

★ ★ ★ GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

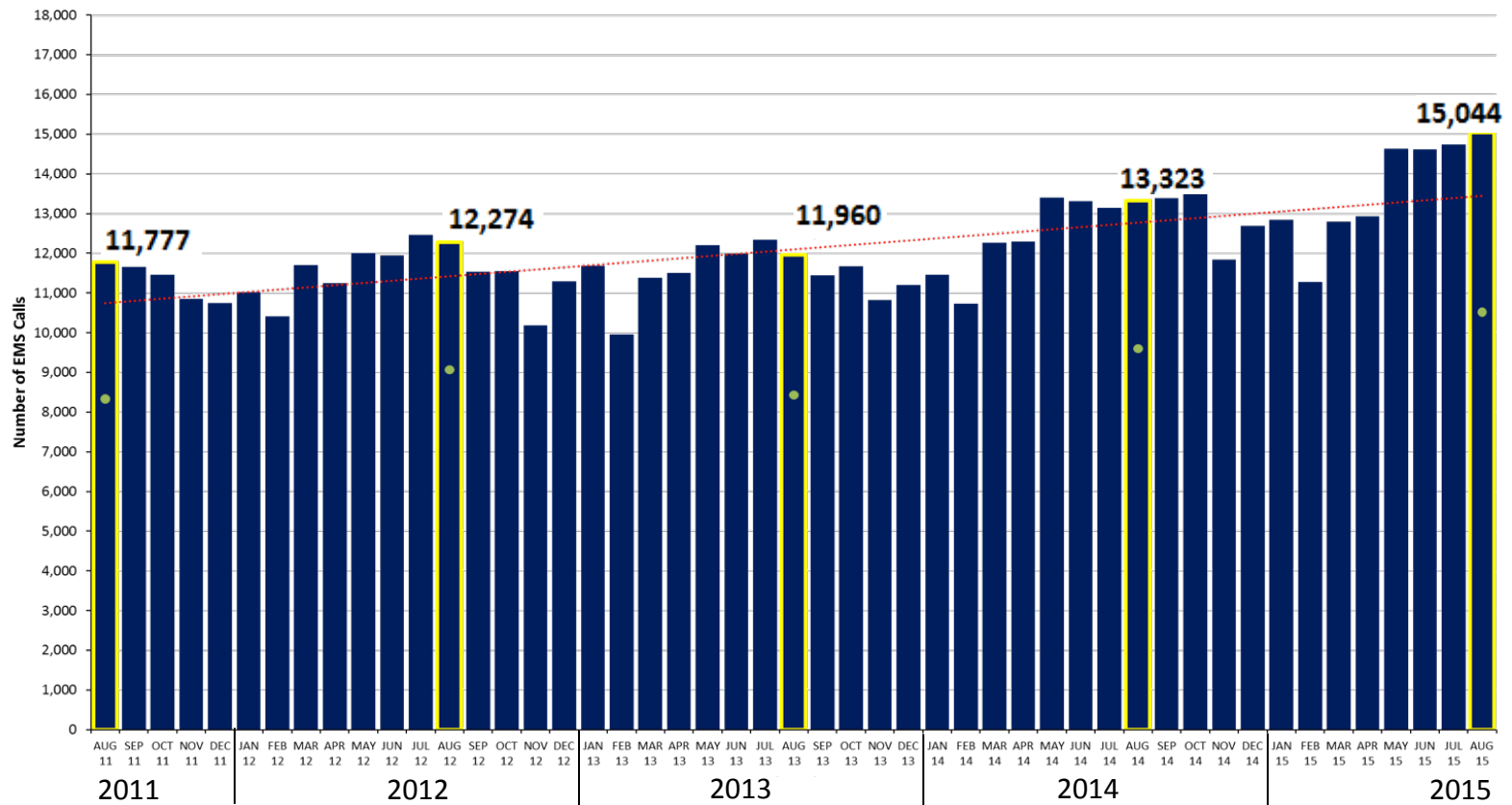


FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT

Gregory M. Dean, Fire and EMS Chief



EMS Call Volume with Trend Analysis (2011 to 2015)





Average Day in Life of EMS

More than **500** calls a day (Notable increase in daily calls for service)

