

ATTACHMENT

QUESTION 15

(BUDGET ENHANCEMENTS)

Request for Apparatus Enhancement Funding

The District of Columbia Fire & Emergency Medical Services Department (DCFEMS) needs to purchase new apparatus to support the services and functions that it provides to the citizens and visitors of our Nation's Capital. The agency is requesting enhanced funding for FY's 2015 - 2021 to get back on track with the recommended replacement plan. As apparatus and ambulances with five or more years of frontline service remain as a frontline responder, maintenance on those vehicles continue to run high thereby increasing the agency's maintenance costs. The agency has allotted funding FYs 16, 19, 20 for a cumulative allotment of \$43 million dollars, however based on a recently completed fleet assessment, additional funding is required to begin meeting the recommended replacement schedule to maintain a ready and efficient fleet. The agency is requesting an enhancement in FY 17 & 18 to continue the required fleet replacement. The agency cannot sustain any kind of fleet replacement planning and reduce overall maintenance costs without funding for the needed apparatus in those out years. DCFEMS has a vehicle replacement schedule that is based on a recently an assessment of the fleet of all vehicles and apparatus as well as the maintenance facilitates. Currently we are several cycles behind in our replacement of vehicles. It is imperative to the effective operation of the agency that we purchase apparatus in accordance to the schedule to maintain the high level of service delivery.

Units to Purchase (by year)						
	FY16	FY 17	FY18	FY19	FY20	FY21
Engines	7	6	7	7	5	5
Trucks	3	3	3	3	3	2
Squads	1	1	1	1	1	
Ambulances	16	16	16	16	16	16
Command Units	5	5	5	5	5	5
Estimated Unit Procurement Cost						
	FY16	FY 17	FY18	FY19	FY20	FY21
Engines	\$ 787,185	\$ 826,544	\$ 867,871	\$ 911,265	\$ 911,265	\$ 1,004,669
Trucks	\$ 1,273,388	\$ 1,337,057	\$ 1,403,910	\$ 1,474,105	\$ 1,474,105	\$ 1,625,201
Squads	\$ 1,320,000	\$ 1,386,000	\$ 1,455,300	\$ 1,528,065	\$ 1,528,065	
Ambulances	\$ 266,254	\$ 279,566	\$ 293,545	\$ 308,222	\$ 308,222	\$ 339,815
Command Units	\$ 110,250	\$ 115,763	\$ 121,551	\$ 127,628	\$ 127,628	\$ 140,710
Estimated Annual Budget for Apparatus Replacement						
	FY16	FY 17	FY18	FY19	FY20	FY21
Engines	\$ 5,510,295	\$ 4,959,266	\$ 6,075,100	\$ 6,378,855	\$ 4,784,141	\$ 5,023,349
Trucks	\$ 3,820,163	\$ 4,011,171	\$ 4,211,729	\$ 4,422,316	\$ 3,095,621	\$ 3,250,402
Squads	\$ 1,320,000	\$ 1,386,000	\$ 1,455,300	\$ 1,528,065	\$ 1,604,468	
Ambulances	\$ 4,260,060	\$ 4,473,063	\$ 4,696,716	\$ 4,931,552	\$ 5,178,130	\$ 5,437,036
Command Units	\$ 551,250	\$ 578,813	\$ 607,753	\$ 638,141	\$ 670,048	\$ 703,550
	\$ 15,461,768	\$ 15,408,313	\$ 17,046,598	\$ 17,898,929	\$ 15,332,408	\$ 14,414,337

FY 2015 LOCAL PROGRAM ENHANCEMENT - FORM A
Agency Local Program Enhancement Package Summary
Fire and Emergency Medical Services Department (FB0)
Date:

Ser. No	Title of Program Enhancement Request	Amount of Request (\$)	FTE Request
1	Increase Funding for Firefighting Tools and Equipment	\$170,000.00	
2	Major Accident Repairs (Truck)	\$100,000.00	
3	Major Ladder Repairs and Testing	\$300,000.00	
4	Major Pumper Repairs and Testing	\$370,000.00	
5	Increase Funding for Medical Supplies, Equipment and Drugs	\$200,000.00	
6	Fleet Maintenance Personnel (Fleet IT Data Analyst)	\$77,200.00	1.0
7	Fleet Maintenance Personnel (Small Engine Technician)	\$59,500.00	1.0
8	Vehicle Temperature Controlled Medication Cabinets(21@ \$6500)	\$136,500.00	
9	EMS Transport Ventilators (4 @ \$13500)	\$54,000.00	
10	Proximity PPE Replacement	\$147,073.00	
11	SCBA Maintenance Parts and Supplies	\$225,000.00	
12	Telestaff Software Maintenance and Support Enhancement	\$100,000.00	
13	Support Services from OUC	\$75,000.00	
14	PC Replacement Enhancement (180@ \$1100)	\$200,000.00	
15	New Telecom Services (RTS)	\$75,000.00	
16	New Telecom Services (RTS)	\$45,000.00	
17	Situational Awareness Dashboard from OCTO	\$30,000.00	
18	EMS Medication Infusion Pumps (4@ \$6500)	\$26,000.00	
		-	
		-	
TOTAL		\$ 2,390,273	2.0

FY 2015 PROGRAM ENHANCEMENT - FORM B

Agency Program Enhancement Request Details

Agency Code: FB0

Agency Title: District of Columbia Fire and Emergency Medical Services

Enhancement Title: Replacement Firefighting Tools and Equipment

Date: 12-5-13

Total Amount of Local Funds: \$170,000.00

FTEs:

Is this Enhancement a one-time cost? no

Agency point of contact: Jim Dulling

Problem Statement

DC Fire and EMS Department is responsible for performing Fire Suppression for the citizens and visitors of the District of Columbia. Currently, the Department has an immediate need for Fire Hose and Tools. The Department has a critical need to replace fire hose and saws. Many of the items have met their usable life expectancy in the fire service. These items can't be absorbed in our current operating budget.

Proposed Solution

Provide funding to replacement firefighting tools (saws, axes, etc.) and hoses.

Cost-Benefit Analysis

Other Benefits

Legislative Analysis

Equipment requirements according to NFPA (National Fire Protection Association) Standards.

OBP ASSESSMENT

FY 2015 PROGRAM ENHANCEMENT - FORM B
Agency Program Enhancement Request Details

Agency Code: FB0

Agency Title: District of Columbia Fire and Emergency Medical Services

Enhancement Title: Major Vehicle Accident Repairs

Date: 12-18-13

Total Amount of Local Funds: \$100,000.00

FTEs: 0

Is this Enhancement a one-time cost? YES

Agency point of contact: Jim Dulling

Problem Statement

The DCFEMS has several newer units significantly damaged by accidents. With this vehicle being out of service older, less reliable units are placed into frontline service while newer units sit occupying valuable and limited shop floor and Apparatus Division space.

Proposed Solution

Outsource the repairs of these units to competent vendors.

Cost-Benefit Analysis

Unit E19 is a 2011 Pumper unit with an estimated book value of \$432,000 using straight line depreciation and a 15 year life. Estimated repairs are \$100,000 representing less than 25% of the book value making repair versus retirement, and purchasing a replacement, cost effective.

Other Benefits

Shop personnel and shop space is not occupied with long term repairs enabling personnel and shop space to increase shop throughput.

Legislative Analysis

none

OBP ASSESSMENT

FY 2015 PROGRAM ENHANCEMENT - FORM B
Agency Program Enhancement Request Details

Agency Code: FB0

Agency Title: District of Columbia Fire and Emergency Medical Services

Enhancement Title: Major Ladder Repairs and Testing

Date: 12-5-13

Total Amount of Local Funds: \$300,000.00

FTEs:

Is this Enhancement a one-time cost? no

Agency point of contact:

Problem Statement

DC Fire and EMS Department is responsible for performing rescue operations with aerial ladder trucks. The aerial trucks must be tested annually. The problem we are having is the age of the trucks requires more extensive repairs. The Department currently has 26 aerial ladder trucks which require approximately \$15,000 each for ladder repairs. This brings us to a total of \$390,000 to complete repairs.

Proposed Solution

We have to move in an expeditious manner to have these repairs completed to reduce any possible failure that would put the public at risk.

Cost-Benefit Analysis

The total cost for this request is \$300,000.00. Average repair cost is \$15,000.00 each ranging from \$7,000 minor to \$52,000 major ladder repairs.

Other Benefits

The primary benefits of this proposal are in the areas of public safety. This enhancement will dramatically improve the safety for the Fire Department personnel and the Public.

Legislative Analysis

Annual Ladder Testing requirements according to NFPA (National Fire Protection Association) Standards.

OBP ASSESSMENT

FY 2015 PROGRAM ENHANCEMENT - FORM B
Agency Program Enhancement Request Details

Agency Code: FB0

Agency Title: District of Columbia Fire and Emergency Medical Services

Enhancement Title: Major Ladder Repairs and Testing

Date: 12-5-13

Total Amount of Local Funds: \$370,000.00

FTEs:

Is this Enhancement a one-time cost? no

Agency point of contact:

Problem Statement

DC Fire and EMS Department is responsible for performing rescue operations with aerial ladder trucks. The aerial trucks must be tested annually. The problem we are having is the age of the trucks requires more extensive repairs. The Department currently has 26 aerial ladder trucks which require approximately \$15,000 each for ladder repairs. This brings us to a total of \$390,000 to complete repairs.

Proposed Solution

We have to move in an expeditious manner to have these repairs completed to reduce any possible failure that would put the public at risk.

Cost-Benefit Analysis

The total cost for this request is \$370,000.00. Average repair cost is \$15,000.00 each ranging from \$7,000 minor to \$52,000 major ladder repairs.

Other Benefits

The primary benefits of this proposal are in the areas of public safety. This enhancement will dramatically improve the safety for the Fire Department personnel and the Public.

Legislative Analysis

Annual Ladder Testing requirements according to NFPA (National Fire Protection Association) Standards.

OBP ASSESSMENT

FY 2015 PROGRAM ENHANCEMENT - FORM B

Agency Program Enhancement Request Details

Agency Code: FB0

Agency Title: Fire and Emergency Medical Services Department

Enhancement Title: Increase Funding for Medical Supplies, Equipment and Pharmaceuticals

Date: 12/2013

Total Amount of Local Funds: \$200,000

FTEs:

Is this Enhancement a one-time cost? On-going

Agency point of contact:

Problem Statement

The District of Columbia Fire and Emergency Medical Services Department has experienced an increase in the costs to procure medical supplies, equipment and pharmaceuticals. Pricing from vendors and the Department of Health (DOH) have increased over the past several years whereas the funding in these areas have either decreased, remained at the same levels or have only increase modestly with the inflationary rates. The agency has used various methods of available funding in prior years to procure these items or have delayed the procurements of these critical items until later in the fiscal year when possible reprogramming was available to requisition the needed items. This has proven to be an inefficient way to fund some of the more critically needed supplies that are needed to stock the agency's fleet of ambulances for regular responses to call.

Proposed Solution

The proposed solution is to provide local funding for the medical supplies, equipment and pharmaceuticals that increases with the costs in the marketplace, thereby allowing the agency to establish blanket purchase orders and or MOU agreements with the DOH to efficiently purchase more items at a discounted rate.

Cost-Benefit Analysis

Other Benefits

Legislative Analysis

OBP ASSESSMENT

FY 2015 PROGRAM ENHANCEMENT - FORM B
Agency Program Enhancement Request Details

Agency Code: FB0

Agency Title: District of Columbia Fire and Emergency Medical Services

Enhancement Title: Fleet IT/Data Analyst

Date: 12-5-13

Total Amount of Local Funds: \$65,000.00, plus benefits (\$12,200)

FTEs: 1

Is this Enhancement a one-time cost? no

Agency point of contact: Jim Dulling

Problem Statement

The DCFEMS Apparatus Division utilizes several software systems in performing their mission. Within these systems there software management and maintenance responsibilities that need to be performed for data accuracy. With accurate data, analysis can identify trends, defects, and financial opportunities for enhancing DCFEMS operations. Currently these functions are not being performed.

Proposed Solution

Hire a Fleet IT/Data Analyst.

Cost-Benefit Analysis

The Faster software system tracks about \$3m in vehicle repair and fueling activities annually. A 5 % increase in data accuracy represents over 100% of the annual cost of the position. Adding a 1% increase in efficiency due to accurate data analysis yields another potential \$30,000 benefit.

Accurate data enables management to analyze operations, identify trends, and make changes to our shop process. Fleet management is not a static operation and being proactive in identifying change, and the source of change, is critical to professional management of a fleet.

Other Benefits

Performing analysis that yields changes to shop operations increases morale in demonstrating that management is involved in the details of a technician's job.

Legislative Analysis

This position ensures that data and reports required are accurate.

OBP ASSESSMENT

FY 2015 PROGRAM ENHANCEMENT - FORM B
Agency Program Enhancement Request Details

Agency Code: FB0

Agency Title: District of Columbia Fire and Emergency Medical Services

Enhancement Title: Small Engine Repair Technician

Date: 12-5-13

Total Amount of Local Funds: \$50,000.00 plus benefits (\$9,500)

FTEs: 1

Is this Enhancement a one-time cost? no

Agency point of contact: Jim Dulling

Problem Statement

The DCFEMS currently uses small engine power equipment such as saws, generators, etc. These items are essential for operation of a unit but are not part of the unit itself. Maintaining an inventory of these small engine pieces enable a unit to be put back into service faster by switching out the bad power equipment with operational ones. Maintaining this inventory of small engine powered equipment is unique and not directly influenced by work volumes on the shop floor. Using a shop floor technician to maintain this equipment takes them away from the shop floor decreasing the ability to keep vehicles moving through the shop.

Proposed Solution

Hire a small engine technician.

Cost-Benefit Analysis

A small Equipment mechanics should be able to decrease capital purchases of small equipment by properly maintaining them. A small equipment mechanic will decrease turnaround times by maintaining an inventory of ready small engine units.

Other Benefits

Greater vehicle reliability increases firefighter and EMS personnel morale. Properly maintained units perform better, cut faster and start quicker when time may be of the essence.

Legislative Analysis

This position will help to minimize breakdowns and potential legal actions resulting from them.

OBP ASSESSMENT

FY 2015 PROGRAM ENHANCEMENT - FORM B
Agency Program Enhancement Request Details

Agency Code: FB0

Agency Title: District of Columbia Fire and Emergency Medical Services

Enhancement Title: *Vehicle Temperature Controlled Medication Cabinets*

Date: 12/2013

Total Amount of Local Funds: \$136,500

FTEs:

Is this Enhancement a one-time cost? One time cost with future deployment included in new vehicle purchase specifications.

Agency point of contact:

Dr. David A Miramontes

Asst. Chief of Fire-EMS and Medical Director.

David.miramontes@dc.gov

202-715-2856

Problem Statement

Internal data has shown that medications stored in the Paramedic Engines, EMS Supervisor Vehicles and Medic Units exceed acceptable temperature ranges in the summer months. We also need to upgrade medication security. New DOH HEPR rules published December 2013 have new requirements for both security and temperature control.

Proposed Solution

All Paramedic Engines, Medic Units and EMS Supervisor vehicles need to be retrofitted with a secure, temperature controlled cabinet. This temperature controlled cabinet with electronic door fob and PIN access pad will accomplish both goals in one unit. RFID chips can be used to track medication and with the unit WIFI enabled, security codes can be changed remotely system wide, further enhancing security. Tracking of access to the medication by date time and person can also be accomplished. These will replace 2005 era narcotic safes that do not have temperature control nor WIFI capabilities.

Cost = 21 (each) x \$6500 each with labor for install.

Cost-Benefit Analysis

The total cost for this request is

Other Benefits

FY 2015 PROGRAM ENHANCEMENT - FORM B
Agency Program Enhancement Request Details

Agency Code: FB0

Agency Title: District of Columbia Fire and Emergency Medical Services

Enhancement Title: EMS Transport Ventilators

Date: December 2013

Total Amount of Local Funds: \$54,000

FTEs:

Is this Enhancement a one-time cost? One- time cost

Agency point of contact:

Dr. David A Miramontes
Asst. Chief of Fire-EMS and Medical Director.
David.miramontes@dc.gov
202-715-2856

Problem Statement

DC Fire and EMS does not have any Transport Ventilators for critically ill patients or emergent inter-facility transfers. Numerous ventilator dependent patients are now maintained in the home environment and require movement by our crews to area emergency departments. These devices will improve safety and enhance comfort for these patients during transport.

Proposed Solution

The agency feels that deployment of Transport Ventilators will add safety and improve patient care for those patients requiring ventilation . We wish to purchase fifteen units and deploy them on EMS Supervisor vehicles and staged in key response apparatus adjacent to the Long Term Acute Care Hospitals (LTACH) where numerous transports are generated each month for patients who require long term mechanical ventilation.

Cost-Benefit Analysis

The total cost for this request is 4 (each) x \$13,500 with accessories, chargers and disposable ventilator circuits.

Other Benefits

Patient requiring ventilator care are high risk transports and these devices will improve safety, reduce malpractice liability, and enhance patient comfort. Patients post cardiac arrest and critical trauma patients have very fragile lung tissue and these devices will limit high pressure lung injury that can occur with manual ventilation techniques

2015 FUNDING REQUEST: FORM B
Agency Request for Additional Funding

1. DESCRIPTION

AGENCY NAME: Fire and Emergency Medical Services
AGENCY CODE: FBO
DESCRIPTION OF FUNDING REQUEST: Proximity PPE Replacement
FUNDING PRIORITY: _____
RECURRING OR NON- RECURRING: Non-Recurring

2. TYPE OF FUNDING REQUEST

A.) Program Enhancement (Mark X next to Type)

New Initiative: _____
Expand Existing Service: _____
Restore Previous Cut: _____

B.) Technical Adjustment (Mark X next to Type)

Prior Year Pressure: X
Legislative Fiscal Impact: _____
Rate/Contract Escalation: _____

C.) Operating Effect of Capital (Mark X next to Type)

New Facility _____
IT _____
Other _____

3. FINANCIAL/PERSONNEL SUMMARY:

Funding Type	FY 2015 Request	FY 2015 FTEs
Local Funds	\$147,073	
Special Purpose Revenue		
Federal Funds		
Intra-District Funds		
Total All Funds	\$147,073	

4. REASON/JUSTIFICATION: (attach additional sheet as needed)

All proximity protective clothing meeting NFPA 1851, (Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting, 2008 Edition) that had been assigned to Engine 13, Truck 10, Engine 1, Truck 2 and Foam Unit 1 & 2 has reached the end of its service life and must be replaced. This PPE was removed from service during FY-12 and has not been replaced. It is suggested that the recommendation of the FUTF Enhancement Plan be implemented and that only the members of Engine 13, Truck 10 and the Foam Units be issued this PPE in the future. This would require the procurement of 72 sets of proximity PPE estimated to cost approximately \$2042.69 per set, for a total of \$147,073.68.

2015 FUNDING REQUEST: FORM B
Agency Request for Additional Funding

1. DESCRIPTION

AGENCY NAME: Fire and Emergency Medical Services

AGENCY CODE: FBO

DESCRIPTION OF FUNDING REQUEST: SCBA Maintenance Parts and Supplies

FUNDING PRIORITY: _____

RECURRING OR NON- RECURRING: Recurring

2. TYPE OF FUNDING REQUEST

A.) Program Enhancement (Mark X next to Type)

New Initiative: _____

Expand Existing Service: _____

Restore Previous Cut: _____

B.) Technical Adjustment (Mark X next to Type)

Prior Year Pressure: _____

Legislative Fiscal Impact: _____

Rate/Contract Escalation: X

C.) Operating Effect of Capital (Mark X next to Type)

New Facility _____

IT _____

Other _____

3. FINANCIAL/PERSONNEL SUMMARY:

Funding Type	FY 2015 Request	FY 2015 FTEs
Local Funds	\$225,000	
Special Purpose Revenue		
Federal Funds		
Intra-District Funds		
Total All Funds	225,000	

4. REASON/JUSTIFICATION: (attach additional sheet as needed)

The Department is required to maintain 730 self-contained breathing apparatus (SCBA). The electronics warranty on our SCBA has expired. A significant portion of the cost for parts for electronics repair and maintenance was covered under this warranty until it expired. Our cost for parts is expected to significantly increase over the next several fiscal years due to age and use of the equipment. We believe that this will require an additional \$125,000 for parts in FY-15 for a total of \$225,000.

FY 2015 PROGRAM ENHANCEMENT - FORM B

Agency Program Enhancement Request Details

Agency Code: FB0

Agency Title: District of Columbia Fire and Emergency Medical Services

Enhancement Title: Telestaff Software Maintenance and Support Enhancement

Date: 12-9-13

Total Amount of Local Funds: \$100,000

FTEs: none

Is this Enhancement a one-time cost? On-going

Agency point of contact: Ed Leonard

Problem Statement

FEMS users Telestaff to automate staff fulfillment as a mission critical application. It allows for managing our daily roster, and when there is a vacancy, it will automatically call all qualified employees to see if they would like the shift. The agency relies on it heavily to ensure that the daily count of employees is scheduled to meet the needs of the agency.

Proposed Solution

This funding would be used to pay for the ongoing costs of support and licensing for Telestaff, which was previously taken from the IT Operating budget. The IT budget is only \$250k per year after our Canon contract is paid for the year and is insufficient to support the agency's needs throughout the year.

Cost-Benefit Analysis

This software easily pays for itself through reduced overtime and increased efficiency. It has built in staffing rules to ensure that no one works over the predetermined amount of overtime, or it blocks employees for working a shift they might not be qualified for.

Other Benefits

This database has become mission critical for the movement of staffing. If there was ever a large scale incident, not having this in place would be detrimental to bringing enough staff into the city.

Legislative Analysis

There are no required amendments to the D.C. Code or any other regulatory requirement as a result of this proposal.

OBP ASSESSMENT

FY 2015 PROGRAM ENHANCEMENT - FORM B

Agency Program Enhancement Request Details

Agency Code: FB0

Agency Title: District of Columbia Fire and Emergency Medical Services

Enhancement Title: Support Services from OUC

Date: 12-9-13

Total Amount of Local Funds: \$75,000

FTEs: none

Is this Enhancement a one-time cost? On-going

Agency point of contact: Ed Leonard

Problem Statement

Numerous projects between FEMS and OUC have resulted in ongoing unbudgeted costs between the two agencies. These costs include: licensing, management and support of the 311 application; additional features for the FEMS Fire Station Alerting hardware and software; FEMS software integrations with Computer Aided Dispatch (CAD); and additional ongoing custom reports from CAD

Proposed Solution

The proposed solution will come in the form of a yearly MOU for OUC. These fees are already being incurred and have had to be taken from other areas to pay. It would be detrimental to current business processes to interrupt these services.

Cost-Benefit Analysis

The total cost for this request is \$75,000. It covers costs for a number of services provided by OUC.

Other Benefits

The benefits for this include efficient online customer service request processing and tracking, enhanced emergency notification at the FEMS Station level, and improved real time CAD reporting.

Legislative Analysis

There are no required amendments to the D.C. Code or any other regulatory requirement as a result of this proposal.

OBP ASSESSMENT

FY 2015 PROGRAM ENHANCEMENT - FORM B
Agency Program Enhancement Request Details

Agency Code: FB0

Agency Title: District of Columbia Fire and Emergency Medical Services

Enhancement Title: PC Replacement Enhancement (1/3 of PCs per year)

Date: 12-9-13

Total Amount of Local Funds: \$200,000

FTEs: none

Is this Enhancement a one-time cost? On-going

Agency point of contact: Ed Leonard

Problem Statement

By FY13, FEMS IT has gotten all Agency PCs on a 3 year replacement schedule and warranty. This took considerable work, as it means that we brought all current PCs under warranty, and we coordinated it such that replacements occur at 1/3 of the PCs per year, which is industry standard (180 units @ \$1,100 each). We have no funding to support this in out years however.

