June 10, 2016

The Honorable Mayor Muriel Bowser
Government of the District of Columbia
1350 Pennsylvania Avenue, NW
Washington, DC 20004

Dear Mayor Bowser,

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

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

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

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

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

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%
2 or More	**14,427**	**21.6%**	100.0%	**53,593**	**50.6%**	100.0%
TOTALS	**66,729**	**100.0 %**		**105,895**	**100.0 %**	

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%
2 or More	**15,499**	**22.6%**	100.0%	**57,829**	**52.1%**	100.0%
TOTALS	**68,679**	**100.0 %**		**111,009**	**100.0 %**	

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

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

(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

Average Hospital Offload Times (minutes)		
	DCFEMS	Third Party
January 2016	48.87m	
February 2016	49.14m	
March 2016	52.37m	34.98m
April 2016	49.92m	34.16m
May 2016	48.77m	34.67m

NOTE: Third party transports commenced on March 28, 2016

While this data does show incremental progress in decreasing Department hospital offload or "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 Department 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. 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.

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

June 10, 2016

Chairman Phil Mendelson and
Judiciary Committee Chairman Kenyan McDuffie
District of Columbia City Council
1350 Pennsylvania Avenue, N.W.
Washington, DC 20004

Honorable Members of the Council,

I am pleased to present the first of American Medical Response's quarterly reports referencing our operations within the District of Columbia. AMR is proud to partner with the DC Fire and EMS and is honored to be serving the residents and visitors to the District.

Through our collaborative work with Chief Gregory Dean, the leadership at DC Fire & EMS and the Office of Unified Communications, we feel strongly that the partnership has yielded tangible and positive results to the District's emergency medical services system. As these systems continue to mature, I feel strongly that we will recognize further improvements to performance metrics and enhancements in the the delivery of care.

To date, our relationship with DC FEMS and OUC has been truly outstanding. We could not ask for better partners to work with as we develop this program. We look forward to continuing to work together to help improve the program as we strive to serve your constituents.

Please do not hesitate to contact me with any questions, thoughts or concerns regarding this report, or any aspect of the partnership.

Respectfully Submitted,

Erik M. Rohde
Regional Director
Mid-Atlantic Region
American Medical Response
erik.rohde@amr.net

Quarterly Performance Report

Provided To:

District of Columbia City Council

and

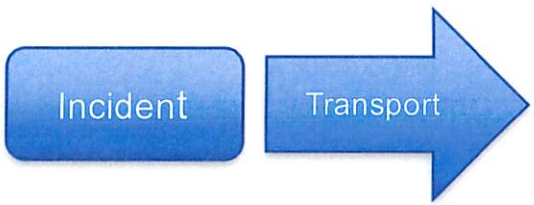
DC Fire & Emergency Medical Services

March 28 – May 31, 2016

Transports Performed

- 7,366 transports were performed by American Medical Response from March 28th through May 31st of 2016.
- Average Response Time by Month:
  - March: 7 minutes, 50 seconds
  - April: 6 minutes, 41 seconds
  - May: 6 minutes, 24 seconds
- AMR meets each patient at the location of the incident and transports the hospital requested by the patient, or as directed by DCFEMS.

Transports Performed



Hospital Name	Transports	Avg. Dropoff Time
Children's National Medical Center	17	28:54
United Medical Center	960	27:50
Howard University Hospital	1,100	32:55
Holy Cross Hospital	25	35:56
George Washington Hospital	1,732	35:45
Georgetown Hospital	312	30:21
VA Medical Center	171	30:43
Sibley Hospital	343	32:49
Prince Georges Medical Center	92	58:00
Providence Hospital	952	37:49
Washington Adventist Hospital	18	38:07
Washington Hospital Center	1,791	33:39

**Drop off time is average time in minutes. Hospitals with less than 15 transports not represented.*

Ambulance and Shift Information

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Current # of Shifts	33	41	39	40	39	41	35
# and Length of Shifts	6 – 8hr 10 - 9hr 5 - 10hr 12 - 12hr	9 – 8hr 14 - 9hr 4 - 10hr 14 - 12hr	9 – 8hr 12 - 9hr 5 - 10hr 13- 12hr	7 – 8hr 16 - 9hr 6 - 10hr 11 - 12hr	6 – 8hr 16 - 9hr 6 - 10hr 11 - 12hr	7 – 8hr 17 - 9hr 5 - 10hr 12 -12hr	6 – 8hr 13 - 9hr 6 - 10hr 10 - 12hr
Average # of Ambulances deployed	25	25	28	30	27	29	29

Average at Scene to At Patient Time

March	April	May
2:48	2:17	2:03

Personnel Data

- Hired 240 new employees since February 2016
  - 22 Employment Separations (voluntary and involuntary)
- 37% are District Residents
- 40% are Women
- 48% Minority Represented

Muriel Bowser
Mayor

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,

Gregory M. Dean
Fire and EMS Chief

Karima Holmes
Director, Office of Unified Communications

cc: Councilmembers

Quarterly Performance Report

Provided To:

District of Columbia City Council

and

DC Fire & Emergency Medical Services

March 28 – August 15, 2016

Note: Due to technical issues, data through 8/15/2016 was available at the time of report production.

