MURIEL BOWSER
MAYOR

August 23, 2021

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

Dear Chairman Mendelson:

I am pleased to submit to the Council of the District of Columbia the enclosed Emergency Medical Services Transport Contract Authority Fourth Annual Report (April 2019 – March 2020). Pursuant to D.C. Code § 5-401, the Fire and Emergency Medical Services Department (FEMS) may contract with third parties to provide supplemental pre-hospital medical care and transportation to persons requiring Basic Life Support. FEMS is required under the statute to provide an annual report to the Council regarding third party contractor operations.

This report evaluates performance under the contract and includes the following information: (1) the impact on the Department's unit availability; (2) the impact on the Department's fleet, including the ability to conduct preventative maintenance and the number of operational and reserve units available; (3) the impact on the Department's training schedule; (4) the impact on the Department's response times and quality of patient care; (5) an assessment of the number of units, the number of personnel, the amount of training, and associated costs required to provide pre-hospital medical care and transportation without the use of third parties; and (6) recommendations for implementing any additional units, personnel, and training. The responses contained in this annual report are based on the best available data between the dates of April 1, 2019 and March 31, 2020.

In our annual reports in 2017, 2018 and 2019, we reported on the positive impact our contract with American Medical Response has had in each of the above areas. We are pleased to report this progress continued in the fourth year of implementation since this reporting requirement was instituted. Above all else, the contract has enabled us to continue to improve patient care and service to the residents and visitors of the District of Columbia.

I am available to discuss any questions you may have regarding this report. To facilitate a response to your questions, please have your staff contact Amy C. Mauro, Esq., FEMS Chief of Staff, at 202-673-3320.

Sincerely,

Muriel Bowser
Mayor

Enclosure

Government of the District of Columbia

FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT

Emergency Medical Services Transport Contract Authority

Annual Report

April 2019 – March 2020

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Emergency Medical Services Transport Contract Authority
Fourth Annual Report (April 2019 – March 2020)

May 2021

As part of the "Fiscal Year 2017 Budget Support Act of 2016," Mayor Bowser proposed, and the Council approved, the "Emergency Medical Services Transport Contract Authority Amendment Act of 2016."

Under D.C. Code § 5-401, the Fire and Emergency Medical Services Department (FEMS) may contract with third parties to provide supplemental pre-hospital medical care and transportation to persons requiring Basic Life Support (BLS). FEMS is required under the statute to provide an annual report to the Council regarding third party contractor operations.

This report evaluates performance under the contract and includes the following information: (1) The impact on the Department's unit availability; (2) The impact on the Department's fleet, including the ability to conduct preventative maintenance and the number of operational and reserve units available; (3) The impact on the Department's training schedule; (4) The impact on the Department's response times and quality of patient care; (5) An assessment of the number of units, the number of personnel, the amount of training, and associated costs required to provide pre-hospital medical care and transportation without the use of third parties; and (6) Recommendations for implementing any additional units, personnel, and training. The responses contained in this annual report are based on the best available data between the dates of April 1, 2019 and March 31, 2020.

In our annual reports in 2017, 2018 and 2019, we reported on the positive impact our contract with American Medical Response (AMR) has had in each of the above areas. We are pleased to report this progress continued in the fourth year of implementation since this reporting requirement was instituted. Above all else, the contract has enabled us to continue to improve patient care and service to the residents and visitors of the District of Columbia.

(1) The impact on the Department's unit availability.

The AMR contract continues to be the most important factor in the Department's improved unit availability since 2016. The Department launched the AMR contract on March 28, 2016 and since then we have regularly had 11 or more FEMS transport units available over 90 percent of the time. During some weeks, this measure was achieved 100 percent of the time. The contract also enabled us to convert three BLS units to Advanced Life Support (ALS) units in March 2017, which, combined with the Department's transition to Criteria Based Dispatch (CBD) in April 2018, improved ALS unit availability. With a few exceptions, we have had five or more ALS transports available over 90 percent of the time since March 2017.

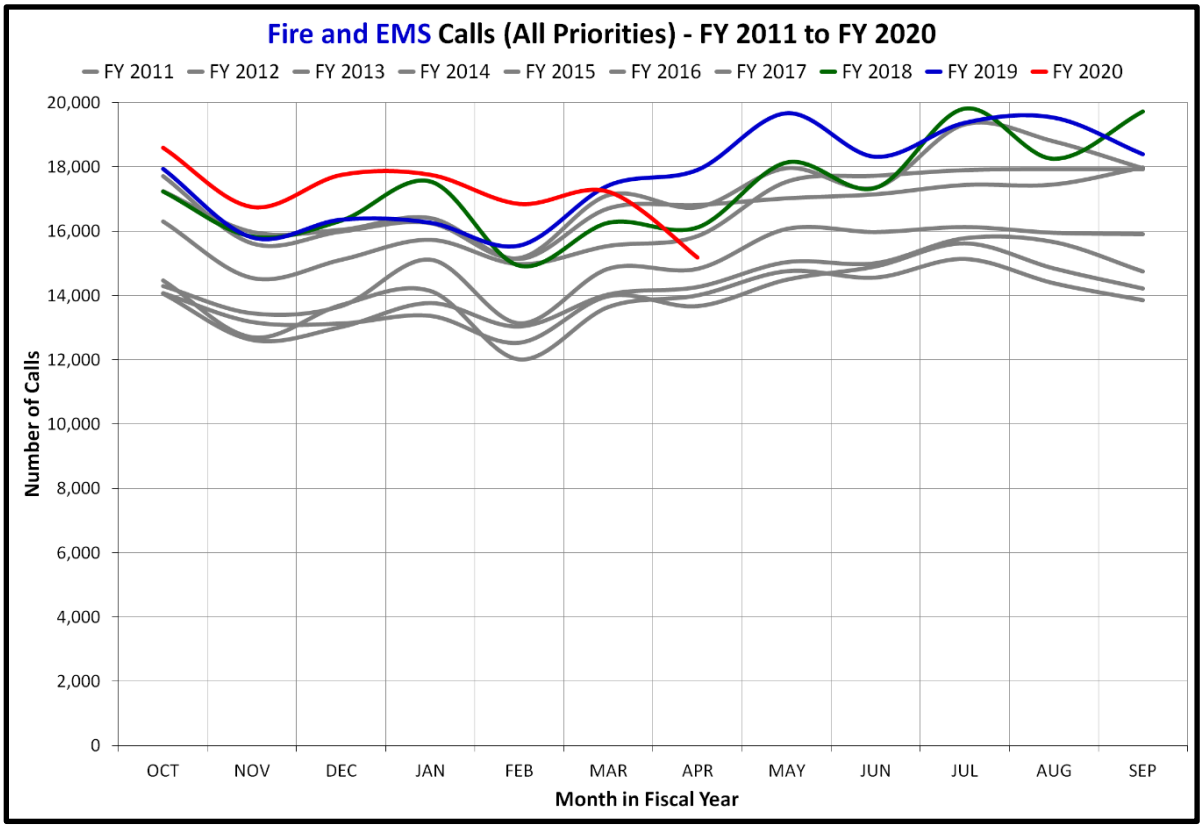
Since the last annual report and up until the COVID-19 pandemic, the Department saw record-breaking EMS call volume, including record-setting levels from July 2019 through September 2019. Warmer weather, high rates of synthetic drug calls, and continued population growth were factors that impacted this trend. While the AMR contract improved overall and BLS unit availability during its first two years, the launch of CBD, combined with a growth in EMS call volume during the same year, resulted in new pressures on our BLS unit availability. The closure of Providence Hospital, which contributed to the

increase in our hospital "drop times," also impacted our BLS unit availability. To remedy this, the FY 2020 budget included funding to support the staffing of four additional ambulance transport units to our daily operational deployment. The Department placed these units in service (using overtime) in May 2019 in areas with persistently high call volume. The addition of these ambulances allowed the District to avoid negative impacts from all the call volume pressures listed above.

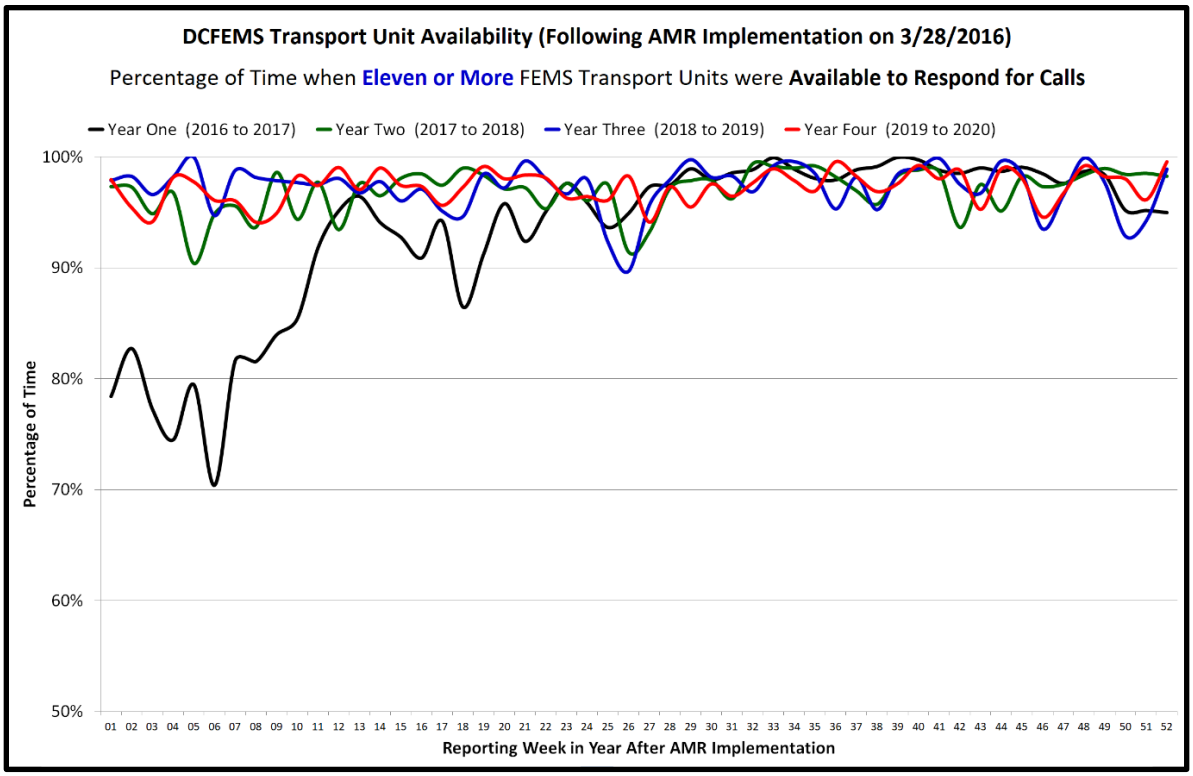
As the COVID-19 pandemic arrived in the District, EMS call volume began a steady decline, presumably due to a decrease in commuter population in the District, a decrease in activity generally during periods of quarantine, and a change in patient behavior towards seeking health care. Nonetheless, a sharp increase in cardiac arrests, as well as the need to don personal protective equipment (PPE) and to decontaminate vehicles because of COVID-19 created new capacity challenges, which the four new ambulances allowed the Department to absorb.

In addition, the *Right Care, Right Now* Nurse Triage Line (NTL) turned out to be a critical tool in responding to the pandemic. The District is now a national leader in the use of this innovative tool, which jurisdictions around the country scrambled to stand up after the pandemic started. Use of the NTL has enabled both the Department and hospital emergency departments to maintain resources for critical patients throughout the COVID-19 crisis, which has helped the hospitals respond to the same. Overcrowded hospitals in the District were a reality before COVID-19 and we have learned that addressing this challenge with the NTL is possible and benefits the whole system.

