2024 Leadership Conference – Medical Clinic Breakout Notes

Quality Committee (discussion led by Lola Coke)

- Started an unusual occurrence section for the manual for those issues that happen with team members outside of the norm a couple of years ago.
    - Altitude sickness drugs to be added to formulary in the future.
    - What chronic diseases do your team members have that we may need to service?
        - Get that information to Quality so that FIP can potentially add to formulary or divert teams or team members to serve in a different department.
    - Are team members making a pre-travel appointment with their PCM?
        - If they are, many of these issues can be averted.
- Is there anything with the formulary that needs questioned?
    - Formulary sent out earlier was the incorrect formulary.
    - Jeffery sent updated formulary to VET (Houston Staff).
        - All changes are highlighted for ease of reading.
- Are teams verifying what is on the formulary?
    - Do we have the right medicines, or should we pivot to other items?
    - At times, FIP provides drugs to patients that patients may not be currently taking, or too expensive to purchase on their own (ie. Lisinopril vs HCTZ).
- Unqualified individuals should not be providing services that they are not fully trained and qualified for.
    - An unqualified nurse attempted to start an IV and did not have all of the proper equipment.
    - Stat kits are losing all airways so that there are no temptations to use by unqualified volunteers.
        - FIP is liable for any wrongdoings provided by our volunteers
- Can we specialize trunks to regions?
    - How do we make this happen for the future?
- Are teams filling out the end of mission assessments?
    - There is a lot of useful information for the FIP staff in those answers that could help us to affect the changes that teams are requesting.

Patient Navigation (discussion led by Paola MacDonald)

- Referrals is coordinated by Julissa and assisted by Jennifer, and Flor.
    - FIP staff is there to help guide our patients into the right path for treatment.
- Please use Insight to the best of your ability so that the surgery side can make appropriate determinations.
    - The better the notes, the more accurate the referrals program can guide our patients.
- FIP Guatemala needs to understand what providers are coming so that they can provide the right patients for your volunteers.
- If you have providers wishing to come on mission trips for surgery, please note we are looking for:
    - Pediatric Ortho, Upper Extremity Trauma, General Pediatric, Plastics (non-cleft lip/pallet)

- Planning on eight ortho screening clinics with the help of Dr. Ishimaru
    - Purpose is to screen all upcoming ortho surgery cases for the current season
    - Separate from village teams bringing their own ortho doctors
- The current wait time on surgical referrals to completion is less than a year
    - Determines how much meds to prescribe in connection with the upcoming surgery
- Do we have materials to give to pediatric patients concerning proper nutrition?
    - How do teams combat this?
        - Wendy Robinson suggests bringing down medical students to help with discussing this over with patients
        - G&E Program is designed to help with this
        - David Chenault asked if we could get Guatemalan growth charts in our clinics?
            - Nothing is available in Guatemala (government standard) per Dr. Sarah Beekley. Can use an American chart in a pinch but it is not going to be accurate.
- FIP started partnership with Range of Motion Project (ROMP) this year in hopes that we can get prosthetics for our patients that we amputate.
    - FIP will cover the cost for this since we are the amputating physicians (1st prosthesis and consultation only).
    - If you have patients with prothesis that need adjustments or new product, our volunteers can refer to RoMP.
        - Will be at cost to the patient.
- If your team would like a tour of Casa de Fe, reach out to your local coordinator to get scheduled
    - CDF is run much like the Ronald McDonald House in America

Technology & Programs (discussion led by Ian Rhoades and Ariel Marroquin)

Insight

- Office hours will continue for training for Insight
    - Will have opportunities to ask questions during these office hours
        - Two options for office hours
        - Video before a trip can be scheduled with Ian or Casey
        - Hands-on training will happen on Sunday when in Guatemala with an actual tablet
    - Team leaders that were at the breakout meeting are going to push their volunteers to look into the office hours so they have issues with Insight they can address before the hands-on training in Guatemala
    - Dr. Chenault also stated while using Insight he noticed that they are prescribing fewer drugs.
        - Probably due to being able to see all of the notes, doctors are more aware of the situation
- Dr. Beekley suggested that a default medication list would be great to have
    - Example: All females 14- 99 automatically get prescribed women's vitamins.
    - Because doctors are forgetting to prescribe this medication.

        - Michael stated that we can work on building an option like this, but we would need to define the parameters and medication lists.
- Provider Assistant Roles
    - Scribes could be helpful to doctors by adding notes to Insight while our doctors improve face-to-face time with our patients
        - Triage does have a practice video to help with insight training
    - Would like to have interpreters to be interpreters and not scribing for doctors as we are not sure that the information being added to Insight is accurate. It also slows down patient visits.
        - One of the benefits of Insight was the Doctor could see the patient's plan of care from start to finish. This is still being built up within Insight.
- Almost all patients have access to WhatsApp
    - Maybe a button to be added to be checked off to make sure the doctors get follow-up on high-level patients
- Dr. Beekley suggested that we see fewer patients on day 1 to help accommodate Insight training for those doctors/teams that have not used it before.
- Dr. Beekley asked if we are seeing an influx of numbers at each location
    - With a transition and change of structure, some key elements were put to the side for some new ones to help improve the quality of care and the patients in need.
        - Noticing that we are seeing the same patients in the same areas time and again and may be wasting resources.
        - Working with the Ministry of Health and the local municipalities to find appropriate patients
            - Sending out fewer invites but more focused on those possibly needing surgery consults

- Focusing on finding new volunteer leaders at new locations and are certifying many new nurses thru Provisa
    - Trying to see more patients in women's health as well as mobility clinics
- Wendy suggested bringing a radiologist to help read ultrasounds and films and then put that information into patient records