Transports Performed

- 17,507 patient transports were performed by American Medical Response from March 28th through August 15th of 2016.

- Average Response Time by Month:
  - March: 7 minutes, 50 seconds
  - April: 6 minutes, 41 seconds
  - May: 6 minutes, 24 seconds
  - June: 5 minutes, 55 seconds
  - July: 6 minutes, 20 seconds
  - August: 6 minutes, 16 seconds

- AMR meets each patient at the location of the incident and transports the hospital requested by the patient, or as directed by DCFEMS.

Transports Performed

Hospital Name	Transports	Dropoff Time
Children's National Medical Center	493	31:12
United Medical Center	2,314	35:46
Howard University Hospital	2,787	34:55
Holy Cross Hospital	68	34:09
George Washington Hospital	4,041	36:42
Georgetown Hospital	833	30:15
VA Medical Center	401	31:20
Sibley Hospital	863	31:13
Prince Georges Medical Center	178	46:12
Providence Hospital	2,224	39:49
Washington Adventist Hospital	36	28:05
Washington Hospital Center	4,297	33:53

Note: Drop off time is average time in minutes. Hospitals with less than 30 transports not represented.

Ambulance and Shift Information

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Current # of Shifts	33	41	39	40	39	41	35
# and Length of Shifts	6 – 8hr 10 - 9hr 5 - 10hr 12 - 12hr	9 – 8hr 14 - 9hr 4 - 10hr 14 - 12hr	9 – 8hr 12 - 9hr 5 - 10hr 13- 12hr	7 – 8hr 16 - 9hr 6 - 10hr 11 - 12hr	6 – 8hr 16 - 9hr 6 - 10hr 11 - 12hr	7 – 8hr 17 - 9hr 5 - 10hr 12 -12hr	6 – 8hr 13 - 9hr 6 - 10hr 10 - 12hr
Average # of Ambulances deployed	25	25	28	30	27	29	29

Average at Scene to At Patient Time

June	July	August
2:15	2:20	2:08

Personnel Data

- Hired 280 new employees since February 2016
  - 95 Employment Separations (voluntary and involuntary)
- 37% are District Residents
- 38% are Women
- 58% Minority Represented

Muriel Bowser
Mayor

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

Gregory M. Dean
Fire and EMS Chief

December 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 provide the District of Columbia Fire and Emergency Medical Services Department's ("the Department") and the Office of Unified Communications' ("OUC") "Third Quarterly Report for September, October and November 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 September 1, 2016 through November 30, 2016:

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

Response:

Within the last few weeks, FEMS Department leadership including Chief Dean and Dr. Holman have been interviewed on a variety of local television and radio

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2000 14th Street NW, Suite 500
Washington, D.C. 20009

phone: (202) 673-3320
facsimile: (202) 462-0807
www.fems.dc.gov

outlets including Fox 5 News Mornings, "News Talk with Bruce DePuyt" on News Channel 8 and The Kojo Nnamdi Show on WAMU 88.5 (American University Radio). There are more interviews scheduled in the upcoming months.

During these interviews our Department leadership discussed the successful results of the partnership with American Medical Response (AMR), including improved response times, increased transport unit availability, increased training of FEMS members and a better maintained fleet. They have also represented the beginning of the Department's conversation with the public about the proper use of 911 and plans to pursue the recommendations of the Integrated Healthcare Collaborative.

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 IHC's draft final report is currently undergoing Executive review.

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

Response:

The Department hired a total of thirty-eight (38) employees between the period of September 1, 2016 through November 30, 2016, including twenty-eight (28) Firefighter EMT's and seven (7) Firefighter Paramedics. Of these thirty-eight (38) employees, thirty-one (31) or eighty-two percent (82%) are District residents. Of the remaining seven (7) employees, three (3) are Virginia residents, three (3) are Maryland residents and one (1) is a New York resident. It should be noted that all twenty (20) Fire Cadets that were hired 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 our last report the Department has not received any new ambulances but representatives from our agency have visited the Horton Emergency Vehicle Group to start the inspection process and begin the schedule for additional purchases. In FY 2017, the Department is purchasing 16 additional ambulances. In addition, the Department has made the following progress:

- A reserve fleet of ambulances is now readily available. This is a very significant and important improvement compared to one (1) year ago. Please also note that the Department did not have any ambulances placed out of service this summer for air conditioning problems.