- Decreased functional units on the street as a result of non existent maintenance program
- Strains to system transports by 9:00 a.m.
- Trending increase in mutual aid use
- Delayed responses because of distance and unit availability
- Delayed transport unit availability

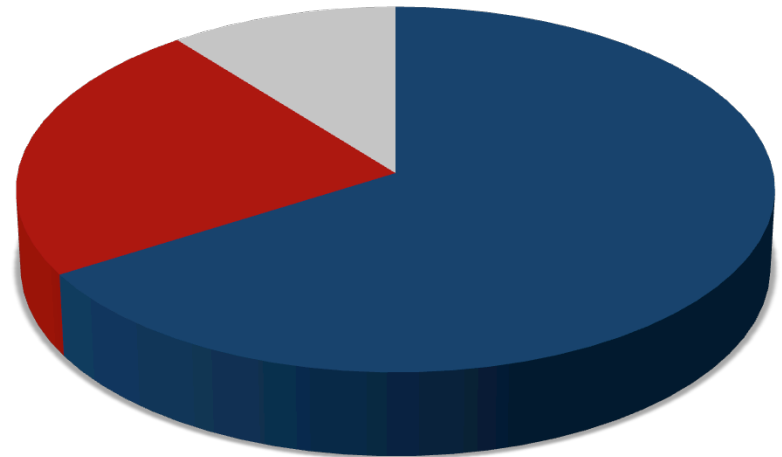


Composition of Calls (Year to Date)