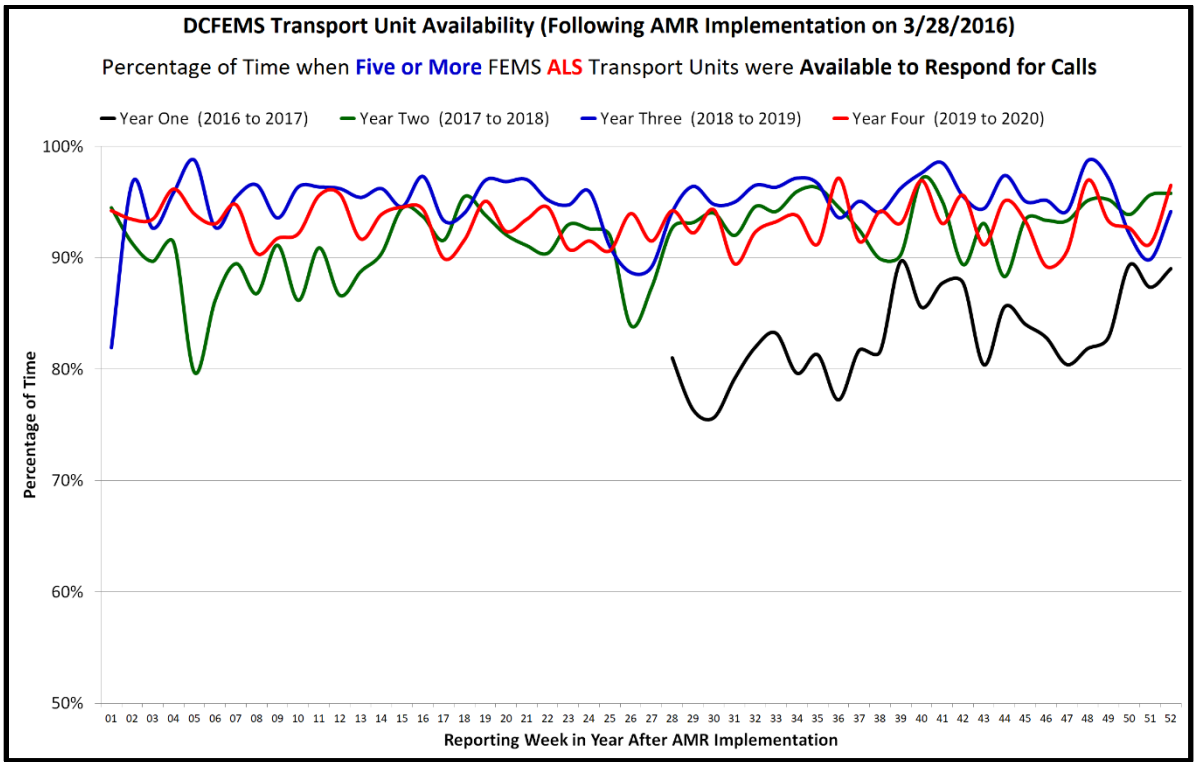
The following chart shows the record-breaking call volume we experienced in early FY 2020 and the significant drop in March 2020 during the advent of COVID-19:



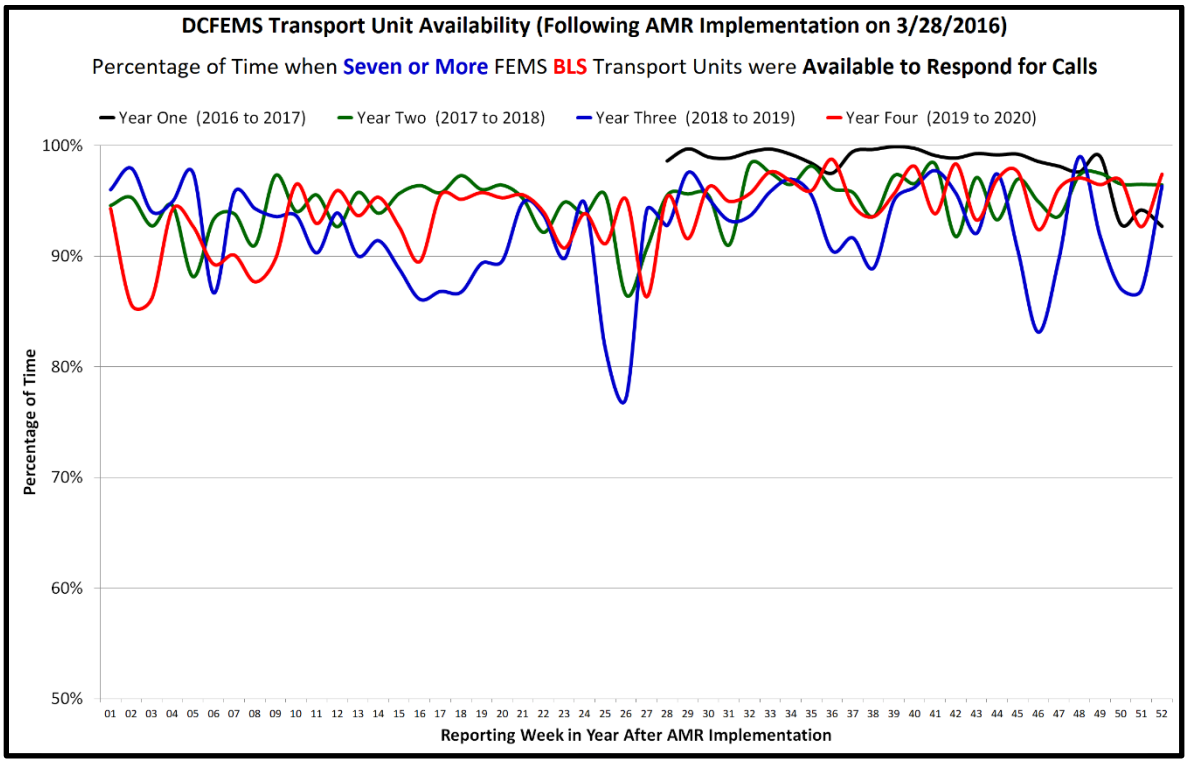
For details on our unit availability trends, please refer to the following charts. The first chart, below, shows the improvement in our overall transport unit availability since the launch of the AMR contract (it also shows our unit availability before the launch).



The second chart, below, shows our improved ALS unit availability in years 2, 3 and 4 of the AMR contract.



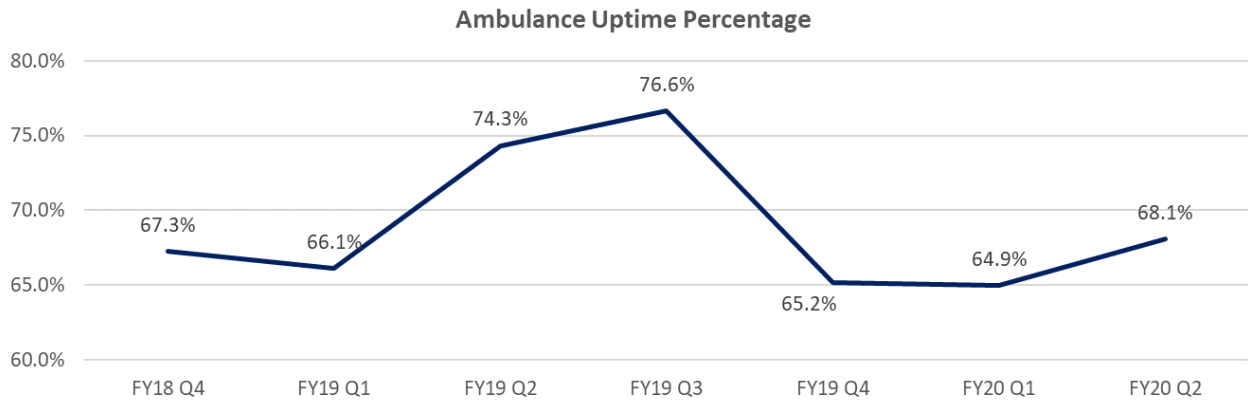
The third chart, below, shows improved BLS unit availability since 2016. This also demonstrates the strain on BLS unit availability we experienced in 2018-2019, and how we substantially improved it in 2019-2020 with the addition of the four ambulances to our daily deployment.



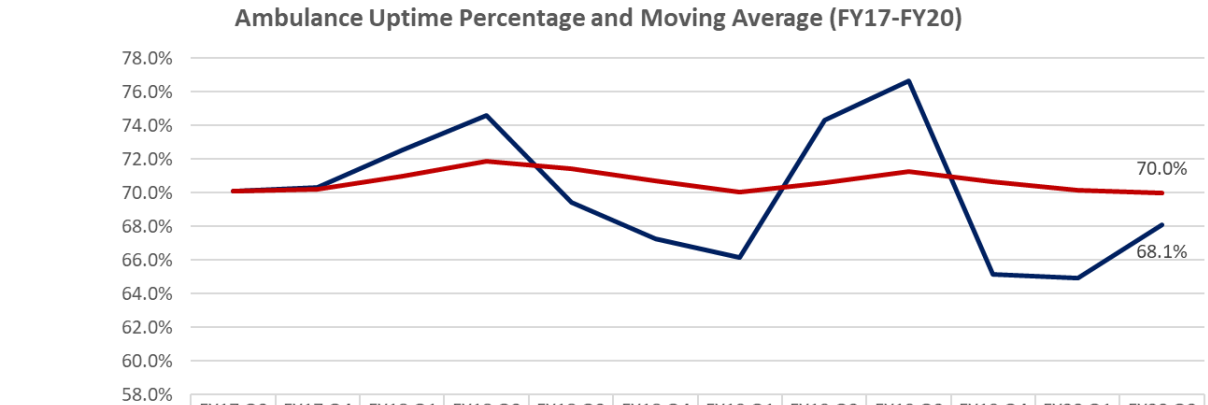
(2) The impact on the Department's fleet, including the ability to conduct preventative maintenance and the number of operational and reserve units available.

The AMR contract and the District's efforts to stay on schedule with ambulance purchases have enabled the Department to conduct significantly more preventive maintenance and have also increased the lifespan of its vehicles. This has been key in helping to provide consistent reserve fleet capability across ambulances, pumpers, and ladder trucks simultaneously. The Department now maintains a repair and maintenance schedule for ambulances and also allows time for mechanics to participate in critical training and testing. As we have noted previously, this has contributed to an increase in the number of operational and reserve units available.

As the chart below shows, we have maintained an improved ambulance "uptime" percentage during year four of the AMR contract. The Department has set an uptime goal of 75%. Although we did not meet our goal during the first two quarters of FY 2020, we saw vast improvement during the second half of the year, which will be demonstrated in our next report:



The Department's ambulance uptime percentage and moving average over the past three years clearly shows steady progress. See chart, below:



	FY17 Q3	FY17 Q4	FY18 Q1	FY18 Q2	FY18 Q3	FY18 Q4	FY19 Q1	FY19 Q2	FY19 Q3	FY19 Q4	FY20 Q1	FY20 Q2
Uptime	70.1%	70.3%	72.5%	74.6%	69.4%	67.3%	66.1%	74.3%	76.6%	65.2%	64.9%	68.1%
Moving average	70.1%	70.2%	71.0%	71.9%	71.4%	70.7%	70.1%	70.6%	71.3%	70.7%	70.1%	70.0%

The Department is continuing the procurement of FY 2020 vehicles, including six engines, five ladder trucks, and ten ambulances, as well as several specialty service vehicles, including rescue squads and command apparatus. We are taking delivery of seven new FY 2018 and FY 2019 ladder trucks in calendar years 2020 and 2021, all of which are expected to be in service in the coming months.[1]

(3) The impact on the Department's training schedule.

