Annual Report 2011
Ambulance Department St. Maarten
Jackal Road # 5 Cay Hill
Preface

I am proud to be able to present the 2011 Annual Report for the Ambulance Service of St. Maarten. This report gives an overview of the most important activities and developments that took place at the Ambulance Department. In this report, you will find the most important facts and figures. In addition, the organization gives account of the policy pursued in 2011 and will indicate what has been realized with regard to the annual plan 2011.

Even with the increase in the number of ambulance calls in 2011, the ambulance service continues to make positive strides to provide qualitative Ambulance care. We have succeeded in doing so thanks to the input of our direct and indirect colleagues and the management.

I am proud to be able to say that, despite challenges faced in 2011, through the dedication and commitment of staff, we continued to improve on the quality of ambulance care being delivered to the inhabitants of our island.

As we look forward in 2012 it is our aim to focus on the opportunities ahead and the areas of our service that we can positively impact.

Drs. C.A. Richardson
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1. **Introduction**

This annual report gives an overview of the most important activities and developments which have taken place at the Ambulance Department on St. Maarten during the past year. In addition, the Ambulance Service gives account of the policy pursued in 2011, as well as an indication of what was realized as regards to this annual plan 2011.

2. **Vision**

To provide optimal, efficient and professional pre-hospital care to the population of St. Maarten.

3. **Mission**

To provide effective, timely and qualitative assistance in the event of accidents, transport of ill- and injured persons, in large-scale accidents and disasters.

4. **Main tasks**

- Providing transport for ill persons and accident victims
- Monitoring the quality of ambulance assistance
- Operating ambulance dispatch center
- Assistance in the event of disasters
- Financial administration
5. Organization

5.1 Organization profile

The organizational structure is described in the annual report.

In the year under review 1 registered nurse was recruited including 1 ambulance dispatcher and 2 ambulance drivers/assistants. In addition one of the 5 FTE for the function of ambulance dispatcher remained on long term sick leave for a period of over 20 months. This situation has had great influence on maintaining continuity of a 24 hour dispatch service.

During the year under review, 1 registered nurse and 1 certified ambulance nurse were recruited. There were 2 ambulance drivers/assistants whom were recruited. In addition one ambulance dispatcher temporary contract was terminated and one of the five dispatchers remained on long time sick leave for the period of over 20 months.

5.2 Workers & formation

At the end of December 2011, 28 workers were employed, divided over the following functions:

- 10 ambulance drivers
- 9 ambulance nurses
- 1 acting operational leader/ manager
- 5 ambulance dispatchers
- 1 department head
- 1 administrative worker
- 1 messenger/cleaner

One certified and experienced ambulance nurse was also recruited from The Netherlands on a three year contract.

Furthermore meetings were also held with Management, WICSU union representatives, Ambulance personnel, Personnel & Organization Department, the Minister of Public Health, Social Development & Labour including members of his Cabinet with regards to various long outstanding personnel matters.

5.3 Progress meetings

Progress meetings with the employees are held at the ambulance headquarters. During these meetings, among other, the following issues were discussed: vehicle fleet, disaster exercises, roster planning, medical supervision in collaboration with the hospital (SMMC), in-service- and refresher courses, introduction of a second team, performance indicators and annual plan 2011, team building activities, presentations to schools about ambulance care and specifically emphasizing more on the activation of the emergency number 912, EMS week celebration, joint communication centre for the police, fire and ambulance departments, recruitment of personnel, e.g. dispatchers, ambulance driver/assistants, ambulance nurses and training/internship possibility at the ambulance department for the two service organizations, namely the Red Cross & WIEMS.
The majority of these outstanding matters were addressed by management of the ambulance service but remained pending at P&O.

5.4 Management meetings

On a weekly basis, meetings are held with the acting operational leader/manager with respect to the operational issues regarding the service and on a bi-weekly/monthly basis the department head consults with the acting secretary general responsible for the Ministry of Public Health Social Development & Labour. This has changed from weekly to bi-weekly or when needed in view of the high work pressure within the ministry since the island received its new constitutional status change one year ago on October 10th 2010.

The frequency of Management Team (MT) meetings were reduced to at least one meeting per month. The composition of the MT is as follows:

- Acting Secretary General Public Health, Social Development & Labour
- 3 Policy Departments
- 6 Executing Departments/Services
- Executive Secretary (minutes secretary)
- Financial Controller (when necessary)

Participation in the MT meetings is based on equality and we strive for consensus in the decision-making process.

