APPENDIX A

EVALUATION
PROJECT 515-0238 EMERGENCY MEDICAL SERVICES

LOP: APRIL 3, 1987 - APRIL 2, 1990
FUNDING: $600,000; $100,000 OFDA, $500,000 USAID

I PURPOSE

The purpose of the evaluation is to determine the benefits derived from the project for the host country in relationship to the amount expended, the effectiveness of the PVO role in the design, development, implementation and administration of the project, in terms of the quality and timeliness of its technical input, liaison with the host country entities, and sustainability of the efforts. The results of the evaluation will be of use to Project HOPE in terms of the concrete technical and implementation aspects, to USAID/San Jose, FVA/FVC and LAC/DR/HPN for determining the usefulness of projects of this type and scope, and the utilization of a PVO rather than a bilateral agreement or an AID direct contract.

II BACKGROUND

The People-to-People Health Foundation, Inc., hereinafter referred to as Project HOPE, or HOPE, prepared a proposal for Emergency Medical Services Manpower Development in 1986. USAID/Costa Rica and OFDA financed the dollar costs totalling $600,000, for a three year period beginning in April, 1987. Members of the OFDA Washington staff were closely involved in the process, and in fact had urged HOPE to prepare a proposal, with the idea that this project would be the beginning of a regional process of training appropriate personnel for emergency response.

As a condition precedent to disbursement, HOPE signed an interinstitutional agreement with the National Emergency Commission, Ministry of Health, Social Security Institute, University of Costa Rica, the College of Physicians and Surgeons, and the Red Cross, to set out institutional responsibilities.

The project itself has various components:

A. Training: To provide appropriate training for Emergency Medical Technicians, Basic Life Support/CPR, Advanced Cardiac Life Support, Advanced Trauma Life Support, Emergency Nursing, Paramedic;

B. Transportation and communication: to provide assistance in setting up an information system in order to classify usage, and to differentiate the level of sophistication required for ambulances.

C. Public Information and Awareness: to provide assistance in the development of public service announcements, Health education campaign.

Implementation responsibilities:

HOPE was to have established an implementing unit with sufficient qualified personnel to carry out project responsibilities, and train Costa Rican counterparts for assuming the managerial aspects of the continuing program. Procurement of goods was to be limited, basically for training equipment.

HOPE was to have carried out a demand study to determine the number of paramedics that could be absorbed by the Costa Rican institutions. A disaster preparedness module was to be included in the EMT curriculum.

At the point of this evaluation, there should be an analysis as to the capacity of the program to expand to a regional basis, especially in the area of disaster preparedness and response.

System development for the design, implementation and evaluation of emergency services at the pre-hospital and hospital levels was an important aspect of the project design, and the progress toward this objective must be reviewed objectively.

III STATEMENT OF WORK

The consultants should concentrate their analysis on the following aspects:

A. Technical

1. Training:

Training of instructors
Training of field workers
Selection of trainees
Quality of training materials, instructors and facilities

Hospital based aspects affected by project, either positively or negatively

Perception of Institutions as to benefits, ie CCSS, Red Cross, Fire Department, Emergency Commission

Perception of trainees as to benefits of training in terms of professional and personal improvements

Recommendations of trainees, trainers as to technical improvements to be made in the training programs

2. Systems development:
Assessment of technical inputs provided by HOPE in different stages, and impact of initiation of technical agreement with the University of New Mexico;

3. Transportation and communication:
Assessment of technical support of HOPE in fulfilling needs in these areas, limitations dependent upon equipment purchases, etc. Timeliness and adequacy of the inputs. Technical and language capabilities of personnel.

B. Administrative

Analyze HOPE recruiting practices, and the effect they had on the project, as well as the timeliness and appropriateness of personnel. Technical and language skills overall of personnel selected, both paid and volunteer.

Procedures at HOPE for selection of short term consultants, use of a master plan based on project needs and scheduling.

Adequacy of technical backstopping from HOPE center, particularly in terms of support to field personnel.

Information systems to measure project progress and achievement of objectives.

C. Impact

Project goals and objectives go beyond numbers of people trained. The team should suggest how to quantify the progress towards the goals of the project, in terms of health and economy impact.

