



**Summary of Proceedings
Public Hearing**

held on Wednesday November 28th, 2018 from 10:20 a.m. to 12:04 p.m.

Subject Matter: Inquiry into the Efficiency and Effectiveness of the National Emergency Ambulance Service

Objectives of the Inquiry

The objectives of the inquiry are as follows:

- To assess the capacity of the National Emergency Ambulance Services in Trinidad and Tobago;
- To understand how the resources associated with this service are deployed throughout the country;
- To determine areas of inefficiency in the service and the critical factors/conditions which are required for its success.

Venue: J. Hamilton Maurice Room, Mezzanine Floor, Office of the Parliament, Tower D, The Port of Spain International Waterfront Centre, 1A Wrightson Road, Port-of-Spain.

Committee Members

The following Members were present:

- Dr. Varma Deyalsingh Chairman
- Mrs. Ramona Ramdial – Vice-Chairman
- Mr. Nigel De Freitas
- Mr. Darryl Smith
- Mrs. Jennifer Baptiste-Primus

Witnesses Who Appeared

11. There is a need to pursue alternative solutions to ambulance services e.g. helicopters voluntary networks;
12. The current response time is 4 minutes per 1 Kilometre.
13. GMRTT stated that no patient should be refused medical care from an ambulance due to their location;
14. The deployment of the ambulances is based on an analysis of call density and call pattern in a particular area as well as the population density. There is further analysis of population movement to account for persons who may congregate in urban areas for employment.
 - i. The GMRTT has systems which may assist in identifying developing issues such as lay patient handover, which can be predicted based on a backlog of bed spaces and the census of facilities.
15. GMRTT is required to report information on operations and outcomes weekly, monthly, quarterly and annually to the Ministry of Health.
16. Members of the public often contact the wrong agency for assistance which has contributed to a slower response time from the GMRTT;
17. The GMRTT has deliberately minimised its marketing and promotional activities in order to curtail the misuse, abuse or overburdening of the EMTs ;
18. GMRTT sometimes request assistance from the Trinidad and Tobago Police Service to venture into areas with heightened criminal activity
19. The Emergency Medical Personnel are trained to deal with cases of unexpected violence,;
20. Dispatchers are certified by the International Academy of Emergency Dispatch. Their training/certification includes triage and prioritisation of emergencies as well as dispatch life instruction;
21. There are 24 full-time dispatchers and if necessary, the field staff are also trained to assist as Emergency Medical Dispatchers;
22. The procurement methodology used by the GMRTT commences with the purchase of a panel van with basic specifications: automatic transmission, right hand drive with engine displacement that could handle the load requirements. Thereafter a fabricator is sourced to complete the remodelling of the vehicle;;
23. The ambulances used in Trinidad are both Asian and English manufactured;
24. The estimated cost to outfit an ambulance is \$1M;
25. Three operating centres exist however employees are sometimes redeployed based on service demand;
26. GMRTT would not usually be hired for private events due to the high cost associated with procuring its services;
27. Mental health officers are not assigned to GMRTT to assist with the handling of mentally-ill patients. However the EMT's and paramedics are trained in behavioural emergencies which involves both physical and chemical restraint to diffuse a situation;

28. The GMRTT indicated that an ongoing issue is the delay at the hospital regarding 'patient handovers. In some cases, the EMTs have waited up to 30/40 minutes;
29. In accordance with the contract between GMRTT and the MOH, patients are only to be taken to public health institutions and not private health facilities
30. GMRTT is in possession of Language Translational technology however it is clumsy and unreliable and may not prove to be useful in an emergency setting. Alternatively, the GMRTT is seeking to hire persons with Spanish speaking or writing skills.
31. In 2019, staff will be trained in Basic Spanish;
32. GMRTT does not have Automatic Line Identification to recall numbers that lose signal during an emergency call.
33. The Education department of the GMRTT manages the training of staff;
In national emergencies, the GMRTT operates in collaboration with the ODPM. The GMRTT also redirects staff to treat with the emergencies. An example would be the recent flooding disaster which occurred in October 2018.

The following are the main issues highlighted during discussions with the **Ministry of Health**:

1. The current fleet of 40 ambulances is adequate;
2. In response to the complaints, the MOH has engaged in meetings to reduce the waiting period to 15 minutes for patient hand over at public health facilities;
3. Based on the nature of health complaints made to the GMRTT, the MOH is able to gain a national perspective on the reported frequency of ailments such as non-communicable diseases. The MOH is therefore able to develop outreach strategies geared towards educating the public on preventative measures in order to reduce the frequency of reports;
4. According to the MOH, there is not a current need for 100% fleet of ambulances based on the current demand. The current fleet is adequate and can be strategically deployed based on historical demand trends.
5. The Internal Audit department inspects the facilities of the GMRTT because an Inspection Committee has not been appointed;
6. GMRTT is not operating under a licence at this time;
7. The MOH is in the process of licensing GMRTT and other ambulance service providers.
8. A qualified physician inspects each vehicles using a checklist and makes a recommendation to the Ministry of Works and Transport for the licensing of the vehicles;
9. The Regulatory Committee for licensing of Emergency Medical operators should be established before the end of the calendar year;
10. Nominations have been forwarded from the Regional Health Authorities and the Minister for the Regulatory Committee, however, the nomination from the Ministry of National Security is still outstanding;
11. The Minister also has to recommend the service providers to be licensed;
12. There are approximately 8 additional ambulance service providers;
13. The MOH may employ mental health officers who can be called out to assist EMT workers;

14. There is an ongoing audit of GMRTT which commenced in 2015 where:
 - a. The MOH receives invoices from GMRTT, which are forwarded to the audit department which reviews the claims and recommends payments accordingly;
15. The MOH ensures that GMRTT provides value for money through assessments conducted by the technical staff of the Office of the Chief Medical Officer. The reports received from the GMRTT is collated through the Director of Health Policy and Planning and it is returned to the Chief Medical Officer's office where further examination is conducted. The information is also verified through the information stored at the Regional Health Authority;
16. The patient handover period can be reduced by calling in and reporting incoming patients;
17. The contract with the GMRTT covers responses to emergency calls made to GMRTT over the contracted period. The MOH has settled half of the fees invoiced by GMRTT.
18. A flat fee is paid to the GMRTT, however if additional services are given, additional invoices are sent;
19. The contracted period is 5 years;
20. The ambulance services within the Regional Health Authorities are for inter-facility transport only;
21. The ambulances assigned to the RHA's are outfitted with the basic health equipment;

The hearing can be viewed on our YouTube channel via the following link:
https://youtu.be/hwx_R9Qohas

Contact the Committee's Secretary

You may contact the Committee's Secretary at jsclasasc@tparliament.org or [624-7275 Ext. 2277/2627/2282](tel:624-7275-2277)

*Committees Unit
January 7, 2019*