

**THE OFFICE OF UNIFIED
COMMUNICATIONS AND D.C.
FIRE AND EMERGENCY
MEDICAL SERVICES
DEPARTMENT**



OIG

**SPECIAL EVALUATION OF FOUR
INCIDENTS WITH DELAYED RESPONSE**

**DANIEL W. LUCAS
INSPECTOR GENERAL**

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Inspector General

Inspector General



March 30, 2016

Karima Holmes
Acting Director
Office of Unified Communications
2720 Martin Luther King Jr. Avenue, S.E.
Washington, D.C. 20032

Gregory M. Dean
Chief
D.C. Fire and Emergency Medical Services Department
2000 14th Street, N.W., Suite 500
Washington, D.C. 20009

Dear Ms. Holmes and Chief Dean:

My Office has completed its *Office of Unified Communications and Fire and Emergency Medical Services Department Special Evaluation of Four Incidents with Delayed Response*. The final report is enclosed.

Please use the enclosed *Compliance Forms* to report to the OIG actions taken on each recommendation and return the forms by the dates noted.

If you have questions or comments concerning this report or other matters related to the special evaluation, please contact me or Edward Farley, Assistant Inspector General for Inspections and Evaluations, at (202) 727-2540.

Sincerely,

A handwritten signature in blue ink, appearing to read 'DWL', written over a horizontal line.

Daniel W. Lucas
Inspector General

DWL/klb

Enclosure

cc: See Distribution List

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EXECUTIVE SUMMARY

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In fiscal year (FY) 2015, the Office of the Inspector General's (OIG) Inspections and Evaluations Unit (I&E) conducted this special evaluation¹ of the Office of Unified Communications (OUC) and the D.C. Fire and Emergency Medical Services Department (FEMS).² The OIG added this special evaluation to planned activities outlined in its *FY 2015 Audit and Inspection Plan*,³ after four incidents, occurring over a nine-day period, raised concerns regarding OUC's and FEMS' capability to respond to calls for medical assistance in a timely manner.⁴ The broad scope of this evaluation was to determine if there were any causal factors that were common to each incident that may suggest a systemic issue. The four incidents we evaluated are:

- (1) a stabbing that occurred in the 5100 Block of F Street, S.E., on March 9, 2015;
- (2) a motor vehicle accident involving a motorcyclist near the intersection of Seventh and E Streets, S.W., on March 12, 2015;
- (3) a choking toddler who needed assistance in a home on Warren Street, N.W., on March 13, 2015; and
- (4) a D.C. Metropolitan Police Department (MPD) officer who was injured during a scuffle at 2303 Fourth Street, N.E., on March 17, 2015.

OUC, whose mission is to “provide a fast, professional and cost-effective response to emergency and non-emergency calls,” receives emergency 911 calls via its call center and dispatches appropriate FEMS units to fire and medical emergencies throughout the District.⁵ FEMS' mission is “to preserve life and promote health and safety through excellent pre-hospital treatment and transportation, fire prevention, fire suppression and rescue activities and homeland security awareness.”⁶

The objectives of this special evaluation were to assess OUC's and FEMS' response to the four incidents referenced above in order to:

- (1) establish a chronology for each incident;
- (2) determine whether OUC and FEMS personnel performed their duties according to their respective procedures while responding to each call for assistance;

¹ OIG special evaluations are unplanned, priority assessments of a particular agency operation, condition, or event that is of concern or interest to the Inspector General (IG) or to senior District officials.

² See Appendix A for a list of report acronyms and abbreviations.

³ Available from <http://oig.dc.gov>.

⁴ During the month of March 2015, FEMS responded to 12,790 EMS calls.

⁵ See <http://ouc.dc.gov/page/about-ouc> (last visited Aug. 10, 2015).

⁶ See <http://fems.dc.gov/page/about-fems> (last visited Aug. 10, 2015).

EXECUTIVE SUMMARY

- (3) identify the circumstances that affected OUC's or FEMS' capability to ensure that FEMS personnel responded in a timely manner to the scene of each incident; and
- (4) provide recommendations for corrective actions that address any operational or procedural deficiencies identified.

We identified two causal factors, which contributed to delays during the four incidents evaluated:

- (1) OUC did not dispatch the closest available FEMS units, largely due to technology malfunctions; and
- (2) FEMS had an insufficient number of transport units available during peak times.

During the course of this special evaluation, we also found that OUC and FEMS had already taken a number of corrective actions. During the hearing entitled "*Chief of the Fire and Emergency Medical Services Department Confirmation Resolution of 2015 (PR21-0165)*," which occurred on June 30, 2015, the then acting Fire and EMS Chief testified that FEMS had worked with OUC to fix software errors that had previously generated incorrect location and availability statuses for FEMS units; had begun to generate hourly reports that identify any FEMS units experiencing connectivity problems; and had implemented policies to increase the availability of transport units.

FEMS recently received temporary authorization, through the "*Emergency Medical Services Contract Authority Temporary Amendment Act of 2015*" to contract out aspects of EMS care and patient transport. With an effective date of January 30, 2016, this Act allows FEMS to "contract with third parties to provide supplemental pre-hospital medical care and transportation to persons requiring Basic Life Support." However, the temporary Act will expire after 225 days, in September 2016.

This report's recommendations⁷ are intended to ensure both agencies continue their work to address the root causes of the delayed responses. In light of increasing EMS call volume in the District, FEMS must develop a long-term strategy that identifies the number of transport units needed and regularly reassess transport unit deployment.

⁷ See Appendix B for a list of this report's findings and recommendations.

**BACKGROUND, OBJECTIVES,
SCOPE AND METHODOLOGY**

BACKGROUND, OBJECTIVES, SCOPE AND METHODOLOGY

This report is divided into three sections: (1) the Background, Objectives, Scope and Methodology; (2) our Analysis of Incident Responses; and (3) the Findings and Recommendations section.

The Background, Objectives, Scope and Methodology section discusses OUC's and FEMS' responsibilities when responding to calls for emergency assistance, and describes our methodology for evaluating OUC's and FEMS' management of each incident.

The Analysis of Incident Responses section summarizes what occurred during OUC and FEMS responses to the four incidents in this special evaluation's scope, and the causes for the delays experienced during each incident. Each incident is analyzed based on three functions: OUC call-taking; OUC dispatching; and FEMS response. Both OUC and FEMS actions are assessed against relevant performance standards.⁸

The Findings and Recommendations section discusses the two findings and underlying causes regarding the delays. Additionally, it presents our recommendations to improve OUC and FEMS operations and service delivery.

Background

OUC and FEMS work cooperatively to respond to requests for medical services. OUC receives emergency 911 calls via its call center and dispatches appropriate FEMS units to fire and medical emergencies throughout the District.⁹ OUC's mission is to "provide a fast, professional and cost-effective response to emergency and non-emergency calls." FEMS' mission is "to preserve life and promote health and safety through excellent pre-hospital treatment and transportation, fire prevention, fire suppression and rescue activities and homeland security awareness."¹⁰ The following sections discuss the process that OUC follows when responding to EMS calls, the corresponding priority levels OUC assigns to EMS calls, and FEMS unit response.

Responding to EMS calls. OUC has a six-step process for EMS calls, beginning with collecting incident information and ending with the dispatching and monitoring of FEMS vehicles. Figure 1 on the following page describes OUC's process. The following paragraphs discuss the six-step process in detail.

⁸ See Figure 3 on page 8 for a summary of OUC and FEMS response time standards, and Figure 4 on page 12 for response times for each incident compared to agency standards.

⁹ See <http://ouc.dc.gov/page/about-ouc> (last visited Aug. 10, 2015).

¹⁰ <http://fems.dc.gov>, *supra*, note 6.

BACKGROUND, OBJECTIVES, SCOPE AND METHODOLOGY

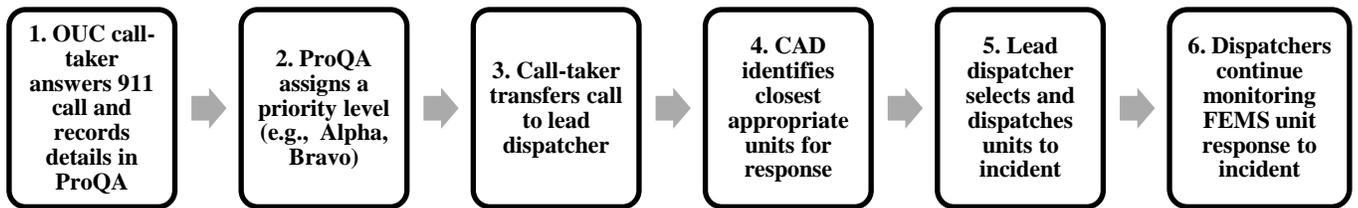


Figure 1: Process for EMS Calls¹¹

In the first step, the OUC call-taker¹² answers the 911 call and records details in ProQA.¹³ ProQA is a software system that OUC uses to quickly determine the appropriate priority level for each call. ProQA guides the call-taker through a series of questions to identify the address and medical problem and then provides the call-taker with first-aid instructions to relay to the caller until EMS personnel arrive.

In the second step, ProQA assigns one of five priority levels¹⁴ to facilitate the appropriate level of response to the call. ProQA automatically determines the priority level based on information the call-taker enters regarding the main medical problem and the patient's condition.

In the third step, once the call-taker has all necessary information, he/she transfers the call to the OUC FEMS lead dispatcher. OUC's time standard, from the time the call is answered (step 1) to the time the call is transferred to the dispatcher (step 3), is 1 minute and 30 seconds.¹⁵

In the fourth step, the OUC's Computer-Aided Dispatch (CAD) system automatically identifies the closest appropriate FEMS units for response based on the type of incident.

In the fifth step, the OUC FEMS lead dispatcher looks at the CAD display on his/her computer, picks the units to be dispatched, and clicks an icon on the screen to dispatch them. The lead dispatcher also verbally announces the dispatch over the radio to FEMS personnel. The time standard, from the time the lead dispatcher receives the call to the time he/she selects and

¹¹ See the subsequent paragraphs for a detailed description of the steps in this figure. See Figure 3 on page 8 for a depiction of OUC and FEMS response time standards.

¹² OUC call-takers are distinct from dispatchers, who handle incidents after call-takers obtain information from callers.

¹³ ProQA incorporates the Emergency Medical Priority Dispatch System protocols developed by the National Academy of Emergency Medical Dispatch.

¹⁴ See Figure 2 on page 7 for more information about priority levels.

¹⁵ OUC measures the percentage of calls it processes in which call to queue is 90 seconds or less. See OFFICE OF UNIFIED COMMUNICATIONS, GOVERNMENT OF THE DISTRICT OF COLUMBIA, FY 2015 PERFORMANCE PLAN 3 (Oct. 2014). OUC's FY 2015 performance goal was to process 80 percent of priority 1 calls to 911, which includes all FEMS calls, in 90 seconds or less. OUC processed 50 percent of these calls within the time standard, which did not meet its performance goal. OUC does not use National Fire Protection Association (NFPA) standards for call processing, which require processing 90 percent of EMS calls within 90 seconds, as measured from the time the call is answered to the time it is dispatched.

BACKGROUND, OBJECTIVES, SCOPE AND METHODOLOGY

dispatches units, is 60 seconds.¹⁶ FEMS members are responsible for recording whether their unit has a paramedic and whether the unit is out-of-service on tablets in their vehicles that connect to the CAD system, in order to ensure dispatchers have the most accurate status information available when responding to calls.

In the sixth and final step, OUC FEMS dispatchers, called “radio operators,” continue monitoring FEMS units’ responses to the incident. The radio operators monitor FEMS units that have been dispatched and contact them via radio if they do not quickly change their status to en route to the incident after dispatching or appear to be delayed in arriving on the scene once they are en route. FEMS personnel on responding units contact the radio operators when necessary, such as when their tablet computers are malfunctioning, to announce they are en route to the incident, and to provide other status updates.