Proposed Solution

We request funding to resume this upgrade schedule.

Cost-Benefit Analysis

FEMS PCs have a very heavy usage rate due to them being shared amongst many users in the stations. They experience such a high level of wear that managing them after three years becomes more costly than replacing them. It also decreases productivity as FEMS becomes more and more paperless.

Other Benefits

This upgrade schedule allows for the agency to accurately put a fixed cost on replacing PCs, and work that into our yearly operating costs, so it is not an afterthought. In FY14, we have already seen the effects of not having enough PCs in inventory, as we have had to spend significant time rotating PCs to keep everyone content. Many of the applications we are forcing users to interact with are drawing more and more processing power. In order for us to give the end users the tools they need to be successful in their administrative duties, these upgrades are vital.

Legislative Analysis

There are no required amendments to the D.C. Code or any other regulatory requirement as a result of this proposal.

OBP ASSESSMENT

FY 2015 PROGRAM ENHANCEMENT - FORM B
Agency Program Enhancement Request Details

Agency Code: FB0

Agency Title: District of Columbia Fire and Emergency Medical Services

Enhancement Title: New Service Request for Telecom Service (RTS) Funding

Date: 12-9-13

Total Amount of Local Funds: \$75,000

FTEs: none

Is this Enhancement a one-time cost? On-going

Agency point of contact: Ed Leonard

Problem Statement

FEMS IT is tasked with maintaining good working order of all desk phones, cell phones, wireless data devices, internet, and wiring for all 42 FEMS sites. Just maintaining current service often results in costs for replacements, password resets, and accessories.

Any new service, such as moving a phone number, adding a line of service, or renovations, generates an even larger cost to the agency. In FY13, FEMS IT needed \$75,000 in RTS funds to support the duties of the agency for 120 RTSes.

Proposed Solution

The proposed solution will be loaded in the Fixed Costs Management System (FCMS) for utilization in RTS orders.

Cost-Benefit Analysis

The total cost for this request is \$75,000. It covers costs for all phone password resets, moves/adds/changes or phone service (MACs), repurposing devices, buying accessories for cell phones, upgrading cellular devices on a 2 year scheduled, wiring projects, and renovation costs.

Other Benefits

The benefits for this funding are that the agency can make no RTS' without it. This would suspend any and all Telecom activity. That means that no modifications to current service could be made, not even a voice mail password reset or a phone swap.

Legislative Analysis

There are no required amendments to the D.C. Code or any other regulatory requirement as a result of this proposal. Section XX.XXX of the D.C Code requires the processing of these permits.

OBP ASSESSMENT

FY 2015 PROGRAM ENHANCEMENT - FORM B

Agency Program Enhancement Request Details

Agency Code: FB0

Agency Title: District of Columbia Fire and Emergency Medical Services

Enhancement Title: New Service Request for Telecom Service (RTS) Funding

Date: 12-9-13

Total Amount of Local Funds: \$45,000

FTEs: none

Is this Enhancement a one-time cost? On-going

Agency point of contact: Ed Leonard

Problem Statement

In FY13 FEMS IT made good progress with the OCTO PeopleSoft team integrating our databases with PeopleSoft. The types of projects we completed successfully were:

- PeopleSoft and Telestaff integration (shift fulfillment software) **phase one**: when a personnel action occurred in PeopleSoft, it was replicated in Telestaff
- PeopleSoft and Centricity integration (clinic software) **phase one**: when a personnel action occurred in PeopleSoft, it was replicated in Centricity

We had many more integrations planned that went unfunded and had to be suspended.

Proposed Solution

We request funding to again resume these integration projects. They include:

- PeopleSoft and Target Safety integration (training software) **phase one**: when a personnel action occurred in PeopleSoft, it is replicated in Target Safety
- PeopleSoft and Target Safety integration (training software) **phase two**: when training occurred in Target Safety, it is reported to the personnel record in PeopleSoft.
- PeopleSoft and Telestaff integration (shift fulfillment software) **phase two**: push work location and shift data from Telestaff to PeopleSoft.
- PeopleSoft and Centricity integration (clinic software) **phase two**: push work location data from Telestaff to PeopleSoft, then push to Centricity
- PeopleSoft and SafetyPad integration (EMS software) **phase one**: when a personnel action occurred in PeopleSoft, it is replicated in SafetyPad
- PeopleSoft and Zoll integration (EMS software) **phase one**: when a personnel action occurred in PeopleSoft, it is replicated in Zoll
- PeopleSoft and SAM integration (asset tracking software) **phase one**: when a personnel action occurred in PeopleSoft, it is replicated in SAM
- PeopleSoft and SAM integration (asset tracking software) **phase two**: Any Assets assigned to an employee are pushed from SAM to PeopleSoft.

FY 2015 PROGRAM ENHANCEMENT - FORM B
Agency Program Enhancement Request Details

Agency Code: FB0

Agency Title: District of Columbia Fire and Emergency Medical Services

Enhancement Title: Situational Awareness dashboard from OCTO

Date: 12-9-13

Total Amount of Local Funds: \$30,000

FTEs: none

Is this Enhancement a one-time cost? On-going

Agency point of contact: Ed Leonard

Problem Statement

FEMS IT has contracted support and enhancements with OCTO for a Situational Awareness Dashboard. This Dashboard takes Computer-Aided Dispatch (CAD) info and presents it in a real time dashboard for operational decision making. This Dashboard has become a mission-critical tool. In the past, it has been funded through other funding sources that are no longer available.

Proposed Solution

The proposed solution will come in the form of a yearly MOU for OCTO. These fees are already being incurred and in the past, it has been funded through other funding sources that are no longer available. It would be detrimental to current business processes to interrupt these services.

Cost-Benefit Analysis

The total cost for this request is \$30,000. It covers costs for a handful of modifications to the Situational Awareness Dashboard as well as yearly support and maintenance.

Other Benefits

The benefits for this application are: real time counts on apparatus status and location, end-user reporting on CAD metrics, and operational decision making that could not easily be made otherwise.

Legislative Analysis

There are no required amendments to the D.C. Code or any other regulatory requirement as a result of this proposal.

OBP ASSESSMENT

FY 2015 PROGRAM ENHANCEMENT - FORM B

Agency Program Enhancement Request Details

Agency Code: FB0

Agency Title: District of Columbia Fire and Emergency Medical Services

Enhancement Title: EMS Medication Infusion Pumps

Date: December 2013

Total Amount of Local Funds: \$26,000

FTEs:

Is this Enhancement a one-time cost? On-going

Agency point of contact:

Dr. David A Miramontes

Asst. Chief of Fire-EMS and Medical Director.

David.miramontes@dc.gov

202-715-2856

Problem Statement

DC Fire and EMS does not have any Transport IV Medication infusion pumps for critically ill patients or emergent inter-facility transfers. The agency uses currently a gravity fed drip set with rough approximation of dosage that requires complicated calculations in a high stress environment. Infusions of vasoactive medications have limited deployment due to the absence of a controlled delivery system. Some Interfacility transfers are delayed or refused as this necessary patient care tool is unavailable and private ambulances have to be called to complete such missions.

Proposed Solution

The agency feels that adding this tool for such critical transports will drastically improve patient care and exponentially improve medication safety. Medication dosage math errors will be remarkably reduced with smart pump technology provided with the infusion pumps. Controlled medication delivery will improve quality of care and reduce errors for inadvertent over dosage of vasoactive medications.

Cost-Benefit Analysis

We wish to purchase fifteen units and deploy them on EMS Supervisor vehicles Cost = 4 (each) x \$6500 with accessories, chargers and disposable infusion circuits.

Other Benefits

This patient care tool will reduce medication delivery errors and allow future protocol enhancements such as nitroglycerine IV drips to be deployed to the field environment for aggressive Congestive Heart Failure treatment.

Legislative Analysis

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF GENERAL SERVICES



To: Gordon McDonald
Deputy CFO for Budget and Planning

From: Eugene A. Jones *Eugene A. Jones*
Interim Chief
DC Fire and Emergency Medical Services Department

Through: Paul Quander
Deputy Mayor for Public Safety & Justice

Angelique R. Hayes
Associate Chief Financial Officer, Public Safety and Justice Cluster

Date: November 26, 2014

Subject: FY 2016 – FY 2021 Capital Budget Request for Fire and Emergency Medical Services Department

This memo conveys the FY 2016 to FY 2021 capital budget request for the Fire and Emergency Medical Services Department. A prioritized summary of the request is as follows:

Original Allotments (FY 2015-FY 2021 CIP)									
Priority	Implementing Agency	Project Number	FY 2016 Allotment Request	FY 2017 Allotment Request	FY 2018 Allotment Request	FY 2019 Allotment Request	FY 2020 Allotment Request	FY 2021 Allotment Request	FY 2016 - FY 2021 Total 6-Year Allotment Request
1	FB0	20600	\$ 4,000,000	\$ -	\$ -	\$ -	\$ -	\$ 4,000,000	\$ 8,000,000
2	ELC	20630	\$ 9,000,000	\$ -	\$ -	\$ 15,000,000	\$ 15,000,000	\$ 1,019,000	\$ 39,000,000
3	AM0	LC537C	\$ -	\$ -	\$ -	\$ 3,750,000	\$ 3,750,000	\$ 3,750,000	\$ 7,500,000
4	AM0	LC837C	\$ -	\$ -	\$ -	\$ 4,000,000	\$ 4,750,000	\$ 4,750,000	\$ 8,750,000
5	AM0	LE737C	\$ 4,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,000,000
6	AM0	LF239C	\$ 1,000,000	\$ -	\$ -	\$ 2,500,000	\$ 2,500,000	\$ -	\$ 6,000,000
Total Allotment Request:			\$18,000,000	\$ -	\$ -	\$ 25,250,000	\$ 26,000,000	\$ 13,519,000	\$ 82,769,000

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF GENERAL SERVICES**



Enhancement Request									
Priority	Implementing Agency	Project Number	FY 2016 Allotment Request	FY 2017 Allotment Request	FY 2018 Allotment Request	FY 2019 Allotment Request	FY 2020 Allotment Request	FY 2021 Allotment Request	FY 2016 - FY 2021 Total 6-Year Allotment Request
1	AM0	LE239C	\$1,000,000	\$1,000,000	\$1,000,000	\$ -	\$ -	\$4,500,000	\$ 7,500,000
2	AM0	NEW	\$ -	\$ -	\$ -	\$ -	\$ 1,000,000	\$ 7,000,000	\$ 8,000,000
3	AM0	NEW	\$ -	\$ -	\$ -	\$ 3,000,000	\$ 14,000,000	\$ 14,000,000	\$ 31,000,000
4	AM0	NEW	\$3,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,000,000
5	FBO	20630C		\$15,408,312	\$ 17,046,599			\$14,414,337	\$ 46,869,248
Total Enhancement Request:			\$4,000,000	\$16,408,312	\$18,046,599	\$ 3,000,000	\$ 15,000,000	\$ 39,914,337	\$ 96,369,248

Total Agency Request:	\$22,000,000	\$16,408,312	\$ 18,046,599	\$ 28,250,000	\$ 41,000,000	\$53,433,337	\$179,138,248
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Details for projects within the base request and total request are on the attached printed reports from the CFO\$ource Capital Budget Formulation Application.

Choose one of these statements:

1. Also attached is the master lease quarterly spending plan for FYs 2015 and 2016.
2. Fire and Emergency Medical Services Department does master lease capital budget requests and the master lease form is enclosed.

Fire and Emergency Medical Services Department does not have any new or continuing IT projects, therefore, no PIF is required.

FY 2015 and FY 2016 Master Equipment Lease Plans
Agency Name: Fire and Emergency Medical Services (FB0)

Obligations (Orders Placed)[illegible]Expenditures (Receipt of Equipment)

Expenditures (Receipt of Equipment)			FY 2015					FY 2016				
Agency Code	Project Number	Project Name	QTR 1	QTR 2	QTR 3	QTR 4	Total	QTR 1	QTR 2	QTR 3	QTR 4	Total
FB0	20600C	Master Lease	4,816,721.00				0.00 4,816,721.00					0.00 0.00
ELC	20630C	Master Lease	2,797,134.00				0.00 2,797,134.00					0.00 0.00
							0.00					0.00
							0.00					0.00
							0.00					0.00
							0.00					0.00
							0.00					0.00
							0.00					0.00
							0.00					0.00
							0.00					0.00
							0.00					0.00
							0.00					0.00
							0.00					0.00
Total			7,613,855.00	0.00	0.00	0.00	7,613,855.00	0.00	0.00	0.00	0.00	0.00

Ranking Criteria for Proposed Capital Project Enhancement Budgets

Agency	Fire and Emergency Medical Services	FBO	Total Cost	\$31,000,000	Project Alignment with Policies, Factors, and Criteria				
Project	#####C - Boathouse Replacement			How supportive is the proposed project on each scale shown?					Score
Meets Mayoral Policy Priorities									
	Quality Education		1		5		10		0
	Job Creation and Economic Development		1		5		10		0
	Fiscal Stability		1		5		10		0
	Safe Communities		1		5		10		10
	Sustainable DC		1		3		5		0
	Increases Social Equity		1		3		5		0
Subtotal			10	of 50					
Cost-Benefit Factors									
	Readiness (catalyst project, implements Small Area Plan, etc.)		1		3		5		0
	Impact on Operating Budget*		1		3		5		0
	Potential to Generate Revenue for the District		1		4		8		0
	Potential for Private Economic Impact or Job Creation		1		4		8		0
Subtotal			0	of 26					
Project-Specific Criteria									
	Urgent Public Health Issue or Code/Safety Requirements		1		3		5		0
	"Fix-It First" (Capital Project Extends Life of Existing Asset)		1		3		5		5
	Close Out Existing Project		1		3		5		0
	Co-location of projects/facilities		1				4		0
	Leverages External Public or Private Investments		1		3		5		0
Subtotal			5	of 24					
Overall Score:			15	of 100					

* if the project adds costs to the operating budget, then score 1; if no impact, then score 3; if savings then score 5

Project Description and Justification. Rebuild Boathouse to higher elevation to avoid future flooding.

PROBLEM: The current boathouse last flooded in 2003. FEMA funds were utilized to rebuild the facility at it's existing location and elevation. With increased sea levels and higher tides the facility is susceptible to future flooding.

JUSTIFICATION: Because the facility was rebuilt at it's original elevation FEMA funds would not be available for rebuilding the facility in future flooding events.

SOLUTION: Replace program at a higher elevation: Land Based Parking – 30, Land Based Maintenance Structures – Included on Pier, Land Based Office Structures – 11,000 on Pier, Land Based Storage Structures – Included on Pier, Land Based, Personnel Support Facilities (Kitchen, Sleeping, Fitness, etc.) – Included on Pier, Land Based Dock – Pier 30,000, Floating Maintenance Structures – N/A, Floating Storage Structures – 1,250, Floating Docks – 6,000. Other Considerations; Refueling Capacity – Yes, Number of Slips – 8, Number of Boat Lifts – 1, Maintenance Dry Dock Capacity – No, FF&E – N/A, Communications Equipment.

Allotment Request (FY 2016-FY 2021 CIP)							
Implementing Agency	FY 2016 Allotment Request	FY 2017 Allotment Request	FY 2018 Allotment Request	FY 2019 Allotment Request	FY 2020 Allotment Request	FY 2021 Allotment Request	FY 2016 – FY 2021 Total 6-Year Allotment Request
AMO				\$ 3,000,000	\$ 14,000,000	\$ 14,000,000	\$ 31,000,000

Ranking Criteria for Proposed Capital Project Enhancement Budgets

Agency	Fire and Emergency Medical Services	FBO	Total Cost	\$3,000,000	Project Alignment with Policies, Factors, and Criteria					
Project	#####C - Ambulance Hub				How supportive is the proposed project on each scale shown?					Score
Meets Mayoral Policy Priorities										
	Quality Education		1		5		10		0	
	Job Creation and Economic Development		1		5		10		0	
	Fiscal Stability		1		5		10		0	
	Safe Communities		1		5		10		10	
	Sustainable DC		1		3		5		0	
	Increases Social Equity		1		3		5		0	
Subtotal			10		of 50					
Cost-Benefit Factors										
	Readiness (catalyst project, implements Small Area Plan, etc.)		1		3		5		0	
	Impact on Operating Budget*		1		3		5		0	
	Potential to Generate Revenue for the District		1		4		8		0	
	Potential for Private Economic Impact or Job Creation		1		4		8		0	
Subtotal			0		of 26					
Project-Specific Criteria										
	Urgent Public Health Issue or Code/Safety Requirements		1		3		5		5	
	"Fix-It First" (Capital Project Extends Life of Existing Asset)		1		3		5		5	
	Close Out Existing Project		1		3		5		0	
	Co-location of projects/facilities		1				4		0	
	Leverages External Public or Private Investments		1		3		5		0	
Subtotal			10		of 24					
Overall Score:			20		of 100					

* if the project adds costs to the operating budget, then score 1; if no impact, then score 3; if savings then score 5

Project Description and Justification. Ambulance Hub

PROBLEM: The current ambulance fleet is disbursed for best city wide service except times of peak demand. During times of peak demand certain areas exceed capacity of the fleet for that time period.

JUSTIFICATION: Deployment of the ambulance fleet needs to be accomplished for the fastest response times during times of increased volume.

SOLUTION: The objective is to strategically preposition the ambulance fleet in a Hub during times of peak demand. After the period of peak demand the ambulance fleet would redeploy for city wide service.

Allotment Request (FY 2016-FY 2021 CIP)							
Implementing Agency	FY 2016 Allotment Request	FY 2017 Allotment Request	FY 2018 Allotment Request	FY 2019 Allotment Request	FY 2020 Allotment Request	FY 2021 Allotment Request	FY 2016 – FY 2021 Total 6-Year Allotment Request
AM0	\$ 3,000,000						\$ 3,000,000

Ranking Criteria for Proposed Capital Project Enhancement Budgets

Agency	Fire and Emergency Medical Services	FBO	Total Cost	\$8,000,000	Project Alignment with Policies, Factors, and Criteria			
Project	TBD001C - Engine 7 Renovation				How supportive is the proposed project on each scale shown?			Score
Meets Mayoral Policy Priorities								
	Quality Education	1	5	10				0
	Job Creation and Economic Development	1	5	10				0
	Fiscal Stability	1	5	10				0
	Safe Communities	1	5	10				10
	Sustainable DC	1	3	5				0
	Increases Social Equity	1	3	5				0
		Subtotal	10	of 50				
Cost-Benefit Factors								
	Readiness (catalyst project, implements Small Area Plan, etc.)	1	3	5				0
	Impact on Operating Budget*	1	3	5				0
	Potential to Generate Revenue for the District	1	4	8				0
	Potential for Private Economic Impact or Job Creation	1	4	8				0
		Subtotal	0	of 26				
Project-Specific Criteria								
	Urgent Public Health Issue or Code/Safety Requirements	1	3	5				5
	"Fix-It First" (Capital Project Extends Life of Existing Asset)	1	3	5				5
	Close Out Existing Project	1	3	5				0
	Co-location of projects/facilities	1		4				0
	Leverages External Public or Private Investments	1	3	5				0
		Subtotal	10	of 24				
		Overall Score:	20	of 100				

* If the project adds costs to the operating budget, then score 1; if no impact, then score 3; if savings then score 5

Project Description and Justification. Renovate EC7

PROBLEM: Engine Company #7 located 1101 Half Street SW was constructed in 1961 and last renovated in 1989.

JUSTIFICATION: The HVAC mechanical system and electrical systems are approaching the end of their useful life to keep the facility operational. As part of the renovations will be enhancements to the emergency communication and dispatch systems. In addition to the HVAC, Electrical, and communication systems, Architectural renovations will be completed on the facility.

SOLUTION: Make capital investment to ensure the facility is fully mission capable beyond 2021.

Allotment Request (FY 2016-FY 2021 CIP)							
Implementing Agency	FY 2016 Allotment Request	FY 2017 Allotment Request	FY 2018 Allotment Request	FY 2019 Allotment Request	FY 2020 Allotment Request	FY 2021 Allotment Request	FY 2016 – FY 2021 Total 6-Year Allotment Request
AMO					\$ 1,000,000	\$ 7,000,000	\$ 8,000,000

Ranking Criteria for Proposed Capital Project Enhancement Budgets

Agency	Fire and Emergency Medical Services	FBO	Total Cost	\$7,500,000	Project Alignment with Policies, Factors, and Criteria			
Project	LE239C Scheduled Capital Improvements		How supportive is the proposed project on each scale shown?			Score		
Meets Mayoral Policy Priorities								
	Quality Education	1	5	10	0			
	Job Creation and Economic Development	1	5	10	0			
	Fiscal Stability	1	5	10	0			
	Safe Communities	1	5	10	10			
	Sustainable DC	1	3	5	0			
	Increases Social Equity	1	3	5	0			
Subtotal		10	of 50					
Cost-Benefit Factors								
	Readiness (catalyst project, implements Small Area Plan, etc.)	1	3	5	0			
	Impact on Operating Budget*	1	3	5	0			
	Potential to Generate Revenue for the District	1	4	8	0			
	Potential for Private Economic Impact or Job Creation	1	4	8	0			
Subtotal		0	of 26					
Project-Specific Criteria								
	Urgent Public Health Issue or Code/Safety Requirements	1	3	5	0			
	"Fix-It First" (Capital Project Extends Life of Existing Asset)	1	3	5	5			
	Close Out Existing Project	1	3	5	0			
	Co-location of projects/facilities	1		4	0			
	Leverages External Public or Private Investments	1	3	5	0			
Subtotal		5	of 24					
Overall Score:		15	of 100					

* If the project adds costs to the operating budget, then score 1; if no impact, then score 3; if savings then score 5

Description:

This project provides for scheduled capital improvements in various Department facilities to include repair and /or replacement of foundation, concrete, plaster wall, window, floor covering, the heating and cooling system, the electrical system, the lighting system, plumbing and sanitary drains, fire detection and alarm systems, the parking lot, the roof, the masonry, drainage and erosion control systems. Additionally, there will be safety and security upgrades to the facility.

Justification:

This project is vital to provide funding for major and minor capital improvements that are needed throughout FEMS 35 various facilities.

Progress Assessment

This project allows FEMS to upgrade facilities in an efficient manner by ensuring proper funding is available for capital projects.

