BEST PRACTICES FOR SHORT-TERM HEALTHCARE MISSIONS	
Questions: What is a proven method to structure the delivery of health care in a free medical camp? ("camp" is used here to communicate that the term is short and the location temporary)	
Participants in discussion	Background (perspective)
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Why is this important? Optimal structure of health care delivery may foster better deployment of precious human and material resources to deliver compassion, promote health, and relieve human suffering among the needy.	

Biblical concepts involved

God is a God of Order

1 Chron 24:3 With the help of Zadok a descendant of Eleazar and Ahimelech a descendant of Ithamar, David separated them into divisions for their appointed order of ministering. NIV

Job 25:2 "Dominion and awe belong to God; he establishes order in the heights of heaven. NIV

Prov 28:2 When a country is rebellious, it has many rulers, but a man of understanding and knowledge maintains order. NIV

Introduction

When working in countries or areas of countries having a low level of economic productivity and technological sophistication within the contemporary range of possibility, a healthcare mission team may seek to provide free medical services where there is no established health care facility. The prospect of free medical services may attract large crowds seeking care. Without carefully constructed patient flow mechanisms, crowding and disorder may impede care delivery.

This paper does not presume, herein, to provide a meta-analysis of existing publications in this field nor even a rudimentary synthesis of published methods. At this time (2008), published data is simply not available. Rather, this is a conceptual framework for the operation of a free medical camp (FMC), borrowing from personal experience and lessons from those who have gone before. The considerations and framework will seem obvious to those with experience but may benefit those who are just beginning to serve in this way or who are stepping into leadership roles. The scope is limited to a conceptual framework and a few operational pointers.

Preparation

As with any important project, the operation of a FMC begins with preparation. As followers of Jesus, this process differs fundamentally from that of non-believers. Non-believers will view the FMC as merely an opportunity to do good works, delivering the maximum amount of high quality medical care within the allotted time and resources. Followers of Jesus will view the FMC as a valuable ministry component within the overarching framework of His commission to make disciples (*Matt 28:19 Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, 20 and teaching them to obey everything I have commanded you.NIV*). Jesus modeled holistic ministry when He took time out from His discipling work to heal the sick of their physical ailments (*Mark 1:38 Jesus replied, "Let us go somewhere else — to the nearby villages — so I can preach there also. That is why I have come." 39 So he traveled throughout Galilee, preaching in their synagogues and driving out demons. 40 A man with leprosy came to him and begged him on his knees, "If you are willing, you can make me clean." 41 Filled with compassion, Jesus reached out his hand and touched the man. "I am willing," he said. "Be clean!" 42 Immediately the leprosy left him and he was cured. NIV*).

Within this framework then our goal enlarges. Numerical productivity, diagnostic acumen, and therapeutic art remain essential components of our service but they are overshadowed by and subsumed within the discipling mandate. In addition to giving excellent service to patients, the sending, going, and receiving teams look for divine appointments to disciple team members and patients. Jesus not only modeled this kind of holistic ministry but specifically asked his disciples to do the same (*Luke 9:1When Jesus had called the Twelve together, he gave them power and authority to drive out all demons and to cure diseases, 2 and he sent them out to preach the kingdom of God and to heal the sick. NIV*).

Sharing a Common Vision (CV)

Preparation begins with the sharing or development of a CV with your local or national partners in the FMC. Phil Butler has summarized the importance of vision as follows: "*As in all great accomplishments, great vision motivates effective partnerships. Vision is the driving force! Without it, no lasting, effective partnership is born, much less sustained. Vision provides focus, motivation, a gauge for evaluation along the journey, and a basis for fulfillment at the end. Partnerships are born when the vision is too big, too complex, or calls for resources too great for any individual or single ministry. Partnerships are not first about structure, or money, or theological statements. They are about vision. Born out of God's character, vision of what can be is a driving force for his people and the church."*[1]

Establishing this CV requires communication and prayer facilitated by the Holy Spirit. The CV permits alignment of incentives and goals among team members whether sending, going, or receiving. Some elements of CV for discussion which may help form and operate the FMC are:

1. What is the primary goal of the FMC?
2. What is/are the secondary goals (if any)?
3. What opportunities for joint worship and fellowship between receiving and sending teams will be available? Where and when?
4. Transit time between team lodging and FMC site (helps to establish clinic operating hours and therefore capacity)?
5. How many hours a day will the team members work?

6. How many days will the team members work?
7. How many different sites will the FMC be operating in?
8. What structures are available to physically host the FMC?
9. What services are available at the site (water, toilets, electricity, and lighting)?
10. How many patients can be served by each practitioner per day?

Prayer

The logistical, relational, cultural, professional, and spiritual challenges of operating a FMC can easily become overwhelming. Keep God in the loop by vetting decision making and planning with Him in prayer. Phil Butler also sums up the role of prayer in partnerships and we can extrapolate the similarities to the operation of free medical camps:

"Our partnerships must be informed and empowered by God's Holy Spirit in order to be effective. The challenges of relationships, cultural and theological differences, technical and strategic issues and sustainability can only be dealt with in a process rooted in prayer."[2]

In recognition of our inadequacies and the grave challenges we face, the preparation, going, and operating a FMC should be bathed in prayer.

Pitching Camp

When "pitching" or setting up the FMC it is helpful to keep a general framework of patient flow in mind. Each time the FMC is set up, it may have a different physical configuration and different set of clinical personnel available but the patient flow pattern should be similar. Figure 1 illustrates a basic pattern of patient flow and requisite personnel.

