



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

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.

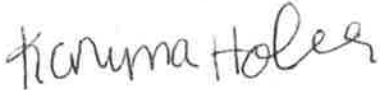
If you have any additional questions, or need any additional information, please do not hesitate to contact us.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Gregory M. Dean". The signature is fluid and cursive, with a large, sweeping initial "G" and "D".

Gregory M. Dean
Fire and EMS Chief

Karima Holmes
Director, Office of Unified Communications

A handwritten signature in black ink, appearing to read "Karima Holmes". The signature is cursive and somewhat stylized, with the first name "Karima" being more prominent.

cc: Councilmembers