

GOVERNMENT OF THE DISTRICT OF COLUMBIA



**Task Force on Emergency Medical Services**

**Meeting 1**

**441 4th Street, N.W. Room 1107**

**April 17, 2007**

**3 p.m. – 7 p.m.**

**Task Force Members Present:** George Washington University Institute for Crisis, Disaster and Risk Management Co-Director Dr. Joseph Barbera; Ward 3 Councilmember Mary Cheh; Cobb County, Georgia Fire and Emergency Medical Services Department Chief Rebecca Denlinger; Mayor Adrian M. Fenty; Tobias Halliday; Patrick Regan; Fire and Emergency Medical Services Department (FEMS) Chief Dennis Rubin; Boston Emergency Medical Services Department Chief Richard Serino; Attorney General Linda Singer; City Administrator Dan Tangherlini; FEMS Medical Director Dr. Michael Williams.

**Task Force Members' Staff Present:** Ronald Collins, on behalf of Council Chairman Vincent Gray; Heidi Tseu on behalf of At-Large Councilmember Phil Mendelson.

**I. Welcome**

Mayor Adrian M. Fenty opened with a moment of silence. He started the meeting by recalling the tragic death of David E. Rosenbaum and stating that the goal of the Task Force would be to make sure that, in the future, every District of Columbia resident who needs Emergency Medical Services (EMS) will be provided with fast, compassionate, and professional care at every stage of the process. He emphasized that the task force will be about action and results, and that its work moving forward would be as transparent as possible. He welcomed guests and members of the task force and thanked everyone for their participation.

**II. Ground Rules**

Fire and Emergency Medical Services Department (FEMS) Chief and task force Chairman Dennis Rubin asked if any of the members had recommendations for ground rules for meetings. Hearing none, he began the presentations portion of the agenda.

**III. Inspector General Presentation**

Charles Willoughby, Inspector General (IG) of the District of Columbia, gave a presentation on the Office of the Inspector General's (OIG) investigation into the District's response to the assault on David Rosenbaum.

The presentation primarily covered the findings and recommendations from the IG report on the Rosenbaum incident. The Powerpoint slides from the presentation are attached and available on the EMS Task Force web page at <http://oca.dc.gov>.

The OIG is currently conducting a department-wide re-inspection of FEMS that will:

- Verify compliance with its 2002 and 2006 investigations
- Review the status of emergency response times and whether standards are being met
- Review the conversion of civilian employees to uniformed firefighters
- Review the status of major technology initiatives, including upgrades

The OIG team has not yet completed its work.

In response to questions from task force member Toby Halliday, Mr. Willoughby stated that the re-inspection team will attempt to verify that the agency has complied with all of the recommendations from the 2002 report, and will also look at any new issues that may have arisen, if they are significant. The inspection has been underway for three months and it is hard to predict when it will be completed, but Mr. Willoughby predicted that it will be finished some time this summer. He said that he is willing to explore the possibility of sharing information from the ongoing inspection with the task force.

In response to questions from Councilmember Mary Cheh, Mr. Willoughby stated that the investigation into the Rosenbaum case did not include a cultural analysis to determine whether there is an impaired work ethic within the agency. He stated that it should be kept in mind that each component of care with respect to Mr. Rosenbaum failed, and that there should be a low chance of all units failing at once. He noted that this raises concerns about the mentality of the agency and the mindset of how seriously people take their respective jobs. He said that all of the documents that served as a basis for the OIG's report are attached to the report so there are no additional documents that could be shared with the task force.

Mayor Fenty asked whether there is a record of other cases where the health/well-being of patients may have been adversely affected by FEMS care and said that the Task Force should review such incidents from the past three to five years. He mentioned specifically a case where an ambulance responded to Hamilton Street, N.E. instead of Hamilton Street, N.W.

In response, task force member FEMS Medical Director Dr. Michael Williams stated that FEMS and other involved agencies are working toward having a database to track the quality of care given to patients, but that presently, there is no way to pull such information, other than from complaints by citizens. He noted that some of the information needed on outcomes is in hospitals, so FEMS does not have access to it. Chief Rubin committed to collecting this information requested by Mayor Fenty.

In response to a question from task force member Attorney General Linda Singer about what prompted the 2002 inspection, Mr. Willoughby stated that the 2002 report was a routine inspection of FEMS, although there had been some complaints about response times. Regarding Mr. Rosenbaum's case, the OIG is looking at what carried over from 2002 to now; some items appear not to have been corrected. However, he could not speak to specifics until he could ensure the accuracy of what will ultimately be published. He chose not to include this information in the Rosenbaum report because he did not want to delay its release.

In response to a question from Mayor Fenty, Mr. Alvin Wright of the OIG's office stated that it would not be fair to compare the performance of FEMS with that of other agencies using the Rosenbaum case. He stated that the Rosenbaum case was an unusual confluence of events, like a "full moon night." He said that there can be a problem with individuals who do not take their job seriously, and are not subject to adequate oversight. He stated that "we need to set high expectations. If you challenge people, people will rise to the challenge."