The Department continues to deliver EMS recertification training in an on-duty, modular format, a change we made in 2016 that was made possible, in part, by the AMR contract. Four-hour blocks of National Registry Core Competencies are delivered quarterly, amounting to a full re-certification cycle over two years, rather than all at once every two years. This model provides a higher quality of training for our members, as their skills are continuously updated and reinforced. Furthermore, the increased frequency of training permits us to introduce new topics as the need arises—this allows our educational materials to be on the cutting-edge of medical research (e.g., VAN/FAST Stroke Assessment Scale), new operational components (e.g., Field Provider Referral – Nurse Triage Line (FPR-NTL) Training), protocol changes (e.g., Transition to D10W Protocol for Hypoglycemia), and any updates from external credentialing bodies.

EMS/Related Training

The table below outlines the EMS/related training classes provided by the Department in FY2019, and Q1 and Q2 of FY2020 (training up through March 31, 2020). For details on training hours completed, please see our Semi-Annual Reports for FY 2019 and FY 2020.

EMS-BASED/RELATED TRAINING
Course Name
Advanced Cardiovascular Life Support (ACLS) Provider
Advanced Cardiovascular Life Support (ACLS) Refresher
Advanced Medical Life Support (AMLS) Provider
Advanced Medical Life Support (AMLS) Refresher
AHA Full Code App Tutorial
ALS Operations/Protocols
BLS Operations/Protocols
CAPCE-approved Target Solutions Courses
Emergency Medical Technician Course
Expedient Application of the LUCAS Device
Field Provider Referral - Nurse Triage Line (FPR-NTL) Training
LGBTQ Cultural Competency Refresher
Module 4: Altered Mental Status *(make-up sessions)*
Module 5: Wellness, Safety, and Cardiac Arrest *(make-up sessions)*
Module 6: Hand-Tevy Pediatric Cardiac Arrest System *(make-up sessions)*
Module 7: Unusual Emergencies and Operational Concerns *(make-up sessions*)

[1] The interruptions in the global supply chain caused by COVID-19 did cause delays in the building and delivery of some of these vehicles.

EMS-BASED/RELATED TRAINING
Course Name
Module 8: Changing Culture in Fire & EMS *(make-up sessions)*
Module 9: Obstetric and Pediatric Emergencies *(make-up sessions)*
Module 10: MCI Drill and S.A.L.T. Triage
Module 11: Pumps, Pipes, Clogs, and Leaks
Module 12: Sick, Psych, or Substance?
Module 13: Homeless, NOT Helpless
Paramedic Grand Rounds, September 2018 - Burns and CO Poisoning[2]
Paramedic Grand Rounds, January 2019 - Case Review
Paramedic Grand Rounds, April 2019 - Advanced Medication Administration
Paramedic Grand Rounds, July 2019 - ECGs and Acute Coronary Syndrome
Paramedic Grand Rounds, October 2019 - Epidemiology and Outbreak
Pediatric Advanced Life Support (PALS) Provider
Pediatric Advanced Life Support (PALS) Refresher
Pre-Hospital Trauma Life Support (PHTLS) Provider
Pre-Hospital Trauma Life Support (PHTLS) Refresher
Transition to D10W Protocol for Hypoglycemia
VAN/FAST Stroke Assessment Scale
Viral-Filter-to-CPAP Training

We also continue to offer our Paramedic Grand Rounds sessions, which are four-hour continuing-education symposiums conducted by the Office of the Medical Director. These sessions cover a wide range of topics, including advanced burn care, medication administration, and cardiology. Experts from the field of public health and epidemiology joined us in October 2019 to facilitate a pandemic influenza table-top exercise (Paramedic Grand Rounds, October 2019 – Epidemiology and Outbreak).

The Training Division maintains an ever-growing pool of adjunct instructors who are active operational providers within the Department and who possess strong clinical and teaching skills. The insight, energy, and knowledge that our instructors bring to the classroom have melded into an integral component of our Academy. Members assigned to the Training Division continue to oversee course logistics, curricula, and performance management; these two elements have combined into a successful education process, from development to delivery.

Our Training Division is committed to delivering the maximum possible amount of hands-on and live-instructor training. As the event of COVID-19 has shown us however, online education is unavoidable and sometimes necessary. As shown by the nature of the items in Table 1, in 2019 we provided a significant amount of in-house training, and we will strive to continue this trend in the future.

Fire-Based/Related Training

The table below outlines the fire-based/related training classes provided by the Department in FY2019, and Q1 and Q2 of FY2020 (training up through March 31, 2020).

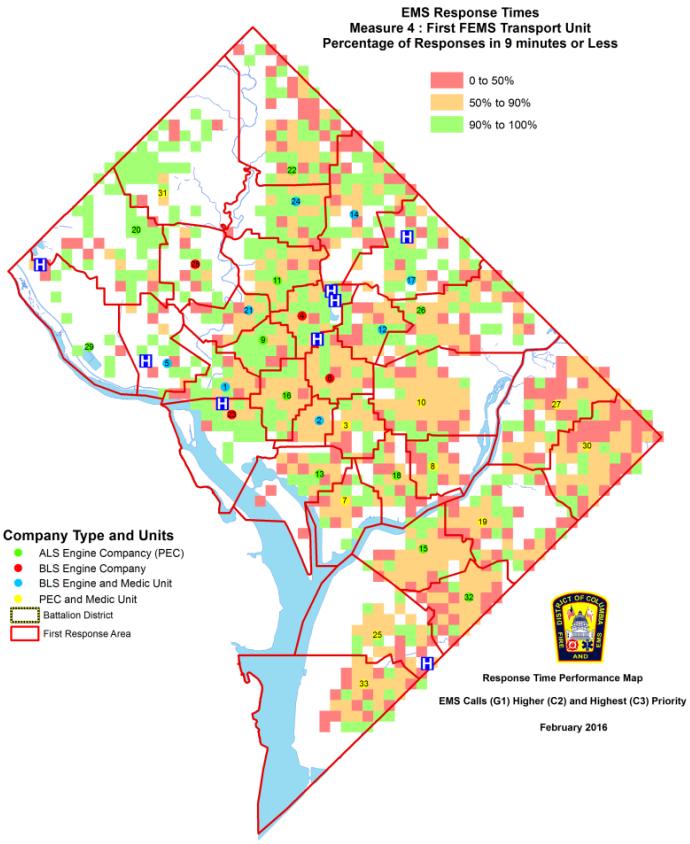
[2] This course was fully finalized in October 2018 and was the 1st Quarter Grand Rounds course for FY 19. They are held quarterly. The next course was in January 2019, for quarter 2 of FY19.

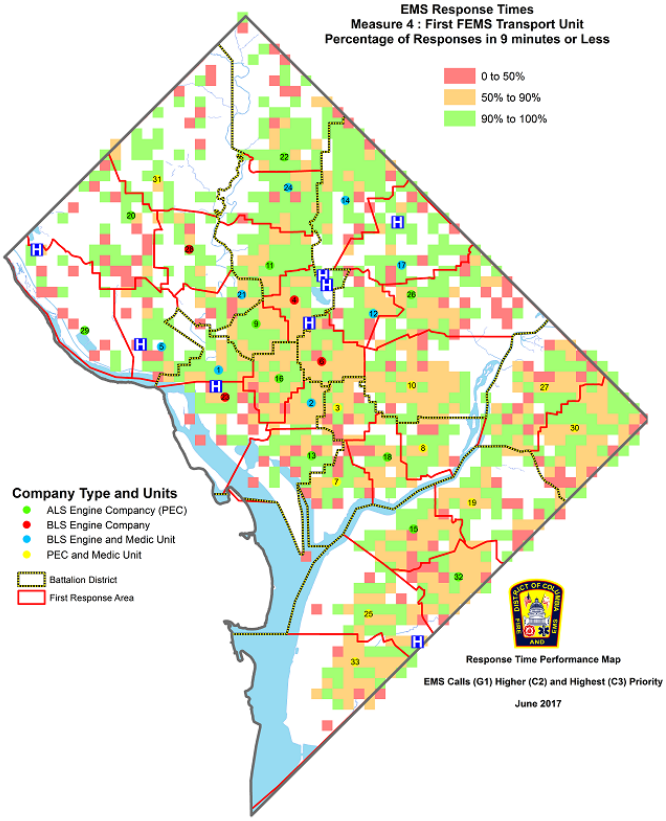
FIRE-BASED/RELATED TRAINING
Course Name
Instructor I
Emergency Boat Operator
MSHA Tunnel Rescue Re-Certification
MSHA Tunnel Rescue Certification
Supervisor II
SCBA Sustainment Training
Instructor II
Mission Command Seminar
ICS 300/400
Health & Safety Officer
Incident Safety Officer
Fire Officer III
Vehicle & Machinery Rescue
Supervisor I
Leadership Series: Empowering Women to Lead Seminar
In Service Training Initiative 1 - Command Simulation
EVOC (Emergency Vehicle Operator's Course)
Trench
Emergency Boat Operator
Confined Space - Rescue Technician
Trench - Rescue Technician
ARFF (Aircraft Rescue and Fire Fighting)
Site Operations
Plan's Examiner I/II
Initial 140 EVOC
ICS 300/400
Swiftwater Rescue
Storm Water Population Plan
Technical Rope Rescue - Rescue Technician
In Service Training Initiative 2 - 'Saving Our Own Evolutions'
EVOC Train-the-Trainer
Back to Basics RIT: 2019
Initial Emergency Vehicle Operator Training
NFPA 1403: Live Fire Training Evolutions
Structural Collapse - Rescue Technician
Emergency Vehicle Operator Training

(4) (A) The impact on the Department's response times.

Since launching just over four years ago, the AMR contract significantly improved the response time of the Department's ambulances from 2016 to 2018. Call volume in calendar year 2018 and through the reporting period in 2019-2020 exceeded prior year levels, thus response times and hospital drop times consequently increased in Fall 2018. In 2019, pressures on FEMS unit availability related to a combination of increased call volume and the Providence Hospital closure further exacerbated this challenge as described above.

As shown below, our measure for the first FEMS transport unit responding in 9 minutes or less was improved since February 2016, before the AMR partnership (note the improvement in June 2017).


