

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



**Proposed Resolution 21-0347
“Fire and Emergency Medical Services Department Medical Director Juliette
Saussy Confirmation Resolution of 2015”**

Testimony of
Dr. Juliette M. Saussy
Acting Medical Director

Before the

Committee on the Judiciary

Council of the District of Columbia

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Room 120
John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, D.C. 20004

Good Morning. Thank you Chairman McDuffie, members of the Committee on the Judiciary, staff and members of the Council of the District of Columbia. I am Dr. Juliette M. Saussy, the Acting Medical Director for the District of Columbia Fire and Emergency Medical Services Department (DCFEMS).

I have had the privilege of working in an acting capacity for 13 weeks and have amassed a tremendous amount of information regarding the provision of pre-hospital emergency medical care. The good news is that we have a system poised to be one of the leaders in the delivery of EMS care. The more challenging news is that it will require a tremendous amount of change to recognize a measurable improvement.

I follow some esteemed medical directors who have been tapped to reform this system. These EMS medical directors faced internal and external challenges. Our care providers have seen many changes in leadership over the last 15-to-20 years. With your support, I am confident that we can provide lasting leadership and meaningful change.

I started my career in EMS as an emergency medical technician in 1984. I became a Paramedic in 1986. I worked as a Paramedic while attending Tulane University and upon graduation, decided to work for the EMS system in the City of New Orleans.

After two years, I decided to go to medical school. I knew I wanted to be a physician since I was in 6th grade. While I was pregnant with my first daughter, I entered LSU School of Medicine in New Orleans in 1990. Finishing medical school in 1994, after having twin girls in 1993, I was

ready for my Emergency Medicine residency. I decided to stay and train in Emergency Medicine at Charity Hospital in New Orleans and finished four years later. I stayed on as Emergency Medicine faculty until 2012.

In 2003, I became one of the medical directors for the New Orleans Fire Department and in 2004 I was asked to lead the New Orleans Health Department EMS System as both the Director and the Medical Director. The uniqueness of being both the Director and Medical Director afforded me a unique skill set that only a few of my colleagues possess. Sound medicine and operational leadership drive high performing systems.

The EMS system in New Orleans transitioned from a Charity Hospital based system, to the Police Department, to the Health Department and most recently the New Orleans Department of Homeland Security. I am familiar with tumultuous change.

In New Orleans, I inherited a system with broken or missing equipment, demoralized staff and little direction. We struggled for eight months to replace equipment, pay our bills, and provide direction and education to our medics. Then we were faced with the biggest national disaster in North American history. Hurricane Katrina hit on August 29, 2005, causing a man-made disaster -- the failure of five levees -- resulting in mass flooding and loss of life. We lost our headquarters, all of our equipment and most of our response vehicles. With the city underwater, New Orleans EMS -- with the help of the U.S. Military -- participated in evacuations including the coordinated rescue of 18,000 people at the Convention Center. We spent a decade rebuilding and I was honored to lead our system during much of that recovery.

That is history and I learned valuable lessons. That turning point gave us a unique opportunity to remake our entire EMS system. We worked closely with local, state and federal partners to emerge from that disaster stronger and wiser. We had the support of the city administration, the city council, the public, the media and our other public safety partners. Our success did not happen in a vacuum. It was not some miracle, but rather a group of people who did not settle for mediocrity. We pulled together as an unwavering team to provide the citizens of, and the visitors to, the City of New Orleans cutting edge, time sensitive, compassionate pre-hospital emergency care.

As I sit before you today, we have many challenges here in Washington, D.C.: two different groups of employees with inconsistent schedules, collective bargaining agreements and performance evaluation structures, and a department with cultural challenges. We also have a growing need for health care services that has outstripped our resources. We must provide the leadership to overcome these challenges.

Sound medical practice and compassionate patient care is my vision for the delivery of prehospital emergency medical care in Washington, D.C. Since 85% of our calls are for EMS service, we must sharpen our focus on the delivery of care to our patients. Rich in fire history, and noting that EMS is fairly young by comparison, now is the time to address the increase in service demands and thus increase EMS training, education and resources.

Good EMS is a combination of strong and capable basic life support response, coupled with highly qualified, highly trained, and laser-focused advanced life support response when appropriate. The “chain of survival” is real and it begins with expert emergency call takers and dispatchers. If we do not get it right from the initiation of a 911 call, we have a trajectory that will, no doubt, be off course. The time I have spent with our dedicated call takers and dispatchers at the Office of Unified Communications has convinced me that we have people on the front lines who have the desire to improve performance.

This department must become a medically driven EMS system. We will remain patient-focused and outcome-centered and adjust as we need to based on the data and the needs of our community. We will develop EMS leaders within this department, tapping the inherent talent that exists and recruiting individuals who share our passion for good patient care. The EMS mission is equally as important as the fire suppression mission. The two missions can co-exist and we envision a system where they perform side by side, hand in hand. Our decisions must be based on science and data and not on “past practice.”

We will not make this long needed reform alone. Citizens who are willing to act, as opposed to being a “bystander,” will change DC. We must empower our youth with the knowledge that will give them life-saving skills. We must engage our businesses and federal partners to be part of our life saving system. Multiple law enforcement agencies often offer life-saving first response to time sensitive illnesses such as cardiac arrest and trauma. Our partners, including but not limited to, the hospitals, OUC, the Department of Health, the Department of Homeland Security and Emergency Management, the Emergency Medical Services Advisory Committee, law

enforcement, and local labor unions, are also key to the successful deployment of prehospital emergency medical care in DC. Creating a culture of citizen resilience and action through education and empowerment will serve us well moving forward. The Hands On Hearts community CPR initiative that we launched yesterday with Mayor Bowser and the Council is the first example of how we will do this.

Finally, it is my strong belief that we must measure and improve. I believe in defining our current baseline, the good, the bad and the ugly. I believe in being transparent and communicative, and setting our goals based on what we strive to deliver to our citizens and visitors. Change may be bumpy at first, but focusing on time sensitive illnesses such as cardiac arrest, major trauma, heart attack and stroke is a great place to start. We will measure and improve through analysis, training and education. Then we will keep measuring and improving. These measures of patient outcomes and the quality of patient care that we provide will be measured in the DCFEMS FY 16 performance plan and our results will be posted online.

Extracting the correct and relevant information from a 911 call, providing helpful instructions, rapidly deploying basic life support resources, and adding outstanding advanced life support when needed, will make a significant difference in the provision of pre-hospital emergency medical care. We can save more lives.

I have been in the streets as a paramedic and an EMS medical director for much of my adult life and know intimately what back breaking and emotionally challenging work this profession entails. It calls to a special type of person who runs towards adversity rather than away and

manages risk as opposed to avoiding it. I am hopeful that we are at the proverbial “tipping point,” and that with the able transformational leadership of Mayor Muriel Bowser and Chief Gregory Dean, the engaged eye of Chairman Kenyan McDuffie and the Council, and the unwavering commitment from the talented men and women that comprise “the boots on the ground” for DC Fire and EMS, that we will all celebrate our success as a community.

In closing, I need your support, your scrutiny and your investment in making DC Fire and EMS a model system. We can feel proud as we provide the best care to the powerful and the voiceless -- children, elderly and marginalized citizens. Along with the Mayor and the Fire EMS Chief, I am a change agent. That is who sits before you today for confirmation.

Thank you for the opportunity to serve. It is a privilege and not a right. I will work tirelessly on behalf of those who depend on me: The patients and the providers.

With respect,

Juliette M. Saussy, MD, FACEP