EMS Priority Levels. During the second step of OUC’s process for responding to an EMS call, the ProQA system automatically assigns an EMS priority level, based on the caller’s responses to the call-taker’s questions. The ProQA system has five different priority levels, ranging from least severe (Alpha) to most severe (Echo). The priority level and nature of the medical emergency affect the type of FEMS unit(s) that will be dispatched.¹⁷ Figure 2 below illustrates the five EMS priority levels that the ProQA software may assign to a call.



Figure 2: EMS Priority Levels

Alpha and Bravo priority levels are Basic Life Support¹⁸ (BLS) calls and only need a transport unit with Emergency Medical Technicians (EMT)¹⁹ to provide BLS. If no or few transport units are available for an Alpha or Bravo priority level call, OUC also dispatches a first responder

¹⁶ OUC does not report its performance against this standard.

¹⁷ Appendix C provides descriptions of select FEMS vehicles referenced in this report.

¹⁸ The Federal Emergency Management Agency (FEMA) defines “Basic Life Support” generally as airway maintenance, breathing support, cardiopulmonary resuscitation (CPR), using an Automatic External Defibrillator, bleeding control, spinal injury management, and splinting fractures. *See* FEMA, HANDBOOK FOR EMS MEDICAL DIRECTORS 61 (Mar. 2012).

¹⁹ FEMA describes an “EMT” as someone who has the knowledge and skills to provide BLS. *See id.* at 62.

BACKGROUND, OBJECTIVES, SCOPE AND METHODOLOGY

unit (engine or ladder truck) with firefighters who are EMTs to provide medical care until a transport unit arrives. FEMS does not have official response time standards for Alpha and Bravo (non-critical) calls.

Charlie and Delta priority levels require Advanced Life Support²⁰ (ALS) services provided by a paramedic²¹ and a transport unit.²² For these calls, OUC dispatches a first responder unit (engine or ladder truck) and a transport unit, one of which must have a paramedic. Echo calls require the ALS services of two paramedics. For Echo priority level incidents, OUC dispatches the closest first responder (engine or ladder truck), closest transport unit, and closest EMS supervisor (who is also a paramedic). If neither the closest first responder nor the closest transport unit has a paramedic, OUC also dispatches the closest unit with a paramedic.

Charlie, Delta, and Echo calls are classified as critical medical calls, and the first EMT should arrive within 6 minutes and 30 seconds of dispatch, 90 percent of the time. The first paramedic should arrive within 8 minutes of dispatch, 90 percent of the time. The first transport unit should arrive within 12 minutes of dispatch, 90 percent of the time for critical calls.²³

A graphical representation of the time standards for both OUC and FEMS responses is presented below in Figure 3.²⁴

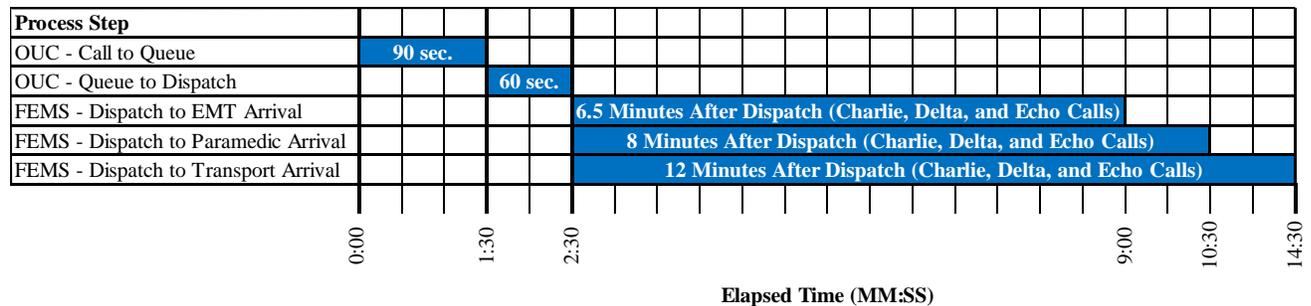


Figure 3: Response Time Standards

²⁰ FEMA defines “Advanced Life Support” as encompassing all basic life support measures, plus invasive medical procedures including administering intravenous medications and use of ventilation devices. *See id.* at 61.

²¹ FEMA describes “Paramedics” as individuals who have more extensive training than EMTs, which allows them to provide ALS. *See id.* at 63.

²² FEMS has two types of transport units to take patients to hospitals: ambulances staffed with two EMTs who provide BLS care, and medic units staffed with a paramedic who provides ALS and an EMT who assists the paramedic and is certified to provide BLS care.

²³ For FY 2015, FEMS’ performance was slightly below these standards. For FY 2015, the first EMT arrived within 6 minutes and 30 seconds in 85 percent of critical medical calls, the first paramedic arrived within 8 minutes in 81 percent of critical medical calls, and the first arriving transport unit arrived within 12 minutes in 86 percent of critical medical calls.

²⁴ FEMS’ FY 2015 Performance Plan stated that agency standards for the first arriving EMT and paramedic are National Fire Protection Association (NFPA) standards. However, in a February 19, 2016, letter to the OIG, the FEMS Chief wrote, “The Department’s response time goals have not consistently followed NFPA standards. However, beginning Fiscal Year 2016, we are following NFPA standards.” The entire letter is included in Appendix F.

BACKGROUND, OBJECTIVES, SCOPE AND METHODOLOGY

Objectives

The objectives of this special evaluation were to assess four separate incidents, which occurred in March 2015, in order to:

- (1) establish a chronology for each incident (see Appendix D);
- (2) determine whether OUC and FEMS personnel performed their duties according to their respective procedures and standards while responding to each call for assistance;
- (3) identify the circumstances that affected OUC's or FEMS' capability to ensure that FEMS personnel responded in a timely manner to the scene of each incident; and
- (4) provide recommendations for corrective actions that address any operational or procedural deficiencies identified.

Scope and Methodology

The scope of this special evaluation included both OUC and FEMS operations at the time of the four specific incidents that occurred in March 2015. The media reported on these incidents and questioned OUC's and FEMS' capability to respond to calls for medical assistance in a timely manner. The four incidents in this special evaluation's scope were:

- (1) A stabbing that occurred in the 5100 Block of F Street, S.E., on Monday, March 9, 2015. This incident was classified as EMS priority level Delta, which required the ALS services of a paramedic and a transport unit.
- (2) A motor vehicle accident involving a motorcyclist near the intersection of Seventh and E Streets, S.W., on Thursday, March 12, 2015. This incident was classified as EMS priority level Delta, which required the ALS services of a paramedic and a transport unit.
- (3) A choking toddler who needed assistance in a home on Warren Street, N.W., on Friday, March 13, 2015. This incident was classified as EMS priority level Delta, which required the ALS services of a paramedic and a transport unit.
- (4) A D.C. Metropolitan Police Department (MPD) officer who was injured during a scuffle at 2303 Fourth Street, N.E., on Tuesday, March 17, 2015. This incident was classified as EMS priority level Bravo, which required the BLS services of an EMT and a transport unit.

We conducted our fieldwork from May through July 2015. Fieldwork included conducting on-site observations of OUC's call center; listening to approximately 28 hours of OUC audio recordings; reviewing CAD event chronologies, FEMS employees' special reports, MPD incident reports, and OUC and FEMS performance standards and policies; and interviewing OUC and FEMS employees.

BACKGROUND, OBJECTIVES, SCOPE AND METHODOLOGY

Our analysis is limited to agency operations at the time of each incident. We based our calculations of response time on time-stamped audio recordings and CAD event chronologies. We compared FEMS' actual response times to standards, and considered factors that may have impeded FEMS' ability to meet the standards, such as distance and typical traffic congestion at that time of day.²⁵

To estimate travel times for transport units from their locations when they became available to the scene of the incidents in question, we used an online mapping service²⁶ and then calculated estimated arrival times. We then compared the estimated arrival times of units that were not dispatched to the incident in question to the actual time a transport unit arrived. We used estimated travel times without traffic to approximate how long it would take a transport unit with lights and sirens to travel through rush hour traffic. The online mapping service uses the speed limit of the calculated route to estimate travel times.

We conducted this special evaluation in accordance with standards established by the Council of the Inspectors General on Integrity and Efficiency. As a matter of standard practice, our evaluations pay particular attention to the quality of internal control.²⁷

²⁵ Weather on the days of the four incidents did not present severe conditions that would have impeded travel.

²⁶ Specifically, we used MapQuest.

²⁷ "Internal control" is defined by the U.S. Government Accountability Office (GAO) as comprising "the plans, methods, policies, and procedures used to fulfill the mission, strategic plan, goals, and objectives of the entity" and is not one event, but a series of actions that occur throughout an entity's operations. Furthermore, internal control is a process that provides reasonable assurance that the objectives of an entity will be achieved, serves as the first line of defense in safeguarding assets, and is an integral part of the operational processes management uses to guide its operations. STANDARDS FOR INTERNAL CONTROL IN THE FEDERAL GOVERNMENT, at 5-6 (Sept. 2014).

ANALYSIS OF INCIDENT RESPONSES

ANALYSIS OF INCIDENT RESPONSES

Analysis of Incident Responses

This section contains our analysis of each incident. We conducted this analysis to determine whether OUC and FEMS personnel performed their duties according to their respective procedures and standards while responding to each call for assistance (objective 2), and to identify the circumstances that affected OUC's or FEMS' capability to ensure that FEMS personnel responded in a timely manner to the scene of each incident (objective 3).

Figure 4, presented below, provides an overall illustration of the total response time for each incident relative to OUC and FEMS time standards for call-taking, dispatching, and response to incidents. Following Figure 4, a detailed analysis for each of the four events is presented chronologically. Our analysis is only responsive to the four incidents that are the subject of this evaluation. Our analysis is not representative of OUC and FEMS response times overall.