Mr. Wright noted that difficulty in evaluating staff is a common theme for many agencies, but that FEMS appeared to have no process for evaluating firefighter EMTs. Also, he stated that many agency managers are absentee managers, making assumptions without taking the time to find out what is going on in the ranks. Mr. Wright pointed out that unless there is activism in the senior ranks of agencies, it is difficult to affect change.

#### **IV. Presentation by Dr. Michael Williams, FEMS Medical Director**

Dr. Williams provided a summary of the actions that FEMS has taken in response to the Inspector General's report on the Rosenbaum case. Powerpoint slides from Dr. Williams' presentation are attached and are available on the EMS Task Force web page at <http://oca.dc.gov>.

In response to Attorney General Singer's question seeking comparative data on the rate of complaints, Dr. Williams stated that few jurisdictions collect and share complaint information.

Mr. Halliday asked for an explanation for why some parties (including the IG) believe that FEMS had a policy in place to conduct quarterly evaluations of civilian EMTs. Dr. Williams distinguished between an evaluation of clinical skill, which was not in place, and a broader, informal employee performance review. He indicated that FEMS would like to engage in more clinical skill reviews, but has insufficient supervisory staff to conduct them quarterly. The frequency of civilian employee performance reviews is governed by DC's personnel regulations.

Mr. Halliday asked whether FEMS was satisfied with the speed of trial board process in regard to the Rosenbaum case. Dr. Williams replied that the five firefighters who have not yet received decisions on discipline are on administrative leave. Chief Rubin indicated that the pace of the review was unacceptable and vowed to ensure more rapid closure on such matters in the future.

Mr. Halliday contested Dr. Williams' claim that the low number of complaints indicates the high capability of the system and suggested that the low number of complaints could also indicate frustration with the system. Mr. Halliday suggested that FEMS come up with better measures of quality and capability, in light of apparently pervasive quality issues. Dr. Williams agreed with the need for better measures of quality. He indicated that FEMS has created a customer satisfaction survey questionnaire, which will go out to customers soon. He said the agency needs to improve its outreach to hospitals, as well as cooperate more broadly with the DC Department of Health.

Councilmember Cheh asked whether FEMS had undertaken any efforts to address the systemic problem of the culture of indifference. Chief Rubin welcomed the assistance of the Task Force to address this issue, including improving supervisory oversight, addressing equality of pay, and other underlying factors. Mayor Fenty noted that the reason he supported the formation of the task force is that the District does not accept a culture of apathy and indifference in the department, and will not tolerate those who fail to meet standards.

Task force member Dr. Joseph Barbera asserted that systems evaluation assumes initially that the system is flawed. It could therefore be assumed that the District has a flawed system, not bad people, which makes it essential to address and fix the system issues in order to avoid bad outcomes.

Task force member and Boston EMS Department Chief Richard Serino asked whether the charge of the task force is to look at technical issues, or also to look at larger issues, including cultural issues. Chief Rubin deferred discussion of the task force mission to the end of the meeting, after the presentations bring all the task force members up to speed on the issues.

#### **V. Presentation by Kenneth Lyons, EMT-P and President, AFGE Local 3721**

Mr. Lyons gave a presentation on taking a “third service” approach to the delivery of emergency medical services in the District (see attached presentation, also available at <http://oca.dc.gov>). Mr. Lyons also distributed a packet of press articles on issues surrounding emergency medical services delivery in the District from 1987 to 2005.

In response to Mr. Halliday’s question on failures of the ambulance crew in the Rosenbaum incident, Mr. Lyons made no excuses for the performance of the crew. However, he referred to the feelings of “inundation” on the part of single-role personnel, due to years of neglect in the budget process. He also suggested that prior incidents of poor care, such as the Leon Waters and Julia Rusinek incidents, pointed to the need for providing increased resources to EMS.

Chief Serino asked about the reason for the culture of indifference within the department, and what can be done to fix it. Mr. Lyons explained that it grew out of a lack of respect for single-role EMS providers from firefighters, and pushback from EMS, and suggested that fixing the problem requires recognition and respect for the cultures of both sides. Mr. Lyons does not believe this can be done in dual-role cross-train manner, largely because FEMS has been a dual-role cross-train agency since 1989, and the problems have persisted. Mr. Lyons stated that fulfilling the mission of EMS in an agency where EMS is viewed as a function, not a mission, cannot be accomplished.

Councilmember Cheh asked whether there is anything fundamentally contradictory between improving EMS and bringing the firefighting and emergency medical roles together. Mr. Lyons replied that 44 percent of departments across the country are dual-role cross-trained, while 55 percent are not. He agreed that there is nothing inherently contradictory in combining the roles, but expressed his opinion that it is clearly not working in the District, and has not worked for a long period of time. He suggested that the task force reconsider the degree of EMS the District asks firefighters to provide. Also, *real* EMS would have to

become part of the medical infrastructure – not just EMS inside an agency, but extending itself beyond the existing role within an agency. “I see that happening with this agency,” he said.

