

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Fire and Emergency Medical Services Department**



Fiscal Year 2015 Performance Oversight Public Hearing

Testimony of

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Fire and Emergency Medical Services Department

Before the

Committee on the Judiciary
Chairman Kenyan McDuffie

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John A. Wilson Building
1350 Pennsylvania Avenue, NW
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Good morning Chairman McDuffie, Council Members and staff. I am Gregory M. Dean, Chief of the D.C. Fire and Emergency Medical Services Department (“the Department”). I am pleased to appear before you today to talk about the performance of the Department in fiscal years 2015 and 2016. For those watching from home, my testimony is available on our website at fems.dc.gov.

As you know, I have been Chief of the Department for just over nine months now. When I arrived and first appeared before you in June 2015 for my confirmation hearing, I told you that we as an organization had embarked on a six month process of reviewing and evaluating Department services to better understand how we work and which direction we would need to take for future improvement. First we put together a talented and experienced team. Then we engaged Department employees, our two labor unions, members of the Council, the community, our partner government agencies, and Mayor Bowser and her senior staff.

What I learned during that process is that the Department has what it needs to achieve its goals: a proud, talented and committed workforce and the support of the Mayor, this Council, the community and our partners. While this may sound like a simple premise from which to begin our work, it is important that we not take it for granted. We cannot be successful as an organization if all of us as stakeholders do not work together toward our shared vision of a Fire and EMS Department that provides the best possible service to its citizens. So far, I can say that I am encouraged with the direction in which we are headed.

Nonetheless, I also learned that the Department continues to face tremendous challenges. And these challenges are remarkable not just in their number and complexity but in their fundamental nature. Because of this, we cannot expect to overcome our larger challenges without first fixing the basics that underpin everything we do. This has been our focus over the last nine months and will continue to be our focus in the short-term. If we can get back to basics and become stronger as an organization on a fundamental level, then we can better tackle the more complicated obstacles that continue to challenge us.

My testimony today will focus on what we have accomplished and what we are working on in four broad areas in the Department: (1) hiring and apparatus; (2) training, safety and development of our employees; (3) reforming our delivery of EMS; and (4) accountability, transparency and customer service.

Hiring and Apparatus

There is nothing more basic in our agency than the need to be fully staffed and to have a sufficient number of working apparatus. These are the pillars of our ability to provide excellent service. With the support of Mayor Bowser, we have made significant progress on both fronts in recent months.

In FY 2015 and the first quarter of FY 2016, 58 firefighter EMTs (including 32 cadets) and 17 firefighter paramedics graduated from the Academy. On November 3, 2015, we posted a hiring registry of 3774 candidates that resulted from the two entrance exams we hosted in June, the first such exams held in eight years. The first class of 30 from this registry is scheduled to start at the Training Academy later this month, to be followed by another class of 30 in the second half of the fiscal year. In fall of 2015, we were awarded a SAFER¹ grant to hire 42 firefighter paramedics, and we advertised for those positions in December. We are planning for the first class of 30 firefighter paramedics to start at the Academy in April 2016, with 12 additional recruits to start later in the year. We are also preparing to start another cadet class in the next few months, and will accept applications for our FY 2017 cadet class this summer. And we are excited to report that in each of these classes, the majority of candidates are DC residents,² keeping Mayor Bowser's promise to create Pathways to the Middle Class for District residents during her administration.

We are also investing in our emergency apparatus fleet. In FY 2015, we placed into service one of the seven ladder trucks currently on order, which allowed us to have 16 ladder trucks (our full operational complement) in service for the first time since September 2014. The Department's capital budget for FY 2016 and FY 2017 was substantially increased by Mayor Bowser and the Council to allow for additional emergency vehicle purchases on a replacement schedule that is consistent with the recommendations of the BDA Global "Audit and Assessment" report completed during November 2013. So far in FY 2016, we have received three new ladders truck and six new supervisor "buggy" vehicles. During the remainder of this fiscal year, we will receive an additional 16 refurbished ambulances, 18 new ambulances, four ladder trucks and two engines.

¹ Staffing for Adequate Fire and Emergency Response.