The meeting is held in accordance with an agenda on which issues such as Human Resource Management (HRM) can be traced back. Issues which required special attention during the year under review were the ongoing matters which also included the further setting up and strengthening of certain departments or services going into the first year since attaining of Country status for St. Maarten.

The agreements made in the MT meetings are laid down on an action list. Decisions which require further action are also placed on an action list for the purpose of monitoring the execution. The executive staff informs the workers directly in staff meetings or by memo, about the decisions which are important for the workers. General meetings with all workers within the ministry are held at least once per quarter.

It is the intention of the Ambulance Services in the future to also have more planned meetings together with those individuals whom have been assigned certain specific task and responsibilities within the Ambulance Services such as e.g. coordinator dispatch center, material logistic & storeroom coordinator, coordinator fleet servicing & management and practicing/training coordinator.

Up to present, meetings are held with each individual team member/ coordinator.

5.5 Medical Manager Ambulance Care

The function of medical manager or medical advisor ambulance care is a very important component within the ambulance operations in general. In short the medical manager is ultimately medically responsible for the ambulance care. Renders medical support and quality assurance in general to the ambulance teams and advises management.

The medical responsibility is at the moment not guaranteed due to the fact that there is no medical practitioner or doctor working within the ambulance department who can assume this responsibility. During the year under review the medical responsibility that should have been accommodated by the Emergency room doctors of SMMC based on an agreement was terminated despite numerous efforts to further regulate the actual supervision that was practically nonexistence with the director.

Therefore numerous attempts were made to regulate this matter by acquiring its own independent medical advisor to assume this responsibility however this potential candidate who was willing and able, eventually had to leave the island. The need to acquire a medical doctor for medical supervision is of utmost importance. This person will ultimately be responsible to carry out the much needed medical supervision & medical quality control of the ambulance teams while given management support in the execution of the daily task and ambulance care. The recruitment process is still ongoing and it’s our hope to have this position fill as soon as possible. It is a high priority for the Ambulance Service and therefore has also been taken up as a critical vacancy for 2012.
6. Ambulance Dispatch Center

The Ambulance Department operates a 24-hour dispatch center and shares room facility with the Fire Department. The housing of the both departments is located in the rather new joint “state of the art” building.

In the year under review a work group for a joint central dispatch center consisting of members of the police, Fire and Ambulance department met several times during the year to look at the possibility of further working out plans for a joint Dispatch Center. Sub committees have been put in place to work out different segments of this project plan of which consensus has been reached between the three department heads regarding a joint Dispatch Center. The sub committees had to work out the following areas which are: a. Planning & equipment, b. Training and c. Personnel.

In the meantime the ministry of justice who is charged with this project has moved forward in presenting a project plan to USONA for financing of this project.

H.E. Governor E. Holiday was given an overview of the automated ambulance registration system by ambulance dispatcher A. Reenis as department head C. Richardson looks on during his visit to the ambulance department.
7. Objectives

In the preparatory phase of the annual plan 2011, in comparison with 2010, we had consensus within the ministry for the development of ‘performance indicators’ of the general objectives which is applicable to all departments and services within the Ministry of Public Health, Social Development and Labour. There were 6 general objectives however the Ambulance Service opted to include one extra of partnership and team spirit given the importance of having partnership and team spirit within the service. These critical success factors are:

1. Monitoring systems and research
2. Meeting country expectation and adherence to International standard
3. Quality of services
4. Policy-development and enforcement
5. Transparency
6. Capacity building: recruitment, training & education
7. Partnership and team spirit

The objectives of the ambulance department and performance indicators (Pi’s) resulting from the general objectives of the ministry are e.g.

a. Monitoring systems and research
   Pi: N/A
b. Meeting country expectation and adherence to international standards
   Pi: Adherence to 15 minutes response time in emergency cases
c. Quality of services
   Pi: Enhancement of principles of professional Ambulance organization
d. Policy-development and enforcement

Pi: Policy proposal to regulate emergency medical services during large scale events
e. Transparency
   Pi: Introduction & execution of Service Level Agreement (SLA) for executing and supervising VSA organization
f. Capacity building: recruitment, training and education
   Pi: Plans for continued Training
   Pi: To train job coaches
   Pi: Recruitment Operational Leader
   Pi: Review & strengthen Ambulance structure and staffing
g. Partnership and Team spirit
   Pi: Motivation and commitment

7.1 Highlights of objectives /activities undertaken in 2011

Since the introduction of ‘performance indicators’ in the annual plans of the Ambulance department since its inception in 2009, the annual plans have in addition to the objectives, also included a list of activities which were executed during the year under review which the organization started in 2011.