What types of statistics are there to keep to track project impact? If statistics are not presently available, what would be appropriate to begin to collect for future use by the program after the project is over?

D. Lessons Learned

For Sections A - C, an assessment of lessons learned, in terms of problem identification and resolution, methodologies, replicability.

IV METHODS AND PROCEDURES

Interviews in Costa Rican counterpart entities, USAID Mission, OFDA, HOPE contracted personnel in service, consultants who worked on the project at some point if possible, field visits to see the practical results of the training program, and a review of project files at HOPE offices in Virginia and Costa Rica.

V LOGISTICS

The HOPE administrative office in San Jose, and in Virginia will provide the secretarial and vehicular support to the evaluators.

VI EVALUATION TEAM COMPOSITION

The team should be led by an individual with experience in project evaluation processes and report writing, should have international experience, preferably in Latin America, and should be fluent in the Spanish language. Technical support should be provided in the medical and training areas, by individuals experienced in emergency medical systems development, and in adult education in technical training areas. The technical support consultants should preferably have international experience and Spanish language capabilities.

VII REPORTS

AID's required format for evaluation reports is as follows:

1. Executive Summary
2. Project Identification Data Sheet (sample provided)
3. Table of Contents
4. Body of the Report
5. Appendices

A The Executive Summary states the development objectives of the activity evaluated, purpose of the evaluation, study method, findings, conclusions and recommendations, and lessons learned about the design and implementation of this type of development activity.

B. The Body of the Report should not be longer than 30 pages and should include a discussion of:

1. the purpose of the evaluation,
2. the economic, political and social context of the project,

3. team composition and study methods,
4. findings of the study concerning the evaluation questions
5. conclusions drawn from the findings
6. recommendations based on the study findings and conclusions, stated as actions to be taken to improve project performance.

C. Appendices should include a copy of the evaluation scope of work, a list of documents consulted, and individuals and agencies contacted, along with sites visited. Additional appendices may include a brief discussion of technical topics if necessary for clarification, and to allow for succinctness in the body of the report.

D. Reporting Requirements

The team leader must verbally debrief the USAID/Costa Rica Project Officer prior to departure from Costa Rica, and will send 10 copies of the draft version of the final report to General Development Office, USAID/San Jose, APO Miami 34020, within 30 days after the field work in Costa Rica is completed.

USAID/San Jose will respond with comments as required, and the team leader will make any required changes, and submit the final draft to Project HOPE for presentation in its final form to the USAID Mission. The Final Report should be presented to USAID/San Jose no later than 30 days after receiving Mission comments.

The team leader should also prepare in draft form, the abstract and narrative sections of the AID Evaluation Summary form (attached), and submit it with the Final Report.

APPENDIX B

PERSONS INTERVIEWED

Nena Vreeland, AID/W Evaluation Officer

Barry Heyman, AID/W Office of Disaster Assistance

Dr. John Wilhelm, Regional Director, HOPE Center

Don Weaver, Vice President, International Division, HOPE Center

Dr. George Key, University of New Mexico Medical Director in Costa Rica

Keith Holterman, RN, former HOPE advisor in Costa Rica

Eldred George, HOPE education advisor in Costa Rica

Jeanne MacGregor, HOPE curriculum advisor in Costa Rica

Dr. Guillermo Rodriguez, Executive Director, PRONEM

Dr. Patricia Salazar, Deputy Executive Director, PRONEM

Dr. Carlos D. Bonilla G., Medical Director, INS

Sr. Apolonio Rodríguez S., Bombero/EMT, INS

Dr. Jaime Cortés Ojeda, Director of Emergency Surgical Services Hospital Nacional de Niños

Dr. Daniel Rodríguez Guerrero, Director of Intensive Care Services, Hospital Calderón Guardia

Dr. Daniel Quesada Rodríguez, Director of EMS Hospital México

Dr. Manuel Obando, National Emergency Commission

Dr. Mario Barba Figueroa, Surgeon Hospital San Juan de Dios

Dr. Juan Carlos Sánchez Arguedas, Medical Director, EMS Hospital Calderón Guardia

