

Needs Assessment Information

Projected Task Analysis and Collaborative Model

Surgical Volunteers International

Date: _____

Needs Assessment done by: _____

Locations (City, State, Country) _____

Name of Hospital/Facility: _____

Public or private: _____ Univ. affiliation : _____

Other hospitals in area (name, describe): _____

Why services/training are needed? _____

Types of surgical problems (% and actual #s):

<i>Surgical Procedure</i>	<i>%</i>	<i>#s</i>

Yes No Are there any other groups which provide the same service as SVI?

Name and position of interested sponsor who will coordinate local activities (travel, housing, politics, etc): _____

Phone: _____ Fax: _____

Email: _____

What physician will coordinate the medical activities?: _____

Yes No Clinics - Where? _____

Yes No Laboratory and X-Ray available?

Yes No Will there be local anesthesiologists and O.R. nurses to assist us?

Yes No Can the O.R. Supervisor supply us with packs so that we don't need to bring disposable items?

Supplies specifically needed/requested by nursing staff? _____

Follow-up: Who will take care of sutures, post-op complications, etc. _____

Would patients receive free hospitalization and/or be able to pay on an "ability to pay" basis? _____

How many RNs are on the patient post-op wards (regular shift) : _____

Yes No Can housing for team members be furnished by the local people?

Yes No Are hotels available? (List price on page 3)

Yes No Would the local medical community accept us and the work we do?

Yes No Do local people speak a language other than the national language?

If so, what language? _____

Yes No Are local translators available? Names: _____

Name of president and secretary of Medical Society: _____

*Meet with society representative and ask for a letter endorsing our program.
Get information required regarding medical licensure.*

Name, position, and response of federal health department representative to area:

Name, title, and response of administrative head of the hospital/facility:

Please write, in detail, your comments on meeting with local medical societies, persons in government, Minister of Health, etc. (use more pages if necessary):

What times of year are best and why? _____

What national holidays should be avoided? _____

Yes No Are there any local service organizations, churches, or American firms doing business in that country which might assist us in funding the project (firm names can be obtained from the phone book)?

Estimated budget? _____

Airlines that fly to the area, routings, frequency, and recommendations: _____

Medical supplies needed: _____

Accommodations per double room: _____

Food cost per person: _____ per diem: _____

Other: _____

Operating Room

Number of ORs available? _____ Number of OR tables available? _____

Size of OR (small, medium, large) : _____ OR lights? _____

Head Nurse or OR Director: _____

Number of OR RNs available to work with team? _____

Level of training? _____

Number of PAR RNs available to work with the team? _____

Level of training? _____

Specify educational need / interest of host Nursing Staff: _____

Yes No Ventilation/air conditioning? _____

Yes No Suction available? _____

Yes No Are "flash" autoclaves available? If not, what is available and how fast can a cycle be completed? _____

Anesthesia Equipment:

Type - Functional state - other helpful comments

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Anesthesia machine:	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Vaporizer :	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Circle system :	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Nitrous :	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Exhaust system :	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Temperature probe :	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	EKG available :	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Defibrillator :	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	IV solutions available :	<u>All</u> _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	IV caths (sizes) Microdrips--Volutrols, etc. :	_____

Recovery Room:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Oxygen available:	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Suction available :	_____

Recovery room electrical voltage (use previous page as guide): _____

Skills of nurses :

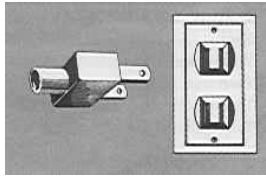
Technicians. _____

Electrical Power

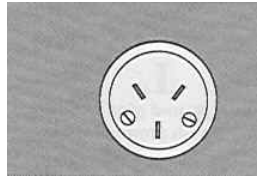
Electrical Power: 120v 220v

If 220v to 250v, are step-down transformers available? _____

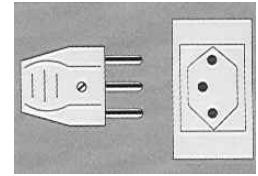
Circle types of electric plugs needed in domestic and commercial use:



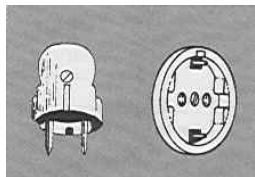
A



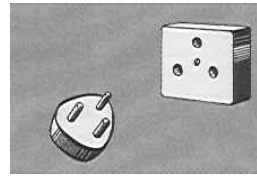
F



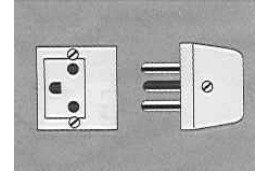
J



B



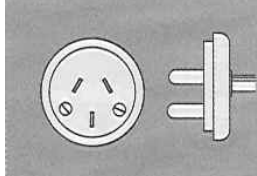
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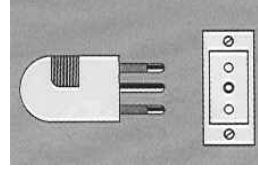
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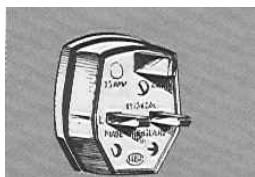
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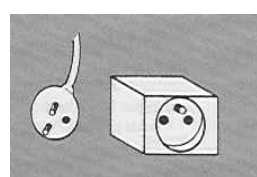
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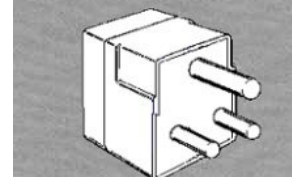
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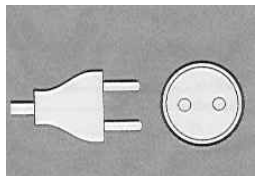
D



I



M



E

Task Analysis:

Who/what to ask for:

Support of Ministry of Health

Support of University

Support of Mayor

Local Customs Support

Local Financial Support

Clubs

Homes

Other : _____

Communication with key personnel:

Name	Phone	Fax	email

Attach business cards or addresses.

Security check resources

Lieutenants: i.e. Who would be in line to be trip chief?

Enclosures and attachments: Convenio and a few “programs” from past trips to show to the personnel in the host countries.

Suggested Faculty:

3-5 year commitment for the team.

This collaborative model implies members are from at least two other countries.

	<i>United States</i>	<i>Host</i>	<i>Other</i>
<i>RNS</i>	<i>5</i>		
<i>Surgeons</i>	<i>3</i>		
<i>Anesthesiologists</i>	<i>4</i>		
<i>Pediatrician</i>	<i>1</i>		
<i>Support</i>	<i>2</i>		
<i>On-Site Social and Community Support</i>			
<i>Professional Patron or Chief Task Analysis</i>			