In particular, it concerned 9 objectives, 7 of which have been realized or executed. It would be too much to mention all of these in the report; that is why only the most obvious ones shall be mentioned below:

- Recording of 95% plus to the adherence to the 15 minutes response time during A1 emergency cases.
- Enhancement of the principles of a professional ambulance organization with the introduction of case management discussions and adherence to standard operational procedures that forms part of the Ambulance manual that was developed.
• The introduction of an SLA was not totally finalized by staff bureau however a performance management contract was signed off between the Acting SG and the department head.

• Training for in-service and refresher courses, for the Ambulance drivers, ambulance dispatchers as well as the Ambulance Nurses were carried out. This was done in collaboration with MeduProf-S empowered by Fontys University of Applied Sciences responsible for Emergency Care Nursing of the Netherlands and who are responsible for training of ambulance teams on the BES islands. An assessment training, skills training including training for selected job coaches were organized for the ambulance nurses and ambulance drivers/assistants.

Three ambulance dispatchers and two new ambulance drivers/assistants received their Emergency Medical Responder (EMR) certification after successfully completing the EMR training that was executed by WIEMS organization.

The ambulance dispatchers including an ambulance nurse and an ambulance driver/assistant followed the Emergency Dispatch Course that was organized by Priority Dispatch out of Salt Lake City USA.

Five Ambulance certified nurses also participated and finalized the Advanced Cardiac Life Support (ACLS) course successfully that was organized by SMMC in collaboration with Harvard University in the United States.

Two ambulance nurses also received specific training in the emergency airway course during the Caribbean Emergency Care Conference that was held on Curacao.

• Recruitment process started for recruiting of an operational leader/manager. Ads were placed on government websites including in the daily papers on St. Maarten and Curacao. Given the difficulties encounter in acquiring suitable candidates to fill this job function an attempt was made via BKV, a recruitment agency in the Netherlands.

A number of potential candidates responded from this recruitment agency in the Netherlands while there were hardly any suitable candidates that did applied locally. In the end a few potential candidates from the recruitment agency BKV declined.

• A revision of the current ambulance structure was done and proposal was send to Acting Secretary General (SG) and to the respective Personnel & Organization Department that is responsible for revision and to make necessary adjustments.

The necessary and needed adjustment to the organizational structure and expansion of FTE’s to be able to function in a proper and professional manner taking our current realities into account with the increasing number of ambulance calls and complexity of emergency calls being faced with on a daily basis. The proposal has not been dealt with as yet and therefore no further progress on this matter could be reported. It is hoped that a concrete decision can be taken in the near future.

Ambulance personnel being presented with token of appreciation on Nurses Day 2011.
Ambulance nurse N. Carty being presented with flowers on Nursing Day.

Minister C. de Weever presents a token of appreciation to ambulance Driver/Assistant A. Milton

- The activity committee whom were tasked with presenting an activity plan for the entire year received the necessary support and approval on the planned activities in an effort to foster teambuilding amongst the entire staff.

  With the support of staff the activity committee was able to execute numerous activities that formed part of the activity plan. Many staff members have expressed being more motivated and embrace the activities being organized by the activity committee.

- Redesign/adjustments & mass reprinting of new ambulance brochures and posters.

- Purchase of additional working uniforms for ambulance personnel.

- Purchase of 4 portable suction machines.

- Approval for attendance for two ambulance nurses to attend the Caribbean Emergency Airway Management Course & Conference on Curacao.

- Participation of ambulance team delegation to an annual medical symposium on the French side.

- Participation in committee & sub committees for establishment of a central dispatch center.

- Approval for enrolment of two certified Ambulance drivers/assistants with license practical certification to enrolled in the Accelerated Registered Nursing Course being offered by SMMC in collaboration with the IFE nursing school on Curacao.

- Approval for a working visit by department head to attend meetings on Bonaire to discuss possible opportunities of cooperation with the BES islands in the area of training of ambulance personnel.