Dr. Jimmy Quirós, Medical Director USER, Red Cross

Lic. Eduardo Vargas, Director DINACAP (Red Cross)

Lic. Ingrid Behm, Coordinator Special Programs, Medical Technologies Department, University of Costa Rica

Dr. Carlos Miranda, Coordinator Pre-Hospital Program, PRONEM

Francia Leon, EMT, Medical Technologies Department, University of Costa Rica

APPENDIX C

CRUZ ROJA COSTARRICENSE
INVENTARIO DE EQUIPO PARA ATENCION
DE EMERGENCIAS EXTRAHOSPITALARIAS

COMITE	AMB.ESP.	SCOOP	P.N.A.	FER.INF.	AMBU AD.	AMBU PED.	K.E.D.	SUCCION	E.K.G.	CUELLOS	FER.TR.	EQ.RESC.	CIL.OX.
U.S.E.R.	2	3	3	1	3	2	3	3	0	9	8	1	8
GUADALUPE	0	0	0	3	2	2	0	0	0	6	0	1	10
TIBAS	0	1	0	2	2	2	0	0	0	5	0	0	2
MONTES DE O.	0	0	0	2	2	2	0	2	0	3	2	0	3
DESAMPARADOS	0	0	0	2	1	1	0	0	0	5	0	0	4
ASERRI	0	0	0	2	0	0	0	0	0	1	0	0	2
ACOSTA	0	0	0	0	1	0	0	0	0	1	0	0	1
PURISCAL	0	0	0	0	1	0	0	0	0	0	0	0	1
CIUDAD COLON	0	0	0	0	0	0	0	0	0	0	0	0	1
SANTA ANA	0	0	0	0	0	0	0	0	0	0	0	0	1
ESCAZU	0	0	0	0	1	0	0	0	0	1	0	0	1
SN.JUAN DE DIOS	0	0	0	2	1	1	0	0	0	2	0	0	2
CURRIDABAT	0	0	0	0	0	0	0	0	0	0	0	0	1
TRES RIOS	0	0	0	0	0	0	0	0	0	0	0	0	2
ZAPOTE	0	0	0	0	0	0	0	0	0	0	0	0	1
MORAVIA	0	0	0	3	2	1	0	1	0	2	0	0	3
CORONADO	0	0	0	2	1	1	0	1	0	2	0	0	3
PIS	0	0	0	0	1	0	0	0	0	0	0	0	2
LEON XIII	0	0	0	1	0	1	0	1	0	0	0	0	3
ALAJUELA	2	1	0	2	2	2	0	3	0	3	0	1	4
PALMARES	1	0	0	1	1	1	0	1	0	2	0	0	3
HEREDIA	1	0	0	2	1	1	0	1	0	3	0	0	4

ROJA COSTARRICENSE
TARIO DE EQUIPO PARA ATENCION
EMERGENCIAS EXTRAHOSPITALARIAS

COMITE	AMB.ESP.	SCOOP	P.N.A.	FER.INF.	AMBU AD.	AMBU PED.	K.E.D.	SUCCION	E.K.G.	CUELLOS	FER.TR.	EQ.RESC.	CIL.OX.
CARTAGO	0	0	0	0	1	0	0	0	0	25	0	1	2
GUAPILES	0	0	0	4	4	0	0	2	0	4	0	1	4
TOTALES	6	5	3	29	27	17	3	15	0	74	10	5	68

