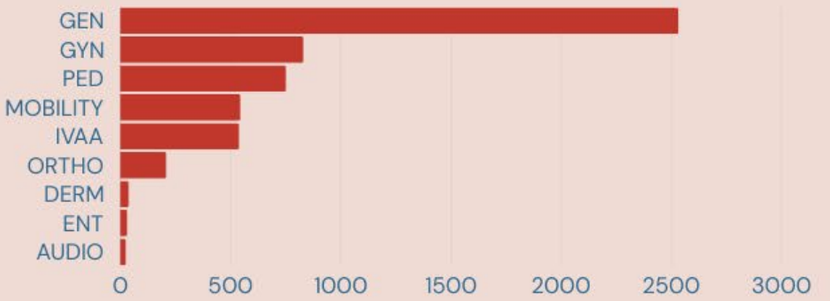
GENDER:



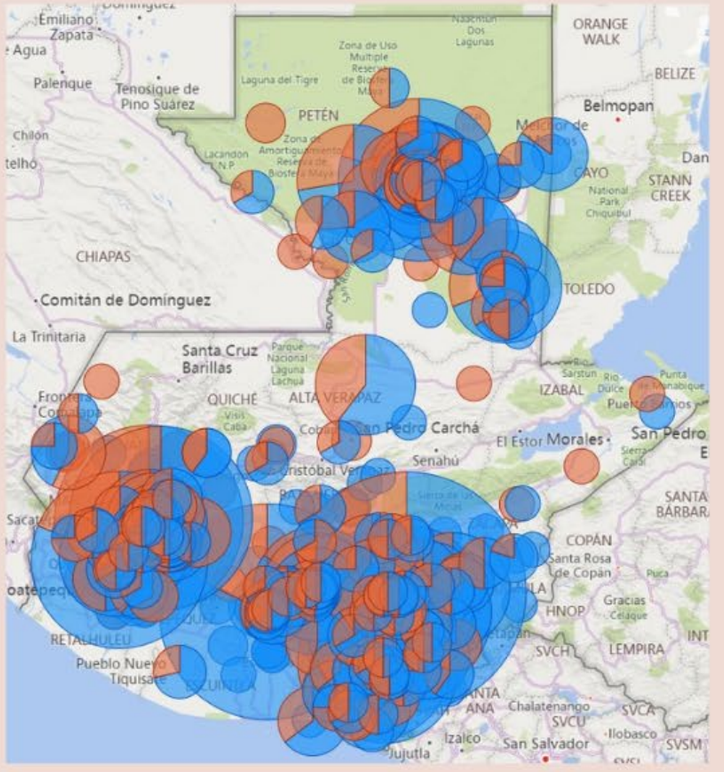
PATIENTS TREATED BY TEAM



PATIENTS BY CLINIC



PATIENTS REACHED BY LOCATION



Digitize healthcare to drive patient care

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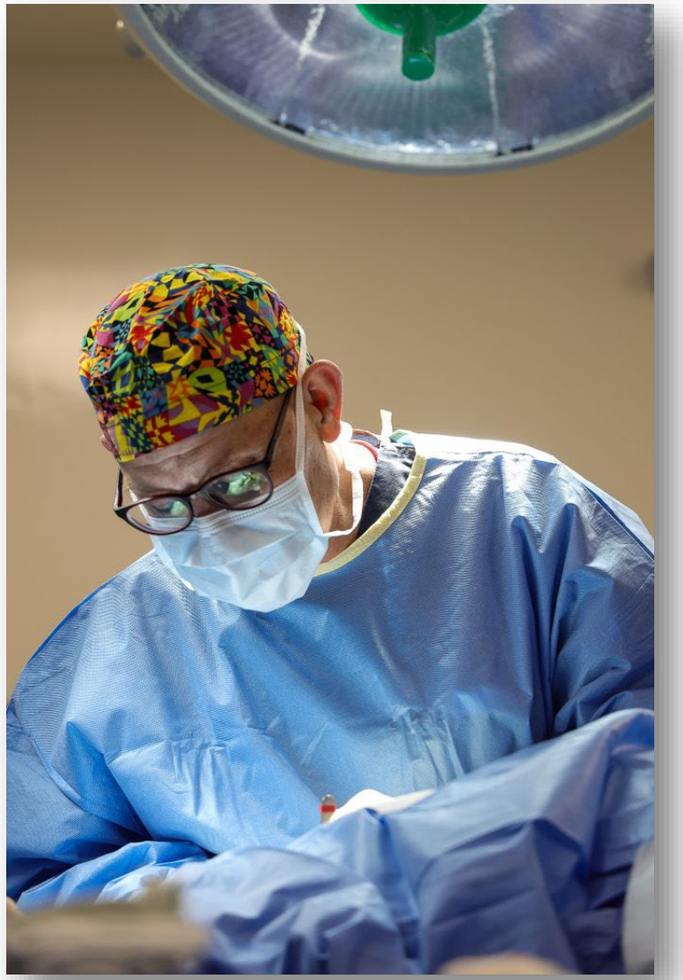
Surgery Weeks that used Insight