Related Projects:

None

Allotment Request (FY 2016-FY 2021 CIP)							
Implementing Agency	FY 2016 Allotment Request	FY 2017 Allotment Request	FY 2018 Allotment Request	FY 2019 Allotment Request	FY 2020 Allotment Request	FY 2021 Allotment Request	FY 2016 – FY 2021 Total 6-Year Allotment Request
AMO	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000			\$ 4,500,000	\$ 7,500,000

Ranking Criteria for Proposed Capital Project Enhancement Budgets

Agency	Fire and Emergency Medical Services	ELC/FBO	Total Cost	\$89,869,248	Project Alignment with Policies, Factors, and Criteria		
Project	20630C/20600C Fire Apparatus				How supportive is the proposed project on each scale shown?		Score
Meets Mayoral Policy Priorities							
	Quality Education	1		10			0
	Job Creation and Economic Development	1		10			0
	Fiscal Stability	1	5	10			0
	Safe Communities	1	5	10			10
	Sustainable DC	1	3	5			0
	Increases Social Equity	1		5			0
Subtotal		10	of 50				
Cost-Benefit Factors							
	Readiness (catalyst project, implements Small Area Plan, etc.)	1	3	5			0
	Impact on Operating Budget*	1	5	5			0
	Potential to Generate Revenue for the District	1		8			0
	Potential for Private Economic Impact or Job Creation	1		8			0
Subtotal		0	of 26				
Project-Specific Criteria							
	Urgent Public Health Issue or Code/Safety Requirements	1	3	5			0
	"Fix-It First" (Capital Project Extends Life of Existing Asset)	1	3	5			5
	Close Out Existing Project	1	3	5			0
	Co-location of projects/facilities	1		4			0
	Leverages External Public or Private Investments	1	3	5			0
Subtotal		5	of 24				
Overall Score:		15	of 100				

* If the project adds costs to the operating budget, then score 1; if no impact, then score 3; if savings then score 5

Description: This project provides for the purchase of pumpers, ladder trucks, heavy rescue trucks, ambulances, and large support vehicles. Existing vehicles need to be replaced at the rate that meets NFPA standards and as they wear out and surpass their economic retention levels.

Justification:

Replacing older firefighting apparatus and ambulances at a rate that keeps the Department's fleet at an age and condition that meets NFPA standards is essential to maintaining an effective firefighting force. This project is necessary to ensure that the fleet is reliable and does not deteriorate into a condition that leaves it unreliable and requiring extensive maintenance to keep it running. This project aligns with Sustainable-DC Action:

Transportation

Progress Assessment

On-going fleet replacement project.

Related Projects:

None

Allotment Request (FY 2016-FY 2021 CIP)							
Implementing Agency	FY 2016 Allotment Request	FY 2017 Allotment Request	FY 2018 Allotment Request	FY 2019 Allotment Request	FY 2020 Allotment Request	FY 2021 Allotment Request	FY 2016 – FY 2021 Total 6-Year Allotment Request
FBO	\$ 13,000,000	\$ 15,408,313	\$ 17,046,598	\$ 15,000,000	\$ 15,000,000	\$ 14,414,337	\$ 89,869,248

ATTACHMENT

QUESTION 16

(REPROGRAMMING)

PUBLIC SAFETY AND JUSTICE AGENCY					
FY 2016 REPROGRAMMING LIST					
LOCAL			Starting Budget		\$230,277,522
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT
2016	0100	10/7/2015	BJFB0FB2	Funds were moved from Continuing Full-Time Pay in Fire Suppression.	(\$450,000)
2016	0100	10/7/2015	BJFB0FB2	Funds were moved for payment of attorney fees	\$450,000
2016	0100	10/14/2015	BJFB0FB3	Funds were moved from Contract and Fees in Information Technology and Fire Suppression.	(\$450,000)
2016	0100	10/14/2015	BJFB0FB3	Funds were moved to Continuing Full-Time Pay in Fire Suppression.	\$450,000
2016	0100	1/7/2016	BJFB0LON	Funds were moved from Longevity in various PCAs, and Legal Services NPS.	(\$11,523,943)
2016	0100	1/7/2016	BJFB0LON	Funds were moved to Continuing Full-Time Pay and Fringe Benefits in various PCAs for longevity, and to IT for NPS needs.	\$11,523,943
2016	0100	1/8/2016	BJFB0001	FEMS contingency (Fund 1734)	\$9,000,000
Final Budget					\$239,277,522

SPECIAL EVENTS			Starting Budget		\$1,500,000
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT
2016	6100	1/22/2016	PR160122	Overtime on special events	(\$132,740)
Final Budget					\$1,367,260

OTHER REVENUE			Starting Budget		\$1,520,000
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT

Final Budget**\$1,520,000**

FEDERAL GRANT				Starting Budget		\$0
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT	
2016	8200	12/23/2015	BIFTA016	Federal Transit Administration (FTA)	\$136,635	
Final Budget					\$136,635	

Intra-District				Starting Budget		\$0
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT	
2016	0700	10/27/2015	BI1FBUA4	Reimbursement for backfilling associated with project 1FBUA4	\$3,944	
2016	0700	10/27/2015	BI1FBUA5	Reimbursement for backfilling associated with project 1FBUA5	\$10,500	
2016	0700	10/4/2016	BIDDOT16	Funds were used to upgrade the simulator	\$351,049	
2016	0700	1/4/2016	BIOSSE16	DCSAA athletic competitions	\$16,960	
2016	0700	12/2/2015	BLGDFB16	Inspection of children homes	\$100,000	
Final Budget					\$482,453	

PUBLIC SAFETY AND JUSTICE AGENCY					
FY 2016 REPROGRAMMING LIST					
LOCAL			Starting Budget		\$230,277,522
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT
2016	0100	10/7/2015	BJFB0FB2	Funds were moved from Continuing Full-Time Pay in Fire Suppression.	(\$450,000)
2016	0100	10/7/2015	BJFB0FB2	Funds were moved for payment of attorney fees	\$450,000
2016	0100	10/14/2015	BJFB0FB3	Funds were moved from Contract and Fees in Information Technology and Fire Suppression.	(\$450,000)
2016	0100	10/14/2015	BJFB0FB3	Funds were moved to Continuing Full-Time Pay in Fire Suppression.	\$450,000
2016	0100	1/7/2016	BJFB0LON	Funds were moved from Longevity in various PCAs, and Legal Services NPS.	(\$11,523,943)
2016	0100	1/7/2016	BJFB0LON	Funds were moved to Continuing Full-Time Pay and Fringe Benefits in various PCAs for longevity, and to IT for NPS needs.	\$11,523,943
2016	0100	1/8/2016	BJFB0001	FEMS contingency (Fund 1734)	\$9,000,000
Final Budget					\$239,277,522

SPECIAL EVENTS			Starting Budget		\$1,500,000
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT
2016	6100	1/22/2016	PR160122	Overtime on special events	(\$132,740)

Final Budget	\$1,367,260
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OTHER REVENUE				Starting Budget	\$1,520,000
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT
				Final Budget	\$1,520,000

FEDERAL GRANT				Starting Budget	\$0
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT
2016	8200	12/23/2015	BIFTA016	Federal Transit Administration (FTA)	\$136,635
				Final Budget	\$136,635

Intra-District				Starting Budget	\$0
FISCAL YEAR	FUND	DATE	SOAR DOC #	DESCRIPTION	AMOUNT
2016	0700	10/27/2015	BI1FBUA4	Reimbursement for backfilling associated with project 1FBUA4	\$3,944
2016	0700	10/27/2015	BI1FBUA5	Reimbursement for backfilling associated with project 1FBUA5	\$10,500
2016	0700	10/4/2016	BIDDOT16	Funds were used to upgrade the simulator	\$351,049
2016	0700	1/4/2016	BIOSSE16	DCSAA athletic competitions	\$16,960
2016	0700	12/2/2015	BLGDFB16	Inspection of children homes	\$100,000
				Final Budget	\$482,453

ATTACHMENT

QUESTION 22

(FY15 PERFORMANCE PLAN)



FY 2015 PERFORMANCE PLAN

Fire and Emergency Medical Services Department

MISSION

The mission of the Fire and Emergency Medical Services Department (F&EMS) is to promote safety and health through excellent pre-hospital medical care, fire suppression, hazardous materials response, technical rescue, homeland security preparedness and fire prevention and education in the District of Columbia.

SUMMARY OF SERVICES

F&EMS provides emergency medical services (EMS), fire suppression, homeland security and special operations response for the District of Columbia, including planned events and activities unique to the nation's capital. The Department is responsible for fire and life safety code enforcement, along with community based education and prevention programs. F&EMS is the lead first-response agency for managing consequences resulting from natural disasters or other catastrophic events impacting the national capital region.

PERFORMANCE PLAN DIVISIONS

- Operations Bureau
- Emergency Medical Services Bureau
- Services Bureau
- Fire Prevention and Investigations Division
- Office of Communications
- Office of the Fire and EMS Chief

AGENCY WORKLOAD MEASURES

Measures	FY 2012 Actual	FY 2013 Actual	FY 2014 YTD¹
Number of emergency incident responses	167,939	167,335	131,340
Number of EMS incident responses	137,643	137,512	107,153
Number of EMS patient transports	103,381	102,385	80,151
Number of EMS quality case reviews	9,169		N/A
Number of Street Calls patient contacts	349	183	253
EMS patient transport revenue (in millions)	\$17.9 million	\$27.5 million	\$20.3 million
Number of fire and other incident responses	30,296	29,823	24,187
Number of structural fires ^(see footnote 20)	801	907	750
Number of other fires ^(see footnote 20)	376	463	318
Number of fires classified as arson ²	249	273	150

¹ Data is current as of June 30, 2014.

² This measure is tabulated from Fire Investigator Uniform Crime Reporting (UCR) data. According to the 2004 FBI UCR Handbook, "arson" is a property crime defined as "any willful or malicious burning or attempting to burn, with or without intent to defraud, a dwelling house, public building, motor vehicle or aircraft, personal property of another, etc." "Arson" includes "structural," "mobile" and "other" property classifications.



Measures	FY 2012 Actual	FY 2013 Actual	FY 2014 YTD ¹
Number of arson arrests ³	18	29	25
Number of fire code violations observed	12,933	12,445	14,230
Number of fire code complaints investigated	694	505	459
Fire Marshal fee and permit revenue	\$496,275	\$479,996	\$411,258

³ Arson arrests may not be associated with arson offenses that occur during the same fiscal year. For example, a subject may be arrested in FY 2014 for an arson offense that occurred in FY 2013. As such, this workload measure may not match the arson fire clearance rate reported for a fiscal year. Instead, it represents the number of arson arrests reported during the current fiscal year.



Operations Bureau

SUMMARY OF SERVICES

The Operations Bureau is responsible for providing emergency medical services (EMS), fire suppression, hazardous materials response, technical rescue and homeland security preparedness services to protect lives and property in the District of Columbia.⁴

OBJECTIVE 1: Help sick and injured patients by providing pre-hospital emergency medical care and ambulance transport.

INITIATIVE 1.1: Implement an EMS performance improvement initiative for reducing emergency incident “on-scene time” for “major trauma patients” to 10 minutes or less (Age-Friendly DC Goal: Domain # 9). During FY 2015, the Department will implement an EMS performance improvement initiative to reduce the time spent at emergency incident scenes (on-scene time) by ambulances. This initiative will focus on reducing the time taken by ambulance crews to assess, load and begin transporting patients suffering from major traumatic injuries to Level I Trauma Center hospitals. EMS performance improvement initiatives of this type improve patient outcomes by reducing morbidity and mortality associated with pre-hospital patient care. **Completion Date: September, 2015.**

OBJECTIVE 2: Safeguard lives and property by controlling and extinguishing fires.

INITIATIVE 2.1: Implement a fire risk identification program for residential multifamily buildings. During FY 2015, the Department will implement a company level fire risk identification program to recognize conditions contributing to excessive fire loads in residential multifamily buildings. Named “TMSID,” this program will focus on recognition of compulsive hoarding conditions (Too-Much-Stuff IDentification) which may significantly increase fire loads, delaying victim rescue and fire extinguishment. Company level fire risk identification programs reduce the risk of death, injury or property damage caused by fires. **Completion Date: September, 2015.**

OBJECTIVE 3: Safeguard lives and property by preparing for and responding to natural disasters or other catastrophic events.

INITIATIVE 3.1: Improve “mass casualty” incident response preparedness. During FY 2015, the Department will improve “mass casualty” incident response preparedness by updating standard operating guidelines and equipment inventories, along with patient tracking procedures. This will include “mass casualty” response and management training provided to select operational employees and supervisors. Improving “mass casualty” incident preparedness increases first responder safety, strengthens emergency management effectiveness and assists in bringing potentially catastrophic events to rapid conclusion. **Completion Date: September, 2015.**

⁴ The EMS Bureau is responsible for the continuous quality improvement (CQI) of EMS patient care delivered by the Operations Bureau.



INITIATIVE 3.2: Improve aircraft firefighting, rescue and flammable liquid fire extinguishment capabilities. During FY 2015, the Department will improve aircraft firefighting, rescue and flammable liquid fire extinguishment capabilities by updating standard operating guidelines and equipment standards, along with improving foam storage and deployment capabilities. This will include specialized training provided to select operational employees and supervisors which will require annual recertification. Improving aircraft firefighting, rescue and flammable liquid fire extinguishment capabilities increases first responder safety, strengthens dignitary protection activities and assists in bringing potentially catastrophic events to rapid conclusion.

Completion Date: September, 2015.



KEY PERFORMANCE INDICATORS – Operations Bureau

Measures	FY 2013 Actual	FY 2014 Target	FY 2014 YTD ⁵	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Percent of critical medical calls with first EMT arriving within 6 minutes 30 seconds dispatch to scene ⁶	87.91%	90%	93.70%	90%	90%	90%
Average response time of first arriving EMT to critical medical calls	4.43	< 5m	3.94	< 5m	< 5m	< 5m
Percent of critical medical calls with first paramedic arriving within 8 minutes, dispatch to scene ⁶	81.51%	90%	88.68%	90%	90%	90%
Average response time of first arriving paramedic to critical medical calls ⁷	5.90	< 6m	5.16	< 6m	< 6m	< 6m
Percent of critical medical calls with first transport unit arriving within 12 minutes, dispatch to scene	89.92%	90%	93.12%	90%	90%	90%
Average response time of first arriving transport unit to critical medical calls	7.05	< 9m	6.39	< 9m	< 9m	< 9m
Percent of hospital drop times 30 minutes or less	23.52%	50%	17.66%	50%	50%	50%
Average hospital drop time	42.48	< 30m	45.47	< 30m	< 30m	< 30m
Percent of structure fire calls with first fire truck arriving within 6 minutes, 30 seconds dispatch to scene ⁶	97.48%	90%	98.55%	90%	90%	90%
Average response time of first arriving fire truck to structure fire calls	2.60	< 4m	2.48	< 4m	< 4m	< 4m

⁵ Data is current as of June 30, 2014.

⁶ National Fire Protection Association (NFPA) measure. “Response time” sums the measures of call “turnout time” (NFPA 1710, section 3.3.53.8) and “travel time” (NFPA 1710, section 3.3.53.7) as defined by NFPA 1710, section 4.1.2.1.

⁷ International City/County Management Association (ICMA) comparative measure (October, 2008).



Emergency Medical Services Bureau

SUMMARY OF SERVICES

The Emergency Medical Services (EMS) Bureau is responsible for management of out-of-hospital emergency medical care and preventive healthcare services to improve the quality of life in the District of Columbia.

OBJECTIVE 1: Help sick and injured patients by providing pre-hospital and out-of-hospital healthcare services.

INITIATIVE 1.1: Implement a community health improvement program to identify District residents “at risk” of hypertension and diabetes (Age-Friendly DC Goal: Domain # 8). During FY 2015, the Department will implement a community health improvement program to identify District residents “at risk” for cardiovascular disease and diabetes. This program will focus on providing blood pressure and blood glucose checks at barber shops, ANC meetings and other public events attended by Department personnel through a partnership involving District hospitals, local businesses and community volunteers. Community health improvement programs of this type assist District residents in identifying undiagnosed health problems, reduce risk of “sudden death” and promote community wellness. **Completion Date: September, 2015.**

OBJECTIVE 2: Continuously improve the quality of out-of-hospital medical care provided by Department personnel.

INITIATIVE 2.1: Improve compliance with medical treatment protocol for patients presenting with chest pain. During FY 2015, the Department will focus EMS Continuous Quality Improvement (CQI) efforts on improving compliance with medical treatment protocol for patients presenting with chest pain. This will include reviewing the medical treatment provided to a patient by Department personnel, determining if a patient was transported to an appropriate receiving hospital, followed by informative and supportive feedback to Department personnel making patient care decisions. Effective EMS CQI efforts improve patient care, increase employee competence and reduce liability risk exposure. **Completion Date: September, 2015.**



KEY PERFORMANCE INDICATORS – EMS Bureau

Measures	FY 2013 Actual	FY 2014 Target	FY 2014 YTD ⁸	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Percent decrease in 911 usage by Street Calls patients in a cohort ⁹	24.04%	50%	12.27% ¹⁰	50%	50%	50%
Percent of patients in cardiac arrest that arrive at a hospital with a pulse after resuscitative care was initiated. ^{7,11}	N/A	25%	19.4%	25%	25%	25%
Percent of patients with signs or symptoms of stroke that are transported to designated stroke center hospitals. ¹²	N/A	N/A	N/A	90%	90%	90%
Percent of patients surveyed indicating they were “satisfied” or “very satisfied” with Fire and EMS services during an EMS call. ⁷	91.76%	90%	92.82%	90%	90%	90%

⁸ Data is current as of June 30, 2014.

⁹ A “cohort” is a group of patients tracked over the period of one year by the Street Calls Program.

¹⁰ The group of patients tracked in the FY 2014 “cohort” is not the same group of patients tracked in the FY 2013 “cohort.” The number of patients in the original cohort declined after individuals were removed from the program. The FY 2014 “cohort” tracks a new group of patients with the most number of ambulance transports and ambulance crew contacts as identified by the Street Calls Program at the end of FY 2013. As such, the FY 2014 YTD and FY 2013 measures are not comparable.

¹¹ Cardiac arrest patients (with suspected cardiac etiologies) who sustained return of spontaneous circulation (ROSC) in out-of-hospital settings and maintained a heartbeat until arriving at a hospital after prolonged resuscitative care was initiated. This measure is tabulated from electronic patient care report (ePCR) data. This measure was changed beginning in FY 2015.

¹² Patients with signs or symptoms of stroke (correctly identified by Cincinnati Pre-hospital Stroke Scale and blood glucose measurements) arriving at designated stroke center hospitals. This measure is tabulated from ePCR data. This is a new measure beginning in FY 2015.



Services Bureau

SUMMARY OF SERVICES

The Services Bureau is responsible for administering employee training, human resources, employee safety and wellness, information technology/emergency communications, purchasing, property, logistics and fleet management services to support the Department's operational capacity for all-hazards protection.¹³

OBJECTIVE 1: Train and develop the Department's workforce.

INITIATIVE 1.1: Complete incident "size-up" awareness training for operational employees. During FY 2015, the Department will complete incident "size-up" awareness training for operational employees to assist with the early identification of technical rescue emergencies, special hazards and the need for requesting additional resources. Operational employees successfully completing training will be issued a "Site Operations" certification. Operational employees who can identify and manage technical rescue emergencies improve first responder safety, strengthen emergency management effectiveness and assist in bringing potentially catastrophic events to rapid conclusion. **Completion Date: September, 2015.**

OBJECTIVE 2: Administer human resources for the Department's workforce.

INITIATIVE 2.1: Establish a database application to more quickly resolve employee pay discrepancy issues. During FY 2015, the Department, working with the Office of the Chief Technology Officer (OCTO), will establish a database application to more quickly resolve employee pay discrepancy issues. This will include database entry fields establishing the date a pay discrepancy was identified, processed, endorsed and approved or denied. Establishing a database application to more quickly resolve employee pay discrepancy issues increases the speed and efficiency of resolving apparent pay problems, while improving employee satisfaction. **Completion Date: September, 2015.**

OBJECTIVE 3: Monitor and improve employee safety and wellness.

INITIATIVE 3.1: Implement a DWI safety awareness program for operational employees. During FY 2015, the Department will complete DWI awareness training of operational employees for assisting with understanding the risks, penalties and consequences of driving while impaired when off duty. Awareness and risk reduction programs promote good health, improve employee safety and reinforce positive workplace behaviors. **Completion Date: September, 2015.**

¹³ The Services Bureau is responsible for the management of essential functions that support Department operations and cross multiple budget programs and activities on Table FB0-4.



OBJECTIVE 4: Manage buildings and other properties owned by the Department.

INITIATIVE 4.1: Complete installation of replacement windows at Engine Companies 5 and 21. During FY 2015, the Department will complete installation of historically relevant and energy efficient replacement windows at Engine Companies 5 and 21. This initiative supports Mayor Gray's Sustainable DC Plan by using innovative design and technology in buildings and neighborhoods to create vibrant, resilient urban environments, and attractive places to live, work, and play.

Completion Date: September, 2015.

OBJECTIVE 5: Manage emergency apparatus and other vehicles owned by the Department.

INITIATIVE 5.1: Increase accountability for vehicle parts by improving parts room management functions. During FY 2015, the Department will increase accountability of vehicle parts by improving parts room management functions including staffing, logistics, information technology and physical security controls designed to increase employee productivity and minimize older vehicle parts obsolescence. Increased accountability for vehicle parts by improving parts room management functions helps maximize shop throughput, improves cost tracking and minimizes vehicle downtime.

Completion Date: September, 2015.

OBJECTIVE 6: Support decision making, communication and resource management by using information technology.

INITIATIVE 6.1: Replace existing FRMS software application. During FY 2015, the Department will replace the existing Fire Records Management System (FRMS) software application with a more robust, user friendly application providing better integration with the Department's current electronic patient care report (ePCR) software application. The new FRMS will include expanded reporting modules and offer better connectivity for mobile users, including Fire Inspectors. Replacing the existing FRMS software application will allow the Department to meet National Fire Incident Reporting System (NFIRS) standards required by the United States Fire Administration (USFA).

Completion Date: September, 2015.



KEY PERFORMANCE INDICATORS – Services Bureau

Measures	FY 2013 Actual	FY 2014 Target	FY 2014 YTD ¹⁴	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Number of department vehicles involved in accidents during emergency incident responses ¹⁵	85	< 100	117	< 100	< 100	< 100
Number of department personnel injured during emergency incident operations ¹⁶	307	< 175		< 175	< 175	< 175
Number of fire stations completing planned major repairs or complete renovation	0	1		1	1	1
Percent of ambulance fleet unavailable for daily operation ¹⁷	N/A	N/A	N/A	20%	20%	20%
Percent of fire engine fleet unavailable for daily operation ¹⁷	N/A	N/A	N/A	30%	25%	20%
Percent of fire ladder truck fleet unavailable for daily operation ¹⁷	N/A	N/A	N/A	33%	28%	23%

¹⁴ Data is current as of June 30, 2014

¹⁵ Accidents include vehicle “collisions” (an emergency vehicle striking another vehicle) or “incidents” (an emergency vehicle striking a stationary object) that occurred while an emergency vehicle was responding to a call or transporting a patient. This measure is tabulated from vehicle accident investigation form data completed by safety officers.

¹⁶ Employee injuries that occurred during a fire or EMS call. This measure is tabulated from employee injury investigation form data completed by safety officers.

¹⁷ Unusable vehicle hours, divided by total vehicle hours, for all vehicles within a classification. This measure is tabulated from FASTER Fleet Management System data. Unusable vehicle hours are the number of hours a vehicle was reported to be unavailable for use after arriving at the Apparatus Division or other location for maintenance or repair. Total vehicle hours are all hours within the reporting time period, multiplied by the number of vehicles within a classification. The number of vehicles and total vehicle hours for a classification may change on a quarterly basis as vehicles are removed or added to the vehicle fleet inventory. This is a new measure beginning in FY 2015.



Fire Prevention and Investigations Division

SUMMARY OF SERVICES

The Fire Prevention and Investigations Division is responsible for community risk reduction through public education, code enforcement, fire safety engineering and investigating the origin, cause and circumstances of all fires and explosions.¹⁸

OBJECTIVE 1: Reduce threats to lives and property by preventing fires before they happen.