- More intensive preventative maintenance is now being performed on our ambulances than was being done previously. This is allowing for "potential problems" to be found much earlier in the process – and increased options to repair units prior to releasing them back in service.

- The number of mechanics participating in training and testing to get their NFPA (National Fire Protection Association) compliant certifications is continuing to increase.

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

Response:

From September 1, 2016 through November 30, 2016 the Department delivered a total of 25,755 EMS training hours (detailed in Table I below). During the same period last year (2015) the Department delivered a total of 17,320 EMS training hours (detailed in Table II below). This is a net increase of 8,435 hours (a 33% increase) of EMS-related training given to Department personnel compared to the same period last year.

Table I: EMS Training Hours Delivered from September 1, 2016 through November 30, 2016

Class	Number of participants	Number of hours per class	Total
EMT Refresher	210	36	7,560
EMT Certification Course	31	240	7,440
Assessment, Documentation, High-Performance CPR	77	4	308
Trauma & Excited Delirium Syndrome (ExDS)	164	4	656
Prehospital Trauma Life Support	112	16	1,792
Advanced Cardiovascular Life Support (Refresher)	3	8	24
Pediatric Advanced Life Support (Refresher)	3	8	24
Pediatric Education for Prehospital Providers	79	16	1,264
Various Asynchronous Distance Learning Modules (Target Safety Courses)		Various	6,687
			TOTAL: 25,755

Table II: EMS Training Hours Delivered from September 1, 2015 through November 30, 2015

Class	Number of participants	Number of hours per class	Total
EMT Refresher	239	36	8,604
Advanced Medical Life Support	58	16	928
International Trauma Life Support	8	16	128
Pediatric Advanced Life Support (Refresher)	8	8	64
Advanced Cardiovascular Life Support (Refresher)	9	8	72
Various Asynchronous Distance Learning Modules (Target Safety Courses)		Various	7,524
			2015 Total: 17,320
			2016 Total: 25,755
			Δ 2015-16: +8,435

"(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:

A complete set of billing data required to answer this question is not available at this time and will be forwarded in a supplemental report.

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)
Sept 2016	18,046	40	129
Oct 2016	17,323	37	126
Nov 2016	15,500	35	128

"(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)

	DC FEMS	Third Party
Sept 2016	47.51	34.41
Oct 2016	46.15	35.37
Nov 2016	45.32	33:01

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

Response:

We are working on strategies to address the misuse of 911, including but not limited to public engagement, public service announcements and website updating. As mentioned previously, 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.

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. Accordingly, attached is a responsiveness report generated by AMR.

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

Quarterly Performance Report

Provided To:

District of Columbia City Council

and

DC Fire & Emergency Medical Services

August 1 – October 31, 2016

Transports Performed

- 13,719 patient transports were performed by American Medical Response from August 1 through October 31 of 2016.

- AMR responded to an average of 169 requests for service each day during this period.

- Average Response Time by Month:
  - August: 8 minutes, 7 seconds
  - September: 7 minutes, 48 seconds
  - October: 8 minutes, 23 seconds

- AMR met each patient at the location of the incident and transports the hospital requested by the patient, or as directed by DCFEMS.

Transports Performed

Hospital Name	Transports	Dropoff Time
Children's National Medical Center	670	30:23
United Medical Center	1,529	37:01
Howard University Hospital	1,921	34:39
Holy Cross Hospital	36	32:36
George Washington Hospital	2,742	36:40
Georgetown Hospital	549	31:15
VA Medical Center	315	31:20
Sibley Hospital	863	30:35
Prince Georges Medical Center	49	46:12
Providence Hospital	1,580	39:46
Washington Adventist Hospital	36	28:05
Washington Hospital Center	3,222	34:17

Note: Drop off time is average time in minutes. Hospitals with less than 30 transports not represented.

Ambulance and Shift Information

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Current # of Shifts	33	41	39	40	39	41	35
# and Length of Shifts	6 – 8hr 10 - 9hr 5 - 10hr 12 - 12hr	9 – 8hr 14 - 9hr 4 - 10hr 14 - 12hr	9 – 8hr 12 - 9hr 5 - 10hr 13- 12hr	7 – 8hr 16 - 9hr 6 - 10hr 11 - 12hr	6 – 8hr 16 - 9hr 6 - 10hr 11 - 12hr	7 – 8hr 17 - 9hr 5 - 10hr 12 -12hr	6 – 8hr 13 - 9hr 6 - 10hr 10 - 12hr
Average # of Ambulances deployed	25	25	28	30	27	29	29

Average at Scene to At Patient Time

June	July	August
2:22	2:19	2:11

Personnel Data

- 272 Total Persons Employed in the Division
- 37% are District Residents
- 38% are Women
- 52% Minority Represented
  - AMR is preparing for, and expects to hold our inaugural District resident EMT class within the next 180 days