ROJA COSTARRICENSE
TARIO DE EQUIPO PARA ATENCION
EMERGENCIAS EXTRAHOSPITALARIAS

COMITE	No.PERM.	3° AÑO	5° AÑO	P.A.B.	A.P.A.	A.E.M.	No.VOL.	3° AÑO	5° AÑO	P.A.B.	A.P.A.	A.E.M.
E.R.	18	4	10	6	4	7	28	11	14	13	6	7
GUADALUPE	5	2	3	5	0	0	39	9	7	15	0	0
TIBAS	4	0	0	1	0	0	6	0	2	6	0	0
MONTES DE O.	4	4	0	3	0	0	15	0	12	0	0	1
DESAMPARADOS	6	4	0	4	0	2	30	0	8	0	0	4
ASERRI	3	0	0	2	0	0	25	3	0	0	0	0
ACOSTA	2	1	0	0	0	0	7	0	0	0	0	0
PURISCAL	2	0	0	0	0	0	9	3	0	0	0	0
CIUDAD COLON	1	0	0	0	0	0	9	0	0	0	0	0
SANTA ANA	1	0	0	0	0	0	6	0	0	0	0	0
ESCAZU	2	0	0	0	0	0	8	0	0	0	0	0
SN.JUAN DE DI	3	2	0	0	0	2	12	2	0	0	0	0
CURRIDABAT	2	0	0	0	0	0	14	2	2	4	0	0
TRES RIOS	2	0	0	0	0	0	10	0	2	0	0	0
ZAPOTE	2	0	0	0	0	0	8	0	3	3	0	0
MORAVIA	4	2	0	0	0	0	11	2	0	0	0	1
CORONADO	3	0	1	0	0	0	11	0	0	0	0	0
PIS	2	1	0	0	0	0	9	0	0	0	0	0
LEON XIII	3	1	0	0	0	0	14	0	0	0	0	0
ALAJUELA	3	0	0	0	0	0	15	3	3	8	0	0
PALMARES	2	0	1	0	0	0	13	3	2	4	4	2
HEREDIA	3	1	1	0	0	1	20	8	3	4	0	1

ROJA COSTARRICENSE
ENTARIO DE PERSONAL
ERMANENTE Y VOLUNTARIO

COMITE	No.PERM.	3° AÑO	5° AÑO	P.A.B.	A.P.A.	A.E.M.	No.VOL.	3° AÑO	5° AÑO	P.A.B.	A.P.A.	A.E.M.
CARTAGO	2	1	0	0	0	0	25	5	3	0	0	1
GUAPILES	3	0	3	3	0	1	14	0	0	13	0	0
TOTALES	82	23	19	24	4	13	358	51	61	70	10	17

APPENDIX D

CRUZ ROJA COSTARRICENSE
UNIDAD DE SERVICIOS DE EMERGENCIA Y RESCATE
REPORTE DE ATENCION DE PACIENTES

UNIDAD #: | FECHA: | ESCUADRA: _____ | CONSECUTIVO #:

BOLETA #:

NOMBRE DEL PACIENTE: | CEDULA: | EDAD: | SEXO M [ ] - F [ ]

DIRECCION: | TELEFONO:

REGISTRO DE TIEMPO

Entrada llamada _____
Salida Unidad _____
Llegada Escena _____
Salida Escena _____
Llegada Hospital _____

SUPERVISION MEDICA

Protocolo Escrito [ ]
Medico en el Lugar [ ]
Medico por Radio [ ]
Nombre de Medico:
_____
_____

SERVICIO

Tx. Innecesario [ ]
Tx. Rehusado [ ]
Transporte Rehusado [ ]
Transporte Innecesar. [ ]
Cancelado [ ]
Falsa Alarma [ ]
Transp. Veh. Partic. [ ]
Transp. Veh. Oficial [ ]

KILOMETRAJE

Entrada Kms.:_____
Salida Kms.:_____

NIVEL DEL PERSONAL

P.A.B. [ ]
A.P.A. [ ]
A.E.M. [ ]
T.E.M [ ]

CLASIFICACION SEVERIDAD

Trauma [ ]
Cardiaco [ ]
Pediat/Obstet. [ ]
Medico [ ]
T.C.E./Columna [ ]
Intoxicacion [ ]
Psiquiatrico [ ]

PRIORIDAD

ROJO [ ]
AMARILLO [ ]
VERDE [ ]

ANTECEDENTES MEDICOS

Diabetes M. [ ]
H.T.A. [ ]
I.A.M. [ ]
Angina Pect. [ ]
Asma Bronq. [ ]
I.C.C. [ ]

TRAUMA LESIONES

Cabeza [ ] - Muslo [ ]
Cuello [ ] - Rodilla [ ]
Torax [ ] - Pie [ ]
Espalda [ ] - Hombro [ ]
Abdomen [ ] - Brazo [ ]
Pelvis [ ] - Codo [ ]
Caderas [ ] - Antebrazo [ ]
Mano [ ]

