

EMSAC MEETING @ Washington Convention Center

March 7, 2013

Meeting called to order by the president, second by the president and affirmed by all and agenda was approved.

Attendees/Roll Call:

Name	Title/Agency
Cynthiana Lightfoot	EMSAC President/Grants Manager Children Hospital
Anne Renshaw	EMSAC V. President/President of DC Citizens Federation
AFC David Miramontes, MD	AFC/Medical Dir. for F & EMS
Kenneth Lyons	President Local 3721
Sonia Nagda, MD	EOM Liaison/DOH
Jamie Quarrelles	Member HSEMA
Wayne Swann, MD	Member, DHS
Joseph C Papariello	Guest, L36/EMS Supervisor
Sarah Roque	Street Call Supervisor/Fire & EMS
Clothida Nwaete	Note taker/Fire & EMS

**DCFEMS PERFORMANCE HEARING REPORT:**

Ms. Renshaw reported that with the transition of position from CM Mendelson to CM Wells, all individuals previously signed up to receive notices with regards to upcoming hearings must re-sign up with CM Wells office.

Ms. Renshaw reported on several F&EMS hot button items that were discussed at the hearing. She mentioned several things and asked Mr. Joseph Papariello to speak on the concerns he testified about during the hearing. Mr. Papariello spoke to the committee regarding concerns with the Department losing over 40 paramedic employees and how he feels it is creating service gap and undue burden on the remaining paramedic. He also briefly talked about his concerns that the CQI (Clinical Quality Improvement) process is working contrary to what it should. He compared the F&EMS Department to Montgomery County where employees freely self-report mistakes and errors without fear of being penalized or any other adverse effect visited upon them. Cited instances where members of the Department self-reported clinical mistakes and ended up in a disciplinary action situation. He said that this hinders the intended outcome of the CQI. He said that this is not yielding a positive outcome and has created a negative atmosphere amongst the members who are fearful to come forward if and when they make a mistake. He stated that from what he has observed individuals receive the same treatment regardless of if it is a first mistake or the 50<sup>th</sup> mistake. He questioned whether the remediation process is sufficient to address the issues at hand and believes that the CQI systematic process needs to be reevaluated.

Discussion: Mr. Lyons asked for clarification if the adverse effect is resulting from the Medical Director's Office or the Operation office. He said that it is important to know. Asked Mr. Papariello to clarify further on the cases to which Mr. Paapariello indicated that he could not go into specifics cases. Ms. Renshaw and Ms. Lightfoot all concurred that it was important to determine why this was happening and which office within the Department was responsible for using the CQI for punitive purposes. Mr. Papariello stated with the incoming of the current administration the EMS division was completely gutted. They removed rapid response and other EMS supervisory position and felt that these eliminations have increased the problems that are continuously occurring. He suggested that the department should look into the reinstatement of the EMS DFC/BFC positions. Commended the doc for what he is doing but said he realized that he is shorthanded and understaffed.

Dr. Miramontes responded by elaborating on the process. He clarified that the CQI process allows for the discovery and sharing of information with the goal for health care improvement and the process is strictly confidential to maintain peer review. He confirmed that the remediation process is the same for everyone but that once individuals have been assessed and send to the Training Academy. The Academy will administer further test and if it is determined that the individual is lacking in other areas, those training/retraining needs are addressed at the same time. All of this is documented outside of medical records. He clarified that in the event that a grievous violation of operational policy and procedure is discovered during this process that the CQI process is stopped and a simple note is forward to the operation team to review the discrepancy indicated with no additional information from the peer review provided. CQI information is never shared with operation team. The Doc continued by stating that it was a lot of work with limited budget and limited staff but that the Department is working hard to fill the vacancies. He stated that they have been looking for a FOIA office with no success, a Street Call supervisor which has been filled with Sarah Roque. In addition the Department has been trying to fill the Asst. Medical Directors position but the three hopeful candidates have all declined the position. The position for supervisory nurse consultant is pending, said once all of these positions are in place; it will help to create a training division which he hoped will lead to greater process improvement.

Wayne asked if the paramedic themselves are involved or are part of the process development plan, for process improvement. Doc said yes, mentioned that there was a taskforce consisting of paramedics and well as a benchmarking process.

**Discussion:** the committee as whole wanted to know why there was such difficulty filling the Asst. Medical Dir. Position, inquired as to whether it was due to compensation rate or other factors. Committee asked the Doc what his budget was. The doctor referenced the department budget and that it was online on the fire department website. They inquired specifically about hiring and EMS training and EMS service delivery. The Medical Dir. answered that EMS budget is not independent of the Department budget that it was inclusive in the department budget and that is it currently on line. There was a lot of back and forth discussion about what could be the genesis of the issues facing EMS service at the Fire & EMS Department. Ms. Renshaw stated that the committee should take note that the Medical Director does not have control over EMS budget. She also stated that an important key figure

was not at the last hearing and was very much missed and hoped that the Med. Dir., will be at the next hearing to provide them and the council with all his department needs.

Mr. Lyons asked the Med. Dir. what the budget was for EMS training, said it was very important to know this information so as to ascertain where the problem is coming from. Mr. Lyons also asked why these key positions; especially the Medical Director Position applicants are declining the position, why is it so difficult to fill. He continued to state that the public perception of the department is extremely negative. Continued to state that the department is not accredited which is another major issue. Why is this and what can be done to address all of these issues?

