

GOVERNMENT OF THE DISTRICT OF COLUMBIA
FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT



Fiscal Year 2018
Performance Oversight Hearing

Testimony of
Gregory M. Dean
Fire and EMS Chief

Before the
Committee on the Judiciary and Public Safety
Council of the District of Columbia
The Honorable Charles Allen, Chairperson

John A. Wilson Building
Room 412
1350 Pennsylvania Avenue, NW
Washington, DC 20004
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Noon

Good afternoon, Chairperson Allen, members, and staff of the Committee on the Judiciary and Public Safety. My name is Gregory M. Dean, and I am the Chief of the Fire and Emergency Medical Services Department. Thank you for inviting me to testify on behalf of Mayor Muriel Bowser on the activities and accomplishments of the Department in Fiscal Years 2018 and 2019, to date. For those of you watching from home, my testimony is available on the Department's website at fems.dc.gov.

A year ago, I testified before this Committee that thanks to the support of the Mayor and the Council, as well as the hard work of our employees and stakeholders inside and outside of the government, we were poised to launch some significant initiatives that would propel this Department to a new level of excellence. I am pleased to return today to report that, while many of the initiatives we have underway are works in progress, we continue to reach new heights in our performance.

Fire Suppression Training and Safety

In FY 2018, we made a commitment to increase our level of regular fire suppression training. We delivered on this commitment with continued training in engine company operations, self-contained breathing apparatus sustainment, incident management training, special operations certification-level trainings, and the launch of a new module on multi-company fire evolution drills. One hundred two engine company platoons (77%) and 52 truck company platoons (81%) have gone through the multi-company fire evolutions drills thus far. The areas of instruction are based on new policies and procedures related to Rooftop Deck Fires, Standard Operating Guidelines, Post-Fire Decon Policy, and Staging Policy.

We also launched our new fire ground Standard Operating Guidelines (SOGs) in March 2018. Our major objectives with this initiative were compliance with National Fire Protection Association (NFPA) standards,¹ improving Company Officers' decision making ability, incorporating recommendations from past after action reports, and aligning our guidelines with modern building construction and fire behavior. We believe these new SOGs are further developing our Department mid-level leaders and also improving firefighter safety.

We remain focused on protecting the safety of our members and the public, by carefully following our safety guidelines in all areas, from emergency response driving, to providing our members with up-to-date personal protective equipment, to operating responsibly on fire grounds. During FY 2019, we are updating our driving policy and implementing a new Drivers Training Program which includes the Emergency Vehicle Operators Course.

Apparatus

We know that the state of our fleet, particularly our fire apparatus, is of concern to this Committee, our employees, and the public. It is also of great concern to my leadership team and me. We have doubled down on our efforts, which have been ongoing since 2015, to ensure that every vehicle on the street is in a safe working condition and that we have a strong reserve fleet available.

¹ NFPA 1561, Standard on Emergency Services Incident Management System and Command Safety.

As the Committee knows, a 2013 report by the consulting firm BDA Global (“BDA report”)² recommended that the Department follow a replacement schedule for the purchase of all of its vehicles. Since 2015, the Mayor and Council have funded our vehicle replacement schedule consistent with the BDA report’s recommendations, resulting in an unprecedented financial investment in our fleet. This funding followed a period of time when the purchase of apparatus had slowed. That pause in purchasing, combined with the time it took to update to NFPA compliant specifications for fire apparatus, means that it has taken a few years to get the Department to where we want to be. Nonetheless, we have made significant progress.

I have attached to my testimony an assessment of the progress the Department has made in fleet purchasing. The first slide shows the investments made by Mayor Bowser into the modernization of our fleet. The second slide shows fleet additions from FY15 to FY18 by type of apparatus. The third slide shows our expected apparatus additions in FY19 and FY20. The final slide is a combined actual and future-looking vehicle count for FY15 to FY20.