**Basic Life Support
(BLS):**
65.97% of calls

**Advanced Life Support
(ALS):**
23.31% of calls

No Transport:
10.6% of calls do not
require transport

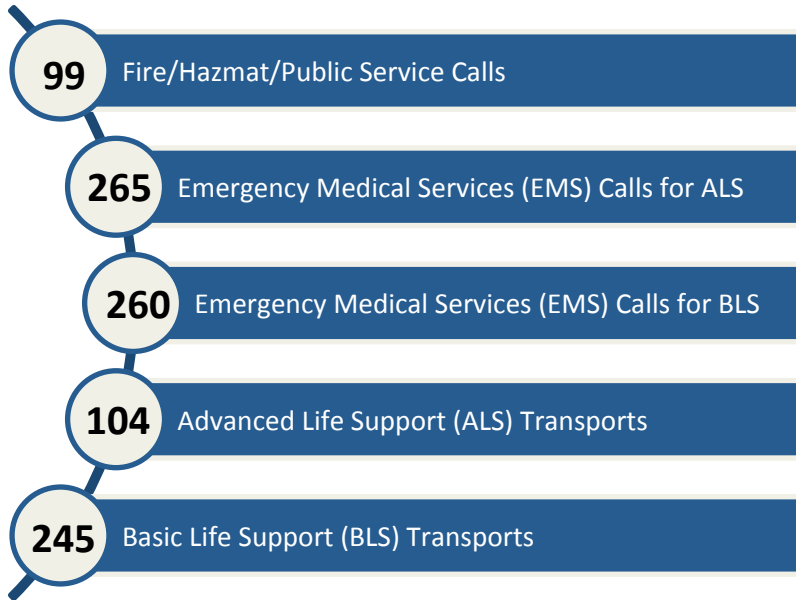


- BLS Calls
- ALS Calls
- No Transport Calls

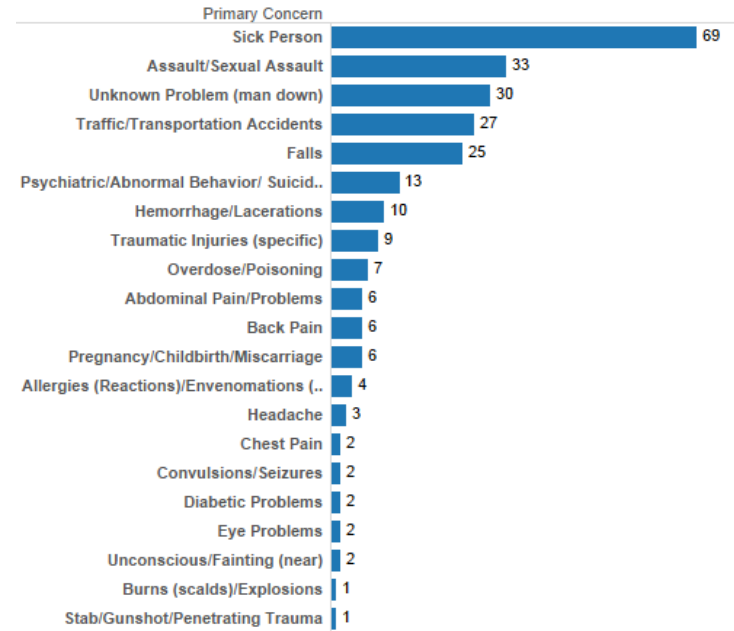


Sample Day – July 31, 2015

Operational Data 7/31/2015



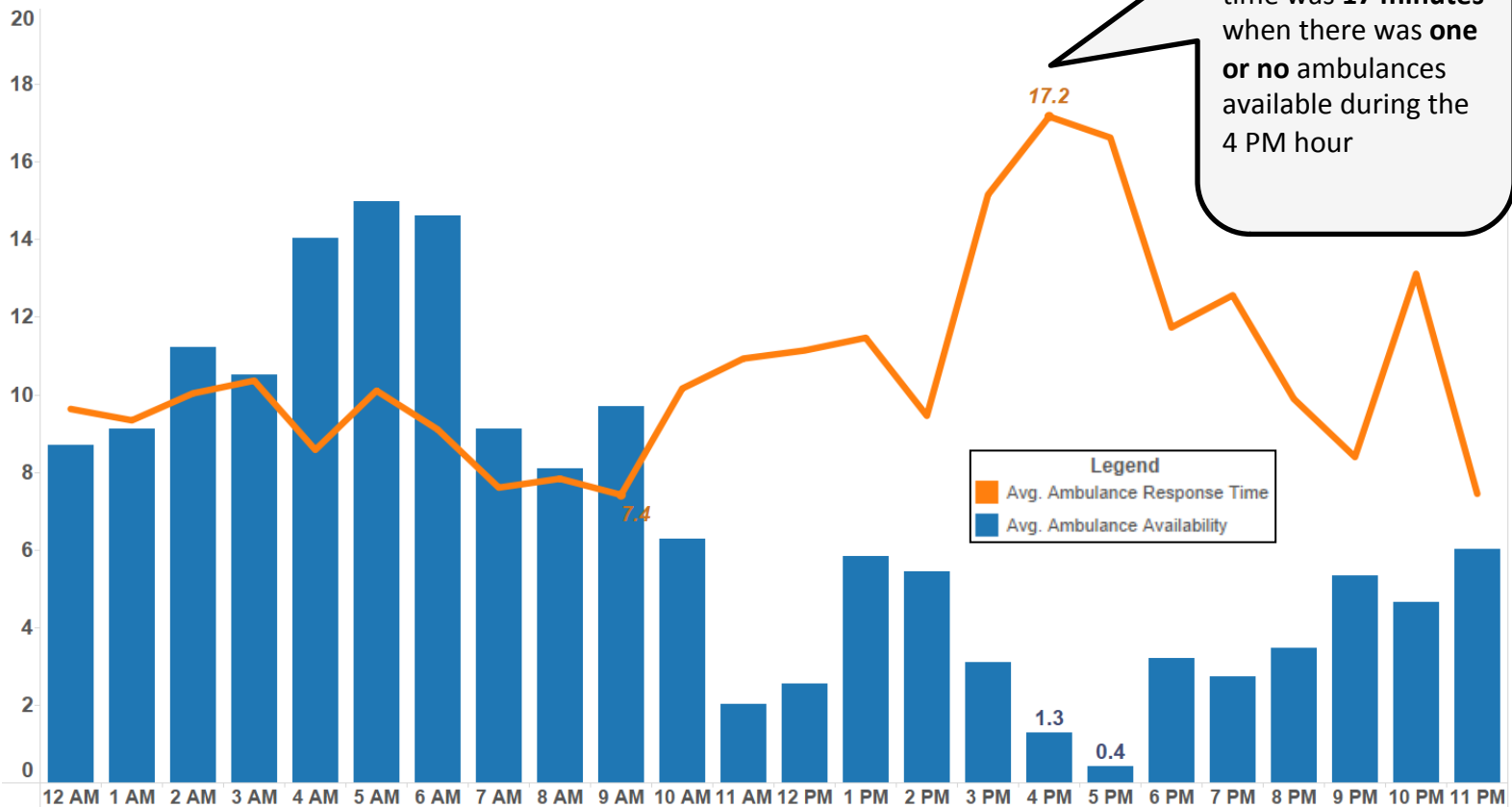
BLS Service Calls by Category 7/31/2015





Ambulance Availability and Response Times

Hourly Ambulance Availability for July 31st, 2015



