VERBATIM NOTES OF THE TWENTY-EIGHTH MEETING OF THE JOINT SELECT COMMITTEE APPOINTED TO ENQUIRE INTO AND REPORT ON LOCAL AUTHORITIES, SERVICE COMMISSIONS AND STATUTORY AUTHORITIES (INCLUDING THE THA) HELD IN THE A.N.R. ROBINSON (EAST) MEETING ROOM, TOWER D, INTERNATIONAL WATERFRONT CENTRE, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, JANUARY 09, 2019 AT 10.30 A.M.

PRESENT

Dr. Varma Deyalsingh	Chairman
Ms. Ramona Ramdial	Vice-Chairman
Mrs. Jennifer Baptiste-Primus	Member
Mr. Nigel De Freitas	Member
Mr. Darryl Smith	Member
Ms. Khadijah Ameen	Member
Mr. Esmond Forde	Member
Mr. Julien Ogilvie	Secretary
Ms. Khisha Peterkin	Assistant Secretary
Ms. Terriann Baker	Graduate Research Assistant

ABSENT

Dr. Lovell Francis	Member

OFFICIALS - TOBAGO REGIONAL HEALTH AUTHORITY

Ms. Ingrid Melville	Chairman, Board of Directors
Ms. Michelle Edwards-Benjamin	Chief Executive Officer (Ag.)
Mr. Lester Frederick	TEMS Manager

OFFICIALS - DIVISION OF HEALTH, WELLNESS AND FAMILY DEVELOPMENT

Dr. Agatha Carrington	Secretary

Mrs. Dianne Baker-Henry Administrator

Mr. Chairman: Good morning, ladies and gentlemen. Good morning, members. Thank you for being here with us from Tobago, and the meeting is the Joint Select Committee on the Local Authorities, Service Commissions and Statutory Authorities (including the THA). So I welcome you all to the 28th meeting of the Joint Select Committee. Today, the Committee is convening its second public hearing pursuant to the enquiry into the efficiency and effectiveness of the national emergency services. And on this occasion, I have the pleasure of welcoming the representatives of the Division of Health, Wellness and Family Development and the Tobago Regional Health Authority. At this stage, I would like the members to start to, if you can, please introduce yourselves starting with the Division of Health, Wellness and Family Development.

Introductions made.

Mr. Chairman: Will the members of Tobago Regional Health Authority introduce themselves?

Introductions made.

Mr. Chairman: It is a pleasure to meet you all and welcome. I am Dr. Varma Deyalsingh, I am the Chair of this Committee and I would like my members to introduce themselves starting with the Vice-Chair.

Introductions made.

Mr. Chairman: Thank you all. I would like to remind you that the concerned objective of this meeting today, this enquiry, is to really 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 and to determine areas of inefficiency in the service and the critical factors,

conditions which are required for its success. I would now invite the chief officials to make brief opening remarks which hopefully should not exceed two minutes. Could we start with Dr. Carrington?

Dr. Carrington: Thank you very much. Consistent with the objectives that have been placed before us, we recognize our responsibility in terms of the execution of these functions, we recognize the importance of our stewardship to the Tobago population and visitors and with respect to that, the THA had a relationship with the TRHA to the extent that the TRHA provides services on behalf of the THA. The particular issue that we are going to discuss with you is that of our ambulance services and our stewardship in that regard would be placed on the table so that persons would be aware of what we have been doing. We have had some challenges and those would be identified and discussed, but more importantly is the commitment of our team, our dedicated team in terms of responding to the needs of our population and ensuring that our stewardship is brought to bear with respect to that. I thank you very much.

Mr. Chairman: Thank you. And would Ms. Melville, please, proceed.

Ms. Melville: Thank you, Chairman. We are grateful for this opportunity to provide accountability of the stewardship of the Tobago Regional Health Authority. Our mission is to be the premiere health service deliverer within Trinidad and Tobago. In so doing, we provide a seamless health care service. We seek consistently to improve and to make sure that our services are world class. This initiative and this opportunity will be another opportunity to enhance the service which we offer. We are cognizant of our duty as duty-bearers and so, we are available for the scrutiny of the Committee.

Mr. Chairman: Thank you. And we welcome you guys, you know, to the

opportunity to discuss with us, you know, to give recommendations and hopefully, at the end of the session, we would be able to come up with some ideas, you know, what are the shortcomings, how we could improve the system. And just to give you a little reminder, we actually met with the providers in Trinidad, our last meeting, and we met with the GMRHA and we actually had some discussions with them, how they run their services. And we would be looking into the shortcomings that we saw at that meeting and some of the shortcomings were staff training, some of the shortcomings we had were the delivery time spent when they went to the hospitals to transfer the patients there, the waiting time that they would have had. The other shortcoming we would have had was the training of the staff. So those were features we saw: response time, training of staff. And you know, we got some suggestions, we got some recommendations and we now would like to look at the Tobago issue, how well are you managing yourselves, how could we, this Committee, help in such a way to give recommendation to improve the services.

So, at this time, I would like to invite any of the members to, you know, start with any sort of questions that you may want to put forward. I recognize member Forde.

Mr. Forde: Thank you. Morning again, and welcome. We would have received the reports submitted by you all, right, and it has been identified that you all have eight working ambulances according to the report. Is that amount feasible? Is it workable in terms of ensuring that efficiency, in terms of ensuring as you would have mentioned in your opening statement, Ms. Melville, premium health deliverables in Tobago? What can we say with regard to the eight ambulances and being operational in Tobago as we go along?

Ms. Edwards-Benjamin: We have eight ambulances at present. Ideally, we

would have purchased 10 at that point in time so we were expecting to operate with 10. However, we have six bases situated throughout the island and therefore, we are able to furnish each base with a functioning ambulance and we also have one ambulance that is in reserve in case we have a breakdown. We also use that ambulance in times where we have cruise ships on the island or where we have heightened tourist activities so that we can station that one at specific activities. So yes, we would say, at this point in time, we can manage.

Mr. Forde: Okay. In terms of the demographic of Tobago in terms of the population size, is there a recommended standard in that, based on your size, your demographic, the population base, that there is supposed to be a stipulated amount of ambulances per capita? Is there any documentation to that effect internationally?

Ms. Edwards-Benjamin: No, we are not aware of that.

Mr. Forde: Not necessarily, but you all are satisfied with the amount to work with in Tobago at present?

Ms. Edwards-Benjamin: At present, yes.

Mr. Chairman: Is it divided according to a population density or do you just go with the six parishes that may exist?

Ms. Edwards-Benjamin: No, population density in terms of—we are not saying that the divisions are perfect or ideal, but in terms of the population density, we have one ambulance on the north coast at Parlatuvier that is centrally located. We have one at Charlotteville which is our furthest point. We have one at Delaford which is roughly midway closer to Scarborough from the countryside. We also have one at Lowlands, Plymouth and Scarborough. So because the western end of Tobago is the area where we get the highest number of calls, we do have a higher

number of ambulances in that area.

Mr. Chairman: Is it that that area has a higher amount of probably—is it more densely populated and this is why you get the calls?

Ms. Edwards-Benjamin: It is more densely populated, yes, and there are also more social and tourist activities in those areas.

Ms. Ramdial: How many ambulances make up your total fleet?

Ms. Edwards-Benjamin: Our total fleet is 18 ambulances. However, there are eight ambulances which are at the point of board of survey so they are no longer functional and the TRHA is moving to do away with them. The 10 new ones which were purchased in 2015, those are the ones that we rely on to provide the service.

Ms. Ramdial: Okay.

Ms. Ameen: Chairman, just coming off that, you indicated that 10 new ambulances were purchased in 2015, early 2015, so of those, two are not functional at the moment?

Ms. Edwards-Benjamin: Of those, two, we have issues with specific parts and we are in the process of sourcing those parts from overseas to repair them.

Ms. Ameen: So how soon do you expect those?

Ms. Edwards-Benjamin: We expect that within the first quarter of 2019, those ambulances will be back up and running.

Ms. Ameen: And you indicated that the seven diesel ambulances which are more than 10 years old, you are taking steps to dispose of it by recommended procedures.

Ms. Edwards-Benjamin: Yes.

