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Tobago House of Assembly
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January 21, 2020

Ms. Jacqui Sampson-Meiguel
Clerk of the House
Parliament of Republic of Trinidad and Tobago
Levels G-9, Tower D
The Port of Spain International Waterfront Centre
1A Wrightson Road
Port of Spain
Trinidad

Dear Ms. Sampson-Meiguel,

Thirteenth Report of the Joint Select Committee on Local Authorities, Services Commission and Statutory Authorities (including the THA) on an Inquiry into the Efficiency and Effectiveness of the National Emergency Ambulance Service

Reference is made to your letter dated November 29, 2019 on the captioned subject.

Please find attached the responses to the findings and recommendations of the Committee related to the Tobago House of Assembly (THA) and the Tobago Regional Health Authority (TRHA) as outlined on pages thirty-one to thirty-four (31-34), thirty-six to thirty-seven (36-37) and forty-six to forty-nine (46-49) of the Report.

The late submission is regretted.

Yours respectfully,

Chief Administrator
Tobago House of Assembly

TOBAGO EMERGENCY MEDICAL SERVICE
All Fields Trace, Lowlands, Tobago
Tel: 1-(868) 639-9994; Fax: 1-(868) 639-3744

TO: **Mr. Sheldon Cyrus**
Chief Executive Officer

FROM: **Mr. Lester Frederick**
TEMS Manager

DATE: **January 13th, 2020.**

SUBJECT: **Response to JSC Recommendations.**

RECOMMENDATIONS

Item I page 33

We have not received any reports of such challenges regarding the current patient hand over process between EMT.s and the Accident and Emergency (A&E) staff at the Scarborough General Hospital (S.G.H). However, like any other hospital or medical facility any number of patients which exceeds its surge capacity would present varying challenges. But the recommended collaboration would be accepted as it would allow for greater consistency in the general approach to the matter at hand. Listed under are some dynamics which would enhance the outcome of the implemented recommendations.

- Quick transformation of a specific area of the hospital to facilitate surge capacity.
- Develop S.O.P and M.O.U with GMRTT to facilitate the re-assignment of staff if needs be.
- Procure specific equipment and stocks for situations as prior mentioned. – Disaster or above surge capacity.
- Develop call-out S.O.Ps for our local facility.

Item II page 33

TEMS would be open to collaboration with the Ministry of Health, other RHA's and GMRTT regarding improvement of our service deliverables, quality and general protocols with a view of standardization, given that its one country (T & T) in which we share the same patients quite often, while a simple disaster affects both islands where the general first responders TEMS, GMRTT, T & T Fire Services, T & T Police Services are similar.

A. - This collaboration would result in greater synergy and improved efforts in situations of disaster preparedness, management and after efforts.

B. - Greater balance between both islands and S.O.Ps for Emergency Medical Interventions as an ease of knowledge transferring. This would allow better ability for internationally recognised status.

C. - Creating an improved training system would allow all Emergency Medical Services (EMS) providers to function at higher standards, as they would be better skilled and competent to perform in a symbiotic system with internationally recognised standards.

D. - TEMS would now be formally represented as part of a statutory recognized body, which would be established for improvement of the service. The establishing of the National Ambulance Authority was done, but there is no evidence that TEMS is represented.

III of page 34

The current client complaints system is facilitated by the Quality Department of the TRHA

IV of page 34

The TRHA could review the system and operations of TEMS with an aim of improvement and accreditation status as this would result in improve service delivery, client confidence, professional imagery, employee empowerment and satisfaction.

V of page 34

TEMS currently operates a computerised Dispatch centre where the internationally recognised system allows Dispatchers the authority to prioritising and triaging all cases. This system is upgraded yearly. It is supported with the Global Positioning System – GPS. This information allows for quick identification of ambulance location and results in the knowledgebase as to the closest available ambulance to the scene of an emergency. And overall reduction of emergency response time.

VI of page 34

There is the implementation of driver training – Defensive driving and Continuing Medical Education (CME) for all EMTS to address the issue of six (6) on page thirty-four (34). However, there could be improvement in this area.

I of page 37

Though there may be need for consideration of alternating forms of transportation for the non-critical cases. The population density may not require addition to the fleet. However, collaboration with the private industry could be considered to allow for the transportation of non-critical clients between facilities. This would allow for a vast improvement as it could be considered for the Primary Care Department in-addition to the possibility of TEMS dropping in at health centres to facilitate the stabilization of critical patients and treatment of non-critical patients. This would result in more efficient patient care and less challenging future care, in addition to shorter turn-around time for ambulances in readiness to facilitate another emergency call.

II of page 37

This may not be necessary as the Emergency Medical Dispatch - EMD software is of such that the EMD is able to triage and prioritise the calls and dispatch appropriately. The EMDs are also trained to give pre-arrival instructions (basic clinical instruction e.g. CPR) to the caller on behalf of the client.

III of page 37

Though this would be very effective in the wider populated environments, it may not be so practically accomplished in the short-term in Tobago. But sure in the long-term given the non-establishment of the necessary medico – legal frame work to support this. However, the improvement of the primary care level could make better this concept. (see 1 of page 37)

IV of page 37

There is the need for specialized equipment and training to facilitate ease of movement in relation to the differently abled and again population in addition to extremely plus sized patients.

I of page 48

TEMS Supports recommendation 1 of page forty-eight (1/48) its self-explanatory, I would like to be assured TEMS is represented.

II of page 48

This would be more appropriately responded to by the Ministry of Health

III of page 49

TEMS should attempt this assignment in the nearest possible time.

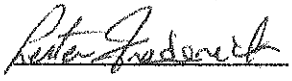
IV of page 49

Same to TEMS / TRHA system

V of page 49

Same for TEMS

Yours respectfully,



Lester Frederick

Manager Tobago Emergency Medical Service (TEMS)