INITIATIVE 1.1: Implement a comprehensive fire inspection program of high rise buildings to improve fire safety. During FY 2015, the Department will implement a comprehensive high rise building fire safety inspection program for buildings five (5) stories or greater to inspect and evaluate fire and life safety systems required by District of Columbia Fire Code. Named “Rise Up,” the program will focus on fire protection and notification systems, including smoke control and building egress components. Comprehensive fire safety inspection programs of high rise buildings with large occupancy loads reduce the risk of death, injury or property damage caused by fires.
Completion Date: September, 2015.

OBJECTIVE 2: Investigate to determine the cause and origin of fires.

INITIATIVE 2.1: Implement a Fire Investigations performance improvement initiative to increase the closure rate of arson cases. During FY 2015, the Department will implement a Fire Investigations performance improvement initiative to increase the closure rate of arson cases by expanding the number of Armed Fire Investigators working in the Fire Investigations Unit (FIU). This will include the selection, training and credentialing of at least three (3) additional Armed Fire Investigators. Fire Investigation performance improvement initiatives of this type reduce the risk of death, injury or property damage caused by fires associated with criminal offenses.
Completion Date: September, 2015.

¹⁸ The Fire Prevention and Investigations Division is responsible for activities associated with Table FB0-4, “Fire Prevention and Education” (2000).



KEY PERFORMANCE INDICATORS – Fire Prevention and Investigations Division

Measures	FY 2013 Actual	FY 2014 Target	FY 2014 YTD ¹⁹	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Number of residential structure fires per 1,000 residential structures ^{7,20}	4.83	< 4	3.87	< 4	< 4	< 4
Number of residential structure fires per 1,000 population ^{7,20}	1.23	< 1	0.97	< 1	< 1	< 1
Percent of residential structure fires contained to the room of origin. ^{7,20,21}	80.65%	> 80%	82.32%	> 80%	> 80%	> 80%
Percent of residential structure fires contained to the structure of origin. ^{7,20,21}	15.61%	< 20%	14.31%	< 20%	< 20%	< 20%
Total combined commercial and industrial structure fire incidents per 1,000 commercial and industrial structures ^{7,20}	3.75	< 15	3.64	< 15	< 15	< 15
End-of-fiscal year percent change in number of structural fires ²⁰	12.11%	-5%	N/A	-5%	-5%	-5%
End-of-fiscal year number of civilian fire fatalities ²²	8	≤ 5	8	≤ 5	≤ 5	≤ 5
End-of-fiscal year number of civilian fire injuries ²²	71	≤ 50	63	≤ 50	≤ 50	≤ 50
End-of-fiscal year percent of arson fires cleared by arrest or exceptional means ²³	10.62%	> 25%	14.73%	> 25%	> 25%	> 25%
Total arson fires per 10,000 population ²³	4.33	< 2	2.32	< 2	< 2	< 2

¹⁹ Data is current as of June 30, 2014.

²⁰ This measure is tabulated from National Fire Incident Reporting System (NFIRS) data, required by the United States Fire Administration (USFA). All measures in this table with ICMA references combine NFIRS “property use” codes according to ICMA “service descriptors.” Each measure is tabulated from an ICMA report available in the Department’s fire records management system (FRMS) indicating that “extinguishment” took place during a “structure fire,” combined with other FRMS reports indicating that “extinguishment” occurred during a reported fire incident. Measures comparing counts of structures use 2011 “property type” information obtained from the District’s data warehouse. Measures comparing population counts use 2012 and 2013 information obtained from the United States Census Bureau.

²¹ “Room of origin” reflects the first level of fire containment. “Structure of origin,” reflects the second level of containment. Combining both measures equates to the effectiveness of controlling fire extension to other structures. For example, during FY 2014 (year to date), 97% of residential structure fires have been contained to the room or structure of origin.

²² USFA measure.

²³ This measure is tabulated from Fire Investigator UCR data. According to the 2004 FBI UCR Handbook, an “arson” offense is cleared by arrest “when at least one person is (1) arrested, (2) charged with the commission of the offense, and (3) turned over to the court for prosecution (whether following arrest, court summons, or police notice).” An “arson” offense cleared by exceptional means (1) the “identity of the offender” can be “definitely established” during the investigation, (2) enough information exists to “support an arrest, charge, and turning over to the court for prosecution,” (3) “the exact location of the offender (is) known so the subject (can) be taken into custody now,” and (4) “some reason, outside law enforcement control,” exists “that precludes arresting, charging, and prosecuting the offender.” Arson fire cases may not be cleared in the same fiscal year they occur. For example, an arson fire that occurred in FY 2013 might not be cleared by an arrest until FY 2014. As such, arson fire clearance rates for previous fiscal years may be updated by new Performance Management Plans published during subsequent fiscal years. Population counts use 2012 and 2013 information obtained from the United States Census Bureau.



Office of Communications

SUMMARY OF SERVICES

The Office of Communications is responsible for transmission of public information along with coordination of public education and intervention programs to improve fire and life safety for District of Columbia residents.

OBJECTIVE 1: Communicate information to the public and media.

INITIATIVE 1.1: Increase public attention of social media feeds to improve information distribution. During FY 2015, the Department will increase public attention of social media feeds by expanding both daily and weekly transmissions of emergency incident updates and original content, including life safety and health improvement information. Wider distribution of public safety information by social media better informs District residents of Department services, improves preparedness and promotes community wellness. **Completion Date: September, 2015.**

OBJECTIVE 2: Reduce threats to lives and property through public education and intervention programs.

INITIATIVE 2.1: Increase public awareness of learning CPR to reduce the risk of “sudden death” caused by cardiac arrest. During FY 2015, the Department will increase public awareness of learning “hands only” CPR by producing a 90 second video for transmission by social media feeds and other media distribution platforms. This will include “hands only” CPR demonstrations conducted during community events attended by Department personnel. Improved public awareness of learning CPR is a “link” in the American Heart Association “chain of survival” for surviving cardiac arrest, which includes “immediate recognition of cardiac arrest and activation of 9-1-1,” “early CPR with an emphasis on chest compressions,” and “rapid defibrillation.” **Completion Date: September, 2015.**



KEY PERFORMANCE INDICATORS – Office of Communications

Measures	FY 2013 Actual	FY 2014 Target	FY 2014 YTD ²⁴	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Number of neighborhood level fire safety presentations completed	763	500	479	500	500	500
Number of at school fire safety presentations completed	198	50	130	50	50	50
Number of neighborhood level health screenings completed	144	> 50	126	> 50	> 50	> 50
Number of smoke alarm installations	942	> 1,000	790	> 1,000	> 1,000	> 1,000
Number of car seat installations	1,059	1,500	1,257	1,500	1,500	1,500
Number of CPR program participants	1,634	> 1,000	801	> 1,000	> 1,000	> 1,000
Number of District wide automatic external defibrillator (AED) registrations ²⁵	N/A	> 100	558	> 600	> 700	> 800

²⁴ Data is current as of June 30, 2014

²⁵ Beginning in FY 2014, this measure tracks all AED devices currently registered during the reporting period. One AED registration may include more than one device. The count reflects new and re-registered devices after a four (4) year registration period expired. The FY 2013 value, as reported by the Department's FY 2013 Performance Accountability Report (PAR), could not be recalculated to reflect the change in measurement definition. As such, only the FY 2014 YTD value is shown. The projected values were also revised to reflect the change in measurement definition.



Office of the Fire and EMS Chief

SUMMARY OF SERVICES

Department management, through the Office of the Fire and EMS Chief, is responsible for Department leadership and the administration of resources to improve services and promote policies focused on public safety.

OBJECTIVE 1: Work closely with the Executive Office of the Mayor, Deputy Mayor of Public Safety and City Administrator to meet the needs of District residents while efficiently administrating Department services.

INITIATIVE 1.1: Improve Homeland Security and Special Operations preparedness. During FY 2015, the Department, working closely with the Deputy Mayor of Public Safety (DMPS) and the District's Homeland Security and Emergency Management Agency (HSEMA), will improve Homeland Security and Special Operations preparedness by more closely evaluating and aligning operational response capabilities with emerging and identified risks. Improving Homeland Security and Special Operations preparedness strengthens emergency management effectiveness and assists in bringing potentially catastrophic events to rapid conclusion.

Completion Date: September, 2015.

OBJECTIVE 2: Continue to improve labor/management partnerships.

INITIATIVE 2.1: Improve communication and documentation skills related to the supervision and management of employees. During FY 2015, the Department will improve supervisor communication and documentation skills as part of "officer investment" courses related to the supervision and management of employees. This will include identification of supervisor responsibilities along with how effective documentation supports management decisions. Understanding why and when supervisor documentation is required will be extensively covered. Improving communication and documentation skills related to the supervision and management of employees reduces the likelihood of grievances, decreases the number of arbitration cases and limits the risk of litigation. **Completion Date: September, 2015.**

OBJECTIVE 3: Use strategic level planning tools to improve services and better prepare for the future.

INITIATIVE 3.1: Evaluate and update organizational structure to align with budget program and activity codes determined by the OCFO. During FY 2015, the Department, working collaboratively with the Office of the Chief Financial Officer (OCFO), will evaluate and update Department organizational structure to align with budget program and activity codes for FY 2016 budget formulation. This will include recognition of an identifiable budget by major organizational division of the Department. Aligning organizational structure with budget program and activity codes allows for transparency during budget formulation, accounts for program and activity funding by organizational division and assists in determining impacts associated with budget funding decisions. **Completion Date: January, 2016.**



KEY PERFORMANCE INDICATORS – Office of the Fire and EMS Chief

Measures	FY 2013 Actual	FY 2014 Target	FY 2014 YTD ²⁶	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Average time in days to close Mayoral customer service work flows	6	7		7	7	7
Number of community group meetings scheduled and attended by executive managers	112	> 100	105	> 100	> 100	> 100
Number of labor/management planning activity meetings scheduled and attended by executive managers	21	12	20	12	12	12

²⁶ Data is current as of June 30, 2014.



FY 2015 Performance Accountability Report Fire and Emergency Medical Services Department

INTRODUCTION

The Performance Accountability Report (PAR) measures each agency's performance for the fiscal year against the agency's performance plan and includes major accomplishments, updates on initiatives' progress and key performance indicators (KPIs).

MISSION

The mission of the Fire and Emergency Medical Services Department (F&EMS) is to promote safety and health through excellent pre-hospital medical care, fire suppression, hazardous materials response, technical rescue, homeland security preparedness and fire prevention and education in the District of Columbia.

SUMMARY OF SERVICES

F&EMS provides emergency medical services (EMS), fire suppression, homeland security and special operations response for the District of Columbia, including planned events and activities unique to the nation's capital. The Department is responsible for fire and life safety code enforcement, along with community based education and prevention programs. F&EMS is the lead first-response agency for managing consequences resulting from natural disasters or other catastrophic events impacting the national capital region.

OVERVIEW – AGENCY PERFORMANCE

The following section provides a summary of F&EMS performance in FY 2015 by listing F&EMS's top three accomplishments, and a summary of its progress achieving its initiatives and progress on key performance indicators.

TOP THREE ACCOMPLISHMENTS

The top three accomplishments of F&EMS in FY 2015 are as follows:

- ✓ During FY 2015, the Department selected a new Fire and EMS Chief with a strong background and proven accomplishments in the dual-role, cross-training of fire and Emergency Medical Services providers in a high performing system. Additionally, the Department hired a new Medical Director to help reform the agency into a performance based, medically driven system.
- ✓ During FY 2015, the Department successfully held a Firefighter EMT entrance exam to join the department. Applicants will have access to their individual "ranking" scores and a "registry" of



applicants will be used by the department for recruiting purposes moving forward. Hiring process status updates will be posted on the Department's webpage.

- ✓ During FY 2015, the Department placed ten (10) engine pumpers, one (1) ladder truck and two refurbished ambulances into service. Additionally, seven (7) ladder trucks were successfully reconditioned and put into service.

SUMMARY OF PROGRESS TOWARD COMPLETING FY 2015 INITIATIVES AND PROGRESS ON KEY PERFORMANCE INDICATORS

Table 1 (see below) shows the overall progress the F&EMS made on completing its initiatives, and how overall progress is being made on achieving the agency's objectives, as measured by their key performance indicators.

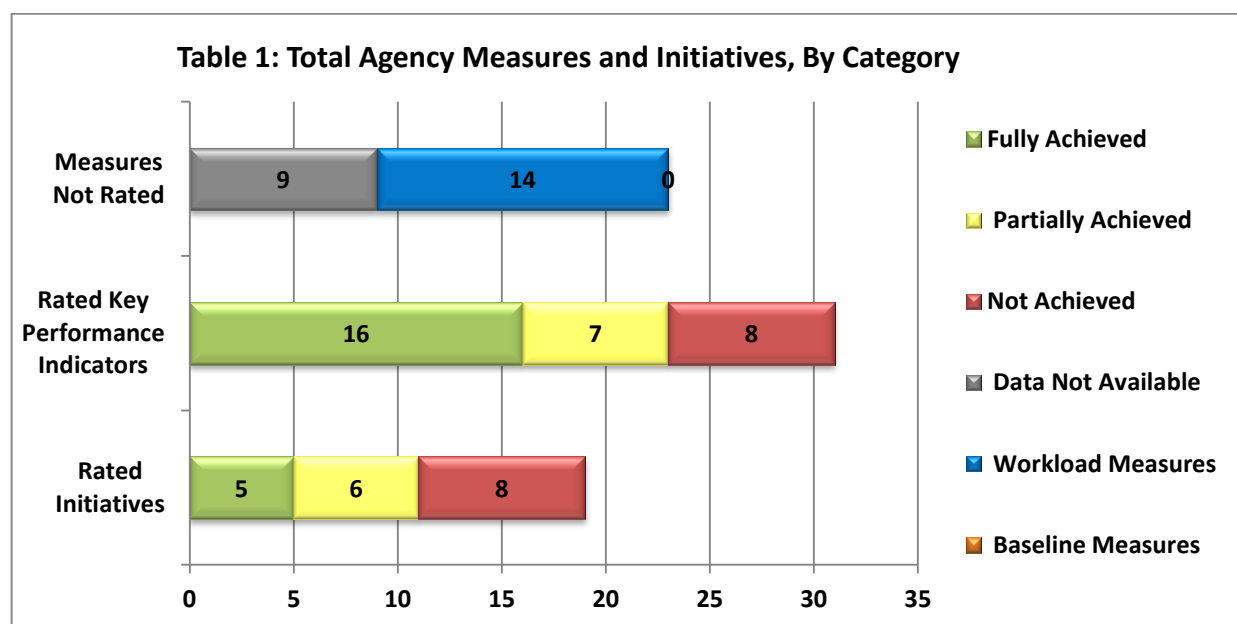




Chart 1: Total Rated Agency Key Performance Measures, by Achievement Level

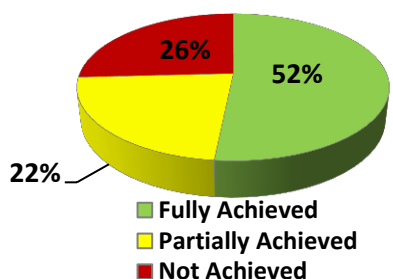
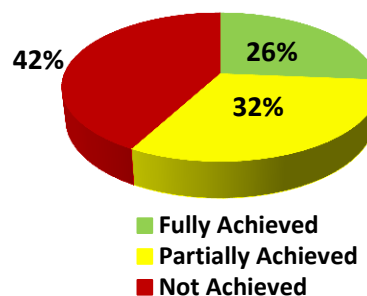


Chart 2: Total Agency Initiatives, by Achievement Level



Default KPI Rating:

$\geq 100\%$

Fully Achieved

75 - 99.99%

Partially Achieved

$< 75\%$

Not Achieved

In FY 2015, FEMS fully achieved one quarter of its initiatives and over 50 percent of its rated key performance measures. **Table 1** provides a breakdown of the total number of performance metrics FEMS uses, including key performance indicators and workload measures, initiatives, and whether or not some of those items were achieved, partially achieved or not achieved. **Chart 1** displays the overall progress being made on achieving FEMS objectives, as measured by their rated key performance indicators. Please note that **Chart 2** contains only rated performance measures. Rated performance measures do not include measures where data is not available, workload measures or baseline measures. **Chart 2** displays the overall progress FEMS made on completing its initiatives, by level of achievement.

The next sections provide greater detail on the specific metrics and initiatives for FEMS in FY 2015.

PERFORMANCE INITIATIVES – ASSESSMENT DETAILS

Operations Bureau

OBJECTIVE 1: Help sick and injured patients by providing pre-hospital emergency medical care and ambulance transport.



INITIATIVE 1.1: Implement an EMS performance improvement initiative for reducing emergency incident “on-scene time” for “major trauma patients” to 10 minutes or less (Age-Friendly DC Goal: Domain # 9).

During FY 2015, the Department will implement an EMS performance improvement initiative to reduce the time spent at emergency incident scenes (on-scene time) by ambulances. This initiative will focus on reducing the time taken by ambulance crews to assess, load and begin transporting patients suffering from major traumatic injuries to Level I Trauma Center hospitals. EMS performance improvement initiatives of this type improve patient outcomes by reducing morbidity and mortality associated with pre-hospital patient care. **Completion Date: September, 2015.**

● **Performance Assessment Key: Not Achieved.**

During FY 2015, the Department planned to implement an EMS performance improvement initiative to reduce the time spent at emergency incident scenes (on-scene time) by ambulances. Due to a series of changes in agency leadership and organizational structure, this initiative was pushed forward to FY 2016 and incorporated into an initiative and KPI (Key Performance Indicator) for the EMS Bureau. EMS performance improvement initiatives of this type improve patient outcomes by reducing morbidity and mortality associated with pre-hospital patient care.

OBJECTIVE 2: Safeguard lives and property by controlling and extinguishing fires.

INITIATIVE 2.1: Implement a fire risk identification program for residential multifamily buildings.

During FY 2015, the Department will implement a company level fire risk identification program to recognize conditions contributing to excessive fire loads in residential multifamily buildings. Named “TMSID,” this program will focus on recognition of compulsive hoarding conditions (Too-Much-Stuff IDentification) which may significantly increase fire loads, delaying victim rescue and fire extinguishment. Company level fire risk identification programs reduce the risk of death, injury or property damage caused by fires. **Completion Date: September, 2015.**

● **Performance Assessment Key: Not Achieved.**

During FY 2015, the Department planned to implement a company level fire risk identification program to recognize conditions contributing to excessive fire loads in residential multifamily buildings. This effort was unsuccessful in FY 2015 due to a significant increase in emergency calls and a series of changes in agency leadership and organizational structure. Accordingly, this initiative was revised and pushed forward to FY 2016 to be incorporated into an initiative on higher risk buildings for the Fire Prevention Division. Company level fire risk identification programs reduce the risk of death, injury or property damage caused by fires.



OBJECTIVE 3: Safeguard lives and property by preparing for and responding to natural disasters or other catastrophic events.

INITIATIVE 3.1: Improve “mass casualty” incident response preparedness.

During FY 2015, the Department will improve “mass casualty” incident response preparedness by updating standard operating guidelines and equipment inventories, along with patient tracking procedures. This will include “mass casualty” response and management training provided to select operational employees and supervisors. Improving “mass casualty” incident preparedness increases first responder safety, strengthens emergency management effectiveness and assists in bringing potentially catastrophic events to rapid conclusion.

Completion Date: September, 2015.



Performance Assessment Key: Not Achieved.

During FY 2015, the Department planned to improve “mass casualty” incident response preparedness by updating standard operating guidelines and equipment inventories, along with patient tracking procedures. Due to a series of changes in agency leadership and organizational structure, this initiative was not achieved.

INITIATIVE 3.2: Improve aircraft firefighting, rescue and flammable liquid fire extinguishment capabilities.

During FY 2015, the Department will improve aircraft firefighting, rescue and flammable liquid fire extinguishment capabilities by updating standard operating guidelines and equipment standards, along with improving foam storage and deployment capabilities. This will include specialized training provided to select operational employees and supervisors which will require annual recertification. Improving aircraft firefighting, rescue and flammable liquid fire extinguishment capabilities increases first responder safety, strengthens dignitary protection activities and assists in bringing potentially catastrophic events to rapid conclusion.

Completion Date: September, 2015.



Performance Assessment Key: Not Achieved.

During FY 2015, the Department planned to improve aircraft firefighting, rescue and flammable liquid fire extinguishment capabilities by updating standard operating guidelines and equipment standards. Due to a series of changes in agency leadership and organizational structure, this initiative was not achieved.

KEY PERFORMANCE INDICATORS– Operations Bureau

 	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual	FY 2015 YE Rating	Budget Program
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	1.1	Percent of critical medical calls with first EMT arriving within 6 minutes 30 seconds dispatch to scene	93.70%	90%	Not Applicable	85.02%	94.46%	Operations
	1.2	Average response time of first arriving EMT to critical medical calls	3.95	< 5m	Not Applicable	4.64	107.68%	Operations
	1.3	Percent of critical medical calls with first paramedic arriving within 8 minutes, dispatch to scene	88.43%	90%	Not Applicable	81%	90%	Operations
	1.4	Average response time of first arriving paramedic to critical medical calls	5.18	< 6m	Not Applicable	5.98	100.29%	Operations
	1.5	Percent of critical medical calls with first transport unit arriving within 12 minutes, dispatch to scene	92.86%	90%	Not Applicable	85.63%	95.15%	Operations
	1.6	Average response time of first arriving transport unit to critical medical calls	6.43	< 9m	Not Applicable	7.74	116.25%	Operations
	1.7	Percent of hospital drop times 30 minutes or less	16.78%	50%	Not Applicable	12.38%	24.77%	Operations
	1.8	Average hospital drop time	46.13%	< 30m	Not Applicable	50.80	59.05%	Operations
	2.1	Percent of structure fire calls	98.58%	90%	Not Applicable	96.48%	107.2%	Operations



		with first fire truck arriving within 6 minutes, 30 seconds dispatch to scene						
●	2.2	Average response time of first arriving fire truck to structure fire calls	2.46	< 4m	Not Applicable	2.84	140.87%	Operations

Emergency Medical Services Bureau

OBJECTIVE 1: Help sick and injured patients by providing pre-hospital and out-of-hospital healthcare services.

INITIATIVE 1.1: Implement a community health improvement program to identify District residents “at risk” of hypertension and diabetes (Age-Friendly DC Goal: Domain # 8).

During FY 2015, the Department will implement a community health improvement program to identify District residents “at risk” for cardiovascular disease and diabetes. This program will focus on providing blood pressure and blood glucose checks at barber shops, ANC meetings and other public events attended by Department personnel through a partnership involving District hospitals, local businesses and community volunteers. Community health improvement programs of this type assist District residents in identifying undiagnosed health problems, reduce risk of “sudden death” and promote community wellness.

Completion Date: September, 2015.



Performance Assessment Key: Partially Achieved.

During FY 2015, the Department began implementing a community health improvement program to identify District residents “at risk” for cardiovascular disease and diabetes. Surveys were developed for local Barbershop owners and potential outreach locations were identified. Further completion of this initiative was not achieved due to changes in agency leadership and organizational structure.

OBJECTIVE 2: Continuously improve the quality of out-of-hospital medical care provided by Department personnel.

INITIATIVE 2.1: Improve compliance with medical treatment protocol for patients presenting with chest pain.

During FY 2015, the Department will focus EMS Continuous Quality Improvement (CQI) efforts on improving compliance with medical treatment protocol for patients presenting with chest pain. This will include reviewing the medical treatment provided to a patient by Department










personnel, determining if a patient was transported to an appropriate receiving hospital, followed by informative and supportive feedback to Department personnel making patient care decisions. Effective EMS CQI efforts improve patient care, increase employee competence and reduce liability risk exposure. **Completion Date: September, 2015.**



Performance Assessment Key: Fully Achieved.

