



## 2015 Program Site Visit Reports

### Timmy Global Health – Dominican Republic (DR)

#### Program Background

Timmy Global Health provides consistent access to quality healthcare for medically under-served communities in Latin America by pairing short-term medical clinics staffed by volunteer medical teams with longer-term capacity building and support for local partners in the communities Timmy adopts. The short-term medical clinic teams are deployed every ~2.5 months to each area Timmy serves – Ecuador, Guatemala, and the Dominican Republic. The intent is to provide consistent, sustained quality primary care to those in need. A normal medical team includes 4-6 physicians, 2 nurses, 2 pharmacists, and 15 students (including pre-med and medical students).

Timmy’s medical service teams have been staffed for and focused on the provision of primary care. Additionally, surgical teams have been added to Timmy’s range of activities in support of the areas it serves. Timmy also employs fulltime coordinators and community health workers who live and work in the communities Timmy serves, providing continuous presence and thereby significantly improving the continuity of care for individual patients, heightened effectiveness for the visiting medical teams, and, a vehicle through which Timmy can help improve the capacity of its local partners.

#### Dominican Republic (DR) Program Overview

Timmy Global has had programs in the DR for several years, working from two principal sites in the DR: Monte Cristi and Mao. Monte Cristi is a rural coastal community near the northwestern border of Haiti. Mao is an urban town northwest of Santiago. While the make-up and size of these areas differ, a lack of health access persists – especially for the large population of Haitian migrants who have traveled to these areas looking for work. Many of the communities that Timmy serves across these sites are known as “*bateys*” (poor communities) — and are traditionally the most impoverished and underserved areas of the country.

In each country that Timmy serves they partner with local organizations. In the Dominican Republic these partners are Banelino and 7 Elements (7E). The former is a fair-trade banana cooperative operating in both Mao and Monte Cristi, and the latter helps impoverished communities procure and sustain core elements of basic human security (e.g.: health, food, water etc.). Banelino’s objectives (beyond the production and sale of bananas) include helping employees and their families to live dignified lives. To this end Banelino seeks to provide social welfare programs such as: regular primary care consultations by a traveling physician, access to affordable medicine and health education, and housing infrastructure projects. Banelino designates a portion of its profits to fund these social programs. Timmy Global Health has partnered with Banelino since [insert date]. The partnership with 7 Elements, which works to help impoverished community gain access to seven elements of healthy, sustainable living began in January 2015.

In addition to the local country partner organization, Timmy Global places a “Medical Program Coordinator” in the community to oversee or coordinate Timmy’s short-term medical clinics and public health programming of local partner organizations. The Medical Program Coordinator in Dominican Republic is Amelia who works with both Banelino and 7 Elements. The FP diligence team interacted extensively with Amelia.

#### The Program Site Visit

From October 31- November 3, 2015 two Focusing Philanthropy (FP) staff members and an FP donor joined Timmy Global Health staff on one of their regularly scheduled weeklong medical clinics to serve communities in Monte Cristi. This was the second time FP staff members visited a Timmy program in the field but the first time that any FP staff volunteered to work at a clinic and the first time the DR program was visited. The first Timmy site

visit was in March of 2013 to their program in Quetzaltenango, Guatemala. That diligence site visit occurred prior to the formal selection of Timmy as an FP recipient nonprofit.

Each of the three FP diligence team members volunteered for two clinic days, staffing different functions in different clinic sites each day. This enabled the diligence team to experience and understand a wide range of Timmy's clinic operations in different settings. During the multiple days that FP spent with Timmy they were able to interact extensively with most medical and non-medical volunteers staffing the brigade, in-country Timmy staff, many local community members (both patients and non-patients) and with Timmy's newly appointed Executive Director. Each Timmy clinic, including the one visited in the DR, is structured as follows:

- **Sunday/Orientation & Prep of Medications:** A volunteer orientation is provided by Timmy program staff on topics such as overall clinic logistics and how to use their electronic medical records system. On this first night volunteers debrief on their expectations for the clinic. In addition to the orientation, medications are prepped for the first clinic day.
- **Monday – Friday/Clinic Days:** Patients are seen in the field Monday – Friday. In the DR, clinic hours were roughly 9am – 4pm. Every afternoon, once volunteers and Timmy staff return to their central location, medications are re-stocked for the next clinic day. Each night, volunteers congregate after dinner to discuss the clinic day's highs and lows and discuss how it could be better.
- **Saturday:** Free day for volunteers