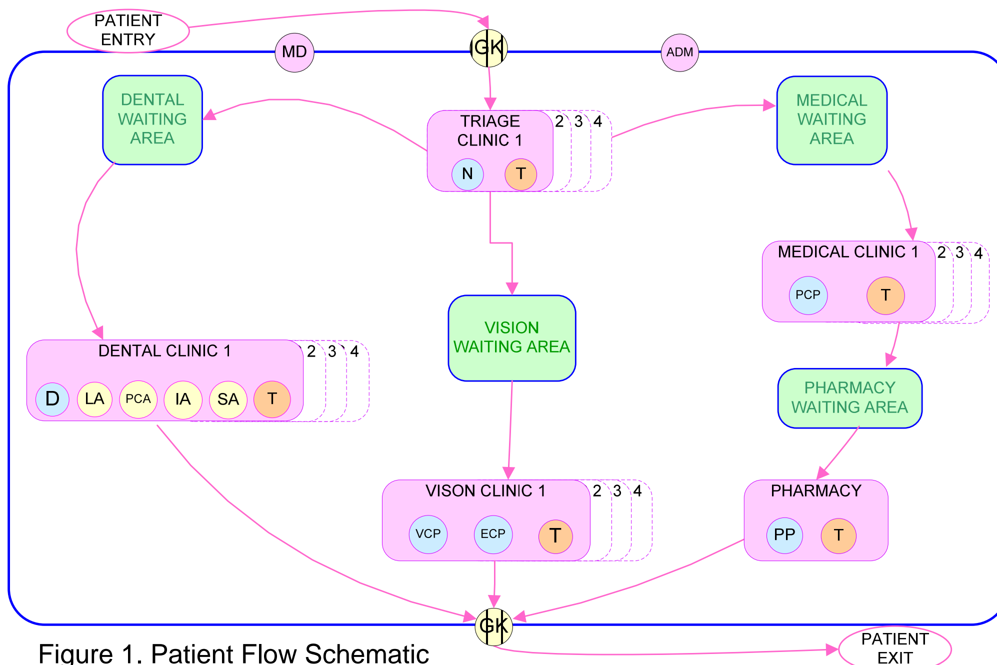

Figure 1. Patient Flow Schematic

Clinic function requires space for clinicians to evaluate and treat, space for waiting patients, and space for transit from station to station. Preservation of functional space (prevention of crowding) within the clinic can be accomplished with any or all of three tactics: 1) regulation of ingress and egress of patients as well as restriction of curious onlookers by gatekeepers (GK), 2) maintenance of a physical perimeter barrier, and 3) distribution of tickets each morning. The physical barrier may consist of walls, tent fabric, or even caution tape if it is respected.

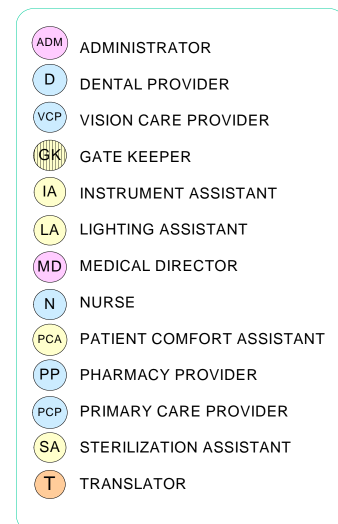

Figure 2. Key for Figure 1

The numbers of tickets are calculated based on your estimated daily patient capacity with the available personnel. Ticketing serves to keep crowds down because it clarifies at the start of the day how many will be served. Separate tickets can be distributed for each component of the clinic service (dental, vision, medical). When all the tickets are distributed an announcement can be made that those without tickets may come back tomorrow (if applicable). This affords the courtesy to those without tickets of knowing that the day-long wait will be fruitless for that day.

A single dentist may treat from 20 to 40 patients a day. The estimate depends on adequacy of assistance for the dentist and the type of dentistry (extraction only or restorative and prophylactic work). Depending on experience, equipment (e.g. focometers), translators, and literacy, a vision care provider may be able to serve 20 – 40 patients a day. Depending primarily on experience, severity of patient illness, and translators, a primary care provider may evaluate and treat 20 – 50 patients a day as well. Adjustments to these estimates can be made on a daily basis in consultation with the providers.

If tickets are used, alignment of incentives and goals with the national partners is critical so that counterfeiting or selling tickets, cronyism, and influence peddling do not supervene to the detriment of the mission. The local or national partners may desire to be seen in the clinic as well. Addressing this issue early on in the mission avoids a frantic rush and misunderstandings at the end.

A medical director and administrator can be useful in attending to clinical and logistical issues respectively as they arise. Together they can facilitate assignments of roles and responsibilities to clinic personnel. A typical primary care provider, triage nurse, vision care provider, and pharmacy provider can function with only the help of a translator (if they lack fluency in the local language). Eye care providers may need an additional person to run the eye chart or the translator can do this. The dental clinic is typically the most personnel intensive due to the need for repetitive instrument sterilization, critical lighting needs, and instrument intensive procedures. A patient comfort assistant, if available, can also be useful for holding the patients' hands and observing for signs of distress.

Daily operations

To avoid loss of focus in the FMC it is useful to gather the team at the start of the day for a dose of worship, Word, and prayer. As intractable challenges

arise, resort to prayer freely. We, as followers of Jesus can and should openly model this consultative approach to problem solving.

[1] Phil Butler. Well Connected: releasing power, restoring hope through kingdom partnerships. Authentic Media, Waynesboro GA 2005, p. 93
[2] Phil Butler. Well Connected: releasing power, restoring hope through kingdom partnerships. Authentic Media, Waynesboro GA 2005, p. 101