

**MEDICAL
EMERGENCY
TRANSPORT AND
RESCUE
ORGANIZATION
METRO EMS
2003**



EMERGENCY MEDICAL SERVICES ANNUAL REVIEW 2003

INTRODUCTION

2003 was the third year of Minister Meyer's tenure as Health Minister and the continuation of the Emergency Medical Services as a Ministerial Project. EMS is grateful for the Minister's insight, encouragement, criticism and support, which are undoubtedly shaping the Western Cape EMS for the future.

The following review reflects the activities of EMS over the last calendar year and documents the achievements attained through the commitment and hard work of the service.

EMS VISION, MISSION AND IDENTITY

The Emergency Medical Services Vision developed during the year is,

"QUALITY EMERGENCY CARE, FAST"

The Mission for the Western Cape Emergency Medical Services adopted during the year is,

A Health focussed EMS system, delivered by skilled, efficient and motivated personnel with well equipped resources, that is rapidly accessed and responds timeously to place the right patient in appropriate care within the shortest possible time and results in the best patient outcome.

A Corporate patch and shield was developed during the year.



The arms of the Star of Life in the patch and the central staff represent the

values of the Western Cape EMS, which are;

PROFESSIONALISM

COMPASSION

COURAGE

INTEGRITY

RESPECT

CARING

LOYALTY

The number of values, seven, represents completeness.

Table Mountain incorporating the Red Disa creates the identity EMS relative to the Western Cape.

The Words Western Cape METRO EMS define the corporate in words.

METRO stands for **MEDICAL EMERGENCY TRANSPORT AND RESCUE ORGANIZATION** and EMS for **EMERGENCY MEDICAL SERVICES**.

EMS PEOPLE

EMS Management

The people compliment of EMS now numbers some 1200 staff with 289 currently remaining as employees of the City of Cape Town.

Negotiations on the transfer of the remaining 289 EMS people are continuing and indications are positive that their anguish with regard to insecurity and uncertainty with respect to the future will be solved in early 2004.

The delay in the transfer of the City of Cape Town personnel has severely hampered the ability of the service to deliver in the Province on its mandate of Emergency Care.

The transfer of the remaining people early in the new year will inject renewed enthusiasm and capacity and enable the service to perform. 2004 is therefore welcomed with expectant anticipation.

EMS welcomed Dr Krish Vallabhjee as the immediate top management support during the year. Krish comes from a rural health and policy and planning background and will bring essential skills to ensuring the success in the development of EMS in the Province. Dr Beth Engelbrecht remains a champion of EMS in Health executive management and deserves our heartfelt thanks for her active involvement in EMS during the management transition. Her gentle, professional, businesslike, calm approach to emotive and often controversial issues speaks to her

maturity. We thank her for her ability to motivate persistence and commitment in the face of frustrating and oftentimes desperate times.

Professor Househam has been a shameless yet critical supporter of EMS along with our Minister and for their appropriate championing of EMS we are grateful. Emergencies should be dealt with first, we agree.

Dr Robertson, Mr Papuan and Dr Smith remained as the executive management of EMS. Their relentless dogged commitment to achieving the vision and mission of EMS remains a pillar of the success in delivering on the expectations of the Minister and the people of the Western Cape whose health interests she represents. EMS management remained collectively focussed and determined in 2003, in the process making huge personal sacrifice.

EMS continued to build management capacity (two years ago there were almost no managers or supervisors in rural areas). Mr Maralack was appointed in an acting position to manage the Boland/Overberg region while Messrs Visser, Brits and Ahmed continued to manage the West Coast, Southern Cape and Metropolitan Regions respectively.

Supervisors appointed during last year continued to develop and improve local service management. No new supervisors were appointed during 2003 as budget pressures squeezed the organization again.

The Life Support training levels of personnel achieved during the year are 46% Basic Life Support, 42% Intermediate Life Support and 2% Advanced Life Support. The projected targets for skills levels are 20% Advanced Life Support, 50% Intermediate Life Support and 30% Basic Life Support.

