Task Force on Emergency Medical Services

Implementation and Performance Measures

District of Columbia

Adrian M. Fenty, Mayor
February 2008

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Task Force Mission

The Task Force on Emergency Medical Services will examine the system-wide delivery of Emergency Medical Services (EMS) in the District of Columbia. It will give practical, timely, and strategic guidance on how to improve this critical service. The task force will focus on how the District can improve the management, training, operations and culture of the EMS function to provide the highest quality of professional and compassionate pre-hospital medical care. The task force will conclude its work by submitting a targeted set of recommendations and an implementation plan with input, process and output metrics, to the Mayor and DC Council.

Task Force Members

- **Dennis L. Rubin** – Task Force Chair and Chief, DC Fire and EMS
- **Adrian M. Fenty** – Mayor, District of Columbia
- **Dan Tangherlini** – City Administrator, District of Columbia
- **Linda Singer** – Attorney General, District of Columbia
- **Vincent Gray** – Chairman, Council of the District of Columbia
- **Mary Cheh** – Ward 3 Councilmember, District of Columbia
- **Phil Mendelson** – At-Large Councilmember and Chair of the Committee on Public Safety and the Judiciary, District of Columbia
- **Toby Halliday** – Rosenbaum family member
- **Patrick Regan** – Rosenbaum family attorney
- **Michael Williams, MD** – Medical Director, DC Fire and EMS
- **Richard Serino** – Chief, Emergency Medical Services, Boston, MA
- **Rebecca F. Denlinger** – Chief, Fire and Emergency Services Department, Cobb County, Georgia
- **Joseph A. Barbera, MD** – Co-Director, George Washington University Institute for Crisis, Disaster, and Risk Management

Introduction

The recommendations of the Task Force on Emergency Medical Services are intended to improve emergency patient care in the District of Columbia through six detailed recommendations, each addressing a specific issue identified by the Task Force as critical to resolving historic problems with EMS:

Recommendation 1: The Department of Fire and Emergency Medical Services shall transition to a fully integrated, all hazards agency.

Recommendation 2: Reform Department structure to elevate and strengthen the EMS mission.

Recommendation 3: Improve the level of compassionate, professional, clinically competent patient care through enhanced training and education, performance evaluation, quality assurance, and employee qualifications and discipline.

Recommendation 4: Enhance responsiveness and crew readiness by revising deployment and staffing procedures.

Recommendation 5: Reduce misuse of EMS and delays in patient transfers.

Recommendation 6: Strengthen Department of Health (DOH) oversight of emergency medical services.

This addendum to the Task Force report summarizes the implementation steps needed, results to be tracked, and performance indicators identified to measure improvements sought by the Task Force and the District.

The recommendations adopted by the Task Force included the following paragraph:

The FEMS Chief, Dr. Barbera, and Mr. Halliday shall complete a plan to monitor implementation and performance measures relating to the recommendations of the Task Force that includes input, process and output metrics. Progress on implementation and performance shall be monitored through ongoing CapStat sessions to which all members of the Task Force shall be invited, including sessions in April and October of 2008 that will specifically address the implementation and performance monitoring plan.

We hereby accept the provisions of this plan to monitor implementation and performance measures relating to the recommendations of the Task Force on Emergency Medical Services:

Dennis S. Rubin

Dennis Rubin, Chief

Joseph Barbera, M.D.

Toby Halliday

The following charts specify, by date of required action, the implementation steps specified by the recommendations of the Task Force on Emergency Medical Services. The Department must demonstrate implementation of each item by producing operational orders, training instructions, or other documentation of actions taken.