Since 2016, we have had a full reserve of ambulances on a regular basis, which has enabled us to improve our preventive maintenance and “up time” for those vehicles. After extensive planning and some engine purchases from 2016 to 2018, the Department saw significant influx of fire apparatus in FY18 and the first quarter of FY19. Twenty-four new engines were delivered, with 13 of them already in service. A new 95’ Seagrave Tower Ladder was also delivered. It is projected to go in service during the second quarter of FY19. This new apparatus should increase the Department’s fire apparatus reserve capacity, as well as the “up time” for engines and ladder trucks.

Our biggest challenge has been with ladder trucks, which reflects the fact that these are the most complicated and time-consuming apparatus to design and purchase. Nonetheless, we have seven new ladder trucks in the procurement process. Of the seven, we have a requisition in procurement for four, which will be sent for Council approval soon. Three of the seven ladder trucks are expected to be delivered by the end of this calendar year. In the meantime, we are working on strategies to maintain and improve availability of ladder trucks on a daily basis.

The BDA report also made 129 recommendations on how to improve fleet maintenance. We recently conducted an in-depth review of the status of implementing those recommendations. We have fully implemented 43 percent (55) of the recommendations and have partially implemented or are implementing on an ongoing basis another 45 percent (57) of the recommendations. We have not implemented approximately eight percent (10) of the recommendations, and we considered or disagreed with five percent (7) of the recommendations.

We have made the most progress in the following areas: use of the FASTER system and data to track performance of personnel and of vehicles; training of shop personnel to Emergency Vehicle Technician (EVT) standards; restructuring the Division’s organization; pump and ladder certification testing according to NFPA and Underwriter Laboratories standards; improving our

² *Audit and Assessment of the DC Fire and Emergency Medical Services Department’s Fleet Inventory and Fleet Maintenance Operations to Further Improve Fleet Management Study.*

emphasis on safety in the shop; standardizing the type of vehicles we purchase; and improving the efficiency of small procurements.

Areas that are a work in progress include: launching FASTER's new customer service portal, which will improve communications between the field and the shop about repairs; training all staff to the certification levels recommended by the BDA report; consistently doing preventive maintenance of fire apparatus; addressing the limitations of our facility by finding a new location and building a new facility; training firehouse personnel to do minor repairs; and improving procurement efficiency across the board.

Emergency Medical Services

In the area of Emergency Medical Services (EMS), our most significant FY18 initiative was the launch of the *Right Care, Right Now* nurse triage line in April 2018. This program transfers 911 callers with minor injuries and illnesses to a nurse, who assesses the patient and then refers eligible patients to either self-care or to walk-in appointments at neighborhood clinics using non-emergency transportation. Our goals with this initiative are two-fold: first, to get patients with non-emergency conditions to more appropriate health care than hospital emergency rooms, and second, to preserve the Department's and hospitals' resources for those patients with life threatening illnesses and injuries.

For the first nine months of the program, the NTL was active from 7 a.m. to 11 p.m., seven days a week. We noticed that a significant number of NTL eligible calls were made during the overnight hours, so in January expanded the line to 24 hours a day.

Our data from the first nine months of the program is very encouraging in terms of the experience of the patients participating in the program. Between April 19, 2018 and January 19, 2019, 377 911 callers were referred to a clinic by our nurses, and 323 patients were referred to self-care. For these calls, the average time that it took the nurse to answer the transferred call from 911 was nine seconds. The average length of time a patient spent on the phone with the nurse was just under six minutes. For those patients receiving non-emergency transportation to clinics, the average time from dispatch to arrival at the patient's location was 13 minutes. In total, the average time from dispatch to the patient arriving at the clinic was 37 minutes. If you compare these metrics to traveling by ambulance to a hospital across town and then waiting potentially hours in an emergency room before seeing a doctor, the benefits of the program are clear.

