

GOVERNMENT OF THE DISTRICT OF COLUMBIA
FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT



**Fiscal Years 2019 and 2020
Performance Oversight Hearing**

Testimony of
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Before the
Committee on the Judiciary and Public Safety
Council of the District of Columbia
The Honorable Charles Allen, Chairperson

John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

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Good morning, Chairperson Allen, members, and staff of the Committee on the Judiciary and Public Safety. My name is Gregory M. Dean, and I am the Chief of the Fire and Emergency Medical Services Department. Thank you for inviting me to testify on behalf of Mayor Muriel Bowser on the activities and accomplishments of the Department in Fiscal Years 2019 and 2020, to date. For those of you watching from home, my testimony is available on the Department's website at fems.dc.gov.

I am pleased to testify today on our Department's performance. My testimony will cover the following areas of focus: (1) Living our core values, (2) Engaging our workforce, (3) Taking care of our own, and (4) Transforming health care in the District of Columbia.

Living Our Core Values

Last week at our annual town hall meetings, we introduced our core values to our members. Taken together with our mission and vision statements, core values provide a context for who we are; how we hope to treat each other, our customers, and our public; and what we hope to accomplish in the future. By identifying our core values, we can incorporate them into the spirit of all our members, regardless of rank or position. They allow us to keep the focus on what is truly important in being a part of an elite organization.

In FY 2019, we launched this effort by first surveying our members to solicit their feedback on what our core values are. Our Department's participation in the survey was robust – twenty percent of our employees. The responses reflected the broad diversity, creativity, passion, and thoughtfulness of our members. A committee made up of members of all ranks and perspectives then reviewed the results of the survey and developed a recommended set of values, which were vetted and approved by our senior leadership team.

We call our core values are “the BASICS”:

- **Bravery**
- **Accountability**
- **Service**
- **Integrity**
- **Compassion**
- **Safety**

Of course, our Department has demonstrated these values throughout its history. Now that they are formally adopted, we will be intentional about how we live our values with everything we do.

Engaging Our Workforce

Developing our core values was one step in our efforts to engage our workforce in accomplishing our broader mission. Another of the Department's strategic initiatives in FY 2019 was to institute an employee engagement process to foster greater awareness and buy-in of the Department's performance plan and “big picture” goals with sworn and civilian members. The senior leadership

of the Department was featured in videos describing the Department's priorities, which were released to the membership throughout the year. The videos included topics like employee mental health and wellness, standardized recruit training, and developments in the Department's *Right Care, Right Now* Nurse Triage Line.

This past summer, the Department's leadership team also formally engaged mid-level managers in the development of our FY 2020 performance plan, and the final product was heavily influenced by the feedback received during that process. This process also reflected our commitment to developing the future senior leaders of the Department from within our ranks, work that will continue in FY 2020 as we provide more professional development opportunities for our chief officers. This work caused us to look inward as an organization, and to ask – how can we improve working conditions in the Department? And if we are successful, will those improvements lead to better service for the residents of the District?

Taking Care of Our Own

These questions have guided our priorities for FY 2020. Those priorities include improving employee wellness, making our Logistics Division more customer-focused, evaluating our information technology capacity and needs, optimizing fire suppression and prevention operations, and ensuring ready apparatus.

Last year, we testified about our launch of a new peer support program designed to support our employees' mental health needs. This effort went beyond our previous program, which was incident-based and did not always recognize the cumulative stress caused by our work and the role of officers and peers in recognizing those signs of stress. We are continuing to improve the peer support program in partnership with our labor unions in FY 2020. We also will develop a more comprehensive and sustainable employee wellness program that will measure members' health and time-loss savings over time, create a dashboard for accident and injury submission and tracking, and expand the O2X Human Performance program to support our members' physical and emotional wellness.

We have heard from our members about the challenges they face in ensuring we have enough supplies to operate daily, as well as ensuring that their facilities remain safe and comfortable. These issues impact our ability to provide the best service possible to our residents. In FY 2020, we are making our Logistics and Facilities Divisions more customer-focused by improving communications, transparency, and accountability with our field provider customers; reviewing and revising warehouse processes and procedures to strengthen efficiency, service, and daily inventory; and strengthening our collaboration with the Department of General Services to improve our members' living and working conditions in fire houses. This work follows our successful effort in FY 2019 to procure new Self-Contained Breathing Apparatus for our members, as well as capital budget enhancements to modernize or replace Engines 15 (Anacostia), 23 (Foggy Bottom), 26 (Brentwood) and 27 (Deanwood).

Up to date information technology also ensures our effective delivery of services. In FY 2020, we are assessing our information capacity Department-wide, while also refreshing our hardware and software within our existing budget.

The best way we can take care of our employees is to ensure that they are safe while doing their most dangerous work – fire suppression. In FY 2020, we are working to protect our members’ safety by implementing and expanding operations safety initiatives and company-level training requirements. We are also working to improve both the effectiveness of our Fire Prevention Division’s (FPD) inspection efforts and company-based building inspections, as well as strengthen FPD’s training and collaboration with the Department of Consumer and Regulatory Affairs. This work follows our efforts in FY 2019 to provide new multi-company fire evolution drills, expanded incident command training, and new leadership training with the launch of our new Supervisor III course for Captains. In addition, in FY 2019, we certified 495 members in the pre-requisite courses under the National Fire Protection Association (NFPA) 1002 Standard for Fire Apparatus Driver/Operator Emergency Vehicle Operator Course (EVOC) and Traffic Incident Management Safety (TIMS). Twenty-seven members proceeded through the full Fire Apparatus Driver/Operator course. The Training Academy is committed to continuing this certification process for our members throughout FY 2020, so we can meet and exceed the NFPA standard.