Average response time was **17 minutes** when there was **one or no** ambulances available during the 4 PM hour

Legend
■ Avg. Ambulance Response Time
■ Avg. Ambulance Availability

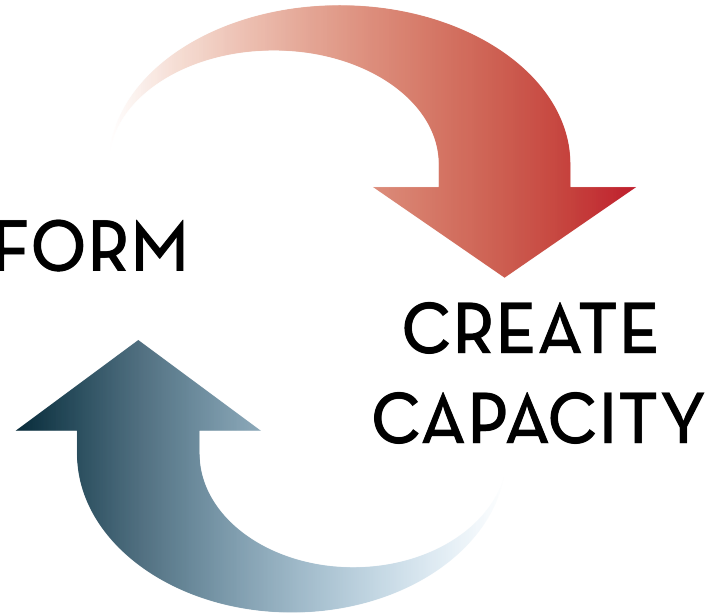


What EMS Reform Looks Like

**Improve
Outcomes**



REFORM



**CREATE
CAPACITY**

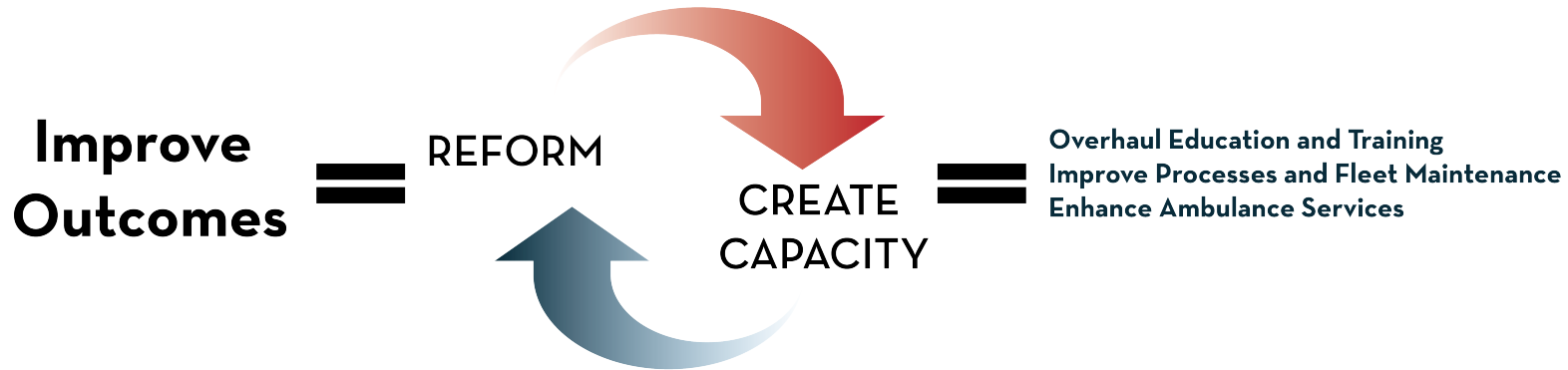


Creating Capacity Leading to Reform

- Education and training
- Vehicle maintenance and repair
- Employee wellness and a safe work environment



