

EMSAC MEETING @ The John Wilson Building

April 4, 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	Designation
Cynthiana Lightfoot	Grants Manager Children Hospital	President
Anne Renshaw	President of DC Citizens Federation	Vice President
Miramontes David, MD	Fire & EMS Medical Director	Member
Paul Quander	Deputy Mayor for Public Safety & Justice	Guest
Sonia Nagda, MD	EOM Liaison/DOH	Member
Jamie Quarrells	HSEMA	Member
Jessica Steinbeck	Center for People with Disabilities	Member
Richard Brown, MD	Director, DOH	Guest
Sarah Roque	Public Health Analyst/Fire & EMS	Guest
Clothida Nwaete	Fire & EMS	Guest
Richard T. Benson, MD	Associate Director – NIH Stroke Program @ MedStar	Guest
Jessica Moise, MS	Sr. Dir. Community & Multicultural Health, AHA	Guest
Brian Amy, MD		Member
Clothida Nwaete	Fire & EMS	Guest
Emile Thompson	OFC. Deputy Mayor for Public Safety & Justice	Guest

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**March Minutes Approved:**

Minutes was brought up for approval, Ms. Renshaw stated that she had changes she wished to make to the minutes. Agreed that she would forward the changes to Clothida and then the final minutes would be distributed to all.

**Fire & EMS Council Hearing Update:**

Ms. Lightfoot stated that she testified along with Mr. Kenneth Lyons of Local 3721 and Ms. Anne Renshaw of the DC Citizens Federation, in addition to Mr. Paul Quander. Stated that the testimony was mainly about the increased concern over the ambulance issues and that she would ensure that Mr. Quander receives a copy of all their testimonies. Ms. Renshaw added that the main problem is with the ambulance issues and the lack of confidence the community has on the reliability of the ambulance in the city. Stated that there has always been a strong association among community members that there is and always will be an ambulance in their fire house ready to help if needed. But with all that has transpired over the course of time that the confidence no longer exists. Ms. Lightfoot also added that the inability to receive information requested from the Fire & EMS Department has hindered their goals and effort in moving forward with a Mayoral recommendation and with the loss of confidence from the community, there is a need know how this will be addressed.

### **Clinical Quality Improvement Briefing by Ms. Anita Massengale of Fire & EMS:**

Ms. Massengale provided the committee information on the areas that are covered under the CQI program and how the program has been revised in accordance with the EMS taskforce recommendations, DC/Federal statues and evidence-based pre-hospital care guidelines.

1. **Quality Management Program Plan:** In 2010 DOH required all DC EMS systems to develop and submit a quality management program plan. Therefore DC Fire and EMS is required to submit an annual report and any revision to the Quality plan as they arise.
2. **Remediation vs. Discipline:** Dr. Miramontes and Ms. Massengale explained the difference between Remediation, i.e. re-education a CQI process and Discipline, i.e. reprimand, suspension, termination, which is an Operational process. With regards to the statement of punitive action, Dr. Miramontes further explained that it was important to define what is being termed punitive. In most cases introduction of change of work schedule, i.e. a person who works 3 days a week being required to report to work for a full 5 days may consider the action as punitive because it is seen as disruption to their daily lives. The Department understands the hardship work schedule change may cause; in the past, members were required to work within each pay period time limit; however the department has since instituted a policy to help decrease the number of days members have to be out of their shift work.
3. **Recertification:** All recertification are reviewed and approved by DOH.
4. **Benchmarking:** Discussion regarding the importance of educating the public about the myths being reported in comparing DC F & EMS to surrounding EMS systems which are not like the DC Fire & EMS department. Instead the department's CQI team benchmarks the EMS aspect with national evidence-based pre-hospital guidelines such as:
  - **EAGLES MEASURES:** what are the core diagnosis, differentiating between morbidity & mortality. I.e. aspirin for chest pain and trauma care within less than 10 miles have been proven to increase survival outcomes and reduce worsening conditions.
  - **CARES:** is a national program approved by the CDC, thru Emory University that is looking at the use of AEDs, bystander CPR and ROSC and survival outcomes.

**Discussion:** Ms. Lightfoot asked if the data is available and the Medical Director said yes. Ms. Lightfoot asked if they could get a copy, the medical Director said yes. Ms. Renshaw asked about the "RND" best practices and what the feedback from care providers are like?

