



**Muriel Bowser**  
Mayor

**Government of the District of Columbia  
Fire and Emergency Medical Services Department**



**Gregory M. Dean**  
Fire and EMS Chief

June 10, 2016

The Honorable Phil Mendelson  
Chairman  
Council of the District of Columbia  
1350 Pennsylvania Avenue, NW, Suite 504  
Washington, DC 20004

The Honorable Kenyan McDuffie  
Chairman  
Committee on the Judiciary  
Council of the District of Columbia  
1350 Pennsylvania Avenue, NW, Suite 506  
Washington, DC 20004

Dear Chairman Mendelson and Councilmember McDuffie:

We write to provide the District of Columbia Fire and Emergency Medical Services Department's ("the Department") and the Office of Unified Communications' ("OUC") "First Quarterly Report for March, April and May of FY 2016," which provides an overview of activity relating to the third party provider contract. This report is required to be submitted to the Mayor and Council by D.C. Law 21-55, the "Emergency Medical Services Contract Authority Temporary Amendment Act of 2015," effective January 30, 2016. As you know, on February 12, 2016, the Department entered into an emergency contract with American Medical Response (AMR) to provide transport of Basic Life Support (BLS) Emergency Medical Services (EMS) patients.

Please see below for the Department's submission of its reporting requirements. These answers are based on the best available data between the dates of February 12, 2016 through May 31, 2016:

**"(1) Activity by the Department to educate the public on the proper use of emergency requests for service;**

***Response:***

The Department's Interim Medical Director, Dr. Robert P. Holman, is leading the efforts to reduce misuse of 911 and EMS through the creation of the Integrated Healthcare Collaborative. The Collaborative started its work in April and includes representatives from the three major Managed Care Organizations (MCOs), the Office of Unified Communications (OUC), the Department of Behavioral Health, the Department of Health, the Office on Aging, the Department of Healthcare Finance, and the DC Primary Care Association.

The group's goal is to deliver better access to care for the District's most vulnerable clients. It has established the following five (5) subcommittees that are pursuing different strategies to achieve this goal: Nurse Triage, Alternate Transport, Connection to Care, Policy, and Marketing/Education. The subcommittees will develop recommendations for the path forward in the coming months.

**"(2) The number of employees hired after the contract award and their residency;**

***Response:***

The Department has hired a total of sixty-two (62) employees since February 12, 2016, including 25 firefighter/emergency medical technicians and 27 firefighter/paramedics. Of these sixty-two (62) employees, twenty-nine (29) or forty-seven percent (47%) are District residents. Of the remaining thirty-three (33) employees, twelve (12) are Maryland residents, six (6) are Virginia residents, and fifteen (15) are residents of NJ, PA, DE, TN, SC or FL. It should be noted that the majority of the employees who are not DC, MD or VA residents are firefighter paramedics who started at the Training Academy on May 16, 2016. The states of residency listed reflect their residency for application purposes, not necessarily their current residence. Of those 25 firefighter/EMTs hired from the exam registry, 22 are District residents.

**"(3) Evaluation of pre-hospital medical care and transportation fees considering the reasonableness of the fees, the public interest, and the persons required to pay the fee;**

***Response:***

The Department's ambulance fees and charges are described by 29 DCMR 525.

Such fees and charges have not changed, or otherwise been modified, since July 20, 2008. The administration is currently conducting research on the reasonableness of the fees. Preliminarily, however, the Department has found that the District of Columbia charges significantly less than other cities for the same services.

AMR does not charge ambulance fees. The initiation of the third party provider contract did not change the way the Department collects ambulance fees. It continues to bill patients for transports by both FEMS and AMR.

**"(4) The number of ambulances added to the Department's frontline and reserve fleet after the date of the contract award, including whether added ambulances replace or supplement the current fleet;**

***Response:***

Since February 12, 2016 the Department has added a total of four (4) replacement ambulances to the fleet. Shortly before the contract, the Department added an additional four (4) replacement ambulances, for a total of eight replacement ambulances added in recent months.

We would also note that the number of ambulances receiving preventive maintenance has increased since March 28, 2016 from a rate of 22 ambulances per month between October 2015 and March 2016, to a rate of 39 ambulances per month as of late May 2016.

**"(5) The number of emergency medical services personnel training hours provided; and**

***Response:***

From February 12, 2016 through May 31, 2016 the Department delivered a total of 24,340 EMS training hours (detailed in Table I below). During the same period last year (2015) the Department delivered a total of 11,832 EMS training hours (detailed in Table II below).

**Table I: EMS Training Hours Delivered from February 12, 2016 through May 31, 2016**

<b>Class</b>	<b>Number of participants</b>	<b>Number of hours per class</b>	<b>Total</b>
<b>EMT Refresher Assessment, Documentation, High-Performance CPR</b>	131	36	4716
<b>EMT Certification Course</b>	1560	4	6240
<b>Third-Party Provider Training</b>	25	240	6000
<b>Advanced Medical Life Support</b>	1534	1	1534
<b>ALS Core Training</b>	40	16	640
<b>International Trauma Life Support</b>	20	16	320
<b>Pediatric Advanced Life Support (Refresher)</b>	1	16	16
<b>Various Asynchronous Distance Learning Modules (Target Safety Courses)</b>	4	8	32
	346	Various	4842
		<b>TOTAL:</b>	<b>24,340</b>

