

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



Fiscal Year 2019 Budget 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
Room 412
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9:30 a.m.



Good morning Chairman Allen, Councilmembers, and staff. I am Gregory M. Dean, Chief of the D.C. Fire and Emergency Medical Services Department (the Department). I am here today to testify in support of “A Fair Shot,” Mayor Muriel Bowser’s Fiscal Year 2019 Proposed Budget For those of you watching from home, my testimony is available on our website at fems.dc.gov.

A few weeks ago, Mayor Bowser presented “A Fair Shot,” the Fiscal Year 2019 (FY 2019) Budget and Financial Plan, the District’s 23rd consecutive balanced budget. This budget does more to make Washington, DC a place where people of all backgrounds and in all stages of life are able to live and thrive by making key investments in infrastructure, education, affordable housing, health and human services, economic opportunity, seniors, and public safety. These investments reflect the key priorities identified by District residents at Budget Engagement Forums and telephone town halls held during the budget formulation process.

When I appeared before you in March, I testified about our progress in FY 2017 and FY 2018, as well as the ambitious agenda our Department has moving forward. I am pleased to tell you that Mayor Bowser’s FY 2019 budget allows us to keep this agenda on track. My testimony today focuses on how we will use these resources to maintain progress for our Department and also address other historic challenges.

The Mayor’s FY 2019 gross operating budget for the Department is \$257.5 million. This is a 1.1 percent increase over the FY 2018 approved gross budget of \$254.6 million. The budget is comprised of \$255.4 million in Local funds, and \$1.7 million in Special Purpose Revenue funds.

The Department’s proposed operating budget includes the following enhancements:

- \$10.9 million in one-time funds to continue our contract with American Medical Response (AMR) to provide transport of Basic Life Support (BLS) patients;
- \$2.4 million to continue to fund 42 firefighter paramedics that were previously funded by federal grant dollars;
- A \$2.0 million one-time increase to support projected overtime costs;
- \$1.2 million in Local funds for Cost-of-Living Adjustments;
- \$291,000 and three FTEs to support the hiring of three training academy personnel; and
- \$180,000 for a one-time increase to support the purchase of 150 new air cylinders for our Self Contained Breathing Apparatus, to fulfill the Department’s cylinder needs through FY 2019.

The Department's apparatus capital budget for FY 2019 includes a \$7 million total increase, from \$15 million to \$22 million for new ambulances; engines; ladder trucks; rescue apparatus; and administrative, command, and fleet vehicles. The allocations presented in the budget reflect the latest assessment of the Office of the Chief Financial Officer regarding apparatus purchases based on spending in recent years. This budget is supportive of our efforts to keep all apparatus on a replacement schedule, which can shift depending on the pace of contracting and operational needs.

The Department's capital budget also includes facilities allocations, including: (1) \$3.75 million, or half of the total capital cost, for a renovation of Engine 23 in Foggy Bottom; (2) \$4.0 million, or 35 percent of the total capital cost, toward the relocation of Engine 26 in Brentwood; and (3) \$2.5 million in scheduled capital improvements at various stations, a \$1 million increase over last year's budget for this purpose.

I would also like to highlight areas of interest in relation to the operating and capital budgets.

Right Care, Right Now Nurse Triage Line



We are excited to launch the *Right Care, Right Now* Nurse Triage Line in just one week, on April 19.

FEMS, in collaboration with the Office of Unified Communications, the Department of Health Care Finance, and community health partners, will launch *Right Care, Right Now* to connect non-emergency medical callers to primary and urgent care services. Improving patients' access to health care and preserving FEMS resources for those patients with life threatening injuries and illnesses continue to be our primary goals with this initiative. The idea behind this program is simply that a hospital emergency department is not the best place for a person to receive non-emergency medical care. The Mayor's FY 2019 budget provides funding for contractual services for the continued operation of this initiative.

It is important to remember that if you have a life- or limb-threatening emergency, OUC will quickly dispatch an ambulance to rapidly respond to you and to help you. However, if you call 911 with a non-emergency medical problem, you may be transferred to a nurse who will listen to your concerns, ask you questions, and determine how to get you the best, most appropriate care, as quickly as possible. The nurse will be able to find a clinic or urgent care center close to you and, if you are a Medicaid patient, schedule transportation to bring you there and home. Medicaid and DC Healthcare Alliance enrollees will be provided with free transportation to and from the clinic.

Over the first six months of the *Right Care, Right Now* initiative, our goal is to divert 65 calls a day from 911 to the NTL. We are intentionally slowly ramping up the initiative so that we can spend the first six months evaluating its launch and how the program is running. We want to create an effective system before increasing the number of calls we refer to the nurse line per day, which means that in the beginning, our members will continue to see a significant number of low acuity patients in the field. But our ultimate goal is to build a solid system that can withstand a much higher level of calls, hopefully beginning in the fall of 2018.