And our patients' feedback on their experience with the program thus far reflects these benefits. Our nurses call 100 percent of NTL-referred patients within 24 hours of their call to 911. Since the launch, there were 818 calls made, and 107 patients were actually spoken to, for a response rate of 13 percent. Of those, 93 percent of responses were positive.

The numbers of patients referred to the program, however, has been lower than we anticipated before the launch. This is not surprising for a program that is so new to District residents and to the EMS system. We also expect telephone screening from the 911 center to be an appropriately

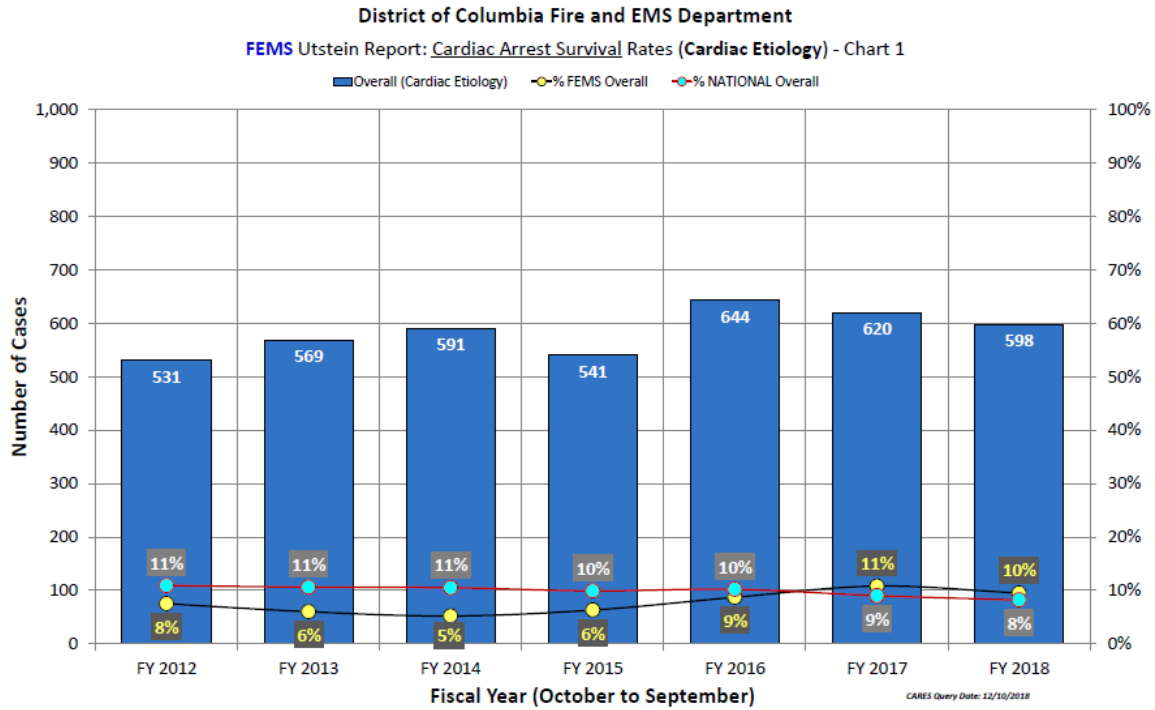
risk averse process, with many calls being referred for dispatch that might be determined after an in-person assessment to have been low-acuity calls that could have been referred to the nurse.

In order to reach as many eligible patients as possible, and to build on the positive transportation and patient care experience during the first nine months of the program, we will move to the second phase of this program in March. During the next phase, our field providers will begin referring patients to the nurse from the field on a pilot basis, starting in the second and fourth battalions. If the pilot goes smoothly, which we expect it will, we hope to expand the field provider referral process city-wide in the coming months. As we did last year before the launch of *Right Care, Right Now*, we are conducting comprehensive public education and outreach before the pilot starts. This month, members of our leadership team are attending community and ANC meetings in all eight wards to share data from the first nine months of the program, and to explain how the next phase will work. We are also providing digital information to our mailing list, developed with the support of our public education vendor, and will engage local media to help us with public education as we get closer to March 1.

