

Michael Enright:

If you stand outside any hospital in Canada, you'll probably see all kinds of vehicles picking up patients and dropping them off.

Some say "ambulance" , or E-M-S on them. Some just have company names.

To the untrained eye, they all look pretty much the same. But they are not.

E-M-S vehicles are for emergencies.

The rest - the look-a-likes -- also move patients...but only those in stable condition. They're for "non-emergencies".

So the company that moves you from point A to point B may look like an ambulance. You probably think it IS an ambulance.

But it may be something quite different....a "patient transfer vehicle". In most parts of Canada, they are regulated by provincial ministries of health.

But not in Ontario.

In Ontario, the minute you leave the hospital and get into that truck, you are entering the wild wild west of unregulated care.

And your trip may be a Risky Business indeed.

This morning, Tina Pittaway reports on Ontario's patient transfer industry. Her documentary is entitled... Risky Business.

Tina Pittaway: One night, three years ago, Kathleen Goldhar - who's a friend and a colleague - she rushed her baby boy to the hospital. It was a really tense night. He was sick with a severe respiratory infection. But after a few hours of treatment at Sick Kids Hospital in Toronto, little Nathan was getting better. He was well enough in fact to be moved to Toronto East General. So that morning, Kathleen and her Mom are sitting with the baby. They're in the back of what they think is an ambulance.

Kathleen Goldhar: Something started to go wrong with my son when we were in the ambulance. His breathing gets more laboured. His lips are turning blue again. And he just starts to cough. And it's this horrible cough, uh, that ends with a gasp of air. And can't catch his breathe, and he's totally distressed. And he's completely lost to his inability to breathe. He's lost to us. He's not looking for me. He's just distressed, and overcome by a lack of air. So I knock on the window of the ambulance, between the back and the front, and I tell them that my son is getting worse. And I tell them that I'm worried about him and that he won't stop coughing. And that's when they tell me that coughing is good. And he'll be fine. And you know what, what am I supposed to do differently. I mean, why would I assume that they're wrong?

Tina Pittaway: It's easy to see why Kathleen would trust their advice. She thought that the two men sitting up front were trained paramedics. But they weren't. They work for a private company, one of dozens in Ontario, that moves thousands of patients every week. Darryl Culley is a Toronto-based consultant in the health field, and he's studied these companies.

Darryl Culley: When a service shows up in a vehicle that looks like an ambulance... the staff dress like paramedics... they carry bags that may look like the same bags that paramedics carry... they're pushing patients... If it looks like a duck, and quacks like a duck, it is a duck. The reality is that there is no standard - there are no minimum requirements. And so what you see, or what you think you see, might not be what you're really getting.

Tina Pittaway: When Culley says "no minimum requirements" he means it. That's because here in Ontario there are no health regulations - none - for the private companies that move all these patients. So one minute a patient is lying in their hospital bed where they're protected by all these hundreds of standards and regulations that our ministry of health has in place. Then, that patient, they're lifted from their bed and loaded onto the stretcher of a private transfer company. In that instant, those protections vanish.

Carl and Melissa both work in the patient transfer field. We've changed their names to protect their identities. They used to work for a company called AmbuTrans, one of the biggest players in this industry.

Carl: If you had two arms and two legs and a CPR certificate, they would hire you. Uh, certain companies had different criteria and required some to be paramedics, and others maybe only first aid and standard CPR.

Melissa: It's a few hours course for first aid and CPR - you're certified. So long as you pay the money to take the course, you're certified.

Tina Pittaway: Do they run criminal checks on you guys?

Carl: When I started with the company, no. They were more concerned about my driving record than my criminal background check.

[Ambient sound of hospital intercom]

Kathleen Goldhar: After half an hour we get to the hospital and Nathan gets wheeled up, and even during, you know, even during the ride down the hall and up the escalator, those jerks were not paying attention to him. The whole time they never bothered to look at my son. And the one thing that I remember looking at my son, when we're going down that hallway is that he seemed to be getting smaller and paler. And he was disappearing in front of my eyes on that hallway. And those guys, I bet you if you asked them if it was a boy or a girl, they wouldn't even know. They paid no attention to him. But when we got up there and those nurses saw my son, they panicked. And I think now they thought they were going to have a dead kid on their hands.