- Purchase of two 20FT containers for extra needed storage of materials and equipment.

- Approval to allow the two non-governmental organizations WIEMS & Red Cross to participate in on the job training at the Ambulance Department.

- Approval for temporary employment of one ambulance dispatcher, a certified ambulance nurse, a registered nurse and two ambulance drivers/assistants.

- Approval for permanent employment of two ambulance nurses and one ambulance dispatcher.
• Meetings & presentation of an Airport Driving Permit for all Ambulance Drivers. As a follow-up the Airport Operations Driving Team would have to conduct the Airport Vehicle Operating Pass testing with all Ambulance Drivers of the Ambulance Service. This would allow them to drive on the airport without any restrictions.

• Revised and update list for Personal Liability & Accident insurance policy for operational staff.

• Training for new updated and automated ambulance information system “Ambite” This training was done for application managers, dispatch center dispatchers, supplement training and training invoicing.

• Official orientation visit by H.E. Governor E. Holiday, Governor of St. Maarten. During the official visit a power point presentation was given by the department head on the updated automated registration system Ambite that should be in place by 2012.

The governor also received a tour of the ambulance dispatch center, tour of the ambulance facilities including that of the Mass Casualty Incident trailers. The tour also included a surprise mock demonstration where paramedics were engaged in Advance Cardiac Life Support (ACLS) to a training mannequin.

H.E. Governor E. Holiday was given explanation by S. Hughes of the content of one of the Mass Casualty trailer units.

• Standby EMS services during visit by HM. Queen Beatrix to the island.

• Approval for five year extension of Chuchubi Trunking radio communication equipment.

• Approval for a one time incentive contribution for fueling of WIEMS & Red Cross ambulance during the carnival season as all efforts were coordinated through the ambulance service for delivery of EMS care.

• Coordinate & handle requests for first aid for Walk-a-tongs with Red Cross & WIEMS organizations.

• Input & Cooperation given to ACSION B.V. charged with the development of medical tariffs specifically for the Ambulance Department as part of the National Health Insurance (NHI) for St. Maarten. Final report on the ambulance tariffs were presented to the Ambulance Service in year under review.

• Presentation by Frans Veltkamp, Director of FACE of the new software Ambite, which will succeed the current CAVIS automated system of the Ambulance Department in collaboration with FACE (Facilitaire
Automatisering Centrum Enschede). This new program shall be implemented in 2012.

- Recruitment of additional personnel to bring the minimal FTE needed of 10 ambulance nurses and 10 ambulance drivers/assistants, so as to be able to man two ambulances at the same time. It is the intention to reach the exact staffing in 2012, consisting of 12 ambulance nurses and 12 ambulance drivers/assistants to be able to man two ambulances 7 days a week, 24 hours a day. This means a required expansion of 2 additional ambulance nurses and 2 additional ambulance drivers/assistants to the current FTE’s once approved.

- Approval and shipment of two new additional ambulances in 1st and 2nd quarter of 2011.

- Introduction of a second on duty ambulance team to be able to respond to two simultaneous calls during the day and evening shifts.

- Information campaign which highlights the Emergency number 912, how to activate this number and what sort of information is required to pass on to the ambulance dispatcher, when ambulance care is necessary. This was also the focus of attention during EMS week 2011.

Ambulance Trio nurses E. Quailey, T. Arrendell & Dispatcher D. Tackling performing at karaoke night.

Ambulance nurses N. Carty, A. Dulder & dispatcher D. Thielman at S.O.S. radio station during EMS week.

This campaign was executed through various presentations and lectures at schools and an open house for students. Interviews were held with the management and with various ambulance personnel on many radio stations and radio programs on the Dutch side including one well-known radio station on the French side of the island.
EMS Week - June 12th -18th, 2011

- Opening EMS Week 2011 with Church Service on June 12th 2011 (church to be announced) 10-12 Noon.
- Two radio program emphasizing the involvement on the family on preventing accidental injuries by kids (while riding bikes, while playing sports important of wearing helmets (small info on brain injury that can result from certain sports. (Mixed teams French & Dutch side)
- Road Safety lectures in schools- French & Dutch side-Expert from French side (Mixed teams French & Dutch side)
- Going to two or three high schools on the island and informing them about drinking and driving, dangers of distracted driving, with special emphasis on texting and talking on cell phones while behind the wheel. (Mixed teams French & Dutch)
- Motorcade various EMS agencies on June 17th 2011 (French and Dutch side) follow by one or two speeches, appreciation gift baskets to retired staff and thereafter some snacks and drinks
- On June 17th 2011 Karaoke night at Ambulance Department Head Quarters in Cay Hill
- Sports day on June 18th 2011 with various EMS agencies from both sides of the island

