

EMS Findings Matrix

Area	Finding	Blueprint for		
		Change	TriData	IG 2002 IG 2006
Demand	Rising call demand (incidents per capita)	X		
	Transporting patients who do not need an ambulance		X	
	No community outreach plan to educate public on when to call 9-1-1			X
Response Time	Poor dispatch to scene time	X	X	X
	Extremely ineffective first response by fire apparatus	X	X	
	FEMS does not measure significant time intervals impacting response time			X
Operations	Ambulance locations not chosen to reflect geographic demand variation	X		
	Inability to track staff with poor response/turnout time	X		
	Inadequate knowledge of street addresses	X		X
	No plan for dynamic unit re-deployment	X		
	No staffing change to reflect time of day variations	X		
	Outmoded EMS operating practices	X		
Workload	Excessive drop time at hospitals		X	
	Heavy workload/too few units		X	
	No provision for meal breaks		X	
	Personnel "Burnout"		X	
	Inadequate number of paramedics in Field Operations			X
Staffing	Short career ladder (have to be trainer to become supervisor)	X	X	
	Absenteeism (300 hrs/FTE/yr of unscheduled leave)	X		
	Detailing ambulance field personnel to perform administrative work	X		
	Overtime costs (80,000 hrs in FY88)	X		
	EMS staff loss of benefits due to short week/long week schedule		X	
	Perceived lack of parity in pay and retirement		X	
	Vacancies for field positions		X	
Training	Inadequate training	X		
	Few paramedic training classes		X	
	Inadequate time spent training on geographical and navigaton unit			X
	Standard of training at FEMS Training Academy questionable			X
	Scope of EMT practice misunderstood			X
Quality Assurance	Inadequate quality assurance	X		
	Inadequate supervision - number (1:28) and skill level (non-paramedic)	X		
	Chart review process handled manually		X	
	No checkout procedure for firefighter EMTs		X	
	No QA oversight of firefighter first responders		X	
	CQI stopwatch monitoring of ambulance en route time is insufficient			X
	CQI Unit not evaluating/monitoring field performance of EMTs			X

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Quality Assurance	Some personnel working without proper certification			X	X
	Ambulance crew did not properly document actions on Form 151				X
	EMT with highest level of certification not in charge				X
	Faulty patient assessment / no thorough patient assessment completed				X
	Faulty transfer of patient from ambulance to hospital ER staff				X
	FEMS requirement for completing form 902 EMS not followed				X
	No patient priority assigned or incorrect priority assigned				X
	Oral communication between first responders and transport flawed				X
	Oxygen delivery to patient contrary to protocols				X
	Patient's clothing not removed for thorough examination				X
Transport decision not based on FEMS protocol					X
Communications	Poor call to dispatch time	X			
	Poorly integrated field/communications operations	X			
	Antiquated card-based medical priority dispatch system		X		
	Communications not consistently professional		X		
	Comms division has no written policies and operating procedures			X	
Communications division not meeting standards for response time				X	
Logistics	Fuel supply problems		X		
	Oxygen supply problems (ambulances out of service seeking resupply)		X		
	Vehicle wear and tear		X		
	Employees in Med Repair Unit lack training/resources to do proper repairs				X
	Equipment stored in Medical Repair Unit lacks accountability				X
Billing	Low reimbursement rate (9%)	X			
	EMS billing - paper handling problems		X		
	EMS billing - poor documentation		X		
	EMS billing - poor facilities/antiquated equipment		X		
EMS billing - work process inefficiencies			X		
Organization	Difficulties in accountability/discipline from split structure	X	X		
	Difficulties in timekeeping from split structure	X	X		
Technology	Lack of computer maintenance		X		
Other	Little/no injury EMS public prevention education		X		
	Lax enforcement of uniform/clothing regulations		X		
	Deficiencies cited in prior reports not corrected				X

EMS Recommendations Matrix

Area	Recommendation	Blueprint for		
		Change	TriData	IG 2002 IG 2006
Demand	Implement the Omega protocol to identify calls that can be referred to other points in the health care system		X	
	Allow paramedics the option of refusing to transport patients not in need (or give tokens for taxi or Metro service)		X	
	Gain PSAP accreditation (precursor to implementing the Omega protocol)		X	
Response Time	Develop procedures to minimize turnout time	X		
	Institute a policy to eliminate the need to close station house doors when proceeding on life-threatening emergencies	X		
	Monitor response time of individual field personnel	X		
	Ensure that emergency medical response units adhere to national and FEMS standards for response time			X
	Ensure that data on all time intervals that affect response time are collected and reviewed on a regular basis			X
	Compile the en route times for all ambulances and PECs from the CAD system on a monthly basis and share with CQI unit for monitoring			X
Operations	Shift to peak load schedules / Fully implement peak load staffing to match deployment of units to time-of-day demand	X	X	
	Implement dynamic unit redeployment / Implement systems status management to spread available vehicles according to geographic demand	X	X	
	Modify policy allowing crews to spend 45 minutes in the hospital after transporting a patient / reduce hospital drop times to under 20 minutes	X	X	
	Fire units should respond to ALL calls, eliminating the current policy of conditional response	X		
	Discontinue paired response of ALS and BLS units	X		
	On non-critical calls, let firefighter first responders determine whether transport is needed	X		
	Implement an all-ALS ambulance fleet (and hire/train paramedics to staff the units)	X		
	Reassign ambulances to different locations to provided more balanced geographic coverage	X		
	Institute a clear policy on how and when crews are to be relieved	X		
	Develop procedures for crews to report equipment malfunctions in their vehicles	X		
	Acquire up to 15 additional ambulances to meet peak hour demand requirements			X
	Implement paramedic engine companies to provide rapid advanced life support			X
	Offer civilian EMS staff the opportunity to take firefighter training and switch to FFD			X
	Remove engine companies from most "Bravo" level calls, to conserve resources for true emergencies			X
	Give EMS crews formal breaks in their schedule (similar to police department)			X
Work with hospitals and health department to reduce hospital drop times			X	