Tina Pittaway: Right now in Ontario, one out of three patients that enters the hospital needs a transfer. Maybe they need to get to a medical appointment, or maybe they're just going home. But if they're considered stable, they're supposed to go by a non-emergency vehicle. These kinds of transfers, they used to be done almost exclusively by paramedics. But by the mid-nineties, they were just getting too busy and way too expensive. All that changed in 1998. The conservative government of Mike Harris removed non-emergency transfers from the Ambulance Act. They were tired of footing the bill. The change jump-started the patient transfer business, and it also meant that thousands of patients were no longer protected by the ministry of health.

Christopher Day is a firefighter who worked for AmbuTrans from August of 2007 to June of 2008.

Christopher Day: You're not issued gowns. You're not issued rubber gloves. You're not issued masks of any kind. You're not issued eye protection.

Melissa: Um, you're spreading the disease. MRSA - it's basically a superbug that's very difficult to treat. And then the hospital patients that have it, if that person sneezes and they're not wearing a mask, or the other person is not wearing a mask, that other person has a very high chance of getting a droplet-borne disease.

Tina Pittaway: What are the chances of them not having a mask?

Carl: Pretty likely. A lot of times they'd feel claustrophobic because of wearing a mask. Breathing in and out of a mask is really hot and warm and moist. It's not a very nice environment.

Melissa: You can't make somebody wear it. You can't force them to wear it. You can protect yourself, but you can't force them.

Carl: And when you have two different patients well they don't know any different, right. They don't know the associated effects.

Tina Pittaway: When Carl says "two different patients" he's talking about the practice of loading two patients into the back of the same truck. That's pretty much routine. But it's also dangerous. If the patient beside you is contagious, say with H1N1 or TB or any number of superbugs, you could get it too.

Dr. Ignatius Fong: Well it's very disturbing.

Tina Pittaway: Dr. Ignatius Fong, the head of Infectious Diseases at St. Michael's Hospital in Toronto.

Dr. Ignatius Fong: A catastrophe could happen and we could get transmission of contagious diseases. Right now what the major situation is H1N1. It could be easily transmitted from the patient or from the other way around. The person that's transporting the patient could transmit disease to the patient if they're not aware what precautions they should take. The set-up is really there for a major problem to occur.

Tina Pittaway: So you had no idea?

Dr. Ignatius Fong: No. I always thought the people that transported patients to our clinics or for hospital were in fact part of the ambulance services, and that they were part of the trained ambulance services and regulated. But it appears that they are completely different. Which is new to me.

Tina Pittaway: And do you think that many of your colleagues are under the same impression?

Dr. Ignatius Fong: Uh, they're not aware. The majority of them are not aware.

Tina Pittaway: Carl, a former AmbuTrans worker.

Carl: I was often asked to reuse linen. We worked for a company that would rarely supply any. And a lot of times you would have to reclaim it from the hospitals, or liberate it from the hospitals as we used the term before, because companies like this didn't want to spare the budget for the cost of linen services.

Tina Pittaway: So you would transport a patient and there would be linen on the stretcher and that linen...

Carl: And that linen might stay for two and three calls and depending on, you know, your stock you may have to reuse it. You don't really have a choice. Some hospitals didn't like you using their own linen so you'd bag it - uh, save it for later. Or reuse it for that next call.

Tina Pittaway: What if patients - what if say somebody soiled themselves and you ran out of linen would you let dispatch know "Hey I'm running low, run me some"?

Carl: Ya they wouldn't even bother. You knew just right away that you wouldn't even ask dispatch because they never had any linen. You know, if you did the first call in the morning and your vehicle didn't have linen, "Oh well, too bad."

Melissa: Most of the times if you go in with no linen on your stretcher you have to take whatever the patient is sitting on regardless of whether that patient has been sitting in their own soil for x number, half an hour, hours. Uh, so you'd pick up this soiled, soiled linen and your gloves would be soaked. And you'd put it on the stretcher, the stretcher would be totally soaked. And these people, most time they're incontinent, they don't know what's going on, and they aren't even aware that they've soiled themselves.

Carl: After that call you'd have nothing to clean your stretcher with.