During FY 2015, the Department focused EMS Continuous Quality Improvement (CQI) efforts to improve compliance with medical treatment protocol for patients presenting with chest pain. Treatment for cardiac emergencies was reviewed to determine appropriate receiving hospitals and informative, supportive feedback was provided to Department personnel making patient care decisions or performing direct patient care duties. Effective EMS CQI efforts improve patient care, increase employee competence and reduce liability risk exposure.

KEY PERFORMANCE INDICATORS– Emergency Medical Services Bureau

   	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual	FY 2015 YE Rating	Budget Program
	1.1	Percent decrease in 911 usage by Street Calls patients in a cohort ¹	13.87%	50%	Not Applicable	Not Available	Not Available	Emergency Medical Services
	2.1	Percent of patients in cardiac arrest that arrive at a hospital with a pulse after resuscitative care was initiated	19.93%	25%	Not Applicable	22.92%	Not Available	Emergency Medical Services
	2.2	Percent of patients with signs or symptoms of stroke that are transported to designated stroke center hospitals ²	Not Applicable	90%	Not Applicable	Not Available	Not Available	Emergency Medical Services



	2.3	Percent of patients surveyed indicating they were “satisfied” or “very satisfied” with Fire and EMS services during an EMS call	92.74%	90%	Not Applicable	89.22%	99.13%	Emergency Medical Services
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¹ Not reported in FY2015 due to source data unavailability.

² Not reported due to changes in source data and/or availability. Accordingly, this measure was incorporated into the FY 2016 Performance Plan using revised methodology to identify and collect measurement data.

Services Bureau

OBJECTIVE 1: Train and develop the Department’s workforce.

INITIATIVE 1.1: Complete incident “size-up” awareness training for operational employees.

During FY 2015, the Department will complete incident “size-up” awareness training for operational employees to assist with the early identification of technical rescue emergencies, special hazards and the need for requesting additional resources. Operational employees successfully completing training will be issued a “Site Operations” certification. Operational employees who can identify and manage technical rescue emergencies improve first responder safety, strengthen emergency management effectiveness and assist in bringing potentially catastrophic events to rapid conclusion. **Completion Date: September, 2015.**



Performance Assessment Key: Fully Achieved.

During FY 2015, the Department completed incident “size-up” awareness training for operational employees that focused on the effective management of rescue incident hazards along with proper identification of support resources. Successful trainees received “Site Operations” certification. Emphasizing operational awareness and effective incident management improves first responder safety and strengthens emergency management effectiveness.

OBJECTIVE 2: Administer human resources for the Department’s workforce.

INITIATIVE 2.1: Establish a database application to more quickly resolve employee pay discrepancy issues.

During FY 2015, the Department, working with the Office of the Chief Technology Officer (OCTO), will establish a database application to more quickly resolve employee pay discrepancy issues. This will include database entry fields establishing the date a pay discrepancy was identified, processed, endorsed and approved or denied. Establishing a database application to more quickly resolve employee pay discrepancy issues increases the



speed and efficiency of resolving apparent pay problems, while improving employee satisfaction. **Completion Date: September, 2015.**

● **Performance Assessment Key: Fully Achieved.**

During FY 2015, the Department collaborated with the Office of the Chief Technology Officer (OCTO) to establish a database application to more quickly resolve employee pay discrepancy issues. Implementation of the database was successful and allows for the identification and full status traceability of pay discrepancy incidents. Establishing a database application to more quickly resolve employee pay discrepancy issues increases the speed and efficiency of resolving apparent pay problems, while improving employee satisfaction.

OBJECTIVE 3: Monitor and improve employee safety and wellness.

INITIATIVE 3.1: Implement a DWI safety awareness program for operational employees.

During FY 2015, the Department will complete DWI awareness training of operational employees for assisting with understanding the risks, penalties and consequences of driving while impaired when off duty. Awareness and risk reduction programs promote good health, improve employee safety and reinforce positive workplace behaviors. **Completion Date: September, 2015.**

● **Performance Assessment Key: Partially Achieved.**

During FY 2015, the Department completed DWI awareness training for new recruits and operational employees to strengthen their understanding of the risks, penalties and consequences of driving while impaired when off duty. Recommendations on resources for recovery and rehabilitation were given to members who were arrested. Awareness and risk reduction programs promote good health, improve employee safety and reinforce positive workplace behaviors.

OBJECTIVE 4: Manage buildings and other properties owned by the Department.

INITIATIVE 4.1: Complete installation of replacement windows at Engine Companies 5 and 21.

During FY 2015, the Department will complete installation of historically relevant and energy efficient replacement windows at Engine Companies 5 and 21. This initiative supports Mayor Gray's Sustainable DC Plan by using innovative design and technology in buildings and neighborhoods to create vibrant, resilient urban environments, and attractive places to live, work, and play. **Completion Date: September, 2015.**

● **Performance Assessment Key: Partially Achieved.**

During FY 2015, the Department completed the installation of historically relevant, energy efficient replacement windows at Engine Company 5. Replacements for Engine Company 21 were not completed due to contractual issues. Enhancing the efficiency of operational



facilities while preserving the historical nature of buildings decreases utility costs and beautifies District neighborhood communities.

OBJECTIVE 5: Manage emergency apparatus and other vehicles owned by the Department.

INITIATIVE 5.1: Increase accountability for vehicle parts by improving parts room management functions.

During FY 2015, the Department will increase accountability of vehicle parts by improving parts room management functions including staffing, logistics, information technology and physical security controls designed to increase employee productivity and minimize older vehicle parts obsolescence. Increased accountability for vehicle parts by improving parts room management functions helps maximize shop throughput, improves cost tracking and minimizes vehicle downtime. **Completion Date: September, 2015.**



Performance Assessment Key: Partially Achieved.

During FY 2015, the Department retained a new Inventory Management Specialist and assigned additional personnel to increase the efficiency and accountability of parts room management functions. Process improvements resulted in significant increases in inventory levels and improved logistics and controls. Older vehicle parts obsolescence was not minimized due to the Inventory Management Specialist being separated from employment prior to completion. Increased accountability for vehicle parts by improving parts room management functions helps maximize shop throughput, improves cost tracking and minimizes vehicle downtime.

OBJECTIVE 6: Support decision making, communication and resource management by using information technology.

INITIATIVE 6.1: Replace existing FRMS software application.

During FY 2015, the Department will replace the existing Fire Records Management System (FRMS) software application with a more robust, user friendly application providing better integration with the Department's current electronic patient care report (ePCR) software application. The new FRMS will include expanded reporting modules and offer better connectivity for mobile users, including Fire Inspectors. Replacing the existing FRMS software application will allow the Department to meet National Fire Incident Reporting System (NFIRS) standards required by the United States Fire Administration (USFA). **Completion Date: September, 2015.**




Performance Assessment Key: Not Achieved.

During FY 2015, the Department initiated a request for proposal documentation and statement of work for Fire Records Management System (FRMS) software replacement. Due to budgetary limitations the initiative was pushed forward for completion in FY 2016.



Upgrading the existing FRMS software application will optimize usability and ensure conformity with National Fire Incident Reporting System (NFIRS) standards.

KEY PERFORMANCE INDICATORS– Services Bureau

   	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual	FY 2015 YE Rating	Budget Program
	3.1	Number of department vehicles involved in accidents during emergency incident responses ³	332	< 100	Not Available	313	31.95%	Services
	3.2	Number of department personnel injured during emergency incident operations	297	< 175	Not Available	178	98.31%	Services
	4.1	Number of fire stations completing planned major repairs or complete renovation	2	1	Not Available	0	Not Available	Services
	5.1	Percent of ambulance fleet unavailable for daily operation ⁴	Not Available	20%	Not Available	Not Available	Not Available	Services
	5.2	Percent of fire engine fleet unavailable for daily operation ⁴	Not Available	30%	Not Available	Not Available	Not Available	Services
	5.3	Percent of fire ladder truck fleet unavailable for daily operation ⁴	Not Available	33%	Not Available	Not Available	Not Available	Services

³Data revised for FY 2014 YE Actual.

⁴Not reported due to source data availability. Accordingly, this measure was incorporated into the FY 2016 Performance Plan using revised methodology to identify and collect measurement data.

Fire Prevention and Investigations Division

Fire and Emergency Medical Services Department
Government of the District of Columbia

FY 2015 Performance Accountability Report
Published: January 2016



OBJECTIVE 1: Reduce threats to lives and property by preventing fires before they happen.

INITIATIVE 1.1: Implement a comprehensive fire inspection program of high rise buildings to improve fire safety.

During FY 2015, the Department will implement a comprehensive high rise building fire safety inspection program for buildings five (5) stories or greater to inspect and evaluate fire and life safety systems required by District of Columbia Fire Code. Named “Rise Up,” the program will focus on fire protection and notification systems, including smoke control and building egress components. Comprehensive fire safety inspection programs of high rise buildings with large occupancy loads reduce the risk of death, injury or property damage caused by fires.

Completion Date: September, 2015.



Performance Assessment Key: Fully Achieved.

During FY 2015, the Department implemented a high rise building fire safety inspection program for buildings five (5) stories or greater to inspect and evaluate fire and life safety systems required by District of Columbia Fire Code. More than one hundred and twenty (120) high-rise buildings were inspected including hotels, office buildings, multi-family residential properties and college dorms. Comprehensive fire safety inspection programs of high rise buildings with large occupancy loads reduce the risk of death, injury or property damage caused by fires.

OBJECTIVE 2: Investigate to determine the cause and origin of fires.

INITIATIVE 2.1: Implement a Fire Investigations performance improvement initiative to increase the closure rate of arson cases.

During FY 2015, the Department will implement a Fire Investigations performance improvement initiative to increase the closure rate of arson cases by expanding the number of Armed Fire Investigators working in the Fire Investigations Unit (FIU). This will include the selection, training and credentialing of at least three (3) additional Armed Fire Investigators. Fire Investigation performance improvement initiatives of this type reduce the risk of death, injury or property damage caused by fires associated with criminal offenses. **Completion Date: September, 2015.**



Performance Assessment Key: Partially Achieved.

During FY 2015, the Department focused on improving the performance of the Fire Investigations Unit to increase the closure rate of arson cases. This included the selection, training and credentialing of one (1) new Armed Fire Investigator. Two additional Investigators will be added in FY 2016; one (1) began training in June of 2015 and one (1) member to begin training in FY 2016. Fire Investigation performance improvement initiatives of this type reduce the risk of death, injury or property damage caused by fires associated with criminal offenses.

KEY PERFORMANCE INDICATORS– Fire Prevention and Investigations Division



	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual	FY 2015 YE Rating	Budget Program
	1.1	Number of residential structure fires per 1,000 residential structures	4.85	< 4	Not Applicable	3.84	104.17%	Fire Prevention and Investigation
	1.2	Number of residential structure fires per 1,000 population	1.21	< 1	Not Applicable	0.94	106.38%	Fire Prevention and Investigation
	1.3	Percent of residential structure fires contained to the room of origin.	82.41%	> 80%	Not Applicable	84.28%	105.35%	Fire Prevention and Investigation
	1.4	Percent of residential structure fires contained to the structure of origin.	14.63%	> 20%	Not Applicable	13.13%	65.64%	Fire Prevention and Investigation
	1.5	Total combined commercial and industrial structure fire incidents per 1,000 commercial and industrial structures	5.03	< 15	Not Applicable	3.98	376.88%	Fire Prevention and Investigation
	1.6	End-of-fiscal year percent change in number of structural fires	5.40%	-5%	Not Applicable	-20.82%	416.32%	Fire Prevention and Investigation
	1.7	End-of-fiscal year number of civilian fire fatalities	9	≤ 5	Not Applicable	7	71.43%	Fire Prevention and Investigation
	1.8	End-of-fiscal year number of civilian	82	≤ 50	Not Applicable	165	30.3%	Fire Prevention



		fire injuries						and Investigation
●	2.1	End-of-fiscal year percent of arson fires cleared by arrest or exceptional means	12.21%	> 25%	Not Applicable	7.46%	29.82%	Fire Prevention and Investigation
●	2.2	Total arson fires per 10,000 population	3.29	< 2	Not Applicable	3.44	58.14%	Fire Prevention and Investigation

Office of Communications

OBJECTIVE 1: Communicate information to the public and media.

INITIATIVE 1.1: Increase public attention of social media feeds to improve information distribution.

During FY 2015, the Department will increase public attention of social media feeds by expanding both daily and weekly transmissions of emergency incident updates and original content, including life safety and health improvement information. Wider distribution of public safety information by social media better informs District residents of Department services, improves preparedness and promotes community wellness. **Completion Date: September, 2015.**



Performance Assessment Key: Fully Achieved.

During FY 2015, the Department expanded daily and weekly transmissions of emergency incident updates and original content on social media feeds to increase public attention. Transmissions included life safety and health improvement information. A substantial upsurge of public viewership was realized due to expansion efforts. Wider distribution of public safety information better informs District residents of Department services, improves preparedness and promotes community wellness.

OBJECTIVE 2: Reduce threats to lives and property through public education and intervention programs.

INITIATIVE 2.1: Increase public awareness of learning CPR to reduce the risk of “sudden death” caused by cardiac arrest.

During FY 2015, the Department will increase public awareness of learning “hands only” CPR by producing a 90 second video for transmission by social media feeds and other media distribution platforms. This will include “hands only” CPR demonstrations conducted during



community events attended by Department personnel. Improved public awareness of learning CPR is a “link” in the American Heart Association “chain of survival” for surviving cardiac arrest, which includes “immediate recognition of cardiac arrest and activation of 9-1-1,” “early CPR with an emphasis on chest compressions,” and “rapid defibrillation.” **Completion Date: September, 2015.**



Performance Assessment Key: Not Achieved.

During FY 2015, the Department planned to increase public awareness of learning “hands only” CPR by producing a 90 second video for transmission by social media feeds and other media distribution platforms. Due to a series of changes in agency leadership and organizational structure, this initiative was not achieved, but will be revised and pushed forward to FY 2016. Improved public awareness of learning CPR is a “link” in the American Heart Association “chain of survival” for surviving cardiac arrest, which includes “immediate recognition of cardiac arrest and activation of 9-1-1,” “early CPR with an emphasis on chest compressions,” and “rapid defibrillation.”

KEY PERFORMANCE INDICATORS– Office of Communications

 	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual	FY 2015 YE Rating	Budget Program
	2.1	Number of neighborhood level fire safety presentations completed	623	500	Not Applicable	676	135.2%	Communications
	2.2	Number of at school fire safety presentations completed	153	50	Not Applicable	140	280%	Communications
	2.3	Number of neighborhood level health screenings completed	176	> 50	Not Applicable	127	254%	Communications
	2.4 ⁵	Number of smoke alarm installations ⁵	902	> 1,000	Not Applicable	Not Reported	Not Applicable	Communications
	2.5 ⁶	Number of car seat installations ⁶	1,257	1,500	Not Applicable	Not	Not	Communications



						Reported	Applicable	
	2.6	Number of CPR program participants	1,037	> 1,000	Not Applicable	1,177	117.7%	Communications
	2.7	Number of District wide automatic external defibrillator (AED) registrations	580	> 600	Not Applicable	590	98.33%	Communications

⁵ Not reported due to changes in source data and/or availability. Accordingly, this measure was incorporated into the FY 2016 Performance Plan using revised methodology to identify and collect measurement data. Responsibility for data collection during FY 2016 was transferred from the Office of Communications to the Fire Prevention Division.

⁶ Value not available due to program discontinuation.

Office of the Fire and EMS Chief

OBJECTIVE 1: Work closely with the Executive Office of the Mayor, Deputy Mayor of Public Safety and City Administrator to meet the needs of District residents while efficiently administering Department services.

INITIATIVE 1.1: Improve Homeland Security and Special Operations preparedness.

During FY 2015, the Department, working closely with the Deputy Mayor of Public Safety (DMPS) and the District's Homeland Security and Emergency Management Agency (HSEMA), will improve Homeland Security and Special Operations preparedness by more closely evaluating and aligning operational response capabilities with emerging and identified risks. Improving Homeland Security and Special Operations preparedness strengthens emergency management effectiveness and assists in bringing potentially catastrophic events to rapid conclusion. **Completion Date: September, 2015.**



Performance Assessment Key: Partially Achieved.

During FY 2015, the Department collaborated with the District's Homeland Security and Emergency Management Agency (HSEMA) to complete a Threat Hazard Identification and Risk Assessment. Grant funding was secured for the development of a District-wide Mass Casualty plan. Improving Homeland Security and Special Operations preparedness strengthens emergency management effectiveness and assists in bringing potentially catastrophic events to rapid conclusion.

OBJECTIVE 2: Continue to improve labor/management partnerships.

INITIATIVE 2.1: Improve communication and documentation skills related to the supervision and management of employees.

During FY 2015, the Department will improve supervisor communication and documentation skills as part of "officer investment" courses related to the supervision and management of employees. This will include identification of supervisor responsibilities along with how



effective documentation supports management decisions. Understanding why and when supervisor documentation is required will be extensively covered. Improving communication and documentation skills related to the supervision and management of employees reduces the likelihood of grievances, decreases the number of arbitration cases and limits the risk of litigation. **Completion Date: September, 2015.**

● **Performance Assessment Key: Not Achieved.**

During FY 2015, the Department planned to improve supervisor communication and documentation skills as part of “officer investment” courses related to the supervision and management of employees. Due to a series of changes in agency leadership this initiative will be revised and pushed forward to FY 2016 and revised to formulate and publish a leadership development plan. Improving communication and documentation skills related to the supervision and management of employees reduces the likelihood of grievances, decreases the number of arbitration cases and limits the risk of litigation.

OBJECTIVE 3: Use strategic level planning tools to improve services and better prepare for the future.

INITIATIVE 3.1: Evaluate and update organizational structure to align with budget program and activity codes determined by the OCFO.

During FY 2015, the Department, working collaboratively with the Office of the Chief Financial Officer (OCFO), will evaluate and update Department organizational structure to align with budget program and activity codes for FY 2016 budget formulation. This will include recognition of an identifiable budget by major organizational division of the Department. Aligning organizational structure with budget program and activity codes allows for transparency during budget formulation, accounts for program and activity funding by organizational division and assists in determining impacts associated with budget funding decisions. **Completion Date: January, 2016.**

● **Performance Assessment Key: Not Achieved.**

During FY 2015, the Department planned to work collaboratively with the Office of the Chief Financial Officer (OCFO) to evaluate and update Department organizational structure to align with budget program and activity codes for FY 2016 budget formulation. Due to a series of changes in agency leadership and organizational structure, this initiative was pushed forward to FY 2016. Aligning organizational structure with budget program and activity codes allows for transparency during budget formulation, accounts for program and activity funding by organizational division and assists in determining impacts associated with budget funding decisions.

KEY PERFORMANCE INDICATORS— Office of the Fire and EMS Chief



	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual	FY 2015 YE Rating	Budget Program
	1.1	Average time in days to close Mayoral customer service work flows	1	7	Not Available	3	233%	Administrative Support
	1.2	Number of community group meetings scheduled and attended by executive managers	137	> 100	Not Available	80	80%	Administrative Support
	2.1	Number of labor/management planning activity meetings scheduled and attended by executive managers	24	12	Not Available	16	133.33%	Agency Management

WORKLOAD MEASURES – APPENDIX

WORKLOAD MEASURES

Measure Name	FY 2013 YE Actual	FY 2014 YE Actual	FY 2015 YE Actual	Budget Program
Number of emergency incident responses	167,335	179,319	197,092	Office of the Director
Number of EMS incident responses	137,512	147,006	162,168	Office of the Director
Number of EMS patient	100,605	109,004	115,262	Office of the Director



transports				
Number of EMS quality case reviews ⁷	Not Available	Not Available	Not Available	Office of the Director
Number of Street Calls patient contacts	183	226	273	Office of the Director
EMS patient transport revenue (in millions)	\$25.3 million	\$25.3 million	\$25.7 million	Office of the Director
Number of fire and other incident responses	29,823	32,313	34,924	Office of the Director
Number of structural fires	907	956	757	Office of the Director
Number of other fires	463	507	909	Office of the Director
Number of fires classified as arson	273	213	228	Office of the Director
Number of arson arrests	29	29	20	Office of the Director
Number of fire code violations observed	12,445	16,740	12,336	Office of the Director
Number of fire code complaints investigated	505	636	413	Office of the Director
Fire Marshal fee and permit revenue	\$479,996	\$544,803	\$505,093	Office of the Director

⁷ Not available. During FY 2016, source data for this measure to be replaced by EMS CQI data.

