

August 3, 2007

Dear Friends and Supporters:

Friday the 13th... a date that sends a small shiver down one's spine. This past Friday, July 13th, however was a very different day at Hôpital Albert Schweitzer — and I feel compelled to share the story because you will be proud of the organization you have so generously supported. We tell you that your gift to HAS "saves lives and changes lives." This was an extraordinary event demonstrating HAS' clear success in this regard.

HAS Responds to Mass Casualty Incident

Accident

An accident is something nobody anticipates. It was the last thing on the minds of the 62 Haitian farmers and family members, chatting and laughing, in the rear of a truck as it labored up a hill outside the market town of Liancourt. Disaster struck swiftly as the truck lost control, ran off the road and rolled over, killing 10 occupants instantly.

No matter when and where mass trauma occurs, competent medical help is seldom at hand. In Haiti it is usually distant, inaccessible and inadequate. But on that afternoon, **52 casualties were fortunate** because Hôpital Albert Schweitzer (HAS) was ready and able to receive them thanks to a recently re-written Rapid Response Protocol. All 52 men, women and children were loaded onto a passing truck and rushed to HAS arriving around 4:00pm.

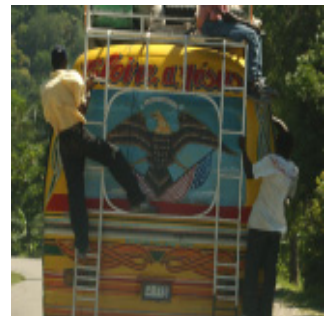
Arrival

The scene became chaotic as the truck drove up to the main entrance at HAS. The noise summoned the Rapid Response Team: a multidisciplinary group of surgeons, doctors, physician extenders, nurses, lab technicians, and radiology staff, as well as support staff. The team swung into action, established a triage area, aided the transfer of patients and conducted quick evaluations.

As each patient was extricated from the truck, an emergency chart was established and an identifying sticker with serial number placed on their forehead. Patients were then quickly triaged into one of three groups:

- A - indicating life and limb-threatening injuries requiring immediate intervention;
- B - indicating major injuries that are not life or limb-threatening; and
- C - indicating minor injuries.

All patients in group A received an immediate evaluation of their ABC status: airway, breathing and circulation. Intravenous fluid lines were established, urgent pain relief was administered and cases were fast-tracked to radiology and the operating rooms (OR).



Surgeons and nurses who had worked a full day in the OR, prepped and scrubbed for a long night that extended well into the following morning. The laboratory outdid itself processing lab requests at a pace to match bigger labs anywhere in the world.

Those in group B were directed to the observation ward where they received evaluation, pain relief, and on-going monitoring while awaiting lab and radiology tests, and an eventual slot in the OR schedule. All patients with blunt injuries to the abdomen received bedside ultrasounds to detect any intra-abdominal injuries or hemorrhaging.

Most of those fortunate enough to be assigned to group C were treated and discharged to family members who were soon gathered outside the hospital. A few were held overnight for observation.

Aftermath

As is our custom, we reviewed the event during the Monday morning conference. It is critical for us to debrief and comfort each other as a team – because we too are traumatized by such an event. We critiqued the management of various cases and looked for opportunities to improve on our processes and procedures.

At HAS we learn, train and improve all the time!

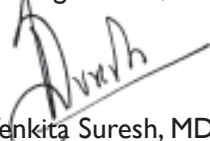
In terms of human cost, the final tally was sobering:

- Two of the 52 patients received at HAS died: one on the way to HAS, and the second succumbed to his injuries (head trauma) in the OR.
- 9 were assigned to Group A: life and limb threatening injuries. Most were fractures requiring external fixation. One patient suffered a traumatic amputation of the foot, another had a severe head injury, and one suffered internal abdominal organ rupture requiring immediate surgery.
- Cardiology resuscitated two patients: one in shock from blood loss and the other in severe respiratory distress.
- 12 mildly injured patients were transferred to a hospital in St. Marc. Three were sent to another local hospital. Two of them returned to HAS the following day due to the complexity of their injuries.

As an “hôpital de référence” (teaching hospital) HAS is one of the few trauma centers in Haiti with round the clock access to a highly professional and dedicated Rapid Response Team. The 50 patients who ultimately survived this event are deeply grateful that the hospital was there when they needed it most.

*We at HAS are grateful that you have always been there when we needed you most – and hope that we may count on your future support. **Mesi Anpil!** Thank you!*

With gratitude,



Venkita Suresh, MD
Directeur Général

p.s. A message of congratulations from you to the Rapid Response Team would mean the world to our staff. If you can, please take a moment to let them know how proud you are at info@hshaiti.org. Thank you!