





# A PUBLIC ENDOSCOPIC TOWER FOR COLÓN DEPARTMENT (ENTRE RÍOS, ARGENTINA): A HIGHER LEVEL OF PREVENTION AND A BETTER TREATMENT OF VARIOUS DISEASES

# **The Rotary Foundation Global Grant Project**









# **CONTACT INFORMATION**

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# A MESSAGE FROM COLÓN ROTARY CLUB'S PRESIDENT

#### Dear friends,

The Rotary Club of Colón, Entre Ríos, Argentina, which belongs to Cross-Border District 4940 Argentina/Uruguay, became 50 years old on May 6, 2013. It counts on 33 Rotarians and it is positioned among the most active ones in the aforementioned district.

Our Club has always set health matters as priorities. Hence, it is currently searching for foreign partners with the intention of applying for a Rotary Foundation global grant in the "Fighting Disease" area so as to provide Colón Department (Entre Ríos, Argentina) with an endoscopic tower installed at San Benjamín Public Hospital. For that reason, we would love to get in touch with your Rotary Club and, if possible, join forces to maximize our impact on the initiative.

You will find more information about our project entitled "A PUBLIC ENDOSCOPIC TOWER FOR COLÓN DEPARTMENT (ENTRE RÍOS): A HIGHER LEVEL OF PREVENTION AND A BETTER TREATMENT OF VARIOUS DISEASES" on the following pages. You can also visit the next Facebook pages in order to know our activities:

- Rotary Club Colón: www.facebook.com/RotaryClubColon and
- Ultramaratón 200 km Colón: <a href="www.facebook.com/Ultramaraton200kmColon">www.facebook.com/Ultramaraton200kmColon</a>.

Thank you for your kindness and consideration.

Warm greetings to all from the Rotary Club of Colón,

Carlos Chinellato President







# **DESCRIPTION OF THE PROJECT**

The main goal of our project is to provide San Benjamín Hospital in Colón city (Entre Ríos, Argentina) with an endoscopic and bronchoscopy tower, device that among other things is of paramount importance for an early detection of colon/rectum cancer. This will allow the community to have access to a public use tool, strategically placed in the center of one of the areas with the highest level of incidence of the pathologies previously mentioned.

San Benjamín Hospital looks after not only permanent inhabitants of the entire Colón department and neighboring departments but also residents of Uruguay, especially those who migrate to our region in search of employment.

Thus, we aim to maximize the chances of prevention, detection and treatment of pathologies of over 21,500 people that lack any type of social service to treat illnesses and over 39,400 patients that have to resort to consulting rooms, external guards and interaction of the mentioned hospital. Besides, the medical staff will have access to this technology for a more accurate semiology and in this way to have a more efficient diagnosis and healing of pathologies that regularly come up.

The sustainability of our project is guaranteed by an operational funding <u>agreement</u> signed with the Hospital and NGO specialized in the prevention and treatment of these diseases, which will act as awareness agents.

The follow-up of this project will be carried out by the Hospital Statistics Board to have more accurate data connected to actual impact and its development.

PROPOSED FINANCIAL SCHEME	USD (*)
District 4940 (host)	5.000
Colón Rotary Club (host)	30.000
The Rotary Foundation (for the hosts' contributions)	20.000
District (sponsor)	To be defined
Rotary Club (sponsor)	To be defined
The Rotary Foundation (for the sponsors' contributions)	To be defined
Total	90.057,50
(*) According to the Rotarian dollar's rate for today: ARS 6.	







## PROJECT SUMMARY

Interest area: Fighting Disease

Host club: Colón Rotary Club. District 4940 Argentina/Uruguay

Project region: South America

- Strengths and weaknesses of the community: Our Club consulted public and private organizations, which are fundamental for this issue, to counsel about the incidence of the disease that it is aimed to prevent (ALUCEC, public hospital, Entre Rios Province Demographic Provincial Tumors Dr. Bechelli, Zone 3 –, Health Ministry, local and renowned gastroenterologists). Data from the Health Ministry have been used as well as from the Nation's demographic census. Thus, through the fund-raising event (https://www.facebook.com/Ultramaraton200kmColon) that was organized by our Club in November 2013, a huge level of commitment and awareness was achieved. Beneficiaries, community members and companies collaborated with important donations.
- Materials-technology: The reason why this equipment was chosen is that its unique design has been thought to respond to high levels of demand in countries with low technological level, because of its easy maintenance and the low cost of its replacement parts. The Hospital gastroenterology responsible person as well as other colleagues agreed on the fact that this was the right equipment to get. The training is given by the supplier together with the installation and the start-up of the equipment with a control after nine months of use as well as a second period of training. A year guarantee by the supplier for any equipment defaults not generated by misuse.
- **Financial matters:** Our Club managed to get to an <u>agreement</u> with Colón San Benjamín Hospital in which the following commitments were agreed:
  - Commitment of use by the Hospital of the extensions of budget matters for high cost repairs.
  - Commitment of covering operative costs with fixed incomes of the Hospital.
  - Provision of qualified labor to take proper care of the equipment.

Besides, the endoscopic tower will be part of the permanent equipment of the Hospital, so the suitable funds will be destined to keep it working accurately. These funds can come both from fixed amounts meant to routine maintenance or enlargement of budget items devoted to major repairs.

Knowledge: The supply of the equipment includes a training package for the Hospital steady staff.
 This group of trained people will also transmit the training to auxiliary staff and maintenance of the equipment. This will be carried out by means of workshops and courses.

The residents of the Hospital also adhere to the commitment of training so that young professionals can practice accurately at the Hospital.







Besides, related to community matters, we will work with institutions to carry out actions that can inform the people about the services the Hospital will provide.