ATTACHMENT

QUESTION 23

(FY16 PMP)

Fire and Emergency Medical Services Department FY2016

Agency Fire and Emergency Medical Services Department

Agency Acronym FEMS

Agency Code FB0

Fiscal Year 2016

2016 Workload Measures

Performance Plan Metrics	Frequency of Reporting	Measure	FY2013	FY2014	FY2015
Workload Measure (18 Measures)					
Workload Measure	Quarterly	Number of emergency incidents.	167333	179319	197092
Workload Measure	Quarterly	Number of EMS incidents.	137638	147185	162168
Workload Measure	Quarterly	Number of "lower priority" (not time-sensitive) EMS incidents.	67381	73511	79048
Workload Measure	Quarterly	Number of "higher priority" (time-sensitive) EMS incidents.	64856	67776	76147
Workload Measure	Quarterly	Number of "highest priority" (very time-sensitive) EMS incidents.	5401	5898	7185
Workload Measure	Quarterly	Number of FEMS patient transports.	100605	109044	115262
Workload Measure	Quarterly	EMS patient transport revenue.	25322661	25359164	22893986
Workload Measure	Quarterly	Number of fire incidents.	28159	30665	33186
Workload Measure	Quarterly	Number of "structure fire" incidents.	3327	3556	3974
Workload Measure	Quarterly	Number of "structure fires" extinguished.	907	956	757
Workload Measure	Quarterly	Number of "residential structure fires" extinguished.	696	779	617
Workload Measure	Quarterly	Number of "other fires" extinguished.	1139	1113	909
Workload Measure	Quarterly	Number of occupancies inspected.	11590	12227	10148
Workload Measure	Quarterly	Number of fire code violations observed.	12445	16740	12336
Workload Measure	Quarterly	Number of fire code complaints investigated.	505	636	413
Workload Measure	Quarterly	Number of fires classified as "arson."	273	213	228
Workload Measure	Quarterly	Number of "arson" arrests.	29	29	20
Workload Measure	Quarterly	Fire Prevention fee and permit revenue.	479996	544803	505093

2016 Key Performance Indicators

Performance Plan Metrics	Division	Frequency of Reporting	Measure	Current Fiscal Year Target	FY2013	FY2014	FY2015
1 - Quickly control and extinguish fires. (5 Measures)							
Key Performance Indicator		Quarterly	Percentage of structure fire calls when a first responding fire engine arrived in 5 minutes 20 seconds or less.	0.9	91.7	93	88
Key Performance Indicator		Quarterly	Percentage of structure fire calls when a first alarm assignment arrived in 9 minutes 20 seconds or less.	0.9	41.63	52.34	33.33
Key Performance Indicator		Quarterly	Percentage of high-rise structure fire calls when a first alarm assignment arrived in 11 minutes 30 seconds or less.	0.9			
Key Performance Indicator		Quarterly	Percentage of residential structure fires where flame spread was confined to the room of origin.	0.8	80.6	82.4	84.3
Key Performance Indicator		Quarterly	Percentage of residential structure fires where flame spread was confined to the room or structure of origin.	0.95	96.3	97	97.4
3 - Compassionately care for sick and injured patients. (2 Measures)							
Key Performance Indicator		Quarterly	Percentage of patients surveyed who indicated they "agreed" or "strongly agreed" that FEMS personnel acted courteous and respectful during an EMS call.	0.9			
Key Performance Indicator		Quarterly	Percentage of patients surveyed who indicated they were "satisfied" or "very satisfied" with the services they received during an EMS call.	0.9	91.76	92.74	89.22
4 - Improve emergency medical care for patients with time sensitive illnesses or injuries. (8 Measures)							
Key Performance Indicator		Quarterly	Percentage of higher priority EMS calls when a first responding EMT arrived in 5 minutes or less.	0.9	68.1	77.3	63
Key Performance Indicator		Quarterly	Percentage of higher priority EMS calls when a first responding EMT arrived in 5 minutes or less and a Paramedic arrived in 9 minutes or less.	0.9	57.8	69.3	53.3
		Quarterly	Percentage of highest priority EMS calls when a	0.9	56.8	68	52.6

Performance Plan Metrics	Division	Frequency of Reporting	Measure	Current Fiscal Year Target	FY2013	FY2014	FY2015
Key Performance Indicator			first responding EMT arrived in 5 minutes or less and two Paramedics arrived in 9 minutes or less.				
Key Performance Indicator		Quarterly	Percentage of higher priority EMS calls when a FEMS transport unit arrived in 9 minutes or less.	0.9	76.9	82.5	70.8
Key Performance Indicator		Quarterly	Percentage of EMS patient transport calls when a FEMS transport unit returned to service in 30 minutes or less after arriving at a hospital with a patient.	0.5	23.5	16.8	12.4
Key Performance Indicator		Quarterly	Percentage of patients who survived to hospital discharge after experiencing a sudden cardiac arrest witnessed by a bystander.	0.15	0	6.3	0
Key Performance Indicator		Quarterly	Percentage of patients with suspected cardiac etiology who survived to hospital discharge after experiencing a sudden cardiac arrest witnessed by a bystander with an initial rhythm of ventricular fibrillation.	0.3	0	17.9	0
Key Performance Indicator		Quarterly	Percentage of Level 1 Criteria Trauma patients transported in 10 minutes or less after a first responding EMT or Paramedic arrived at an EMS call.	0.95			

5 - Improve the quality of emergency medical care provided by Department personnel. (4 Measures)

Key Performance Indicator		Quarterly	Percentage of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for cardiac arrest patients.	0.95			
		Quarterly	Percentage of EMS CQI cases reviewed	0.95			

Performance Plan Metrics	Division	Frequency of Reporting	Measure	Current Fiscal Year Target	FY2013	FY2014	FY2015
Key Performance Indicator			indicating timely, appropriate and successful treatment for suspected STEMI patients.				
Key Performance Indicator		Quarterly	Percentage of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for suspected stroke patients.	0.95			
Key Performance Indicator		Quarterly	Percentage of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for Level 1 Criteria Trauma patients.	0.95			

6 - Improve health safety awareness through public education. (4 Measures)

Key Performance Indicator		Quarterly	Number of participants who attended FEMS "hands only" CPR/AED familiarization training program events.	5000			
Key Performance Indicator		Quarterly	Percentage of patients who experienced a sudden cardiac arrest, witnessed by a bystander, with CPR performed by a bystander.	0.4	0	31.8	0
Key Performance Indicator		Quarterly	Number of AEDs actively registered and available for public use in the District of Columbia.	1000			
Key Performance Indicator		Quarterly	Percentage of patients who experienced a sudden cardiac arrest, witnessed by a bystander, with an AED applied by a bystander.	0.05	0	2.3	0

Performance Plan Metrics	Division	Frequency of Reporting	Measure	Current Fiscal Year Target	FY2013	FY2014	FY2015
7 - Identify alternatives for patients who routinely use EMS to access healthcare. (4 Measures)							
Key Performance Indicator		Quarterly	Number of individually identified patients who were transported 10 or more times during a 12 month period by an FEMS transport unit.	500	0	590	0
Key Performance Indicator		Quarterly	Number of patient transports for individually identified patients who were transported 10 or more times during a 12 month period by an FEMS transport unit.	12000			
Key Performance Indicator		Quarterly	Percentage of all patients who were individually identified as being transported 10 or more times during a 12 month period by an FEMS transport unit.	0.01			
Key Performance Indicator		Quarterly	Percentage of all patient transports for patients individually identified as being transported 10 or more times during a 12 month period by an FEMS transport unit.	0.12			
9 - Improve employee safety and wellness. (2 Measures)							
Key Performance Indicator		Quarterly	Number of FEMS operated vehicles involved in accidents.	500	0	0	0
Key Performance Indicator		Quarterly	Number of FEMS personnel injured while at work.	300			
11 - Improve the reliability of emergency vehicles. (3 Measures)							
Key Performance Indicator		Quarterly	Percentage of time ambulances in the FEMS emergency vehicle fleet were unavailable for daily operation	0.25			

Performance Plan Metrics	Division	Frequency of Reporting	Measure	Current Fiscal Year Target	FY2013	FY2014	FY2015
			because of maintenance or repair work.				
Key Performance Indicator		Quarterly	Percentage of time fire engines in the FEMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work.	0.25			
Key Performance Indicator		Quarterly	Percentage of time fire ladder trucks in the FEMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work.	0.25			

13 - Improve fire safety awareness through public education. (2 Measures)

Key Performance Indicator		Quarterly	Number of fire safety education presentations completed for pre-school/kindergarten age children.	150			
Key Performance Indicator		Quarterly	Number home fire safety/smoke alarm installation visits completed for District residents.	750			

14 - Reduce threats to lives and property by preventing fires. (2 Measures)

Key Performance Indicator		Quarterly	Percentage of residential structure fires without a working smoke alarm.	0.2			
Key Performance Indicator		Quarterly	Number of civilian fire fatalities.	10	8	9	7

15 - Determine the origin and cause of fires by investigation. (1 Measure)

Key Performance Indicator		Quarterly	Percentage of "structural" arson fires cleared by arrest or exceptional means.	0.25	25	30.43	18.18
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16 - Communicate information to the public and media. (2 Measures)

		Quarterly	Number of times the FEMS web site	0			
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Performance Plan Metrics	Division	Frequency of Reporting	Measure	Current Fiscal Year Target	FY2013	FY2014	FY2015
Key Performance Indicator			was visited to access service, program or performance measurement content.				
Key Performance Indicator		Quarterly	Number of community group meetings scheduled and attended by executive managers.	100	112	137	80
17 - Strengthen the labor/management partnership. (1 Measure)							
Key Performance Indicator		Quarterly	Number of labor/management partnership meetings scheduled and attended by executive managers.	12	12	24	16
Performance Plan Metrics	Division	Frequency of Reporting	Measure	Current Fiscal Year Target	FY2013	FY2014	FY2015
No measures found							

2016 Objectives

FY16 Objectives

Division/Department	Objective Number	Objective Description
Emergency Medical Services Administration Division (3 Objectives)		
Emergency Medical Services Administration Division	5	Improve the quality of emergency medical care provided by Department personnel.
Emergency Medical Services Administration Division	6	Improve health safety awareness through public education.
Emergency Medical Services Administration Division	7	Identify alternatives for patients who routinely use EMS to access healthcare.
Emergency Medical Services Operations Division (2 Objectives)		
Emergency Medical Services Operations Division	3	Compassionately care for sick and injured patients.
Emergency Medical Services Operations Division	4	Improve emergency medical care for patients with time sensitive illnesses or injuries.
Fire Prevention Division (3 Objectives)		
Fire Prevention Division	13	Improve fire safety awareness through public education.
Fire Prevention Division	14	Reduce threats to lives and property by preventing fires.
Fire Prevention Division	15	Determine the origin and cause of fires by investigation.

Division/Department	Objective Number	Objective Description
Office of the Fire and EMS Chief (3 Objectives)		
Office of the Fire and EMS Chief	16	Communicate information to the public and media.
Office of the Fire and EMS Chief	17	Strengthen the labor/management partnership.
Office of the Fire and EMS Chief	18	Plan and prepare for the future.
Operations Bureau (2 Objectives)		
Operations Bureau	1	Quickly control and extinguish fires.
Operations Bureau	2	Be prepared for natural disasters or other catastrophic events.
Services Bureau (4 Objectives)		
Services Bureau	8	Develop a safe and technically competent workforce.
Services Bureau	9	Improve employee safety and wellness.
Services Bureau	10	Improve living and working conditions in fire stations.
Services Bureau	11	Improve the reliability of emergency vehicles.
Technical Services Bureau (1 Objective)		
Technical Services Bureau	12	Use information technology to improve business processes.

2016 Initiatives

Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
Emergency Medical Services Administration Division - 5 (1 Initiative)						
Emergency Medical Services Administration Division	5	Improve the quality of emergency medical care provided by Department personnel.	Improve the quality of emergency medical care provided by Department personnel.	5.1	Improve the quality of emergency medical care provided for "time sensitive" illnesses and injuries.	During FY 2016 the Department will focus EMS Continuous Quality Improvement (CQI) efforts on improving the quality of emergency medical care provided for "time sensitive" illnesses and injuries including cardiac arrest, ST segment Elevation Myocardial Infarction (STEMI), stroke and life threatening traumatic injuries. This includes reviewing electronic patient care reports (ePCRs) and hospital records to determine if a

Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
						patient receive timely, appropriate and successful treatment, followed by providing informative and supportive feedback to Department personnel involved in such cases. Improving the quality of care for time sensitive illnesses and injuries supported improved quality of emergency medical care provided by Department personnel.
TOT	5					

Emergency Medical Services Administration Division - 6 (1 Initiative)

Emergency Medical Services Administration Division	6	Improve health safety awareness through public education.	Improve health safety awareness through public education.	6.1	Expand "Citizen CPR" participation during sudden cardiac arrest (SCA) events.	During FY 2018 and as part of priority goal to transform EMS the District initiated the District's premier system the Department will provide CPR training to at least 5,000 District residents, employees and work day commuters. Training includes scheduling "hands only" CPR and automatic external defibrillator (AED) familiarization training for participants at locations across the District, promoting such events using the Department webpage, social media and community outreach, along with conducting such training involving Department personnel.
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Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
						Expanding "CPR" participation during sudden cardiac arrest (SCA) events supports improved health safety awareness through public education.
TOT	6					

Emergency Medical Services Administration Division - 7 (1 Initiative)

Emergency Medical Services Administration Division	7	Identify alternatives for patients who routinely use EMS to access healthcare.	Identify alternatives for patients who routinely use EMS to access healthcare.	7.1	Work with healthcare insurance programs to reduce non-emergency use of EMS.	During FY 2018 and in cooperation with District partnership healthcare agencies, the Department will work with healthcare insurance programs to reduce non-emergency use of EMS. This includes identifying patients with 10 or more ambulance transports during the period of October 1, 2017 to September 30, 2018, reviewing electronic patient care reports (ePCRs) and insurance claim records to identify reasons why such patients use EMS, and, with the cooperation of insurance programs, identifying alternatives other than EMS to reduce non-emergency use of EMS by such patients. Working with healthcare insurance programs to reduce non-emergency use of EMS supports identifying alternatives for patients who routinely use EMS.
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Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
						to access healthcare.
TOT	7					

Emergency Medical Services Operations Division - 3 (1 Initiative)

Emergency Medical Services Operations Division	3	Compassionately care for sick and injured patients.	Compassionately care for sick and injured patients.	3.1	Improve "on-scene" management of sudden cardiac arrest (SCA).	During FY 201 and as part of priority goal to transform EMS the District into the premier system the Department will improve "on-scene" management of sudden cardiac arrest (SCA) by implementing revised cardiac arrest medical protocols and completing training to improve SCA patient care. This includes revising "on scene" cardiac arrest workflow requirements, conducting "high performance" training for Firefighters, EMTs and Paramedics along with expanding follow up contact at receiving hospital after transfer of patient care. Improving "on scene" management of SCA supports compassionate care for sick and injured patients.
TOT	3					

Emergency Medical Services Operations Division - 4 (1 Initiative)

Emergency Medical Services Operations Division	4	Improve emergency medical care for patients with time sensitive illnesses or injuries.	Improve emergency medical care for patients with time sensitive illnesses or injuries.	4.1	Improve 9-1-1 call taker recognition and management of sudden cardiac arrest (SCA).	During FY 201 and as part of priority goal to transform EMS the District into the premier system the Department will work closely with the OUC on training 9-1-1 call takers to better
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Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
						recognize and quickly manage reported cardiac arrests. This includes training OUC call takers to quickly assess and recognize and process sudden cardiac arrest (SCA) calls, provide CPR instructions to 9-1-1 callers to use the phone and to identify the closest available public automatic external defibrillator (AED) for use during each event. Improving 9-1-1 call taker recognition and management of SCA supports improved emergency medical care for patients with time-sensitive illnesses or injuries.
TOT	4					
Fire Prevention Division - 13 (1 Initiative)						
Fire Prevention Division	13	Improve fire safety awareness through public education.	Improve fire safety awareness through public education.	13.1	Increase public access to fire safety education programs.	During FY 2018 and in cooperation with the Office of the Chief Technology Officer (OCTO), the Department will increase public access to daycare, preschool and kindergarten fire safety education programs by publishing program content and scheduling information to Department website. This includes creating fire safety education program web page, publishing daycare, preschool and pre-kindergarten fire

Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
						safety education program content along with creating and publishing web forms for identifying customer interest and scheduling site classes. Increasing public accessibility to safety education programs supports improved fire safety awareness through public education.
TOT	13					
Fire Prevention Division - 14 (1 Initiative)						
Fire Prevention Division	14	Reduce threats to lives and property by preventing fires.	Reduce threats to lives and property by preventing fires.	14.1	Complete pre-incident planning for "higher risk" buildings and structures.	During FY 201 and as part of Department-wide strategy to improve first responder safety the Department will complete "higher risk" building or structure pre-incident planning within each Engine Company district. This includes identification of at least one (1) "higher risk" building or structure with each Engine Company district by the Fire Prevention Division, scheduling an on-site "informational inspection" involving Fire Inspectors, Department of Consumer and Regulatory Affairs (DCRA) Building Inspectors and duty company personnel, along with completing pre-incident planning for each identified "higher risk" building or

Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
						structure incorporating Standard 1620 ("Standard for Pre-Incident Planning") and Department "informative inspection" requirements. Completing pre incident planning for "higher risk buildings and structures supports reducing threats to lives and property by preventing fire
TOT	14					
Fire Prevention Division - 15 (1 Initiative)						
Fire Prevention Division	15	Determine the origin and cause of fires by investigation.	Determine the origin and cause of fires by investigation.	15.1	Complete origin and cause training for fire investigation personnel.	During FY 201 the Department will complete origin and cause determination training for fire investigation personnel to a with identifying and prosecuting criminal offenses associated with fires. This includes classroom and practical instruction focusing on fire up and case closure requirements incorporating recommendations described by NFPA Guide 921 ("Guide for Fire and Explosion Investigations while following Department fire investigation procedures. Completing origin and cause training for fire investigation personnel supports determination the origin and cause of fires by investigation.

Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
TOT	15					
Office of the Fire and EMS Chief - 16 (2 Initiatives)						
Office of the Fire and EMS Chief	16	Communicate information to the public and media.	Communicate information to the public and media.	16.1	Campaign to survive cardiac arrest.	During FY 201 and as part of priority goal to transform EMS the District into premier system the Department will conduct a communication campaign to promote public recognition of cardiac arrest, activation of 9-1-1, use of "hands only CPR" and use of automated external defibrillators (AEDs) to reduce the risk of "sudden death" caused by cardiac arrest. This includes branding, e-mail media and community outreach for the campaign activities. All campaign activities are "links" in the American Heart Association "chain of survival" for cardiac arrest. Campaigning to survive cardiac arrest support communication information to public and media.
Office of the Fire and EMS Chief	16	Communicate information to the public and media.	Communicate information to the public and media.	16.2	Improve the Department website.	During FY 201 and in cooperation with OCTO, the Department will improve the agency website making it more accessible, user friendly and up to date. This includes expanding available information while making it more accessible and

Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
						intuitive to local creating and publishing well forms for submission of customer service requests and regularly update content to reflect more timely information and enhance agency image. Improve the Department website support communication information to public and media
TOT	32					

Office of the Fire and EMS Chief - 17 (1 Initiative)

Office of the Fire and EMS Chief	17	Strengthen the labor/management partnership.	Strengthen the labor/management partnership.	17.1	Formulate and publish a leadership development plan.	During FY 201 and working in cooperation with organized labor unions, the Department will formulate and publish a leadership development plan. This includes surveying both labor and management to assess need, working with labor organizations to identify standards and training programs for promotion, along with describing organizational goals and objectives for developing strategies innovative and diverse leadership. Formulating and publishing a leadership development plan supports a strengthened labor/management partnership.
TOT	17					

Office of the Fire and EMS Chief - 18 (2 Initiatives)

	18			18.1		
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Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
Office of the Fire and EMS Chief		Plan and prepare for the future.	Plan and prepare for the future.		Align organizational structure with budget program and activity codes.	During FY 2017 and working collaboratively with the Office of the Chief Financial Officer (OCFO), the Department will align organizational structure with budget program and activity codes for FY 2017 budget formulation. This includes evaluating organizational structure by division, identifying responsibilities, programs and associating budget and activity codes with major Department divisions and programs. This will allow for greater transparency and evaluation of funding decisions. Aligning organizational structure with budget program and activity codes supports planning and preparing for the future.
Office of the Fire and EMS Chief	18	Plan and prepare for the future.	Plan and prepare for the future.	18.2	Formulate a comprehensive process for developing a Department level strategic plan.	During FY 2017 the Department will formulate and describe a comprehensive process for developing a five (5) year Department level strategic plan. This includes assessing and defining the scope of the strategic planning process, engaging collectively with labor and other internal and external agency stakeholders and determining information

Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
						requirements needed to support a strategic planning effort. Formulating a comprehensive process for developing a Department level strategic plan, supports planning and preparing the future.

TOT

36

Operations Bureau - 1 (1 Initiative)

Operations Bureau	1	Quickly control and extinguish fires.	Quickly control and extinguish fires.	1.1	Improve fire suppression operational preparedness.	During FY 2011 the Department will improve fire suppression operational preparedness implementing revised minimum equipment standards, updating fire ground standards operating procedures and revising fire response dispatch protocols. This includes implementing revised minimum equipment standards for line and ready reserve fire apparatus, reviewing and updating fire ground standards operating procedures incorporating recommendations described by National Fire Protection Association (NFPA) Guide 1700 ("Guide for Structural Fire Fighting") and cooperation with the Office of Unified Communications (OUC), revising fire response
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Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
						protocols use the computer aided dispatch (CAD) system. Improving fire suppression operational preparedness supports quick control and extinguishmer fires.
TOT	1					
Operations Bureau - 2 (2 Initiatives)						
Operations Bureau	2	Be prepared for natural disasters or other catastrophic events.	Be prepared for natural disasters or other catastrophic events.	2.1	Assess marine rescue and firefighting (MRFF) operational preparedness.	During FY 201 the Department will improve marine rescue firefighting (MRFF) operational preparedness evaluating grc and developm occurring along the District's southwest waterfront and incorporating : changes into t MRFF response plan. This includes assessing buildings and structures accessible by waterways, evaluating marine rescue operations in major waterways and comparing perceived operational requirements National Fire Protection Association (NFPA) Standard 1921 ("Standard on Marine Fire-Fighting Vessels") to better identify future needs. Assessing MRFF operational preparedness supports preparedness natural disasters or other

Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
						catastrophic events.
Operations Bureau	2	Be prepared for natural disasters or other catastrophic events.	Be prepared for natural disasters or other catastrophic events.	2.2	Improve radiological and nuclear threat detection capacity.	During FY 201 and in cooperation with the Department of Homeland Security's "Securing the Cities" program the Department will improve radiological and nuclear threat detection capacity. This includes deploying new radiological and nuclear threat detection equipment and completing specialized training for senior operational personnel incorporating recommendations described by the Proposed Standard 475 ("Recommend Practice for Responding to Hazardous Materials Incidents/Weapons of Mass Destruction"). Improving radiological and nuclear threat detection capacity supports preparedness for natural disasters or other catastrophic events.
TOT		4				
Services Bureau - 8 (1 Initiative)						
Services Bureau	8	Develop a safe and technically competent workforce.	Develop a safe and technically competent workforce.	8.1	Complete driver safety awareness training for operational personnel.	During FY 201 and as part of the Department-wide strategy to improve first responder safety the Department will complete driver safety

Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
						<p>awareness training for operational personnel. This includes classroom and practical training incorporating requirements described by NFPA Standard 1453: "Standard for Fire and Emergency Services Vehicle Operations Training Program"), with the following Department emergency apparatus operating procedures focusing on safe vehicle operation and accident avoidance. Completing driver safety awareness training for operational personnel support development of a safe and technically competent workforce.</p>
TOT		8				
Services Bureau - 9 (1 Initiative)						
Services Bureau	9	Improve employee safety and wellness.	Improve employee safety and wellness.	9.1	Implement an emergency incident rehabilitation and medical monitoring program.	<p>During FY 2018 and as part of the Department-wide strategy to improve first responder safety in partnership with the International Association of Firefighters (IAFF), the Department will implement an emergency incident rehabilitation and medical monitoring program to ensure the health of operational personnel during emergency incidents. This</p>

Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
						includes training for operational personnel incorporating rehabilitation monitoring requirements described by NFPA Standard 1584 ("Standard on Rehabilitation Process for Members During Emergency Operations and Training Exercises") and implementing same requirements during emergency incidents. Implementing emergency incident rehabilitation medical monitoring program support improved employee safety and wellness.
TOT	9					
Services Bureau - 10 (1 Initiative)						
Services Bureau	10	Improve living and working conditions in fire stations.	Improve living and working conditions in fire stations.	10.1	Formulate and publish a LEED certification plan for maintaining and renovating fire stations.	During FY 2018 and in cooperation with the Department of General Services, the Department will formulate and publish a leadership in energy and environmental design (LEED) certification plan for maintaining and renovating stations. This includes identifying the benefits of reduced energy and water consumption and requirements project planning and incorporating the use of smart grid technology.

Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
						into environmental control system when complete fire station maintenance & capital improvement project design. Formulating and publishing a LI certification plan for maintaining and renovating stations support improved living and working conditions in fire stations.