We are also continuing our Empowering Women to Lead program, with our third mentee class starting this year. We know that, with this work, we have demonstrated that our Department is a welcoming place for women: approximately 25 percent of our new exam registry list is made up of female candidates, almost double the percentage of women currently working in our Operations Division.

Of course, we cannot do any of this work without having ready apparatus available to respond to calls. Last year, our testimony was heavily focused on our Apparatus Division. I am pleased to report today that this Division made substantial progress in FY 2019. We did so by restructuring the division’s management and schedule; putting into service six new engines, which helped to create a larger reserve of engines, which in turn improved engine up time; outsourcing our parts operation; improving staffing levels; and delivering a significant level of training for our mechanics and supervisors. We are taking delivery of seven new ladder trucks this calendar year, all of which are expected to be in service by the end of December.

Our priorities for FY 2020 are to establish and maintain a consistent reserve fleet capability across ambulances, pumpers, and ladder trucks simultaneously, continue to work towards personnel meeting qualification goals in accordance with National Fire Protection Association, NFPA 1071-Standard for Emergency Vehicle Technician Professional Qualifications, and perform preventative maintenance on all assets at all required intervals.

Transforming Health Care in the District of Columbia

In FY 2019, Mayor Bowser launched the Commission on Health Care Systems Transformation. We were honored to participate in this Commission, and I served as Vice Chair of the Committee on Emergency Room Overcrowding & General Reliance on Inpatient Hospital Care. A major emphasis of the Commission’s report will be to provide recommendations designed to give patients’ greater access to health care, including non-emergency services for patients who currently use emergency departments for their primary care needs. We anticipate that implementation of the

Commission's recommendations will improve patient outcomes and further support improvements in the District's Emergency Medical Services (EMS) system.

The Commission's report follows the innovative work of the Department and our health and human services partners with the launch of the *Right Care, Right Now* Nurse Triage Line in April 2018. As this Committee knows, this program transfers 911 callers with minor injuries and illnesses to a nurse, who assesses the patient and then refers eligible patients to either self-care or to walk-in appointments at neighborhood clinics using non-emergency transportation. Our goals with this initiative are two-fold: first, to get patients with non-emergency conditions to more appropriate health care than hospital emergency rooms, and second, to preserve the Department's and hospitals' resources for those patients with life threatening illnesses and injuries.

After almost a year into implementation of the program, in March 2019 we launched the Field Provider Referral (FPR) phase of NTL. During this phase, our field providers began referring patients to the nurse from the field. The benefit of FPR is that our providers can assess the patient in person and evaluate patient vital signs. We then share that information with the NTL nurses to assist in their decision-making about the best destination for the patient.

After implementation of the FPR phase, we added an additional transportation option for patients with no insurance or private insurance. Previously, only Medicaid and DC Alliance patients were eligible for non-emergency transportation.¹

During the first year of the NTL, the number of patients referred to the program was lower than we anticipated before the launch. We are pleased to report that in recent months, the number of non-emergency patients being diverted from the EMS system has gradually increased. We believe this is due to the nurses' increased experience in diverting patients from emergency departments. It is also due to our field providers' increasing use of the Field Provider Referral process. Comparing the first six months of calendar year 2019 and the second six months of calendar year 2019, while the number of calls referred to the NTL went down, the number of callers referred to the clinics increased by 235 percent and those referred to self-care increased by 149 percent. Field provider referrals to the NTL increased from FY19 Q3 to FY20 Q1 by 430 percent.²

Overall, since the start of the program, we have diverted over 3,630 patients from the EMS system and into more appropriate care.

As part of our efforts to engage our members in the importance of the program, we recently started releasing videos in which our employees talk to their peers about NTL. We think there are no better spokespeople than these men and women, who have spent years operating in a system that has long been challenged by larger health care system issues.

¹ Medicaid and DC Alliance patients receive transportation to the clinic and to their homes afterwards, because two-way non-emergency transportation is a benefit of those insurance plans. Patients with no insurance or private insurance now are provided transportation one-way, to the clinics, as part of an MOU between our Department and the Department of For Hire Vehicles.

² During this time, the number of calls referred to the NTL went down from 4,938 to 4,568, but the number of callers referred to the clinics increased from 364 to 857 and those referred to self-care increased from 528 to 790.

The following is a short clip of their comments.

In closing, I would note that at its core, the NTL is about proper patient assessment. It allows our members to use their medical training to practice medicine and to get the patient to the health care destination that best serves his or her needs. Of course, we remain focused not just on diverting non-emergency patients but also on leveraging these innovations so that we can provide the best care possible to *all* of our patients, including those with life threatening injuries and illnesses.

For these reasons, in FY 2020, we will double down on our efforts to improve patient care and patient outcomes. We will do this by updating our training, policies, and supervision surrounding patient assessment and referral of patients to AMR, improving our process for mentoring new Basic Life Support (BLS) providers, strengthening our supervision of BLS care, and implementing a hospital data exchange program to evaluate all patient outcomes.

Mr. Chairman, this concludes my testimony. I am happy to answer any questions that members of the Committee and Council may have.