Ms. Ameen: Do you intend to replace those with any new vehicles?

Ms. Edwards-Benjamin: Well, bearing in mind that the life of an ambulance is roughly five years, we will have to be purchasing new ambulances sometime in the near future because even those that we purchased in 2015, by 2020, those would have outlived their normal life. So yes, the TRHA, in our long-term plans, we do intend to purchase more ambulances in the near future.

Mr. De Freitas: Morning. Just a question based on the first set of responses that were given. What was the criteria used for the location of the bases in Tobago? Why were they put in those specific locations?

Ms. Melville: Okay. The criteria used was population density but also geographic—the nature of the terrain. That is why we have two ambulances in the far north-east end of Tobago, Charlotteville and Parlatuvier respectively. We also have one in Delaford. At one point in time, we had one midway along the eastern coast between Delaford and Scarborough. However, due to issues raised by the union that we did not have a physical base, we had to discontinue that because in order to maximize our efficiency, we had ambulances roving on the eastern coast so that the response time would be more rapid. We are still reviewing that. However, due to economic constraints at present, we maintain the six bases which exist.

Mr. De Freitas: As we are talking about response time, in the eastern side of Tobago, the terrain is very different and a lot of the houses would be difficult to access by ambulance given the size of the vehicle and whatnot. Is there an attempt to have a management plan or to put into your management plan as it relates to ambulances, something specific for that side of the island versus the western side of the island which is more flat, to assist in that response time? Because the response time on that side of the island has nothing to do with where the bases are

located but more so the ability to access people on that side. So is there any plan to help with that?

Ms. Melville: Yes, we have looked at different classifications of ambulances and another issue we have also is sometimes the wait of patients with that difficult terrain. So that you might have a track leading up to a house and you have to negotiate with someone who is not of average size, who is of above average size. So we have looked at the bariatric ambulances and it is in our long-term plan to have ambulances that can more easily access terrain that is outside of the normal roadway where cars can drive.

Mr. De Freitas: Chair, and based on the data that you have been getting back in relation to the numbers of calls that you would get, five years, to me, seems like a pretty short time for the lifespan of an ambulance. Is the data that you are getting sort of match up with that in the sense that there are so many uses of ambulances, based on the data in terms of calls, that five years is what it should be or can you have it that you have the ambulances for a little longer, maybe seven to 10 years because the usage is not that great?

Ms. Edwards-Benjamin: Five years really is a ballpark figure, an average figure based on the quality of the ambulance and they sometimes—usually would outlast the five-year period. But we work with the five-year period as a standard. If we get extra time out of the ambulance, yes, that is welcome, but we work towards replacing them after the five-year period.

Mr. De Freitas: How has that been working out? Because, for example, in 2015, 10 new ambulances arrived, you already had eight down but they were far exceeding the expiry date if we could call it that. It means that by the time you get rid of those eight, the 10 new ones that you bought in 2015 would have long since

been expired because that five years would have gone. When I am looking at some of the reports that you had in the papers, for example, the ambulances would have been brought in in 2015 and two years later, you only had two ambulances working out of the 10 new ones. When I take into account the lifespan that you are talking about, then that seems just about correct in terms of maintenance. Have you done a cost-benefit analysis or an assessment in relation to that? Because it is hard for me to understand a five-year lifespan on an ambulance. It means that you are going to have some serious economic constraints in maintaining an 18-ambulance fleet in Tobago. What plans do you all have in place to address that?

Dr. Carrington: So the issue raised with having two ambulances actively in use had to do with the fact that we were challenged in terms of our maintenance arrangements for these ambulances. Further to that, there were arrangements in place, an MOU with VMCOTT to ensure that we put some structure allowing for us to maintain these vehicles so that they would be available for use. We have come a long way since then. Notwithstanding the five-year minimum, we know that we have to work them longer than that. What is going to assist us is that arrangement with which we will actively pursue the maintenance arrangement allowing for them to be available for use. So no longer would you see two out of 10, you will see eight out of 10, nine out of 10 and we will, on a phased basis, replace the ambulances when they are not as serviceable as they ought to be.

Mr. De Freitas: So this is my last question. So do you have a ballpark year in mind as to when we can get back to 18 or a certain number out of 18 operational on the island?

Ms. Melville: It is not anticipated that we will get back to 18 having regard to our financial situation nor would it be required to have 18. What we would do is to

ensure that the minimum number that is necessary to cover our bases and to replace as and when required, that that is available to the population, so that is what we will work with.

Mr. Smith: Thank you, Mr. Chairman. Through you, I think the first question was asked by Mr. Forde but I think last year when we hosted the other ambulance team here, and you were out of the country—but I remember reading that, and that was a specific question that was asked with regard to the industry standard and the former people that were here last year, I do not have it in front of me now, but they actually had that information. So if you need to get what is the industry standard, you could probably liaise with the local Trinidad arm of it, but I remember them mentioning that.

A second part of it is a question and this is the second part of this aspect with this Committee and I asked the Trinidad arm about this whole thing and they did not have the answer. And the reason why I am asking it is, Mr. Forde as well, coming from local government with regard to disaster management in the different Tunapuna, Diego Martin—I was the former chairman there, we would have done a number of exercises with CERT and so on, with the residents of the areas, and what shocked me—at least in Diego Martin, and I do not know how it works in Tobago—was when we were asking the residents in terms of if they have an emergency, if they have a plan, which is an earthquake, if you have a plan, if somebody gets a heart attack, if there is a tsunami plan for each home, and with all the different scenarios, the majority of the people said that they would not wait on an ambulance because they did not trust it or they were not comfortable; they will put the person in the car and take them.

And I asked the question the last time and I am going to ask you all now.

Do you all have data with regard to your health facilities? How many people do that, come in on their own with an emergency and how many people come in with the ambulance, and if they do, why? If it was the fact that they did not bother to call, they just brought them based on lack of trust or they called and they did not come? Do you all have statistics like that?

Mr. Frederick: Thank you for the question. Some of the information in the question would have to come from the hospital in terms of those that come into the hospital by private car, but we do have our information here as to how many persons come in via ambulance.

Mr. Smith: All right, well, if we could get copies of that—but what you all should do, this year as it is a new calendar year, is to compare it to how many people come in so you would have to work with the various health agencies and then see why. Probably ask a question—why?—is it that people do not trust or they do not think it is reliable or the wait of time. So, after waiting X amount of time, "they jump in the car", because that would help you all, and again, with regard to the first part, if you could get those details and information with the industry standard from them.

Mr. Chairman: Mr. Frederick, excuse me, would you mind voicing the figures for us for the benefit of the public that will be listening?

Mr. Frederick: The information is here, I am just looking for the page, but I do not want to keep you back, I will indicate when I find it. Is that okay?

Ms. Melville: While Mr. Frederick is looking for the data, Minister, the TRHA is also responsible for the hospital and health centre services. Regarding the hospital services, our Accident and Emergency room is inundated with clients who are not emergency or accident cases and so they will drive themselves to the hospital, and

we do have the data which we can provide regarding the actual number of visits which we had over the last calendar year or the last fiscal period. On average, it is about 9,000 visits per annum and—however, the number of persons who actually arrive via the Tobago Emergency Medical Services, TEMS, would be much less because as I have indicated, many of them are not emergency cases and that can account for the lessened use of the ambulance. Of course, I am not denying that we will have challenges in terms of persons who might not want to use the ambulance service but sometimes they do not need to.

Ms. Ameen: Chairman, through you, do you have any method of feedback to measure citizens' satisfaction with the ambulance service? Do you ask questions, do you do general surveys or any method at all, whether it is the people who are in the hospitals or the man on the street, to gauge and to identify issues that they see as a challenge, why they would not or have not used the service when they were in need of it and therefore, you have specific concrete things to improve on to make your service more accessible?

Ms. Edwards-Benjamin: The TRHA does have the facilities for the public to comment or to voice complaints on our website. We also have a customer feedback service which is based at the health centres or at the hospital. However, in terms of the ambulance service, a lot of the feedback we get comes from our meetings that we host. We host meetings at various community meetings, community outreach meetings, and that is where you find that persons are most inclined to voice issues concerning the ambulance and the ambulance service.