EMS Response Times
Measure 4 : First FEMS Transport Unit
Percentage of Responses in 9 minutes or Less
0 to 50%
50% to 90%
90% to 100%
Company Type and Units
ALS Engine Company (PEC)
BLS Engine Company
BLS Engine and Medic Unit
PEC and Medic Unit
Battalion District
First Response Area
Response Time Performance Map
EMS Calls (G1) Higher (C2) and Highest (C3) Priority
February 2016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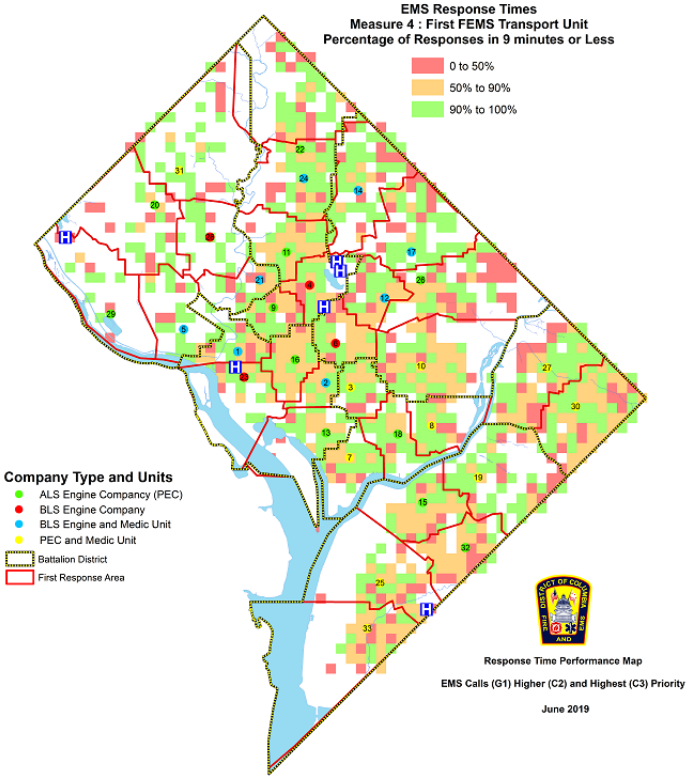
June 2017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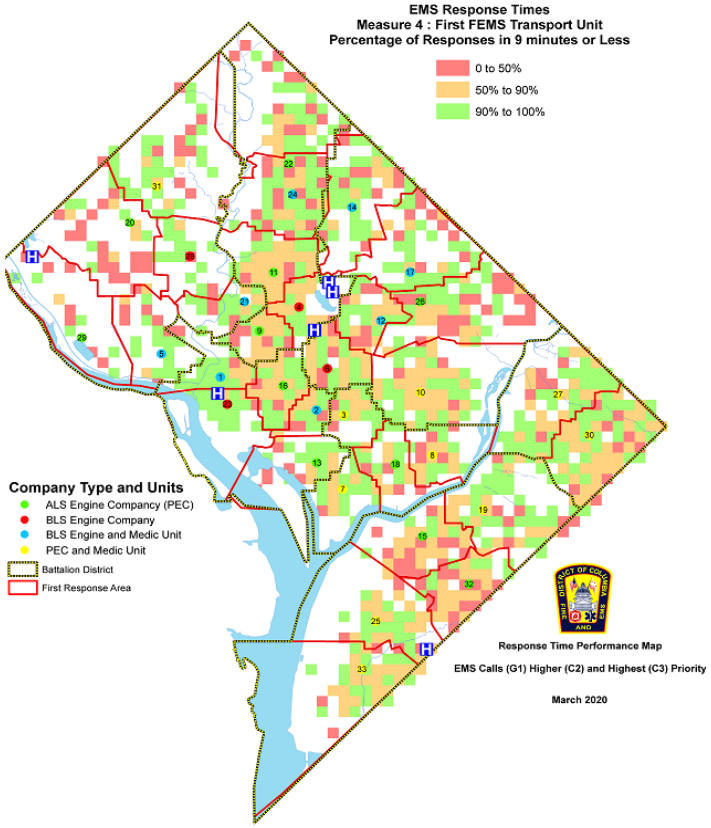
June 2019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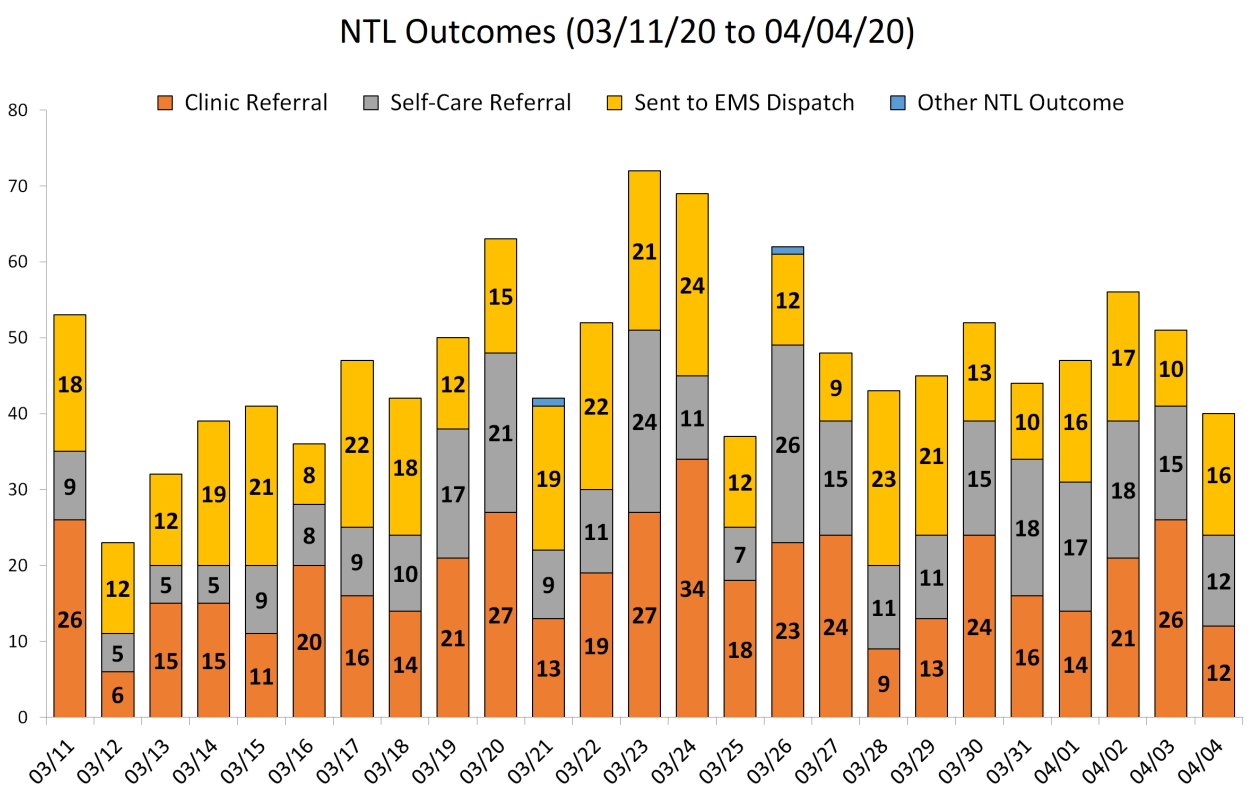
Response Time Performance Map
EMS Calls (G1) Higher (C2) and Highest (C3) Priority
March 2020

The NTL has been a critical tool in responding to the COVID-19 emergency. The chart below shows the increase in NTL diversions from area hospital emergency rooms during the crucial time of March 2020, when COVID-19 cases rose exponentially:



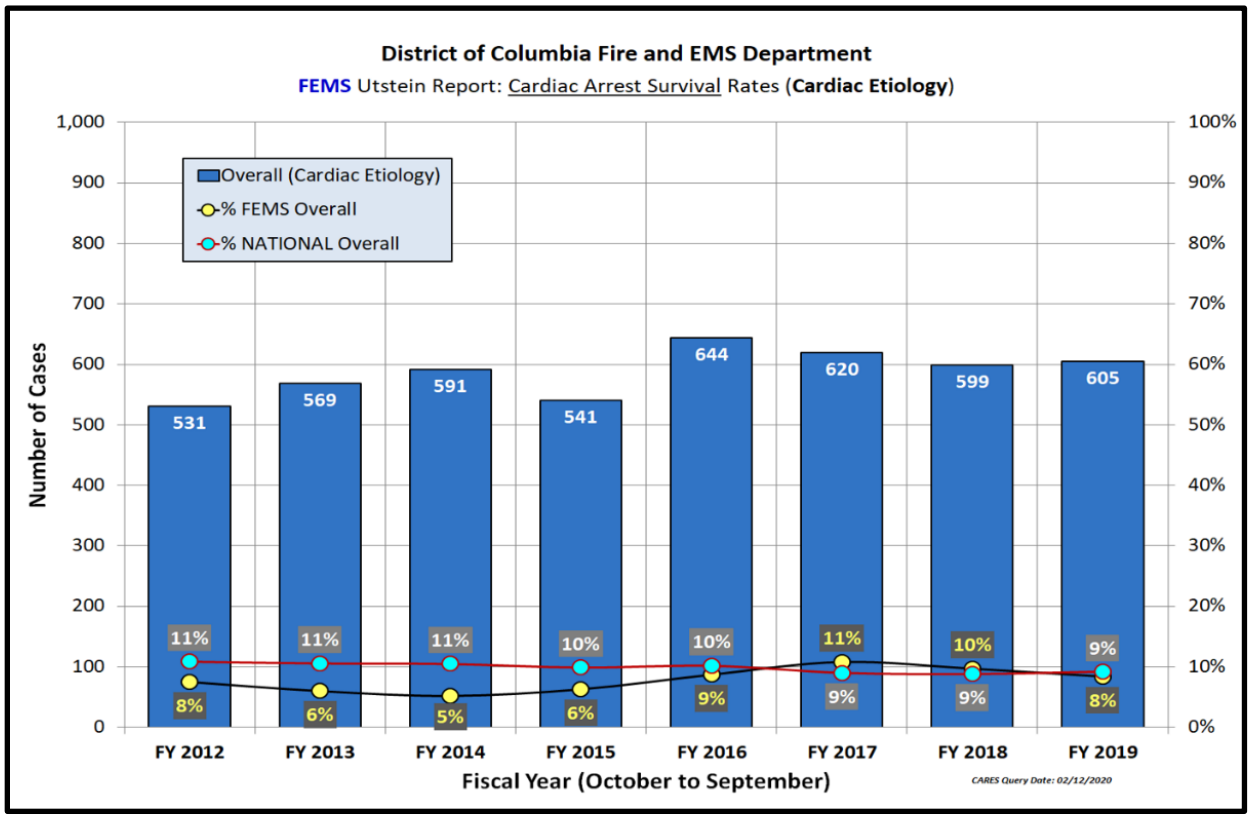
Third party transport, NTL, and measures intended to improve cardiac arrest survival are all critical components to the Department's ongoing efforts to improve EMS care in the District. The use of the NTL has enabled us to maintain EMS resources for critical patients and has contributed to decreased emergency department call volume throughout the COVID-19 crisis.

The program continues during the pandemic to connect callers to 911 with non-emergency medical needs to non-emergency transportation, self-care, and walk-in appointments at community clinics. Efforts to increase utilization of the triage nurse for as many calls as appropriate, and to also reduce 911 volume are ongoing and will undoubtably improve the delivery of pre-hospital medical care to the visitors to and residents of the District.

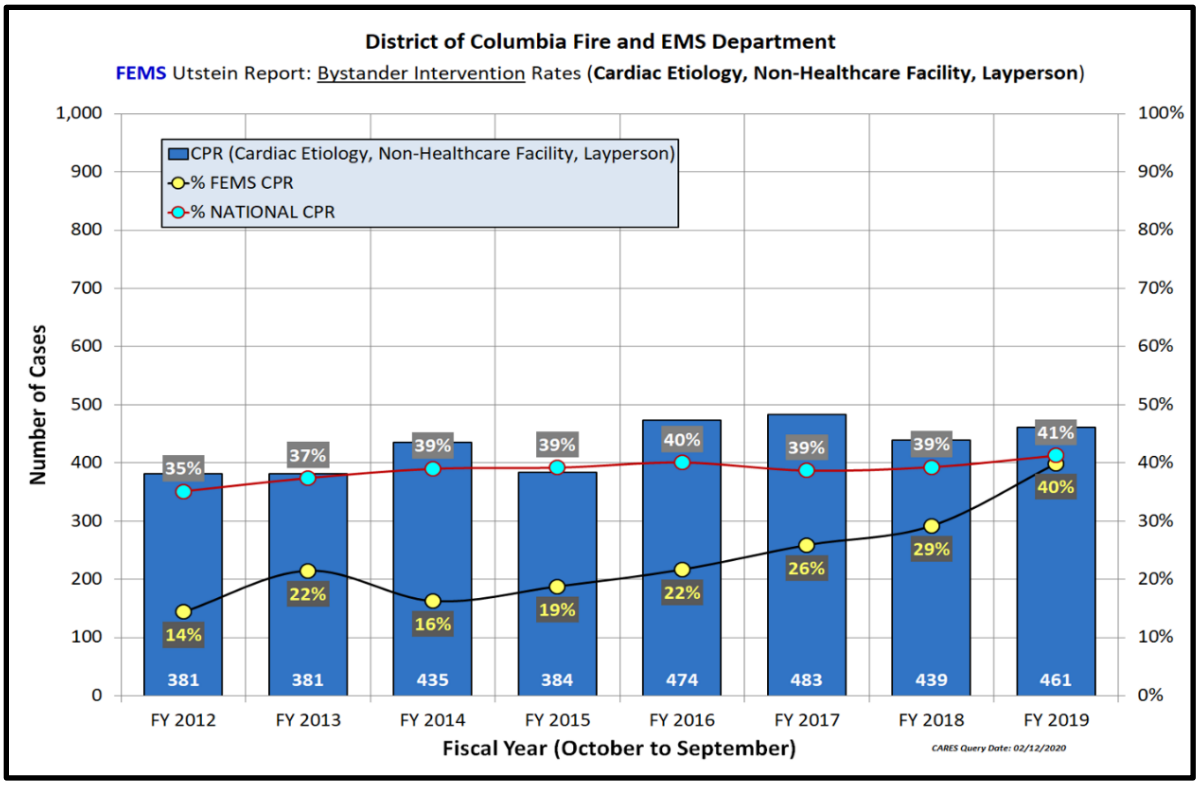
At the same time, we are cognizant that patients' fears about seeking health care during the pandemic can have negative patient outcomes. For this reason, we have used our NTL public education budget throughout the pandemic to also fund messages about the importance of seeking help for symptoms that may indicate a serious or life threatening condition, and we will continue to do so throughout the pandemic.