**Table II: EMS Training Hours Delivered from February 12, 2015 through May 31, 2015**

<b>Class</b>	<b>Number of participants</b>	<b>Number of hours per class</b>	<b>Total</b>
<b>EMT Refresher</b>	144	36	5184
<b>Advanced Medical Life Support</b>	9	16	144
<b>ALS Core Training</b>	114	16	1824
<b>International Trauma Life Support</b>	7	16	112
<b>Pediatric Advanced Life Support (Refresher)</b>	2	8	16
<b>Advanced Cardiovascular Life Support (Refresher)</b>	13	8	104
<b>Various Asynchronous Distance Learning Modules (Target Safety Courses)</b>	544	Various	4448
		<b>2015 Total:</b>	<b>11,832</b>
		<b>2016 Total:</b>	<b>24,340</b>
		<b>Δ 2015-16:</b>	<b>12,508</b>

For EMT refresher training the Department is transitioning away from the model of one (1) single week of classes once every two years to one (1) single four-hour session at the Academy once every quarter, combined with monthly one- and two-hour training sessions at the company/battalion level at the fire stations. In addition, the Department will continue asynchronous self-paced distance learning training currently delivered via the Target Safety software application.

**"(6) The number of patients who used the Department's transport services twice or more within the reporting period, including the number of times the patient used transport services during the previous 12 months.**

***Response:***

This data is reported using ambulance billing information. The below is a comparison of 2014 and 2016 high-volume users of EMS. The 2016 data set is from May 1, 2015 to April 30, 2016, so it is reduced by the AMR transports during April 2016. Please note this data cannot be reduced to one month because the

report is created on a yearly basis.

During 2014, for patients transported two or more times, **14,427 (or 21.6%) of patients** accounted for **53,593 (or 50.6%) of all transports**:

# of Transports	# of Patients	% PC	CUML % PC	# of Transports	% TC	CUML % TC
1	52,302	78.4%	78.4%	52,302	49.4%	49.4%
<b>2 or More</b>	<b>14,427</b>	<b>21.6%</b>	100.0%	<b>53,593</b>	<b>50.6%</b>	100.0%
<b>TOTALS</b>	<b>66,729</b>	<b>100.0%</b>		<b>105,895</b>	<b>100.0%</b>	

During 2016, for patients transported two or more times, **15,499 (or 22.6%) of patients** accounted for **57,829 (or 52.1%) of all transports**:

# of Transports	# of Patients	% PC	CUML % PC	# of Transports	% TC	CUML % TC
1	53,180	77.4%	77.4%	53,180	47.9%	47.9%
<b>2 or More</b>	<b>15,499</b>	<b>22.6%</b>	100.0%	<b>57,829</b>	<b>52.1%</b>	100.0%
<b>TOTALS</b>	<b>68,679</b>	<b>100.0%</b>		<b>111,009</b>	<b>100.0%</b>	

Essentially, there is no difference in the numbers between the two reporting periods (years), accounting for the overall increase in EMS calls and patient transports from 2016 to 2014 (i.e., both the number of patients *and* the number of transports increased by approximately 8 percent, roughly the same percentage overall patient transports increased by during the same time).

Please see below for the OUC's submission for its reporting requirements:

1. The number of calls dispatched and the average dispatch time:

<b>OUC Calls for Service and Dispatch Times</b>			
	<b># of Calls Dispatched</b>	<b>Average Dispatch Times (seconds)</b>	<b>Average Call Processing + Dispatch Times (seconds)</b>
<b>January 2016</b>	16,338	109.44	212.34
<b>February 2016</b>	15,012	45.68	149.86
<b>March 2016</b>	17,229	57.82	154.91
<b>April 2016</b>	16,706	48.34	144.77
<b>May 2016</b>	18,079	55.23	152.86

2. The average time within which the Department and the third-party contractor's ambulances reported arriving at a healthcare facility with a patient and returning to service:

<b>Average Hospital Drop Times (minutes)</b>		
	<b>DCFEMS</b>	<b>Third Party</b>
<b>January 2016</b>	48.87	
<b>February 2016</b>	49.14	
<b>March 2016</b>	52.37	34.98
<b>April 2016</b>	49.92	34.16
<b>May 2016</b>	48.77	34.67

NOTE: Third party transports commenced on March 28, 2016

While this data does show incremental progress in decreasing Department hospital "drop" times since March 2016, the Department acknowledges that there is more work to be done in this area. Starting in May 2016, the Department enhanced its supervision and tracking of hospital drop times at a per transport unit level. This data is being shared with supervisors throughout the chain of command on a regular basis. The goal is to see further improvement in hospital drop times by the time of the next quarterly report to the Council.

**3. The protocol to reroute non-emergency calls.**

The agency continues to work to educate the public about the proper use of 911. With the addition of a Public Information Officer to the OUC, we will develop strategies to address the misuse of 911, including but not limited to public engagement, public safety announcements, and website updating. We are also working with Dr. Holman and the aforementioned Integrated Healthcare Collaborative to identify alternative transport options and nurse triage lines that could handle low acuity calls without a medical response apparatus.

**4. The average time between the on-scene arrival of the third-party contractor's ambulance and the time the third-party contractor is at the patient's side.**

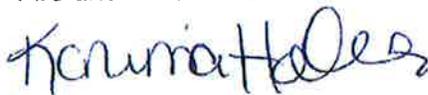
As Director Holmes discussed with Councilmember McDuffie, the OUC is unable to provide data regarding the time difference between the arrival of the third party transport unit on the scene and its employee's arrival to the patient's side. This information is not captured in CAD and is the sole property of AMR. AMR is including this data in its first quarterly report to the Council due on June 12.

If you have any additional questions, or need any additional information, please do not hesitate to contact us.

Very Truly Yours,



Gregory M. Dean  
Fire and EMS Chief



Karima Holmes  
Director, Office of Unified Communications

cc: Councilmembers