Implementation Steps Due: November 20, 2007
1 a) Require all entry-level candidates for operational positions to be cross-trained at basic levels of EMS, fire prevention, fire suppression, hazardous materials and technical rescue. [Effective September 27, 2007]
2) d) The Chief will convene a group of Department personnel, at least half of whom are current or former single-role personnel, to identify, review, address, and report to the City Administrator conditions that may convey a lower priority for the EMS mission or complicate integration of functions and employees.
3) b) The Medical Director shall establish procedures to certify the operational competency of medical providers at all levels of training within the Department.
3) c) The Medical Director shall establish a process to evaluate current employees for proficiency at their respective levels of clinical privileges.
3) d) The Medical Director shall oversee the clinical performance evaluation of all personnel with medical certification at least once a year. Based on the results of the annual performance evaluation, personnel may be assigned to supplemental training, placed on provisional EMS status, or temporarily or permanently relieved of their EMS proficiency status. The Department shall also provide enhanced field supervision as ongoing quality assurance for all personnel. [Effective September 27, 2007]
3) j) The Chief shall require, effective with the next contract: • All operational personnel to maintain or acquire EMS certifications in order to be retained as employees of the Department after December 31, 2010; • All candidates for promotion to the rank of Sergeant or higher to have served as a field-certified EMS provider, according to criteria established by the Medical Director that requires a minimum cumulative number of patient contacts, assessments and treatments.
3) l) The District Attorney General, in consultation with the Chief of the Department, shall submit to the Chair of the DC Council Committee on Public Safety and the Judiciary recommendations to strengthen the Department's ability to terminate employees for medical malfeasance and misconduct.
5) d) The Medical Director, with the support of the City Administrator, shall establish and clarify roles and responsibilities for the Department and the Metropolitan Police Department for treatment of uninjured intoxicated patients and for transport of patients to the District's detoxification facility.
5) e) The Medical Director should exercise his full authority to order hospital emergency rooms within the District not to close to Department transports, and to require hospitals and medical providers to accept the transfer of care of a patient or patients within a specified period of time. [Effective September 27, 2007]
5) f) The City Administrator shall convene a working group including hospital CEOs, DOH, and the Medical Director to meet quarterly to address and develop standards for drop times, diversion, and closure, and to improve procedures for tracking patient outcomes.
6) b) DOH shall adopt the National Highway Traffic Safety Administration standards for EMS certification at all levels of training and as the minimum standard for the District of Columbia. [Effective September 27, 2007]

Implementation Steps Due: December 31, 2007
3) e) The Medical Director shall establish a clearly documented chain of patient care, with clear evaluation and treatment documented by each provider.
3) f) The Chief shall implement an annual program to recognize and publicly reward employees for EMS performance that demonstrates exceptional compassion, professionalism, and clinical competence.
3) g) The Chief shall periodically conduct confidential, anonymous surveys of Department employees regarding their attitudes, concerns, and opinions relating to the Department's provision of emergency medical services. The first survey shall be completed no later than December 31, 2007.
3) i) The Chief shall establish hiring preferences for candidates and, subject to collective bargaining agreements, promotional preferences for employees with degrees from recognized accredited higher education institutions and relevant certifications or skills.
6) a) The Director of the Department of Health, in collaboration with EMS stakeholders, shall draft legislation or regulations or other administrative actions to improve oversight of all EMS providers [including all levels of EMTs and paramedics] and ambulance companies in the District of Columbia. The Mayor shall present the resulting draft to the DC Council for consideration.

Implementation Steps Due: March 31, 2008
1) d) The City Administrator shall develop a plan to transition to pay and benefits parity between current single-role medical providers and dual-role providers.
4) a) As of this date, and every six months thereafter, the Mayor shall certify that the District of Columbia has met the goal of providing ALS response times according to the National Fire Protection Association Standard 1710, 100% of the time, as well as a goal of providing transport responses within 13 minutes, 100% of the time, or the Mayor shall announce what steps are being taken to achieve this goal. The Department shall conduct quality improvement review of those calls where the goal is not achieved.
4) c) The Chief shall establish, as available staff allows, a practice for assignment to transport duty in which employees are permanently assigned to ambulance service for periods of not less than 90 days, rather than intermittently with fire apparatus duty.
4) d) The Chief shall report on procedures for peak load staffing of transport units and a procedure for dynamic deployment of units to provide coverage when any particular area experiences a shortage of available units.
5) a) The Chief, in partnership with other District agencies and providers, shall develop and implement an outreach program for patients with chronic needs.
5) b) The Chief, in cooperation with other District agencies, shall develop and implement a public education program regarding appropriate use of the 911 system.

Implementation Steps Due: September 30, 2008
5) g) The Medical Director shall develop a procedure to authorize patients to be transported to a pre-approved clinic or other non-emergency medical facility appropriate to the patient's need.
5) h) The Medical Director and the Director of the Department of Health shall develop and implement a system of alternative transportation options, as well as protocols to refuse transport for non-urgent patients, when appropriate, subject to the authorization of a medical supervisor.