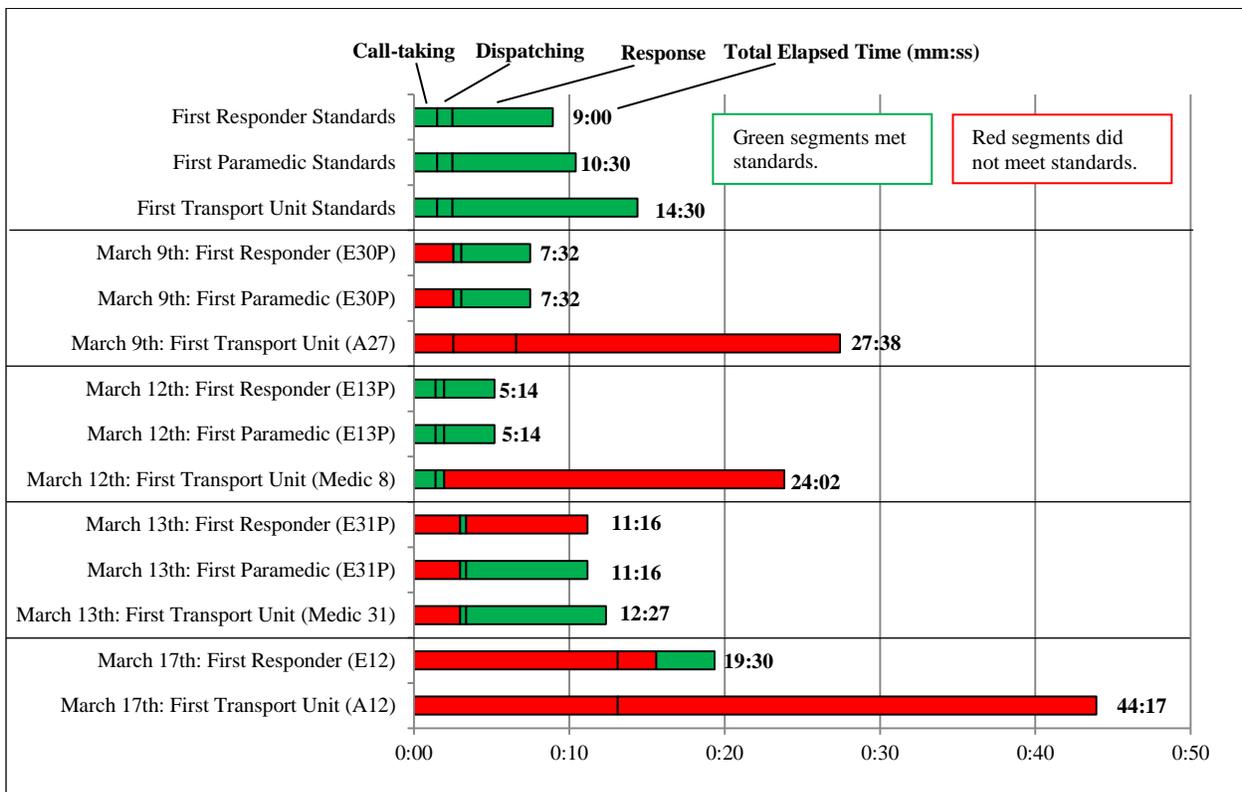


Figure 4: Total Response Time by Incident²⁸

²⁸ OUC's time standard for call-taking, from the time the call is answered to the time the call is transferred to the dispatcher, is 90 seconds. OUC's time standard for dispatching, from the time the lead dispatcher receives the call to the time he/she selects and dispatches units, is 60 seconds. FEMS' time standards for critical medical calls state that the first EMT should arrive within 6 minutes and 30 seconds of dispatch, 90 percent of the time. The first paramedic should arrive within 8 minutes of dispatch, 90 percent of the time. The first transport unit should arrive within 12 minutes of dispatch, 90 percent of the time for critical calls.

ANALYSIS OF INCIDENT RESPONSES

March 9, 2015: This event was classified as an EMS priority level Delta call. The injured patient waited 27 minutes and 38 seconds for a transport unit from the time of the initial 911 call (18:48:23) to the arrival of an FEMS transport unit (19:16:01). This delay resulted primarily because transport units were not available when OUC dispatched the first units.

- ***OUC Call-taking:*** Call-taking exceeded OUC's 1-minute and 30-second time standard, and our analysis of audio recordings found that a significant contributing factor was the caller's difficulty in providing information about the patient,²⁹ such as whether he/she was breathing. Two minutes and 34 seconds elapsed between answering the call and sending it to dispatching.
- ***OUC Dispatching:*** OUC dispatched the first units (EMS Supervisor 2 and Truck 17) in 31 seconds, which met OUC's 60-second time standard, and then dispatched Paramedic Engine 30.
- ***FEMS Response:*** Paramedic Engine 30 arrived within 4 minutes and 27 seconds after the initial dispatch, and this met FEMS' two response time standards: (1) the first EMT arrived on scene within 6 minutes and 30 seconds of dispatch, and (2) the first paramedic arrived within 8 minutes of dispatch. No transport units were available at the time of OUC's first dispatch of EMS 2 and Truck 17. OUC dispatched Ambulance 27, a transport unit³⁰ located 8.9 miles away at Georgetown University Hospital, 7 minutes and 54 seconds after the initial call, and it arrived 19 minutes and 44 seconds later. Traffic delayed Ambulance 27's arrival, and OUC failed to dispatch another closer unit that became available while Ambulance 27 was in transit.³¹

March 12, 2015: This event was classified as an EMS priority level Delta call. OUC received the initial 911 call at 16:50:46, and the transport unit arrived at 17:14:48. The injured patient waited 24 minutes and 2 seconds for a transport unit, primarily because a software error misidentified the closest available transport unit.³²

- ***OUC Call-taking:*** Call-taking for the first 911 call³³ lasted 1 minute and 24 seconds, which met OUC's 1-minute and 30-second time standard.
- ***OUC Dispatching:*** Incorrect unit location information in CAD and difficulties receiving dispatches led to delays. Due to a software malfunction, Medic 31 was incorrectly shown

²⁹ OUC and FEMS refer to the person experiencing a medical problem as the patient.

³⁰ OUC first dispatched Ambulance 28 at 18:55 when it became available from Sibley Memorial Hospital, 10.6 miles away from the incident, and then reassigned this call to Ambulance 27 when it became available because it was slightly closer to the incident.

³¹ See the Findings and Recommendations section for more information.

³² FEMS unit histories indicated that Medic 31's stated location was incorrect, which is also supported by audio recordings. OUC provided the OIG with documentation that it had identified the cause as a software error.

³³ OUC received a total of nine calls regarding this incident.

ANALYSIS OF INCIDENT RESPONSES

as being 2.5 miles from the incident; it was actually 6.0 miles away. However, Ambulance 4 was the closest available unit at 3.5 miles away. Medic 31 was dispatched to this incident, but the crew did not respond immediately because it did not receive the electronic dispatch or hear the initial vocal dispatch. OUC replaced Medic 31 with Medic 8, when it became available from a location closer to the incident 13 minutes after OUC first dispatched Medic 31.

- **FEMS Response:** FEMS units, with the exception of Medic 31, met response time standards. Paramedic Engine 13 arrived on scene 5 minutes and 14 seconds after dispatch, which met FEMS' response time standards of 6 minutes and 30 seconds for the arrival of the first EMT and 8 minutes for the arrival of a paramedic. Medic 8, a transport unit, arrived 8 minutes and 56 seconds after dispatch, which was within FEMS' 12-minute standard. Despite the timely response once dispatched, 24 minutes and 2 seconds elapsed from the first 911 call to the transport unit's arrival.

March 13, 2015: This event was classified as an EMS priority level Delta call. Multiple dispatching problems delayed EMS assistance for a pediatric patient, with the first responding unit arriving at 8:47:39, 11 minutes and 16 seconds after the initial call began (8:36:23).

- **OUC Call-taking:** Call-taking exceeded the 90-second time standard due to difficulties obtaining information from the caller, the caller providing conflicting information, and the call-taker following OUC's call-taking protocols requiring the call-taker to ask various questions before sending the call for dispatching.³⁴ Two minutes and 59 seconds elapsed between when the call-taker answered the initial call for this incident and when the call-taker was able to send the call to dispatching.
- **OUC Dispatching:** Multiple problems, including technology malfunctions, prevented effective dispatching. Paramedic Engine 20 and Ambulance 20, located 0.4 miles away from the incident at their fire station (Engine 20), were the closest available paramedic and transport units, but they did not appear in the CAD system. EMS Supervisor 5 unit was listed as available in CAD and dispatched, but it was actually out-of-service. Truck 12 was available in CAD, but OUC waited 4 minutes and 55 seconds before dispatching it.³⁵

³⁴ The call-taker asked the caller for the address multiple times, and the caller first provided it approximately 52 seconds into the call. The CAD system did not automatically provide the address because this call was made from a cellular telephone. Additionally, the caller stated at different times that the child fell, drowned, was not breathing, and was breathing but not normally. FEMS quality assurance assessment for call-taking found that the call-taker performed well and coded the call appropriately (Delta Unconscious) given the multiple descriptions provided by the caller. An OUC official stated that the call-taker should have used his/her judgement to deviate from protocols and immediately send the call to dispatching, but fear of discipline for failing to ask all questions prevented him/her from doing this. OUC policy does not permit call-takers latitude to make judgment calls that deviate from agency protocols. OUC and FEMS are working together on new protocols to aid call-takers in quickly sending acute emergency calls to dispatching.

³⁵ Truck 12 was first dispatched to this incident at 8:41:01, but OUC immediately cancelled the dispatch because it was for the second call for the same incident for which OUC had just dispatched Medic 31 and Paramedic Engine 31. However, before Medic 31 and Paramedic Engine 31 arrived at the scene, OUC noted that the caller was

ANALYSIS OF INCIDENT RESPONSES

- **FEMS Response:** FEMS did not meet its response time standard for the first arriving EMT (6 minutes and 30 seconds) due to OUC's failure to initially dispatch the closest units; however, FEMS did meet its standards for the first arriving paramedic and transport unit (8 and 12 minutes, respectively). Paramedic Engine 31, located 2.1 miles away from the incident, was the first FEMS unit on the scene of the incident, arriving 7 minutes and 53 seconds after it was dispatched. Medic 31 arrived 9 minutes and 4 seconds after it was dispatched.

March 17, 2015: This event was classified as an EMS priority level Bravo call. OUC received the first 911 call at 18:25:03. OUC problems resulted in an injured MPD officer waiting approximately 43 minutes for an ambulance that never arrived, leading the MPD to transport the injured officer to a hospital.

- **OUC Call-taking:** OUC MPD dispatcher³⁶ took 13 minutes and 13 seconds to send the request to an OUC FEMS dispatcher for a transport unit because he/she also received other MPD requests for FEMS assistance near the same time and reportedly became confused. OUC MPD dispatcher took significantly longer to forward the request for assistance than OUC's 1-minute and 30-second time standard for call-taking.
- **OUC Dispatching:** OUC experienced a network outage that prevented the CAD system from showing accurate unit locations and availability. In the confusion, OUC FEMS lead dispatcher took 2 minutes and 30 seconds to dispatch Engine 12, and did not dispatch a transport unit until shortly after MPD had transported the injured officer to a hospital.³⁷
- **FEMS Response:** Engine 12, the first responding FEMS unit, arrived approximately 3 minutes and 47 seconds after dispatch. Although Engine 12 arrived timely relative to when it was dispatched, it arrived approximately 19 minutes after MPD first requested assistance due to OUC's dispatching delays.

performing CPR on the patient and dispatched Truck 12 a second time. OUC's second dispatch of Truck 12 occurred 4 minutes and 55 seconds after dispatch of Medic 31 and Paramedic Engine 31. Truck 12 responded to the incident, arriving after Medic 31 and Paramedic Engine 31 were on the scene.

³⁶ OUC MPD dispatchers dispatch and communicate with MPD units. OUC FEMS dispatchers dispatch and communicate with FEMS units. Both types of dispatchers are OUC employees.

³⁷ The dispatcher did not realize that the MPD had transported the officer.

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Discussion of Findings and Recommendations

In the following section, we discuss the causal factors that contributed to delays for the four incidents we evaluated. Specifically:

- (1) OUC did not dispatch the closest available units, largely due to technology malfunctions.
- (2) FEMS had an insufficient number of transport units available during peak times.

For each issue, we discuss the related conditions, causes, and effects. We also present recommendations to correct the underlying causes.

1. **OUC did not dispatch the closest available FEMS units, largely due to technology malfunctions.**

Conditions: At the time of each of the four incidents, OUC did not dispatch the closest available units.

a. March 9, 2015

OUC did not dispatch a closer transport unit that became available from N Street and South Capitol Street, S.W., 5.6 miles away from the incident. This unit, Ambulance 4, became available at 18:57:41, approximately 1 minute after Ambulance 27 started en route to the incident from Georgetown University Hospital, 8.9 miles away from the incident. Instead of sending Ambulance 4 to the Delta incident, OUC dispatched Ambulance 4 to a Charlie incident, which is a less severe classification than Delta.

b. March 12, 2015

The closest available transport unit was Ambulance 4, which was 3.5 miles from the incident; OUC dispatched Medic 31, which was approximately 6.0 miles from Seventh Street and E Street, S.W. OUC's CAD system incorrectly listed Medic 31's location as 2.5 miles from the incident.

c. March 13, 2015

OUC did not dispatch the closest available paramedic and transport units from the Engine 20 fire station, 0.4 miles from the incident, because those vehicles were not shown in CAD. Instead, OUC dispatched Paramedic Engine 31 and Medic 31 from 1.2 miles away at 8:39:46.