CAUSA DEL INCIDENTE

Medica [ ] Arma Bl. [ ]
Acc.Trans. [ ] Agresion [ ]
Acc.Labor. [ ] Caida [ ]

EXAMEN FISICO

GLASGOW [ ] TRAUMASCORE [ ]

Hora:						
Conciencia	A V D N	A V D N	A V D N	A V D N	A V D N	A V D N
Pulso/Ritmo						
Presion Art.						
Frec. Resp.						
Pupilas	IS - AN	IS - AN	IS - AN	IS - AN	IS - AN	IS - AN

HISTORIA DE INCIDENTE

CUIDADO PREHOSPITALARIO

Extraccion SI [ ] NO [ ] Tiempo:_____
Manejo Via Aerea [ ] R. C. P. [ ]
Oxigenoterapia [ ] P. N. A. [ ]
Canula Nasal/Oral [ ] Otros [ ]
Mascarilla Reservorio [ ]
Mascarilla Resucitador [ ]
Valvula de Demanda [ ]
Control de Hemorragia [ ]
Inmovilizacion Columna [ ]
Inmovilizacion Extremid. [ ]

Medicamentos	Dosis
_____	_____
_____	_____

TERAPIA INTRAVENOSA

Via Periferica [ ]
Via Central [ ]
Suero Fisiologico [ ]
Volumen Total:_____c.c.
Dextrosa 5OI [ ]
Volumen Total:_____c.c.
Suero p/Via [ ]

SOPORTE VITAL AVANZADO

Intubacion Endotraqueal [ ]
Defibrilacion [ ]

INSTITUTO NACIONAL DE SEGUROS
Dirección de Bomberos

REPORTE DE EMERGENCIAS
(Información del Paciente)

Paramédico 1 ☐ Rescate 2 ☐ | 2 1 | REPORTE No.

Nombre del paciente	Sexo	Edad	Peso aprox.	Nacionalidad
	F 1 M 2		Kls	

Número de cédula o pasaporte	Asegurado CCSS	Número asegurado CCSS
	SI 1 ☐ NO 2 ☐	

Nombre responsable del paciente	Número de cédula o pasaporte	parentesco

Rehusó tratamiento	Rehusó traslado	Persona que rehusó	Firma:
Si 1 ☐ No 2 ☐	Si 1 ☐ No. 2 ☐	Paciente 1 ☐ responsable 2 ☐	

Atendido por:
Paramédico 1 ☐
cruz roja 2 ☐
patrulleros 3 ☐
otros 4 ☐

Traslado por:
Paramédico 1 ☐
cruz roja 2 ☐
patrulleros 3 ☐
otros 4 ☐

1 2 3 4

Centro hospitalario receptor:

nombre y código del médico que recibe

Condición del paciente
1 Consiente ☐ 2 Inconsiente ☐ 3 orientado ☐
4 desorientado ☐ 5 coma ☐ 6 reponde a estímulo ☐
7 no responde ☐ 8 fallecido ☐ 9 PCR ☐

al llegar al hospital
coma 1 ☐
consciente 2 ☐
inconsciente 3 ☐
PCR 4 ☐
fallecido 5 ☐

Historia clínica: _____

Diagnóstico provisional

Signos vitales / Drogas suministradas

Hora	P.A.	FC	R	T	Hora	Drogas utilizadas	Dosificación	Vía

Tratamiento dado y operación de rescate practicada: | 2 2 | Reporte No.

Rev. Primaria	1 ☐	vía aérea orofaringea	6 ☐	aspiración	11 ☐	RCP	16 ☐		
Rev. Secund.	2 ☐	entubación endotraqueal	7 ☐	inmovilización	12 ☐	Traslado	17 ☐		
Liberacion	3 ☐	suministro medicamentos	8 ☐	inmov.cervical	13 ☐	ECG	18 ☐		
Extracción	4 ☐	desfibrilación	9 ☐	Vía I. V.	14 ☐	Otros	☐		
Oxigenación	5 ☐	limpieza vendaje	10 ☐	partos	15 ☐				

Otros: _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Reporte hecho por

INSTITUTO NACIONAL DE SEGUROS

Dirección de Bomberos

REPORTE DE EMERGENCIAS

(Información del incidente)

Paramédico 1 ☐ Rescate 2 ☐ | 1 | 1 | REPORTE No.

