

District of Columbia Emergency Medical Services Agency

Roadmap to the Future



Medically Driven

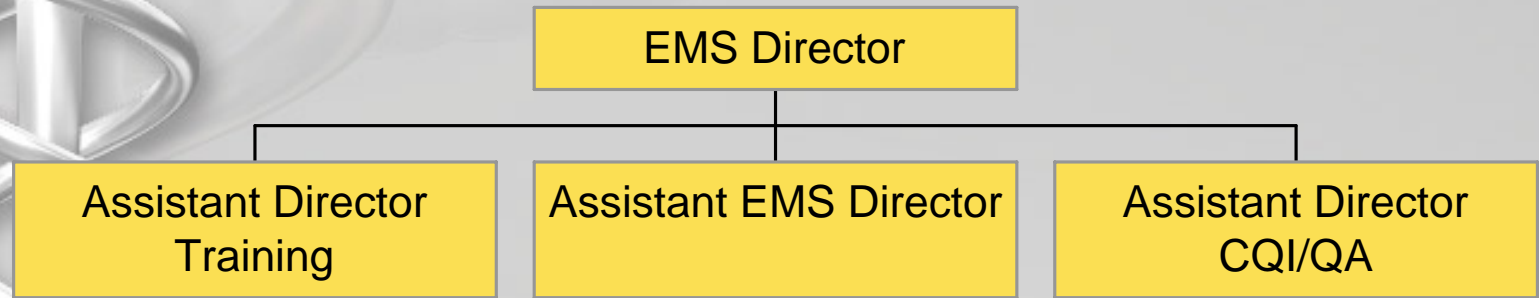
- ◆ The EMS Agency shall be based upon the establishment of evidence based, scientifically recognized standards for mission critical performance and improved patient outcome.



EMS Agency

- ◆ Operations Division
- ◆ Administrative Division
- ◆ Training Division
- ◆ CQI/QA Division

Upper Management Team





EMS Director

- ◆ Physician (MD)
- ◆ Board Certified in Emergency Medicine (ACEP)
- ◆ Intimate familiarity with Emergency Medical Services Systems



Assistant EMS Director

- ◆ Physician, Physician Assistant or MSN
- ◆ Board Certified *or* Board Eligible in Emergency Medicine (ACEP) (if MD)
- ◆ Familiarity with Emergency Medical Services Systems



Assistant Director, Training

- ◆ Educator
- ◆ MSN & CCRN (Preferred)
- ◆ Familiar with current EMS standards of care
- ◆ Intimate familiarity with educational processes
- ◆ Protocol development, maintenance and implementation in coordination with CQI/QA



Assistant Director, CQI/QA

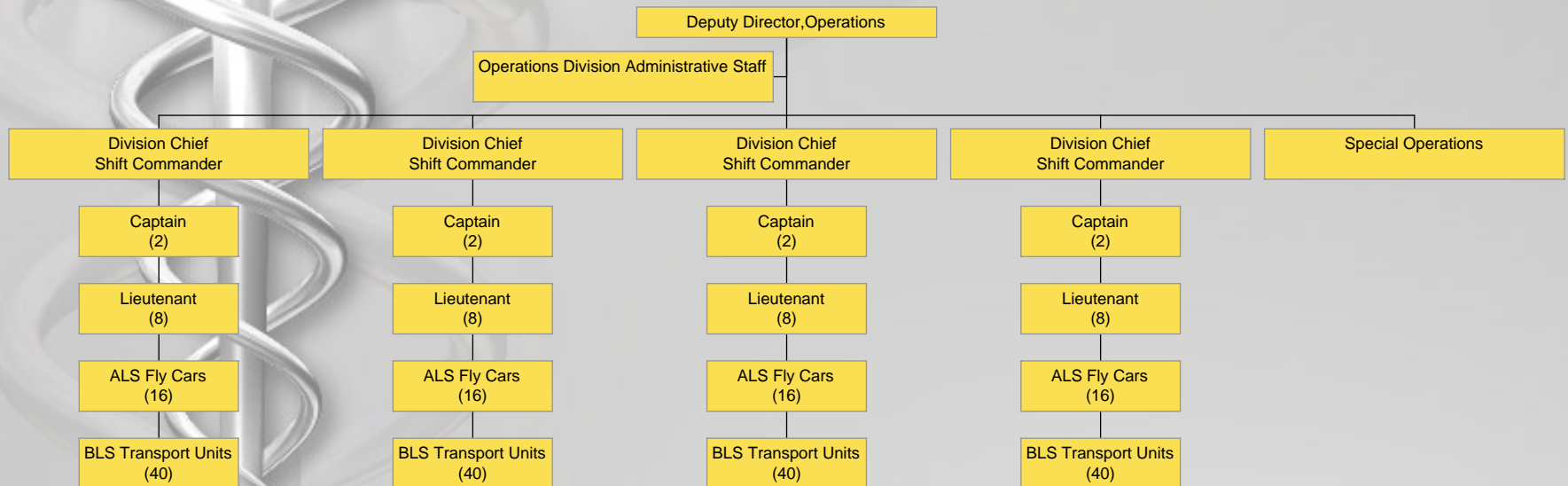
- ◆ Epidemiologist / Epidemiology Background
- ◆ Data Collection
- ◆ Benchmarking
- ◆ Compliance (Best Practices)
- ◆ Submission of data for publication



