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OFFICE OF THE SECRETARY

MURIEL BOWSER
MAYOR

APR 12 2018

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:

Enclosed for Council review, please find the "Emergency Medical Services Transport Contract Authority Quarterly Report (October – December 2017)" for the first quarter of Fiscal Year 2018.

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. FEMS and the Office of Unified Communications are required under the statute to provide a quarterly report to the Council regarding third party contractor operations. Further, each third-party contractor that enters into a contract pursuant to this authority is required to provide a quarterly report to the Department and to the Council regarding the contractor's operations.

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

Sincerely,

Muriel Bowser

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Muriel Bowser, Mayor

Emergency Medical Services Transport Contract Authority
Quarterly Report (October – December 2017)

February 9, 2018

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."[1]

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

The responses contained in this report are based on the best available data for the first quarter of Fiscal Year 2018, between the dates of October 1, 2017 and December 31, 2017.

If you have any questions, please contact Amy Mauro, Fire and Emergency Medical Services, 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.*

FEMS is in the final stretch of working with its government and non-governmental partners to launch the Nurse Triage Line (NTL) in late March 2018. As we have previously reported, the goals of this initiative are to improve patients' health outcomes and to preserve FEMS resources for those patients with life threatening injuries and illnesses. It should also free up beds in crowded hospital emergency

[1] D.C. Code §5-401 (D.C. Act 21-488) (effective October 8, 2016).

departments, which will benefit all critically ill emergency patients. The District has the highest per capita EMS call volume in the nation. Our high non-emergency call volume strains the Department's resources for emergencies.

After the launch of the program, callers to 911 with non-emergency injuries or illnesses may be transferred to a nurse. The nurse will ask the caller questions and assess his or her symptoms so that the nurse can refer the caller to the most appropriate non-emergency medical care available, most likely a community clinic or urgent care clinic in the caller's neighborhood. Medicaid and DC Healthcare Alliance enrollees will be provided with free transportation to and from the clinic.

By recommendation of Office of Contracting and Procurement, the Department has modified its contract with American Medical Response (AMR) so that AMR will serve as the vendor for the NTL. AMR is developing the technology infrastructure, and providing nurse staffing for the line. We have worked with the District's Medicaid managed care organizations and the Department of Health Care Finance to provide bidirectional same day nonemergency medical transportation (NEMT) for NTL triaged callers who have been referred to an appropriate non-emergency health care site.

FEMS has worked closely with our Federally Qualified Health Centers (FQHCs) and the urgent care clinics in the District to assure that there is capacity at each site. We are building the specific site capacity for each of our clinical sites into our NTL system algorithm.

Additionally, the Department is working with the Lab@DC within the Executive Office of the Mayor in order to scientifically evaluate the nurse triage line intervention for low acuity, or non-emergency, callers. This collaboration will also research effective methods for engaging and educating the public about alternative avenues to fast, safe, and effective care.

FEMS is also finalizing its public education campaign, including branding, for the implementation of the nurse triage line. This campaign will be rolled out in the days and weeks leading up to the launch. FEMS is developing literature, public service announcements, and other communications strategies that will be used to educate the public on the rollout. FEMS leadership will also initiate aggressive media outreach and participate in community meetings.

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

FEMS continues to aggressively recruit and hire firefighter EMTs and firefighter paramedics to fully staff our units.

A recruit class of 18 firefighter paramedics is currently in progress (began in October of 2017 and is scheduled to graduate in April of 2018). In addition, two Firefighter/EMT recruit classes are currently in session. Class #381 has 30 recruits (began in September of 2017 and scheduled to graduate in March of 2018) and Class #383 has 24 recruits (began in November of 2017 and scheduled to graduate in May of 2018). Our Cadet class #20 of 18 Firefighter/EMT candidates is also currently in session (began at the Training Academy in August of 2017 and scheduled to graduate in July of 2018).

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. Currently, there are no plans to propose changes or other modifications to this fee structure.

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 ambulances during the first quarter of Fiscal Year 2018, however, we will receive seven new ambulances in the remaining months of the fiscal year.

5. *The number of emergency medical services personnel training hours provided.*

During the first quarter of Fiscal Year 2018, the Department delivered a total of 35,469 EMS training hours (detailed in the table below).