The distribution of staff is as follows, 9% management and supervisors, 8% administrative and support personnel and 83% clinical personnel.

The posts of Assistant Director Finance and Human Resource Management were advertised.

Contractors who then became permanent employees filled thirty-nine posts.

The salary ranges for EMS personnel in the year were,

Director	R401406
Deputy Director	R235626
Assistant Director	R167805
Divisional Manager	R134445
Sector Manager	R112593
Shift Manager	R90663
Paramedic	R156516
Intermediate Life Support	R72786
Basic Life Support	R58791

SeniorAdminOfficer	R105018
AdminOfficer	R84561
Clerk	R46353
Cleaner	R30702
Driver	R39498

Salary progression continues actively in EMS to retain scarce skills in the public service environment.

EMSHumanResourceDevelopment

Management Capacity is a specific focus within the EMS Human Resource Development. Mr Sutton designed and presented a Management Development program for the first time this year. The program addresses capacity building with specific reference to EMS. Forty-three managers participated in the program and will continue to progress next year.

A workshop of EMS managers was held during the year at the Sports Science Centre in Newland to focus on collective strategic issues and the fundamentals of EMS management. Issues discussed at the workshop will be taken forward during 2004.

The Cape Technikon Academy of Emergency Care was officially opened by the Minister of Health at the old Otto Du Plessis Nursing College premises. Mr Lloyd Christopher began his tenure as Principle of the Institution with the support of Gavin Sutton as operations manager.

The Academy is, like most South African educational institutions, undergoing continuous transformation, which is often unsettling and disturbs the focus on training and development. The academy personnel have adapted and collectively work-shopped the vision, mission and strategic direction of the institution into the next five years.

The first year of the National Diploma in Emergency Medical Care was completed for the first time with 12 students going through to the second year.

293 Students successfully completed training at the Academy during the year.

Eleven paramedics successfully completed the Advanced Life Support Paramedic program. Congratulations to all.

Robin Heneke joined the staff as a paramedic trainer, while Peter Lesch joined to assist with Intermediate Life Support training.

Moses Human, Trevor Leibrandt and Jacob Van Zyl left the Academy and opted to continue their careers in the Metropolitan Region Divisions as supervisors.

Labour Relations

EMS Institutional Management Labour Committees (IMLC's) were established at regional and provincial level to facilitate improved consultation on collective issues.

EMS has won every case taken to the CCMA this year.

Job Descriptions

All EMS personnel have generic Job descriptions for their posts for the first time (previously each local authority with different staff categories).

Performance Management

The Staff Performance Management System was introduced for the first time in 2003.

Gender Forum

A staff Gender Forum was established this year to assist with advice on gender issues in the workplace. The forum has established a constitution and working framework and will provide a resource where gender issues can be debated, consulted and addressed to assist with management decision.

The policy on pregnancy in the workplace for EMS personnel will be the first product of the forum when it is finalised in 2004.

Absenteeism and Sick Leave

Absenteeism and sick leave levels have improved but the man-days lost totals 12882, the equivalent of 6442 ambulance shifts (includes normal leave).

Grievances and Disciplinary

Grievance and disciplinary registers were kept for the first time and 15 individual grievances and 38 disciplinary actions were recorded.

Transformation and Equity

The EMS Transformation Steering Committee met for the first time to construct a framework from which to monitor transformation within EMS.

The current figures for EMS in terms of demographics are;

GROUP	CURRENT	TARGET
Males	83.7%	48.1%
Females	16.3%	51.9%
White	14.4%	21.4%
Coloured	72%	56%
Indian	0.5%	1%
Black	12.7%	21.6%

It is proposed in the new year that the Transformation Monitoring Committee be constituted with a 50% Management 50% Labour, 50% Male 50% female, 21% White 21% Black 56% Coloured 2% Indian, membership.