Team	Dates	Surgery Specialties
Hope In Motion	April 8th- 11th	• Total Joints
Parsley/ Granberry	May 20th - 23rd	• Total Joints • Foot and Ankle • Trauma • Sports Med • Orthopedic Oncology
Heinrich	July 22nd - 25th	• Total Joints • Foot and Ankle
Harvin/ Holmes	October 6th- 10th	• Total Joints • Foot and Ankle • Trauma



PROCEDURE

Total Hip Arthroplasty, Direct Anterior

Total Hip Arthroplasty, Posterior

Revision Hip

ATTACHMENTS

INSIGHT eOpNote ≡

HIM TestH 01/01/1980 111

David Green | Ken Trojanco

Scrub Tech

Other | Lluvia Coronado | Avery Farber | Kamrin O'Brien | Melvin Rocha

Circulator

Other | Maggie Baar | Andrea Gilley | Callie Pate | Sarah Selvidge

Complications

Drain

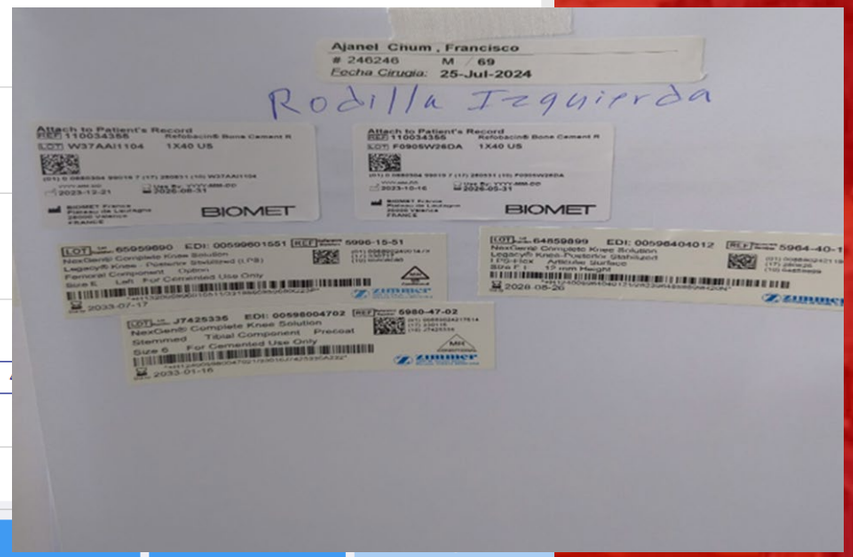
Cup

Acetabular Implant

40 | 42 | 44

Screws

Back



ASOCIACIOÃŒN
OBRAS SOCIALES DEL "SANTO HERMANO PEDRO"
FRAILES FRANCISCANOS OFM
La Antigua, Guatemala
Tels: 7931-2100

OPERATIVE REPORT

NOMBRE (NAME): Francisco Ajanel Chum

NUMERO DE EXPEDIENTE (FILE NUMBER): 246246

FECHA (DATE): 07/25/2024 11:08:20

FECHA DE NACIMIENTO (DATE): 05/07/1955

CIRUJANO (SURGEON): Curtis Kephart

ASISTENTE (ASSISTANT): Rebecca Urrutia

PREOPERATIVE DIAGNOSIS: Left Knee End Stage Degenerative Primary Osteoarthritis.

POSTOPERATIVE DIAGNOSIS: Left Knee End Stage Degenerative Primary Osteoarthritis.