Truck 12, also at the Engine 20 fire station 0.4 miles away, was the closest available first responder shown in CAD and OUC dispatched it to this incident at 8:41:01. However, OUC immediately cancelled the dispatch because it was for the second call

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for the same incident for which OUC had just dispatched Medic 31 and Paramedic Engine 31.

After the call-taker noted that cardiopulmonary resuscitation (CPR) was in progress at the incident, OUC attempted to dispatch EMS Supervisor 5 from the Engine 20 fire station because the dispatcher's CAD screen showed this unit as available; however, EMS Supervisor 5 was out-of-service at the time. Once notified that the unit was out-of-service, OUC dispatched Truck 12 again at 08:44:41, which occurred 4 minutes and 55 seconds after the dispatch of Paramedic Engine 31 and Medic 31.

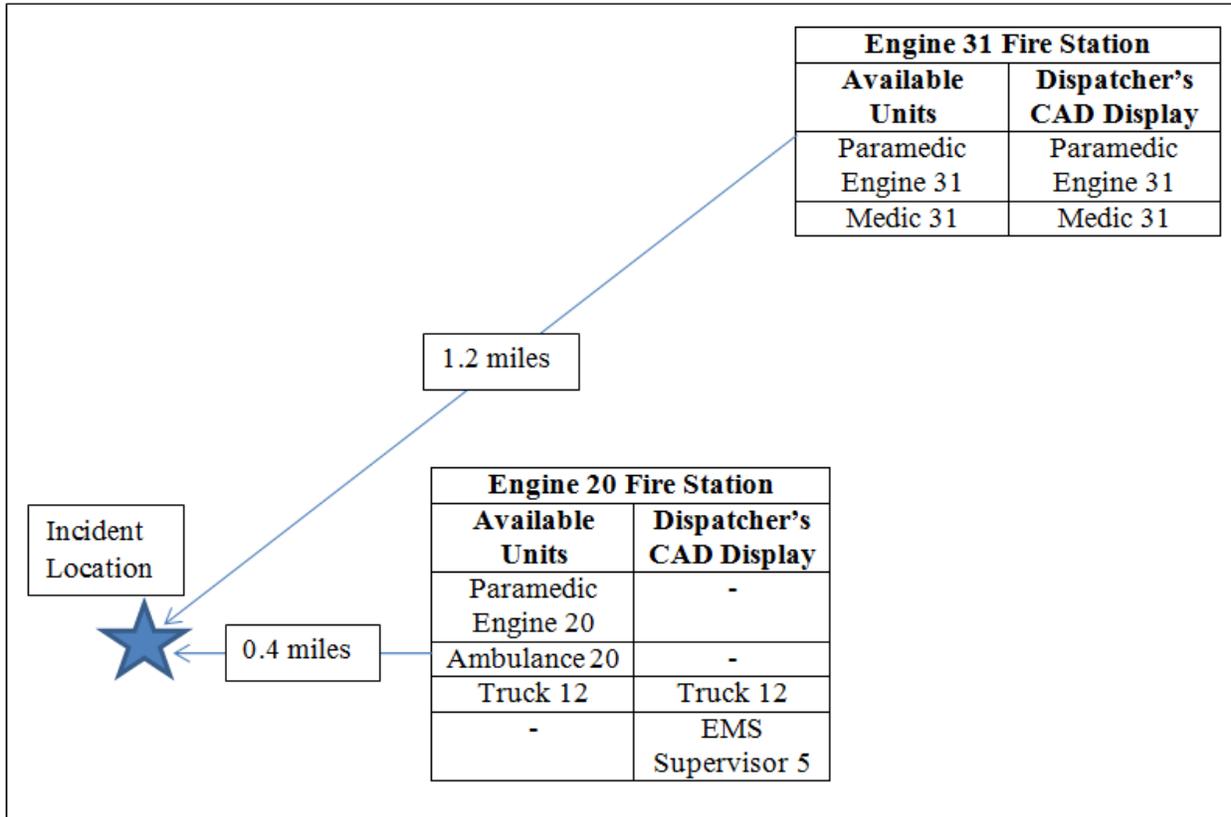


Figure 5: Units for March 13th Incident

d. March 17, 2015

OUC did not dispatch a transport unit to this incident until after MPD had transported the injured officer to a hospital in a police cruiser. Three transport units were available at the time OUC initially dispatched an engine, although CAD did not show the closest available transport unit, Medic 24 (3.4 miles away), as available. Additionally, OUC FEMS lead dispatcher dispatched Engine 12 to this incident 2 minutes and 30 seconds after he/she received this event.

Criteria: FEMS Resource Guidelines for EMS Responses (2010) (EMS Response Guidelines) provide the following dispatch instructions:

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- Bravo responses - send the closest Basic Life Support (BLS) transport unit; if the closest BLS transport unit is more than 4 miles away from the incident location, send the closest Advanced Life Support (ALS) transport unit; and if no transport unit is within 4 miles, also send the closest first responder fire suppression unit.³⁸
- Charlie and Delta responses - send the closest first responder and the closest transport unit, at least one of which must be an ALS unit.

Causes:

a. Technology flaws generated incorrect unit locations and availability for dispatching.

OUC identified flaws in the Mobile for Public Safety (MPS) software, which connects tablet computers in FEMS vehicles to OUC's CAD system via routers in the vehicles that transmit and receive information through a fourth generation (4G) cellular network. These flaws prevented Paramedic Engine 20 and Ambulance 20 from being shown at their fire station and available for dispatching on March 13, 2015. Another MPS software flaw led to erroneously displaying Medic 31's location on March 12, 2015. During our discussions with OUC leadership, they stated they have corrected these software flaws.

On March 17, 2015, OUC experienced system-wide network disruptions related to an issue with the District-wide network managed by the Office of the Chief Technology Officer (OCTO).³⁹ The disruptions prevented FEMS status and location updates from reaching CAD from 16:30 to 19:00, and dispatchers had to use radio communication to attempt to determine units' locations and availability for dispatching. The resulting confusion regarding units' status and location at a time of high call volume led to dispatching problems.

b. Some FEMS units, including Medic 31, did not receive electronic dispatches that OUC sent; Medic 31's crew apparently did not hear the initial verbal dispatch.

Medic 31's crew reported that they did not receive an electronic dispatch for the motorcycle accident on March 12, 2015, likely due to an error with the MPS application that OUC has since corrected. Additionally, its crew did not respond to the initial verbal dispatch, although OUC documentation indicated that Medic 31's radio was set to the appropriate dispatch channel. Similarly, Truck 12 did not receive electronic dispatches and had to request that a dispatcher repeat the address for the

³⁸ The EMS Response Guidelines state that the intent for Bravo responses is that most will be handled by a transport unit. Given that a first responder fire suppression unit is not a transport unit, we read the guidelines to require dispatch of the fire suppression unit in addition to dispatch of a transport unit rather than in place of it. In its February 19, 2016 letter to the OIG, FEMS clarified that a BLS transport unit typically responds to Bravo calls, and that when a BLS transport unit is not available, FEMS sends a first responder fire suppression unit.

³⁹ OCTO replaced the equipment that failed and caused this problem.

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March 13th incident, which may have slightly delayed its response the second time it was dispatched.

- c. FEMS members' errors resulted in incorrect information about Engine 20's status as a paramedic engine and whether EMS Supervisor 5 was in-service during the March 13th incident.

Engine 20 was not listed as having a paramedic due to an FEMS member not properly completing a two-step log-in process, and the displays for FEMS officers at OUC did not clearly show whether paramedic engines were properly logged in. OUC has changed these processes to reduce the possibility of user error. EMS Supervisor 5 was actually out-of-service because no one was available to staff it, but the unit was incorrectly listed in CAD as in-service and available at the Engine 20 fire station. The outgoing EMS Supervisor is responsible for recording the unit as out-of-service at the end of his/her shift when the position will not be staffed for the next shift, and the officer in charge of that fire station is to check that this out-of-service status is correctly shown in CAD.

- d. OUC and FEMS did not have sufficient monitoring in place to identify and correct inaccurate status and location information in CAD.

At the time of these incidents, OUC and FEMS did not have adequate processes to identify and correct inaccurate status and location information in CAD. OUC and FEMS personnel checked units' status as time permitted, but seldom were able to complete checking and contacting all units. FEMS plans to hire an additional information technology specialist to better monitor units' connectivity to CAD.⁴⁰ Additionally, FEMS EMS Liaison Officers (ELO) and Fire Liaison Officers (FLO) did not have written guidelines to ensure that units were correctly logged in as having a paramedic, verify that out-of-service units were shown as such in CAD, and monitor and correct units' connectivity to CAD. To improve monitoring, FEMS officials now receive hourly reports listing units with connectivity problems. On March 23, 2015, FEMS issued a new special order instructing officers to contact OUC if they should have been dispatched on an incident, but were not or were dispatched incorrectly.

- e. An OUC and FEMS directive, intended to reserve FEMS' limited number of functional ladder trucks for fires instead of EMS calls, delayed dispatching Truck 12 to the March 13th incident.

⁴⁰ In its February 19, 2016, letter to the OIG, FEMS reported that it "recently hired an employee who is responsible for monitoring access to GETAC tablets for the timely completion of EMS and fire reports. This employee also tracks connectivity to the tablets, the vehicle WIFI routers, the Lifepaks, and the software installed on tablets." FEMS also reported that it has been working with OUC to implement an MPS software enhancement to append a "P" to each unit staffed with a paramedic, which will populate in CAD to signal to FEMS and OUC staff that the unit has a paramedic.

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In September 2014, OUC and FEMS changed dispatching plans to reserve trucks for fires by limiting the response to types of EMS calls. According to a revised response plan, trucks are to be dispatched only for Echo medical incidents. For Charlie and Delta medical incidents, trucks are only to be dispatched if there is no other unit within 3 miles.

On March 13, 2015, 4 of the 16 ladder truck companies were out-of-service for repairs. Because the March 13th incident was classified as Delta, and there were other units (Paramedic Engine 31 and Medic 31) within 3 miles, Truck 12 was not dispatched in compliance with the September 2014 revised response plan, even though it was the closest available unit shown to the dispatcher.

OUC originally dispatched Paramedic Engine 31 and Medic 31 at 8:39:46 and then dispatched Truck 12 and Medic 5 at 8:41:01. OUC immediately cancelled the dispatch for Truck 12 and Medic 5 because the dispatcher realized this second call was for the same incident. After CPR was in progress, OUC again dispatched Truck 12 at 8:44:41, 4 minutes and 55 seconds after the first dispatch of Paramedic Engine 31 and Medic 31. If this revised response plan were not in place, Truck 12 would have been the first vehicle dispatched because it was the closest available unit shown to the dispatcher.

While this revised response plan was developed in response to a shortage of functioning ladder trucks, FEMS reported that repairs to many of its ladder trucks allowed it to place 15 to 16 of its ladder truck units in service during June 2015 for the first time since September 2014. As of July 2015, however, the September 2014 revised response plan that limits the use of ladder trucks in response to medical incidents was still in effect.

- f. High call volume overwhelmed OUC FEMS dispatchers, and OUC lacked technology to assist them in triaging calls for dispatching.