The Gender forum will assist this committee.

EMS is proud to be joined by a blind switchboard operator and a deaf Delta 9 clerk, their exceptional communications skills will hopefully rub off on the other personnel.

Hepatitis B Vaccination Cover

75% of EMS personnel have been vaccinated against Hepatitis B.

Smoking Policy

In the interest of good health EMS has embraced a non-smoking policy, which makes all EMS facilities and vehicles non-smoking areas.

EMS RESOURCES

Finance

The EMS budget increased by **8.3%** to **R165642000** for the current financial year.

Most of the increase in funding is provided for personnel costs (one-man ambulance elimination and salary progression).

This funding level ignored provision for the full 17000000 km travelled every year (deficit of R4 million, each km costs R1) and the functions of the Red Cross Air Mercy Service (deficit of R4 million). As a result EMS is projected to overspend by R12 million.

Regional Managers have done a superb job of controlling expenditure and whereas EMS every year incurred deficits of R10-20 million with Local Authorities this has now been brought under control. Overtime has been severely restricted and the total earnings of personnel in the short term

have suffered severely.

The revenue generating capacity of EMS has been significantly improved by the installation of the Delta 9 System. Mrs Sadie and three clerks are now working feverishly at developing structure to the recovery of private and public accounts for the first time. The revenue recovery of EMS is projected to beat new highs for the year.

EMS prepared a solid budget argument for 2004/5 and as a result an additional R30 million has been allocated to EMS for the next financial year.

Vehicles

EMS took delivery of the following new vehicles in the year,

- 35 Mercedes Benz Sprinter Ambulances
- 7 Mercedes Benz Vito Rescue Vehicles
- 6 Volkswagen Jetta Rapid Response Vehicles
- 6 Service Vehicles
- 6 Patient transporters
- 2 Road Safety Patrol Vitos
- A new EMS Incident Management Bus
- A R3 million Mercedes Benz Rescue Crane



The above procurement continues the revitalisation process of our vehicle fleet. The percentage of vehicles with odometer readings greater than 200 000 km is 35% (**65% less than 200 000 km**). The attention to fleet maintenance is a continuous process to ensure that serviceable vehicles

are always available to EMS.

The rescue vehicles above replace trailers in the rural areas and restore capacity and pride to our rescue services in small towns.

The Department of Transport through Government Motor Transport and Mr Johan Koegelenberg has continued to provide excellent support to EMS and EMS is grateful for the enthusiastic commitment that is continuously provided. We thank the Minister, Mrs Essop and the Head of Department Mr Manyathif for demonstrating the value of interdepartmental co-operation.

Vehicle Workshops

The vehicle workshops in the regions have all been registered as merchants with First Auto and are providing services to GMT for EMS and other Emergency Services.

Revenue recovery from the workshop has improved remarkably, particularly in the Worcester workshop.

E-fuel was introduced this year in co-operation with GMT and will significantly impact on the risk of vehicle fuel fraud.

Driving Skills

88% of EMS personnel now have Code 10 Drivers Licences and 98% have Public Driving Permits.

Driver education and training was initiated again this year now has a driving instructor trained by the relevant manufacturer. All new appointees will be trained in Emergency Driving techniques.

Several accidents this year and have raised attention to the need for continued driver support. Driving safely requires behavioural and attitude change which is up to everyone of us.

A panel of four officers now investigate each and every EMS vehicle accident, with technical support from manufacturers and vehicle monitoring suppliers.

Information Technology

Basic information technology i.e. network connection and personal computers, were established at a regional level (each regional manager, Assistant Director) for the first time.

The capacity will be rolled out next year to include each station or sector to assist with basic administration and communication.

The Academy was networked for the first time and instructors and students now have access to e-mail, the Internet and basic computer resources.

Facilities

An EMS facilities audit was completed this year, which identifies severe deficiencies in fixed installations for EMS.

The report has been forwarded to Property Management and the Department for action.