(4) (B) The impact on the Department's quality of patient care.

The Department continues to see progress in patient care outcomes. In FY19, we continued our positive trend in overall cardiac arrest survival rates (see charts, below):



We have trained over 75,000 residents in hands-only CPR since 2015 and we launched the Pulse Point app in 2018. We continue to see more cases where bystanders start CPR before we arrive, and we reached the national average rate in FY 2019. We believe this is contributing to more patients surviving cardiac arrest.



(5) An assessment of the number of units, the number of personnel, the amount of training, and associated costs required to provide pre-hospital medical care and transportation without the use of third parties.

The Department estimates the cost of providing pre-hospital medical care and transportation without the use of a third party to be over $30 million. This includes the cost of adding 25 additional ambulances to the Department's fleet and almost 300 additional employees. Building this capacity would take approximately three to five years. This takes only the initial investment of personnel and equipment into consideration and does not include the additional estimated expenditures of vehicle maintenance, equipment maintenance, and fuel. In addition, the Department would incur additional costs while engaging in the process of building apparatus capacity, and limitations in capacity for training and hiring.

(6) Recommendations for implementing any additional units, personnel, and training.

The Department does not recommend providing the same service that a third party BLS provider provides in-house. Providing the service through the current contract is much more cost efficient, with the expenditure of $12 million versus the potential expenditure of well over $30 million for doing so in-house, plus continuing staffing and maintenance costs. Also, a significant percentage of calls handled by AMR are for non-emergency medical problems that would be better addressed through non-emergency health care services.

Preserving the AMR partnership is particularly critical because of the Department's experience during the COVID-19 pandemic. Depending on the advancement of treatment and vaccines, it is highly likely that when the District fully reopens, we will quickly find ourselves again with high call volume challenges. Because of this, we strongly advise that we continue to do the following:

- Maintain full funding of the AMR contract. This is critical and if it is jeopardized, we will return to the days of an unsafe EMS system where demand outpaces capacity;
- Continue to transport non-ambulatory patients to clinics using AMR (the CMS COVID-19 related policy changes enabled us to do so);
- Support the continued growth/strengthening of NTL;
- Invest in public education for the types of care which are best handled at neighborhood clinics rather than EDs; and
- Implement Health Care Transformation Commission recommendations that have the same intent and goals as NTL, including:
    - Creating alternative pathways for mental health and substance abuse patients; and
    - Implementing changes at hospitals that improve patient throughput, for example, regulatory changes and more transparency in real time info on the number of hospital beds available.

(7) Conclusion

During the annual report period, and throughout the COVID-19 pandemic, the Department has remained focused on our core values, the BASICS: Bravery, Accountability, Service, Integrity, Compassion, and Safety. Our Department is better equipped and better resourced than many Departments across the country that are fighting this pandemic. Mayor Bowser's and the Council's investment in our Department will continue to pay dividends during our COVID-19 response.

The third-party provider contract has been the foundation of our reform of the EMS system. This statutory authority has been critical in freeing up FEMS resources to respond to patients with life threatening injuries and illnesses. Our improvements have received national attention and we must continue this momentum. We believe our EMS system has evolved into a system that makes more medical and financial sense than the old one, a system that preserves our most specialized resources for our most critical patients and that uses supplemental, more efficient resources for lower acuity patients.

We are proud of the improvements we have seen in FY 2019 and the beginning of FY 2020. Because of the AMR partnership, it has been possible to make several important investments over the course of the last five years that have improved patient outcomes and saved lives across the District.

MURIEL BOWSER
MAYOR

The Honorable Phil Mendelson
Chairman, Council of the District of Columbia
John A. Wilson Building
1350 Pennsylvania, NW, Suite 504
Washington, DC 20004

Dear Chairman Mendelson:

On behalf of the Fire and Emergency Medical Services Department (FEMS), enclosed for Council review, please find the "Emergency Medical Services Transport Contract Authority Semi-Annual Report (October 2019 – March 2020)."

Under D.C. Code §5-401, the Fire and Emergency Medical Services Department (FEMS) or ("the Department") may contract with third parties to provide supplemental pre-hospital medical care and transportation to persons requiring Basic Life Support (BLS). This change in Department policy was necessary because, prior to this legislative authorization, the Department's resources could not meet the call volume demand, which put the lives of critical patients at risk. Since launching an emergency contract with American Medical Response (AMR) in March 2016, the Department has achieved many of the outcomes it put forth as goals of the contract, including vastly improved unit availability, reduced FEMS transport unit response times, improved condition of the fleet, and more training hours for providers. FEMS and the Office of Unified Communications (OUC) are required under the statute to provide semi-annual reports to the Council regarding third party contractor operations. Further, each third-party contractor that enters a contract pursuant to this authority is required to provide a semi-annual report to FEMS and the Council regarding the contractor's operations (that report is attached). The responses contained in this report are based on the best available data for the first and second quarters (the first half) of Fiscal Year 2020.

If you have any questions, please contact Amy C. Mauro, Esq., Fire and Emergency Medical Services Department, at 202-673-3320 or Kelly Brown, Office of Unified Communications, at 202-730-0524.

Sincerely,

Muriel Bowser

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Fire and Emergency Medical Services Department
Office of Unified Communications

Emergency Medical Services Transport Contract Authority
Semi-Annual Report (October 2019 – March 2020)

June 2020

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FEMS and the Office of Unified Communications (OUC) are required under the statute to provide semi-annual reports to the Council regarding third party contractor operations. Further, each third-party contractor that enters a contract pursuant to this authority is required to provide a semi-annual report to FEMS and the Council regarding the contractor's operations (that report is attached).

The responses contained in this report are based on the best available data for the first and second quarters (the first half) of Fiscal Year 2020.

If you have any questions, please contact Amy C. Mauro, Esq., Fire and Emergency Medical Services Department, at 202-673-3320 or Kelly Brown, Office of Unified Communications, at 202-730-0524.

A. Fire and Emergency Medical Services Department

1. *Activity by the Department to educate the public on the proper use of emergency requests for service.*

In the first and second quarter of FY 2020, through our partnership with Granicus, the Department aggressively continued with digital public outreach efforts connected to the *Right Care, Right Now* (RCRN) Nurse Triage Line. This work included weekly text messaging to high volume and low acuity 911 callers as well as individuals who have called 911 and been eligible for RCRN. In addition, emails and

texts were sent weekly to those who have provided their contact information to the overlay on the FEMS/*Right Care, Right Now* website.

In addition to the above messaging campaign, our website (https://fems.dc.gov/page/frequently-asked-questions-right-care-right-now) has a variety of resources regarding the proper use of 911 and the RCRN initiative, including:

- Frequently Asked Questions (also in six additional languages);
- Text 468311 Phone Alerts on RCRN;
- Informational flyer (includes information on "when and when not to call 911" and list of participating clinics);
- Map of participating clinics;
- Public Service Announcement (PSA) from Chief Dean; and
- Press release information.

All patients who participate in the Nurse Triage Line (NTL) are contacted by the nurse within 24 hours. Of those who have responded, the vast majority served by the NTL in the first two years of operations have had a positive experience. Some of them shared their plan to use the primary care provider they were connected to in the future.

2. *The number of employees hired after the contract award and their residency.*

The Department hired a total of 31 Firefighter EMTs and 8 Firefighter Paramedics between October 1, 2019 and March 31, 2020. For the residency of those hired, along with civilian hires, see table, below. The Department also hired 17 Firefighter Cadets from the Training Academy. Please note that the states of residency for the hires listed reflect their residency at the time of application only.

Place of Residency	Firefighter/EMT	Firefighter Paramedic	FF Cadet	Civilian
District of Columbia	19	-	17	2
Maryland	1	3	-	3
Virginia	11	4	-	1
Pennsylvania	-	1	-	-
Total:	**31**	**8**	**17**	**6**

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.*

The Department's ambulance fees and charges are described by 29 DCMR 567.1. Such fees and charges have not changed, or otherwise been modified, since January 1, 2009.

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.*

The Department did not receive any new transport units during the first and second quarters of FY 2020. We do anticipate the delivery of 10 new transport units in the 2nd half of the fiscal year. On October 1,

2019, the Department moved 4 reserve transport units to operation as frontline BLS ambulances, supporting the approved budget increase in authorized transport units. The Department places orders and receives ambulances on a regular replacement schedule to ensure that the ambulance fleet meets operational needs.

5. *The number of emergency medical services personnel training hours provided, including all pediatric training conducted pursuant to a memorandum of understanding between the Department and the pediatric training entity.*

During the first and second quarters of Fiscal Year 2020, the Department delivered a total of 56,607 EMS training hours. This is an increase of 11,636 hours over the third and fourth quarters of FY2019 (during which we delivered 44,971 hours, as indicated by the previous bi-annual report). This also includes the PALS hours that are contracted via MOU with Children's National Medical Center.