- Motivation: Our Club has an agreement with ALCEC and ALUCEC, organizations that have agreed
  to keep the community suitably informed about the use of this service, so that it can be used to its
  maximum potential.
- Monitoring/evolution: This is one of the strongest points since both on the public and private level
  there is a deep coverage of statistics about the different pathologies and the processes they undergo.
  This was precisely the reason why we have decided to carry this project out. At the same time, we are
  receiving an excellent database before obtaining the equipment.
  - Once the equipment is installed, we will take data provided by the Hospital statistics board, which is currently working and giving the necessary information to monitor the use of the equipment as far as analysis is concerned, interventions and the evolution of diagnosis and treatment.







## **PROJECT**

#### 1. Campaign name

A PUBLIC ENDOSCOPIC TOWER FOR COLÓN DEPARTMENT (ENTRE RÍOS, ARGENTINA): A HIGHER LEVEL OF PREVENTION AND A BETTER TREATMENT OF VARIOUS DISEASES

#### 2. How the idea comes up

The project of providing the region with an endoscopic tower installed at a public hospital is being carried out by Colón Rotary Club, a local institution with over 50 years of work and that has always set health matters as priorities<sup>1</sup>.

In this sense, Rotary clubs are encouraged to serve the community paying special attention to its problems and needs and Rotarians have eventually evolved, they have adapted themselves to improve the way in which they help the community, carrying out a wide range of projects focused on what Rotary International calls "areas of focus", in this case, "FIGHTING DISEASE".

This project comes out from a number of elements that make a problem cause social and regional concern.

#### Background

In Colón Department, during 2007-2008, of 699 new cases of skin-basal-cellular cancer 108 were colorectal (15,4%) (Dr. Bechelli), though this information may be misleading since it does not register cases that started in the region but were treated in other places.

We can also consider the research made in 2009 in the city of Villa Elisa, in which results proved that one of the main causes of death is cancer, reaching 25% of the total (other numerous cases are due to stroke, heart disease and traffic accidents).

Within the cause described as "cancer", the percentage distribution within that 25% is made up as follows:

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<sup>&</sup>lt;sup>1</sup>Examples of the activities carried out by Colón Rotary Club in the past three years are: a) Program "To See Well to Learn Better", that in the 2010 and 2013 campaigns have controlled the visual acuity of over 5000 children and providing professional assistance and free glasses to the ones that needed them. b) Program to increase the operational capacity of vaccination rooms in Colón and the nearby town of San José and improving the service of the Villa Elisa medical mobile unit by donating two fridges so that the cold chain of the vaccines is not interrupted. c) Project of increasing the operational capacity of the kitchen of San Benjamín Hospital and Old People's Home. d) Project of enhancing the Residence classroom of San Benjamín Hospital, through the donation of a projector and a screen. e) Dengue prevention program, through an information campaign and getting people aware using local mass media. f)The Rotarian Bank of Orthopaedic Devices, among others.







- [1] 28% Prostate.
- [2] 21% Colon.
- 3] 19% Lung.
- 4] 17% Myeloma, Leukemia and Lymphoma.
- [5] 4% Uterine (cervical cancer).

Colon cancer is one of the most preventable types provided there are the appropriate elements that allow early detection and a timely surgery, generating survival (among the early-detected cases) of over the 70%.

This relevant information has allowed together with local health authorities to place this project as a priority. Although it requires an important investment on equipment, the device we intend to acquire has a wide range of uses, including not only colon-rectum cancer diagnosis and treatment, but it can also be useful for both upper gastro-digestive and broncho-respiratory accidents. Related to this, we can point the following things out.

#### 3. Place

The project is expected to have impact over the whole area of Colón Department including the rural areas as well. Thus, taking into account the lack of right equipment in the nearby departments such as Concepción del Uruguay and San Salvador, it could have bigger number of inhabitants that could benefit from this equipment.

The Health System of the province of Entre Ríos is organized in such a way that there are hospitals of different levels of complexity in different places, so there are a great number of derivations from low complexity hospitals to higher complexity ones, located in the most important cities of the province (Paraná and Concordia).

To have access to a good general hospital such as San Martín Hospital in the city of Paraná, the people who live in Colón Department have to travel about 260 km, which implies 10 hours the round trip if done by public transport. This discourages many people from preventive controls.

In the Colón Department, San Benjamín is the best-known hospital and it is located in Colón, the department capital city.

Taking into account its level of complexity, this hospital is ready for going one-step further by acquiring more equipment, but it certainly cannot afford it.

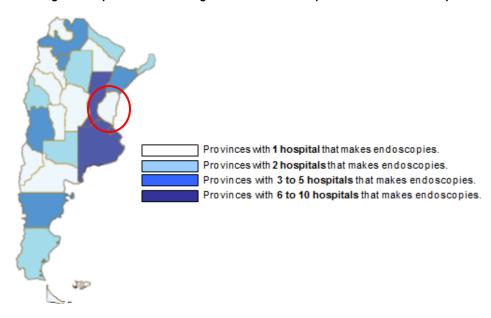
In the Entre Ríos Province map, one can see the area of direct impact of the project and how far the nearest and only public endoscope is located. In the graphics, the number of endoscopes in the whole country is clearly shown.