TOT 10

Services Bureau - 11 (2 Initiatives)

Services Bureau	11	Improve the reliability of emergency vehicles.	Improve the reliability of emergency vehicles.	11.1	Expand capacity for preventive vehicle maintenance by improving productivity of Emergency Apparatus Division mechanics.	During FY 2011 and as part of priority goal to transform EMS, the District intends to create a premier system. As part of the Department's plan, we will expand capacity for performing preventive emergency vehicle maintenance by increasing the productivity of Emergency Apparatus Division shop floor mechanics through additional supervisory and logistics staff, improving utilization of FASTER (a fleet management software application) and maintenance & repair work and completing more preventive maintenance for emergency vehicles. This includes hiring additional foreman and inventory management specialist to be cover work shop
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Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
						training shop 1 mechanics to continuously u FASTER when completing ve maintenance & repairs, along using FASTER monitor and improve overa work productiv Increasing productivity expands capac for performing daily preventiv vehicle maintenance & supports impr reliability of emergency vehicles.
Services Bureau	11	Improve the reliability of emergency vehicles.	Improve the reliability of emergency vehicles.	11.2	Prioritize ordering of additional vehicles commonly used for responding to EMS incidents.	During FY 201 the Department will prioritize t ordering of additional emergency vehicles to improve sustainability i the vehicle fle commonly use for responding emergency medical servic (EMS) incident This includes ordering sixteen (16) new ambulances, t (2) refurbished ambulances, t (3) EMS Supervisor vehicles and s (7) fire engine accounting for \$10.7 million (67%) of the Department's million FY 201 Capital Spendi Plan. Prioritizi the ordering o additional veh commonly use for responding EMS incidents supports fleet sustainability i improved reliability of

Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
						emergency vehicles.
TOT	22					
Technical Services Bureau - 12 (2 Initiatives)						
Technical Services Bureau	12	Use information technology to improve business processes.	Use information technology to improve business processes.	12.1	Replace the existing FRMS software application.	During FY 201 the Department will replace the existing Fire Records Management System (FRMS) software application required by the National Fire Incident Reporting System (NFIRS). This includes procuring a more robust and user friendly application offering better integration with the Department's electronic patient care reporting (ePCR) software, expanding the scope of reporting modules to replace paper or supplemental electronic reporting applications currently in use and incorporating mobile use of the product by Fire Inspectors and other field personnel when performing occupancy safety inspections. Replacing the existing FRMS software application supports using information technology to improve business processes.
Technical Services Bureau	12	Use information technology to improve business processes.	Use information technology to improve business processes.	12.2	Replace outdated electronic forms.	During FY 201 the Department will replace outdated electronic forms used for day-t

Division/Department	Objective Number	Objective Title	Objective Description	Initiative Number	Initiative Title	Initiative Description
						day information management. includes updating or redesigning more than 200 electronic forms currently in use linking the information collected using such forms into single enterprise structured database and making such forms available to Department users both inside and outside of the secure network environment. Replacing outdated electronic forms supports improved business processes by using information technology.
TOT	24					
TOT	230					

2016 Special Mayoral Plans

Initiative Title	Initiative Description	Special Mayoral Plan	Mayoral Plan Domain	Mayoral Plan Goal	Mayoral Plan Action
No operational/initiative-special mayoral plans links found					

2016 Linked Goals

Primary Priority Goal?	District Priority Goal	Priority Area	Initiative Number	Initiative Title	Objective Number	Objective Title	Objective Description
Emergency Medical Services Administration Division (3 Initiatives)							
✓	Transform emergency medical services in the District into a premier system	A Healthy Community	5.1	Improve the quality of emergency medical care provided for "time sensitive" illnesses and injuries.	5	Improve the quality of emergency medical care provided by Department personnel.	Improve the quality of emergency medical care provided by Department personnel.
✓	Transform emergency medical services in the	A Healthy Community	6.1	Expand "Citizen CPR" participation during sudden	6	Improve health safety awareness through public education.	Improve health safety awareness through public education.

Primary Priority Goal?	District Priority Goal	Priority Area	Initiative Number	Initiative Title	Objective Number	Objective Title	Objective Description
	District into a premier system			cardiac arrest (SCA) events.			
✓	Transform emergency medical services in the District into a premier system	A Healthy Community	7.1	Work with healthcare insurance programs to reduce non-emergency use of EMS.	7	Identify alternatives for patients who routinely use EMS to access healthcare.	Identify alternatives for patients who routinely use EMS to access healthcare.
TOT			18.3		18		

Emergency Medical Services Operations Division (2 Initiatives)

✓	Transform emergency medical services in the District into a premier system	A Healthy Community	3.1	Improve "on-scene" management of sudden cardiac arrest (SCA).	3	Compassionately care for sick and injured patients.	Compassionately care for sick and injured patients.
✓	Transform emergency medical services in the District into a premier system	A Healthy Community	4.1	Improve 9-1-1 call taker recognition and management of sudden cardiac arrest (SCA).	4	Improve emergency medical care for patients with time sensitive illnesses or injuries.	Improve emergency medical care for patients with time sensitive illnesses or injuries.
TOT			7.2		7		

Fire Prevention Division (1 Initiative/Goal Link)

<input type="checkbox"/>	Transform emergency medical services in the District into a premier system	A Healthy Community	15.1	Complete origin and cause training for fire investigation personnel.	15	Determine the origin and cause of fires by investigation.	Determine the origin and cause of fires by investigation.
TOT			15.1		15		

Office of the Fire and EMS Chief (4 Initiatives)

✓	Transform emergency medical services in the District into a	A Healthy Community	16.1	Campaign to survive cardiac arrest.	16	Communicate information to the public and media.	Communicate information to the public and media.
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Primary Priority Goal?	District Priority Goal	Priority Area	Initiative Number	Initiative Title	Objective Number	Objective Title	Objective Description
✓	Transform emergency medical services in the District into a premier system	A Healthy Community	17.1	Formulate and publish a leadership development plan.	17	Strengthen the labor/management partnership.	Strengthen the labor/management partnership.
✓	Transform emergency medical services in the District into a premier system	A Healthy Community	18.1	Align organizational structure with budget program and activity codes.	18	Plan and prepare for the future.	Plan and prepare for the future.
✓	Transform emergency medical services in the District into a premier system	A Healthy Community	18.2	Formulate a comprehensive process for developing a Department level strategic plan.	18	Plan and prepare for the future.	Plan and prepare for the future.
TOT			69.5		69		

Operations Bureau (3 Initiatives)

✓	Transform emergency medical services in the District into a premier system	A Healthy Community	1.1	Improve fire suppression operational preparedness.	1	Quickly control and extinguish fires.	Quickly control and extinguish fires.
✓	Make DC the safest big city in America	A Safer, Stronger DC	2.1	Assess marine rescue and firefighting (MRFF) operational preparedness.	2	Be prepared for natural disasters or other catastrophic events.	Be prepared for natural disasters or other catastrophic events.
✓	Make DC the safest big city in America	A Safer, Stronger DC	2.2	Improve radiological and nuclear threat detection capacity.	2	Be prepared for natural disasters or other catastrophic events.	Be prepared for natural disasters or other catastrophic events.
TOT			5.4		5		

Services Bureau (5 Initiatives)

✓			8.1		8		
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Primary Priority Goal?	District Priority Goal	Priority Area	Initiative Number	Initiative Title	Objective Number	Objective Title	Objective Description
	Transform emergency medical services in the District into a premier system	A Healthy Community		Complete driver safety awareness training for operational personnel.		Develop a safe and technically competent workforce.	Develop a safe and technically competent workforce.
✓	Transform emergency medical services in the District into a premier system	A Healthy Community	9.1	Implement an emergency incident rehabilitation and medical monitoring program.	9	Improve employee safety and wellness.	Improve employee safety and wellness.
<input type="checkbox"/>	Transform emergency medical services in the District into a premier system	A Healthy Community	10.1	Formulate and publish a LEED certification plan for maintaining and renovating fire stations.	10	Improve living and working conditions in fire stations.	Improve living and working conditions in fire stations.
✓	Transform emergency medical services in the District into a premier system	A Healthy Community	11.1	Expand capacity for preventive vehicle maintenance by improving productivity of Emergency Apparatus Division mechanics.	11	Improve the reliability of emergency vehicles.	Improve the reliability of emergency vehicles.
<input type="checkbox"/>	Transform emergency medical services in the District into a premier system	A Healthy Community	11.2	Prioritize ordering of additional vehicles commonly used for responding to EMS incidents.	11	Improve the reliability of emergency vehicles.	Improve the reliability of emergency vehicles.
TOT			49.6		49		
Technical Services Bureau (1 Initiative/Goal Link)							
<input type="checkbox"/>	Transform emergency medical services in the District into a	A Healthy Community	12.1	Replace the existing FRMS software application.	12	Use information technology to improve business processes.	Use information technology to improve business processes.

Primary Priority Goal?	District Priority Goal premier system	Priority Area	Initiative Number	Initiative Title	Objective Number	Objective Title	Objective Description
TOT			12.1		12		
TOT			177.2		175		

ATTACHMENT

QUESTION 24

(FOIA)



Government of the District of Columbia Fire and Emergency Medical Services Department



Annual Freedom of Information Act Report for Fiscal Year

Reporting Period – October 1, 2014 through September 30, 2015

PRO CESSING OF FOIA REQUESTS

1. Number of FOIA requests received during October 2014 through September 201510,996.....
2. Number of FOIA requests pending on October 1, 2014.....263.....
3. Number of FOIA requests pending on September 30, 2015.....10.....
4. The average number of days unfilled requests have been pending before each public body as of September 30, 201510.....

DISPOSITIO NFOIA REQUESTS

5. Number of requests granted, in whole.....10,940.....
6. Number of requests granted, in part, denied, in part.....8.....
7. Number of requests denied, in whole.....14.....
8. Number of requests withdrawn.....3.....
9. Number of requests referred or forwarded to other public bodies28.....
10. Other disposition3.....

NUMBER OF REQUESTS THAT RELIED UPON EACH FOIA EXEMPTION

11. Exemption 1 - D.C. Official Code § 2-534(a)(1).....1.....
12. Exemption 2 - D.C. Official Code § 2-534(a)(2)..... 19.....
13. Exemption 3 - D.C. Official Code § 2-534(a)(3)..... 2.....
- Subcategory (A).....2.....
 - Subcategory (B).....
 - Subcategory (C)
 - Subcategory (D)
 - Subcategory (E)
 - Subcategory (F)
14. Exemption 4 - D.C. Official Code § 2-534(a)(4)
15. Exemption 5 - D.C. Official Code § 2-534(a)(5).....

TIME-FRAMES FOR PROCESSING FOIA REQUESTS

16. Number of FOIA requests processed within 15 days10,717
17. Number of FOIA requests processed between 16 and 25 days81
18. Number of FOIA requests processed in 26 days or more182
19. Median number of days to process FOIA Requests10

FEEs FOR PROCESSING FOIA REQUESTS
--

20. Total amount of fees collected by public body\$ 7,583.57

SUMMARY STATEMENT

Narrative: Estimate number of additional FTEs required to process requests is **2**, and the estimate number of hours spent responding to FOIA requests is **7 or more** committed hours per day each week.



Government of the District of Columbia Fire and Emergency Medical Services Department



Annual Freedom of Information Act Report for Fiscal Year

Reporting Period – October 14, 2015 through January 2016

PROCESSING OF FOIA REQUESTS

1. Number of FOIA requests received during October 2015 to January 20151582.....
2. Number of FOIA requests pending to date5.....
3. The average number of days unfilled requests have been pending before each public body to date5.....

DISPOSITION OF FOIA REQUESTS

4. Number of requests granted, in whole1578.....
5. Number of requests granted, in part, denied, in part0.....
6. Number of requests denied, in whole4.....
8. Number of requests withdrawn0.....
9. Number of requests referred or forwarded to other public bodies12.....
10. Other disposition0.....

NUMBER OF REQUESTS THAT RELIED UPON EACH FOIA EXEMPTION

11. Exemption 1 - D.C. Official Code § 2-534(a)(1)1.....
12. Exemption 2 - D.C. Official Code § 2-534(a)(2) 3.....
13. Exemption 3 - D.C. Official Code § 2-534(a)(3)
Subcategory (A)
Subcategory (B)
Subcategory (C)
Subcategory (D)
Subcategory (E)
Subcategory (F)
14. Exemption 4 - D.C. Official Code § 2-534(a)(4)
15. Exemption 5 - D.C. Official Code § 2-534(a)(5)

TIME-FRAMES FOR PROCESSING FOIA REQUESTS

16. Number of FOIA requests processed within 15 days1569
17. Number of FOIA requests processed between 16 and 25 days8.....
18. Number of FOIA requests processed in 26 days or more.....5.....
19. Median number of days to process FOIA Requests6.....

FEE FOR PROCESSING FOIA REQUESTS

20. Total amount of fees collected by public body\$...4,062.27.....

SUMMARY STATEMENT

Narrative: Estimate number of additional FTEs required to process requests is **2**, and the estimate number of hours spent responding to FOIA requests is **7 or more** committed hours per day each week.

ATTACHMENT

QUESTION 25

(STUDIES)



Muriel Bowser
Mayor

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Fire and Emergency Medical Services Department
Washington, DC 20009



Eugene A. Jones
Interim Fire & EMS Chief

MEMORANDUM

TO: Eugene A. Jones, Interim Fire and EMS Chief

FROM: Andrew Beaton / Management Program Analyst

DATE: 2/2/2015

SUBJECT: Getac Tablet Computer Summary Report – February, 2015

Sir, per your request, this report updates problems with Getac tablet computers current through 2/2/2015. My recommendations are listed at the end of the report.

History

1. Prior to the installation of Getac tablet computers, fire trucks and ambulances used Panasonic Toughbook computers for communication with CAD (using iMobile) and completing electronic patient care reports (ePCRs, using “Safety Pad”) The Toughbook computers used “air cards” (cellular network cards) for wireless communications. Each Toughbook computer communicated independently and directly, receiving and sending data when using either application. A Toughbook computer mounted in the front of each vehicle was used for CAD communications, while a separate Toughbook computer mounted in the rear of each vehicle was used for “Safety Pad.”
2. To reduce the cost of “air card” usage, a decision was made to install “wireless routers” in each fire truck and ambulance (along with other emergency vehicles operated by the Department). Each “wireless router” would then use a single wireless communication connection to access CAD (using MPS) and “Safety Pad,” eliminating all “air cards.” Another decision was made to replace the Panasonic Toughbook computers (Model CF-19s, which had both keyboard and tablet capability) with the Getac tablets (Model F-110, with tablet capability only). Additionally, each Getac tablet was configured for both CAD and “Safety Pad,” using a “dual client” set-up. Testing of both hardware and software was limited, identifying configuration and end-user problems prior to general installation.
3. For the “wireless routers” and Getac tablet computers to function correctly, (1) a shore power source must be available and working at a fire station to power each

Signature.....
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vehicle, operate the “wireless router” and charge the tablet computer, (2) the “wireless router” must function automatically and correctly, (3) each Getac tablet computer must be docked to receive battery charging, (4) each Getac tablet computer must connect and maintain a wireless connection using the vehicle’s “wireless router,” and (5) each Getac tablet computer must allow the tablet user to log into the tablet and use both CAD and “Safety Pad” applications. Although early testing of hardware and software identified configuration and end-user problems that were not successfully resolved, general installation proceeded during the months of October and November, 2014. The Department documented problems concerning Getac tablet installation to the OUC by way of memorandum dated 11/5/2014, indicating that Getac tablet computers were “locking up” or responding slowly, data was not being “pushed” automatically to reporting software, and that “dropped communications” with the mobile wireless network through the “wireless routers” continued to occur. The Department also reported that when a Getac tablet computer “locks up, CAD is no longer able to accurately determine the location of the unit. So, if a unit’s last known position was several miles from its current position, and an emergency call is dispatched near the unit’s last known position, CAD may dispatch the wrong unit to the call from a further distance.”

4. Shortly after the installation of the Getac tablets, another decision was made to upgrade the Intergraph CAD product to a new version (during the month of December, 2014). On 12/2/2014, the CAD product was upgraded. Following the upgrade, the Department immediately began documenting concerns about missing ePCR reports to the OUC technical staff in a series of e-mail exchanges beginning on 12/3/2014. The Department followed up on 12/4/2014, discussing the issue during a conference call on the same date. On 12/10/2014, the Department provided the OUC technical staff with a reconciliation list of ePCRs transmitted to the “Safety Pad” server for the week of 12/1/2014 to 12/7/2014, compared to CAD dispatched EMS calls resulting in ambulance transport of patients during the same time period. The Department also requested the OUC technical staff to “immediately attempt to account for any locally stored reports on all hardware recently replaced or reimaged” and that “we could potentially lose data and a large volume of previously completed reports” if “tablets are shelved for future replacement or wiped.” On 12/12/2014, the Department provided the OUC technical staff with an updated ePCR reconciliation report covering the period of 10/1/2014 to 12/7/2014. The Department also informed the OUC technical staff that our “biggest concern” was “that we continue to work on securing previously issued tablets and making certain that any data records on those devices are not wiped.” The Department documented and summarized problems concerning the CAD upgrade and the effect on the “Safety Pad” application to the OUC by way of memorandum dated 12/19/2014, indicating that “thousands of ePCRs

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were missing,” including “more than 1,600 ePCRs completed by ambulance crews who transported patients,” noting that “based on the number of missing ePCRs through 12/7/2014 and the average charge per transport, the revenue value to District Government for these missing reports exceeds \$1 million. Billing for ambulance charges cannot proceed until these missing ePCRs are recovered, if they can be recovered.” As of 2/2/2015, the “Safety Pad” vendor, “Open Inc.,” continues to examine recovered data in an attempt to identify missing ePCRs.

Recommendations

In an effort to assess system wide problems with the Getac tablet computers and supporting equipment, the Department conducted a survey of all fire stations on 12/16/2014, asking each station to identify and report problems associated with each critical operating function (as described by Item #3, above). In all, 127 units were identified for reporting purposes. Of these 127 units, 113 surveys (89%) were returned. Of the 113 returned surveys, sixty one (61) units (or 54%) reported problems with at least one (1) of the three (3) critical operating functions described above. The results of this survey were e-mailed to the OUC technical staff on 12/23/2014, identifying each fire truck, ambulance or other vehicle experiencing reporting problems. Following this survey, the OUC technical staff began daily communications with the Department’s Emergency Operations Division in an effort to identify and resolve reporting issues. However, Getac tablet computer connectivity, CAD communication and “Safety Pad” reporting continues to be problematic, with up to fifty percent (50%) of fire trucks, ambulances and other emergency vehicles being unable to communicate correctly each day. Accordingly, in my opinion, Department management should consider the following:

- Potentially, the “dual client” configured system (both Getac tablets doing CAD (MPS) and ePCR (“Safety Pad”)) is too complex to operate effectively, causing end-user conflicts, frustration and distrust of the “Safety Pad” application for ePCR reporting. Successful ePCR reporting requires seamless integration between CAD data “pushed” to “Safety Pad” reports with crew recorded observations of patient information, assessment and treatment findings. When this can’t be completed quickly, crew frustration increases and time delays build. **In the short term, Department management and the OUC should consider configuring the “front” mounted Getac tablet computer for CAD (MPS) use only, with the “back” mounted tablet configured for ePCR (“Safety Pad”) reporting only.** In the longer term, the OUC should evaluate, test and determine how to resolve the “dual client” configuration to the satisfaction of the end-user.

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- Potentially, using mobile “wireless routers” (each tablet communicating with a vehicle’s “wireless router” and then across a wireless network) instead of “air cards” (each tablet communicating independently and directly with a cellular network) is too complex to operate effectively, causing dropped communications. Quite frankly, the system, as configured, has too many failure points, any one of which can disrupt communications. If more than 1,600 “lost” ePCRs cannot be recovered (with a revenue value exceeding \$1 million, exclusive of tort liability risk), any “savings” attributed to using such a system is already lost, meaning continued use of the same system will result (or has already resulted) in a negative Return On Investment (ROI) and increased future risk exposure. **In the short term, Department management and the OUC should consider immediately adding “air cards” to all Getac tablet computers to resolve communication problems.** In the longer term, the OUC should evaluate, test and determine if “wireless routers” can be appropriately configured to work seamlessly in the Department’s operating environment.

Respectfully submitted to your attention,



Andrew R. Beaton
Management Program Analyst

Attachment: “OUC E-mail History as of 12-23-14.pdf”; summarizing OUC e-mail communications.

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Muriel Bowser
Mayor

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Fire and Emergency Medical Services Department
Washington, DC 20009



Eugene A. Jones
Interim Fire & EMS Chief

MEMORANDUM

TO: Eugene A. Jones, Interim Fire and EMS Chief

FROM: Andrew Beaton / Management Program Analyst

DATE: 2/2/2015

SUBJECT: Getac Tablet Computer Summary Report – February, 2015

Sir, per your request, this report updates problems with Getac tablet computers current through 2/2/2015. My recommendations are listed at the end of the report.

History

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were missing,” including “more than 1,600 ePCRs completed by ambulance crews who transported patients,” noting that “based on the number of missing ePCRs through 12/7/2014 and the average charge per transport, the revenue value to District Government for these missing reports exceeds \$1 million. Billing for ambulance charges cannot proceed until these missing ePCRs are recovered, if they can be recovered.” As of 2/2/2015, the “Safety Pad” vendor, “Open Inc.,” continues to examine recovered data in an attempt to identify missing ePCRs.

Recommendations

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Respectfully submitted to your attention,



Andrew R. Beaton
Management Program Analyst

Attachment: “OUC E-mail History as of 12-23-14.pdf”; summarizing OUC e-mail communications.

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
Fire and Emergency Medical Services Department
Washington, DC 20009



Eugene A. Jones
Interim Fire & EMS Chief

MEMORANDUM

TO: Interim Fire/EMS Chief Eugene A. Jones

FROM: Andrew Beaton / Management Program Analyst

DATE: 2/26/2015

SUBJECT: Tablet Computer and Missing ePCR Update

Sir, below is the summary and update you requested concerning tablet computers and missing ePCRs.

In short, as of 2/20/2015, after completing data recovery and upload, SafetyPad is estimating that 150 ePCR records are missing. My office is currently working to verify this count by a second CAD reconciliation.

Here is the summary:

1. Beginning on November 5, 2014, the Fire and EMS Department notified the OUC that our personnel were "...encountering numerous problems using the new tablet computers." Many of these problems were documented in a memorandum from Chief Jones to Director Greene dated 11/5/2014. On 11/7/2014, the DMPS, Director Greene, the OUC Technical Staff and FEMS personnel met to discuss problems. During this meeting, FEMS personnel expressed concerns about the scheduled CAD upgrade planned for December and the impact it may have on ePCR reporting.
2. On November 21, 2014, FEMS personnel notified the OUC Technical staff by e-mail about concerns that the "...scheduled CAD upgrade may result in significant impacts to both our ePCR and FRMS reporting systems." A series of e-mails followed with discussion about the impact of the CAD upgrade between the OUC Technical Staff, the CAD vendor and the ePCR vendor. The discussion concluded with assurances that all parties would work together for successful implementation to avoid impacts on FEMS reporting products.
3. On December 2, 2014, the CAD upgrade was implemented.
4. On December 3, 2014, FEMS personnel notified the OUC Technical staff by e-mail that "we are experiencing significant problems with importing accurate CAD information and event

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times into our ePCR reporting product, Safety Pad” and that, “..the ePCR record count from midnight on 12/02/2014 forward is only 350 records. An “average” record count day is between 500 and 800 records, meaning that uploads are not being completed or the mobile product on the tablet end is down and units are doing paper reports.” A series of e-mails between the OUC Technical Staff, vendors and FEMS personnel followed, describing the nature of the problems. A conference call with all parties followed on 12/4/2014 to discuss planning for resolution.

5. On December 10, 2014, FEMS personnel notified the OUC Technical staff by e-mail that ePCR reports appeared to be missing from the Safety Pad system. FEMS personnel expressed concern about the re-imaging and replacement of tablet computers and noted that “...computers may still have reports that failed to upload and are stored locally.” FEMS personnel recommended that “...we IMMEDIATELY attempt to account for any locally stored reports on all hardware recently replaced or reimaged,” and that, “...if these tablets are shelved for future replacement or “wiped,” we could potentially lose data and a large volume of previously completed reports.”
6. On December 12, 2014, FEMS personnel notified the OUC Technical staff by e-mail that at least 1,648 ePCRs could not be identified as reconciled against CAD indicated transport calls. FEMS personnel also noted that our “...biggest concern right now is that we continue to work on securing previously issued tablets and making certain that any data records on those devices are not wiped.”
7. On December 15, 2014, the President of SafetyPad agreed to work with FEMS and the OUC in an effort to identify and recover missing ePCRs. This data recovery process took some time and involved the processing of more than a terabyte of reporting data. It was completed on 2/8/2015.
8. Continuing problems with tablet computers and ePCR reporting, including the potential loss of records, were documented in an updated memorandum from Chief Jones to Director Greene dated 12/19/2014.
9. On February 20, 2015, the President of SafetyPad notified FEMS concerning his preliminary findings:
 - *As you are aware a number of detrimental technical conditions occurred in November and December of 2014 that contributed to challenges for EMS field providers to, among other factors, effectively utilize their tablets, wirelessly transfer patient care reports, and receive accurate dispatch data. OPEN will be providing you with a detailed report better explaining these various conditions and the impact on data collection as well as additional recommendations to reduce the likelihood of future occurrences. Many of our*

Signature.....