New facilities for EMS were opened at the Grabouw Community Health Centre, Clanwilliam and Price Albert this year.

The Divisional Model facilitated the necessity for the Delft EMS Base to be fully utilised and for a station at Lentegur Hospital. The Lentegur and Delft management are complimented for their assistance in facilitating the operational status of these bases within short time frames.

EMS head office has undergone a face change and visiting personnel will notice that the décor reflects the work and business of EMS.

Medical Equipment

The medical equipment status of EMS remains critical.

EMS has a R15 million equipment backlog, which includes basic equipment like bag/valve/masks.

EMS committed its entire Medical Equipment budget to Communications Equipment in 2003 because of the absence of funding provided in the budget for this critical element.

The Department provided R1.5 million in addition but no equipment has been procured to date. R900000 worth of Hydraulic Tools, Ventilators and Oxygen regulators are on order.

The overly bureaucratic committee approach by the Department to a very simple basic process of EMS equipment procurement must not go unchallenged. EMS is fighting to buy basic lifesaving equipment that it does not have while the department replaces existing equipment!

Supply Chain Management

Inventories by ambulance were completed resulting in the audited and

quantified shortage of EMS equipment the value of which amounts to R15 million.

Disposable supply chain management has improved and shortages of disposable stock have diminished.

EMS OPERATIONS

Response Times

The average response times for the Province have improved to an average of 30 minutes out of built up areas and 22 minutes in built up areas. This ignores those calls that we do not respond to which of course, if there is one call with a response time of infinity, makes our response times infinite. Calculating average response times clouds the actual deficiency and could provide management with a false sense of security. The collective delays for an average response time of 22 minutes across 15000 calls in the Metropolitan area are significant.

The National norms for response time are 15 minutes in a built up area and 40 minutes in an out of built up area. Our response times fall significantly outside those targets in many areas and there is therefore much work to be done. The metropolitan area is of great concern.

Particular problem areas are the Metropolitan Area of Cape Town, Beaufort West, Knysna (No **service in Plettenberg Bay**), Prince Albert and Murraysburg.

Metropolitan Region

The most significant change in operations in the region has been the institution of the Divisional Model, which defines four divisions in the Metro Region each with a distinct management and resource structure.

The four divisions are;

East - East of Baden Powell (Includes Stellenbosch, Strand and Paarl)

West - West of the N7 and Strandfontein Road

South - Mitchells Plain and Khayelitsha

North - North of the N2, between the N7 and R300.

The divisional model creates the opportunity for the managers in a particular division to manage and organise the resources within the division in co-operation with other emergency services and health institutions.

In addition the Provincial EMS has assumed operational control over the

personnel of the City of Cape Town, which as an interim measure should improve the service levels within the metropolitan area.

Uniforms

Uniform allowances were provided to personnel for the first time to facilitate procurement. The standard blue jean and shirt uniform will be retained for next year.

A uniform code was issued this year, which details the insignia and format of the uniform.

Only supervisors will wear shoulder rank.

Personnel will be identified by name and qualification on the uniform.

Personal protective clothing (Helmets, reflective vests, gloves, eye protection) will receive attention in 2004.

WESTERN CAPE METRO



Volunteers

EMShasavolunteercomplimentof626personnelmadeupof269 TrainedPersonneland400others.

The Volunteer Association was formally constituted this year and currently resides under the chairmanship of Michael Serelina.

The volunteer guidelines and constitution of independent volunteer services are being revisited.

Operational Meetings

The quality and outcomes of meetings held in the regions has improved along with the contact and interaction with local government and other local structures with respect to EMS.

Communication has improved as a result.

EMSSPECIAL OPERATIONS

Wilderness Search and Rescue

The co-operative structure of WSAR continues to demonstrate the value of services and organizations working together.

The WSAR Advisory Committee was established in terms of the Memorandum of Understanding and now performs an oversight role in designing and developing the WSAR system in the Western Cape.