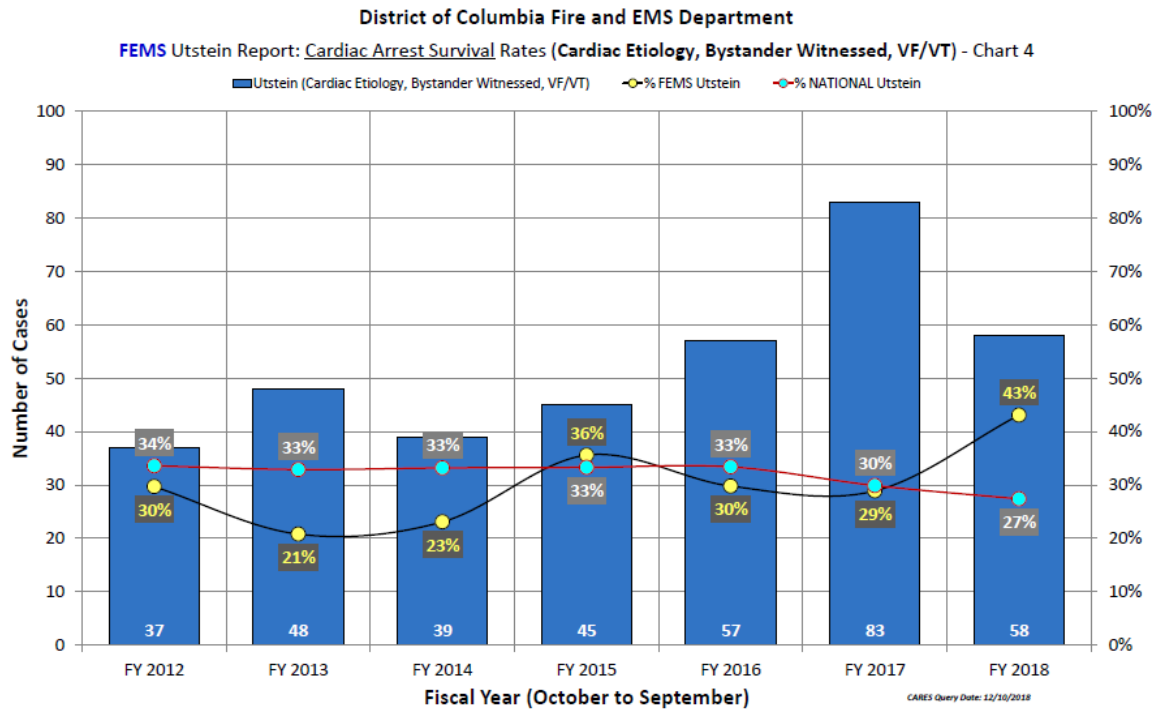
Last year, we also testified about the launch of a new Criteria Based Dispatch (CBD) system on the same day as the launch of the nurse triage line. We are pleased to report that CBD has been very successful at better matching our types of EMS calls with the right resources. Prior to the launch of CBD, approximately 50 percent of EMS dispatches were Basic Life Support (BLS) dispatches and 50 percent were Advanced Life Support (ALS) dispatches, while only approximately 30 percent of our transports are actually ALS transports. Since April 19, 68 percent of dispatches have been BLS dispatches, and 32 percent have been ALS. This means that we are saving our ALS resources for our most critical patients, which was one of the goals of the program. Another improvement from CBD has been a reduction in dispatch times for the most critical calls.