Ms. Lightfoot suggested that they put a recommendation in place to address the deficiencies in care, training and retraining of EMS services and send it to the executive office.

Mr. Lyons said that it is very important to determine where the problem is stemming from so that it can be addressed and fixed. At this point there was no more time to continue to ask questions because the situation has become dire, frustration among citizens is high and the committee is facing a road block that is preventing them from fulfilling their duties of making recommendations to the Mayor per the EMS ACT. The EMS Act is a Law and the Department needs to comply with it. He recommended that the committee take their concern to the Mayor.

Ms. Lightfoot agreed and concurred that currently the public as well as the committee has little or no confidence in the Department. Expressed disappointment with department's negative response and inability to obtain information requested from the Department.

The committee agreed but suggested that the efforts to make recommendation is futile because of inability to obtain clear responses to inquiries they have made and should now move to meet with the Deputy Mayor for Public Safety. The committee agreed that in order to move forward they have to have this meeting and asked Dr. Nagad the EOM liaison to convey the message and let them know when and where they could meet with the Deputy Mayor, Paul Quander. Reiterated that it should happen very soon preferably before the next F & EMS budget hearing scheduled for April 17, 2013. Ms. Lightfoot also added to Dr. Miramontes that they want a copy of the Department Budget prior to that time.

**Ms. Renshaw continued with her report of the F & EMS hearing:**

1. **Department Transparency:** Said that despite the departments repeated statement of being a transparent agency, she has not seen any transparency and whether it is or not is questionable. Said she sent a letter regarding the Rosenbaum Recommendation on 2/12/13 with no response. She subsequently sent it again on 2/28/13, & 3/6/13, still no response. Dr. Miramontes explained that she should be receiving it soon. Stated that the holdup is that they are waiting for clearance from the Mayor's office on a couple of things but that it should be ready in a couple of weeks.
2. **EMS Reforms:** Paramedic resignation, training and retraining and street call results.

3. **OT, vacancy rate, mutual aid for paramedic and rezoning process:** She informed the committee that the planning and zoning office is allowing the placement of Pods in the backyard in addition to granting permit for alley dwelling. Recommended that FEMS get on this and become involved with the process because this has the tendency to create massive chaos for EMS service delivery. Ms. Renshaw asked the Medical Dir. if F&EMS were involved with any of the DCRA/ Planning & Zoning sessions regarding this topic. The Doctor said the question is better addressed to the Fire Marshall Bruce Faust and referred Ms. Renshaw to him for a response.
4. **Rapid Response:** Ms. Renshaw asked the Medical Dir. repeatedly why this service delivery was removed from operation. The Medical Director answered repeatedly that the Department is using another module for service delivery and that rapid response was not the module currently being used. Ms. Renshaw asked why, the Medical Dir. stated that they were using other forms of service delivery that he believed were more effective.

#### Upcoming Budget Hearings

Ms. Lightfoot said that it was problematic that the medical director does not have control of his own budget and would like a copy of the department budget before the hearing scheduled for April 17, 2013.

#### Outreach reports:

- **HSEMA** - reported on several topics including the fact they are responsible for the visitors to the District of Columbia. They train emergency liaison team and work closely with the BID for community preparedness to ensure self-sustenance in case of delayed response. Said that they have performed preparedness exercise in every ward. She talked about building partnership with other agencies such as OUC with smart 911 and Fire & EMS with regards to Fire Evacuation. Discussed that in most cases sheltering in place is the best option.
- Question: Ms. Lightfoot asked if there was a requirement for schools and agencies dealing with Disabled citizens to provide a plan to emergency preparedness plan to HSEMA. Jamie said yes for DC public schools (DCPS) yes. Also said the DCPS were the first to create and submit such a plan after 911. Chartered, and private such as day care centers are under a different rules and regulation, unaware of any regulation requiring them to submit a plan but they visit with them to educated them on that how to be better prepared in case of emergency incidents.
- Stated that they had over 70 cameras in the city to help with traffic light synchronization in times of emergency evacuation. Also stated that HSEMA has a phone app that can be downloaded free of charge that has features that include how to prepare for emergencies.
- **HEPRA** awarded a grant to Office on Aging for training, also working on ICS and NIMS.
- **F&EMS** presented a listing of the various outreaches that the department provides to the community. Including home safety inspection, moon slide, fire safety education, Car seat program, bike safety and Glucose/blood pressure screening. Ms. Light foot said that all of our

outreach seems to be fire focused. Asked about EMS outreach. Dr. Miramontes responded and spoke about the Street Call program. He offered insight on where the program is now, introduced Ms. Sarah Roque as the New Street Call Supervisor. Both the Doc and Sarah talked about their plan to reassess the program and improve it. Ms. Lightfoot inquired about the safe house and if it was still out of service, if so will be put back into service

Workforce Concerns (retention & training) not addressed

New business not addressed – not addressed

Adjournment not addressed – not addressed

- ✚ **Action Item 1:** Committee tasked Dr. Nagda with setting a meeting with the Deputy Mayor before April 17, 2013
  
- ✚ **Action Item 2:** Request that F & EMS provide them with the Department budget prior to April 17, 2013. Interested in the budget for EMS department.
  
- ✚ **Action Item 3:** Dr. Miramontes to provide the committee with the response to inquiry regarding the Rosenbaum
  
- ✚ **Action Item 4:** MS. Renshaw asked for the statics on the number of hit and run incidents the department responds to. She also requested for MD and VA data. She also asked for the status on where the department is with the Paramedic hiring.