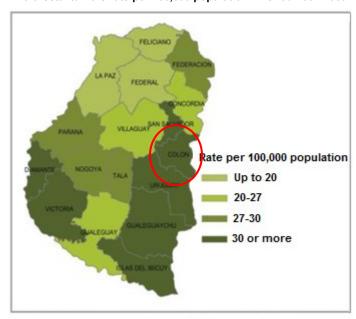




#### Argentinian provinces according to the number of hospitals with colon endoscopes



#### Colorectal tumors-rate per 100,000 population - Period 2001-2009



Data source: Situation Room - Entre Ríos Province Epidemiology Board







#### Nearest endoscope at a public hospital



	Population	% population without coverage	Number of inhabitants
Colón Department	61,488	36%	21,520

Number of outside medical consultations. Year 2012. San Benjamín Hospital, Colón (Entre Ríos)

Month	Number of consultations
January	4,576
February	3,912
March	2,549
April	3,171
May	3,166
June	2,721
July	3,347
August	3,049
September	3,229
October	3,385
November	3,214
December	3,144
Total	39,463

#### 4. Justification

Most NCDs have recently acquired more relevance in Argentina. They are the main cause of death, and their impact in the life quality of our population is bigger every time.







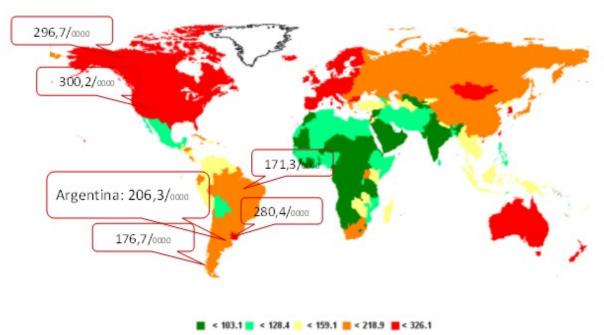
Most of them are easily preventable or stoppable. Now, without the proper equipment for early detection and a timely surgery, these diseases easily spread in the population.

Investments had to be made on health attention since these preventable diseases have increased massively in the past few years.

Nowadays, we have a deeper knowledge about the vulnerability of these pathologies and the consequences of effective and timely preventive and therapeutic strategies.

According to the Cancer National Institute (National Health Board), in 2008, there were around 1,300,000 new cases of colorectal cancer around the world and over 641,000 deaths, 41% of the cases took place in the least developed regions and an incidence increase of 80% is predicted for the next 20 years.

Standardized rates of cancer incidence in both sexes by age, except non-melanoma skin cancers for every 100, 000 inhabitants – 2008 estimations of the International Agency for Research on Cancer









Cancer incidence on both sexes-absolute and relative distribution of the main locations - Estimations for Argentina in 2008

Type of cancer	Incid	lence
	New cases	Percentage
Breast	18,712	17.8
Prostate	13,771	13.1
Colon-rectum	11,043	10.5
Lung	10,296	9.8
Hematological	5,522	5.3
Pancreas	4,102	3.9
Cervix uterine	3,996	3.8
Stomach	3,619	3.5
Esophagus	2,401	2.3
CNS	1,442	1.4
Rest of tumors	29,955	28.6
Total	104,859	100.00

The colon rectum cancer appears in most cases in people over 50 years of age, with a peak of incidence between 65 and 75 years old, so, as population grow older it will cause a bigger number of people in age to suffer from it and this aspect should be taken into account in the analysis and projection of the control strategies against this disease.

According to estimations of the IARC, 11,000 new cases of colon-rectum cancer appeared in Argentina in 2008, and 6,613 people died to this cause, 11.5% of the total of deaths due to malignant tumors, 3,345 of these were men (53%).

In Argentina, research shows that in 2005 there were 46,151 years of potential life lost to premature death, representing a 9.4% of the whole of years of potential life lost due to malignant neoplasm. (Borruel et al., 2010).

Nowadays, when a colon-rectum cancer is diagnosed, the disease is already at an advanced stage at a regional level or at a distance in over 60% of the cases, and this is the main factor that influences the global survival rate, that is of an approximate 60%.

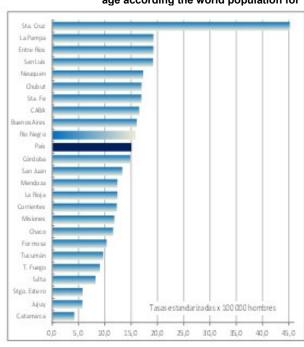
When diagnosis is carried out at an early stage (37% of the cases) (I and II Studies) the global survival can reach up to 90%.

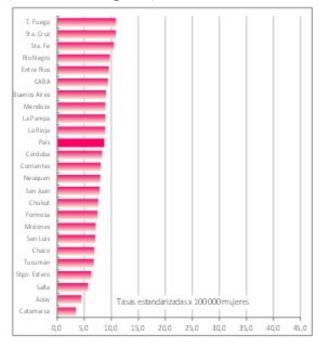






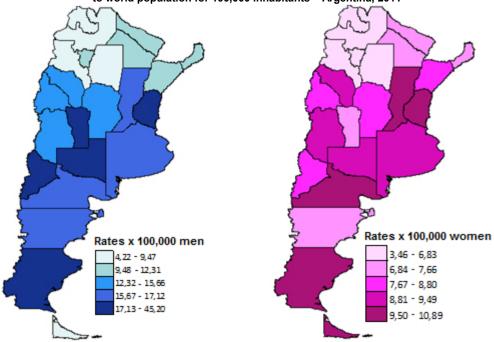
Mortality due to colon-rectum cancer in women and men according to each Argentinean province – Standardized rates by age according the world population for 100,000 inhabitants – Argentina, 2011





Data source: SIVER/INC- National Health Board based on registers of mortality of the DEIS - Argentina, 2013

Provinces grouped by quintiles of mortality due to colorectal cancer in men and women – Standardized by age according to world population for 100,000 inhabitants – Argentina, 2011



Data source: SIVER/INC – National Health Board based on registers of mortality of the DEIS (Health Statistics and Information Board) – Argentina, 2013







The precursor injury of the colon-rectum cancer, an injury of a slow growth, makes this cancer be among the most preventable ones. Its detection and resection through colonoscopy allows the effective reduction of the incidence.