Unidad	Estación	Fecha Incid.	Lugar (provincia, cantón, distrito)

Dirección exacta (calles, avenidas u otras señas)

Servicio solicitado		Unidad respondiendo desde		Ubicación		Catalogación:	
				Vía Pública	1 ☐	Emerg. no Calif.	1
Emergencia aguda	1 ☐	Base	1 ☐	Casa o apto	2 ☐	Emergencia aguda	2 ☐
Traslado intra-hosp	2 ☐	Hospital	2 ☐	Aeropuerto	3 ☐	traslado	3 ☐
Traslado aerop-hosp	3 ☐	Taller	3 ☐	lugar trabajo	4 ☐	falsa alarma	4 ☐
servicio especial	4 ☐	regreso otro caso	4 ☐	lugar público	5 ☐	Cancelación	5 ☐
asistencia incendio	5 ☐	desde otro caso	5 ☐	montañas, ríos		desconocido	6 ☐
		otros	6 ☐	mares	6 ☐	Serv. Espec.	7
				otros sitios	7 ☐		

Tiempo empleado:		Personal oficial que acudió:	
Hora de salida		No. 1	
a la escena		No. 2	
al paciente		Chofer	
para iniciar traslado		Otro personal que acudió:	
al hospital		Bomberos permanentes	
Disponible		Bomberos voluntarios	
a la base		Personal APA	
tiempo total		otros	

Descripción del incidente: _____

Otro equipo movilizado:

Unidad de rescate	1 ☐	_____
Unidad extintora ..	2 ☐	_____
Radio patrulla	3 ☐	_____
Unidad OIJ	4 ☐	_____
Cruz roja	5 ☐	_____
Otros servicios	6 ☐	_____

1 2 3 4 5 6

Atención médica suministrada por:

Teléfono 1 ☐ en la escena 3 ☐

Radio 2 ☐ hospital base 4 ☐

Atención de las víctimas

Total víctimas _____

Atendidas _____

Médico que atiende: (nombre y código)

Paramédico que asesora (nombre y código)

Observaciones: _____

Imp. Enc. Fórm. CB - 29 80/50 04/89

Reporte hecho por:

Nombre de otro personal que acudió	
Bomberos permanentes:	Bomberos voluntarios
Personal APA	Otros:

APPENDIX E

COURSES IN PROGRESS: PRE-HOSPITAL

1. Basic Life Support (BLS): A class taught primarily to medical students and other medical services personnel. This course is essentially the American Heart Association BLS course. It is offered as a prerequisite to the Advanced Cardiac Life Support (ACLS) class.

2. BLS Instructor's Course: A 44 hour course designed to prepare selected students to serve as instructors for the BLS class.

3. Primeros Auxilios Basico (P.A.B.): A course consisting of 50 hours of instruction in basic first aid and emergency medical services procedures (CPR is not taught, but is lectured about). The course is taught by the Red Cross for its entering personnel.

4. Asistente Primeros Auxilios (A.P.A.): This course is an 80 hour follow-up to the P.A.B. course which includes CPR and is analogous to the U.S. DOT First Responder course. It has been conceived as a course for Red Cross personnel.

5. Asistente Emergencias Medicas (A.E.M.): The Costa Rican EMT class, taught at the University of Costa Rica in the Department of Medical Technologies. Three classes taught to date. The course currently consists of 240 hours, 160 didactic and 80 clinical, divided equally between ambulance and hospital emergency department rotations.

6. Manejo Vehiculos Emergencias: An emergency driving course, taught so far to Red Cross personnel.

7. Instructor Programs: Courses are provided for instructors who will teach the emergency driving and P.A.B. courses. This is designed to increase the number of available instructors for these programs.

8. Patient/Vehicle Extrication: A course currently being taught by personnel coordinated by the University of New Mexico, which will train personnel in the procedures for safe and rapid extrication of patients from damaged vehicles.