Ms. Lightfoot asked what is being done to educate providers about the process to decrease the feeling of retaliation. Ms. Massengale said that the act of retaliation is simply not a reality but rather a perception. The medical Director added that they were looking at ways to retrain individuals with the least amount of disruption to their work hours. I.e. 21 hrs. Work week vs. 40hrs work week. He further stated that members are well informed that plans may change through time. Working with members to decrease time period and work from within.

Ms. Lightfoot asked about the Training Academy (TA) Certification and stated that she understood it is not a certified training facility. Dr. Miramontes stated that the TA is certified by both DOH and Educational List at the local and national level. Further stated that they are in the process of apply for the COMES accreditation which is a very tedious and lengthy process that can take more than a year to complete. He said that this accreditation is not required to train for continuing education, transitional or an initial training for EMT. The Medical Director clarified that there are no facilities in the District with accreditation for paramedic training. Thus, they are looking at using facilities in neighboring jurisdiction for paramedic training.

Ms. Renshaw asked how bad discipline and remediation is, and if it is getting better, Ms. Massengale said yes. Dr. Miramontes added that the question involved two different processes and should be clarified. Further stated that discipline is not part of CQI unless an action occurred that interferes with the efficiencies and integrity of gov't operation, in which case they are referred to Operations. With regards to answering the question is CQI getting better, yes. Ms. Massengale provided additional information regarding the level of severity assigned to CQI incidents and how they are handled within the Office of the Medical Director. Ms. Massengale further added that the need for remediation is decreasing and attributed this to the CQI Office being more proactive.

**DOH/HEPRA Briefing on EMS Personnel:**

Please see the attached lists.

**Budget Discussion & Questions:**

Ms. Lightfoot asked how many FTE's are in the CQI Office. The medical director answered and stated that there are 1 Nurse Manager, 1 Nurse Consultant position yet to be hired and two light duty personnel: an EMS captain and a Paramedic.

Ms. Lightfoot asked how long the light duty personnel are there for and the vacant FTE, how long it has been vacant? The medical director said that it was a little complicated to explain. Said there was a paramedic that was detailed to the office who recently retired and another paramedic is there but the usual length for light duty is about 30 days.

Ms. Lightfoot asked what kinds of trend are being seen. The Medical Director answered that mainly in assessment and documentation and also a few in following protocols.

Ms. Lightfoot asked how many people were currently out on P.O.D. The Medical Dir. said that the information changes on a daily basis that he did not have the information. Asked Ms. Lightfoot to forward him the information and he will get it to the right person for a response.

Ms. Lightfoot asked how many people are leaving the department. The medical director repeated the same answer as above.

Ms. Renshaw questioned whether the information they receive will be accurate and truly up to date.

Ms. Lightfoot added that it was important to receive accurate information because they are looking at formulating an information package for the Mayor. Ms. Renshaw added that the inability to get access to the TA was another issue for them. Said they had been invited to visit the facility but the visit was

abruptly cancelled. She continued to say that when she saw the Chief at the State of the Department he promised to reschedule but that she has not heard back from him since.

Ms. Lightfoot asked if the Department had enough money to get the things it needed like reach out to the LEP constituents, Purchase equipment and materials and for salaries. Ms. Renshaw added that the Department has a \$203 million dollar budget, and that another question should be, is the department spending the money in the right places? The Dr. stated that the question is part of the list of 6 questions she had forward to him earlier. He further stated that he has forwarded the information to the appropriate people and is waiting for their responses. Once they get a response, it will be forwarded to the Mayor's Office for approval and once approved he will forward it to the committee. (See list of question under action items).

Ms. Lightfoot asked if the Fire Department receives grants. The Medical Dir. said yes but that he did not have the detailed information. Said he will add to the list of questions already presented by the committee and send to the right person for a response.

Ms. Lightfoot asked what the outreach/education budget is. The Medical Director answered and said that it was complicated because a lot of the services that fall under outreach and education come from various divisions such as Public affairs, Fire Prevention etc. He will add the question to the list and forward to the right person for a response. The Medical Director also reviewed the list of questions posed to the Department by the committee and stated that # 4, which asked about the medical dispatch system is an OUC question not a fire department question.