Besides, the slow growth of the adenoma into a cancer is a beneficial aspect for the strategies of inquest and allows an early diagnose and a more effective treatment.

But for all that has been said, additional investments are desperately needed to get to a proper equilibrium among prevention, diagnosis and optimization of the treatment of the disease to make sure of the guaranties of quality in every part of the processes and surgeries.

In the case of Entre Ríos province, we just have one endoscopic tower to be used at a public hospital. It is located in Paraná, the province capital city.

If specific actions are not taken soon regarding colorectal cancer in Argentina, this disease will increase enormously in the next few years for two main reasons: first, the estimations regarding the fact of the population getting older, secondly, the reduction of the incidence of contagious diseases.

If we pay attention again to the research developed by the National Institute of Cancer Research, we can see that our province is almost 4 points above the average mortality rate for this type of disease. (13,38% vs. 17,41%).

#### 5. People responsible for the project

#### **General Coordinator**

Engineer Francisco Peragallo

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### 6. Facing the problem: A technological solution

The main problem we face is the lack of proper equipment for prevention, diagnosis and optimization of the treatment of the disease to ensure and guarantee a better life for each of the members of the community with proper processes and surgeries.







The idea is to strengthen all the stages of prevention and suitable interventions that will lead to decrease the number of disease processes and together with them their incidence in the loss of life quality in the inhabitants of Colón Department.

We aim, therefore, to provide San Benjamín Hospital in Colón city (Entre Ríos, Argentina) with an Olympus ACTERA 150 upper gastric tract endoscopic, colonoscopy and bronchoscopy tower, device that can perform an accurate upper and lower gastrointestinal tract endoscopy, a bronchoscopy and more specialized procedures because it integrates a video processor and a light source all in one unit. We also consider it has got a reasonable price for all the benefits it offers.

More specialized procedures of Olympus ACTERA 150:

#### a. Colonoscopies:

- This is the best way to detect colon cancer. Besides, it can detect polyps that can be removed to study (endoscopic polypectomy). The search and extraction of colon polyps has proved to be utterly effective to prevent colon cancer.
- It can also identify diverticula, angiodysplasias, tumors, rectal fissures and hemorrhoids with active bleeding.
- Diagnosis of inflammatory bowel disease (IBD) the major types of which are Crohn's disease and ulcerative colitis.
- Biopsies can be carried out in cases of chronic diarrhea.

#### b. Upper gastrointestinal endoscopy:

- Polypectomy: Consists of the removal of a gastric polyp by means of an excision.
- Stenosis dilation: Esophageal inflammation (esophagitis) and caustic ingestion can cause severe injury to the esophagus and the stomach.
- Extraction of foreign bodies: Children and adults regularly experience problems caused by foreign objects getting stuck in their bodies. It can also help elderly people or people suffering from esophageal stricture, which can lead to swallowing difficulties.
- Treatment of duodenal ulcer with chemical sclerosis of the gastric mucosa
- Sclerotherapy or treatment of varices (injection to scar it) that develop in the esophagus when there is elevated pressure in the portal vein.
- Endoscopic placement of feeding catheters.

#### c. Bronchoscopy:

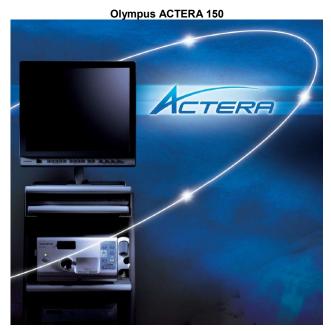
- Diagnosis of lung cancer through transbronchial lung biopsy.
- Etiology and diagnosis of pneumonia through the study of cultures.
- Tuberculosis diagnosis (frequent disease in this region).







- Lung mucus plugs or fluid removal (Intensive Care Unit).
- Foreign body removal from the upper respiratory tract.
- Blocked or strict respiratory way expansion.
- Abscess draining.
- Cancer treatment through different alternatives.
- Therapeutic lavage of respiratory ways.
- Inpatient pneumonias diagnosis in patients with mechanical ventilation. At present, people have to be taken over 100 km from Colón city to undergo this study.











#### 7. Mission

Our mission is to contribute for the prevention, timely diagnosis and suitable surgery of preventable diseases such as colon-rectum cancer, for gastro-intestinal and respiratory tract emergencies.

#### 8. Beneficiaries

#### a. Direct:

- San Benjamín Hospital (Colón).
- Risk sector of the population (men of 45 years of age and older).

#### b. Indirect:

All the population of Colón Department.

#### 9. Goals

#### a. General:

To reduce the incidence and fatalities of late detected colon cancer cases in Colón.

#### b. Specific:

- Provide a proper diagnosis and treatment tool for gastroenterology and pulmonology for San Benjamín Hospital.
- To facilitate the access to health services to all the people from Colón. .
- To contribute to early detection and a suitable surgery that will lead to a stop in the process of the disease.

#### 10. Resources

#### a. Human resources:

- Currently existing:
  - San Benjamín Hospital gastroenterologist.
  - San Benjamín Hospital pulmonologist.

The supply of the equipment includes the corresponding training for its proper use.

#### To incorporate:

The chore of trained people will spread and expand their knowledge by training auxiliary people on the use and proper maintenance of the equipment.







Apart from this, young professionals will be trained as part of an agreement made with the Hospital staff so that they can practice and do their training at the Hospital. Other community institutions will be also encouraged by our Club to carry out awareness actions.