² 100 percent of cadet classes are District residents. 187 of the top 200 applicants on the 2015 firefighter EMT hiring registry are District residents. The first firefighter paramedic class being hired under the SAFER grant is still being processed, but we have been encouraged by the high number of applicants who are District residents.

Training, Safety and Development of Our Employees

Hiring employees is only the first step in building a strong workforce and delivering the best service possible. My top priority since becoming Chief has been to improve the quantity and quality of the training that our employees receive, whether it is through training in EMS, fire safety or leadership development. My goal is to have a workforce of what I call “sassy” firefighters or EMS personnel who know their stuff and naturally perform at the highest skill level. I say “naturally” on purpose. The middle of a high stress, potentially life-threatening emergency is not the time for employees to be learning new skills. They need time to learn and practice techniques consistently so that when the bell hits they are prepared to use those skills to the benefit of the residents of and visitors to the District.

Consistent with this approach, our goal with the third party provider initiative, which I will discuss in more detail later, is to move from the Department’s current practice of only providing EMS training every two years when employees get their National Registry Emergency Medical Technician (NREMT) recertification, to providing training on a monthly basis. EMS is an evolving discipline that demands that our providers be constantly informed of the latest trends and trained in the latest techniques. It is also an area where we need to make sure our providers’ basic skills are as sharp as possible.

Our EMS training agenda for FY 2016 is reflective of this range of needs. During the fall, the Department, in partnership with the University of the District of Columbia, provided our EMS Captains with training on intubation, a life-saving Advanced Life Support (ALS) EMS technique that we learned through the Continuous Quality Improvement (CQI) process needs additional focus. This training is part of our FY 2016 initiative to improve the quality of emergency medical care provided for “time-sensitive” illnesses and injuries, including cardiac arrest, STEMI,³ stroke and life-threatening traumatic injuries. We have been encouraged by a higher incidence of successful intubations since the training was given.

At the same time, we are working to ensure that our Basic Life Support (BLS) providers effectively play their role as first responders. Great ALS begins with great BLS. During FY 2016, and as part of a Department-wide strategy to improve sudden cardiac arrest (SCA) survival rates, the Department will improve “on-scene” management of SCA by conducting “high performance CPR” training for firefighter EMTs, among other strategies. This training will start in the next several weeks and will be accompanied by refresher training on patient assessment and documentation of patient care.

³ ST Segment Elevation Myocardial Infarction.

Another major focus of training in FY 2015 and FY 2016 was in the area of Metro incident response. I am pleased to report that the Department's operational employees who are eligible to do so have been trained in these skills since the tragic incident at the L'Enfant Plaza Metro Station on January 12, 2015. Our battalion chiefs also are participating in joint supervisory training with Metro Transit Police.

I am also committed to ensuring that our members get the training they need to return home safely at the end of every shift. Fire, hazardous materials and other special operations incidents may be a smaller proportion of our calls, but they are the calls that are also most dangerous for our members. In FY 2016, we have three initiatives that focus on this area. First, in partnership with the International Association of Firefighters (IAFF), the Department is implementing an emergency incident rehabilitation and medical monitoring program to assess the health of operational personnel during emergency incidents. This includes training on and implementation of NFPA⁴ rehabilitation and monitoring requirements during emergency incidents.

Second, the Department is completing "higher risk" building pre-incident planning. This includes identification of at least one "higher risk" building or structure within each engine company district by the Fire Prevention Division, scheduling an on-site "informative inspection" involving fire inspectors, Department of Consumer and Regulatory Affairs (DCRA) Building Inspectors and on-duty company personnel, and completing a pre-incident plan for each identified "higher risk" building or structure incorporating NFPA and Department standards.

The rehabilitation and "higher risk" building initiatives focus on large-scale events. But we also need to focus on the daily routines, like lifting patients, driving, and entering and exiting vehicles and buildings, which result in too large a number of injuries to our employees. We are starting to tackle these issues with a more robust focus on our risk management division, and also with a driver safety awareness initiative being conducted by the Training Academy.