Mr. Chairman: Yes, from purviewing of the newspaper articles, I saw you have the community meetings and Dr. Carrington was very vocal in coming up with suggestions to improve the services and even admitting there were some

deficiencies in the past. But we had some old newspaper articles but I think we have come a long way since then. I need to find out this though. The amount of ambulances that you need in Tobago, is it 10 or is it the six or is it the eight? What is your level of functioning you think you could mention? Because your fleet of 18 is no longer there. You bought 10. What do you think is a good level that you could actually work with? And this is what I need feedback on.

Ms. Melville: Ideally, Chairman, if we had 14 ambulances, I think we would be better able to service the population. If each base were to have at least two ambulances, particularly in the north and eastern areas, because if you look at the geography, between the base at Delaford and the base at Scarborough, it is a long stretch of road, it is almost the length of the island. And so ideally, we would like an ambulance to be stationed, for example, at Roxborough Health Centre, because at the Roxborough Health Centre, we have a walk-in service as well as the normal clinic service and quite often, patients would need to be moved from the Roxborough Health Centre to the hospital, and so usually that health centre would have to call and the base would respond. So ideally, if we had more ambulances to be placed, we would be able to respond quicker and there could be greater satisfaction with our service.

In addition, the downtime of the units would be less because the preventive maintenance schedule would be kept and adhered to, because there would always be at least one ambulance at the base. So, at the moment, out of the 10, we try to keep three units in that way so that they are not always in full use and so even the replacement strategy which the CEO spoke to, we are looking at a phased replacement strategy. So that we are not looking at replacing all 10 ambulances but due to usage and the reduced usage of some units, we would be better able to

manage even that.

11.00 a.m.

Ms. Ramdial: Chairman, I just want to go back, through you, to Dr. Carrington. You mentioned earlier financial constraints. But, in the last budget, if I am not mistaken, the THA and every secretariat across the board got increases for fiscal 2018/2019. Am I to interpret by that statement that there are some problems or challenges accessing the funding from Central Bank?

Dr. Carrington: Let just say that the issue with respect to availability of resources is a common one, it is not just associated with Tobago. And when I mention that, these resources are to be distributed, or to be allocated between our human resources and our other support services. So my saying that, is that we must ensure that in allocating these resources that we do so appropriately. It is no secret that much of our resources across the island goes towards human resources, and that we have to ensure that we do the allocation such that goods and services can be provided. So it is in that context I mentioned the issue of resources.

Mr. De Freitas: Thank you, Mr. Chairman. In light of the economic constraints, has any thought been given to utilizing a model similar to what is in Trinidad by way of a public-private partnership? So, in Trinidad you have several entities that would provide an ambulance service, and then the Government pays them to do that and then they take on all the responsibilities in relation to providing a service to a particular international standard.

I am not saying that you have to follow that specific model, but you might be able to work out something where you allow private entities into the space, just to bolster the service and the number of ambulances. So, as much as you may indicate 14 is good for what we have now, by allowing private entities to enter the

space, you may end up with 10 more on top of that, 24, and obviously to the benefit of all Tobagonians. So has any thought been given to sort of like a public-private partnership.

Dr. Carrington: Thank you for that question, the issue with respect to public-private partnerships that is a focus in our Assembly and so our public-private partnership unit is up and functioning. This particular issues has not been raised as a priority project, but that is one we will be willing to look at such that we can explore a more appropriate option.

Ms. Ramdial: Through you Chair. Now, in your submissions you stated that your annual allocation is approximately $14 million for TEMS. Out of that 8.1 million is allocated for personnel expenses. With just eight ambulances in operation, what is ratio of ambulances to EMTs, and what is the gross salary of an EMT under the TRHA?

Ms. Edwards-Benjamin: So presently, we have 48 EMTs on staff and we have eight ambulances. So that will give us roughly six EMTs per ambulance and at this moment that is, sufficient to run the service effectively and to allow for—

Ms. Ramdial: Six EMTs per ambulance?

Ms. Edwards-Benjamin: Per base.

Ms. Ramdial: Per base? Okay. So, you have six—?

Ms. Edwards-Benjamin: So, we have eight EMTs per base, correction. Of the eight ambulances, we need to bear in mind, we have one at the hospital that does not count. So we have one at the hospital, so there are seven in the district or allocated to TEMS at this point in time. There is one at the hospital for inter-facility transport. So, yes, roughly we have eight EMTs per base.

Ms. Ramdial: How do they operate, though? Is it a shift system? What about

their gross salary? What is their gross salary?

Ms. Edwards-Benjamin: So the salary is between 12,000 and15,000 per month.

Mr. De Freitas: How many EMTs are on the vehicle itself? When the vehicle—?

Ms. Edwards-Benjamin: Pardon me? Two.

Mr. De Freitas: So then eight EMTs at the base and two are assigned to the vehicle? So when the go out on a call like—?

Mr. Frederick: Thank you for the opportunity to give a brief explanation. We have six bases. Six ambulances working at any one time, it does not mean that the seventh one is down. Right. There are two EMTs per shift. We run a 24/7 service of 12 hours per shift. So it is two EMTs per ambulance, per shift.

Mr. Chairman: Do you have nurses also available on those ambulances?

Mr. Frederick: No, we do not.

Mr. Chairman: Okay. Could you give me an idea of the training of the EMTs, what level of training we have? Because you may have different levels in terms of basic life support training, and the advance life support training. So, could you give us an idea of the training of the EMTs? Because I understood Tobago was actually up front in Trinidad in the sense that you all were the ones that started training in 1999, I think I am right. The first set of trainees, and I think you, Mr. Frederick, was among the first trainees in Tobago. So you have actually, you know, lifted that barrier in 1999. So, I congratulate you and I also congratulate from your background in mental health which I will follow up with a question later on.

So, from the basic training from 1999, what I understood it was the training of EMTs to a certain level, then a Canadian company came in and did some further training. Have we moved beyond that EMT training from basic life support to

advance life support? Because you see what I am looking at is if I get a heart attack in Trinidad and the GNRHA takes me up and carries me to the hospital, but I get a heart attack in Tobago and there is not that training that is now what we will call geographical discrimination in terms of health. So is it that your health in Tobago, your first responders, are they equipped as some of our first responders here and if there is a deficiency, how could we now help you in your training of your responders there?

Mr. Frederick: Okay. In Tobago—thanks for the commendation. Yes, I was one of the 19 EMTs that were trained in the inception in 1999 and have worked my way up to where I now.

We were trained in basic life support. There is not really a "paid"—and I would explain what I mean by that—person in our system beyond basic life support. The legislation only allows and then we are covered under the "licenceship" of our medical director. So that only allows for us to function as basic life support. However, every ambulance is equipped with an AED, an Automated External Defibrillator. So, yes, if you are having a heart attack in Tobago, God forbid though, we are trained and we are quipped to take care of you on the ambulance.

There is what you call "EMT intermediate" and that is the reason why I mentioned the word "paid" earlier on. You are employed by the TRHA as an EMT basic. We do not have any "licenceship" legal, you know, band widths to go beyond that. Some of us have gotten some other training before and that is when we were in the 19. That would not fit into basic life support.

Mr. Chairman: So, in terms of let us say somebody collapses in Tobago. The EMT personnel can come out, they can start to give oxygen, bag and mask,

defibrillate, but in terms of giving IV access, to keep an access open to give drips, those essential services that may be necessary. Somebody, who you know, hypoglycemic, sugar runs low, you could test that. But in terms of starting some sort of medication, do you have any sort of training in that?

Mr. Frederick: Yes. Not the IV though. In the hospital you will give IV bolus and, you know, glucose and that kind of thing. However, on the ambulance we have Glucophage, it is like sugar in a tube. We have that on the ambulance and we give that to persons who are hypoglycemic.

Mr. Chairman: I am looking at an accident victim bleeding, you need to have an IV, you need to have drips running. Is there any way that the EMTs could be trained to a level further to step up their training, like in different modalities that you can offer them training where you put on an IV access you have that access open? You start some drips because that is life saving and I am saying if it is in Trinidad. Why have somebody in Tobago not getting that same sort of services? What can we do to help that training this is what I would like some suggestions.