#### b. Material resources:

- Currently existing:
  - Physical space provided by San Benjamín Hospital for the installation and proper use of the equipment.
- To incorporate:

Olympus ACTERA 150 upper gastric tract endoscopic, colonoscopy and bronchoscopy tower.

The reason why we have chosen this equipment is because its design is made to accomplish actions in countries with low level of technology since it is easy to maintain and low cost repair. Besides, the gastroenterologist responsible at the Hospital agrees that this is the right equipment to acquire. The training is provided by the supplier together with the installation and start-up, with a revision nine months after together with a second stage of training.

#### c. Financial resources:

Our Club managed to get to an agreement (please see attached memorandum) with Colón San Benjamín Hospital in which the following commitments were agreed:

- Commitment of use by the Hospital of the extensions of budget matters for high cost repairs.
- Commitment of covering operative costs with fixed incomes of the Hospital.
- Provision of qualified labor to take proper care of the equipment.

The equipment will be part of the permanent equipment of the Hospital, so the suitable funds will be destined to keep it working accurately. These funds can come both from fixed amounts meant to routine maintenance or enlargement of budget items devoted to major repairs.

#### d. Proposed financial scheme for the project:

Parts	USD (*)
District 4940 (host)	5.000
Colón Rotary Club (host)	30.000
The Rotary Foundation (for the hosts' contributions)	20.000
District (sponsor)	To be defined
Rotary Club (sponsor)	To be defined
The Rotary Foundation (for the sponsors' contributions)	To be defined
Total	90.057,50

<sup>(\*)</sup> According to the Rotarian dollar's rate for today: ARS 6.







#### 11. General activities

- A. Working with the Hospital authorities to agree on the project and equipment to acquire.
- Finding out the cost of the equipment (different budgets).
- C. Looking for possible financial resources.
- D. Organizing events to raise funds (<u>Ultramarathon 200 km Colón</u>).
- E. Formulation of the global grant project.
- F. Investment, purchase and installation of the equipment.
- G. Equipment start-up.
- H. Supervision and statistical monitoring.

#### 12. Overall budget

	Cost per unit	VAT (10.5%)	Total
ENDOSCOPIC TOWER OLYMPUS ACTERA 150 (details attached)	USD 58,500.00	USD 6,142.50	USD 64,642.50
BRONCHOSCOPY	USD 23,000.00	USD 2,415.00	USD 25,415.00
Total	USD 81,500.00	USD 8,557.50	USD 90,057.50

#### 13. General schedule

Activity	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Α				<b>†</b>								
В			<b>†</b>									
С			_			<b>→</b>						
D			_	<b>†</b>								
E						<b>†</b>						
F								†				
G									_	<b>†</b>		
Н												<b>†</b>

#### 14. Expected results

- 1. To get an endoscopic tower for San Benjamín Hospital.
- 2. To facilitate the access to better public health services to 21,520 inhabitants of Colón Department that do not have access to private health services.
- 3. To reduce the number of people that make up risk sectors and that do not make any health control because they lack free access to good quality health services by a 10% during the first year.







4. To have an inpatient diagnosis, treatment and prophylaxis tool for all the pathologies previously mentioned.

The supervision and statistical monitoring of the project is one of its strongest points since both on the public and private level there is a deep coverage of statistics about the different pathologies and the processes they undergo. This was precisely the reason why we have decided to carry this scheme out. At the same time, we are receiving an excellent database before obtaining the equipment.

Once the equipment is installed, we will take data provided by the Hospital statistics board, which is currently working and giving the necessary information to monitor the use of the equipment as far as analysis is concerned, interventions and the evolution of diagnosis and treatment.

#### 15. Data sources and contacts

- San Benjamín Hospital Colón, Entre Ríos.
- Villa Elisa (Entre Ríos) Local Development Plan Villa Elisa and Surroundings Epidemiological Profile Project.
- Entre Ríos Demographic Tumor Registry People in charge: Dr. Miguel Prince Zone 3: Dr. Julio Alberto Bechelli.
- INC Instituto Nacional del Cáncer (Cancer National Institute) Ministerio de Salud de la Nación (National Health Board) www.msal.gov.ar/inc.
- ALUCEC Colón Asociación de Lucha Contra el Cáncer Colón (Colón Fight Cancer Association).
- ALCEC Villa Elisa Asociación de Lucha Contra el Cáncer Villa Elisa (Villa Elisa Fight Cancer Association).







# A PUBLIC AWARENESS AND FUND-RAISING EVENT: THE ULTRAMARATHON 200 KM COLÓN

With the aim of both getting funds and raising awareness about how important to control health regularly and make the necessary surgeries at San Benjamín Hospital in Colón is, our Rotarians agreed to run a circuit that joined most Colón Department towns and cities, covering a distance of 200 km on November 16 and 17, 2013. This was the <u>ULTRAMARATHON 200 KM COLÓN</u>.

We invited companies, other private and public organizations and people in general to "buy" these 200 kilometers; each of them cost a thousand Argentinean pesos (ARS 1,000). In this way, we managed to get an important sum of money (ARS 105,000) that will help us afford a percentage of the equipment we are planning to get. We also sold T-shirts and caps of the cause.

Since our Club has legal personality and it is tax-exempt of profit tax, we were able to give vouchers and certificates that evidence their help, so that it could be computed as a deduction in their tax settlement.

Furthermore, we gave the sponsors a CSR certificate and we added them to our Club's list of helper-friends that we will maintain and annually renew in our Facebook page: <a href="https://www.facebook.com/RotaryClubColon">www.facebook.com/RotaryClubColon</a> from this event on.