A single OUC employee serves as the lead dispatcher for all FEMS calls. He/she is responsible for selecting and dispatching the closest appropriate units to all EMS and fire incidents in the District of Columbia. The lead dispatcher has four large screens displaying numerous types of information. Our observations at OUC and analysis of audio recordings indicate that during high call volume periods, it is difficult for the lead dispatcher to maintain the appropriate level of situational awareness on all calls. Lead dispatchers are responsible for assessing whether multiple calls are for the same incident and reading updates from call-takers regarding incidents that may affect dispatching in addition to selecting and dispatching units. Figure 6 on the next page shows that hourly call volume at the time of the March 9th, March 12th, and March 17th incidents was significantly above the 2014 average.

At these times, due to high call volume, FEMS had few transport units available:

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- no transport units were available at the time of the initial dispatch at 18:51:28 on March 9, 2015;
- five transport units were available at the time of the initial dispatch at 16:52:44 on March 12, 2015; and
- three transport units were available at the time of the initial dispatch at 18:40:46 on March 17, 2015.

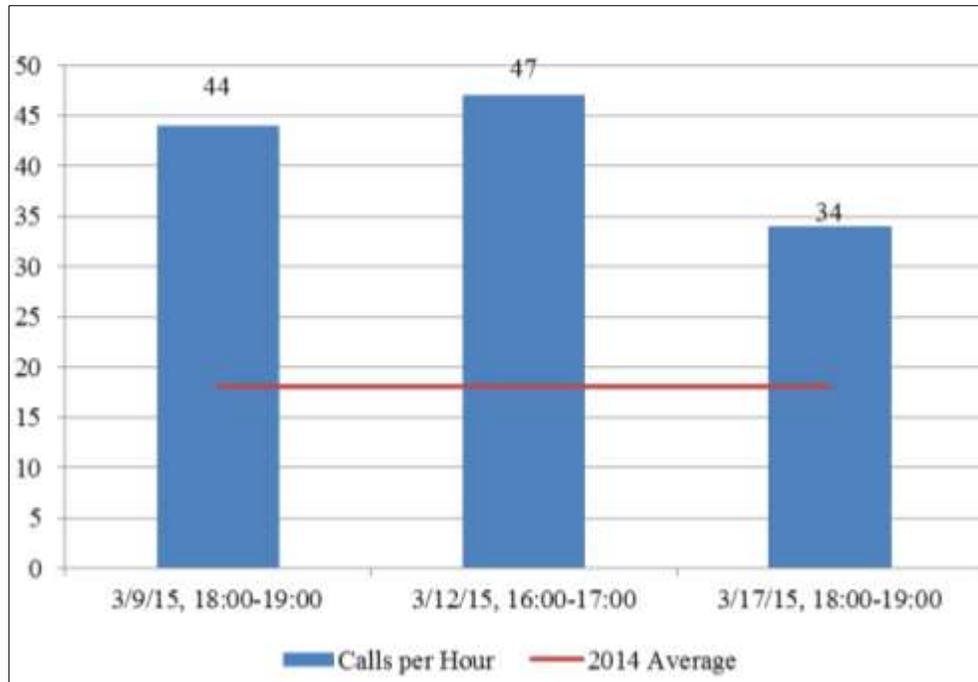


Figure 6: High Call Volume During Three Incidents

When FEMS has no or few transport units available, CAD does not have a feature to assist the lead dispatcher in best allocating units to current calls. The lead dispatcher has a screen displaying all FEMS incidents, but does not have the ability to highlight incidents waiting for a transport unit to be dispatched and/or Delta/Echo incidents in need of a closer transport unit.

Effects:

We identified available transport units that were not dispatched that may have been able to arrive and transport patients to hospitals sooner. Additionally, dispatching errors delayed the arrival of FEMS units to the March 13 incident, which we concluded may have delayed the initiation of EMS care.

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OUC February 2016 Response, As Received:⁴³ *I agree that optimization of OUC's training is needed in all areas, including effective dispatching. In 2015, OUC provided significant training as a result of hiring a permanent Training Coordinator. See Attachment A. I have also conducted an initial review of OUC's training practices and determined that additional resources are needed. One of my first actions was to create a new Office of Standards and Development, which I envision will encompass not only training, but also quality assurance. This feedback loop between training messages and implementation of those messages is essential to ensuring effective training. Implementing your recommendations, I will ask the manager of this new unit to prepare a written training plan that includes goals of increasing the efficiency and effectiveness of FEMS calls during times of peak call volume.*

To that end, I have already initiated some changes in the area of optimization of dispatching. I developed a new training around the concept of "quick dispatching," which would move highest priority calls to dispatch after the calltaker elicits a few basic pieces of information. The incident is then updated with more detailed information while the first responder is in route. I see this as a balance between the need for speed and the need for accurate, detailed information.

In terms of dispatcher staffing, each shift currently has two Lead Dispatchers assigned with three radio operators. OUC recently hired the first group of new call takers and dispatchers in that last six years. Until this hiring, OUC's ability to make additions to its staffing patterns was extremely limited. I intend to perform a top to bottom review of OUC's operations and make any needed adjustments to staffing, including any needed adjustments to dispatcher staffing.

- (2) Improve CAD's functionality to assist the OUC FEMS lead dispatcher in assigning transport units to the most critical calls in need of them, such as implementing a list of all incidents awaiting transport units and in need of closer transport units, prioritized by incident severity.

Agree _____ X _____ Disagree _____

OUC February 2016 Response, As Received: *I agree that current CAD functionality does not provide the Lead Dispatcher with the ability to highlight runs awaiting transport units or to highlight transport runs that may benefit from a closer unit if it becomes available. Currently, the Lead Dispatcher utilizes a written sheet outside of CAD to track runs awaiting a transport unit. Once a transport unit has been dispatched to a location, it is the responsibility of the Lead Dispatcher to monitor that run and assign a different unit if a closer one becomes available. This monitoring is performed by the Lead Dispatcher as the units are visible in CAD through Automated Vehicle Locators and GPS data.*

⁴³ OUC's complete response to the draft report is in Appendix E.

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- Implemented a policy to dispatch first responders immediately, but not transport units to Alpha calls, which are low-acuity calls, when there are fewer than 7 transport units available;
- Deployed up to 10 additional transport units during peak hours; and
- Stationed FEMS officers at three hospitals to reduce delays in transferring patient care and returning transport units to service.

Although transport unit availability has improved, the number of transport units that FEMS is able to deploy is still insufficient, and FEMS still has periods when no transport units are available. FEMS has routinely deployed 39 transport units since FY 2009, although its EMS call volume increased 20 percent from FY 2009 to FY 2015.⁴⁶ FEMS is considering all aspects of the issue, such as: determining the appropriate number of transport units that should be deployed; identifying alternative ways to respond to low-acuity calls; partnering with other agencies to provide care outside the EMS system,⁴⁷ (e.g., the Department of Health and the Department of Behavioral Health); and reducing the number of non-emergency calls received by 911 through public education and other methods.

FEMS recently received authorization to contract out aspects of EMS care and patient transport. With an effective date of January 30, 2016, the “Emergency Medical Services Contract Authority Temporary Amendment Act of 2015” allows FEMS to “contract with third parties to provide supplemental pre-hospital medical care and transportation to persons requiring Basic Life Support.” However, the Act will expire in September 2016.

The Act requires both OUC and FEMS to provide the Council of the District of Columbia with a report that outlines various metrics related to the contracting of third-party providers of Basic Life Support care and transport. The first of these periodic reports will be due to the Council on June 12, 2016, and quarterly thereafter.

Effect: Delays due to an insufficient number of transport units may hinder FEMS’ timely transport of patients to hospitals.

Recommendation:

We recommend that the Chief, FEMS:

⁴⁶ Monthly FEMS call volume information is available at <http://fems.dc.gov/node/1083402> (last visited Oct. 29, 2015).

⁴⁷ FEMS currently has the Street Calls program to attempt to reduce EMS use by individuals who frequently call 911, but its staffing level of four paramedics limits its impact. Street Calls paramedics visit these high-frequency EMS users and connect them to health care providers and other services to reduce their repeated use of 911.

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- (5) Using the quarterly reports to the Council, develop a plan to address increasing call volume, including identifying the number of transport units needed, and periodically reassess transport unit deployment and corresponding costs. This plan should also include a thorough analysis and comparison of the costs and benefits of insourcing versus outsourcing Basic Life Support care and transport.

Agree X Disagree

APPENDICES

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Appendix A - Acronyms and Abbreviations

ALS	Advanced Life Support
BLS	Basic Life Support
CAD	Computer-Aided Dispatch
CPR	Cardiopulmonary Resuscitation
D.C.	District of Columbia
ELO	EMS Liaison Officer
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
FEMS	Fire and Emergency Medical Services Department
FLO	Fire Liaison Officer
FY	Fiscal Year
IG	Inspector General
I&E	Inspections and Evaluations
GAO	U.S. Government Accountability Office
MPD	Metropolitan Police Department
NFPA	National Fire Protection Association
OCTO	Office of the Chief Technology Officer
OIG	Office of the Inspector General
OUC	Office of Unified Communications

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Appendix B - List of Findings and Recommendations

1. OUC did not dispatch the closest available FEMS units, largely due to technology malfunctions.

We recommend that the Director, OUC:

- (1) Develop and implement a written plan to increase the effectiveness and efficiency of dispatching FEMS calls during times of peak call volume, including, if necessary, additional training for OUC FEMS dispatchers on assigning transport units during times of high call volume, and reconfiguring FEMS dispatching staffing.
- (2) Improve CAD's functionality to assist the OUC FEMS lead dispatcher in assigning transport units to the most critical calls in need of them, such as implementing a list of all incidents awaiting transport units and in need of closer transport units, prioritized by incident severity.

We recommend that the Chief, FEMS:

- (3) Evaluate whether the September 2014 policy directive regarding dispatching ladder trucks to EMS calls needs revision.
- (4) Implement a mechanism to ensure FEMS members and officers periodically enter and verify units' statuses, to include reporting paramedic staffing and unit operability.

2. FEMS had an insufficient number of transport units to respond quickly to incidents during peak times.

We recommend that the Chief, FEMS:

- (5) Using the quarterly reports to the Council, develop a plan to address increasing call volume, including identifying the number of transport units needed, and periodically reassess transport unit deployment and corresponding costs. This plan should also include a thorough analysis and comparison of the costs and performance of insourcing versus outsourcing Basic Life Support care and transport.

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Appendix C - Descriptions of Select FEMS Vehicles

Engine Company—A fire suppression vehicle staffed and equipped to provide fire suppression and Basic Life Support (BLS) services. Many of these vehicles are designated as Paramedic Engine Companies as they are staffed with paramedics to provide Advanced Life Support (ALS) services.



Source: <http://www.DCFD.com> (last visited Aug. 10, 2015)

Ladder Truck—A vehicle equipped with a ladder and used primarily for fire suppression calls.



Source: <http://www.DCFD.com> (last visited Aug. 10, 2015)

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Transport Unit—This vehicle can be an ambulance, which is staffed with EMTs who provide BLS, or a medic unit, which includes a paramedic who provides ALS and an EMT certified to provide BLS care.