Course Name	Number of Participants	Hours per Class	Total Hours
Advanced Cardiovascular Life Support (ACLS) Provider	2	16	32
Advanced Cardiovascular Life Support (ACLS) Refresher	74	8	592
Advanced Medical Life Support (AMLS) Provider	46	16	736
Advanced Medical Life Support (AMLS) Refresher	48	8	384
AHA Full Code App Tutorial	1,324	1	1,324
ALS Operations/Protocols	29	60	1,740
BLS Operations/Protocols	23	60	1,380
CAPCE-approved Target Solutions Courses	All members	Varies	13,737
Emergency Medical Technician Course	43	307	13,201
Expedient Application of the LUCAS Device	1,100	1	1,100
Field Provider Referral - Nurse Triage Line (FPR-NTL) Training	1,033	2	2,066
LGBTQ Cultural Competency Refresher	1,420	2	2,840
Module 08: Changing Culture in Fire & EMS	99	4	396
Module 09: Obstetric and Pediatric Emergencies	155	*4*	620
Module 10: MCI Drill and S.A.L.T. Triage	111	*4*	444
Module 11: Pumps, Pipes, Clogs, and Leaks	372	4	1,488
Module 12: Sick, Psych, or Substance?	254	4	1,016
Module 13: Homeless, NOT Helpless	1,760	4	7,040
Paramedic Grand Rounds (Jan.) - Case Review	138	4	552
Paramedic Grand Rounds (Oct.) - Epidemiology and Outbreak	149	4	596
Pediatric Advanced Life Support (PALS) Provider*	50	16	800
Pediatric Advanced Life Support (PALS) Refresher*	79	8	632
Pre-Hospital Trauma Life Support (PHTLS) Provider	46	16	736
Pre-Hospital Trauma Life Support (PHTLS) Refresher	19	8	152
Transition to D10W Protocol for Hypoglycemia	477	1	477

VAN/FAST Stroke Assessment Scale	1,604	1	1,604
Viral-Filter-to-CPAP Training	922	1	922
**Contracted with Children's National Medical Hospital*			**56,607**

6. *The average time that the Department's ambulances remained out of service while waiting to transfer the care of a patient to a healthcare company.*

"Drop Time," or the duration of time a Department ambulance spends at a hospital, is measured from the time an ambulance arrives at a hospital until the time it returns to service and is available for responding to other calls. During FY 2020, average drop time for both FEMS and AMR continued at increased levels due to increasing call volume and the continuing impact of the Providence Hospital closure in FY 2019. Fewer hospitals available to take patients means there are more patients spread among fewer emergency departments, often resulting in longer lines to drop off patients at hospitals. These issues are exacerbated by increased call volumes. AMR experienced a higher rate of increase than FEMS. To address this, AMR dispatchers are actively managing units waiting at facilities, and have been instructed to adjust crews and staffing, including dispatching supervisors to facilities to assist in clearing units to return to service. Average "Drop Time" for all FEMS transport units combined (including Ambulances and Medic Units) is shown during FY 2020 (by month) in the table below:

Month (FY 20)	OCT	NOV	DEC	JAN	FEB	MAR
AVG Drop Time	46:42	46:27	46:43	48:23	48:50	48:21

7. *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*

This data is reported using ambulance billing information. For the reporting period (3/1/2019 to 2/29/2020), ambulance billing data indicated 100,223 patient transports were completed by FEMS and AMR ambulances. Of these transport cases, 97,811 transported patients could be uniquely identified by full name and birthdate. The remaining 2,412 (or less than 3% of cases) could not be uniquely identified and were excluded from analysis. Because many high volume user (HVU) patients are often transported by both FEMS and AMR, the number of individual patients and transports reported separately in the FEMS and AMR tables (below) do not add up to the combined patients and transports reported in the uppermost table.

During the last **twelve-month** period (March, 2019 to February, 2020), for patients transported two or more times, **13,315 (or 22%) of patients** accounted for **49,238 (or 50%)** of **all patient transports**:

# of Transports	# of Patients	% of Patients	# of Total Transports	% of Total Transports
1	48,573	78%	48,573	50%
2 or more	**13,315**	**22%**	**49,238**	**50%**
TOTAL	**61,888**	**100%**	**97,811**	**100%**

During the last **twelve-month** period (March, 2019 to February, 2020), for patients transported two or more times, **6,968 (or 18%) of patients** accounted for **22,151 (or 41%)** of all patient transports completed by **FEMS ambulances:**

# of Transports	# of Patients	% of Patients	# of Total Transports	% of Total Transports
1	31,570	82%	31,570	59%
2 or more	**6,968**	**18%**	**22,151**	**41%**
TOTAL	**38,538**	**100%**	**53,721**	**100%**

During the last **twelve-month** period (March, 2019 to February, 2020), for patients transported two or more times, **5,446 (or 18%) of patients** accounted for **18,449 (or 42%)** of all patient transports completed by **AMR ambulances:**

# of Transports	# of Patients	% of Patients	# of Total Transports	% of Total Transports
1	25,641	82%	25,641	58%
2 or more	**5,446**	**18%**	**18,449**	**42%**
TOTAL	**31,087**	**100%**	**44,090**	**100%**

B. Office of Unified Communications

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)**
Oct 2019	14,645	57	151
Nov 2019	12,993	55	149
Dec 2019	14,308	48	141
Jan 2020	14,418	46	133
Feb 2020	13,606	47	133
Mar 2020	13,843	57	146

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 (hh:mm:ss)[1]		
	DC FEMS	**Third Party**
Oct 2019	45:48	58:51
Nov 2019	45:36	59:30
Dec 2019	45:48	1:01:05
Jan 2020	47:28	1:03:48
Feb 2020	47:48	1:01:42
Mar 2020	47:18	1:00:38

[1] FEMS and OUC note the variance in calculation between FEMS drop times and OUC off-load times. The agencies have not yet determined the cause of this variance, which has been consistent since the measurements started to be calculated.

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

The OUC and FEMS continue to work together closely to engage the public on the appropriate use of the 911 system. In particular, the OUC has maintained its support of *FEMS's Right Care, Right Now* programming under which the District's Nurse Triage Line (NTL) was launched. OUC also collaborates with FEMS' community engagement teams to impart unified and consistent messaging to stakeholders about the availability of the NTL.

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.

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, as this information is not captured in CAD. It is included in the attached AMR report.

Emergency Medical Services Transport Contract Authority
Semi-Annual Report (October 2019 - March 2020)

Appendix A

American Medical Response, Inc.
Quarterly Performance Report

Semiannual Performance Report

Provided To:

Council of the District of Columbia

and

DC Fire & Emergency Medical Services

October 1, 2019 – March 31, 2020

Transports Performed

- 20,901 patient transports were performed by American Medical Response (AMR) from October 1st of 2019 through March 31st of 2020.

- AMR responded to a total of 24,967 requests for service during this period, averaging 152 requests daily.

- Average Response Time by Month:

  October: 9 minutes, 24 seconds January: 9 minutes, 18 seconds

  November: 9 minutes, 16 seconds February: 9 minutes, 31 seconds

  December: 9 minutes, 29 seconds March: 9 minutes, 19 seconds

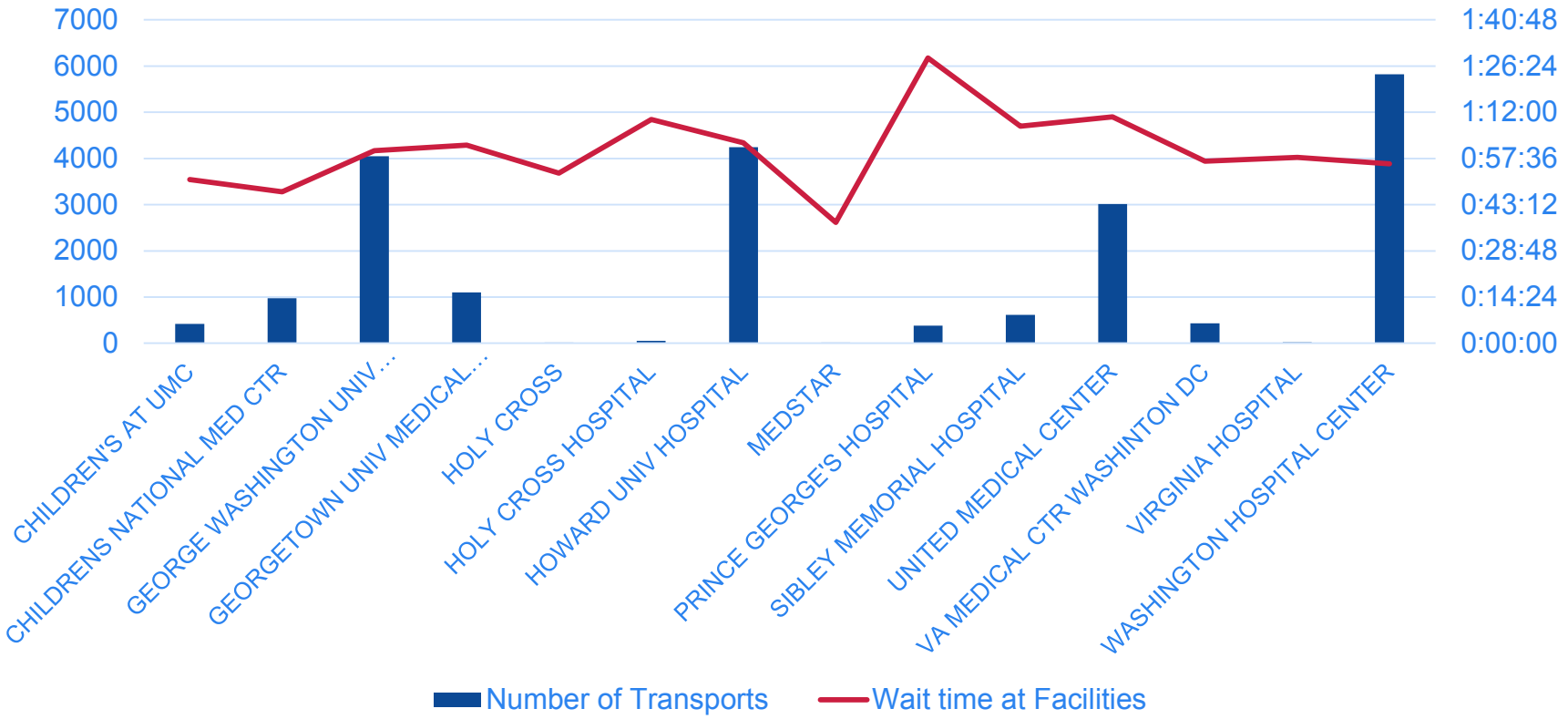
- AMR met each patient at the location of the incident and transported to the closest available hospital, or as directed by DC FEMS.

Transports Performed

Hospital Name	Transports	Drop Off Time
CHILDREN'S AT UMC	419	00:51:04
CHILDRENS NATIONAL MED CTR	974	00:47:15
GEORGE WASHINGTON UNIV HOSP	4050	01:00:01
GEORGETOWN UNIV MEDICAL CTR	1101	01:01:47
HOLY CROSS	12	00:53:01
HOLY CROSS HOSPITAL	52	01:09:45
HOWARD UNIV HOSPITAL	4245	01:02:27
MEDSTAR	12	00:37:41
PRINCE GEORGE'S HOSPITAL	378	01:28:55
SIBLEY MEMORIAL HOSPITAL	616	01:07:40
UNITED MEDICAL CENTER	3015	01:10:35
VA MEDICAL CTR WASHINTON DC	433	00:56:46
VIRGINIA HOSPITAL	22	00:57:55
WASHINGTON HOSPITAL CENTER	5819	00:55:56

Note: Drop off time is average time in minutes. Hospitals with less than 10 transports not represented.