EMS program 2011

The week’s activities were celebrated from June 12th through June 18th 2011 that started with a church service with Pastor Wycliffe Smith of the New Testament Baptist Church in Philipsburg on June 12th. The theme of EMS week 2011 “EMS EVERYDAY HEROES” was also celebrated in the United States.

The week’s activities was highlighted with a motorcade parade of various EMS agencies of both sides of the island (French and Dutch side) including police and funeral services follow by a few speeches followed by appreciation gift baskets to retired staff of the Ambulance Department and thereafter “hors d’oeuvre” for participating organizations and invited guests at the ambulance headquarters in Cayhill.

NGO’s including French St. Martin enjoying themselves together with ambulance personnel at the Karaoke Night.
Motorcade parade of EMS organizations from both sides of the island through Philipsburg Capital & districts.

- The response time was monitored for 100% and the 15 minute response time in emergency cases, remained at or above 90%.

- Monitoring of absenteeism was done for 100% and the absentee information is divided among the 27 workers and has risen dramatically above the established standard norm as baseline of 7% as compared to 2009 and 2010. The percentage in each month surpasses the 7% acceptable norm while September had the highest absentee rate of 14.2%. Only for the month of January and February was it divided over 24 workers prior to the increase of additional personnel after those months.

The absentee percentage including long-term illnesses is divided over the month of January 11.4%, February 10.4%, March 9.2%, April 11.4%, May 9%, June 13.5%.

July 10.8%, August 13.9%, September 14.2%, October 8.8%, November 8.9% and December 9.9%.

The highest absenteeism was registered in the month of September at 14.2% while the lowest at 8.8% in October 2011.

It can be remarked that absenteeism has surpassed the baseline norm of 7% since 2009 when accurate monitoring went into effect. This can be attributed to not having the adequate amount of staff needed to function properly and as a consequence increase in overtime and being overworked. This eventually can lead to increased sick leave and fatigue of operational personnel aboard the ambulance.

Monthly overview of absentee percentage

- Providing information about the ambulance department on the general website of the Government.

- Draft training activity & education plan presented by AmbuCare B.V. from South Holland.

- Development of draft process descriptions for the Ambulance Service in collaboration with SOAB to regulate the administration of “ritformulier” and collection of ambulance fees.

- Approval for an intern from ROC in Holland to be stationed over 4 months at the ambulance department in the field of administration as executive secretary.
7.2 Objectives/Planned activities 2012

For the year 2012, once again an annual plan shall be made up as this is also a requirement that is being enforced as outlined in the Service Level Agreement of the executing agencies. In addition to the objectives to be met, as described in the annual plan 2011, the annual plan 2012 shall also contain the non-realized objectives or activities started in the annual plan 2011.

7.3 Objectives and activities 2012

- Publication of statistics & year report.
- Organize EMS week 2012.
- Proposal & adjustment for tariff increase.
- Policy proposal EMS & cooperation during large scale events.
- Cooperation agreement with St. Martin on Ambulance Services.
- Establishment of ‘over the hill’ second respond post.
- Improvements AO-procedure ‘ritten’ administration & collection.
- Monthly training, case management evaluation report & recommendations.
- Legislation, policies and programs on SXMGov website.
- Development of more press releases & campaigns highlighting Amb news and developments.
- Introduction of SLA.
- Introduction complaint system and procedures.
- Introduction of job training for NGO’s (Wiems & Red Cross).
- Adherence to 15 minutes response for A-I emergencies.
- Resolving outstanding HRM matters with focus on Ambulance staff.
- Organization and participation to ‘integrity training’.
- Recruitment of an operational leader/manager & other critical staff.
- Plans for continued education

8. Promotion of expertise

In-service and refresher courses are organized for all ambulance nurses; ambulance drivers/assistants and ambulance dispatchers in collaboration with SMMC/Harvard University Hospital, MeduProf-S, AmbuCare B.V., WIEMS and Priority Dispatch.