Melissa: You'd have to go into the hospital again and get some Virox Wipes or some sanitizing wipes to wipe down your stretcher.

Tina Pittaway: Former AmbuTrans attendant
Christopher Day.

Christopher Day: Sometimes they would have what are called Ambu Bags or BVMs - bag valve masks - we used for CPR, resuscitation of somebody. They're supposed to be in a bag that is sterile, sealed and uncompromised. And more often than not they've been open, they've been pulled out and in some cases they were used, washed out and put back in.

Tina Pittaway: Dr. Ignatius Fong.

Dr. Ignatius Fong: Many of the situations is what we think occurs only in third world countries and developing countries where they don't have the resources, don't have sterilization. But that it's really occurring right now in Ontario Canada, it's bothersome.

[Ambient sound of hospital intercom]

Kathleen Goldhar: So we got there and one nurse approaches Nathan, and initially it was calm. Because I'm sure that she was told that Sick Kids was sending a boy - a four month old boy - that was stable enough to transfer. So that's what she was expecting. And what she saw was a boy who couldn't breathe on his own anymore. And all of a sudden hell breaks loose. And the nurses who, you know, do the initial tests on Nathan to check his breathing and check his pulse pretty much knock me out of the way. And all these nurses come rushing at him. And they are on him. And it's freaking me out because up until this point I had been told that my son is stable, and that's why we're even moving him in the first place - is because he's stable. And these nurses are acting like Nathan is dying. And they shove needles in his arms and they

put oxygen on his face and they watch these machines that had numbers that all they did was drop. Or speed up because his heart rate was flying. You could almost see his heart beating out of his chest. And his stomach was coming in so deep and so fast because his breath had gotten so fast because he was desperate - desperate - to get whatever air he could get into his lungs. And it took like a good hour before he was even stable enough for the nurses to even bother come talk to us to tell us what was going on. And the nurse told me that, that my son was deathly ill at that point, and she didn't know if he would survive.

[Ambient hospital sounds fade]

Tina Pittaway: It was a female?

Melissa: Ya.

Tina Pittaway: What was she going through?

Melissa: She was an elderly woman so she had respiratory issues to begin with. Her chart was probably about twenty pages long based on her respiratory problems from the past. It did say that we needed oxygen. So our standard procedure is to bring a portable cylinder with us up to the patient's room to hook them up to bring them down to the ambulance. That cylinder had run out and our main tank didn't have enough in it to sustain the trip. Um, and so we called it over the air. And they told us to run the call anyways, or you'll be suspended. So...

Tina Pittaway: What was the patient saying? Was she speaking? Was she...

Melissa: She wasn't, no, no, she wasn't. She was just - it's very hard for her to breathe. I think the only

thing she really said to me was it was difficult for her to breathe, and it's very hot.

Tina Pittaway: And so you said to dispatch, or do you type it?

Melissa: No we go over the radio and when I put the patient in I called dispatch and I let them know "This patient has COPD, they have respiratory problems, it's very hot in this truck, it's going to be very difficult for this patient. Is there another crew around that could possibly take this patient that has oxygen in their car?"

Tina Pittaway: And what was their response?

Melissa: No. We were the only ones and we had to do the call. And when we got to the hospital the patient was clearly in distress. She had laboured breathing by the time we had gotten to the hospital. It was very rapid and it was almost like she was struggling to catch her breath.

Tina Pittaway: Melissa was suspended by AmbuTrans after that. One week, no pay. Suspending workers who are worried about their patients is routine. I've talked to eight current and former workers from three different companies and all of them tell me similar stories. Of being sent home early for the day, of being suspended, or outright firings. It's punishment for putting up a fuss about a call.

In 2002 the Ontario ministry of health hired IBI Group to look into this patient transfer business. Darryl Culley contributed to the report. The minister of health was Tony Clement, today the federal minister of industry. IBI's report warned about the risks to patients because of the lack of standards. It documented the frustrations of hospitals and municipalities forced to use patient transfer. Health consultant Darryl Culley.

Darryl Culley: Often the nursing homes or the hospitals that are contracting these services don't have the staff, they don't have the knowledge, they don't have the resources to follow up on the services that they're contracting themselves.

