



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



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

September 9, 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 submit the District of Columbia Fire and Emergency Medical Services Department's ("the Department") and the Office of Unified Communications' ("OUC") "Second Quarterly Report for June, July and August 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.

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 June 1, 2016 through August 31, 2016:

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

Response:

As we reported to you in June, 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 labor, Emergency Medical Service Advisory Committee (EMSAC), 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 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 submitted their recommendations on schedule this month. These recommendations are under review and the final report of the Collaborative is currently being drafted. We look forward to sharing the report with the Mayor and Council when it is completed.

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

Response:

The Department hired a total of twenty-five (25) employees between the period of June 1, 2016 through August 31, 2016, including twenty (20) Fire Cadets. Of these twenty-five (25) employees, twenty-two (22) or eighty-eight percent (88%) are District residents. Of the remaining three (3) employees, two (2) are Virginia residents, and one (1) is a Maryland resident. It should be noted that all twenty (20) Fire Cadets that were hired are District residents. The next Firefighter Emergency Medical Technician and Firefighter Paramedic classes start on September 19, 2016.

"(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 the last quarterly report, the Department has added an additional eight (8) replacement ambulances to the fleet, for a total of sixteen (16) replacement ambulances added since February 1, 2016. This includes the additional four (4) replacement ambulances added shortly before the first AMR contract was executed on February 12, 2016.

We need to correct the record on a preventive maintenance statistic that was included in the last quarterly report. We reported that the rate of preventive maintenance had increased since the AMR contract was launched. This conclusion was drawn because the total number of ambulance inspections logged in the apparatus division's database showed a higher number of inspections during the reported time period. We later realized that the higher number was due to non-preventive maintenance inspections that were included in the data. While the rate of units receiving preventive maintenance since the contract was executed has not yet increased, we can report that (1) we now regularly have a reserve fleet of ambulances available, a significant improvement compared to a year ago and (2) that the number of mechanics actively participating in training and testing to get their certifications has also increased.

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

Response:

From June 1, 2016 through August 31, 2016 the Department delivered a total of 18,457 EMS training hours (detailed in Table I below). During the same period last year (2015) the Department delivered a total of 19,361 EMS training hours (detailed in Table II below).

It is of note that between February and May of this year the Department completed a primary EMT certification class which accounted for 6,000 hours of

training. Typically, February and March are periods of reduced activity for EMS education due to the March 31st deadline for continuing education to be counted within the renewal cycle. During this same period in 2016 we had a considerable increase in training completed due to the additional Primary EMT Certification classes and the Assessment/High-Performance CPR sessions. In addition, the recent graduating recruit classes in August were paramedics who were already certified prior to coming to DC FEMS and therefore did not need additional training.

Since the beginning of the Third Party partnership the Department has delivered a total of 42,797 EMS training hours, as compared to the same period last year (2015) when the department had delivered a total of 31,193 EMS training hours. This is a net total increase of 11,604 hours (a 37% increase) of EMS-related training given to Department personnel.

Table I: EMS Training Hours Delivered from June 1, 2016 through August 31, 2016

Class	Number of participants	Number of hours per class	Total
EMT Refresher	209	36	7524
Assessment, Documentation, High-Performance CPR	35	4	140
Trauma & Excited Delirium Syndrome (ExDS)	1317	4	5268
Third-Party Provider Training	165	1	165
Geriatric Education for EMS	47	8	376
Prehospital Trauma Life Support	107	16	1712
Advanced Cardiovascular Life Support (Refresher)	3	8	24
Pediatric Advanced Life Support (Refresher)	2	8	16
Various Asynchronous Distance Learning Modules (Target Safety Courses)		Various	3232
			TOTAL: 18,457

Table II: EMS Training Hours Delivered from June 1, 2015 through August 31, 2015

Class	Number of participants	Number of hours per class	Total
EMT Refresher	278	36	10008
EMT Certification Course	5	240	1200
EMT Enhancement Course	26	40	1040
Advanced Medical Life Support	24	16	384
ALS Core Training	47	16	752
International Trauma Life Support	92	16	1472
Pediatric Advanced Life Support (Refresher)	5	8	40
Advanced Cardiovascular Life Support (Refresher)	9	8	72
Various Asynchronous Distance Learning Modules (Target Safety Courses)		Various	4393
			2015 Total: 19,361
			2016 Total: 18,457
			Δ 2015-16: -904

"(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 a three month (June 2016 to August 2016) and twelve month (September 2015 to August 2016) analysis for high-volume users of EMS. This is the format that will be used by the Department in future quarterly reports, adjusted for dates. The tables below only account for patients transported by FEMS. The next quarterly report will include AMR patient transports, shown in separate tables.

During the last three month period (June 2016 to August 2016), for patients transported two or more times, 1,570 (or 17%) of patients accounted for 4,279 (or 37%) of all FEMS transports:

# of Transports	# of Patients	% of Patients	# of Total Transports	% of Total Transports
1	7,432	83%	7,432	63%
2 or more	1,570	17%	4,279	37%
TOTAL	9,002	100%	11,711	100%

During the last twelve month period (September 2015 to August 2016), for patients transported two or more times, 10,062 (or 28%) of patients accounted for 36,710 (or 59%) of all FEMS transports:

# of Transports	# of Patients	% of Patients	# of Total Transports	% of Total Transports
1	25,561	72%	25,561	41%
2 or more	10,062	28%	36,710	59%
TOTAL	35,623	100%	62,271	100%

Please see below for the Office of Unified Communication's submission for its reporting requirements:

"(1) The number of calls dispatched and the average dispatch time:

Response:

OUC Calls for Service and Dispatch Times			
	# of Calls Dispatched	Average Dispatch Times (seconds)	Average Call Processing + Dispatch Times (seconds)
June 2016	17,434	54.89	148.10
July 2016	19,433	41.33	129.62
August 2016	18,892	40.82	126.57

"(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

Response:

Average Hospital Offload Times (minutes)		
	DCFEMS	Third Party
June 2016	46.32	34.13
July 2016	47.37	35.59
August 2016	47.66	36.38

"(3) The protocol to reroute non-emergency calls

Response:

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. The agency is 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 for service without a medical response apparatus being utilized.

"(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.

Response:

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 the third party.

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

Very Truly Yours,

A handwritten signature in cursive script, appearing to read "Gregory M. Dean".

Gregory M. Dean
Fire and EMS Chief

A handwritten signature in cursive script, appearing to read "Karima Holmes".

Karima Holmes
Director, Office of Unified Communications

cc: Councilmembers