The Ambulance Dispatchers received specific training in the first quarter of 2011 for “Emergency Medical Dispatch” and this was done in collaboration with Priority Dispatch Cooperation, United States. The dispatchers received their diplomas & certification upon completion of the course from the National Academies of Emergency Dispatch.

Minister C. de Weever after presenting diploma’s to dispatchers upon completion of the EMD course.
The ambulance department organized information sessions at various schools. In addition, upon request information was also provided to schools. In general information was given including handing out of brochures and demonstrations of certain equipment of the ambulance department at the “Lions Health Fair”. One of the mass casualty trailer were stocked with equipment & medical supplies that was on hand at the fair in which various teams demonstrated the usage to the general public.

8.1 Courses

Two of the ambulance drivers with EMT-B and license practical nurse certification were able to be enrolled in an accelerated registered nursing course that was given by SMMC in collaboration with the nursing school IFE on Curacao and are doing well.

Two of the newly appointed ambulance drivers and three ambulance dispatchers participated in the Emergency Medical Response course. They were all successful and received their certification at the end of the training. It is the intention that these individuals would also participate in the EMT-B course in 2012. This training was carried out by Windward Islands Emergency Medical services (WIEMS) in collaboration with Washington DC in the US.

Two ambulance nurses attended the Caribbean Emergency Care Conference on Curacao that was held from September 19th through September 24th 2011.

8.2 Courses and Training

The ambulance nurses & ambulance drivers/assistants received additional training in midwifery from a visiting midwife from the Netherlands.

Training for new updated and automated ambulance information system “Ambite” This training was done for application managers, dispatch center dispatchers, supplement training and training invoicing.

Two ambulance nurses also received specific training in the emergency airway course during the Caribbean Emergency Care Conference that was held on Curacao.

Table top exercise on May 25th 2011 at PJIA in response to a mass casualty response in preparation of a live planned drill

A live emergency drill was organized on June 15th 2011 by the Airport PJIA in consultation with the Office of Disaster management & Fire Department.

8.3 Protocols

The manual for the ambulance department that was developed in 2010 is being used within the Ambulance Service as the guidelines and procedures of the Ambulance department as described in this manual. The manual covers a variety of different topics and guidelines within the EMS field and specifically for the Ambulance Service in St. Maarten. This manual continues to be a source of guidance for the personnel of the Ambulance Service.

8.4 Work supervision

Two new dispatchers, two ambulance nurses and two new ambulance drivers/assistants received the required coaching and supervision during their introductory time of employment within the Ambulance Service in the respective job functions.

8.5 Internship

One registered nurse in her final year in training from Curacao did her internship at the Ambulance Service upon her request during her finals to become a registered nurse.

The Ambulance Service also allowed students in various job training programs to be part of our on the job orientation or training.
An intern from ROC in Holland has been stationed over 4 months at the ambulance department in the field of administration as executive secretary.

8.6 Professional consultation

A meeting was held with management of St. Martin's Home (home of the elderly) to discuss matters of concerned to both agencies and to improve where necessary on the already good relationship that has been established over the past years.

Joint debriefing & consultation sessions were organized along with operational teams with educational department of SMMC to discuss lesson learned and areas for improvements where the ambulance teams were directly involved specifically post shootings, daring traumatic incidents and certain CPR cases.

9 Quality

Evaluation of the care

In addition to the evaluation of the trip forms, at the moment there is sometimes also feedback and information given in certain cases, of the executed treatments (actions) with the parties in question and discussed with other team members.

In the future a quality system will have to be developed.

The medical advisor will also play an important role in quality assurance.

9.1 Complaints /acknowledgements

During the year under review, there were no official complaints of any sort. Messages of thanks and appreciation were extended in general to the Ambulance Service and specific to various operational teams for their professional approach while saving lives.

10 Communication

10.1 Internal

This is done through memo to personnel, email correspondence, during monthly staff meetings, fax messages and this has also been effectuated by means of newsletters from “DCOM”.

10.2 External

Website

Since the introduction of a government website in 2009, information of all Government departments can be viewed. Information with regard to ambulance department has also been given to be placed on the website. In 2011 additional information was placed.

11 Collaboration/cooperation with (chain) partners

11.1 General Practitioners

There was no direct contact with the General Practitioners Associations.