The District has the highest per capita call volume in the country. Non-emergency calls divert resources away from true life-threatening emergencies. To continue our work improving patient health outcomes, and making our EMS system the very best it can be, we need to address the misuse of 911 and FEMS resources for non-emergency conditions.

Third Party Provider Contract

Mayor Bowser's budget continues to fund the third party ambulance provider contract with AMR to provide transport of basic life support patients. This contract is budgeted at \$11.9 million in FY19, with \$10.9 million in local funding and \$983 thousand in Special Purpose Revenue. These funds are critical to continuing the stabilization of our EMS system so we can continue to work on more improvements.

Since launching just over two years ago, this contract has helped to improve our EMS system, by increasing our Department's unit availability, our ambulance response times, our ambulance reserve and "up time," and our overall number of training hours. We need to fund the contract in FY 2019 while we continue to work on our long-term goals in all areas of Department operations.

Through both the AMR contract, and with the new *Right Care, Right Now* initiative, we will continue to make progress in improving patient care and outcomes. Launching the nurse triage line will require building a system to support it, evaluating how it is working after launch, and changing community expectations surrounding use of EMS for non-emergency calls. It will take time to create a high-performing program, to see a positive impact on call volume, and for the community to become used to it. Our access to AMR resources while this process is taking place will help ensure that we continue to move forward in the stabilization of our EMS system.

Addressing Overtime Costs

The Mayor's budget includes a one-time \$2.0 million increase to support projected overtime costs, and \$2.4 million to continue to fund 42 firefighter/paramedics to allow the Department to continue its efforts to reduce the use of overtime.

As you are aware, the Department continuously evaluates its overtime costs and strives to find ways to reduce its reliance on overtime. The primary drivers are structural: Paid Family Leave (PFL), and the need to fill every apparatus seat during every shift. We continue to address these challenges through our laser focus on hiring and effective management of our resources.

A. Paid Family Leave

In 2014, Council expanded the leave benefits of District government employees with the creation of the PFL program. This has had a significant impact on the amount of leave used by FEMS employees, and accounts for a significant amount of the Department's overtime over-spending. Unlike most other agencies in the District, when FEMS operations employees go out on PFL, each vacated apparatus seat must be backfilled. These seats are filled on overtime at 1.5x pay. To put this challenge into perspective, in FY 2014, Department employees used an average of four hours of family leave per month. In FY 2015, this number skyrocketed to an average of 3,093 hours per month. In FY 2016, the number rose to 5,397 hours per month and in FY 2017 it rose

to 6,424 hours per month. The \$2 million enhancement will more realistically budget for overtime to address this issue.

The Department closely monitors the trends of use of paid family leave, and will refresh training of its officers and members on the appropriate use of PFL. Ensuring that this issue is effectively managed is a priority of our leadership team this fiscal year.

B. Hiring

We expect overtime spending to fall in FY 2019, due to our focus on hiring. In fact, a portion of our overtime is driven temporarily in part by the training that accompanies that new hiring.

The Department has hired 64 operational FTEs so far in FY 2018, and is working hard to hire 48 FTEs over and above attrition during this fiscal year. In order to keep up with the agency's current hiring plan, the Mayor's budget includes \$2.4 million to reflect the Local costs associated with continuing to fund 42 firefighter paramedics that were previously funded by the federal Staffing for Adequate Fire and Emergency Response (SAFER) grant. The District applied for the latest round of funding for this grant, but was not awarded funds.

Hiring and training are proceeding according to our goals, and are expected to help the agency advance towards its ideal staffing factor while also reducing overtime.

Department Apparatus

At our Performance Oversight Hearing last month, I testified that the Department expects to take delivery this spring and summer of a significant number of fire apparatus ordered and purchased in previous fiscal years. Since that hearing, two new fire engines have been delivered, and four more are in transit to the area. Twelve other engines are in various stages of delivery.

In addition, by the end of FY 2018, we will receive one new ladder truck, one more refurbished fire engine, seven new ambulances, one new hazmat truck, one new hazmat support vehicle, two new air units, seven new command/supervisor vehicles, and 10 new support vehicles. This new apparatus should increase the Department's fire apparatus reserve capacity, as well as the "up time" for engines and ladder trucks.

In closing, I am proud of the progress we are making as an agency, but we have even more work to do. The resources allocated by the Mayor to the Fire and Emergency Medical Services Department will play a critical role in supporting residents' efforts to reach and remain on the pathway to the middle class.

Mr. Chairman, thank you for giving me the opportunity today to explain our Department's FY19 budget. The Council and this Committee are critical allies in this effort, and I appreciate your work to ensure we operate efficiently and effectively. I look forward to our continued work together to achieve our shared goals and give all residents a fair shot to benefit from Washington, DC's continued prosperity. My team and I are available to answer any questions at this time.