Source: The OIG Inspections and Evaluations team

APPENDICES

Appendix D - Chronology of Events for Each Incident

March 9, 2015

- 18:48:23 OUC answers the first 911 call for this incident. The caller reports that someone was stabbed and requests an ambulance. The caller is in an apartment with the victim, but unable to provide CPR.
- 18:50:57 The call-taker transfers the incident to dispatching 2 minutes and 34 seconds after answering the call. At this time, OUC also receives a second call regarding the same incident.
- 18:51:28 OUC FEMS lead dispatcher dispatches Truck 17 (0.9 mile away) and EMS Supervisor 2 (3.6 miles away), 34 seconds after receiving this incident. No transport units are available for dispatch.
- 18:51:50 OUC receives a third call regarding this incident.
- 18:52:39 OUC dispatches Paramedic Engine 30.
- 18:52:46 OUC places Truck 17 back in-service.
- 18:53:22 EMS Supervisor 2 requests priority for this call for a transport unit.
- 18:53:47 Paramedic Engine 30's status changes to en route.
- 18:55:01 OUC dispatches Ambulance 28, which is 10.6 miles away at Sibley Memorial Hospital, 4 minutes and 4 seconds after the dispatcher received this event.
- 18:55:33 Ambulance 28 reports it is responding.
- 18:55:46 EMS Supervisor 2 requests that the dispatcher monitor units coming into service and assign a different transport unit if one comes in-service from a closer location than Sibley.
- 18:55:55 Paramedic Engine 30 arrives on scene, 3 minutes and 16 seconds after it was dispatched, 4 minutes and 27 seconds after the first dispatch of Truck 17 and EMS Supervisor 2, and 7 minutes and 32 seconds after receipt of the first call. Upon arrival, Paramedic Engine 30 members begin providing care, including CPR.
- 18:56:17 Ambulance 27 is dispatched from 8.9 miles away at Georgetown University Hospital.
- 18:56:46 Ambulance 28 is placed back in-service.

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- 18:59:36 EMS Supervisor 2 arrives on scene.
- 19:03:44 Ambulance 27 encounters heavy traffic and notifies OUC that they would be delayed. Ambulance 27 informs OUC, “If you have a closer unit to the call with Engine 30 at 51st and F Street, S.E., you may want to send them. We’re at 13th and U Street N.W.”
- 19:16:01 Ambulance 27 arrives 19 minutes and 44 seconds after it was dispatched, 21 minutes and 0 seconds after OUC initially dispatched a transport unit, and 27 minutes and 38 seconds after OUC answered the initial call. Ambulance 27 travels expeditiously to the scene given its distance of 8.9 miles from the scene and evening rush hour traffic. Due to the distance Ambulance 27 had to travel, FEMS does not meet the response time standard of 12 minutes for arrival of a transport unit to critical medical incidents.

March 12, 2015

- 16:50:46 OUC answers the first of nine 911 calls regarding this incident.
- 16:52:10 An OUC call-taker creates the first event in CAD for one of the 911 calls, 1 minute and 24 seconds after the start of this call, meeting OUC’s time standard of 1 minute and 30 seconds for call-taking. This incident is classified as Delta, the second most serious of five levels of medical calls.
- 16:52:44 OUC dispatches Medic 31, which CAD recommends as the closest transport unit at 2.5 miles from the incident, and Paramedic Engine 13, which is 0.2 mile away. Medic 31, however, is actually near the intersection of 39th Street and Veazey Street, N.W., 6.0 miles away from the incident. Thirty-four seconds elapse between the time the dispatcher receives and dispatches this call, meeting OUC’s standard of 60 seconds for dispatching.
- 16:52:51 An OUC dispatcher repeats the dispatch verbally over the radio to Medic 31 and Paramedic Engine 13.
- 16:53:27 Paramedic Engine 13 is en route to the incident.
- 16:55:53 The dispatcher notes that Medic 31 has not responded.
- 16:55:55 The first MPD unit arrives.
- 16:55:57 A second OUC dispatcher contacts Medic 31 to check whether they are responding to the incident. A Medic 31 crewmember states, “I didn’t get the run.” The OUC dispatcher instructs him/her to restart or refresh the tablet to show previous dispatches.

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- 16:56 approx. Paramedic Engine 13 members report providing patient care and hearing an OUC dispatcher on the radio attempt to contact Medic 31, which aligns with dispatching recordings. Paramedic Engine 13's Officer in Charge reports that their recorded arrival time in CAD is incorrect. Paramedic Engine 13 appears to have arrived on the scene approximately 3 minutes and 16 seconds after it was dispatched, which meets the FEMS standard of 6 minutes and 30 seconds for the arrival of the first EMT for critical medical calls and the FEMS standard of 8 minutes for the arrival of a paramedic for critical medical calls.
- 16:56:13 Medic 31 is en route to the incident.
- 17:03:55 A Medic 31 crewmember informs Paramedic Engine 13 that they are coming from Calvert Street and Connecticut Avenue, N.W.
- 17:04:04 Paramedic Engine 13 asks the dispatcher if any other transport units are available. The dispatcher states, "We've been bingoes out," meaning that no transport units had been available, and added that two transport units just became available.
- 17:05:52 OUC dispatches Medic 8 from George Washington University Hospital, 2.6 miles away, which is closer to the incident than Medic 31. OUC then places Medic 31 in-service and dispatches it to an Alpha (the least severe category) call in Northeast.
- 17:14:48 Medic 8 arrives at the incident 8 minutes and 56 seconds after it was dispatched, 22 minutes and 4 seconds after the initial FEMS units were dispatched, and 24 minutes and 2 seconds from the start of the initial call. While Medic 8's performance meets the FEMS standard of 12 minutes for the arrival of a transport unit for critical medical calls, the overall elapsed time from when units were first dispatched does not.

March 13, 2015

- 8:36:23 An OUC call-taker answers the first of four 911 calls. The caller has difficulty understanding the call-taker, providing and verifying the location's address and telephone number, and describing the problem.
- 8:38:21 A second OUC call-taker answers another 911 call from a relative reporting that he/she is not home with the child, and that the nanny called because the child was choking, but she speaks only Spanish. The call-taker obtains the address and telephone number of the house where the child is, and tells the caller that she will have someone who speaks Spanish call the nanny. OUC call-takers place two calls to the house with Spanish-speaking interpreters, but no one answers.

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- 8:39:22 The call-taker sends the first call to dispatching, 2 minutes and 59 seconds after the start of this call, which does not meet OUC's standard of 1 minute and 30 seconds.
- 8:39:44 OUC dispatches the first MPD unit.
- 8:39:46 OUC dispatches Medic 31 and Paramedic Engine 31, both 1.2 miles from the incident. CAD also suggests Truck 12 for dispatching and lists it as 0.4 miles away, but the dispatcher does not dispatch this unit. Truck 12, Paramedic Engine 20, and Ambulance 20 are all available at their fire station (Engine 20), which is 0.4 miles from the incident. However, CAD does not list Paramedic Engine 20 or Ambulance 20 as available for dispatching although they are closer than the units OUC dispatched. The dispatching time of 24 seconds meets OUC's 60 second standard.
- 8:40:38 The second OUC call-taker creates an event in CAD for the second 911 call.
- 8:41:01 An OUC dispatcher dispatches Truck 12 and Medic 5, which is 2.9 miles away, in response to the second 911 call, then immediately cancels this dispatch because other units were already dispatched to this incident, and places Truck 12 and Medic 5 in-service.
- 8:42:25 The first MPD unit arrives at the scene.
- 8:42:35 OUC notes that the caller is performing CPR.
- 8:42:37 Truck 12 contacts another OUC dispatcher to confirm that it is not being dispatched.
- 8:43:19 OUC dispatches EMS Supervisor 5, which CAD lists as 0.4 miles away. However, this unit is out-of-service because it lacked staffing.
- 8:43:39 Truck 12 informs a third OUC dispatcher that it has been taken off the Warren St. run and it is available at the fire station.
- 8:44:00 The Officer in Charge at Engine 20 calls an EMS Liaison Officer (ELO), who is an FEMS officer stationed at OUC, to inform him that OUC has dispatched EMS 5, but EMS 5 is out-of-service. The ELO states that he will address it.
- 8:44:41 OUC dispatches Truck 12 again, and Truck 12 asks the dispatcher to repeat the address.
- 8:45:34 OUC dispatches EMS Supervisor 4 from 3.4 miles away.

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- 8:47:39 Paramedic Engine 31 is the first FEMS unit arriving at the scene. It arrives 7 minutes and 53 seconds after dispatch, which exceeds the FEMS standard of 6 minutes and 30 seconds for the arrival of the first EMT for critical medical calls, but meets the FEMS standard of 8 minutes for the arrival of a paramedic for critical medical calls. Paramedic Engine 31 arrives 11 minutes and 16 seconds after the beginning of the first 911 call.
- 8:48:34 Truck 12 arrives at the scene, 3 minutes and 53 seconds after it was dispatched the second time.
- 8:48:50 Medic 31 arrives at the scene, 9 minutes and 4 seconds after it was dispatched, which meets the FEMS standard of 12 minutes for the arrival of a transport unit for critical medical calls. Medic 31 arrives 12 minutes and 27 seconds after the start of the first 911 call.

March 17, 2015

- 18:25:03 An MPD officer first contacts OUC regarding the injured officer, and requests two ambulances: one for the injured officer and one for an injured suspect.
- 18:27:18 An OUC MPD dispatcher asks whether both individuals are conscious and breathing, which the officer confirms. The officer also states that the suspect has a cut to his eye and the injured officer has a hurt leg.
- 18:28:25 The OUC MPD dispatcher creates an event in CAD requiring an MPD response for the injured officer and suspect.
- 18:28:27 The first additional MPD unit arrives at the scene of the incident.
- 18:38:16 The OUC dispatcher creates an event in CAD requiring an FEMS response, 13 minutes and 13 seconds after MPD's first assistance request, which exceeds the OUC's standard of 1 minute and 30 seconds to send calls to dispatching. The event is classified as a Bravo (second least severe of five categories) injury.
- 18:40:46 OUC dispatches Engine 12 to the scene, 2 minutes and 30 seconds after this call was sent to FEMS dispatching, which exceeds the standard of dispatching calls within 60 seconds.
- 18:44:33 OUC notes that Engine 12 is standing by for an ambulance. Engine 12's tablet (which connects to the dispatching system) was not functioning, and OUC had system-wide problems connecting to units in the field. Engine 12 arrived within 3 minutes and 47 seconds of being dispatched. Due to OUC delays in dispatching, however, Engine 12 arrived approximately 19 minutes and 30 seconds after the MPD initially contacted OUC.

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- 18:46:23 An Engine 12 crewmember states that they are on the scene, “and the tablets are not working. We just restarted it. They’re not working.”
- 18:48:11 An Engine 12 crewmember asks whether a transport unit is responding to this incident. The dispatcher states no, and they will have to stand by for an ambulance. The dispatcher states the time as 18:48, which the Engine 12 crewmember appears to mishear as Ambulance 28. He asks whether the dispatcher said Ambulance 28, and the dispatcher does not correct this misunderstanding.
- 18:58:04 The Engine 12 crewmember asks the dispatcher whether Ambulance 28 is still coming for the injured officer. The dispatcher states no and that there is not a transport unit for this incident. The Engine 12 crewmember re-iterates that they need an ambulance to transport the injured officer. The dispatcher asks whether he is requesting a medic unit. The Engine 12 crewmember states, “Yes, I have an injured MPD officer, and he’s awaiting transport.” The dispatcher states that she is upgrading this call and changes it from Bravo to Delta (second-most severe of five levels) injury.
- 18:59:16 A Paramedic Ambulance 10 crewmember offers to respond to the injured officer because they are nearby on their way to a Delta call in Southeast. An Engine 12 crewmember tells them to continue to their Delta call because the injured officer is a BLS call. The Engine 12 crewmember adds that the MPD will probably transport the officer. Paramedic Ambulance 10 continues to its assigned Delta call in Southeast.
- 19:06:08 OUC dispatches EMS Supervisor 1.
- 19:08:27 The Engine 12 crewmember tells the dispatcher that MPD transported the injured officer to a hospital. The dispatcher notes this in CAD. The injured officer waited approximately 43 minutes from the MPD’s first request for assistance without receiving an ambulance.
- 19:08:49 The dispatcher confirms with Engine 12 that MPD transported the officer and that they no longer need EMS Supervisor 1 and a transport unit.
- 19:09:20 Another OUC FEMS dispatcher dispatches Ambulance 12 to this incident, 43 minutes and 24 seconds after MPD first requested assistance, and 28 minutes and 34 seconds after the initial dispatch of Engine 12.
- 19:09:35 The first OUC dispatcher enters a note in CAD to cancel EMS Supervisor 1 and Ambulance 12. Ambulance 12 goes back in-service.
- 19:09:46 EMS Supervisor 1 arrives at the scene, and learns that the MPD transported the officer.