EMS Training Hours Delivered from October 1, 2017 through December 31, 2017

Class	Number of participants	Hours per class	Total
Advanced Cardiovascular Life Support for the Experienced Provider (ACLS EP)	6	8	48
Advanced Cardiovascular Life Support (ACLS) Refresher	10	8	80
Advanced Medical Life Support (AMLS) Refresher	18	16	288
Company Based Education	7	1	7
Emergency Medical Technician Course	67	310	12,760*
Geriatric Education for EMS Providers (GEMS)	34	8	272
Handtevy Pediatric Code	583	4	2,332
LGBTQ Cultural Competency	1,439	2	2,878
Module 02: Trauma & Excited Delirium Syndrome	6	4	24
Module 3: Cardiovascular and Respiratory Emergencies	12	4	48
Module 04: Altered Mental Status	64	4	256
Module 5: Wellness and Cardiac Arrest	6	4	24
Module 07: Unusual Emergencies & Operational Concerns	1,270	4	5,080
Paramedic Grand Rounds: Cardiac Arrest	201	4	804
Pediatric Advanced Life Support (PALS) (Refresher)	74	8	592

Pediatric Education for Prehospital Providers (PEPP)	44	16	704
Pediatric Clinical Rotations at Children's National Medical Center	24	8	192
Prehospital Trauma Life Support (PHTLS)	34	16	544
SafetyPad Training	42	0.5	21
Various Asynchronous Distance Learning Modules (Target Safety Courses)	8,060	Variable	8,515
TOTAL			**35,469**

**Only the training hours completed within the date range of this report are indicated.*

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.*

This data is reported using ambulance billing information. For the reporting period (12/1/2016 to 11/30/2017), ambulance billing data indicated 106,845 patient transports were completed by FEMS and AMR ambulances. Of these transport cases, 104,345 involved patients that could be uniquely identified by full name and birthdate. The remaining 2,500 (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 (December, 2016 to November, 2017), for patients transported two or more times, **14,406 (or 22%) of patients** accounted for **52,503 (or 50%)** of **all patient transports**:

# of Transports	# of Patients	% of Patients	# of Total Transports	% of Total Transports
1	51,842	78%	51,842	50%
2 or more	**14,406**	**22%**	**52,503**	**50%**
TOTAL	**66,248**	**100%**	**104,345**	**100%**

During the last **twelve month** period (December, 2016 to November, 2017), for patients transported two or more times, **6,775 (or 18%) of patients** accounted for **20,986 (or 40%)** of **all patient transports** completed by **FEMS ambulances**:

# of Transports	# of Patients	% of Patients	# of Total Transports	% of Total Transports
1	31,605	82%	31,605	60%
2 or more	**6,775**	**18%**	**20,986**	**40%**
TOTAL	**38,380**	**100%**	**52,591**	**100%**

During the last **twelve month** period (December, 2016 to November, 2017), for patients transported two or more times, **6,413 (or 18%) of patients** accounted for **21,930 (or 42%)** of **all patient transports** completed by **AMR ambulances**:

# of Transports	# of Patients	% of Patients	# of Total Transports	% of Total Transports
1	29,824	82%	29,824	58%
2 or more	6,413	18%	21,930	42%
TOTAL	36,237	100%	51,754	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 2017	13,738	32	135
Nov 2017	12,524	29	131
Dec 2017	12,956	30	137

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)		
	DC FEMS	Third Party
Oct 2017	41:18	40:08
Nov 2017	41:05	39:04
Dec 2017	41:26	41:16

These numbers show that FEMS average offload times were an average of three (3) minutes lower than during the previous reporting period, while the third party provider time remained steady. The Department continues to monitor and work on decreasing Department hospital "drop" times.

In May 2016, the Department enhanced its supervision and tracking of hospital drop times at a per transport unit level. Since that time, this data is regularly shared with supervisors throughout the chain of command. Our field supervisors and the Office of the Medical Director are in continuous communication with hospital emergency department personnel about patient transfer wait times, both to troubleshoot issues as they arise in real time, and to discuss how to work together to better address this issue system-wide.

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

As reported in the last quarterly report, OUC continues to collaborate with FEMS to implement strategies to address the misuse of 911, including public engagement, public service announcements, and website updating. OUC also works with FEMS Medical Director Dr. Robert Holman and the Integrated Healthcare Collaborative to identify alternative transport options and to roll out the Nurse Triage Line.

In addition, OUC's Community Action Team spearheads several of the agency's public education campaign initiatives and participates in community meetings across the District on the topic of the appropriate use of 911 services. The OUC is also moving forward on initializing newly enhanced features of the SMART 911 program and meeting regularly with target populations, focus groups and super users to create a greater awareness of the benefits of registration in the program.

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. This information is not captured in CAD and is the sole property of the third party. Accordingly, attached is a responsive report generated by AMR.

Emergency Medical Services Transport Contract Authority
Quarterly Report (October – December 2017)

Appendix A

American Medical Response, Inc.

Quarterly Performance Report