11.2 Hospital

Ongoing cooperation with the education department of SMMC continues, be it for certain specific training being offered or to discuss specific pre-hospital trauma life support after dealing with different traumatic incidents.

Meetings were held in February 2011 with Collective Preventative Services as a result of an MRSA case from one the cruise line that had to be transported to SMMC. In the meetings expectations and guidelines were discussed.

In March of year under review the Ambulance Service was also contacted by Collective Preventative Services (CPS) of a
TB case to which the ambulance team did responded too. During the year ambulance teams also had to attend to MRSA cases. In collaboration with CPS the guidelines followed where discussed as the team awaited further instructions from CPS & SMMC. There were no further instructions however the ambulance vehicle were disinfected, steamed cleaned and remained out of service in an effort to air up the ambulance for several hours as a preventive measure.

**11.3 Care - and Nursing home**

In the annual report 2011, the ambulance department had good cooperation with the St. Martin’s Home, in particular as this relates to the transporting of clients from and to the SMMC.

**11.4 WIEMS and Red Cross NGO’s**

These two volunteer organizations assisted the ambulance department during the carnival period and at other events such as the Heineken Regatta, etc.

**11.5 Mental health Care**

The cooperation between the mental health foundation and the ambulance department has improved. There have been discussions between the management of the Ambulance department and the director of the foundation. A draft protocol has been made up with regard to the input of the police and ambulance department for the transporting of a mentally ill (KZ) patient.

**11.6 Police**

In the preparatory and execution phase of carnival 2011, as has been the case since 2009 both agencies continue to work closely together to coordinate the activities in a more professional manner. A mobile command vehicle continued to be suited out and drives along in the parade. Ambulance dispatchers as well as policemen form part of this mobile command Centre. All communication i.c.w. the carnival were coordinated through this mobile center.

The cooperation continues to be further enhanced as both agencies cooperates in different areas where mass gatherings e.g. Heineken Regatta or events that are being planned or executed.

**11.7 Fire Department**

Time to time the ambulance personnel, now and again had to appeal to their colleagues in the Fire Department to assist with the lifting of heavy patients (overweight) from a home or an apartment to the ambulance.

A draft evacuation plan for the Point Blanche Prison was send by the Fire Department for our revision and input. Following the presentation of this plan the ambulance teams also participated in a live drill at the prison in cooperation with the prison, the police and fire department to test their plan.
in the area of a mock riot & evacuation procedures.

There was also good cooperation during incidental car accidents in which the victims were stuck in their car. In 2011 there was cooperation in a coordinated manner during a bomb scare at the Princess Juliana International airport.

12 P&O

12.1 Absenteeism

In 2011, the absenteeism percentage rose above 7% during each month. This was due to long term illness of some personnel members and probably of fatigue due to much overtime being worked. This percentage did not include pregnancy leave. Absenteeism has been monitored closely and accurately since 2009.

12.2 Performance interviews

At the beginning of the year planning interviews were held with all ambulance personnel according to the HRM cycle and individual performance contracts were signed. Interim evaluation was also done and at the end of the year individual performance evaluations took place.

The majority of the personnel received a positive evaluation and was proposed for an increment or promotion. Introductory discussions were also held with all new ambulance workers.

12.3 Industrial accidents

In 2011 there were no industrial accidents that took place.

13. Equipment

13.1 Vehicle fleet

Since the recovery made in 2009 with regard to the replacement of ambulances, a total of one new ambulances have been acquired of the brand Chevrolet in that year. During the course of 2010 the experiences with this new type of ambulance were discussed with the ambulance workers.

Subsequently, a choice was made as regards the choice of brand and type of ambulance which shall be part of the standard fleet of Ambulance Department on St. Maarten. During the third quarter of 2010, an order was placed for one additional 4x4 ambulance of the brand Chevrolet. Two additional ambulances were delivered in 2011.
The keys of the 4\textsuperscript{th} new ambulance being handed over by Minister C. de Weever to the two youngest ambulance drivers/assistants R. James & C. Cherubin after a prayer by Pastor W. Smith.

The Ambulance Service has a total of four (4) new regular Chevy type II ambulances, one smaller 4x4 Suburban ambulance, 2 fully equipped mass casualty trailers equipped to handle 50 patients each, 1 Response Suzuki Vitara Jeep & 1 response Hilux Toyota double cabin pick-up truck unit to transport mass casualties trailers and one (1) on call emergency response unit.