**VI. Presentations by Dr. Lori Moore-Merrell of International Association of Fire Fighters (IAFF) and Gary Ludwig, Deputy Chief of the Memphis Fire Department, on behalf of Dan Dugan, president, IAFF Local 36**

Dr. Moore-Merrell presented an analysis of response time components in the District. Chief Ludwig, a member of the DC EMS Commission, drew lessons for the District from the turnaround of emergency medical services delivery in Memphis. Their Powerpoint presentations are attached and available at <http://oca.dc.gov>.

Chief Ludwig closed his presentation with a clarification of the statistic that 44 percent of EMS systems around the country are fire-based, cited in Mr. Lyons’ presentation. He stated that the statistic is accurate, but it does not mean that the remaining 55 percent of systems are structured as third service providers. The study that serves as the source of the numbers included many other configurations, such as private ambulance operators, rural delivery models, and others. Councilmember Cheh asked if it would be possible to obtain a reference point on the number of systems that are dual-role, cross-trained.

Councilmember Cheh asked what steps Chief Ludwig took to improve the EMS system in Memphis. Chief Ludwig described two action steps he took. First, the Department’s leadership sent a clear message to the force that it does not operate two separate systems, but a single, integrated one. Second, Memphis changed the color of its ambulances to red so that the apparatus of both sides of the agency would be the same color. Councilmember Cheh asked whether the leadership in Memphis had to contend with pay disparities or an attitude of apathy. Chief Ludwig replied that although Memphis made the decision to transition to cross-trained, multi-role force in 1995, ten years later, in 2005, some firefighters still said, “I don’t do EMS.” The leadership in Memphis let these “dinosaurs” know it was a new day and that EMS was part of its mission.

City Administrator and task force member Dan Tangherlini asked about the higher number of paramedic engine companies (PECs) compared with the model EMS programs in Boston and Seattle, which have lower ratios of paramedics per 100,000 population than many other cities, and thus paramedics who gain more experience on the job. Dr. Moore-Merrell replied that PEC programs continue to grow across the country, since it puts a larger number of highly trained paramedics in the field compared with other EMS delivery models. Mr. Tangherlini asked whether classroom training or field experience gave paramedics more valuable knowledge in responding to calls. Dr. Moore-Merrell’s view is that deploying advanced life support on more rolling stock brings significant benefits, and expressed concern that having a limited number of paramedics would make it more difficult to provide adequate depth of coverage to respond to calls. Mr. Tangherlini asked, “If you had to choose one way to improve paramedic quality, would it be initially more and eventually better, or initially better and eventually more?” Dr. Moore-Merrell recommended trying to do both at the same time.

Mr. Halliday wanted to know how turnout times compare for medical calls versus fire calls. FEMS Assistant Chief Brian Lee said that there used to be a considerable disparity, but it has dropped significantly. Chief Rubin promised to provide the task force with detailed information comparing these turnout times.

Mr. Halliday asked for the firefighter union's position on responsibility for training of staff. Mr. Dugan replied that the union wants all of its members to be cross-trained for multiple roles, and said that 92 percent of the local union membership has been trained to EMT level or higher. Mr. Dugan would like to see the District move to an all-ALS system.

Attorney General Singer asked the two union representatives to recommend five cities to examine for best practices. Dr. Moore-Merrell suggested Miami/Metro Dade, Houston, Columbus, Memphis, and Phoenix. Mr. Lyons suggested Boston, Seattle, Austin, Pittsburgh, and San Diego.

In response to Chief Serino's question about the presence of a culture of subordination of the EMS mission within the department, Mr. Dugan noted that it has been a problem for FEMS in the past, but that a few chiefs managed to overcome it. In response to Chief Serino's followup question, Mr. Dugan said that he would consider the Rosenbaum incident to have been an anomaly.

Concerning the Memphis turnaround, Dr. Barbera wanted to know whether the new approach would outlast the current leadership. Chief Ludwig highlighted the need for succession planning in the department to support the new model, and indicated that the chief in Memphis has stressed the importance of EMS delivery to all the deputy chiefs in the department.

## **VII. Discussion of Task Force Mission**

The task force members contributed their thoughts about the mission of the task force. Dr. Williams argued for taking a systemic approach to care, which would include looking at the connection to the dispatch center on the front end and the hospital emergency rooms on the back end.

Attorney General Singer and Mr. Halliday both encouraged the task force to make a manageable number of recommendations that focus on our first-order issues, emphasizing strategic, big picture issues.

Dr. Barbera called for a focus on management solutions, not just strategic goal-setting. In his view, the recommendations need to have not just outcome measures, but also, input, process, and output measures. That way, future monitors can determine whether the necessary inputs were provided, whether an improved process is in place, and whether system outputs are improving, while waiting for the stated outcomes ("improved patient care") to be demonstrated.

Mr. Halliday proposed that the task force's scope include cultural issues, training and evaluations, incentives and compensation, as well as demand management.

### **VIII. Other Task Force Business**

Regarding future meetings, Mr. Halliday requested the task force collect and share presentations in advance, in order to leave more time for questions and discussion.

He also requested that the task force invite two speakers to the May meeting: Paul Maniscalco, the chair of Councilmember Mendelson's EMS Commission; and Erik Gaull, lead author of the 1997 TriData report's EMS section.

The task force set the dates for its subsequent meetings: May 24, June 18, July 17, and September 19 and 20.