Ministry of Health

Joint Select Committee on Local Authorities, Service Commissions and Statutory Authorities (Including the THA)

The Ministry of Health's written response to the 13th Report on an Inquiry into the Efficiency and Effectiveness of the National Emergency Ambulance Service

13th January, 2020

Objective 1: To Assess the Capacity of the National Emergency Ambulance Services in Trinidad and Tobago

Recommendations

i. The Committee strongly recommends that GMRTT collaborate with the Ministry of Health and RHAs to review or augment the advance patient arrival communication protocols observed. This may assist in reducing delays in patient handover.

The Ministry of Health (MoH) will collaborate with the Global Medical Response of Trinidad and Tobago (GMRTT) to devise an appropriate solution for this issue in the interim, under the current contract agreement.

The MoH recommends that in the next service contract arrangement for the National Ambulance Emergency Service that the preferred service provider should implement, manage and maintain online or real time electronic communication for ambulance arrivals at all public health institutions namely, Accident & Emergency Departments, District Health Facilities, Enhanced Health Centres and Health Centres with extended hours.

The use of the online real time system will provide early notification specific to those hospitals and facilities of an impending ambulance arrival and associated patient status, thereby enabling hospital clinical staff to prepare and better allocate resources for incoming patients and decrease delays in patient handover times.

ii. We recommend that the Ministry of Health foster greater collaboration between GMRTT and other ambulance operators for the purpose of inter alia:

a) Establishing a means/channel for supplementing the response efforts of the main provider (GMRTT) during the course of a major disaster event or major force majeure event;

As per contract, the current service provider, GMRTT is required to mobilize its fleet during the course of a major disaster or major force majeure event. The Office of Disaster Preparedness and Management (ODPM), in collaboration with the MoH, through its National Disaster Response Strategy, will mobilize its readiness strategy with other ambulance service providers during natural disasters and other unforeseen events or circumstances in Trinidad.

b) Promoting knowledge transfer and compliance with internationally recognized standards;

The MoH will continue to review and disseminate the internationally recognized standards and protocols in the management and operations of the National Emergency Ambulance Service to other ambulance service providers in order to improve and maintain its service performance. This responsibility lies specifically with the Regulatory Committee, which has been duly appointed under the Emergency Ambulance Services and Emergency Medical Personnel Act, Chapter 29:02 and that said Committee continues to provide advice and support to the MoH for the delivery of efficient and effective emergency medical services, including the development of standards of practice.

c) Developing the training and development network for Emergency Medical Response Personnel including EMTs and paramedics;

The MoH is presently setting up the Council of the Emergency Medical Personnel Board and when finalized, will be responsible for training for Emergency Medical Personnel, which includes Emergency Medical Technicians (EMTs) and paramedics.

d) Establishing a representative body for the Ambulance industry. E.g. An Association.

The Council of the Emergency Medical Personnel Board will be the Regulatory Body for Ambulance Personnel. The MoH has no locus to establish Associations. This is driven by the members of a profession.

iii. To promote more objectivity in the current procedures and processes for treating with complaints made against employees of GMRTT, a mechanism must be introduced to allow all such complaints to be shared with the Ministry of Health by way of requiring GMRTT to submit Quarterly Complaints Reports. The Committee trusts that the 2015 Contractual Agreement facilitates such reporting.

GMRTT currently provides details of external service complaint activity on a monthly basis as part of the monthly and quarterly reporting obligations to the Ministry of Health. Upon receipt of any complaints, the MoH will forward these to GMRTT for investigation and resolution.

iv. Through its monitoring and evaluation arrangements outlined in the contractual agreement with GMRTT, the Ministry of Health must play an active role in ensuring that the standards and practices associated the accreditation obtained from the Commission on the Accreditation of Ambulance Services (CAAS) are being maintained.

In this instance, the MoH continues to monitor and evaluate the contractual arrangements as outlined in its contract with GMRTT and to ensure adherence to the CAAS and any other accreditation standards, through its various departments namely, Directorate, Health Policy, Research and Planning; Quality Management and Internal Audit.

v. As a means of curtailing the misuse and abuse of its services, GMRTT should seek to strengthen its triage system in order to prioritize critical cases.

GMRTT has indicated that it uses the Medical Priority Dispatch system provided by the International Academy of Emergency Dispatch (IAED) that prioritizes calls based on the level of urgency.

vi. Given the significant cost involved in maintaining these essential vehicles, every effort should be made to ensure that the driving practices of ambulance drivers and equipment usage is managed efficiency so as to minimize accidental damages and misuse.

