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Manitoulin-Sudbury
District Services Board

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Manitoulin – Sudbury DSSAB

2009 Public Access Defibrillation Program Evaluation & Recommendation Report

Background

In 2007 the Heart & Stroke Foundation of Ontario approached all EMS DDAs in Ontario to be the lead agency in the newly created “Restart a Heart, Restart a Life” program.

Under this program the Manitoulin-Sudbury DSSAB would place applications with the Heart & Stroke Foundation for the placement of Public Access Defibrillators (PAD) in public buildings within our jurisdiction.

In exchange for being the lead agency the DSSAB would be reimbursed for the cost of the approved number of PADs machines and the cost of initial training at each site.

Manitoulin-Sudbury DSSAB agreed to participate as the lead agency for our jurisdiction. Since the start of the program our DSSAB has placed 56 PADs in public facilities and provided the associated initial training.

In addition to the 56 PADs, the DSSAB has placed a PAD in each of our DSSAB housing buildings and administrative offices.

Current Situation

The Manitoulin-Sudbury DSSAB, under the Heart and Stroke Foundation “Start a Heart, Start a Life” program has purchased and placed 56 PAD units and provided initial training to employees and general public from those locations.

The DSSAB has a signed agreement with each site location outlining the ownership of the PAD and responsibilities of each party for each PAD location. As it currently stands, the DSSAB retains ownership of the PAD units and provides replacements supplies when the unit is used or the supplies expire. The DSSAB is also responsible for maintenance and repairs to the PADs associated with normal use of the machine.

The site location is responsible to complete a monthly check of the PAD to ensure the machine is in working mechanical order, ensure the disposable supplies have not expired and report everything to the DSSAB.

In addition the site location is responsible for lost, stolen, or damaged equipment and the associated costs.

Program Concerns & Issues

Retraining – Currently the Heart & Stroke Foundation is not providing any monies to the DSSAB for retraining certification at any of our PAD site locations. Under the generally accepted principals of First Aid and CPR, retraining should occur every one to three years.

Some of the site locations will have hit year two of deployment this summer without any retraining. Without any monies from the Heart & Stroke Foundation the DSSAB will have to make a decision as to not provide any retraining or alternatively provide training but access the monies and human resources from another means which may include the EMS Department and budget.

PAD Maintenance & Replacement – The Zoll AED Plus machines do not require any preventative maintenance for five years. If a machine breaks or fails during that five year period the machine will be repaired or replaced by Zoll at no cost. After the five year mark the required preventative maintenance and repairs would be at the expense of the PAD owner, currently the DSSAB. Although preventative maintenance and repairs become the DSSAB responsibility after the five year mark, the life expectancy of the PAD machine itself in low volume rural/remote Ontario would be a minimum of seven years.

Based on a seven year replacement cycle and including costs for associated used and expired defibrillation pads, it would be required to capital reserve approximately \$37,000 per year to ensure financial security without incurring large fluctuating amounts year to year.(Reserve chart attached)

Human Resources – At the present time the DSSAB has been able to hire a part time contract PAD coordinator to oversee the program and provide the training. The wages and expenses have been covered with the monies received from the Heart & Stroke Foundation to provide training and roll out events at each new PAD site.

As of June 2009 the second round of PAD roll outs will be completed and therefore no additional monies will be received from Heart & Stroke. As such the contract for the PAD Coordinator was terminated.

If future rounds of PAD roll outs are received from the Heart & Stroke and the DSSAB is to maintain the PAD program moving forward, a percentage of Human Resource hours will need to be considered. Currently the program has achieved a size that is not easily managed by the current EMS Administrative staff.

What are the other Northern DDAs doing?

When evaluating what other DDA's in Northern Ontario are doing with respect to PAD programs the following was found;

City of Thunder Bay – Superior North EMS has made the individual PAD site locations responsible for training as well as responsible for the PAD machines. The individual site locations own the actual PAD machines.

Kenora DSSAB – Kenora has been contracting the training for each site out to a local training company. The actual PAD site location is the owner of the machine and responsible for all components of the PAD and its supplies. Any additional retraining is the responsibility of the PAD site location.

Sault Ste Marie Fire EMS – Declined any involvement with the Heart & Stroke Foundation PAD program.

City of Greater Sudbury – Greater Sudbury runs their program completely internal with all costs and training, including required additional human resources, being part of the EMS department and EMS budget.

Cochrane DSSAB – Cochrane contracts the training for each site out to a local training company. The actual PAD site location is the owner of the machine and responsible for all components of the PAD and its supplies. Any additional retraining is the responsibility of the PAD site location.

Algoma DSSAB – Algoma runs their PAD program the same as our DSSAB currently does. The only difference is that Algoma has hired a full time permanent position to oversee the entire program and training. That said this person does have other duties within the EMS Department. The cost to fund this position is only off set by the monies received for the initial training roll out by the Heart & Stroke Foundation.

Parry Sound – The Town of Parry Sound runs the PAD program similar to our DSSAB. The town retains ownership of all the PADs and the individual sites are responsible for the monthly checks and up keep. The town contracts out the initial training to a local company but the site locations are responsible for any additional or recertification training.

Timiskaming DSSAB – Timiskaming contracts the training for each PAD site out to a local training company. The actual PAD site location is the owner of the machine and responsible for all components of the PAD and its supplies. Any additional retraining is the responsibility of the PAD site location.

Options

1. Manitoulin-Sudbury DSSAB continues to operate the PAD program the way in which we do currently. Heart & Stroke has announced the “3rd round” of PAD rollouts and Manitoulin-Sudbury DSSAB will be receiving an additional 20 units and therefore the DSSAB will have monies available to hire a temporary PAD Coordinator for 6 months.

Outcome: PAD program will again be funded and maintained from approximately September/October until February/March. After that time the program will again be maintained at a skeleton level with little human resources available to oversee and continue to run the program.

2. Manitoulin-Sudbury DSSAB under take a plan to exit the direct ownership of the PAD machines. In doing so the DSSAB will contact the site locations and allow the site agency time to prepare for the DSSAB exit. The DSSAB will transfer ownership of the PAD to the site location.

Outcome: This option may see site locations decline the PAD machine which will have a negative impact on the EMS department with respect to the up coming 2011 response time standard. This option may also be viewed by site locations as a download of services and financial responsibility.

3. Manitoulin-Sudbury DSSAB embrace the program in a manner such as Algoma and Greater Sudbury in which we dedicate the required human resources to be responsible for the program including initial training, recertification training, inventory control, and all other aspects of the program.

Outcome: The program continues to grow and mature as a community based EMS program which increases the chances of outside of hospital cardiac arrests in our communities as well as serves as an integral component of the 2011 EMS Response Time Standard.

Recommendations

The EMS Department realizes the value of the PAD program and how it helps the community sites they serve however the EMS Department is currently not in a position to dedicate sufficient human resources to the program without hiring a person to do so. In order to maintain and grow this important community safety net the administration recommends option #3.

The DSSAB budget for and hire the appropriate human resource support required and increase the annual medical equipment reserve budget by the amount of \$27,000 per year to cover the cost of replace PAD machines when required. In addition the medical supplies budget is increased by \$10,000 to make funds available for replacement supplies required such as defibrillator pads and batteries. These budget amounts should be reviewed annually and adjusted as required.