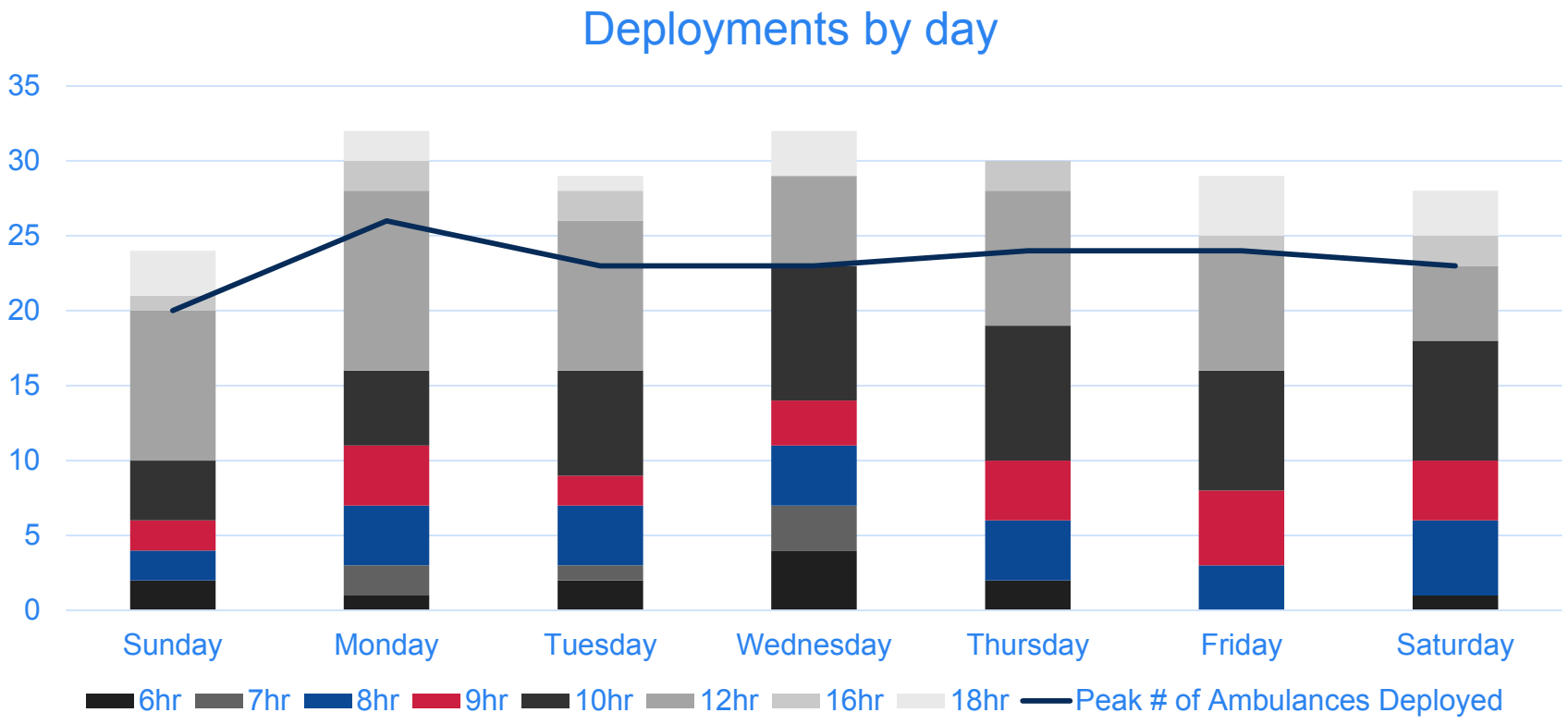
Transports Performed



Ambulance and Shift Information

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Current # of Shifts	24	32	29	32	30	29	28
# and Length of Shifts	2 – 6hr 2 – 8hr 2 - 9hr 4 - 10hr 10 - 12hr 1 – 16hr 3 – 18hr	1 – 6hr 2 – 7hr 4 – 8hr 4 - 9hr 5 - 10hr 12 - 12hr 2 – 16hr 2 – 18hr	2 – 6hr 1 – 7hr 4 – 8hr 2 - 9hr 7 - 10hr 10 - 12hr 2 – 16hr 1 – 18hr	4 – 6hr 3 – 7hr 4 – 8hr 3 - 9hr 9 - 10hr 6 - 12hr 3 – 18hr	2 – 6hr 4 – 8hr 4 - 9hr 9 - 10hr 9 - 12hr 2 – 16hr	3 – 8hr 5 - 9hr 8 - 10hr 8 -12hr 1 - 16hr 4 -18hr	1 – 6hr 5 – 8hr 4 - 9hr 8 - 10hr 5 - 12hr 2 – 16hr 3- 18hr
Peak # of Ambulances Deployed	20	26	23	23	24	24	23

Ambulance and Shift Information



Average at Scene to At Patient Time*

* Approximate Times from Patient Care Reports

October	November	December	January	February	March
00:01:51	00:01:54	00:01:57	00:01:50	00:01:56	00:02:02

Personnel Data

- **167** Total Persons Employed in the Division
- **23.95%** are District Residents
- **53.29%** are Women
- **59.88%** Minority Represented

MURIEL BOWSER
MAYOR

July 22, 2021

The Honorable Phil Mendelson
Chairman, Council of the District of Columbia
John A. Wilson Building
1350 Pennsylvania, NW, Suite 504
Washington, DC 20004

Dear Chairman Mendelson:

I am pleased to submit to the Council of the District of Columbia the enclosed "Emergency Medical Services Transport Contract Authority Semi-Annual Report (April 2020 – October 2020)," prepared by the Fire and Emergency Medical Services Department (FEMS). Pursuant to section 3061 of the Emergency Medical Services Transport Contract Authority Amendment Act of 2016, effective October 30, 2018 (D.C. Law 22-168; D.C. Official Code § 5-401), FEMS may contract with third parties to provide supplemental pre-hospital medical care and transportation to persons requiring Basic Life Support.

FEMS and the Office of Unified Communications are required under the statute to provide semi-annual reports to the Council regarding third party contractor operations. Further, each third-party contractor that enters a contract pursuant to this authority is required to provide a semi-annual report to FEMS and the Council regarding the contractor's operations. Since launching an emergency contract with American Medical Response in March 2016, the Department has achieved many of the outcomes it put forth as goals of the contract, including vastly improved unit availability, reduced FEMS transport unit response times, improved condition of the fleet, and more training hours for providers.

I am available to discuss any questions you may have regarding this report. In order to facilitate a response to your questions, please have your staff contact Amy C. Mauro, Esq., Chief of Staff, FEMS, at (202) 673-3320.

Sincerely,

Muriel Bowser
Mayor

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Fire and Emergency Medical Services Department
Office of Unified Communications

Emergency Medical Services Transport Contract Authority
Semi-Annual Report (April 2020 – October 2020)

June 2021

As part of the "Fiscal Year 2017 Budget Support Act of 2016," Mayor Bowser proposed, and the Council approved the "Emergency Medical Services Transport Contract Authority Amendment Act of 2016."

Under D.C. Code §5-401, the Fire and Emergency Medical Services Department (FEMS) or ("the Department") may contract with third parties to provide supplemental pre-hospital medical care and transportation to persons requiring Basic Life Support (BLS). This change in Department policy was necessary because, prior to this legislative authorization, the Department's resources could not meet the call volume demand, which put the lives of critical patients at risk. Since launching an emergency contract with American Medical Response (AMR) in March 2016, the Department has achieved many of the outcomes it put forth as goals of the contract, including vastly improved unit availability, reduced FEMS transport unit response times, improved condition of the fleet, and more training hours for providers.

FEMS and the Office of Unified Communications (OUC) are required under the statute to provide semi-annual reports to the Council regarding third party contractor operations. Further, each third-party contractor that enters a contract pursuant to this authority is required to provide a semi-annual report to FEMS and the Council regarding the contractor's operations (that report is attached).

The responses contained in this report are based on the best available data for the third and fourth quarters (the second half) of Fiscal Year 2020.

If you have any questions, please contact Amy C. Mauro, Esq., Fire and Emergency Medical Services Department, at 202-673-3320 or Kelly Brown, Office of Unified Communications, at 202-730-0524.

A. Fire and Emergency Medical Services Department

1. *Activity by the Department to educate the public on the proper use of emergency requests for service.*

The reporting period of this report coincides with the onset of the COVID-19 pandemic and the public health emergency declared by the Mayor.

The *Right Care, Right Now* (RCRN) Nurse Triage Line (NTL) turned out to be a critical tool in responding to the pandemic by diverting low acuity patients from emergency departments that were focused on

COVID-19 patients or otherwise restricted access. The District is a national leader in the use of this innovative tool, which jurisdictions around the country scrambled to stand up after the pandemic started. Use of the NTL enabled both the Department and hospital emergency departments to maintain resources for critical patients throughout the COVID-19 crisis. Overcrowded hospitals in the District were a reality before COVID-19 and we have learned that addressing this challenge with the NTL is possible and benefits the whole health care system.

The Department suspended digital public outreach efforts connected to the NTL from the beginning of the pandemic until approximately the end of FY 2020, due to concerns about patient fears of seeking health care during the pandemic. The Department instead used its contract with Granicus, a digital communications firm, to deliver regular messages regarding access to COVID-19 testing and ongoing public health messages in place of RCRN messages during this period. This work included regular text messaging to high volume and low acuity 911 callers as well as individuals who have called 911 and been eligible for RCRN.

The Department restarted RCRN digital messaging in FY 2021. It also continues to host a variety of resources regarding the proper use of 911 and the RCRN initiative on our website (https://fems.dc.gov/page/frequently-asked-questions-right-care-right-now), including:

- Frequently Asked Questions (also in six additional languages);
- Text 468311 Phone Alerts on RCRN;
- Informational flyer (includes information on "when and when not to call 911" and list of participating clinics);
- Map of participating clinics; and
- Press release information.

All patients who participate in the Nurse Triage Line (NTL) are contacted by the nurse within 24 hours. Of those who have responded, the vast majority served by the NTL in the first two years of operations have had a positive experience. Some of them shared their plan to use the primary care provider they were connected to in the future. Efforts to increase utilization of the triage nurse for as many calls as appropriate, and to also reduce 911 volume, are ongoing and improve the delivery of pre-hospital medical care to the visitors to and residents of the District.

2. *The number of Department employees hired after the contract award and their residency.*

The Department hired a total of 30 Firefighter EMTs between April 1, 2020 and September 30, 2020. For the residency of those hired, along with civilian hires, see table, below. Please note that the states of residency for the hires listed reflect their residency at the time of application only.

Place of Residency	Firefighter/EMT	Firefighter Paramedic	FF Cadet	Civilian
District of Columbia	22	-	-	-
Maryland	6	-	-	3
Virginia	2	-	-	1
Total:	**30**	**0**	**0**	**4**

3. *An 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.*

The Department's ambulance fees and charges are described by 29 DCMR 567.1. Such fees and charges have not changed, or otherwise been modified, since January 1, 2009. The Mayor has proposed increasing fees to reflect the true cost of providing that service in the "Emergency Transportation and Pre-Hospital Medical Service Fees Amendment Act of 2021," as part of the "Fiscal Year 2022 Budget Support Act of 2021" (Bill 24-285, introduced May 27, 2021). The new cap for fees will allow the Department to negotiate higher reimbursement rates from Medicaid, Medicare, and private insurers. The Department retains broad authority to ensure District residents will be minimally impacted by any increased EMS fees through existing waiver processes.

4. *The number of ambulances added to the Department's frontline and reserve fleet after the date of a contract award, including whether these ambulances are replacing or supplementing the current fleet.*

The Department did not receive any new transport units during the third and fourth quarters of FY 2020. The anticipated delivery of 10 new transport units in the second half of the fiscal year 2020 did not occur due to the supply chain disruption caused by the COVID-19 pandemic.

5. *The number of emergency medical services personnel training hours provided, including all pediatric training conducted pursuant to a memorandum of understanding between the Department and the pediatric training entity.*

During the third and fourth quarters of FY 2020, the Department delivered a total of 38,900 hours of EMS training to our membership. Despite the obvious challenges during the COVID-19 pandemic, the Department implemented virtual training to conduct continuing education throughout 2020. Additionally, many hours of this training were dedicated to equipment changes, alternative work processes, and updated protocols related to the Operation Division's functionality as it relates to COVID-19, ensuring the increased safety of our providers in the field. Even when forced to adapt to the various hurdles faced by our department, this data shows our ability to deliver approximately 70% of the total EMS training provided in the first half of FY 2020.