Mr. Frederick: I love that, and it makes me a bit more comfortable, in that yes, it is added training and anything for the benefit of the patient and to improve our service deliveries I would openly welcome. So, the only challenge there is a matter of getting the legal framework cleared and being able to have a medical director to cover us in that regard.

Mr. Chairman: You see, we have the same emergency Act that is covered in Trinidad. So, we will have to figure out why in Trinidad we have that service afforded and in Tobago it is not. So this is something we will look into because it is a lifesaving event. So we are looking at probably training the EMTs to go a step further. Also the possibility of—let us say access to the hospital. Let us say, you

pick up an accident victim, somebody with a heart attack. Do you have, you know the training—you know, there are devices now, like a portable ECG, you place it on the patient's chest. Through the Web you can send a message straight to the hospital, the cardiologist can read it to see this person has fibrillation or some sort of heart problem, and they can stand ready and waiting. So again, if the EMTs are not trained in looking at the ECGs, there are those devices available that you can probably purchase that may be able to send that ECG to the hospital so that they can be ready and waiting.

Mr. Smith: Thank you, Mr. Chair. I know very topical now—Mrs. Baptiste-Primus, go ahead, sorry, I know ladies before gents. Go ahead.

Mrs. Baptiste-Primus: You are already on your—[*Laughter*]

Mr. Smith: I apologize. I know it is very topical now, with regard to the inspection of the vehicles, I am assuming if not, you will answer that is being taken care of; that is part one.

Ms. Ameen: Do not assume.

Mr. Smith: And part two. Do you all do—do the ambulances do private events, like sports days and other events as well or are there any other services on the island privately that does that?

Ms. Edwards-Benjamin: Yes, persons who are having private events can actually write to the TRHA to request the presence of an ambulance at their facility or in the vicinity of the activity.

Mr. Smith: What is the rate for that?

Ms. Melville: At the moment it is part of our CSR, our Corporate Social Responsibility. So, in Tobago there is a lot of synergy, this is our contribution to developing that. So there is no cost at present for that service but as we are

looking more and more into revenue generation, it is probably one of the areas that we need to look closer into.

And just to go back previously, yes Chairman, we have considered offering a more advanced service. We have looked at offering services where we have paramedics on the ambulances or zoned, so that they can quickly maybe intercept the ambulance and it is something that we will look into more closely in this fiscal period.

Mr. Smith: Part one of the question, the inspection.

Ms. Melville: I will let Mr. Frederick answer. Our ambulances have not been on the road for five years, the addition to the fleet.

Mr. Smith: So it is not due for that, is what you are saying?

Mr. Frederick: Yes, we are not due, however, to ensure—we are due as yet, but to ensure because we know of other entities that have, you know, some kind of teething issues where that is concerned. So to be on the safer side of town, we have begun having discussions with VMCOTT which is our service provider and is also, you know, the provider that does the inspection. So that we could make sure that we cross our t's and dot our i's where that is concerned.

Ms. Ameen: Chairman, I have a little concern. Private vehicles, private cars under five years old do not have to be inspected, but it is different for the vehicles that fall in different weight categories, for instance, people who have pick-ups will know that even if the vehicle is less than five years, they have to be inspected. So that there are different rules for different categories of vehicles, and I want to ask you to double check with VMCOTT.

And you have 10 ambulances that were purchased in 2014 but you do have others that you own, that are older than that. I want to ask for the sake of the

security and safety of the public that you double check whether those ambulances ought to be inspected and let us not presume that because they are under five years old that they do not have to be inspected.

Mr. Chairman: I would like even remind members that in the past in Trinidad we had a GMRTT ambulance which actually exploded. There was an article found in Trinidad *Newsday* by Cecil Arson and he said that, on carrying a patient to the hospital, there was an explosion where the ambulance actually exploded and fire, ensued and it was, you know, something that is a disaster because the patient was further traumatized. So looking into the effects of, you know, maintenance is a suggestion that, you know, that is one of the things that we have to look at something because things are happening.

But I would like to find out why are there—the two that are down, could you tell why, what is the problem with those two?

Mr. Frederick: One developed some engine problems and the other developed the differential problems. Both have differential problems but one has engine problems. We have already begun processing to get the parts.

Mr. Chairman: I would like to recognize, Mrs. Baptiste-Primus, who has been waiting patiently.

Mrs. Baptiste-Primus: Thank you kindly, Mr. Chairman. My patience levels are very high. I have sat here, Mr. Chairman and I have listened to the questions and the responses given and clearly we can identify the tremendous effort that the TRHA is placing on the delivery of health care in Tobago, despite the multitudinous challenges. I just need to clarify a couple of things. As an addendum to the questions that were being asked about the ambulance services, what is the monthly fee paid to the VMCOTT? I perused the Memorandum of

Understanding, but I have not been able to extract that information. I saw where the agreement is the payment of $300 an hour. So what is the monthly fee paid to VMCOTT?

Ms. Edwards-Benjamin: Okay. So our MOU does have a standard monthly fee paid to VMCOTT. Instead, we pay them according to work that is done within the period.

Mrs. Baptiste-Primus: So what are the parameters that we are working with? What is the average paid to VMCOTT then, monthly?

Ms. Edwards-Benjamin: I do not have that data at this point in time.

Mrs. Baptiste-Primus: So, you can all provide that, Mr. Chairman, through you, of course, provide that information to the committee.

In terms of handing over of patients at public health facilities by the emergency ambulance personnel, what is the average length of time taken to hand over a patient at the Scarborough General Hospital? That is one. Two, is the THRA satisfied with the current hand over arrangements? Three, if not, what are some of the solutions that you would like to propose?

So that is definitely—the first question is definitely either you, Madam Chair or you Madam CEO. We are dealing with the hand over—handing over of patients at public health facilities or Mr. Frederick perhaps, I would leave that up to you all.

Mr. Frederick: I will attempt the handing over period. Of course, you understand that different patients would impact—

Mrs. Baptiste-Primus: Well, give us an average.

Mr. Frederick: Roughly five/10 minutes.

Mrs. Baptiste-Primus: What does it involve? What does the handover involve?

Mr. Frederick: The handover involves, of course, depending on the condition of

the patient we would pre-inform A&E as to the unit is coming with XYZ patient and our estimated time of arrival. So that is one thing that allows them to be prepared. Once that happens, when we get there we hand over to a nurse and we give the nurse the basic information—

Mrs. Baptiste-Primus: Any nurse or the nurse in charge?

Mr. Frederick: The nurse in charge of the A&E department. And they take over the patient, and they point us to a bed that is available and we would put over the patient. Of course, very often with the assistance of the health attendants at the A&E department.

Mr. Chairman: Do you have to wait for any beds available? Because I think this was one of the—delay was mentioned in our last meeting. When the ambulance arrived to the hospital, they have to wait for like a stretcher to take the patient to there. Is there any delay in terms of that?

Ms. Edwards-Benjamin: Hardly likely. We do not have much of a wait time at the A&E in Scarborough. For the EHS as Mr. Frederick would have highlighted that, usually they forewarn the department of an incoming patient and therefore, arrangements would be made to receive that patient so as not to keep the EHS or the EMTs waiting. When they arrive at the hospital, the EMTs do wheel the patient directly into the A&E department into the critical care area. So that, they are not ignored or they are not behind person's back, they are right there and therefore every effort is made to relieve them at the quickest possible time. So, we usually do not have ambulances waiting 15/20 minutes outside of our A&E.

Mrs. Baptiste-Primus: So at what point in time does that person become a patient of Scarborough General Hospital? At what point in time in that process? Is it upon arrival at the hospital? Is it upon arrival into A&E? Is it upon the

conclusion of the handing over? At what point in time during that process?

Ms. Edwards-Benjamin: From the time the patient enters our facility they become our patient. From the time the ambulance pulls up and the patient is wheeled off the ambulance, that patient becomes the patient of the Scarborough General Hospital.

Mrs. Baptiste-Primus: So the patient must be wheeled out of the ambulance to be deemed to be a patient of the hospital?

Ms. Edwards-Benjamin: There is usually, that specific topic is not really a bone of contention, because I have known of times where the emergency, or emergency room staff would have had to attend to patients even while they were still in the ambulance.