### **The Clinic Layout & Patient Flow**

Timmy's Electronic Medical Records system (TimmyCare) is employed at all clinic stations and is automatically updated with information as it is inputted by medical and non-medical volunteers at their respective stations. FP staff volunteered in patient history, assisted Medical providers with translation, overall patient flow management, and fluoride treatment for youth. Clinic stations and patient flow are detailed below.

1. **Patient Registration:** All new and returning patients are registered. Two general volunteers (usually bilingual) are positioned to guide patients through registration. If a patient is returning his or her records will show up in Timmy Care.
2. **Patient History:** All relevant medical patient history is inputted into TimmyCare at this point. This includes chronic diseases, health reasons for visiting the clinic, allergies, etc. Two general volunteers (usually bilingual) are positioned here.
3. **Vitals & Lab:** Nurses and general volunteers (who assist them) are positioned at this station.
4. **Visit with Medical Provider:** Staffing this station are several medical providers each of which is aided by his or her own translator and a scribe. The scribe inputs all information (as instructed by the doctor) into the TimmyCare. The translator helps the doctor and patient communicate. Sometimes patients are sent back for additional lab work - if needed
5. **Pharmacy:** Two pharmacists and several non-medical volunteers staff this section. When a provider has finished seeing a patient he or she inputs prescriptions into TimmyCare. This information becomes available to the pharmacists. One pharmacist reviews the request first, general volunteers retrieve and package medication for patients, and before disbursing to a patient, the second pharmacist reviews medication prepped to make sure it is correct.

### **Key Observations**

**Total patients served:** Each of the two days for which FP staff was present the clinic saw over 100 patients. During the week, Timmy usually sees between 500-600 patients. The final clinic report was not yet complete at the time this trip summary is being prepared but it seems that based on those two days of our visit Timmy was on track to see ~500 patients during the week.

**Continuity of Care:** Many of the patients seen in patient history and in the medical provider station when FP staff members were staffing each of those sections had been to Timmy clinics before. This enabled providers to modify or refill any medications that had been prescribed before; monitor chronic diseases; and check on the status of any referrals that had previously been made.

**Importance of on-the-ground partner:** Patient turnout was well managed and organized at this Timmy clinic. Each clinic day patients that lined up in registration presented a ticket that had been handed out beforehand, assuring that the patient would receive attention at the clinic. It is our understanding that the pre-clinic outreach is primarily the responsibility of on-the-ground staff (Timmy staff and staff of local partner organization, and community health workers).

**Importance of translators:** The second clinic day was in a Haitian community in the DR. This required two translators: One translating from Spanish to Haitian Creole (and vice-versa) and the second from Spanish to English (and vice-versa). Though this was a complication in providing care to patients, the program staff and the local partner did an impressive job at recruiting effective translators from the Haitian community we were serving that day.

**TimmyCare:** The value add of TimmyCare in terms of clinic efficiency and patient continuity of care was very evident as clinic volunteers. Because FP staff volunteered across different stations throughout their two days, it was clear how TimmyCare enabled the clinic stations to function seamlessly. The only suggestion for future clinics is to have some form of “cheat sheet” for patient history so that general volunteers have some help with the medical terminology that comes up in performing their task.