13.2 Medical Aids
During the year under review new (medical) aids were purchased, e.g. Life Pack 15 monitors from Physio Control. One of the new hart defibrillator machines that were acquired is the newest to the current Life Pack 12 machines in service at the Ambulance Service. The second Life Pack 15 monitor is schedule to be delivered in the first quarter of 2012. An investment was also made to acquire 4 new portable suction units including other diagnostic equipment.

The Life Pack 12 monitor machines that are currently in use at the Ambulance Service received their regular repairs and service during the year.

In addition there are two MCI trailers, including materials for medical assistance and disaster management. An amount of 50 victims can be treated on the spot with the content of each trailer. The MCI trailers have been delivered by Disaster Response Solutions N.V. from the United States.

13.3 Vehicle Location System
The ambulance vehicles are provided with an automatic vehicle location system, V-trak. The two new ambulances that were added to the fleet were also outfitted with this system. With the V-trak system the position of the vehicle is shown on the Geographic Information System at the Ambulance Dispatch Center. This is a valuable means to assist the dispatchers with the efficient mobilizing of ambulances. The driving positions of the ambulances are tracked on the monitor in the emergency room. The ambulance dispatchers make use of this system.

14 Trip/Run statistics
In 2011 a total of 2391 calls were reported in comparison to 2057 in 2010 report that were registered totaling an increase of 334 calls. The Ambulance Service has seen a steady increase in the number of calls over the last years. In the last quarter of 2011 the Ambulance Service was faced with an unfortunate situation in which the ICT server of the
ambulance with CAVIS data information dating back to 2008 crashed and a consequence was unable to retrieve any data thus far. Therefore, obtaining additional statistical information for this year report was not possible. In 2010 of the 2057 reports, 87 were cancelled and 1931 were executed trips. The number of cancellations was less as compared to the years 2008 and 2009.

<table>
<thead>
<tr>
<th>Year</th>
<th>Meldingen</th>
<th>Cancellations</th>
<th>Trips</th>
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<tr>
<td>2008</td>
<td>1982</td>
<td>184</td>
<td>1775</td>
</tr>
<tr>
<td>2009</td>
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<tr>
<td>2010</td>
<td>2057</td>
<td>87</td>
<td>1931</td>
</tr>
<tr>
<td>2011</td>
<td>2391</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Table 1. Reports, number of trips and cancellations 2009-2011.

Cancellation of reports occurs especially because of called off reports and to a lesser extent because of making inaccurate reports or as administrative cancellations.

**Trips according to urgency:**

In the policy document ambulance assistance 2009 which was approved by the then Executive Council, a distinction was made between the three categories of emergencies which in the trip registration system CAVIS/Ambite are equal to respectively an A-, B- and C emergency:

**A-1 (A) emergency:**
A situation in which there is a question of acute danger to the life of the patient or the accident victim or that such a danger is probably present and can only be excluded by the ambulance personnel on the spot. The ambulance must be on the spot within a maximum of 15 minutes after receiving the report.

**A-2 (B) emergency:**
A situation in which, on the one hand there is no question of acute danger to the life of the patient or the accident victim and on the other hand there are indications that ambulance assistance must be given as quickly as possible.

**B- (C) emergency:**
A situation in which the health condition of the patient or the accident victim shall not be influenced negatively by ambulance care, if not given acutely.

In attachment 1 of this annual report you shall find number of reports over 2011 and overviews over 2010 of the number of reports, reports on work days, on Saturday and Sundays, executed assignments (trips) cancellations and executed assignments specified according to urgency. However that specific statistical information cannot be provided for 2011 other than total number of calls as mentioned above due to the crashing of the data base server. Therefore additional information other than the number of reports or calls cannot be recorded at this moment as we remain hopeful that the ICT department would be successful in retrieving the ambulance data that dates back to 2008. In the meantime a new data base system has been put in place. The department head of ICT has been requested in writing with reference to safeguarding of the ambulance data and to have frequent and regular updates for securing of data.
Attachment 1 Charts

Number of reports (calls) over 2011 in comparison to 2008, 2009 and 2010

Number of reports, assignments (trips) executed and cancellation dating back to 2008. In 2011 only the number of trips or calls could be measured for reason mentioned before.

Number of assignments executed as regards urgency in 2010

Overview of number of reports 2010