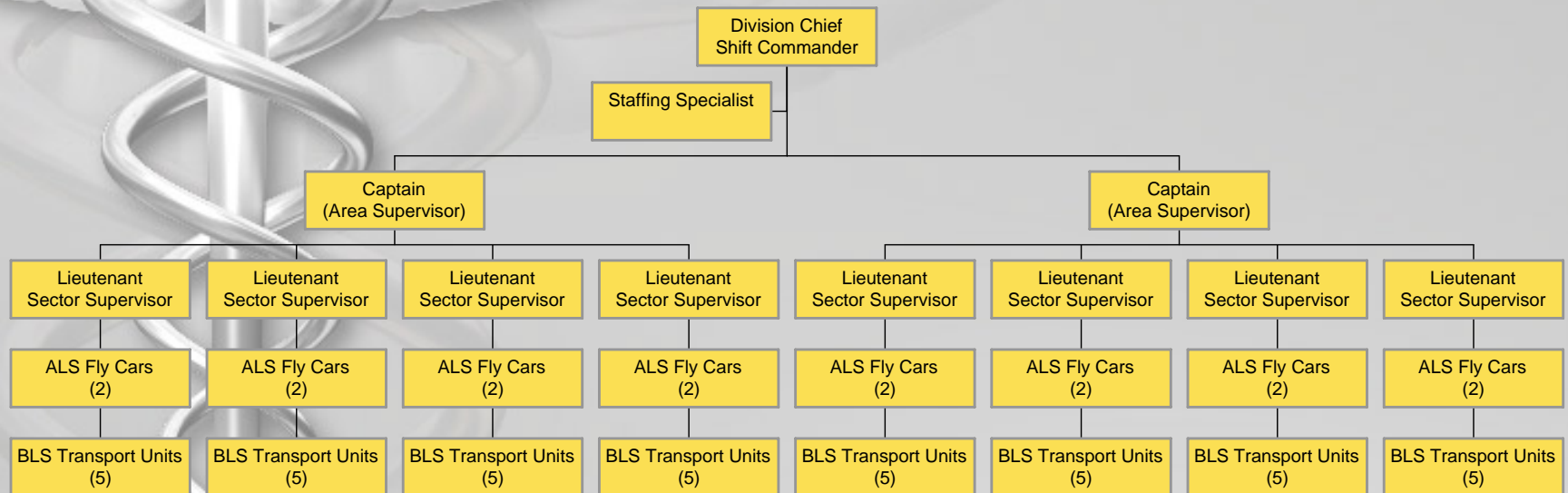
Operations Division

- ◆ Deputy Director, Operations
- ◆ Four Platoon System
- ◆ Division Chief for each Platoon
 - ◆ 2 Captains
 - ◆ 8 Lieutenants
- ◆ 40 BLS Transport Ambulances
- ◆ 16 ALS Non-Transport Units
 (“Paramedic Response Units”)

Operations Division Overview



Operations Division -- Platoon Organization





Paramedic Response Units

- ◆ 2 ALS Providers
 - ◆ 1 Paramedic
 - ◆ 1 Paramedic or EMT-Intermediate
- ◆ Maintains the evolved standard of care in the District of Columbia
- ◆ 60% increase in availability when compared to ALS providers in a Transport Unit
- ◆ Vehicle Cost: \$35,000 vs. \$500,000+ for Fire Truck
- ◆ EMT-I will not be working alone



Training Division

- ◆ Initial EMT entry training
- ◆ Biannual recertification classes
- ◆ Continuing Medical Education
- ◆ Citizen CPR / AED training
- ◆ Remedial training as necessary in conjunction with CQI/QA
- ◆ Development of Nationally Recognized Educational Standards for Personnel
- ◆ Coordination and training of other DC Gov't Agency Personnel with regards to Pre-Hospital Care
- ◆ Building cooperative agreements with other educational institutions and the business community



CQI/QA Division

- ◆ 100% Chart Review
- ◆ Data Collection and MDT Oversight
- ◆ Development of medical information databases for data analysis and tracking
- ◆ Benchmark development and collection and analysis of benchmark data
- ◆ Quarterly publication of benchmark data
- ◆ Biannual evaluation of field providers
- ◆ Protocol development, maintenance and implementation in coordination with EMS Director and the Assistant Director, Training.



Administrative Division

- ◆ Deputy Director, Administration
 - ◆ MBA (preferred) with experience in business management
- ◆ Fleet Manager
- ◆ Chief Technology Officer and IT Staff
- ◆ Payroll Services
- ◆ “Compliance”
- ◆ Medical Supply
- ◆ Risk Management
- ◆ Grants
- ◆ Procurement Officer
- ◆ Human Resources Officer / Liaison



Shared Services

- ◆ There are several areas in which there might be overlap in auxiliary functions between EMS, DCFD, OUC and MPD to include vehicle maintenance, some areas of training and some aspects of property management and supplies. To leverage a citywide cost savings, it is recommended that these overlapping areas be shared among the public safety agencies.



Summary

- ◆ The Goal of establishing the DC Emergency Medical Services Agency is to meet and exceed the public's expectation for improvement and performance with respect to pre-hospital healthcare and transportation of the sick and/or injured, for those living, visiting or doing business in the District of Columbia. To create a Medical Service that is Medically driven in its mission and to establish evidence-based scientific standards and critical performance indicators for medical care.