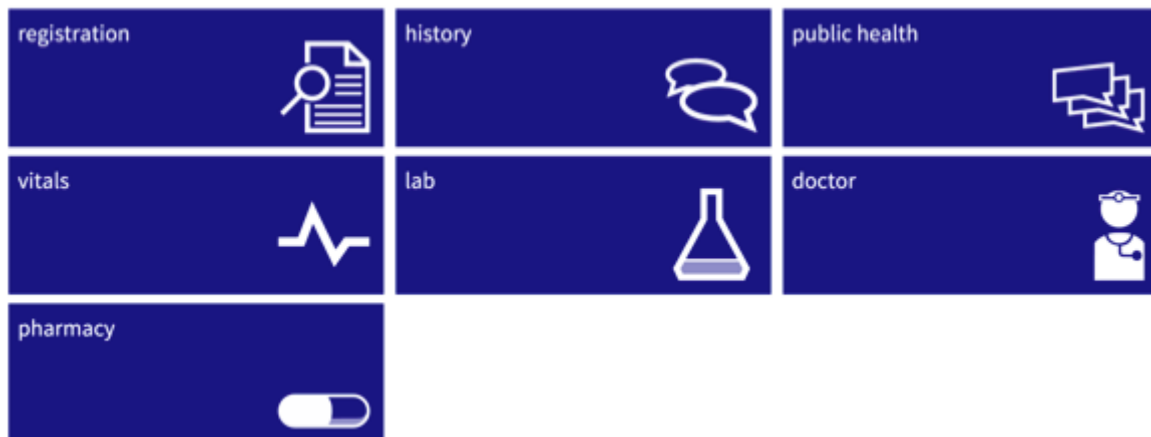
TimmyCare is used not only during a weeklong clinic but also by on-the-ground health partners who are providing ongoing care to patients between clinic visits and through referrals.

**Classification & Prep of Medications:** The variety of medications prescribed throughout the clinic were organized in an intuitive manner such that non-medical volunteers could re-stock medications as needed at the end of the clinic day in preparation for the next days clinic.

**Use of non-medical volunteers:** Timmy effectively leverages time of medical professionals (doctors & nurses) by using non-medical professionals to do ancillary tasks associated with providing care. For example, in the medical provider station of the clinic, medical providers do not write down patient medical information – a general volunteer serves as a scribe. So as a Doctor is evaluating a patient, he/she can tell the scribe what to input into the Timmy system and not do so themselves.

*Photographs of Timmy Care: The process has been made comfortable for both administrators and patients – homepage pictured below:*

who are you?



An example of the patient registration section:

search

### create a patient



FIRST NAMES \_\_\_\_\_ LAST NAMES \_\_\_\_\_

DATE OF BIRTH (DD/MM/YYYY) **01/11/2015 20** SEX  female  male  not specified GOVERNMENT ID \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ COMMUNITYNAME \_\_\_\_\_ NOTE \_\_\_\_\_

After the registration successful creation of a new patient visit, and an example of how many patients have been served thus far in the specific "batey":

11 matches

TEST	patient			2015		
TEST	girl			2015	xyz123	
kat	TEST			er 0000		
kat	TEST			h 1991		
kat	TEST	F		01 November 2015		
kat	TEST	F		01 November 2015		
kat	TEST	F		18 March 1991		
kat	TEST	F		18 March 1991		
kat	TEST	F		18 March 1991		
kat	TEST	F		18 March 1991		
TESTy	TESTer	F		29 October 2015	123xyz	

created visit number

# 1003

for test patient

refresh: all caches | important caches | current templates  
running TommyCare "Apuca" build 00.00



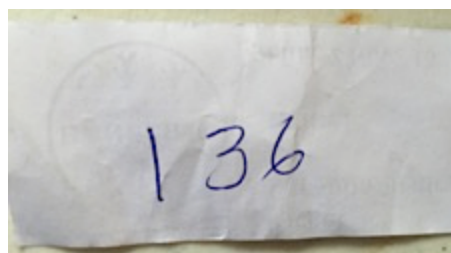
**Day 0:** Before the start of every day and when we come home after an exhausting clinic, the medicine must be refilled:



**Day 1:** First day at the clinic. A full day which included a home visit. Pictured to the right is Keith from FP on Flouride duty. The children love him!



A ticket handed out for care by Timmy. These tickets are handed out before the weeklong clinic by Timmy's in-country partner organization. On the back of the ticket the in country partner organization writes the tickets number. This is how they tally how many they have handed out to community members. This enables Timmy to have an estimate of how many patients they expect to see each clinic day.



*Day 2: Our second day was 98% Haitian community that worked at the Banelino organization. As the male workers are in the field, the women and children are receiving care:*



Touring the living conditions of the workers and patients:





*Pictured below are some of the young children who were from the community being served on the first clinic day. Three of whom received medical care (as did their parents) during this clinic day.*