Tina Pittaway: The report recommended that the ministry of health regulate these companies. It said set standards for training... Create a place where people can take their complaints... And it warned unqualified workers were putting patients in peril. The Conservative government did nothing. And neither have the Liberals under Dalton McGuinty. This despite the Auditor General's repeated warnings of problems throughout the system.

[Ambient sound papers shuffling]

Christopher Day: Just going to find the actual... See if I have the actual report here.

Tina Pittaway: Christopher Day kept copies of all of his records while at AmbuTrans, including his vehicle reports.

Christopher Day: It was on the 25th of January 2008. It was about ten to nine in the morning, so nice rush hour time. I was southbound on Bayview. My partner and I were driving along and we heard a loud grinding noise. We pulled curbside, turned the truck off, put it in park. I got out and took a look and I noticed that the driver's side rear outer wheel had sheered off all the lug nuts and was poised to come off.

[Ambient sound - paper shuffling]

Christopher Day: Forgive me while I do this... Here it is. I was at the corner of Sentinel Road and Sheppard. And I was southbound on Sentinel Road. I have

written here that my truck started making loud noises, smoke began pouring out in copious amounts from underneath the hood. There was a strong smell of rubber and burning plastic. I turned the truck off immediately and I called dispatch to have a crew come and get my patient. We pulled the patient out and we simply waited for the next ambulance to come. The patient was visibly stressed. And there was actually an escort with that one, a family member that was coming along. And they were concerned and they said "Does this happen frequently?". And I told them it was my first time with this but that the trucks were frequently in a bad state of repair. And they said "I had no idea. If I had known I never would have let this happen." I'm trying to see if I got a number. Ya. It was truck number sixty-four... That caught on fire.

Melissa: I took a patient home to a garage. He lived in a garage. And he had no fixed address. But he said he was staying with a friend. So when we got there I had notified dispatch that this gentleman is staying in a garage. He didn't have running water. He didn't have a bathroom. This guy was in a wheelchair, he had one leg amputated, and he was going to stay in this garage. And dispatch's, um, response to me was "Well that's his problem." And morally I'm thinking to myself that somebody else should be involved. Somebody should be notified that this gentleman is staying in somebody's garage. If I was somebody off the street and saw somebody staying in a garage I would be the first person... I would be calling some sort of authority to get him out of there. It's not sanitary. It's not safe. And when I had explained to my dispatch who's supposed to be higher than we are, I got "Well that's his problem."

[Ambient sound: doors opening]

Dave Allin: Tina?

Tina Pittaway: Yes.

Dave Allin: Hi. Dave Allin.

Tina Pittaway: Dave, nice to meet you.

Dave Allin: Nice to meet you too. Come around to the meeting room.

Tina Pittaway: Dave Allin is the owner and president of AmbuTrans. By his estimates his companies moves between two-thousand and twenty-five hundred patients each week.

Tina Pittaway: Does dispatch have good training? Do your people who are on dispatch have a solid understanding of who is an appropriate patient to transport, and who isn't?

Dave Allin: Well they're not on scene so they really have to rely on the attendants. It's sort of a team approach so we all have to sort of work together. And if the crew doesn't feel the patient should go we're not going to argue - dispatch is not going to argue with that assessment.

Tina Pittaway: Really? Dispatch doesn't argue?

Dave Allin: We would, uh, we would certainly, you know, err on the side of caution for something like that.

Tina Pittaway: So there's nothing to the idea that if a staffer gave an indication that if this was not an appropriate transport, dispatch would take their word for it?

Dave Allin: Why would they not?

Tina Pittaway: Because money's on the line.

Dave Allin: No. There's more to this job than money.

[Ambient sound]

Kathleen Goldhar: Finally he's somewhat stabilized and the nurse - the head nurse - we're in our room and she says "Your son nearly died." And I said, "What are you talking about? The doctors and nurses at Sick Kids said he could come here." And she said, "We nearly sent him back. He was this close to being intubated." He was - he had hardly any oxygen. His stomach was going so rapid and deep because he was getting no air into his lungs. And when we finally calmed down and talked about it she actually admitted that he probably was okay at Sick Kids and that it was because he wasn't properly cared for in the ambulance. And that she couldn't believe that he didn't get oxygen in the ambulance. That that's why he got to East General so bad, because of lack of care in the ambulance on the way over.