Ms. Light foot asked, how many calls the fire department respond to. The medical director said that last year was about 160 thousand. He was not sure about YTD but thought it was about 46 thousand

Ms. Lightfoot asked what more can be done to ensure service delivery for the diverse groups. Ms. Renshaw added that maybe they should look at whether the resources are being used cautiously and efficiently. The medical director said that 90% of the responded calls are for unscheduled services not emergent care. Most of the calls can be handled elsewhere. Said that key areas needed to be looked at:

- *Demand reduction*
- *Diversion to non-hospital*
- *Patient navigation to health care homes and*
- *Redeployment to enhance service delivery*

The medical director said that all these will ensure that resources are used advantageously.

#### **Presentation by AHA/MEDSTAR on "Heart 360 – GET TO GAOL"**

Get to goal is a health equity and multicultural initiative designed to close the gap in the treatment of high blood pressure with the goal of enrolling 300 African-American national and 360 participants locally. The program uses the Heart360 software tool to gather, track, monitor and educate participant's health information. The goal is to "reach, teach, monitor, make changes and take control of one's health. Participants will be recruited for about a four month period and then possibly extend

and export the program to other communities. At the end of the program data will be looked at to see if individuals who participated have a better outcome in terms of decrease problem areas such as hypertension, blood glucose and cholesterol level as a result of adhering to medication, increase physical activity and better diet.

Mr. Benson thanked the Medical Director for their assistance in providing information and resources towards them achieving this goal.

Ms. Lightfoot asked if he had reached out to organization such as DC Citizens Federation, he said no but said he would now. He explained that it was one of the purposes of making such presentation to help them with outreach effort.

Ms. Renshaw asked who funds the program. Mr. Benson said that the AHA gave the initial funds but that he has since secured additional funds from DC DOH which they will use to continue the program.

Ms. Renshaw asked, what happens after 4 months? Dr. Benson said that the patients would be followed and information reviewed for any changes.

Ms. Renshaw asked if the health navigator system they are using is the same as the navigator system being used by the Health Benefits Exchange. Dr. Benson said no. He explained there were various health navigation systems out there but Heart360 is different. He further explained that the information in the heart360 software was HIPPA protected and completely private.

#### **Discussion on Timeline for Mayoral Recommendations:**

Ms. Lightfoot said that the group needed to have a collective agreement on general areas to address and where to make changes that will mean something.

Ms. Renshaw said that they had asked for an EMS strategic plan but have not received a response. Ms. Lightfoot said that there is no EMS Strategic Plan. Said historically there has not been any although there was a mention that one may have existed from about 30 years ago but has yet to be found. Suggested that there other reports that can be looked. Continued to say that this April was exactly one year from when the members were sworn in and that it was time to make a recommendation.

Ms. Renshaw asked what the timetable was. Ms. Lightfoot said that the committee dictated the timetable and the template for which the recommendation will be created.

Ms. Quarrels from HSEMA suggested that the committee look at encouraging inter district partnership with regards to outreach. Said that maybe there could be a way to determine one outreach theme and have all DC Agency communicate that same message to the public. Ms. Resnshaw agreed but said that the caveat would be that there has to be a way for it to have longevity and be carried out continuously. Said that in the past such efforts were put forth (i.e. after 911) but only lasted for a short time.

**Closing remarks:** None

- ✚ **Action Item 1:** Committee tasked Dr. Nagda with setting a meeting with the Deputy Mayor before April 17, 2013 - [Mr. Quander attended the 4/4/13 meeting.](#)
  
- ✚ **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 document
  
- ✚ **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.
  
- ✚ **Action Item 5:** Committee waiting on response to list of questions forwarded to Dr. Miramontes. (Five were previously forwarded and an additional five was added during the 4/4/13 meeting. Question regarding dispatch was removed – OUC question not Fire).
  1. What is the set aside costs for purchase of new ambulances and the maintenance of the present fleet of ambulances including the reserve fleet of EMS apparatus?
  2. What is the cost of medical equipment such as AED, Lifepak15th etc.?
  3. What is the cost for maintaining the National Registry status for all DCFEMS personnel?
  4. Does Fire & EMS receive grants? For what and how much?
  5. What was the amount of money brought in by ambulance billing in FY 11 and 12 and what is the anticipated revenue for 2013?
  6. What expenditure of your budget accounts for salaries and benefits? Please provide the total cost in dollars and the breakdown between uniform and civilian personnel.
  7. What is the budget for the department outreach?
  8. How many members are currently out on POD?
  9. How many people are leaving the department annually?
  10. When can the committee get access to tour the Training Academy?