Even though I have thus far focused on the need to improve our operational training, I should state that one of our strengths as an organization is our operations training, particularly in fire suppression. Historically, however, development of our employees as organizational leaders has received less focus. Our members should have well-rounded professional development that not only benefits their careers, but that also benefits our Department. Our goal should be for the next leader of this organization to come from within. That is why in FY 2016, working in cooperation with our labor unions, the Department is formulating a leadership development plan that will ultimately be published. We are surveying both labor and management to assess need, identify

⁴ National Fire Protection Association.

standards for promotion, and describe organizational goals and objectives for developing strong, innovative and diverse leaders. As part of this effort, we are also taking steps in the short term to improve the promotional process. For example, we recently agreed in principle with IAFF Local 36 that candidates eligible for promotion who have four year university degrees should uniformly receive points for education, regardless of the type of degree. In the past, points were awarded only for degrees relevant to fire science or fire administration. This approach is not reflective of the full scope of work and the skills required to be successful leaders in our agency today, and I commend the union and its leadership for taking this step with us on such an important issue.

In the immediate term and on a less formal basis, we have been creating whatever opportunities we can to expand our managers' exposure to a variety of trainings. For example, our leadership team and deputy chiefs recently participated in a "budget boot camp" provided by our partners at the Office of the Chief Financial Officer, and we are planning to provide a similar training to our battalion chiefs and captains, as well as additional procurement training for our supervisors. Later this month, our top managers will receive labor-management training from the Office of Labor Relations and Collective Bargaining. I also have been sending members of the Department to outside trainings, conferences and just plain visits to agencies in other jurisdictions to gain learning and perspective on different ways of doing what we do every day. I appreciate that these trips cost taxpayer dollars. But I feel strongly that this is a worthy investment in our employees and will serve the organization and the District well in the long-term.

EMS Reform

I will now turn to updating you on our efforts in the area of EMS reform, where we need to focus on "back to basics" while simultaneously addressing the most complex and challenging issue we face as an organization.

As this Council knows, in October, at Mayor Bowser's request, the Council unanimously approved emergency legislation authorizing the Department to contract with a third party or parties to transport Basic Life Support (BLS) EMS patients to hospitals. Since October, we have worked with the Mayor, the City Administrator and the Office of Contracting and Procurement to finalize budget and procurement details to move forward with the initiative. We are excited to announce that Mayor Bowser recently approved the use of nine million dollars in FY 2016 contingency reserve funding for the contract. This funding represents the largest investment in EMS reform by any Mayor in recent history.

On February 12, the Department entered into an emergency letter contract with American Medical Response (AMR) to provide transport of BLS patients during the hours of 7 a.m. to 1 a.m., seven days a week, the District's highest call volume hours. We expect to see additional ambulances on the street in four to six weeks. We also expect the definitized contract to go to the Council for approval within the coming weeks. While this emergency contract is in place, the District is issuing a competitive Request for Proposals for a longer term contract for the same service.

Since announcing this initiative in October, many people have asked why the Department does not "instead" focus its resources on EMS reform. But the fact of the matter is that this contract is only the first step in EMS reform, and without it, other efforts at reform will continue to be stymied, as they have been year after year. Our EMS call volume has climbed 33 percent since 2007, while our EMS resources have remained stagnant. This has led to a broken system where, at times, demand outpaces supply and we spend our days chasing calls and trying to get our units back from the hospitals. It has also contributed to an unacceptably high number of mistakes in the field involving patient care. This has occurred even after the Bowser administration put ten extra ambulances in service last March during our high call volume hours.

We need to address the call volume challenge before we can effectively achieve the rest of EMS reform. Simply put, our ultimate goal with this initiative is to slow down our providers so that they can more effectively practice medicine in the field and save more lives. Our paramedics, in particular, respond to too many low acuity calls. They should be preserved for our most life-threatening emergencies, not only for the benefit of our patients, but so that their ALS skills remain sharp. At the same time, our Department's and the public's focus on paramedics has disempowered our BLS providers, who play just as critical a role in providing EMS care not only because they often arrive first at an emergency but because quality EMS care is a team effort. Supplementing our resources with a third party provider will allow the Department to create a more rational system that practices these principles. It will enable us to better meet our response time goals,⁵ more frequently train our providers, preserve resources for our highest acuity patients, provide better field supervision and performance evaluation, do preventive maintenance on our fleet, and improve agency culture surrounding EMS. Many of the above goals overlap with the goals of the 2007 Task Force on EMS recommendations. I am confident that after the third party provider is in place, we will get closer to achieving those goals than we have since the recommendations were originally made.