[Ambient sound fades]

Carl: We never had the proper equipment to ever transport a child. There's items out there called Pedi-Mates which would often help confine - I don't want to say confine but to secure the child to the stretcher properly. But we never had them.

Tina Pittaway: What about transporting children? They obviously have smaller bodies... We've seen that with car seats and booster seats. What is the rig that is used when transporting small children in stretchers?

Dave Allin: Um, I don't think I'm going to get into that. I think we'll just avoid that one.

Tina Pittaway: Why?

Dave Allin: Well it's because I'm not comfortable with your line of questioning here. It seems like you've got a lot of sort of anecdotal things from people...

Tina Pittaway: This isn't necessarily anecdotal. If you're working with Sick Kids Hospital and you obviously are transporting children, what's the system that's in place to transport children?

Dave Allin: That's kind of between us and the hospital. It's, um, they set the standard for what we do. And with Sick Kids Hospital these children are transported in incubators mostly. And incubators are sort of a special case. They're not - the patient is not sitting in a seat. So it's a...

Tina Pittaway: What about the ones that aren't in incubators?

Dave Allin: Okay. Let's move on, how about that?

Tina Pittaway: No. That's a, that's a relevant question if it's a Sick Kids contract what, how are...

Dave Allin: I'm going to pass on that just for the sake of patient confidentiality.

Tina Pittaway: It's not a specific patient. It's a standard. It's a practice. Do you use Pedi-Mates? Is that what they're called?

Dave Allin: Okay, let's move on.

Tina Pittaway: So you don't use Pedi-Mates?

Dave Allin: I'm saying let's move on to another question if you have it. Because this is... Why don't we move on?

Christopher Day: The child that I was requested to transport had a cast on one leg and it went right up to the hip. So we explained to Mom, and she said, "Well if you guys tell me it's safe enough to strap onto a stretcher then I'm going to believe you." We were trying to explain that it's just like a car, in fact worse. If you're strapped horizontally and we hit the brakes, or an accelerator very hard, unless you've got something at the head or feet that is going to stabilize that child they could potentially become a projectile. So that's what we explained to Mom. Um, she said, "Whatever you feel is necessary." But she was getting upset at this point thinking her child was not going to be transported to the hospital for their appointment. And we had nothing to offer her except a shrug of the shoulders to say, "We don't have the equipment we need." And in the end, like I said, I was put in a position where I had to refuse, and say, "I'm sorry." I believe - I was told later that another truck went and got them after we refused the call.

Tina Pittaway: And is that common practice for, uh, individuals that refuse calls, that they'll just ultimately find someone else?

Christopher Day: It's not just common practice. It's standard practice. It's how they operate. If you refuse a call, I guarantee they'll simply call another truck in, not tell them what's happened. They won't tell them that this call has been refused before. They won't tell them why. They'll simply say, "You have a patient to

be picked up." And we leave and the next crew comes in, and they'll keep doing that until they find a crew that simply doesn't know any better, or is too afraid to stand up and say anything because they realize the punishment will be far greater than doing the right thing.

Tina Pittaway: Christopher Day was suspended that day for refusing to move a patient. Like a lot of workers, he complained when he felt he had to. The last straw came on a hot summer day in Toronto in 2008.

Christopher Day: If your air conditioning isn't working in your ambulance, and it's a hot day, the back of your ambulance becomes a giant oven. It's not long before you start getting sweaty, nauseous, heat exhaustion starts to come up. You start getting heat rashes all over your body. Now this is for healthy people. If you're transporting elderly people who can't thermo-regulate very well it's deadly. It can be quite deadly for them.

In fact that's the reason why I left AmbuTrans. It was a situation just like that where we were forced to transport patients on a thirty-five degree Celsius day in a truck with no air conditioning in the back. Patients and nurses who were transporting complained vehemently about the heat saying that it was just not right to be transporting patients. We finally agreed with them in the afternoon and called our dispatch and said, "We're not doing anymore. We need a new truck." They refused at first then finally said one was on the way and that we were to wait. We waited, and the truck that showed up - the truck they gave us - had no working air conditioning in the back again. So when I called them and said, "It's still not working back there.", they said, "It's the only truck we have. Take it or leave it. And if you leave it you're coming back to base. I talked with my partner and with the person who drove the other truck up who also agreed that it was not any different. So we

refused. We were told to come back to base. My partner and I were given letters of reprimand on our next shift that said that after that we were to be suspended for one week, no pay, for falsifying a vehicle service report.