New WSAR cells continue to be developed. This year cells were initiated in George, Paarl and the Wilderness areas.

The Air Support Work Group was constituted to oversee the operations of helicopter rescue and support in partnership with the Red Cross Air Mercy Service and South African Airforce.

Swift water rescue equipment was purchased for the Eastern Division to provide response capacity with respect to the Berg River.

Urban Search and Rescue

The recent warnings with respect to an earthquake in the Cape Town area have accelerated attention devoted to Urban Search and Rescue.

Mr Van Rensburg and Dr Smith have facilitated a visit by an USAR consultant as a prelude to developing USAR teams in the Western Cape next year.

Red Cross Air Mercy Service

EMS has depended heavily on the Red Cross Air Mercy Service for Advanced Life Support interfacility transfers and primary responses. EMS

would not have been able to deliver on its mandate in 2003 without this support.

The Air Mercy Service provides the province with a flexible Aeromedical Model where EMS can choose the most appropriate response by fixed wing (normal aeroplane) or rotor wing aircraft (helicopter) to a particular incident.

This service has three aircraft available, a three bed Pilatus PC12, a double cot Messerschmidt BO105 Helicopter and an Alouette III Helicopter.

This service flew the equivalent of 700 000 km this year with 700 patient contacts.

Skymed III the rescue helicopter flew 65 missions and rescued 45 patients.

Disaster Medicine and Mass Casualty Management

The following major incidents occurred during 2003.

- ❑ Muldersvlei Train Accident
- ❑ Sealand Express Grounding
- ❑ Cape Town Station Accident
- ❑ Ratanga Junction Gas Explosion
- ❑ Leeu Gamka Bus Accident
- ❑ Gouda Chemical Gas Leak
- ❑ Montague Floods

Dr Smith in collaboration with the British Government organized an international conference in Cape Town in December 2003 on event and major incident management, which was attended by delegates from all over South Africa.

EMSC Communications

The EMS call taking through the National Emergency Number 10177 was consolidated through one centre in each of the District Government areas of Southern Cape (George), Boland (Worcester, Overberg (Bredasdorp), Central Karoo (Beaufort West), West Coast (Mooreesburg) and Cape Town.

All 10177 emergency calls now go to those centres, whose capacity has been severely challenged and urgently requires attention.

A Pilot Computer Aided Dispatch System has been installed in Pinelands and currently incorporates a digital electronic telephone switch and Computer Aided Dispatch Software application and computer network.

The communications centre at Pinelands was renovated by the Province and now has comfortable modern operator consoles.

The missing link in the CAD System is the Automatic Vehicle Tracking System, which we hope will be procured by the Transport Department early in January 2004. The system is critically deficient without vehicle tracking.

The EMS dispatch centre is in desperate circumstances.

EMS Communications has been listed as a key priority in next year's budget and strategic plan to ensure that communications and dispatch technology receive the appropriate attention.

Current projections indicate that we will be able to roll out CAD Systems to George and Worcester next year (Possibly Bredasdorp).

EMSSpecialEventsManagement

The Emergency Medical Services were reactively associated and assisted with the medical management of the following events;

- ❑ The Pick n Pay Argus Cycle Tour
- ❑ SA Motorsport Events and Rallies
- ❑ Presidents Cup Golf Tournament
- ❑ Mercedes Benz Launch in the Western Cape (one was involved in an accident, R4 million per car)
- ❑ Mandela 46664 Concert
- ❑ Ysterplaat Airshow
- ❑ World Cup Cricket
- ❑ Opening of the Cape Town International Convention Centre
- ❑ Walter Sisulu Memorial
- ❑ TransAgulhas Race
- ❑ Puffer Ultramarathon
- ❑ Presidential Imbizo's
- ❑ Haiti Bicentennial Celebrations
- ❑ Arrive Alive

Dr Robertson played a key, facilitating role in the establishment of the Argus Cycle Tour Communications Centre without which the Cycle Tour cannot longer continue.