We were able to promote the important work of Rotary and all the activities were widely broadcasted in the local media, so our sponsors had institutional presence. We used banners, stands and other means of promotion.

Finally, the delivery of the equipment will be made together with a commemorative plaque with the name of all the sponsors, which will be placed at San Benjamín Hospital.





















Find all the photos on our Facebook page: ULTRAMARATÓN 200 KM COLÓN.







# **ANNEXES**

#### **Estimates**



Referencia:







#### Presupuesto Nº 5987/1

Pagina 1 de 4

Razón Social: **ROTARY CLUB COLON - ENTRE RIOS** 

Teléfono: (3477) 15-4074162 ING. FRANCISCO PERAGALLO Contacto: Correo: madereralospinos@arnet.com.ar Fecha 12/09/2013

DE NUESTRA REPRESENTADA EXCLUSIVA OLYMPUS - JAPON:

Descripción	Cant.	Precio Unitario	Total
TORRE DE VIDEOENDOSCOPIA ACTERA 150 compuesto por: CV-150	1,00 1.00	58.500,00	58.500,00
Videoprocesador compacto con fuente de luz para videoendoscopía gastrointestinal y bronquial CV-150. Iluminación mediante lámpara de luz halógena de 15V150W, incluye una lámpara adicional de emergencia de 15V150W que se acciona manualmente en caso de falla en la que se este	-,	Los precios i	no incluyen IV <i>A</i>

Salidas de video simultáneas: (1) Video Compuesto (VBS). (1) Y/C o S-Video, (1) RGB o YPbPr y (1) XGA para usar monitores de PC.

Conexión a PC a través puerto de Video Digital formato Fire Wire que permite la grabación de video.

Incluye función de "congelado" Realce de Contornos y Realce de la estructura de la capa

mucosa ajustable en 3 modos de 8 posibles.

Magnificación electrónica entre 1.2 y 1.5X, Función de identificación de los endoscopios de las series 180/160/150 para memorización del ajuste del balance de

Compatible con todos los endoscopios con tecnología CCD a color Olympus (gastroscopios, colonoscopios, duodenoscopios, broncoscopios, ecogastroendoscopios, ecobroncoendoscopios y enteroscopios de simple balón de silicona) (Excepto endoscopios de alta definición y las siguientes excepciones GIF-XP160, BF-P160, BF-3C160, BF-XT160, BF-MP160F y BF-XP160F)

Para usar en líneas de 100 a 240VA. Dimensiones máximas 309mm (Ancho) X 171mm (Alto) X 435mm (Profundidad). Peso

Incluye los siguientes accesorios estándar:

(1) MAJ-901 Botella plástica para el agua, base de silicona y conector a endoscopios de las series 140/145/150/160/165 y 180. Esterilizable en Autoclave

(1) MAJ-1562 Teclado alfanumérico

(1) MAJ-887 Cubierta de silicona para teclado

(1) MAJ-1592 Cable del conexión a monitor RGB (1) MAJ-1558 Cable de conexión a los videoendoscopios

(1) MAJ-1560 Soporte para cable de conexión a

videoendoscopios, cilindro para el balance de blanco y soporte para el tubo de succión.

Bio Analítica Argentina S.A. Boedo 1813 Buenos Aires, Argentina (011) 4909-2600 info@bioanalitica.com.ar www.bioanalitica.com.ar













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Razón Social: ROTARY CLUB COLON - ENTRE RIOS Teléfono:

(3477) 15-4074162

Contacto: ING. FRANCISCO PERAGALLO Correo: madereralospinos@arnet.com.ar Referencia:

#### DE NUESTRA REPRESENTADA EXCLUSIVA OLYMPUS - JAPON:

Descripción	Cant.	Precio Unitario	Total
TORRE DE VIDEOENDOSCOPIA ACTERA 150 compuesto por: CV-150	1,00 1,00	58.500,00	58.500,00
Videoprocesador compacto con fuente de luz para videoendoscopia gastrointestinal y bronquial CV-150. Iluminación mediante lámpara de luz halógena de 15V150W, incluye una lámpara adicional de emergencia de 15V150W que se acciona manualmente en caso de falla en la que se este usando.		Los preci	os no incluyen IVA
Salidas de video simultáneas: (1) Video Compuesto (VBS). (1) Y/C o S-Video, (1) RGB o YPbPr y (1) XGA para usar monitores de PC.			
Conexión a PC a través puerto de Video Digital formato Fire Wire que permite la grabación de video. Incluye función de "congelado"			
Realce de Contornos y Realce de la estructura de la capa mucosa ajustable en 3 modos de 8 posibles.			
Magnificación electrónica entre 1.2 y 1.5X, Función de identificación de los endoscopios de las series 180/160/150 para memorización del ajuste del balance de			
blanco. Compatible con todos los endoscopios con tecnología CCD a color Olympus (gastroscopios, colonoscopios, duodenoscopios, broncoscopios, ecogastroendoscopios, ecobroncoendoscopios y			
enteroscopios de simple balón de silicona) (Excepto endoscopios de alta definición y las siguientes excepciones GIF-XP160, BF-P160, BF-3C160, BF-XT160, BF-MP160F y BF-XP160F)			
Para usar en líneas de 100 a 240VA. Dimensiones máximas 309mm (Ancho) X 171mm (Alto) X 435mm (Profundidad). Peso 13 Kg.			
Incluye los siguientes accesorios estándar:  (1) MAJ-901 Botella plástica para el agua, base de silicona y conector a endoscopios de las series 140/145/150/160/165 y 180. Esterilizable en Autoclave.			

Por Bio Analítica Argentina S.A. JORGE GABRIEL ARTIGAS Medicina jorge.artigas@bioanalitica.com.ar

para el tubo de succión.