Tina Pittaway: There are a lot of workers within this industry and within AmbuTrans specifically that say that if they put up a fuss towards, um, dispatch and say, "Look I'm not comfortable transporting this patient..." say they have COPD and it's a hot day. One instance there was a 70-year-old woman who had chronic obstructive pulmonary disease and the air conditioning was broken on the vehicle, uh, it had been a really hot day. This was last summer, uh, and it was over 100 degrees inside the vehicle and the patient was labouring... The staffer said "I don't want to do this. I don't want to transport this patient." And dispatch said, "Do it."

Dave Allin: I seriously doubt that. I mean we wouldn't even send a vehicle out without air conditioning working. It's, it's a basic part of the vehicle.

Tina Pittaway: That's one of the common complaints from workers and former workers that your vehicles don't have working air conditioning.

Dave Allin: Well that's certainly not the case and I'd challenge you to check out any of our vehicles. And the thing is too, any worker in any industry including ours has the right to refuse if they feel a vehicle is unsafe. And certainly a vehicle that doesn't have air conditioning working is unsafe. And there's certainly no repercussions for anything like that. We would not expect them to continue transporting patients in a vehicle that didn't have proper ventilation. Especially seniors. Especially people with COPD.

Tina Pittaway: Ya.

Dave Allin: But no patient should have to travel under those conditions.

Tina Pittaway: After the incident on that hot summer day Christopher quit the patient transfer business. But he hasn't stopped pushing to change it.

Christopher Day: This is healthcare we're talking about. These are your loved ones that are being transported. Maybe not today, but ten years from now, twenty years from now, somebody you love or maybe you are going to be in back of one of these ambulances. And if there's no one there to oversee it, if there's no regulation, if there's no accountability, if something goes wrong what are you going to do? Who are you going to turn to? Nobody. I don't want to shut down patient transfer. I don't think that they should be decommissioned and taken away. I think they should be regulated, made accountable and there should be some form of responsibility here so that people have some sort of recourse if something goes horribly wrong.

Tina Pittaway: Today Kathleen Goldhar's son is a healthy little boy. But three years ago, on the way from Sick Kids Hospital to Toronto East General, he was gasping for air.

Kathleen Goldhar: Sick Kids Hospital did not flag that they were not paramedics. And it's quite possible that they used legally appropriate language and didn't say that they were paramedics. But when you're in the midst of dealing with your child that's that sick, if you tell me that an ambulance is coming to pick up my son and take him to another hospital, everybody is going to make the assumption that these are ambulances and

paramedics. And unless you tell me differently - you make it obvious to me that that is not what's happening - I am assuming that those people will be able to take care of my kid if he gets sick on the way. And if you don't, and that's not the case then why are I not just taking him in my own car? It was the same as taking him in my car.

Tina Pittaway: Sick Kids wasn't interested in talking to me about all of this. I emailed the hospitals manager of media relations and I asked her whether they explained to parents the differences between an ambulance, and private companies like AmbuTrans. She refused to answer. She said simply that Sick Kids books the appropriate transportation based on the needs of a patient. For The Sunday Edition, I'm Tina Pittaway in Toronto.

Michael Enright: Risky Business was researched by Tina Pittaway. It was written and produced by Tina Pittaway and Neil Sandell.

We invited Ontario's Minister of Health, Deb Mathews, to come on The Sunday Edition to comment on Tina's findings, but she declined. Her office wrote to us that , quote...

" There has been extensive review of the delivery of non-ambulance transportation over the years. In fact there is considerable coordination of these services between Local health Integration Networks, hospitals and municipalities to deliver these services through various agencies. The Ministry of Transportation Ontario felt there was not any further need to regulate these services on their end. The conclusion was that the current system appears to be serving the people of Ontario who require non-ambulance transportation."