We think CBD is just one of the many EMS initiatives we have underway that is contributing to improved outcomes for our patients. In FY18, we continued our positive trend in overall cardiac arrest survival rates (cardiac etiology), with double the number of patients surviving when compared with FY14³:

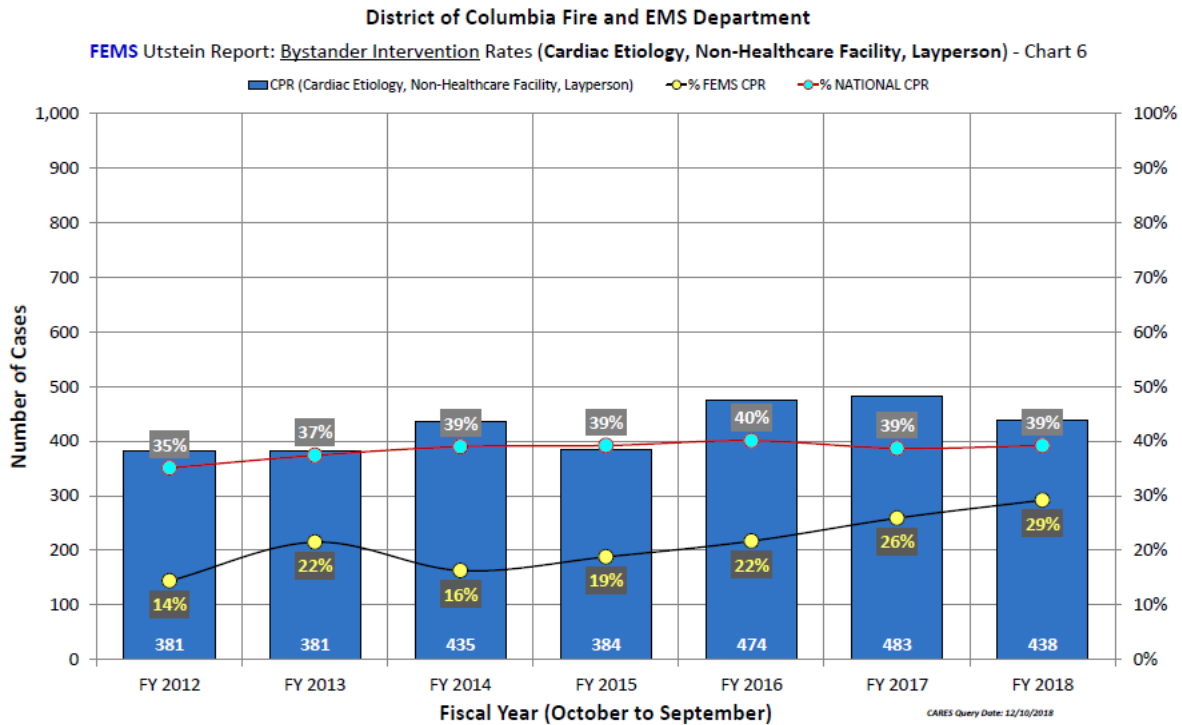
³ This data is based on the CARES database (last accessed February 4, 2018).



Most exciting, is that for patients with a ventricular fibrillation rhythm, which is a “shockable” rhythm where EMS intervention is most likely to make a difference in a patient’s outcome, we shot above the national average to 43 percent, compared to a national average of 27 percent.



And we continue to see more and more cases where bystanders start CPR before we arrive, a metric that has increased every year since FY 2014.



In terms of lives saved, DC had an average of 35 survivors from 2012-2015, and an average of 60 survivors for years 2016-2018. In sum, there were 75 additional cardiac arrest survivors from 2016 to 2018 than there would have been if we had kept the same cardiac arrest survival rates from 2012 to 2015.

We can make additional progress with more widespread resident CPR training, continued high performance CPR and ALS interventions by our personnel, telephonic CPR with consistent call taker feedback, and wider subscription (and use) of the free application PulsePoint, which alerts CPR-trained individuals' phones when they are within one quarter of a mile of a cardiac arrest victim. For those watching at home, you can learn more about CPR training and the PulsePoint app on our website. We know that with continued focus on our EMS training and continued support from our community, we can move from above average to best in class.