Course Name	Number of Participants	Hours per Class	Total Hours
Advanced Cardiovascular Life Support (ACLS) Provider	14	16	224
Advanced Cardiovascular Life Support (ACLS) Refresher	61	8	488
Advanced Medical Life Support (AMLS) Provider	14	16	224
Advanced Medical Life Support (AMLS) Refresher	11	8	88
AHA Full Code App Tutorial	240	1	240
Albuterol MDI Training	1,367	1	1,367
ALS Operations/Protocols	28	40	1,120
BLS Operations/Protocols	32	40	1,280
CAPCE-approved Target Solutions Courses	*All members*	*Varies*	9,160
Controlled Medications Program: Roles and Responsibilities	23	2	46
COVID-19 Triage Protocols and Care Modifications	1,395	1	1,395
CPR/BLS for Healthcare Providers	36	4	144
Emergency Medical Technician Course	34	311	10,574

Expedient Application of the LUCAS Device	420	1	420
LGBTQ Cultural Competency Refresher	159	2	318
Module 11: Pumps, Pipes, Clogs, and Leaks	35	4	140
Module 12: Sick, Psych, or Substance?	46	4	184
Module 13: Homeless, NOT Helpless	70	4	280
Module 14: Brains, Trauma, and Triage	857	4	3,428
Nurse Triage Line Performance Report (July 2020)	1,240	1	1,240
Paramedic Grand Rounds Sessions (various)	394	4	1,576
Pediatric Advanced Life Support (PALS) Provider*	14	16	224
Pediatric Advanced Life Support (PALS) Refresher*	43	8	344
Pre-Hospital Trauma Life Support (PHTLS) Provider	14	16	224
Pre-Hospital Trauma Life Support (PHTLS) Refresher	13	8	104
Spinal Motion Restriction Updates	1,176	2	2,352
Transition to D10W Protocol for Hypoglycemia	43	1	43
VAN/FAST Stroke Assessment Scale	255	1	255
Viral Filter Training	1,418	1	1,418
**Contracted with Children's National Medical Hospital*			**38,900**

6. *The average time that the Department's ambulances remained out of service while waiting to transfer the care of a patient to a healthcare facility.*

"Drop Time," or the duration of time a Department ambulance spends at a hospital, is measured from the time an ambulance arrives at a hospital until the time it returns to service and is available for responding to other calls. Average "drop time" for all FEMS transport units combined (including ambulances and medic units) is shown during the second half of FY 2020 (by month) in the table below:

Month (FY 20)	APR	MAY	JUN	JUL	AUG	SEP
AVG Drop Time	46:37	46:39	46:40	46:41	48:25	49:41

7. *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 last twelve months.*

This data is reported using ambulance billing information. For the reporting period (9/1/2019 to 8/31/2020), ambulance billing data indicated 84,267 patient transports were completed by FEMS and AMR ambulances. Of these transport cases, 53,412 transported patients could be uniquely identified by full name and birthdate. The remaining 2,476 (or less than 3% of cases) could not be uniquely identified and were excluded from analysis. Because many high volume user (HVU) patients are often transported by both FEMS and AMR, the number of individual patients and transports reported separately in the FEMS and AMR tables (below) do not add up to the combined patients and transports reported in the table.

During the last **twelve-month** period (September, 2019 to August, 2020), for patients transported two or more times, **11,662 (or 22%) of patients** accounted for **42,517 (or 50%)** of **all patient transports:**

# of Transports	# of Patients	% of Patients	# of Total Transports	% of Total Transports
1	41,750	78%	41,750	50%
2 or more	**11,662**	**22%**	**42,517**	**50%**

TOTAL	**53,412**	**100%**	**84,267**	**100%**

During the last **twelve-month** period (September, 2019 to August, 2020), for patients transported two or more times, **5,964 (or 18%) of patients** accounted for **18,574 (or 40%)** of **all patient transports** completed by **FEMS ambulances:**

# of Transports	# of Patients	% of Patients	# of Total Transports	% of Total Transports
1	27,397	82%	27,397	60%
2 or more	**5,964**	**18%**	**18,574**	**40%**
TOTAL	**33,361**	**100%**	**45,971**	**100%**

During the last **twelve-month** period (September, 2019 to August, 2020), for patients transported two or more times, **5,852 (or 18%) of patients** accounted for **16,296 (or 43%)** of **all patient transports** completed by **AMR ambulances:**

# of Transports	# of Patients	% of Patients	# of Total Transports	% of Total Transports
1	22,000	82%	22,000	57%
2 or more	**4,852**	**18%**	**16,296**	**43%**
TOTAL	**26,852**	**100%**	**38,296**	**100%**

B. Office of Unified Communications

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)**
Apr 2020	12,059	56	150
May 2020	12,820	48	135
Jun 2020	12,541	49	131
Jul 2020	13,325	51	136
Aug 2020	12,389	50	139
Sep 2020	11,778	47	139

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 (hh:mm:ss)[1]		
	DC FEMS	**Third Party**
Apr 2020	45:49	54:40
May 2020	45:38	56:27
Jun 2020	45:46	56:01
Jul 2020	45:56	1:01:52
Aug 2020	47:47	1:06:41
Sep 2020	48:43	1:06:08

The Department has directed AMR to address the sharp increase in its hospital drop times in FY 2020 and FY 2021. The contract's performance terms address this issue when it causes delays in AMR response times.

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

The OUC and FEMS continue to work together closely to engage the public on the appropriate use of the 911 system. In particular, the OUC has maintained its support of the *FEMS's Right Care, Right Now* Nurse Triage Line (NTL). OUC also collaborates with FEMS' community engagement teams to impart unified and consistent messaging to stakeholders about the appropriate use of 911 and the availability of the NTL.

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.*

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, as this information is not captured in CAD. It is included in the attached AMR report.

★ ★ ★

The Fire and Emergency Medical Services Department and the Office of Unified Communications are pleased with the progress made in serving DC through the strategic and appropriate use of the Right Care Right Now Nurse Triage Line and third-party ambulance providers.

[1] FEMS and OUC note the variance in calculation between FEMS drop times and OUC off-load times. The agencies have not determined the cause of this variance, which has been consistent since the measurements started to be calculated.

Emergency Medical Services Transport Contract Authority
Semi-Annual Report (April 2020 - September 2020)

Appendix A

American Medical Response, Inc.
Quarterly Performance Report

Semiannual Performance Report

Provided To:

Council of the District of Columbia

and

DC Fire & Emergency Medical Services

April 1, 2020 – September 30, 2020

Transports Performed

- 17,241 patient transports were performed by American Medical Response (AMR) from April 1st of 2020 through September 30th of 2020.

- AMR responded to a total of 22,600 requests for service during this period, averaging 124 requests daily.

- Average Response Time by Month:

  April: 9 minutes, 11 seconds
  May: 9 minutes, 15 seconds
  June: 9 minutes, 16 seconds
  July: 9 minutes, 56 seconds
  August: 10 minutes, 8 seconds
  September: 10 minutes, 4 seconds

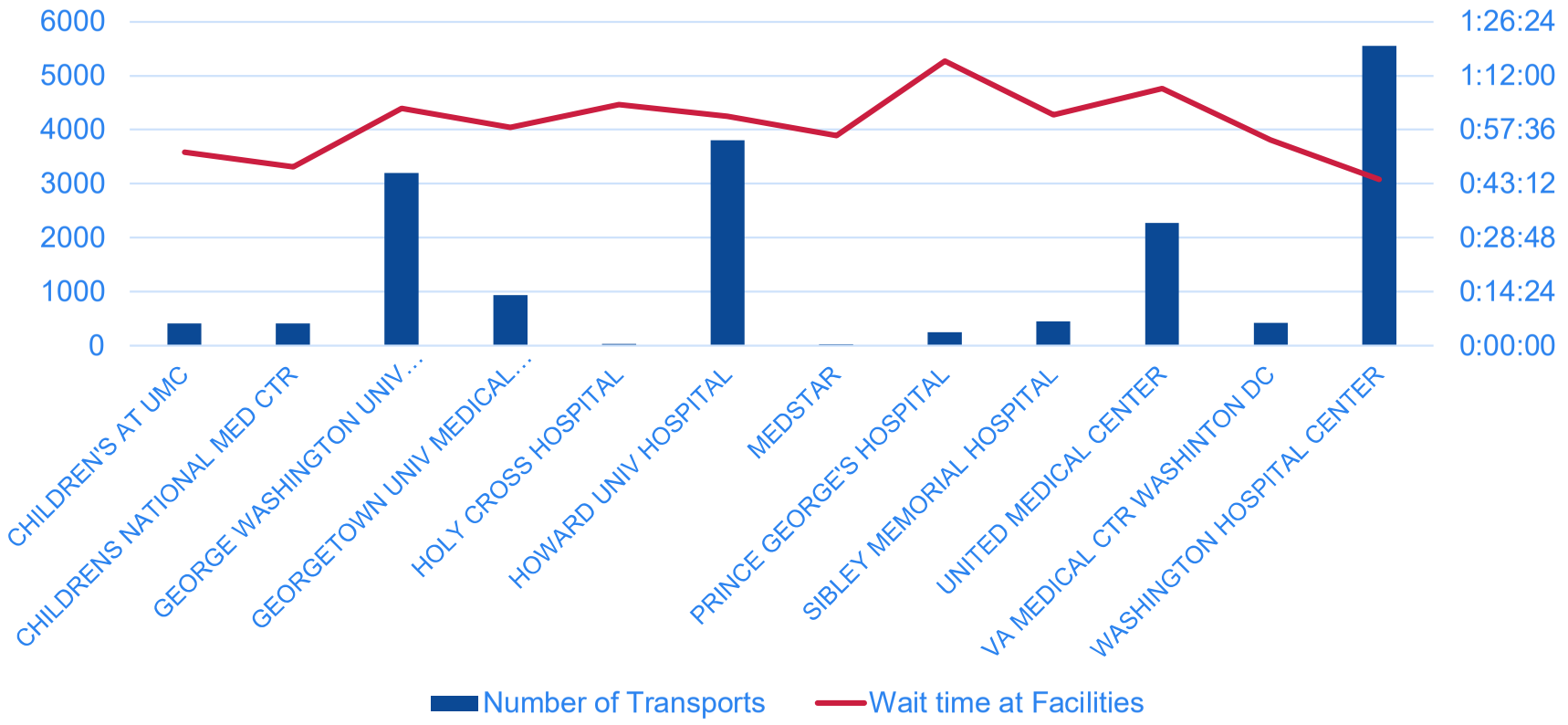
- AMR met each patient at the location of the incident and transported to the closest available hospital, or as directed by DC FEMS.

Transports Performed

Hospital Name	Transports	Drop Off Time
CHILDREN'S AT UMC	419	00:51:36
CHILDRENS NATIONAL MED CTR	412	00:47:46
GEORGE WASHINGTON UNIV HOSP	3201	01:03:17
GEORGETOWN UNIV MEDICAL CTR	939	00:58:18
HOLY CROSS HOSPITAL	37	01:04:24
HOWARD UNIV HOSPITAL	3804	01:01:15
MEDSTAR	24	00:56:06
PRINCE GEORGE'S HOSPITAL	256	01:15:56
SIBLEY MEMORIAL HOSPITAL	448	01:01:37
UNITED MEDICAL CENTER	2271	01:08:38
VA MEDICAL CTR WASHINTON DC	420	00:54:51
WASHINGTON HOSPITAL CENTER	5555	00:44:19

Note: Drop off time is average time in minutes. Hospitals with less than 10 transports not represented.

Transports Performed



Ambulance and Shift Information

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Current # of Shifts	26	32	29	28	32	33	30
# and Length of Shifts	2 – 8hr 2 - 9hr 4 - 10hr 14 - 12hr 1 – 16hr 3 – 18hr	3 – 8hr 4 - 9hr 5 - 10hr 16 - 12hr 2 – 16hr 2 – 18hr	3 – 8hr 2 - 9hr 7 - 10hr 14 - 12hr 2 – 16hr 1 – 18hr	3 – 8hr 3 - 9hr 9 - 10hr 10 - 12hr 3 – 18hr	4 – 8hr 4 - 9hr 9 - 10hr 13 - 12hr 2 – 16hr	3 – 8hr 5 - 9hr 8 - 10hr 12 -12hr 1 - 16hr 4 -18hr	4 – 8hr 4 - 9hr 8 - 10hr 9 - 12hr 2 – 16hr 3- 18hr
Peak # of Ambulances Deployed	24	28	26	25	28	28	26

Average at Scene to At Patient Time*

* Approximate Times from Patient Care Reports

April	May	June	July	August	September
02:19	02:27	02:04	02:00	02:15	02:11

Personnel Data

- **173** Total Persons Employed in the Division
- **25.43%** are District Residents
- **53.76%** are Women
- **55.49%** Minority Represented