Dr Smith continues to facilitate the medical planning for events and played a central role in the medical management of the World Cup Cricket tournament in the Western Cape.

Mr Keith Kleinhans continues to provide loyal management support for sport events and concerts.

EMS once again places on record its disappointment in the lack of impact

of the Arrive Alive Campaign that huge cost to government. The lack of adequate law enforcement with respect to roads safety and the absence of interdepartmental co-operation with respect to the prevention of 1000 road deaths every month leaves us cold.

Antarctica Support

EMS have been contracted to provide medical support to Antarctic Teams should exceptional medical events or incidents require casualty evacuation.

Cape Town Radio Support

EMS currently supports Cape Town radio with radiomedical advice for ships at sea. This service was handed over to EMS in 2003 from a practice of local General Practitioners.

EMSClinical Audit and Support including Critical Incident Intervention and Staff Support

Sister Adams and Sister Crossley attended to 138 incidents and interventions during 2003 and continued to provide this essential service day and night throughout the whole province.

Trauma and violence continue to impact on EMS personnel and it is noted with some pride that EMS is the only Directorate in the Province with this kind of service. The two EMS Professional Nurses often respond to incidents within the Health Department Hospitals and outside organizations and their activities are not restricted to EMS.

Both sisters attended a National Conference in Johannesburg on psychodynamics and violence in the workplace and information gained will undoubtedly benefit the service.

Drs De Vries and Louw provided a more continuous medical support to EMS during 2003 through their appointment on contract. It is hoped to employ three Medical Officers in 2004.

They investigated and intervened in patient complaints with respect to care levels and through assistance with education and training made some impact on the quality of care delivered by EMS.

Road Safety Vehicles

EMS and the Department of Community Safety have co-operated in launching two Road Safety Patrol Vehicles in support of Arrive Alive. The two vehicles will be jointly crewed by traffic and EMS personnel and perform functions with specific reference to roads safety.

EMSRadioCommunications

The Metropolitan Ambulances were all fitted with Trunked Radios and began operating on the Trunked Radio System.

A new radio repeater was installed near Suurbraak to improve communications along the N2.

ICASA licence fees for the Northern and Eastern Cap were paid after a long struggle, which facilitated applications for new EMS frequency licences, which will improve rural communications.

A set of portable radios was purchased for WSAR and Special Event use.

The Department of Transport and EMS continue to co-operate in sharing radiotechnical expertise and resources.

CONCLUSION

2003 has been a hard year. The political focus and expectations on EMS to deliver with resources that appear falsely inflated have taken their toll. The reality is the EMS is struggling to make up the ground lost since the early nineties. Elimination of one-man ambulances and salary progression improve the quality of care but does little to respond to times. The real capacity of the service to respond within expectations has not significantly improved. Our ambulances look better, we have new uniforms and badges, our training is superb, we are better paid but we have to ask whether our patients are receiving the quality service level they deserve.

The above said the EMS collective continues to rise to the challenge and we will not run away from a fight to ensure that Emergency Care becomes a continuous priority in this Province. We are passionate advocates for non-violence, decreasing the level of trauma in society and for seeing that patients receive appropriate care in emergencies.

The credit for any success is shared by the 1800 permanent and volunteer personnel who pitch up for work every day and night and commit themselves enthusiastically and without complaint to the difficult tasks we face.

More than any sector of the Health Fraternity we face horror on a daily basis, the reality of which seem to go apparently unnoticed by public, politicians and managers alike. We will continue to raise awareness and bring appreciation for the life-saving work of frontline Emergency Care providers.

In conclusion, after the sirens have faded, hands cleansed and the blood washed from our clothes, there is much to be proud of and be enthusiastically positive about, to regenerate our batteries for the next ten years. The Western Cape EMS, as a system,

is establishing itself as a leader in Africa and the World, enough said.