Mrs. Baptiste-Primus: I am just trying to determine the medico-legal responsibility. Because members of the public, particularly when you read about certain medical situations developing in Tobago, may not aware of when a citizen who requires medical attention and would have been picked up by the ambulance, when that person is deemed to be a patient of the hospital. So, it is necessary to clarify for a greater national understanding. So if an ambulance picks up someone from someone's home, they are in transit, when that person reaches the hospital, when is that person a patient of the hospital? From the time the ambulance enters the compound?

Ms. Melville: Member of the committee, the ambulance as well as the hospital is under the jurisdiction of the Tobago Regional Health Authority.

Mrs. Baptiste-Primus: So from the time that person is picked up and placed on the ambulance—

Ms. Melville: So from the time that person is picked up and placed in the

ambulance, they are under the jurisdiction and the TRHA is responsible for that patient.

Added to which, you would have mentioned the issue of the handover arrangement and recently a survey was done and while I am not saying everyone is entirely comfortable with the service that we are providing, there is a recognition within Tobago that if you arrive on an ambulance, you are attended to quicker. So that that survey found that there were clients who would be in A&E and they would find that their wait time is quite long and they would go back home, drive themselves back home and call an ambulance. And then, the ambulance would pick them up because now they know that their care would be expedited. We found that on a recent survey. So that there is a level of abuse of the system in that these clearly would not be accident or emergency cases but they are seeking medical attention at A&E.

Mr. De Freitas: Okay so, I just want ask the question. So that begs the question, what level of screening is taking place between the call, dispatch of the ambulance and then at the Accident and Emergency, I guess the walk-ins. Is there screening where somebody in dispatch assesses whether it is an emergency, whether it is not an emergency?

Ms. Edwards-Benjamin: Yes, patients are screened and interrogated. However, persons do know the correct answers to give and they do know the correct conditions to complain of, in order to get an ambulance service.

Mr. De Freitas: So then what happens? So, for example, let me just create a scenario. So, I—my leg is hurting me, right, it may not be deemed an emergency, so I tell the dispatch on the phone, I am having chest pains which causes a response and then you get to the hospital and you realize that there are no chest pains but it

is really the leg that is hurting you. At that point in time, what does the hospital do? Because you are getting that feedback realizing that the system being abused but there is a cost associated with that, there is a delay in time and in terms of quality of service with people who actually need it. What mechanisms can you then put in place to treat with the abuse of the system by people?

Ms. Edwards-Benjamin: So even when the patients come in on the ambulance, they are still subject to the triage system that exists at the Accident and Emergency department. So, at that point in time, when the medical staff would examine the patient and realize that the patient is not necessarily in the category that they complained of on the phone, then the person would be reassigned to the correct category and manage according to the departmental policy.

Mr. De Freitas: That is correct in terms of providing the proper health care. What I am talking about is the abuse. So the individual has no deterrent for abusing the system, because you just basically indicated they got expedited by way of their health care. But you have to treat with the abuse of system, because you have limited number of ambulances and a scenario can occur where somebody is having a heart attack, but because another person is abusing the system, that person cannot receive the quality of care.

So what is the repercussion to the person that abuses the system, because you can complain of chest pains, but as you say, when you go through the triage system and you realize that is not the case, there must be some level of repercussions so that that person does not abuse the system. For example, in other countries, they have to pay. You have to pay for that ambulance ride and that puts a stop to the abuse of the system. You are not calling the ambulance unless it is a real emergency because you have to pay an exorbitant amount of money for that

ambulance ride. I am not saying that you want people to pay in Trinidad and Tobago but you understand where the feedback prevents an abuse of the system.

Ms. Melville: At present, there are no sanctions such as you would have suggested. However, the TRHA tries to conduct ongoing public education and information. So that people are aware that, you know, that sort of practice is negative and it should not persist. And we do that sort of education also to prevent the misuse of the A&E service because like I mentioned Roxborough Health Centre is one example, but we have three health centres which offer an enhanced service. So that if your case is not an accident or an emergency, we recommend that you visit one of the three health centres at Canaan, Roxborough or Scarborough to seek medical attention and in fact, you might be dealt with more quickly than going to wait behind the people who are real accidents and emergencies because as the CEO acting mentioned, we do a triage and in the triage you would be put at the end of the cue if your situation is not accident or an emergency. So it might be worth your while to visit one of the health centres which are open Monday to Friday, 8.00 a.m. to 8.00 p.m.

11.30 a.m.

Mr. Chairman: I would like to recognize Mrs. Baptiste-Primus again.

Mrs. Baptiste-Primus: Thank you, Mr. Chairman. I just want to shift the focus a little, in your submissions, on page 16, with regard to the shortcomings of the emergency ambulance service in Tobago, can you indicate what projects or initiatives are currently being implemented with a view to enhancing the efficiency of Tobago emergency ambulance services? On page 16 of your response you talk about shortcomings, so I am enquiring whether or not you can indicate what projects or initiatives are currently being implemented with a view to enhancing

the efficiencies of Tobago's emergency ambulance services.

Ms. Edwards-Benjamin: Well, presently, we are looking at the way we measure the service that we are providing in terms of our response times, et cetera. So we are putting in place measures to better monitor our response times to better measure the actual performance of the fleet and the departments. In terms of—we also intend to implement additional training for staff to improve the outcomes of our patients, and, yes, our customer satisfaction, our customer feedback systems. We also want to improve our customer surveys, et cetera, so that we could get a feedback from the public as to how well we are performing.

Mrs. Baptiste-Primus: And my last question in this regard, Mr. Chairman, what deficiencies exist in the audit and compliance within the TRHA?

Ms. Edwards-Benjamin: Well, we have realized that, in terms of measurement of our performance, we do not measure enough. We do not measure—some measurements are such as—I do not have one off the top of my head, but we realize in going through our reports that there are things that we still need to measure more closely. And, therefore, in terms of our reporting systems, we do not report adequately to satisfy the needs of the organization in terms of planning, et cetera. So we intend to improve those, that area of audit and compliance, and then of course we intend to work towards—we are working towards the accreditation of the service. So, yes, accreditation for in terms of our policies, procedures, updating of our manuals, et cetera.

Mrs. Baptiste-Primus: I will pause for now, Mr. Chairman.

Ms. Ameen: I have a follow-up to that, Mr. Chairman. I do not know if Ms. Edwards-Benjamin has the report in front of her where on page 16 there were four specific items identified as the main shortcomings at present. One is poor

preventative maintenance plan and one is lack of cost-effective service; one is deficiencies in resource allocation and one is deficiencies in audit and compliance. So I thought perhaps we could get a specific response to Minister Primus' question on each one of these. What are your plans to improve on the poor preventative maintenance plan?

Ms. Edwards-Benjamin: In terms of the preventative maintenance, we do have maintenance for our ambulances, however, we do not have a preventative maintenance system in place at the moment. So most of what we are doing, we do a lot of corrective maintenance, but in terms of a preventative maintenance system with our service providers, we do not have that this at this point in time, and that is something that we intend to implement.

Ms. Ameen: Do you have a time frame for implementing that preventative maintenance plan?

Ms. Edwards-Benjamin: I think I would have mentioned before that we are aiming to accomplish that by the first quarter of 2019.

Ms. Ameen: You indicated the lack of cost-effective service as one of the shortcomings.

Ms. Edwards-Benjamin: Generally, we believe that we can be more cost effective because of—we are all well aware of the economic climate in which we operate and therefore we have to examine our service and try to improve our efficiency in all areas. So we generally believe that we need to be more cost effective in the service that we provide.

Ms. Ameen: And you also identified deficiency in resource allocation. Can you indicate some areas where you have had challenges with the resources allocated and how it may affect your service to the public?

Ms. Edwards-Benjamin: Well, as the Secretary would have indicated, that the majority of our resources, our financial resources, go towards human resources. And in terms of our maintenance of our equipment, et cetera, that we sometimes fall down in that area, and therefore you would find that if we continue to allocate resources in this manner, you would find that even though we would have the staff on hand to run the service that our ambulances and our equipment will suffer as a result. Therefore, we intend to look at the allocation of those resources in terms of ensuring that all aspects of the service is well financed and equitably financed.