Implementation Steps Due: December 31, 2008
3) a) The Medical Director shall implement a comprehensive training and educational program for emergency medical technicians and paramedics. The Department shall pursue partnerships with medical education institutions to enhance training and clinical practice and increase the internal training capacity of the Department.
3) c) The Medical Director shall complete the process to evaluate current employees for proficiency at their respective levels of clinical privileges. Also as of this date, response to medical calls may be provided only by Department apparatus with at least one provider certified as proficient by the Medical Director.
3) h) The Medical Director shall take the following steps to develop a performance evaluation and quality control/quality assurance: • Establish a FEMS peer review program that promotes a culture of excellence; • Work with other jurisdictions and the federal government to regionalize system management; • Issue customer satisfaction surveys, internal and external, that focus on EMS service; • Improve response time evaluation that has a goal of measuring time to patient's side; • Measure and analyze patient outcome; • Improve complaint tracking by FEMS.
3) k) The Chief shall establish an Internal Affairs Unit, table of penalties, online records and tracking for Quality Assurance/Quality Control, and disciplinary timelines for operational employees. Penalties for employee misconduct should be swift, fair and appropriate.
5) c) The Chief and the Director of the Office of Unified Communications shall collaborate to improve the 911/311 dispatch process so that call takers and dispatchers have improved training and enhanced ability to distinguish between emergency and non-emergency medical calls.

Other Implementation Issues

1) a) Provide bi-annual updates for the next two years (due May 1, 2008, October 1, 2008, May 1, 2009, & October 1, 2009), on the status of EMT training and validation for pre-87 firefighters and the status of firefighter cross-training for single-role employees.

1) b) Provide bi-annual updates for the next two years (due May 1, 2008, October 1, 2008, May 1, 2009, & October 1, 2009), on the status of all single-role providers that were employed by FEMS on 9/30/07. Status should indicate date of separation or status of conversion to all-hazards status as of the report date, and should indicate rank and number of years to retirement eligibility before and after conversion.

1) c) Provide operational procedures for assignment of employees who have indicated their preference to serve, either permanently or temporarily, primarily in patient care, at both the EMT and the paramedic level.

2) a) Provide the status of the position of the Assistant Fire Chief/Medical Director and staff reporting Assistant Fire Chief/Medical Director (including those supporting procedures and protocols, medical training, quality assurance).

2) b) Provide the status of the position of Assistant Chief for Emergency Medical Services (EMS), summary of search conducted, qualifications of person hired, and staff reporting to Assistant Chief for EMS (including those supporting analysis and planning, budgeting, program evaluation, special operations, and prevention).

2) c) Provide bi-annual updates for the next two years (due May 1, 2008, October 1, 2008, May 1, 2009, & October 1, 2009) on the status of the positions of EMS Battalion Chiefs for District-wide EMS supervision and operations and EMS Captains for battalion EMS supervision and operations.

2) d) Provide a report to the City Administrator, no later than March 31, 2008, listing the members of the EMS visibility and barriers group and summarizing the issues raised by the group and actions taken to address those issues.

4) b) Make available, subject to the collective bargaining process, the recommendations submitted to the D.C. Council for implementing shorter work shifts and other changes to ensure that patient care providers have adequate rest to provide the highest level of medical care.

4) e) Make available, no later than December 31, 2008, a summary report on procedures evaluated and/or implemented by the Department to provide efficient, rapid response with a variety of apparatus and personnel.

Performance Indicators:

Clinical measures

No later than October 1, 2008, FEMS will track indicators of patient care. The EMS performance metrics may change over time, but will reflect a range of FEMS medical practices. Initially the Department will track incidents in the following areas, most of which are recommended by the National Highway Traffic Safety Administration (NHTSA):

- Major/Minor Trauma
- Respiratory Distress
- Cardiac Arrest
- Chest Pain
- Respiratory Arrest/Airway Obstruction
- Pediatric Seizures
- Pain Management

FEMS will also continue to make available on its public website response time statistics.

FEMS shall report, on a monthly basis, the total number of cases referred for peer review. The analysis of such cases will be reported by aggregate number of cases reviewed, and the number of resulting recommended interventions by

category (i.e. Training, counseling, enhanced supervision, discipline, procedural changes, no intervention indicated, etc.).

FEMS will provide periodic public updates relating to its participation in the Cardiac Arrest Registry to Enhance Survival (CARES) network and assessments of EMS skills by an independent source, such as MFRI.

FEMS will also produce an annual report on the number of citizens trained in CPR.

Fleet

FEMS shall report annually on the status of its emergency fleet as measured by the economic retention rate standard for each type of apparatus, including data for EMS, fire suppression, and rescue apparatus.

Human Resources

FEMS shall produce an annual report for Fiscal Year 2008 and Fiscal Year 2009 showing: how many employees are certified as paramedics; summarizing their distribution at the various ranks and divisions of the Department; and summarizing the Department's recruitment and retention statistics for paramedics.

Surveys

Subject to funding, FEMS shall procure and make available annual, independently conducted surveys of:

Employees: including questions assessing attitudes, concerns and opinions relating to the provision of emergency medical services.

Patients: including whether they believed that they experienced prompt, courteous, professional, and medically competent care.

Hospital emergency department staff, including their assessment of the professionalism, courtesy, and clinical competence of patient care providers at all levels.