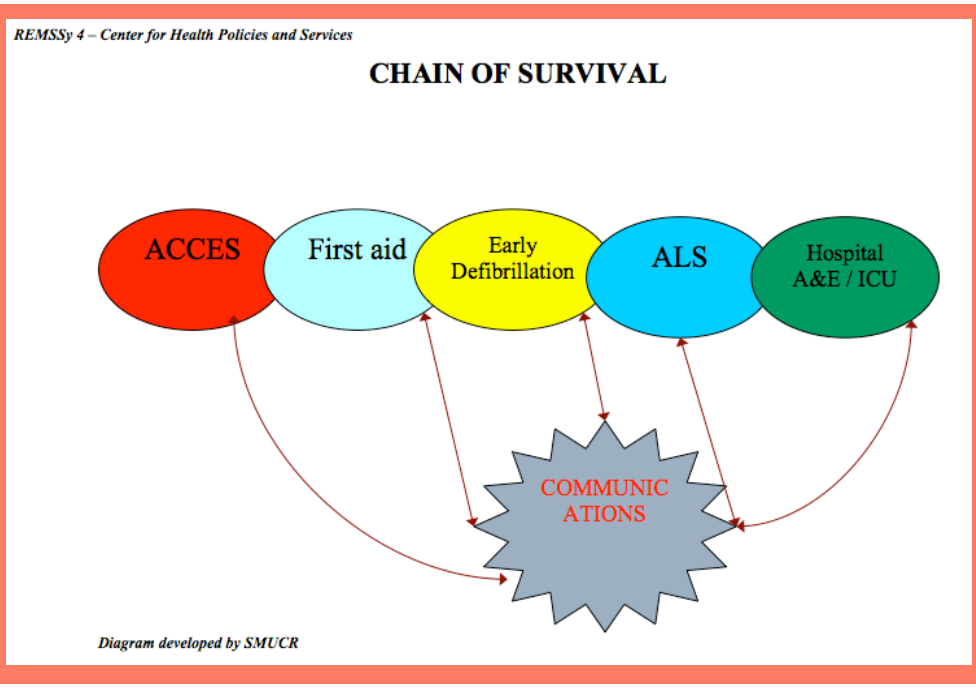
REMSSy

An SDC project for the development of the Romanian Emergency Medical Services



Report of the external project review,
which took place from February 6-16, 2007

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INTRODUCTION

REMSSy is the acronym for an SDC project in Romania that has its roots in a commitment of the Swiss government ('Osthilfe' and SECO, not belonging to SDC at that time) back in 1994. It stays for a support in the development of 'Regional Emergency Medical Services Systems', starting with a first phase (1994-1996) as project 'BEMSSy' in the capital Bucharest, extended than in a second phase (1998-2001) to six other regions or counties as 'REMSSy 2' and in a third phase (2002-mid 2005) to further seven counties as 'REMSSy 3'. Since October 2005 the project runs a fourth phase as 'REMSSy 4', continuing the support in the 14 counties but extending some activities to the whole country.

This long commitment is an implicit proof for the confidence of the Romanian government in the Swiss support, expressed in its reiterated demand for continuation at each end of a phase. Another implicit expression of trust in the high quality of project performance was the fact that the World Bank joined the endeavor with a loan for equipment for emergency service delivery, complementing ideally the efforts of SDC, which focused increasingly on human resource development, conceptual work and legislation.

With the adherence of Romania to the European Union, SDC's mandate must come to an end, the country office being closed in the first months of 2008. This new development did influence the scope of the present review: initially planned as focusing mainly on REMSSy 4, SDC's interest is now more on a comprehensive appreciation of the outcome and impact of the whole project, in order to learn and capitalize from the experiences made (see ToR appended).

As stated above, the success of the project – implicitly as well as through information and impressions gathered during the review mission – seems evident. While at the inception of the project 1994, according to testimonies of physicians and health authorities cited in former reports and collected during this mission, the destiny of severely ill or injured patients was uncertain, emergency services being limited to simple transportation. Hospitals were merely equipped with simple emergency rooms. Today, the alert system is professionalized, well-equipped ambulances with trained staff are able to treat and stabilize 'severe emergencies' already on site and hospitals offer up-to-date medical interventions in specific 'emergency departments'. Laws and by-laws have been promulgated, guaranteeing standards and procedures of Emergency medical services; curricula for emergency personal are drafted and training accredited. The picture of emergency medicine has changed dramatically in the past decade – and SDC's REMSSy project has played surely a catalytic, but probably an even more crucial role in this progress.

Besides this qualitative and impressionistic appreciation of the project, this review tries to fulfill some quantitative expectations related to project outcomes and impacts. This attempt might contribute to SDC's general effort in the current year 'to develop and use innovative, standardized instruments for measuring the quantitative efficiency of its activities' (Director Fust in 'SDC: Change and continuity').

While project outputs in all phases were well documented in reports, monitoring sheets and audits about activities and expenses, quantitative outcome indicators are more difficult to obtain. The project's overall goal being 'to increase the chances of survival of patients utilizing emergency medical services', direct quantitative indications demonstrating a positive impact on it should be obtained. But this evidence isn't so easy to get, too many 'confounding factors' influencing it.

Nevertheless, since 2002, the project has initiated a big effort to collect EMS-performance and quality data nationwide, through very comprehensive questionnaires that cover partly the required information on emergency related morbidity and mortality. Despite the limited reliability of these data, with quality variations among the regions with different project exposure, this review will present the results of the analysis: not only to assess the performance of the project, and even less that of the project implementers, but rather to give an example for the challenges of such a quantitative evaluation, its limits and traps on one side, and its potential – if it's well done – on the other side (see chapter 'OUTCOMES of former phases').

The professional commitment of the team of the REMSSy implementing agency, the 'Center of Health Policy and Services' (since 2003), has contributed strongly in preparing this mission and especially in collaborating with the information gathering and data analysis.