Mr. Forde: Thank you, Mr. Chairman. In all the discussion so far, the acronym, TEMA, which is Tobago Emergency Management Agency, has not been mentioned. It is an agency within the THA, the Tobago House of Assembly. What role can they play in this same emergency and ambulances that we are speaking about with regard to assist your particular department, as the case may be? Where can TEMA fit in, in terms of roles and responsibilities, in terms of duplication, in terms of assessment, and enhancing the whole, you know, efficiency of emergency operations in Tobago?

Ms. Melville: We have a very close working relationship with TEMA because the TEMS is a member of the disaster management committee in Tobago. In fact, the entire TRHA, we are first responders, added to which, we have explored whether maybe, while not a PPP arrangement, but whether maybe TEMA can assist us with managing, servicing, operating the fleet; discussions are still ongoing. That review is still ongoing. We have not actually done any pilot, however, that is one proposal that is on the table. Earlier Mr. De Freitas mentioned the issue of PPP, and we have had situations where in the past we had the private sector donating an ambulance, however, the maintenance and all other services fell to the TRHA. So

we are not adverse to that. We, as the CEO has indicated, we are looking at ways to improve in a cost-effective manner, and these proposals are all issues which the board, in strategizing, will look at, because accountability is a very critical issue. We are looking at putting in place a performance management system which would make sure that, from the highest to the lowest level, there is greater accountability and measurability of the deliverables. And if there is measurability then the performance appraisal system, which we operate with right now, will become a thing of the past, as we know that we are accountable to the community we serve.

Mr. Forde: TEMA, they have their own ambulances?

Ms. Melville: No, they do not, they depend on us. So that is why I am saying there is synergy. So if an ambulance—sometimes TEMA has an event, or TEMA is called upon to manage an event, they will call on the TRHA to provide the ambulance component. So say, for example, there is the Cycling Classic in Tobago, TEMA is called upon to oversee that. TEMA will contact the TRHA and TEMS, and all the preparatory meetings which are called, the TRHA would work side by side with TEMA in that regard. In terms of drills, in the event that there is a national disaster or a disaster in Tobago, the TRHA and TEMS, we are critical components of those drills.

Mr. Forde: Thank you, Chair.

Ms. Ramona: Through you, Chair. Ms. Melville, you spoke about accountability. Have you been reporting monthly to the audit and compliance committee?

Ms. Melville: The audit and compliance committee is a subcommittee of the board—

Ms. Ramona: Right.

Ms. Melville:—and that committee receives and requests reports from the various service areas to ensure that we are delivering as we should. Mr. Frederick knows he is called upon to answer if what we has written is not adequate. It is a way that we are doing quality control, because in the past the quality function was centralized within the THRA. Now we are working more towards the integration of quality across all service areas.

Ms. Ramona: And the audit and compliance committee, to whom do they report?

Ms. Melville: They would report to the full board, and then the whole TRHA would then escalate reporting up to the Division, because we receive our subvention through the Division of Health, Wellness and Family Development.

Ms. Ramona: Thank you.

Mr. Chairman: It was alarming that the meeting we had, the last meeting on this same discussion, that the Ministry of Health, you know, has not appointed the licensing committee. There is a licensing committee; there are the ambulances, you know, according to the Emergency Ambulance Services and Emergency Medical Personnel Act. So in a sense, you know, they have to expedite the licensing of the ambulance service, also the providers, the public and the private. Do you have any sort of licensing authority in Tobago via the Tobago, you know, regional authority?

Ms. Melville: No, we do not, but we ensure, in terms of procurement, that even the physical, the vehicles which we procure, that they adhere to the legislation. We ensure that the weight, the width, the body, all those measures, we ensure that we are compliant in that regard, but we do not have a body that is established, because under the legislation there was no decentralization of that function.

Mr. Chairman: Because what was forthcoming also is the ambulance services

that were available at our international airport was really a Red Cross ambulance, and, you know, certain deficiencies came about where, you know, it was lacking in any sort of, you know, emergency, major emergency equipment. So your services and your ambulance are all equipped with the basic equipment that is mandated under the Act, right? So that is a fact.

Ms. Melville: Yes, they are.

Mr. Chairman: Yeah. And what about Crown Point airport, looking, you know, for, you know, is there a—somebody could elaborate on the situation there?

Mr. Frederick: I love that question because it was one of the departmental recommendations that we would have had in terms of our service delivery, and though we do not have a fixed service at the airport, we do respond to emergency calls at the airport, mainly from our base that is closest located, which is Low Lands. But we would like to have that kind of symbiotic relationship with the Crown Point Airport Authority, and we could have had, you know, small discussions with them in the past, but it has not grown to where we would like it to be as yet.

Mr. Chairman: So this is something we have to probably look at providing, you know—

Mr. Frederick: Yes.

Mr. Chairman:—because with the international travellers, you know, the situation that occurred here, with a businessman collapsing at Piarco Airport recently.

Mr. Frederick: Yes, I know of that situation.

Mr. Chairman: Yeah. So you are aware of the situation, and give us a take on that information, because I think you were a part of development of the ambulance

services. Do you have any ideas about the—you know, there may be an ambulance service that may not be fully functional; I think there is a term for it—

Mr. Frederick: Ambulette.

Mr. Chairman: Ambulette. Is there a need for an ambulette service in Trinidad and Tobago? Because you have the ambulance services that could provide the emergency state of the line, what about the ambulette services. Do you think there is a need for that?

Mr. Frederick: Yes, I would think so. It would supplement what Chairman would have indicated earlier on in terms of the need for additional ambulances. So, yes, we would be able to, once we get that ambulette service, although it must be understood that an ambulette does not carry medication, it is almost a transport service, almost. So there are those calls from our dispatch centre, but, you know, a patient could change their situation in a matter of minutes. So while you would have initially assessed the patient to the dispatch centre, because that is communication, by the time the ambulance is on the way things could change. So you might have dispatched an ambulette based on our assessment and then when they get to the scene or when they are almost there things could change. But notwithstanding that, I would not say, no, that we do not need to expand our services where we could have ambulettes involved.

Mr. Chairman: It reminds me of some time ago when a former founding member of the People's National Movement, a former Government Minister, acting Prime Minister, the Minister of Health, Kamaluddin Mohammed, who most of us would be aware of, whilst he was at our Mount Hope hospital, and the family actually made a request for an ambulance to drop him home, that was denied. And it pained me to see that a man who had served in that capacity would have had to,

you know, actually voice, you know, his family voiced that opinion in the newspaper about that lack of service. So I think the ambulette services are something we have to factor in. There are patients who may have to leave Barrackpore and attend to a cancer treatment in St. James. Those patients, you know, they may need that service that somebody can pick them up, carry them for their radiotherapy, chemotherapy, and drop them back home. So there is a need for that. There are persons who may be, you know, elderly persons, wheelchair bound and not able to afford private ambulance to carry them for physiotherapy. These are the people there that are in public crying out for help for suffering. And I look at even, you know, the fact that if we could treat our former, you know, deputy Prime Minister like that, a Minister of Health like that, what will happen to the normal persons out there, the ordinary citizen? So the ambulette system, you have that available in Tobago, and I think probably, members, this is something we may have to look in Trinidad setting to have that services running for people who, you know, they may not be able to afford an ambulance to drop their relatives to come to the hospital. And we may need that service to develop in Trinidad as, you know, an augment to the service. Any comments you would want to make, Sir.

Mr. Frederick: Yes. We actually have that service at the hospital, not in its full entirety, it is called, Patient Materials and Transport. That is one of our—

Mrs. Baptiste-Primus: Sorry?

Mr. Frederick: It is called Patient Materials and Transport, PMT. You would see outlined in one of our responses where in terms of how we allocate the ambulances, one is currently at the hospital and it is for that purpose, but of course one for 65,000 people, you know, is obviously not sufficient. That ambulance transports patients from hospital for dialysis and those things. Yes, now and again,

we may have to take home someone which is not part of emergency medical service, it falls under the PMT, but, you know, one for 65,000, or even sometimes you have patients from hospital, two, three, four, five, who have to do dialysis on the same day, you know, you have that issue. And then you have persons on the outside, external patients, who have to go to the same dialysis centre, and, of course, after dialyzing them, you know, they are very weak and unable to actually sit in a car. So, you know, I am all up in arms with the recommendations for that ambulette service which would be able to, you know, do that particular service.