Fire Prevention and Special Operations

In the area of Fire Prevention, in FY18, the Department provided new fire prevention training to 1,805 operational personnel. Personnel received instruction in fire hazard recognition for all buildings, pertaining to fire department access, egress systems, fire protection systems, and special hazards. Following the tragic fire at the Arthur Capper Senior Center in September, we became concerned about the status of alarm systems in the District's large residential buildings. We quickly implemented a company-level fire alarm system inspection program at 4,181 buildings. As of January 8, our operational units have visited almost all of these buildings, visually checking for problems on the building fire alarm panel and reviewing maintenance

records. If a problem is noted, the building address is forwarded to the Fire Prevention Division for follow up by an Inspector. Of those structures inspected, 681 were identified as requiring further review by the Fire Prevention Division (FPD).

Also in FY18, as they do every year, the FPD delivered fire safety education at community events, District schools, and senior citizen facilities. We installed 2,346 smoke alarms – a 35 percent increase over FY 2017. Looking ahead, in FY 2019, the FPD is coordinating with colleges and universities in the District to provide students and campus residences with fire safety education on fire alarms, safe exiting, cooking, and appliances/electrical equipment.

In our Special Operations Division, we updated our selection process to provide broader, more equitable opportunities for our workforce to be assigned to these units, with a new testing process and more training for successful candidates. We also continued to lead the region in collaboration on river and water responses, an activity that firmly puts into place expanded response capacity to support waterfront events.

Organizational Development

We continue to work on strategies that strengthen the strategic direction of our organization as a whole. In 2016, we published a Leadership Development Plan with the goal of cultivating strong managers to lead the Department into the future. At the time the plan was published, the level of officer certification for our company and chief officers was uneven. Many of them did not have a significant level of leadership training and most managers did not receive such training until after they were promoted into leadership positions. Three years later, due to the hard work of many to design a new curriculum, recruit talented instructors, and pull together all the attendant details, we have trained approximately 160 officers in Supervisor I, 180 officers in Supervisor II, 96 officers in NFPA 1403, 160 members in Instructor I, and 40 members in Instructor II, for a total of approximately 1,400 total training hours. As a result, we are now training new officers *before* they are promoted and equipping them with more of the tools and skills they need to be successful managers.

Part of being a strong leader is knowing how to recognize signs of stress and mental illness in our workforce and providing support to those employees who need it. In FY18, our Department launched a new Stress First Aid program in partnership with our labor unions. This program replaces our prior Critical Incident Stress Management program. While the prior program emphasized reacting appropriately to particularly stressful or traumatic incidents, Stress First Aid recognizes the fact that trauma for first responders is a cumulative experience over the course of their careers, and that the best treatment for it is ongoing efforts to promote wellness. Our company officers play an important role in achieving the goals of the program. We have trained 29 peer support team members who have begun hosting introductory and training sessions for companies throughout the Department.

I will close with a note about an effort we launched with our labor unions at the start of the new calendar year -- a survey of our members to solicit their feedback on the core values of our Department. Taken together with our mission and vision statements, core values provide a context for who we are; how we hope to treat each other, our customers, and our public; and

what we hope to accomplish in the future. By identifying our core values, we will be able to incorporate them into the spirit of all our members, regardless of rank or position, and they will allow us to keep the focus on what is truly important in being a part of an elite organization. Once adopted, we will be very intentional about how we live out our values, and we look forward to sharing more about this effort with the Council and the community in the coming months.

Our Department's participation in the survey was robust – twenty percent of our employees – with responses that reflect the broad diversity, creativity, passion, and thoughtfulness of our members. This is not surprising given the quality of the work they do in our communities every day. I want to thank them for their dedication and service.

With that, I am happy to answer any questions that members of the Committee and Council may have.