GMRTT has indicated that it has deployed an in-vehicle, intelligent monitoring system that provides real-time and retrospective analysis of vehicle operation of specific operators. This system engages state of the art technology to monitor vehicle activity and active, live 'coaching' of vehicle operators' driving behaviors, including warnings for risk events such as speed in excess of posted limits (sensitive to the GPS-fixed physical location of the in motion vehicle), hard acceleration, braking and cornering, and lane drift.

vii. The Ministerial response of the Ministry of Health advises on the components of the new deployment Centre in South and the specific services that will be replicated at this location.

GMRTT has advised that their South Deployment Centre is designed for autonomous function of operations and operations support activities, and limited training capacity.

Objective 2: To Understand How the Resources associated with this service are deployed throughout the country.

Recommendations

i. Ambulance services should strive to be innovative and continue to develop and refine prioritization systems. As observed in the United Kingdom, this may be facilitated through the use of alternative transport systems, such as cars or an assisted taxi service for basic patient transport which may not be at a critical level.

The Ministry of Health, through the National Emergency Ambulance Service Authority (NEASA), will conduct research and based on evidenced-decisions both local and international, seek alternative forms of transportation and emergency service aligned to the required level of care and need.

ii. In heavily populated areas it may be necessary to have medically qualified personnel present at the call centre to assist in prioritising and managing complex cases.

The GMRTT Communications Centre is ACE (Accredited Centre of Excellence) by the IAED. From evidence-based criteria, all incoming requests for service are categorized into over 800

specific presumptive patient condition codes and are assigned a response priority that is based on medical severity. GMRTT has a medical director on staff who provides medical oversight for all EMTs.

iii. The Committee is aware that with an initial cohort of 16, it will not be practical for each ambulance to have a paramedic on board, however a system should be developed where paramedics are assigned in critical areas. This will be hinged upon the development of effective prioritization and triage systems. EMTs must in every instance, however, be capable of administering the essential care to the critically injured.

GMRTT has advised that all EMTs are trained to administer essential care to the critically injured patients in critical areas.

iv. Deployment systems must be adaptable to suit the growing public demand for this service as well Trinidad and Tobago's categorization as an aging population. Therefore, the current service providers namely GMRTT and TRHA should continue to adopt innovative strategies and seek to make them implementable in Trinidad and Tobago.

GMRTT has a fully-flexible deployment model that moves with the demand as expressed by requests for service.

Objective 3: To Determine Areas of Inefficiency in the Service and the Critical Factors/Conditions which are required for its success

Recommendations

i. The Committee recommends that the MOH seek to priorities the establishment of the outstanding Boards and Committees stipulated by the Act in order to expedite the allocation of licenses and to provide oversight to the relevant ambulance service providers. Additionally, the Ministerial Response should contain an update on the establishing and functioning of the statutory bodies proposed in the Act, including the output (if any) of each body.

As stated above, the Regulatory Committee has been duly appointed under the Act. This Committee is responsible for the provision of advice and support to the Minister for the delivery of efficient and effective emergency medical services, including the evaluation of applicants and recommendation to the Minister the issue of licenses required to be issued under the Act.

To date, the number of applications received for licenses is six (6) and those granted is four (4).

The Emergency Ambulance Services Board is duly appointed under the Act and has commenced the operationalization process for the National Emergency Ambulance Services Authority. This Board and Authority is responsible for inter alia; the delivery of a National Emergency Ambulance Service and specific mandates further delineated by the Act.

An interim Council of the Emergency Medical Personnel (EMP) Board was appointed and convened a meeting of the EMP Board, where members were elected to the Council of the Board. The Ministry of Health will now seek the Cabinet's approval of the members of the Council of the Board.

ii. The Committee strongly recommends that a status update be provided within the next month on the status of these outstanding committees and the hindering factors to their establishment.

See the response at (i) above.

iii. GMRTT in collaboration with the MoH should conduct a public awareness campaign to sensitize the public about some of the challenges Emergency Medical Response Personnel experience when responding to Emergency Calls inclusive of the difficulties in locating properties at are unmarked or unidentifiable.

The MoH has commenced discussions with GMRTT to embark on a public awareness campaign.

iv. There should be a shared database between the MOH and GMRTT to allow the Ministry the ability to track public complaints lodged against GMRTT as part of it monitoring and evaluation procedures.

The MoH will collaborate with GMRTT to track and monitor service complaints to ensure appropriate action is taken to resolve arising issues.

v. We recommend that GMRTT collaborate with the Ministry of Health and the Faculty of Medical Sciences with a view to developing a training programme for EMTs and paramedics with the aim at equipping them with the skills and techniques for treating with mentally-ill patients. Similar to GMRTT's Paramedics Pilot Program, this programme must include a "hands on" or practical component.

The Emergency Medical Personnel Council and the MoH will collaborate with the relevant tertiary institutions to develop appropriate training programmes.