Mr. Chairman: So there is a need to expand the ambulette services, and probably Trinidad needs to probably see if we can follow you guys and at least have something, you know, running properly in terms of the ambulette services. A question I wanted to ask though, I think Ms. Baptiste brought up the legalities of, you know, someone entering the ambulance, when would they belong to the hospital or the Tobago House of Assembly, you know, THRA? In terms of the staff, if there is an accident and the members of staff get damaged, the EMTs, are they covered?

Ms. Melville: Yes, Chairman, we have—[*Interruption*]

Mr. Chairman: And why I asked that because certain of our nurses here voiced that concern also, that the driver may be covered but not the nurses who may have to go on escort.

Member: Correct. Yeah.

Mr. Chairman: So this is something—

Mr. Frederick: Yes, we have had that situation, exact same situation in Tobago where nurses would have voiced that. It eventually boils down to education, because once anybody is on our vehicle, once you are authorized to be in the

vehicle, you are covered by the vehicle insurance. In addition—I do not know if it is called Workmen's Compensation Act, or something to that effect, where once you are on duty and you are providing the services for which you are paid, you are covered as well.

Ms. Melville: And in addition to that, over the last six months or so, we have instituted insurance coverage for our staff, because in addition to the staff transporting persons and ambulances, we have staff who travel with patients to Trinidad and who have to also negotiate the highways and byways in Trinidad with patients, or after delivering patients, and so we have instituted insurance coverage for those staff members. In terms of the ambulance service which you spoke to, Chairman, in addition to what Mr. Frederick would have outlined, we also have a palliative care service mainly to deal with oncology patients, and we provide transport which would allow our staff to also reach patients where they are and to support patients in terms of accessing their care at the oncology unit.

Mr. Chairman: I commend you for that service. As you mentioned transport, could you tell us about the transport in terms of somebody coming from Tobago to Trinidad via helicopter services, is it up? Is it functioning? Is there a need for improvement there?

Ms. Edwards-Benjamin: Yes, the helicopter service is very much up and functioning and very efficient. We do have a helipad at our hospital, so we no longer have to deal with the issues of getting the patient to Crown Point. Once we have a helicopter transfer, the National Helicopter Service provides that service for us, and they would land at our helipad there at the hospital. Our in-house ambulance will take the patient to the point and patients are taken to Trinidad, to whichever facility in Trinidad that they are transferred to.

Mr. Chairman: As we have mentioned that we are looking in at the personnel, you know, the coverage given to the personnel, but first responders, sometimes after the—and Mr.—you know, I am sure you are aware of that in your knowledge of the mental health, because you first started in mental health, you know, Mr. Frederick. First responders, do you have any way of helping those first responders deal with all the, you know, the situations where they reached there and they are seeing people ailing, and the research has shown first responders need some sort of therapy to prevent trauma and post-trauma. Do you offer such services?

Ms. Edwards-Benjamin: Yes, the TRHA does have an EAP system for our staff, and it is available to them. They can access that service privately or individually, but there are times following events that we would have to call in EAP and we do group sessions with them. So, yes, that service is available where our employees can have that facility to have counselling, or if it is just to explain or to express their—to deal with their psychological issues. We also have our psychologists on staff who also, if the situation escalates, that deal with our employees.

Mr. Chairman: Ms. Ameen.

Ms. Ameen: Yes, thank you, Chairman. Mr. Chairman, I want to go into tendering a bit.

Mr. Chairman: Sure.

Ms. Ameen: In the report in your submission you indicated that a selective tendering process is used to procure vehicles, and while I want to get some details in terms of which companies comprised that list of prospective bidders, I also want to ask if you—well, I want to ask you to provide the Committee with a list of the prospective bidders that you have approved to provide ambulances. But I also want to ask, in terms of preparation for the new procurement legislation, what

preparations you have to change your tendering procedure? Well, procurement is the acquisition but also the disposal of assets. So you have seven diesel ambulances which you say are more than 10 years old which you would want to dispose of. Will you be utilizing the principles in the new legislation to dispose of those new ambulances, for example?

Ms. Melville: We do have a pre-approved list of suppliers which was reconstituted over the last fiscal period. At the moment I am not sure that there are service providers who supply ambulances on that list, because we generated a new list over the last fiscal period, but that list can be made available to you of all suppliers, potential suppliers, pre-approved to supply the TRHA. Regarding the new procurement legislation, we have been providing training at different levels to our existing purchasing department, as well as to managers. However, we recognize that in terms of what is coming out of the Procurement Regulator, based on the procurement handbook, that we need to reassess and redesign our procurement function within the TRHA. That is ongoing and very soon, within the next quarter or so, we should be fully compliant in terms of what is required now under the new procurement legislation. But, yes, in all the procurement which we do and all procurement functions, we have taken on board the principles of value for money, equity, also all the principles, and also considering that Tobago is an island with various suppliers who form a private sector which must be related to.

Ms. Ameen: At present, do you give preference to suppliers in Tobago as opposed to Trinidad and Tobago?

Ms. Melville: As I said, we try as far as possible to maintain that, our responsibility in terms of even working with the private sector in Tobago. So once the item is available from the private sector in Tobago, and the disparity in pricing,

if any, is not outside of the range, then, yes, preference would be given to the Tobago suppliers.

Mrs. Baptiste-Primus: Thank you kindly, Mr. Chairman. With regard to your submission that both the Tobago Emergency Management Services and TEMA are members of the Tobago disaster management committee, which you said meet and discuss, the report was submitted, the Disaster Management Plan, could you explain to this Committee how Tobago Emergency Medical Services, how you all have collaborated with TEMA in a real life situation?

12.00 noon

Mr. Frederick: Yes. We are members of the Tobago disaster management committee. Actually, I am the representative for TEMS on the committee, and then we have another person representing the TRHA on a whole on that committee.

One situation in that we would have literally worked out with was the last—flood?—storm. Right. I wanted to make sure that I got it correct. And we would have worked very closely with TEMA; in fact, all the entities worked together because we had to do—moving people. There is a word which just eluded me. We had to move people—evacuation—we had to implement our evacuation plan, and actually operationalize it, and that was between TEMA and TEMS and all the other entities, the other first-responding agencies. So, we actually—we do not only just sit around the table and say what we will do, we actually roll up our shirt sleeves, take off our tie and hit the road.

Mrs. Baptiste-Primus: Well, that does not help—I do not know about the other members of the Committee—it does not really help me to understand how did you all collaborate, the ways and means in which you all collaborated and worked as a

team in that real-life situation.

Mr. Chairman: And how do you evaluate it?—to evaluate it after, to see how well it worked.

Mr. Frederick: Yes. We have the after-action review which is hosted by TEMA; so it is a call-out system. We also have it on Zello, which is a feature on the phone, it is an app where all the first-responding agencies can hear it once your phone is on, and you have the app on your phone and you have Internet you would hear it. It very often would be sent out by TEMA, and the EOC, Emergency Operation Centre, would be operationalized so different levels of management would go there, the heads would go there and we would operationalize it out.

We would also be in the field, side by side working together with firemen, with CERT technicians, with soldiers, coast guard, everybody would be working together, literally working together in those situations, even on the scene of an accident if it is that, you know, it is that extensive we would all be out there working together. But most of the time the call would come from TEMA except it is an accident, we would then send the call to TEMA, you know, but if it is a natural disaster, TEMA would send the information out via Zello, phone call, email, everything.

Mr. Chairman: In terms of a disaster, so you collaborate with the fire services. Now, I understand in Trinidad and Tobago, I think there are 62 fire officers trained in paramedics and I think there are about 24 ambulance services provided by the fire services. In case of there is a failure in terms of they cannot locate one of your ambulances on time, would you be able to get the fire service ambulance to come on board and help in that situation? And I am not talking about a natural disaster where, you know, you have storms and whatnot, but are there needs sometimes to

somehow source the fire service ambulance with their paramedics?

