Leadership Conference – Surgery Breakout Notes

Quality Committee (discussion led by Lola Coke)

- Quality Committee Supports with Vetting of Volunteers
    - The Quality Committee provides guidelines on recruiting personnel for certain roles
    - Recovery room is critical and a certain level of knowledge is needed
        - For example, a public health nurse is not a good fit for this role
    - The hospitals in Guatemala is not the place for teaching new skills
        - Medical personnel on the team should come prepared with the skills and experience needed for the role they are filling
    - Volunteers are usually vetted after submitting application where staff will review application, CV, etc. and notify team leaders and Quality Committee of any questions/concerns
    - Quality Committee is willing be the "bad guy" to tell potential volunteers they may not be a good fit and can communicate that to the volunteer
        - Will still try to find a role for them on the team
    - We don't currently have a way to vet nurses at Obras/HHG
        - Taking steps to improve this process
- Case Complexity
    - Young OB/GYN physicians/surgeons do robotics, but there is a need to be able to do open cases in Guatemala
        - Should consider this when recruiting GYN surgeons
        - More information about GYN guidelines will be included in the updated Quality Manual coming in 2025
- Interpreter Vetting
    - We hope to set up a process in the next year or so to vet interpreters for their Spanish abilities

Patient Navigation (discussion led by Paola MacDonald)

- Referrals
    - Paola and the Referrals team are working to have past information for each team (quota/number of surgeries, types of surgeries, etc.) available for the teams
- Orthopedic Patients
    - 8 ortho clinics are scheduled with Dr. Ishimaru in 2025
    - We would like Ortho teams to help screen patients during their mission week on Triage, if interested/available
    - We may consider do ortho screenings via telemedicine
        - Currently we have been doing screenings with Dr. Joe Cochran (Spine surgeon on Boutros team) via AirTable by viewing imaging, patient information, etc.
    - In 2025, we are limited to 2 amputations per team due to budget
        - Can maybe consider more but will need to consult
        - There have been high costs associated with prosthetics
- Surgical Specialties that are especially needed in 2025 include ENT, upper extremity, and Pedi General

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

Insight

- Insight is a patient digital platform; not an EMR like Epic
    - Insight will be launching on select surgery teams in 2025
- We are working build a platform to work the way our teams want them to work
- Insight helps us to implements time and cost saving
- Insight will help surgeons to better understand the conditions patients have and allows clinical data collected at the medical clinic to be accessible to surgeons at the hospital
    - Will be able to see patients that were referred, view imaging, and add comments
    - We are working to have each medical clinic team bring an imaging specialist to improve imaging collection and referrals
- Surgeons will use *Op-Note* system on phone or tablet
    - This removes the need for surgeons to take notes directly on the Obras system in the computer room
- Insight does not currently allow us to do scheduling
    - System does provide post-op and discharge orders
    - We hope to in the future connect to Obras computer system so scheduling can be done in Insight
- Staff can share link to demo version for surgeons to check out and test Insight
- Staff will send an email about a month before the trip with link to videos and a plan for training providers in using Insight