PROCEDURE PERFORMED: Left Total Knee Arthroplasty

ANESTHESIA: Spinal with Adductor Canal Block and Pericapsular injection

ANESTHESIOLOGIST: Laura Haggard

SCRUB TECH: Kamrin O'Brien

CIRCULATOR: Callie Pate

ANATOMICAL VARIANTS: None

WOUND PACKING: None

DRAINS: No

COMPLICATIONS: None.

Indications: The patient was found to have increased pain and decreased function that was unable to be managed with conservative efforts. They were thoroughly educated as to the procedure, risks, and possible complications and elected to have total knee replacement.

Narrative: The patient was identified in the preop holding area, surgical site was marked, informed consent was signed. The patient was taken to the operating room. General and regional anesthesia were administered by the anesthesiologist. The Left knee was prepped and draped in the usual sterile fashion and ioban drapes. An appropriate "timeout" was taken to identify the patient, procedure, confirm that preoperative antibiotics, and tranexamic acid had all been administered according to protocols. The incision was made over the anterior aspect of the knee. A standard medial peripatellar approach was made. The medial tibial structures were then dissected subperiosteally from the tibia, including the deep MCL from the proximal tibia. The fat pad was resected, and the patella was subluxated. End stage osteoarthritis with grade IV eburnated bone was noted throughout the bony surfaces. Total knee replacement was indicated. The tibial cutting jig was placed on the anterior tibial surface. The tibia was cut perpendicularly to the long axis with approximately 4 degrees of posterior slope. The distal or the tibial cut was then checked with a long extramedullary rod. Next, after assessing appropriate femoral rotation, the femoral sizing guide was then placed on the femur and the holes for the appropriately sized femoral cutting block were prepared. The anterior and posterior surfaces of the femur were then cut along with the chamfers, and the bony pieces were removed.

Next a lamina spreader was placed on the lateral side of the knee in flexion to allow for removal of the medial meniscus and posterior osteophytes. The medial posterior capsular structures were injected with local anesthetic. The lamina spreader was flipped to the other side to remove the lateral meniscus and posterior osteophytes.

Post-Operative Image: Right

zimmer | REF 5980-37-01 | LOT J7660076
NexGen®
Uncoated knee tibia prosthesis, metallic
Use By
2033-11-13
(01) 00889024217577 (17) 331113 (10) J7660076
Size 3

zimmer | REF 5996-15-52 | LOT 65927546
NexGen® Legacy®
Uncoated knee femur prosthesis, metallic
Use By
2033-07-16
(01) 00889024001480 (17) 330716 (10) 65927546
Size E

zimmer | REF 5964-32-10 | LOT 66212710
NexGen® Legacy®
Tibial insert
Use By
2028-09-03
(01) 00889024634923 (17) 280903 (10) 66212710
10.00 Millimeter
Size E, F

Digitize healthcare to drive patient care

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Who can expect to use Insight in 2025

- All Clinic teams (Full Medical, Precision, Mobility)
- All Mobility Teams that are part of a surgery team
- Full Orthopedic Teams
- Other teams will be communicated with in advance as plans develop