Mr. Frederick: Yes. There are.

Mr. Chairman: One other question. Now, if there is a storm—again, there is blockage of the road, in Trinidad I think it was in Toco, there was, I think, the Japanese government had given us a 32-foot boat. Right? Thirty-two foot boat and that is available as a sea ambulance, I think they call it Angela. Is there a need for an Angela in Tobago where blockage of the road, you may be able to come up, yeah, to circumvent that aspect?

Ms. Melville: Certainly, Chairman, if you can use your good office to motivate [*Laughter*] it would be ideal because we would appreciate that with open arms.

Member: If we can get an Angela.

Mrs. Baptiste-Primus: Perhaps we can get—

Mr. Chairman: Or a Jennifer. [*Laughter*] Yes. Yes. All right. So, as we try to wrap up here, I would like to ask, are there any other questions that members would like to ask?

Ms. Ameen: Mr. Chairman, from the reporting of the members here, it sounds like Tobago has their business much more intact than Trinidad when it comes to ambulance service delivery. And very often when entities come before joint select committees in Parliament they give a good account of themselves even if, you know, when if they exaggerate a little in some areas, but the truth is that it does not appear that Tobago has any, well any major issues with being strapped for allocations, financial allocations that is, and I see the Secretary smiling. At least, we did not get the impression from your testimony today that you have had to tighten your belt, that you have had difficulty in allocation. Many entities have had delays in releases from the Ministry of Finance.

You have allocations, you have sufficient allocations in the budget, but there are delays in the moneys actually being released. Does the THA, and by the extension the regional health authority and the ambulance service, suffer from a delay in releases from central government? [*Crosstalk*]

Mr. Chairman: Well, you know, we are all reaching an ageing population and in Trinidad and Tobago. We have an ageing population, 13 per cent of us are over 60 years old, and you define an ageing population as if you are more than 10 per cent. So, more and more you would find the elderly would be succumbing to heart attacks, strokes. You would have the occasional, you know, accidents happening, and the need for an ambulance service is really, you know, we have to look ahead to get it up and running because of our ageing population also.

I think you have your act together, and I think we have identified certain things, you know, to get the ambulettes to get, as they say, you know, certain, you know, better training actually to reach that level of training so we would not have a disparity for what is offered in Trinidad and Tobago.

We have also seen the need to get, as I am saying, the Angela on board, and overall I think I am pleased with what we are hearing, and we have learned from you guys, and we have also, again, you are the first set to start the training in 1999, so it is something, a benchmark that you listed and I would like to thank you for your—

Ms. Ameen: Chairman—

Mr. Chairman: Yes. Sure.

Ms. Ameen:—my apologies for interrupting you.

Mr. Chairman: No. I am sorry.

Ms. Ameen: It sounds as though you are wrapping up.

Mr. Chairman: Well, I was about, but I did not realize you—

Ms. Ameen: But I want to get. I know we started a few minutes late, but I wanted to get the answer for my last question—

Mr. Chairman: Sure. Go ahead.

Ms. Ameen:—which is whether they are having delays with releases?

Mrs. Baker-Henry: Good afternoon, again. As the Division, we are responsible for releasing allocation to the TRHA. What is happening, it is no secret that the Tobago House of Assembly receive their money from the central government on a monthly basis. At the divisional level we receive our releases from the Division of Finance. And so what we, as soon as we receive our releases, normally the first week within a month, and as soon as we get our releases we will seek to attempt to disburse the funding allocated to the TRHA as quickly as possible.

It is not about the sufficient allocation, but what we attempt to do, and I am trusting and I know what the TRHA attempts to do is prioritize their expenditure so as to maximize the use of the resources that are allocated/released to them. So it is about structuring their expenditure to maximize the usage.

TRHA would need more money, yes, but they utilize the fundings that they are given in the best and most efficient—at least, they attempt, let me say that, to utilize their resources as best as they can, given their priority areas. So, certainly if you were to ask them, they may say they may need more money, but they tend—

Ms. Ameen: No. No. No. Chairman, I just want to guide you, I do not want you to misunderstand my question in terms of whether the allocation is sufficient. All agencies have to prioritize.

Mrs. Baker-Henry: Okay. Great.

Ms. Ameen: There are many state agencies that have been allocated an amount in

the budget—regional corporations, for example—and you apply to the Ministry of Finance for the releases.

Mrs. Baker-Henry: They get their releases on time.

Ms. Ameen: That is my question. Whether you are getting your releases on time?

Mrs. Baker-Henry: They are getting their releases on time.

Ms. Ameen: Not from the Division, but from central government.

Mr. Frederick: Yes. Yes.

Ms. Ameen: Thank you.

Dr. Carrington: Could I just be allowed to follow up that?—to also say that we in the THA we have learned to do more even if it were less, we will do more with less. We pay attention to that, and even if it may sound that it is all well, we understand that we are doing more with what we have. Thank you.

Mr. Chairman: And, Ms. Carrington, I saw you all have public meetings where you are actually—you are thrown to the wolves—where people come, they question, they ask things so, at least, that level of accountability to your population and their needs, I think this is something that, again, we would like to commend because I have seen the deficiencies, I have defended it in a lot of the articles that were brought forward from the newspapers.

Dr. Carrington: May I say as well on that, that is part of our planning process. This is the second cycle, we had a 2017 edition where we had outreached the communities where it is important to have the community participate in the planning process, and we will continue to do that because the feedback from the community would assist us as we respond to their needs.

Mr. Chairman: So, I would like to thank you, but I would like to say, if any of you now, we would like to get some closing remarks from, you know, Ms.

Carrington, if you have any closing remarks you would like to give us?

Dr. Carrington: So, to Chairman and members, again, we are grateful for this opportunity to share the efforts that we have been making to respond to the emergency needs of our population. And I am saying, Tobago and Trinidad and Tobago and visitors, because we do have persons from Trinidad accessing our services as well.

As Chairman indicated that we are aiming to make Tobago the preferred destination for health care delivery, we are aiming. A lot more is to be done, but we feel certain with the commitment of our staff, and with the resources that we have, I did indicate a little while ago that we are doing more with less, whatever we have. And the intention of that is to ensure that our population is well served.

The ideas mentioned, the suggestions mentioned, we will take those on board as part of our planning process allowing for us to improve areas in which we are deficient. I want to thank you sincerely for this opportunity.

Mrs. Baptiste-Primus: Perhaps, Mr. Chairman, before you close I just want to—

Mr. Chairman: Sure.

Mrs. Baptiste-Primus: I am sorry. Thank you for entertaining me. I would just like to commend the Tobago RHA and the Division of Health for the appointment of the very first female medical chief of staff in Trinidad and Tobago; it augurs well for the future.

Mr. Chairman: Dr. Rufaro. It is Dr. Rufaro, yes, an excellent doctor. I worked with her years ago as a student also. Ms. Ingrid Melville, would you mind giving us any sort of closing comments, please?

Ms. Melville: Briefly, Chairman, like the Secretary, I add my voice in thanks for this opportunity. The TRHA recognizes its role that it exists to serve the

population. It is a small society that we serve, and we know on any given day any one of us, our loved ones, would need the service, and so there is a vested interest in making the service as effective as it can be.

So thank you and I hope that what we have provided today has been useful, and I look forward to any potential future collaboration. Thank you.

Mr. Chairman: Okay. The public is advised that the Committee's report on an enquiry into the efficiency and effectiveness of the regional industries commission—Regulated Industries Commission, RIC, was recently presented to the House of Parliament and is available for review on Parliament's website www.ttparliament.org. Some of the major issues which were highlighted/identified during the course of that enquiry included:

1. The status of the Rate Review that was being undertaken by the RIC in relation to WASA and T&TEC;
2. The contribution of the RIC to the development and improvement of the public utilities;
3. The performance of the RIC with respect to treating with complaints filed against public utilities;
4. The line Ministry's plan to "modernize" the Public Utilities Sector;
5. Arrangements in place to finance the RIC's operations; and
6. The relationship between the RIC and the utility service providers.

If there is no further business for consideration, I would like to thank you all for being here, and declare this meeting adjourned.

12.15 p.m.: *Meeting adjourned.*