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19:16:26 An MPD officer tells an OUC dispatcher for MPD calls, “For the record, no ambulance ever arrived on this scene for our injured officer. He is now at the hospital.” He adds that two MPD units are at Washington Hospital Center with the suspect.

APPENDICES

Appendix E – OUC Response to Draft Report of Special Evaluation

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of Unified Communications

Muriel Bowser
Mayor



Karima Holmes
Acting Director

February 19, 2016

Daniel Lucas
Inspector General
Office of the Inspector General
717 14th Street, NW
Washington, DC 20005

RE: OIG 16-I-0070

Dear Mr. Lucas,

Thank you for providing me with the draft report of OIG’s findings and recommendations arising from the *Special Evaluation of Four Incidents with Delayed Response*. I appreciate your thoughtful analysis of these 911 responses incidents and resulting recommendations. Although I have been the Acting Director of the Office of Unified Communications (OUC) for little over a month, I have already begun to identify areas for improvement. In its report, OIG highlights some specific focus areas that will be informative as I develop my priorities for the agency.

As you may know, the OUC provides centralized coordination and management of 911 public safety communications, 311 city services technology and maintenance of radio and call center technology systems for the District. In FY15 the 911 Operation handled 1.4 million calls. Those calls generated around 900,000 incidents/events in FY15, with approximately two-thirds of the events for police assistance, just over 20 percent for medical services and 4 percent of the events for fire related calls.

Following are my responses to the OUC-specific recommendations in OIG’s draft report:

Recommendation #1—Develop and implement a written plan to increase the effectiveness and efficiency of dispatching FEMS calls during the times of peak call volume, including, if necessary, additional training for OUC FEMS dispatchers on assigning transport units during times of high call volume, and reconfiguring FEMS dispatching staffing.

I agree that optimization of OUC’s training is needed in all areas, including effective dispatching. In 2015, OUC provided significant training as a result of hiring a permanent Training Coordinator. See Attachment A. I have also conducted an initial review of OUC’s training practices and determined that additional resources are needed. One of my first actions was to create a new Office of Standards and Development, which I envision will encompass not only training, but also quality assurance. This feedback loop between training messages and implementation of those messages is essential to ensuring effective training. Implementing your recommendations, I will ask the manager of this new unit to prepare a written training plan that includes goals of increasing the efficiency and effectiveness of FEMS calls during times of peak call volume.

To that end, I have already initiated some changes in the area of optimization of dispatching. I developed a new training around the concept of “quick dispatching,” which would move highest priority calls to dispatch after the calltaker elicits a few basic pieces of information. The incident is then updated with more detailed information while the first responder is in route. I see this as a balance between the need for speed and the need for accurate, detailed information.



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In terms of dispatcher staffing, each shift currently has two Lead Dispatchers assigned with three radio operators. OUC recently hired the first group of new call takers and dispatchers in that last six years. Until this hiring, OUC's ability to make additions to its staffing patterns was extremely limited. I intend to perform a top to bottom review of OUC's operations and make any needed adjustments to staffing, including any needed adjustments to dispatcher staffing.

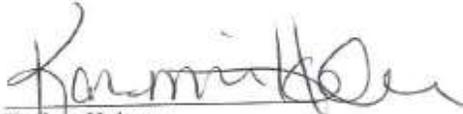
Recommendation #2—Improve CAD's functionality to assist the OUC FEMS lead dispatcher in assigning transport units to the most critical calls in need of them, such as implementing a list of all incidents awaiting transport units and in need of closer transport units, prioritized by incident severity.

I agree that current CAD functionality does not provide the Lead Dispatcher with the ability to highlight runs awaiting transport units or to highlight transport runs that may benefit from a closer unit if it becomes available. Currently, the Lead Dispatcher utilizes a written sheet outside of CAD to track runs awaiting a transport unit. Once a transport unit has been dispatched to a location, it is the responsibility of the Lead Dispatcher to monitor that run and assign a different unit if a closer one becomes available. This monitoring is performed by the Lead Dispatcher as the units are visible in CAD through Automated Vehicle Locators and GPS data.

OUC works with the most recent version of the CAD system offered by the vendor, Intergraph. However, I will initiate a project to determine whether this functionality could be created within the existing CAD system without significant additional costs.

In closing, I hope this response helps with your conclusive report. I am confident that with the plan our team is putting in place, the agency will yield prolific results in our performance and our ultimate goal of public service. If there is anything else needed of me, please do not hesitate to notify my office.

Sincerely,



Karima Holmes
Acting Director
Office of Unified Communications

Attachment(s)

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**Office of Unified Communications
Continuing Education
FY15**

Course	Date	Trainees			
		311	911	Mngrs	Other
Health and Wellness in the Dispatch Center		311	911	Mngrs	Other
CPR Certification/Recertification	Monthly		138	2	
DMV Training New Hires	December 2014	14			
Sentinel Training	December 2014	14			
311 Operations Overview	December-Jan. 1	14			
Advanced EMD Certification*	January, March, July		47		5 FEMS
Advanced EFD Certification*	January and July 2015		31		
Advanced EPD Certification*	January and July 2015		13		
Active Shooter Incidents Certification	February 2015		33		
Public Safety Telecommunicator I Certification*	February 2015		22		
Communication Center Supervisor	February			6	
Communications Training Officer	March and April		25	2	
Resume Building and Interviewing Skills	June 2015	3	12	1	5
311Force Training	June and July	66			DPW DDOT DMV ORM
Cobalt Training TRU	August 2015	11			
EMD Quality Assurance Certification*	August-September 2015		8	13	5 FEMS
Customer Service in Public Safety Communications Centers Certification*	September 2015		137	13	
DOEE Energy Assistance	September 2015	13			
Language Access	September 2015	6	8	2	3
EFD Quality Assurance Certification*	September 2015		7	1	
EPD Quality Assurance Certification*	September 2015		8	2	
ProQA software and advanced EMD, EPD, EFD	September 2015		15	6	

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scenarios					
911 Roll Call Training	Ongoing		All		
<p>Topics include ProQA Protocols, Text to 911, Metro Drill Information*, Council of Government Numbering System and use of portable radios, Active Shooting Operation Bulletin 9, CAD Response Plans*, Suspicious Package Operations, Expanding Incident Management drills and Dispatching Units*, Crime Scene Forensics*, CAD maps and trailmarkers*, CAD location update*</p>					
<p>*Training contains dispatching component</p>					

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Appendix F – FEMS Response to Draft Report of Special Evaluation



Muriel Bowser
Mayor

Government of the District of Columbia

Fire and Emergency Medical Services Department



Gregory M. Dean
Fire and EMS Chief

February 19, 2016

Edward Farley
Assistant Inspector General
Inspections and Evaluations Division
District of Columbia Office of the Inspector General

Dear Mr. Farley:

The D.C. Fire and Emergency Medical Service Department (FEMS or Department) has completed its review of the Office of the Inspector General's January 19, 2016 *Office of Unified Communications and Fire and Emergency Medical Services Department Special Evaluation of Four Incidents with Delayed Response* draft report (Special Evaluation). We offer the following responses to each recommendation affecting the Department and also bring to your attention a few inaccuracies that we identified during our review of the Special Evaluation.

A. Page 3 (paragraph two) of the Special Evaluation states that:

FEMS recently received temporary authorization, through the *Emergency Medical Services Contract Authority Temporary Amendment Act of 2015*, to contract out aspects of EMS care and patient transport. With an effective date of November 23, 2015, this Act allows FEMS to contract with third parties to provide supplemental pre-hospital medical care and transportation to persons requiring Basic Life Support. However, the temporary Act will expire after 225 days, in July 2016.

November 23, 2015 is the date that Mayor Bowser signed the temporary legislation and returned it to the Council of the District of Columbia (Council); it is not the date that the legislation became effective. A review of the Council's legislation information system reveals that, after the bill was enacted and signed

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FEMS Response to OIG Special Evaluation
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by the Council, it was transmitted to Congress on December 4, 2015, with a projected law date of January 29, 2016. Law 21-0055 became effective on January 30, 2016 and will expire on **September 11, 2016**. See Legislation Detail of B21-0426-*Emergency Medical Services Contract Authority Temporary Amendment Act of 2015* (attached as Exhibit 1). The Department plans to introduce permanent legislation authorizing FEMS to contract with third parties to provide supplemental pre-hospital medical care and transportation to persons requiring Basic Life Support.

- B. Page 8 of the Special Evaluation indicates that FEMS aligns its response times with National Fire Protection Association (NFPA) standards. However, this characterization is not entirely accurate. The Department's response time goals have not consistently followed NFPA standards. However, beginning Fiscal Year 2016, we are following NFPA standards.
- C. FEMS also requests that Footnote 22 be amended to more accurately reflect the duties and composition of our transport units. The footnote as currently drafted provides that:

FEMS has two types of transport units to take patients to hospitals:
ambulances staffed with EMTs who provide BLS and medic units
staffed with paramedics who provide ALS.

The Department recommends that Footnote 22 be revised to state as follows:

FEMS has two types of transport units to take patients to hospitals:
ambulances staffed with two EMTs who provide BLS care and
medic units staffed with a paramedic who provides ALS and an
EMT who assists the paramedic and is certified to provide BLS
care.

- D. At the bottom of page 18, the Special Evaluation summarizes, rather than fully quotes, our dispatch guidelines. See *District of Columbia Fire and EMS Department Resource Guidelines for EMS Response (2010)* (attached as Exhibit 2). In this same regard, Footnote 35 should be amended to make clear that for Bravo calls the Department typically sends a BLS transport unit. When such a unit is not available, the Department will send a first responder fire suppression unit.
- E. On page 20 of the Special Evaluation, the Office of Unified Communications (OUC) and FEMS were found to have insufficient monitoring in place to identify and correct inaccurate status and location information in the Computer Aided Dispatch (CAD). On page 20, paragraph (d), the report states "FEMS plans to

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FEMS Response to OIG Special Evaluation
Page 3

hire an additional information technology specialist to better monitor units with connectivity problems." FEMS is pleased to announce that it recently hired an employee who is responsible for monitoring access to GETAC tablets for the timely completion of EMS and fire reports. This employee also tracks connectivity to the tablets, the vehicle WIFI routers, the Lifepaks, and the software installed on tablets.

Additionally, the Department has been working with OUC to implement a Mobile for Public Safety (MPS) software enhancement that will append a "P" to each unit staffed with a paramedic. This will populate in the CAD, which will signal FEMS and OUC staff that a unit has a paramedic on board.

- F. OIG identified two causal factors, which contributed to delays: (1) OUC did not dispatch the closest available FEMS units, largely due to technology malfunctions; and (2) FEMS had an insufficient number of transport units available during peak times. On pages 22 and 23 of the Special Evaluation, *Findings and Recommendations*, OIG found that available transport units were not dispatched that may have been able to arrive and transport patients to the hospital sooner. On page 23 of the Special Evaluation, OIG states: "... we estimate that if units from the Engine 20 fire station had been dispatched initially, they would have arrived on the scene approximately 4 minutes sooner than the first FEMS unit."