(1) MAJ-1562 Teclado alfanumérico (1) MAJ-887 Cubierta de silicona para teclado (1) MAJ-1592 Cable del conexión a monitor RGB (1) MAJ-1558 Cable de conexión a los videoendoscopios (1) MAJ-1560 Soporte para cable de conexión a

videoendoscopios, cilindro para el balance de blanco y soporte















Pagina 2 de 4 (1) MH-155 Cilindro para balance de blanco (1) MAJ-1593 Soporte para el tubo de succión (2) MAJ-1415 Fusibles de repuesto (2) MAJ-1415 Fusibles de repuesto (4) MAJ-699 Bases autoadhesivas para fijación al gabinete (1) Cable de AC (1) Manual de Instrucciones LMD-1530MD -Monitor grado medico Sony de 15". Pantalla LCD de matriz activa tipo TFT. Resolución de 1280 X 768 puntos (WXGA). Sistema de 1,00 Televisión NTSC o PAL de selección automática. Entrada HDMI (X1). Entradas y Salidas de video RGB-S, Video compuesto y Y/C. Se suministra con cable de poder y manual de instrucciones. CF-Q150I 1.00 -Colonovideoscopio Largo ACTERA. Con CCD Color. Totalmente sumergible. Imagen tipo Q. Gran Campo Visual de 140°, visión frontal. Profundidad de campo entre 3 y 100mm. Diámetro exterior del tubo de inserción y punta distal de 12.8mm. Longitud útil de 1650mm. Canal de 3.7mm de diámetro. No posee canal dedicado para irrigación frontal. Rangos de angulación: Hacia Arriba y Hacia Abajo 180°, Hacia la Derecha y Hacia la Izquierda 160°. Se suministra con (1) Pinza para toma de biopsias reutilizable, (3) Válvulas de apertura del canal MB-358, (1) válvula aire agua, (1) válvula de aspiración, accesorios estándar para limpieza incluyendo cepillos para limpieza de canal, tubo de irrigación, tapón

GIF-Q150

juegos de llaves.

Gastrovideoscopio ACTERA. Con CCD Color. Totalmente sumergible. Imagen tipo Q. Campo Visual: 140°, visión frontal. Profundidad de campo entre 3 y 100mm. Diámetro exterior del tubo de inserción y de la punta distal: 9.2mm. Longitud útil de 1030mm. Canal de 2.8mm de diámetro. Rangos de angulación: Hacia Arriba 210°, Hacia Abajo 90°, Hacia la Derecha 100° y Hacia la Izquierda 100°. Se suministra con (1) Pinza para toma de biopsia reutilizable, (1) Protector bucal para endoscopio, (3) Válvulas de apertura del canal MB-358, (1) válvula aire agua, (1) válvula de aspiración, accesorios estándar de limpieza incluyendo cepillos para limpieza de canal, tapón de inmersión, manual de instrucciones, maleta con cerraduras y dos juegos de llaves.

de inmersión, manual de instrucciones, maleta con cerraduras y dos

1,00

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Pagina 3 de 4

Descripción	Cant.	Precio Unitario	Total
BF-1T150 ACTERA Videobroncoscopio terapéutico con las siguientes especificaciones: Tubo de inserción de 6.0mm de diámetro. Canal de 2.8mm. Campo visual de 120°, visión frontal. Longitud de Trabajo 60cm. Compatibilidad con electro cirugia. Rangos de angulación: Hacia Arriba 180°, Hacia Abajo 130°. Se suministra con: (1) Pinza para toma de Biopsias FB-20C-1, (10) Válvulas semi-desechables para succión MAJ-207, (2) Válvulas semi-desechables para biopsia MD-495, (1) Protectores bucales para el endoscopio MA-651, (1) Tapón de ventilación (MH-553) con cadena de sujeción MAJ-1193, Accesorios de limpieza, Manual de instrucciones y maleta con cerraduras.	1,00		
MB-155 Comprobador de impermeabilidad	1,00		
TC-A1 -Videogabinete compacto original de marca Olympus (no nacional) para instalar los sistemas Olympus de las series EVIS EXERA 145/160/180, ACTERA 150, VISERA, OTV-SI y OTV-SP1. Incluye: Carro, Base superior deslizable para el teclado, soporte para monitores LCD, soporte para dos endoscopios, revestimiento epoxi y freno en dos ruedas.	1,00		

PRECIO TOTAL PLAZA: U\$S 100.000,00 + IVA DEL 10,5%

PRECIO ESPECIAL CONGRESO ARGENTINO DE GASTRO 2013: U\$S 81.500,00 + IVA DEL 10,5%

TOTAL	TASA RESP. INSC.	%	TASA RESP. INSC.	%	SUBTOTAL NETO
U\$S 90.057,50	U\$S 8.557,50	10,5 %	U\$S 0,00	21 %	U\$S 81.500,00

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DENTRO DE LOS 90 DIAS DE RECIBIDA LA ORDEN DE COMPRA Y OBTENIDA LA APROBACION DE LA DJAI (DECLARACIÓN JURADA ANTICIPADA DE IMPORTACIÓN, RESOLUCIÓN GENERAL\_AFIP\_3252-2012) Plazo de entrega

TRANSFERENCIA Forma de pago

Condición de pago 50% ANTICIPADO Y SALDO 50% CONTRA ENTREGA

Validez de la oferta: 30 DÍAS.