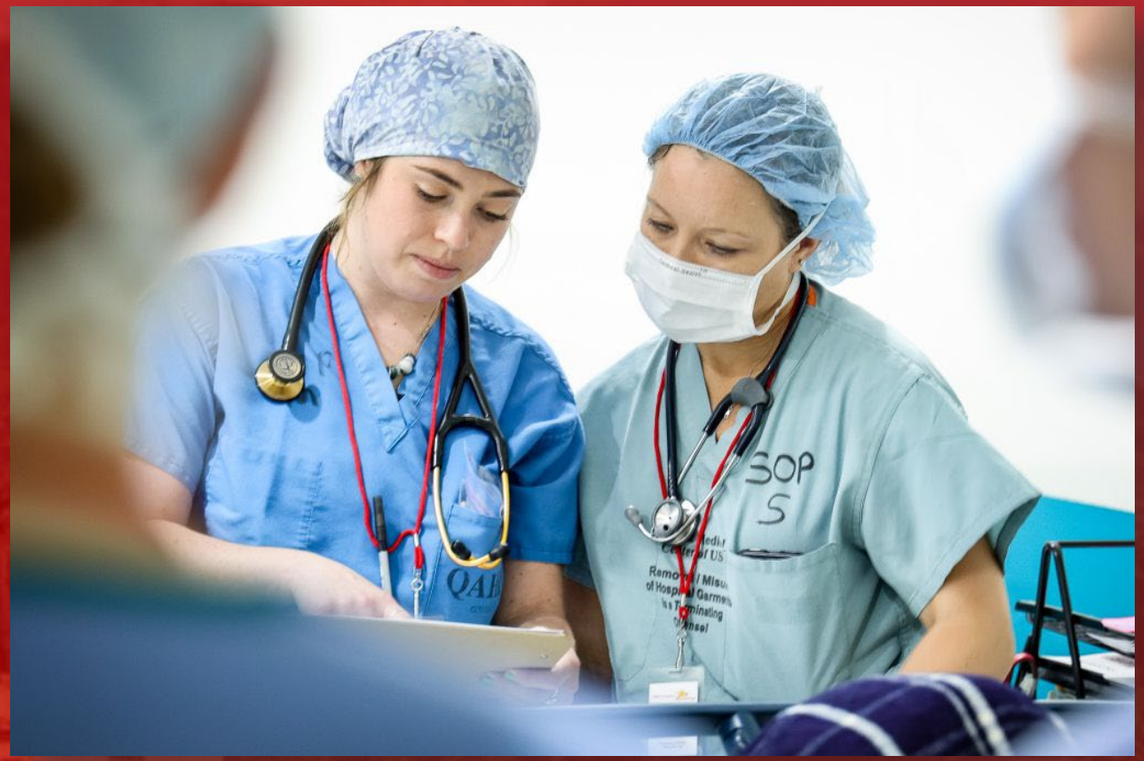
Development Updates

Priorities for 2025

New STM Focus

STM Awards

Blog Changes



Development Updates

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Data Analysis from 2017 – 2025

Share the Mission Stats	STM 17	STM 18	STM 19	STM 20	STM 21	STM 22	STM 23	STM 24 - 7/24	STM 25 Estimates
Average gift	$ 179	$ 183	$ 183	$ 215	**$ 441**	$ 241	$ 244	$ 259	$ 250
Total Transactions	5,721	6,063	**6,294**	3,726	2,104	3,903	4,087	4,341	5,700
Total Raised	$1,025,958	$1,111,936	**$1,154,729**	$801,693	$928,353	$942,446	$998,640	$1,122,291	$1,425,000
Participation		56%	57%	79%	107%	54%	37%	41%	47%
Number of Volunteers		1165	1292	681	202	748	1186	1170	1480
Number of Fundraising Pages	710	648	**735**	540	216	405	436	475	690
Number of Teams	37	35	40	35	38	36	37	**43**	46
Pages per Team	19	**19**	18	15	6	11	12	11	15
Transactions per Team	155	**173**	157	106	55	108	110	101	124
Transactions per Volunteer	8	9	9	7	**10**	10	9	9	8
Amount raised per Team	$ 27,729	**$ 31,770**	$ 28,868	$ 22,906	$ 24,430	$ 26,179	$ 26,990	$ 26,100	$ 30,978
Amount raised per PAGE	$ 1,445	$ 1,716	$ 1,571	$ 1,485	**$ 4,298**	$ 2,327	$ 2,290	$ 2,363	$ 2,065

Development Updates

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Key Points

1. Participation and the number of pages created is the most important factor to bring in more dollars through Share The Mission
2. Those who excel in peer-to-peer fundraising (whether individuals or teams) are subsidizing those who do not participate
3. Focus on those who are not participating, those who rarely participate, and the new volunteers who sign up for missions to set the tone – we saw success with this!
4. We need to remove barriers to set up a page and to fundraise
5. Focus on participation!

Development Updates

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Changes:

1. Communication to Team Leaders
2. Communication to Volunteers
3. First Time Volunteers
4. Samples & Templates
5. Classy & Website Updates
6. Celebrate Top Volunteers



Share The Mission Awards

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Recognizing Excellence

- **Fuego Award** → For the volunteer who was "on fire" and received the largest number of individual donations, no matter the size
- **Quetzal Award**→ For the volunteer who uses their passion and connections to raise the most dollars, we would like to recognize them just as the Mayans treated the quetzal, as a symbol of wealth and their feathers as currency
- **Agua Award** → For the team that collectively builds a mountain of donors "as big as Agua", raising the most dollars through STM
- **Jade Award** → For the team that doesn't fold under pressure, but comes together to form a beautiful and precious gift for our patients…the team that receives the largest number of individual donations through STM