However, the timelines set forth cited in the Special Evaluation report were pulled from several different sources, including different Event Chronologies, audio recordings from OUC and the FEMS Office of Internal Affairs OIA final investigative reports that were submitted to OIG regarding each event. These time lines were pulled from each of these sources at different intervals and the Special Evaluation does not stipulate which source they are drawn from or how the information was derived. In addition, it is impossible to know precisely how much sooner these units would have arrived at the incident locations. For these reasons, the Department recommends that the foregoing underscored language be amended to state that the units likely would have arrived on the scene earlier.

FEMS believes that these requested changes accurately capture the status of the temporary legislation, clarify the Department's resource guidelines, depict our policy and practice, and outline the corrective actions we have taken.

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FEMS Response to OIG Special Evaluation
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The Department agrees with all of the report's recommendations affecting the agency and we will work diligently to address the root causes of the delayed responses identified in the report. Thank you for giving the Department the opportunity to provide written comments. We appreciate the fine work that your office does to ensure the integrity of government operations. Please contact me if you have any further questions or require additional information.

Very truly yours



Gregory M. Dean
Chief, Fire and EMS Department

Attachments as Stated

GMD:mda

APPENDICES

Council of the District of Columbia Office of the Secretary- Legislation Detail	
B21-0426 - Emergency Medical Services Contract Authority Temporary Amendment Act of 2015 Critical Law	
Legislative Summary	
Legislation Number	B21-0426
Introduction Date	Oct 2, 2015
Introduced by	Chairman Mendelson at the request of the Mayor
Committee Referral	Retained by the Council with comments from the Committee on Judiciary
Act Number	A21-0207
Projected Law Date	Jan 29, 2016
Law Number	L21-0055 Effective from Jan 30, 2016, Expires on Sep 11, 2016
Bill History	
Oct 2, 2015	B21-0426 Introduced by Chairman Mendelson at Office of the Secretary
Oct 6, 2015	Retained by the Council
Oct 8, 2015	First Reading
Nov 3, 2015	Final Reading CC
Nov 6, 2015	Transmitted to Mayor, Response Due on Nov 23, 2015
Nov 23, 2015	Returned from Mayor
Nov 23, 2015	Enacted with Act Number A21-0207
Nov 23, 2015	Signed with Act Number A21-0207
Dec 4, 2015	Act A21-0207 Published in DC Register Vol 62 and Page 15597
Dec 4, 2015	Transmitted to Congress, Projected Law Date is Jan 29, 2016
Feb 12, 2016	Law L21-0055 Effective from Jan 30, 2016 Published in DC Register Vol 63 and Page 1475, Expires on Sep 11, 2016
Other Documents	
• Memorandum	

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District of Columbia Fire and EMS Department Resource Guidelines for EMS Responses 2010



I. Resource Definitions:

BLS Fire Suppression, First Responder (FR): Fire apparatus staffed by at least one EMT

ALS Fire Suppression, First Responder (FR): Fire apparatus staffed by at least one ALS Provider (EMT-I or EMT-P) and one EMT

BLS Transport Unit, First Responder (FR): Transport-capable vehicle staffed with at least two EMTs

ALS Transport Unit: Transport-capable vehicle staffed by at least one ALS Provider and one EMT

EMS Supervisor: Non-transport vehicle staffed by at least one ALS Provider

II. ALS Response Configurations:

ALS Fire Suppression Unit (FR) and ALS Transport Unit

ALS Fire Suppression Unit (FR) and BLS Transport Unit

BLS Fire Suppression Unit (FR) and ALS Transport Unit

BLS Transport Unit (FR) and ALS Fire Suppression Unit

BLS Transport Unit (FR) and ALS Transport Unit

III. MPDS Code Resource Assignment Guidelines:

Alpha Responses

Intent: Most Alpha responses will be handled by a transport unit.

Resource Assignment:

Send the closest BLS transport unit. If the closest BLS transport unit is more than four (4) miles from the incident location then send the closest ALS transport unit.

If the closest transport unit is more than four (4) miles away from the incident location, send the closest fire suppression unit. If the closest fire suppression unit is ALS and a BLS fire suppression unit is within half (0.5) a mile the BLS fire suppression unit will be dispatched on the response.

OPERATIONAL OVERRIDE:

- In the event that a 12A01 Seizure is dispatched, send a first responder if the transport unit is more than 1.5 miles from the incident location.

APPENDICES

District of Columbia Fire and EMS Department Resource Guidelines for EMS Responses 2010



Bravo Responses

Intent: Most Bravo responses will be handled by a transport unit.

Resource Assignment:

Send the closest BLS transport unit. If the closest BLS transport unit is more than four (4) miles from the incident location then send the closest ALS transport unit.

If the closest transport unit is more than four (4) miles away from the incident location, send the closest fire suppression unit. If the closest fire suppression unit is ALS and a BLS fire suppression unit is within half (0.5) a mile the BLS fire suppression unit will be dispatched on the response.

OPERATIONAL OVERRIDE:

- In the event that a 12B01 Seizure is dispatched, send a first responder if the transport unit is more than 1.5 miles from the incident location.
- Bravo response Motor Vehicle Collisions (MVC) require automatic dispatch of an Engine Company.

Charlie and Delta Responses

Intent: Charlie and Delta responses will be handled by a First Responder and a Transport Unit, at least one of which will be an ALS resource.

Resource Assignment:

Send the closest first responder and the closest transport unit (ALS or BLS) if possible. At least one, if not both of these resources must be ALS. Make every effort not to utilize two fire suppression units on a single patient incident when possible.

If the first responder (fire suppression) is ALS capable, and an ALS transport unit and BLS transport unit are equidistant to the event (such as an ALS transport unit and BLS transport unit together in quarters), the ALS fire suppression unit (FR) and ALS transport unit shall be dispatched together.

If the closest first responder (fire suppression) is a BLS resource, the closest ALS resource is a Paramedic Engine and the closest ALS transport unit is within a 1.5 distance from the Paramedic Engine, send the ALS transport unit.

APPENDICES

District of Columbia Fire and EMS Department Resource Guidelines for EMS Responses 2010



Echo Responses

Intent: Maximum ALS response with at least two ALS providers on-scene to provide patient care.

Resource Assignment:

Send the closest first responder, the closest transport unit (ALS or BLS) and the closest EMS Battalion Supervisor. If the first responder or transport unit is not an ALS resource, then send the closest ALS resource (ALS fire suppression unit or ALS transport unit).

In situations when the first responder (Fire Suppression) is ALS capable, and an ALS transport unit and BLS transport unit are equidistant to the event (such as an ALS transport unit and BLS transport unit together in quarters), the ALS fire Suppression unit (FR) and ALS transport unit shall be dispatched together.

IV. Special Dispatch Guidelines:

Dispatch EMS Supervisors to the following locations for all ALS response levels (Charlie, Delta and Echo):

- White House (Send EMS Supervisor for any response level)
- Capitol
- House and Senate Offices
- Wilson Building
- Old Executive Office Building
- Any location or dispatch that presumably may be of prominence in nature.

a. Health Care Facilities (physicians offices and pursuing facilities)

- i. **Alpha and Bravo Responses** – Send the closest BLS transport unit only. If no BLS transport units are available, send the closest ALS transport unit.
- ii. **Charlie and Delta Responses** – Send the closest ALS transport unit only. If the ALS transport unit is more than four (4) miles away, send the closest ALS resource (ALS fire suppression unit) and the closest transport unit.
- iii. **Echo Response** – Maximum ALS response with at least two ALS providers on-scene to provide patient care. Dispatch as you normally would for any reported Echo response.

APPENDICES

District of Columbia Fire and EMS Department Resource Guidelines for EMS Responses 2010



V. Operational Override Policy:

In the event that a dispatch appears inaccurate (closest appropriate unit not recommended) or a closer unit becoming available, the lead dispatcher and EMS Supervisor (ELO) should work in conjunction to ensure that the appropriate resources are dispatched.

VI. Dispatch Configuration Examples:

a. Charlie and Delta Responses

ALS Fire Suppression Unit (FR) and ALS Transport Unit Configuration:

Recommended unit E11P (0.33 mi)
Recommended unit T06 (0.33 mi)
Recommended unit M21 (0.63 mi)
Recommended unit A06 (1.45 mi)

Correct response configuration would consist of E11P and M21

ALS Fire Suppression Unit (FR) and BLS Transport Unit Configuration:

Recommended unit E26P (0.33 mi)
Recommended unit T15 (0.33 mi)
Recommended unit M17 (0.63 mi)
Recommended unit A26 (0.33 mi)

Correct response configuration would consist of E26P and A26

BLS Fire Suppression Unit (FR) and ALS Transport Unit Configuration:

Recommended unit E26P (1.33 mi)
Recommended unit T15 (0.33 mi)
Recommended unit M17 (0.63 mi)
Recommended unit A06 (1.45 mi)

Correct response configuration would consist of T15 and M17

APPENDICES

District of Columbia Fire and EMS Department Resource Guidelines for EMS Responses 2010



BLS Transport Unit (FR) and ALS Fire Suppression Unit Configuration:

Recommended unit E10P (0.80 mi)
Recommended unit E06 (0.33 mi)
Recommended unit M17 (2.63 mi)
Recommended unit A06 (0.33 mi)

Correct response configuration would consist of A06 and E10P

BLS Transport Unit (FR) and ALS Transport Unit Configuration:

Recommended unit E04 (2.33 mi)
Recommended unit E09P (2.93 mi)
Recommended unit M21 (0.63 mi)
Recommended unit A06 (0.33 mi)

Correct response configuration would consist of A06 and M21

b. Echo Responses

ALS Fire Suppression Unit (FR), ALS Transport Unit and EMS Supervisor Configuration:

Recommended unit E10P (0.33 mi)
Recommended unit T13 (0.33 mi)
Recommended unit R1 (1.45 mi)
Recommended unit M17 (0.63 mi)
Recommended unit A06 (1.45 mi)
Recommended unit EMS 2 (2.40 mi)

Correct response configuration would consist of E10P, M17 and EMS 2

ALS Fire Suppression Unit (FR), BLS Transport Unit and EMS Supervisor Configuration:

Recommended unit E26P (0.33 mi)
Recommended unit T15 (0.33 mi)
Recommended unit R1 (1.45 mi)
Recommended unit M17 (0.63 mi)
Recommended unit A06 (0.33 mi)
Recommended unit EMS 1 (0.40 mi)

Correct response configuration would consist of E26P, A06 and EMS 1

APPENDICES

District of Columbia Fire and EMS Department Resource Guidelines for EMS Responses 2010



BLS Fire Suppression Unit (FR), ALS Transport Unit and EMS Supervisor Configuration:

Recommended unit E22P (1.33 mi)
Recommended unit T11 (0.33 mi)
Recommended unit R2 (1.45 mi)
Recommended unit M24 (0.63 mi)
Recommended unit A14 (1.45 mi)
Recommended unit EMS 4 (1.40 mi)

Correct response configuration would consist of T11, M24 and EMS 4

BLS Transport Unit (FR), ALS Fire Suppression Unit and EMS Supervisor Configuration:

Recommended unit E15P (1.33 mi)
Recommended unit T16 (1.33 mi)
Recommended unit R3 (1.45 mi)
Recommended unit M33 (2.63 mi)
Recommended unit A15 (0.33 mi)
Recommended unit EMS 3 (3.33 mi)

Correct response configuration would consist of A15, E15P and EMS 3

BLS Transport Unit (FR), ALS Transport Unit and EMS Supervisor Configuration:

Recommended unit E29P (2.33 mi)
Recommended unit T05 (2.33 mi)
Recommended unit R2 (3.45 mi)
Recommended unit M31 (0.63 mi)
Recommended unit A20 (0.33 mi)
Recommended unit EMS 5 (3.33 mi)

Correct response configuration would consist of A20, M31 and EMS 5