Strategies for Reform





Overhaul EMS Training

- Begin new training sessions for Fire and EMS personnel starting early 2016
- Improve on-scene management of patients with time-sensitive illnesses
- Provide OUC personnel with ongoing EMS training and education to facilitate improved interdepartmental communication



Improve Dispatch Processes & Results

- Work with the OUC to ensure the right resources are dispatched on every call
- Publish data on website that measures quality outcomes to time-sensitive illnesses



Enhancing Ambulance Services

- Propose emergency legislation to allow the District to contract with a third-party provider to transport patients with non-time sensitive illnesses or injuries
- Begin emergency procurement for 120 days followed by competitive RFP for one year of services with option to renew after comprehensive evaluation



How will it work?

- FEMS will determine when to request the third-party transport provider based on an assessment of the patient
- FEMS will continue to transport patients with critical and time sensitive illnesses and injuries
- Provider will have to meet FEMS' performance requirements and will be regulated by the DC Department of Health (DOH)



Scenarios

Third Party	DC FEMS
Twisted ankle	Cardiac arrest
Cold symptoms	STEMI (heart attack)
Minor cuts	Stroke
Rash	Major trauma
Dialysis (stable)	Chest Pain

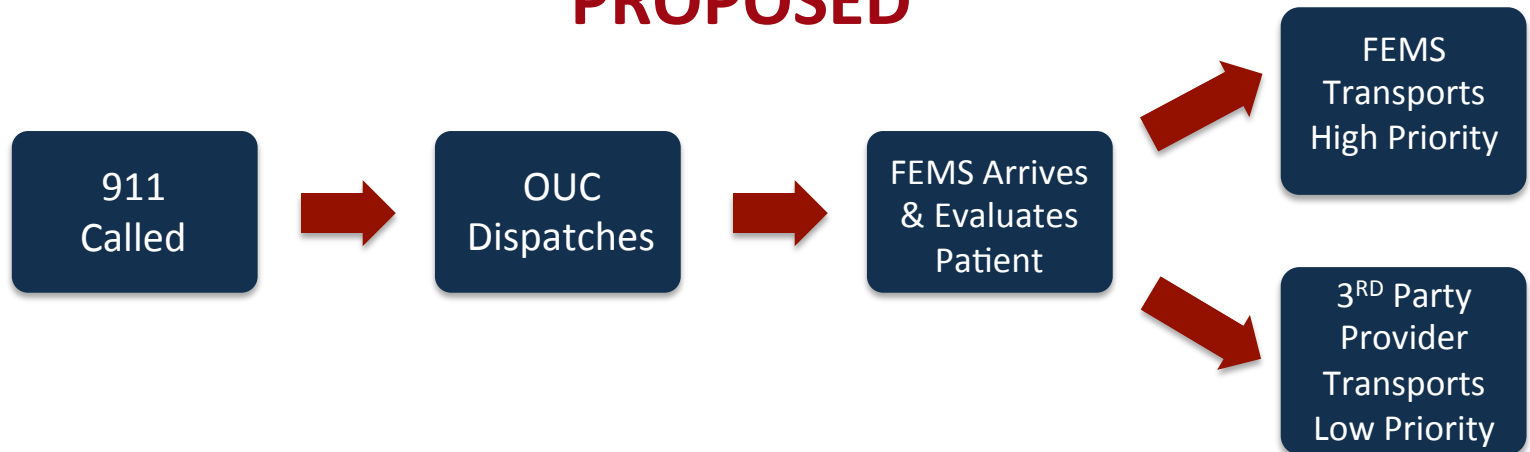


Status Quo vs. Proposed

STATUS QUO



PROPOSED





Impact of 3rd Party Services

Additional
time for
training for
Fire and EMS
personnel



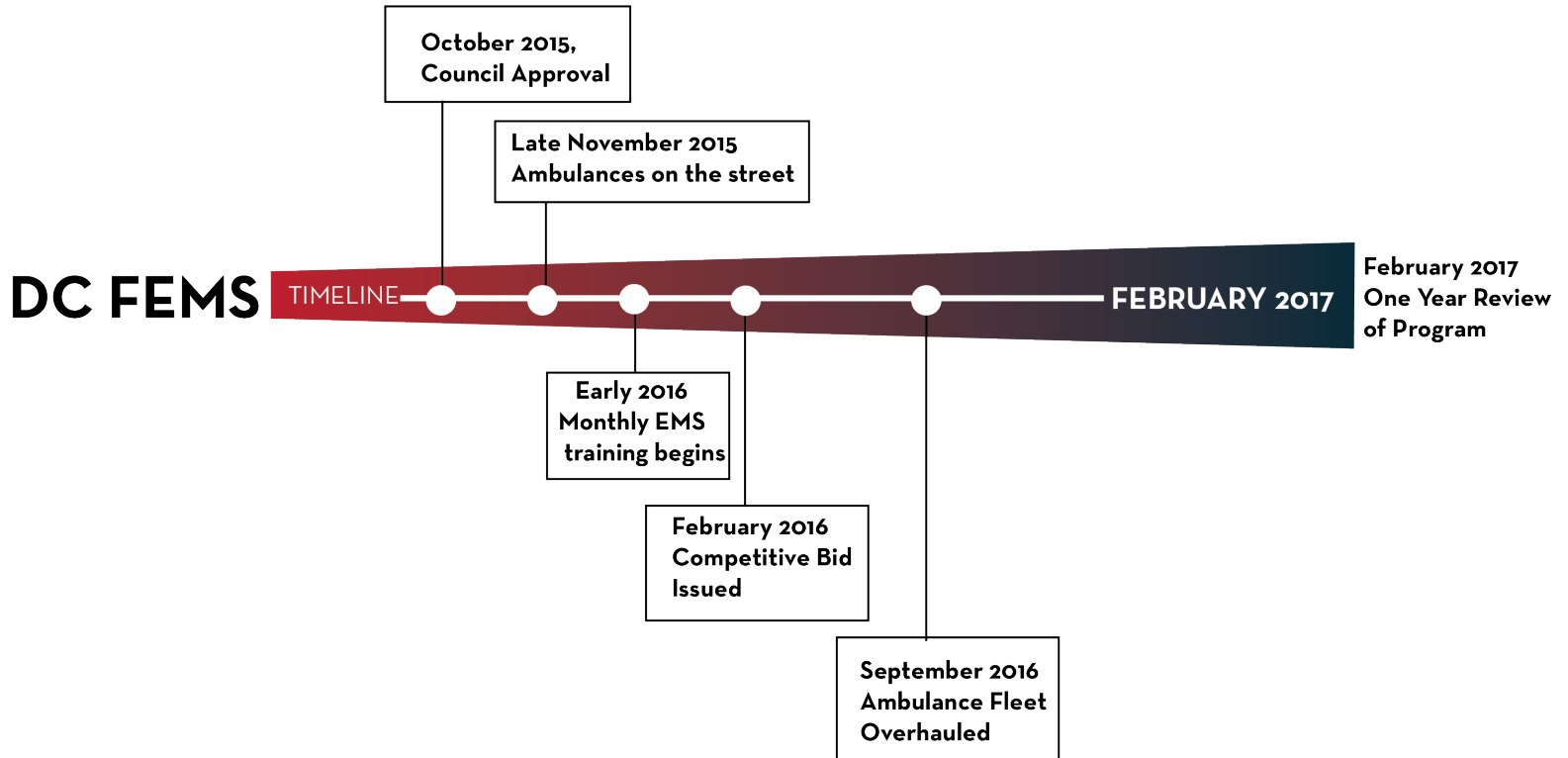
Additional
time for fleet
maintenance
and repair



Better quality
service for
residents &
visitors



Timeline





The Three Rights

An EMS System that matches the **RIGHT** resource to the **RIGHT** patient in the **RIGHT** amount of time