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Operations (cont)	Augment the number of rapid response units (2 additional units)		X		
	Develop ALS and BLS agreements with the Bethesda-Chevy Chase Rescue Squad to provide EMS coverage in upper Northwest DC		X		
Management	Establish a project team to prepare detailed standard operating procedures (SOPs)	X			
	Institute a performance evaluation system for supervisors	X			
	Conduct an impartial review of the qualifications of incumbent EMS managers			X	
	Make the promotional process competitive (through an examination)			X	
	Eliminate or reduce the weight of the residential preference in making promotions			X	
	Establish clear promotional criteria tied to job descriptions			X	
	Develop and implement a standardized performance evaluation system for all firefighters.				X
Evaluate EMTs on a quarterly basis, following FEMS policy.				X	
Promptly reassign, retrain, or remove poor performers.				X	
Staffing	Reduce unscheduled leave of EMS personnel from 300 hours/year to under 150/year, through improved management supervision	X			
	Hire enough EMS supervisors to provide for a 1:10 span of control	X			
	Assess staffing shortages and determine how many additional paramedics should be hired				X
	Coordinate with all senior level managers to address and take appropriate action with employees who have patterns of abusing leave				X
Training	Ensure that the locations of new areas and streets within the District are disseminated to all FEMS employees, and incorporated into all geography and training classes				X
	Establish qualifications and create a hiring policy for EMS training instructors				X
	Assess qualifications of all EMS training managers and instructors				X
Quality Assurance	Ensure all personnel have current required training and certifications prior to going on duty.				X
	Immediately implement a reporting form that is mandated for use by firefighter/EMTs who respond to any medical call.				X
	Assign quality assurance responsibilities to the employee with the most advanced training on each emergency medical call.				X
	Hire additional evaluators for the CQI unit so that it can fulfill its mission				X
	Ensure that the CQI unit has the necessary staff and resources to complete field evaluations on paramedics within the 2-year certification period				X
	Reassign all detailed CQI Unit evaluators back to the CQI office				X
	Coordinate with DOH to develop a policy on paramedic certification extensions				X
	Ensure that FEMS follows the most recent version of District regulations governing paramedic certification and recertification				X
	Develop a field evaluation process for basic EMTs similar to that used for paramedics				X
	Hire sufficient staff to perform field evaluations on basic EMTs when feasible				X
	Give dispatchers explicit command authority over field units	X			

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		Change	TriData	IG 2002 IG 2006
Communications	Implement ProQA medical priority dispatch (MPD) system		X	
	Implement an Automatic Vehicle Location (AVL) system		X	
	Implement a Unit Statusing System (USS)		X	
	Ensure that there is adequate staff for the Communications division			X
	Create and promulgate written policies and standard operating procedures for the communications division			X
Logistics	Consider installing global positioning devices in all ambulances / implement an in-vehicle navigation system		X	X
	Establish a mobile supply unit to restock ambulances in the field		X	
	Limit access to all areas used by the Medical Equipment Repair Unit to unit employees during service hours			X
	Hire staff in the MERU to expand the hours of operations from 16 to 24			X
	Conduct an inventory of all equipment in the MERU on a regular basis and report discrepancies to division management			X
	Identify training needs for MERU employees			X
	Ensure MERU employees have the necessary tools to repair the agency's medical equipment			
	Coordinate with procurement officer to ensure that all contracts for the purchase of equipment contain provisions for training MERU employees on how to make repairs			X
Organization	Reorganize EMS on a third service or separate ambulance department (alternatively, a cross-trained, dual-role firefighter system makes sense from the perspective of cost and productivity)	X		
	Have EMS training and EMS QA report to the EMS medical director		X	
	Convene a panel to recommend between a separate EMS agency and a cross-trained, dual-role department		X	
Technology	Implement pen-based computer-assisted patient care documentation		X	
	Automated quality assurance function using computerized documentation		X	
	Implement an inventory control system		X	
Public Education	Hire and train an EMS public education specialist		X	
	Develop and implement a written community outreach plan to educate the public on abuse of the EMS system and the impact on response			X
	Ensure the public is well-informed about when to call 3-1-1			X
Other	Organize a committee to review the 1989, 1997, and 2002 reports and develop a comprehensive strategic plan to address the issues covered			X