⁵ In FY 16, DCFEMS is changing its response time goals to be consistent with National Fire Protection Association standards. The goal for higher priority EMS calls is for the first responding EMT to arrive in five minutes or less, rather than 2015's goal of six minutes 30 seconds or less. The goal for structure fire calls is for the first responding fire engine to arrive in 5 minutes 20 seconds, rather than 2015's goal of six minutes, 30 seconds or less.

From the beginning of this effort, Mayor Bowser and I have said that after having the contract in place for one year, we would evaluate its impact on all of these areas. The Council endorsed this approach by including such a requirement in the authorizing legislation. And we will do so in a transparent manner. Measuring our performance in all of these areas should be a regular part of how we do business. Even before the Council approved the legislation, we had decided as a policy matter that we would begin to publicly report on the quality of patient care that we provide. Our FY 2016 performance plan includes, for the first time, KPIs⁶ measuring cardiac arrest survival rates, as well as our providers' compliance with medical protocols for time-sensitive illnesses. We are excited to be talking about EMS in a way that goes beyond focusing only on response times. I look forward to reporting on our progress in the coming months and want to thank the Council again for supporting the legislation authorizing this effort.

While planning for the start of the third party provider initiative, we have been hard at work on three other efforts that are also critical pieces of EMS reform: educating the public on the proper use of 911, launching a citizen bystander CPR campaign, and improving our 911 dispatch process. Late last calendar year we reached out to our health and human services partner agencies to talk about how we can work together to decrease use of 911 for non-emergencies. A major driver of the need to supplement our resources with the third party provider is the use of 911 to address regular, non-emergency health care needs. Since 2007, our Street Calls program has been in place. This program identifies the most frequent users of 911 and connects them with preventive health care resources. But the Department alone cannot address the complex social problems that lead to overreliance on 911. During FY 2016, we will supplement the Street Calls program by working with District health and human services agencies on additional front-end strategies to reduce non-emergency use of EMS.

Preventing misuse of 911 will allow us to focus our EMS resources on life-threatening emergencies, such as sudden cardiac arrest. Related to this effort, on October 27, Mayor Bowser launched the "Hands on Hearts" initiative to train 5,000 people in hands-only CPR and the use of automated external defibrillators (AED) by the end of September 2016. Hands-only CPR is a technique that involves chest compressions without artificial respiration. Studies indicate that hands-only CPR performed immediately can increase a cardiac arrest victim's chance of survival.

"Hands on Hearts" is a partnership between our Department, ServeDC, the American Heart Association of Greater Washington (AHA), the American Red Cross, and other

⁶ Key Performance Indicators.

partners. As part of the initiative, we offer free, 20 minute classes on hands-only CPR and AED awareness. To sign up for or to organize a training, visit the “Hands on Hearts” website at fems.dc.gov. As of last week, 4100 people have been trained. We expect to meet our goal of 5000 trainees halfway through the fiscal year.

By-stander CPR is the first link in the chain of survival for sudden cardiac arrest. The second link in the chain is effective 911 call-taking and dispatching. For the last several months, the Department has been working with the Office of Unified Communications (OUC) to improve dispatch protocols so that the right resources are sent to the right incidents in the right amount of time. Early in this process, we invited Priority Dispatch, the designer of the District’s dispatch software, to review the District’s dispatch operations and to make recommendations. The primary findings from this review was a need to increase the frequency of training of OUC call takers and dispatchers, an effort that our Department has been working to support. For example, we are participating in Emergency Medical Dispatch (EMD) training of all of the call takers and dispatchers. In a recent call to 911, an OUC call taker assisted a caller with providing life-saving CPR to a patient, hours after the call taker received the compressions-only CPR training. That is what our partnership is all about.