1 AÑO CONTRA DEFECTOS DE FABRICACIÓN O DISEÑO. Garantía:

Por Bio Analítica Argentina S.A. JORGE GABRIEL ARTIGAS Medicina jorge.artigas@bioanalitica.com.ar















Página 1 de 2

Fecha 21/11/2013

Razón Social: ROTARY CLUB COLON - ENTRE RIOS

Teléfono: (3477) 15-4074162

Contacto: ING. FRANCISCO PERAGALLO madereralospinos@arnet.com.ar

Referencia:

#### DE NUESTRA REPRESENTADA EXCLUSIVA OLYMPUS - JAPON:

El equipamiento cotizado, correspondiente la presupuesto N° 5987/1, tiene 1 año de garantía contra todo defecto de fabricación o diseño. En caso de desgaste y/o ruptura del mismo, queda excluida de esta.

Dado estas circunstancias, se incluye con la oferta un plan de **SERVICIO DE MANTENIMIENTO PREVENTIVO**, el mismo cuenta con un cronograma de visitas que proporciona significativos ahorros por disponibilidad de su equipo en óptimas condiciones, evitando que pierda oportunidades de atención a sus pacientes y detección oportuna de posibles deterioros que se pueden corregir antes de causar daños y gastos mayores.

	CRONOGRAMA:				
Mes 0	Carga horaria	Tareas a realizar en el servicio			
Visita de Instalación y mantenimiento preventivo	5hs.	Instalación Capacitación técnica de uso de los equipos instalados Realización de prueba de fuga, limpieza y desinfección para todos los endoscopios ofertados. Capacitación de las personas que designe el servicio en el uso y las tareas descriptas Recomendaciones, riesgos, advertencias y precauciones.			
Mes 9	Carga horaria	Tareas a realizar en el servicio			
Visita de mantenimiento preventivo	3hs.	-Verificación técnica y condiciones generales de los equipos e instalaciones.  Realización en conjunto con el personal de la Institución de reprocesamiento de endoscopios, prueba de fugas, limpieza y verificación técnica general; todo esto con el fin de afianzar y controlar las buenas prácticas.  -Verificación general de las instalaciones -Control de las capacitaciones brindadas al personal.			

Bio Analítica Argentina S.A. cuenta con los siguientes BENEFICIOS:

- o Único centro de servicio en Argentina con:
  - Personal desarrollado y certificado directamente por Olympus.
  - Reparaciones con repuestos nuevos y 100% originales.
  - Certificado de ISO 9001:2008.
  - Cumplimiento de normativas ANMAT (Dispositivos Médicos)









# Preliminary memorandum between Rotary Club Colón and Colón San Benjamín Hospital

#### 1- Issue

Acquisition and donation to San Benjamín Hospital in Colón of an upper gastric tract endoscopic, colonoscopy and bronchoscopy tower. The label is Olympus Actera 150.

#### 2- Aim

Through this document, we agree on a cooperation reference and agree on the mentioned parts referring to the project consisting in provinding Colón San Benjamín Hospital with the previously mentioned equipmente, being located in the city of Colón, head of Colón Department.

This Hospital, due to its level of complexity is prepared to incorporate this type of new technology as the one we propose to donate, but it lacks the financial resources to acquire it. However, it is ready to afford operative spendings and it has the necessary human resources.

#### 3- Main contacts

	Colón Rotary Club	San Benjamín Hospital (Colón)
NAME	Eng. Francisco Peragallo	Dr. Carlos Tavella
ADDRESS	589 25 DE MAYO STREEET – Colón – Entre Ríos	235 E. BERGA STREET – Colón – Entre Ríos
PHONE NUMBER	00549 3447 (15) 404162	00549 3447 (15) 400848
EMAIL	madereralospinos@arnet.com.ar	carlostavella@hotmail.com

#### 4- Agreements

- a. The parts involved agree on the fact that the Project is carried out by initiative of Colón Rotary Club and it will be administrated by the latter, respecting current laws referring to global grants of Rotary International if the goal was achieved.
- b. Our Rotary Club can certify that the mentioned hospital has a good reputation and respects all the laws.
- c. The parts agree that if the global grant is approved, it will be given to Colón Rotary Club and the international collaborator and not to San Benjamín Hospital authorities.
- d. The funds would be administrated and controlled by Colón Rotary Club.







- e. San Benjamín Hospital referring to the global grant, will have to respect all the terms and conditions set for the giving of the grants by The Rotary Foundation.
- f. The taking part of Colón San Benjamín Hospital and Colón Rotary Club could be subjected to supervision and financial-operative audit by the Rotary Foundation.

#### 5- San Benjamín Hospital will have to:

- a. Guarantee the proper use and maintainance of the endoscopic tower and if necessary use funds to keep it working properly.
- b. Devote professionals and skilled staff to use the equipment.
- c. Provided a suitable place to install and use the equipment.
- d. Elaborate statistics and provide them to Colón Rotary Club.
- e. Establish proper training processes through the Young Professionals Residence Unit established by the institution.
- f. Allow both Colón Rotary Club and the Rotary Foundation to verify the proper functioning, maintenance and proper use of the equipment acquired with this project, as well as provide chances to train staff if it was necessary.

#### 6- Modifications

Modifications and changes will be done if all parts agree to that, and the proper papers and signatures will have to be done timely to make any necessary changes.

#### 7- Interests conflicts

The Rotary Foundation will have to be notified of any conflict related to real or apparent interests, including the ones related to the Rotarians that work as paid staff or in the managing board of the collaborating organization.

#### 8- Signatures

By means of the signatures at the end, the mentioned parts accept and agree to respect all the conditions of this memorandum of agreement.

Committee Chairman LFR, Rotary Club Colón	DATE	
Colón Hospital San Benjamín Director	DATE	
Responsible for the project - Colón San Benjamín Hospital	DATE	







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