Blog Changes for 2025

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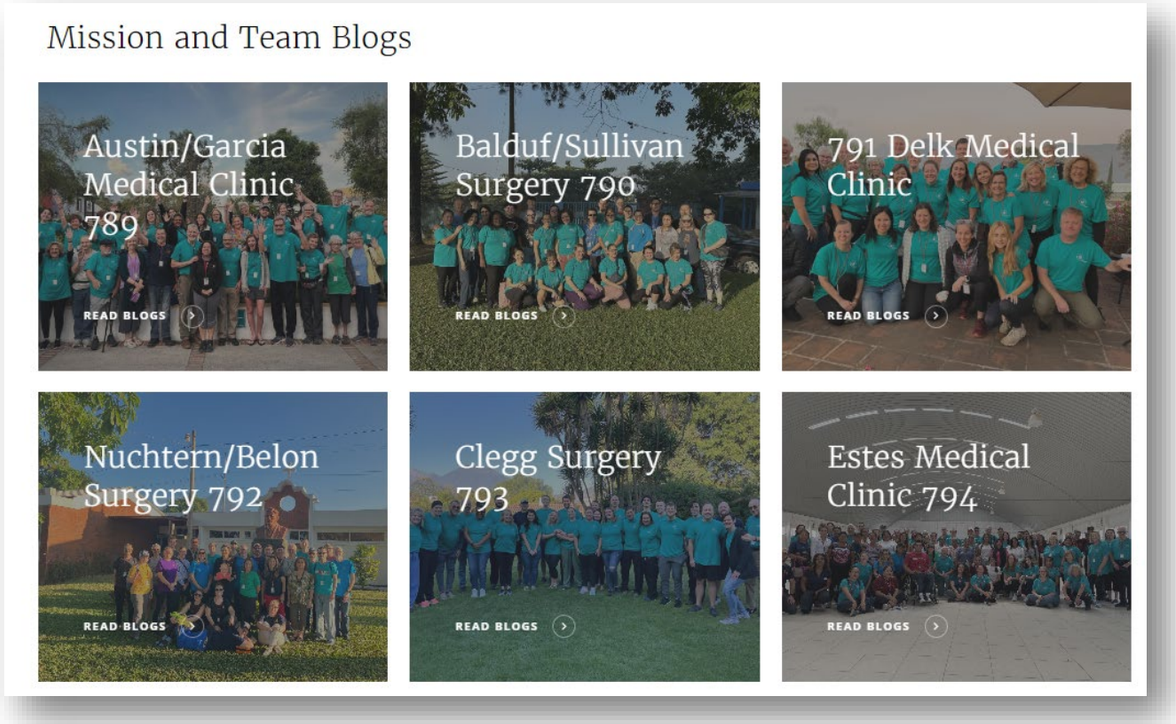
Returning to Daily Blog Updates

- The importance of the blogger/photographer position
- Using the blogs to communicate with the donors
- Post trip report and patient story





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Quality Committee Update

October 2024

Quality Committee

Illness During Mission Protocol

FIP & Quality Committee Collaboration

Vetting of US Volunteers

Guatemalan Healthcare Regulations

CHW Program

Quality Manual

STAT Kit Update

2025 Formulary



Quality Committee

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- **Illness During Mission Protocol→** Importance of reporting any issues to Team Doc
  - Prevention is key for mosquito-borne illness

- **FIP and Quality Committee Collaboration →** Proactively evaluate potential health concerns (Dengue, Covid, etc); work closely with FIP leadership to determine the best/most appropriate response to any potential health concerns that might impact volunteers

Quality Committee

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- **Vetting of US Volunteers →** Quality Committee is here as a resource for Team Leaders to rely upon

- **Guatemalan Health Care Regulations →** FIP is subject to and follows Guatemalan guidelines (both at the national and hospital levels) regarding rules/regulations for medical professionals



Quality Committee

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- **CHW Program →** QC is serving as content advisors for this program
- **Quality Manual →** Review is in-process and will be shared as soon as complete; one update includes a 5-year requirement to serve as a lead surgeon at both HHG and Obras
- **STAT Kit Update →** Feedback and recommendations have been received; updated STAT kit in the works; important for Team Doc to review in-country
- **Formulary →** 2025 update and changes




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Please Transition to Breakout Rooms



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Leadership Conference

October 2024