We also are working with OUC to shorten dispatch times for medical calls so that when a caller has a life-threatening emergency, OUC will dispatch ALS resources after asking only a few questions, rather than going through the full protocol before dispatching. This is called “quick dispatch” and is used in high performing EMS jurisdictions. The Department also conducted a comprehensive review of the piece of dispatch that we own, which is the response package protocols themselves. We are redesigning those packages to streamline the number of units that respond to calls and to better ensure that calls are not “over-classified” to a higher acuity than the actual injury or illness, which will hopefully better preserve our ALS resources. I want to publicly thank former interim OUC Director Chris Geldart and his team for their work with us while the District searched for a new Director. Our partnership has allowed Acting Director Karima Holmes to hit the ground running on these issues and we look forward to continuing our work with her.

As I finish my update on EMS reform, I want to state on the record that understand and I have heard from you – from policymakers, public citizens and employees – that you are impatient for change in our delivery of EMS. I am too. But the challenges we are facing did not materialize overnight and it will take not only time to fix them, but methodical and painstaking attention to the tools that go into providing great patient care. If we continue to have the support of labor, the Mayor, and the Council that we have seen so far, then I am confident that we can succeed.

Customer Service, Transparency and Accountability

Before concluding, I want to briefly mention some efforts we are undertaking in the areas of accessibility, transparency and customer service. We know that one of our challenges is restoring confidence in our agency. Succeeding in doing this requires not only that we perform better, but that we communicate effectively and that we are more transparent and accountable to the public we serve and to our own employees.

Often the public's first encounter with our agency is through our website. We recently had an independent evaluation of the site done which found that it could use some improvement in making aspects of the site and the services we offer more accessible and intuitive to locate. We are also working on creating and publishing more digital web forms for both public and employee use, more regularly updating content, and creating content that better explains to the community what we do and what we are about as an organization.

We are also formalizing a process for receiving and investigating complaints from citizens about our services. When I arrived at the Department, I found that complaints about service came in through different offices, and how they were handled depended on the practice of the official who received them. We now have a centralized process that operates out of my office and that assigns complaints for investigation and resolution, including action against or counseling of employees, if necessary.

And speaking of discipline, it is another area that needs focus and, frankly, change. I believe the Department's disciplinary system needs to be more fair, transparent and efficient. I have heard from many employees that this is a concern of theirs. If we can add these elements to the system, then we can better hold employees accountable for their actions. I have told our labor unions that I look forward to working with them on this issue as contract negotiations begin.

As a leadership team, we are also interested in being accessible and accountable to our employees. We want our agency to be one that challenges our men and women to do their best work, provides them the support and resources to do so and then recognizes them for excellent performance. This spring, we are hosting an awards ceremony for our employees, only the second such ceremony since 2010. For the first time, this ceremony will include expanded categories of awards to include administrative employee, EMT, paramedic, officer, and chief officer of the year awards, in addition to the traditional award for firefighter of the year.

Finally, In October, we issued a Department-wide survey to get our employees' input on our strengths and weaknesses as an organization and our agenda for the future. This was the first such survey taken in the Department since 2007 and we recently published the results. Two weeks ago, we held two town hall meetings with employees to hear

from them again and to share our plans for the agency. I have been heartened to find that our employees' priorities are consistent with many of the themes of this testimony. I will not list all of the findings now, but the highlights include our employees' belief that:

- Our Department does not have the necessary level of resources to respond to its current call volume;
- We need to do a better job educating the public on EMS initiatives;
- We need to invest more resources in the provision of pre-hospital medical care and EMS training;
- We need to do a better job supervising and evaluating our employees' provision of EMS;
- We need to cultivate stronger leaders; and
- Our employees like the team members they work with, and they believe that our mission makes them feel that their jobs are important.

The message from our employees is loud and clear: we have our challenges, but our employees are committed to working with the Department's leadership team and with all of our partners on reaching our goals. It will take time for us to get where we want to go, but it is an honor and a privilege to have the opportunity to walk down this path together. Thank you for giving me the opportunity, as well as the time today to share with you everything that we are working on at the DC Fire and EMS Department. I look forward to answering your questions.