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recommendations pertain to processes used by most of the departments utilizing SafetyPAD as well as the processes DCFEMS was following prior to the tablet upgrade.

- It is vital that OPEN be made aware of these substantial upgrades in the future to verify compatibility as well as ensure that any of the district's departments supporting any of the system's components are following our recommendations.*
- We greatly appreciate that many of our recommendations were quickly utilized a short time after the tablet upgrade, and we again stress that it is critical that these recommendations continue to be followed to ensure that field users can capture EMS data effectively and with optimal 'up time' and that backup processes are performed by support staff.*
- We certainly all express serious concerns about the initial volume of cases that may have been 'lost' due to the tablet upgrade. However, our analysis indicates that the initial numbers were substantially skewed by variances in CAD data due to the CAD upgrade in November.*
- Instead, we believe that the vast majority of cases missing, which is likely approximately 150, encompasses a 3-day period in which a full replacement of tablets occurred. OPEN analyzed and reprocessed 140 backup snapshots from both older and newer tablet devices totaling over 200,000 files. During the period 11/28/14 – 12/1/14, NO backups existed whatsoever and very few on 12/2/14, indicating that the process used to image the tablets failed to backup any of the unsent patient care reports. The process used to image the department's older tablets did include a backup action.*
- As you know, during December 1st-3rd, and especially December 2nd, a mass tablet replacement occurred in the field, without OPEN's knowledge, and many providers could not log into the tablet's operating system to utilize SafetyPAD software to document the patient encounters. It is our understanding that this was generally rectified on most field devices by Dec 3rd, and the trending of the data seems to support this (returning to a normal volume of cases).*
- Below is a summarized breakdown of transports defined in CAD and ePCR records documented as transports and sent to billing. The small differences in the numbers can be explained by a number of factors including multiple patients, incorrect documentation, inaccurate cad data, etc:*

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Month/Year	CAD	ePCR	
SEP 2014	9,793	9797	+ 4
OCT 2014	9,751	9780	+ 29
NOV 2014	8,474	8511	+ 37
DEC 2014	9,115	8996	- 119
12/1/2014	315	285	- 30
12/2/2014	227	132	- 95
12/3/2014	285	271	- 14
JAN 2015	9,417	9546	+ 129

- Please again note that there will be some differences between CAD and the ePCR system. What we focused our attention on are trends and overall numbers.
- ***In summary, we believe that DCFEMS, due to tablet technical issues during predominately Dec 1-3, was in some instances not able to either access the ePCR system to capture data or recover captured cases that still resided on the tablets - but were ‘wiped’ by the tablet hard drive imaging process – totaling approximately 150 cases. The data analysis indicates that the volume of cases captured and sent to billing returned to normal levels a short time after this period. I will emphasize that our analysis can only yield the estimate above and that the SafetyPAD software functioned properly throughout this period.***

As of February 26, 2015, FEMS is again reconciling ePCR records against CAD data to determine an actual count of missing reports, because the preliminary information from SafetyPad is an “estimate.” An update will follow when completed.

Respectfully submitted to your attention,



Andrew R. Beaton
Management Program Analyst

Signature.....

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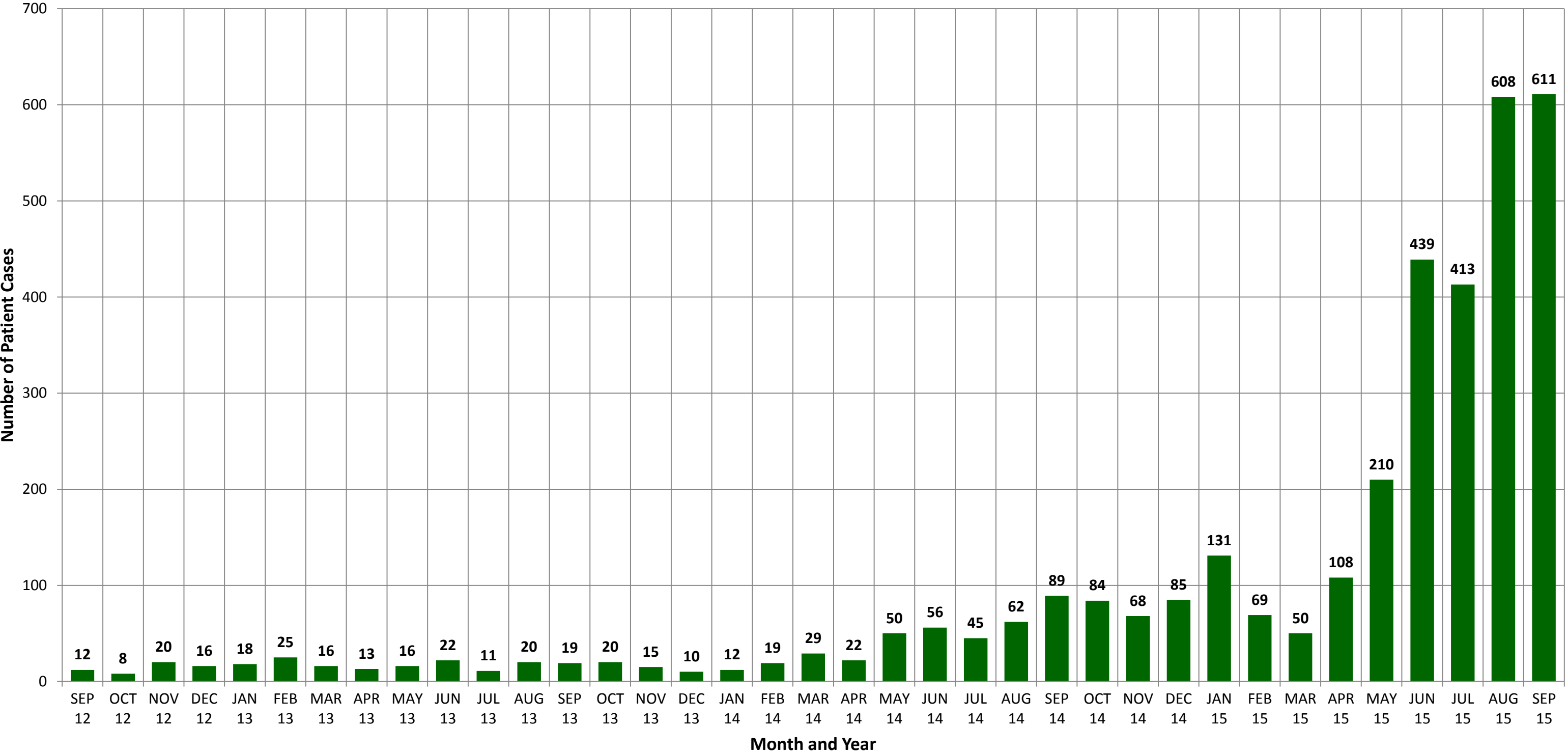
District of Columbia Fire and EMS Department

Synthetic Cannabinoid ("K2" and "Spice") Patient Cases and Transports - **Summary Data** (4/1/2015 to 9/30/2015)

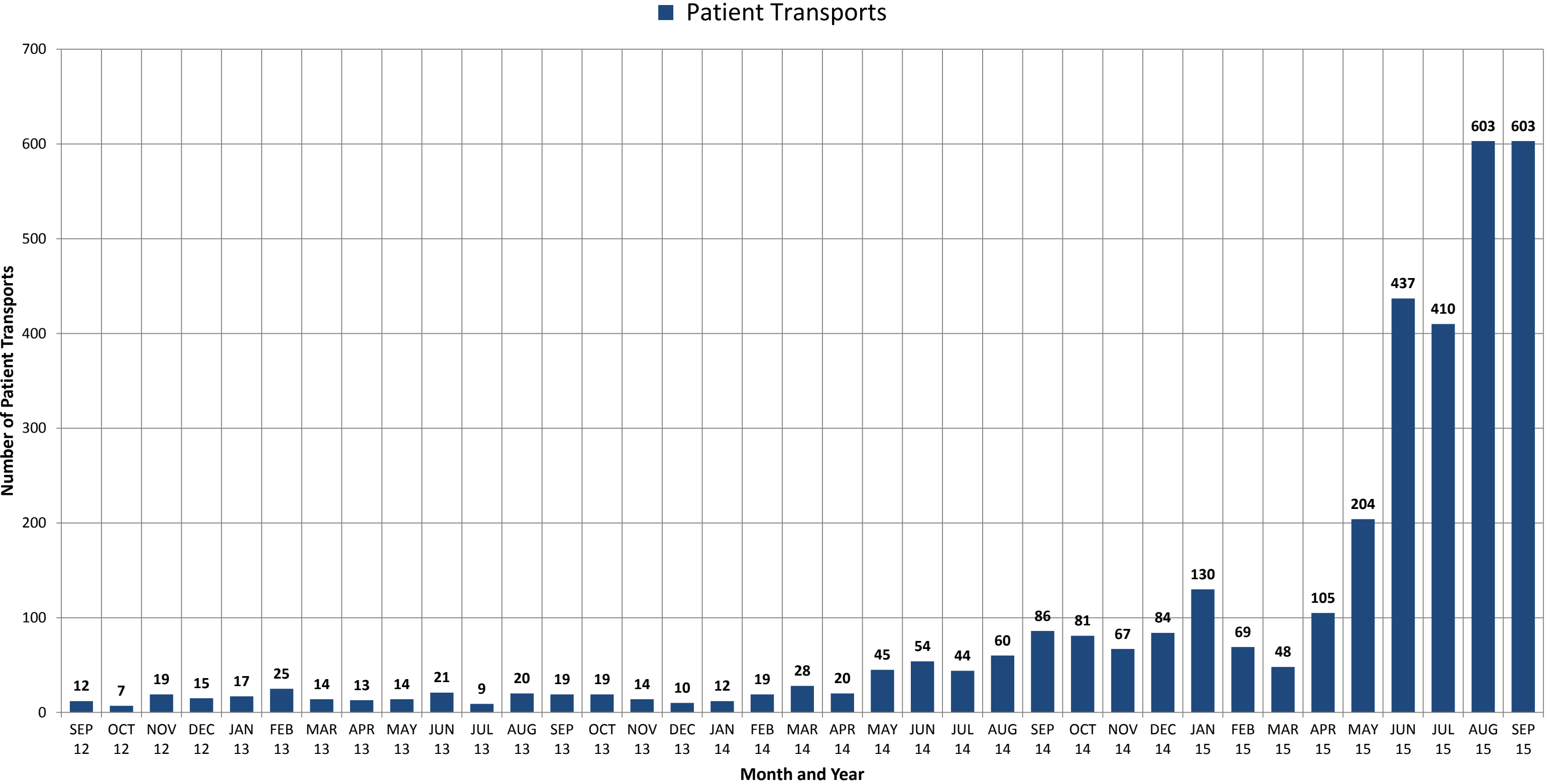
Month	Total Cases	Total Transports	AVG Transports/Day	LOW Transports/Day	HIGH Transports/Day
April	108	105	4	0	9
May	210	204	7	1	15
June	439	437	15	3	24
July	413	410	13	3	25
August	608	603	19	11	34
September	611	603	20	9	34
TOTAL	2,389	2,362	13	0	34

District of Columbia Fire and Emergency Medical Services Department
Synthetic Cannabinoid ("K2" and "Spice") Patient Cases - 9/1/2012 to 9/30/2015

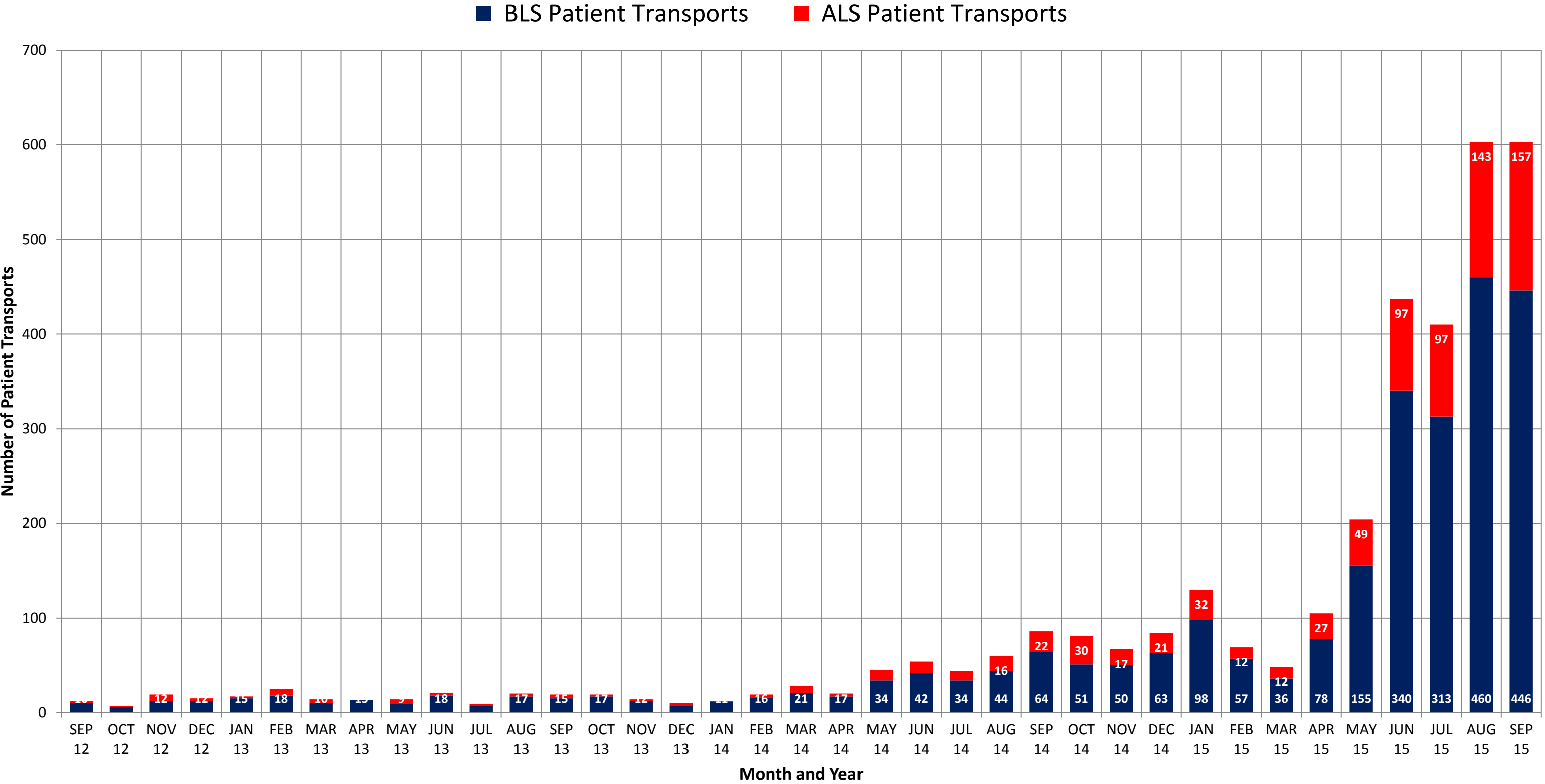
■ Patient Cases



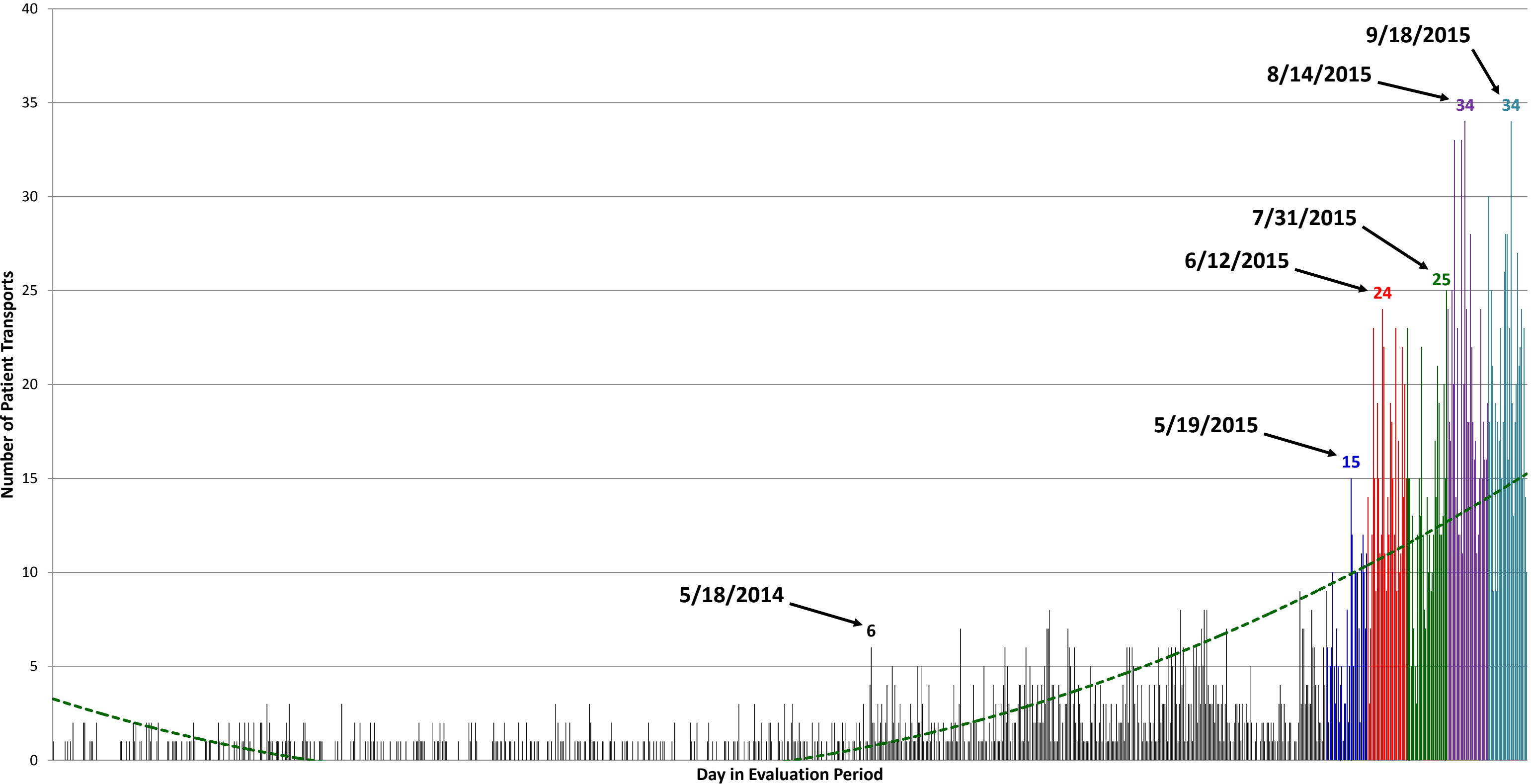
District of Columbia Fire and Emergency Medical Services Department
Synthetic Cannabinoid ("K2" and "Spice") Patient Transports - 9/1/2012 to 9/30/2015



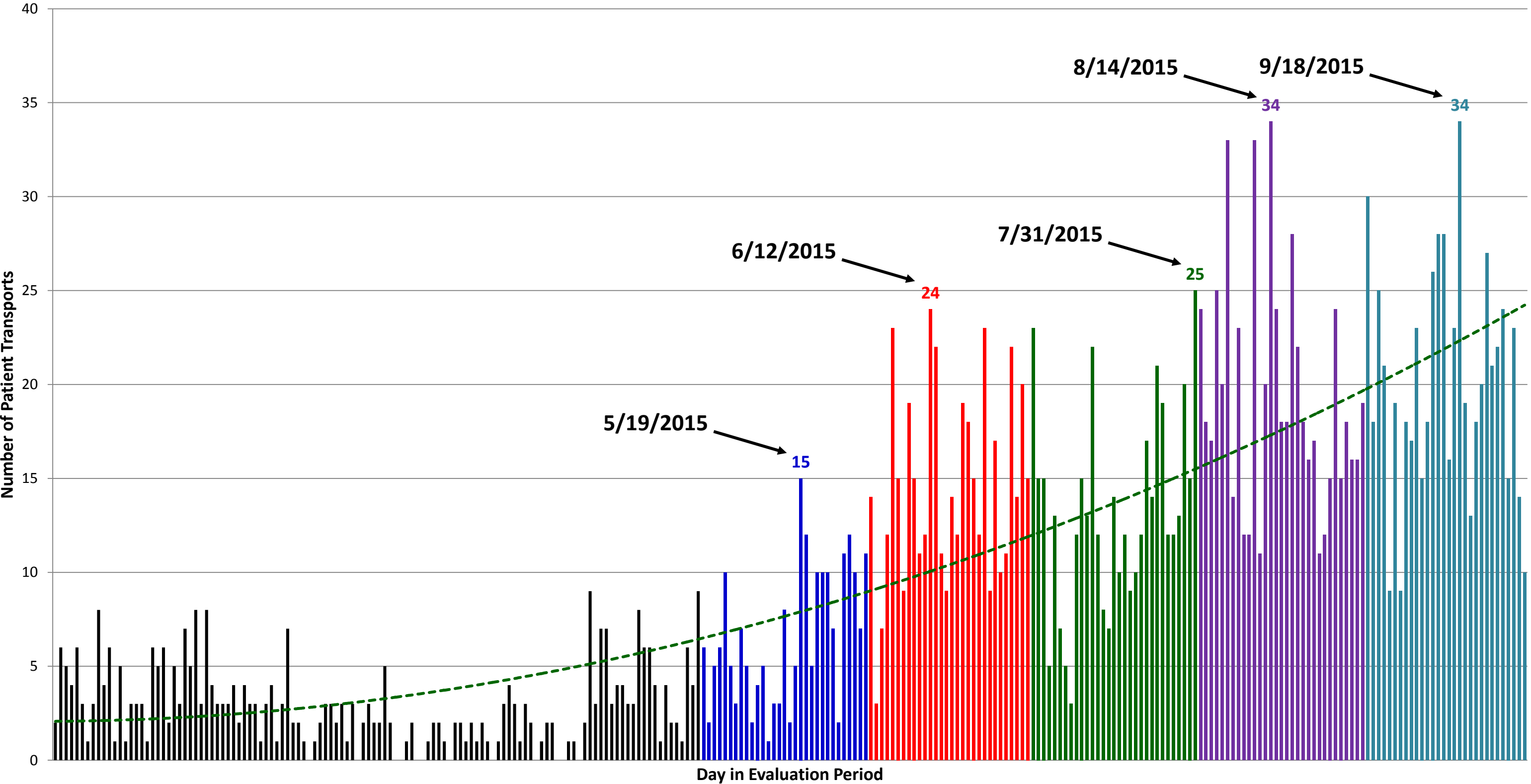
District of Columbia Fire and Emergency Medical Services Department
Synthetic Cannabinoid ("K2" and "Spice") Patient Transports - 9/1/2012 to 9/30/2015



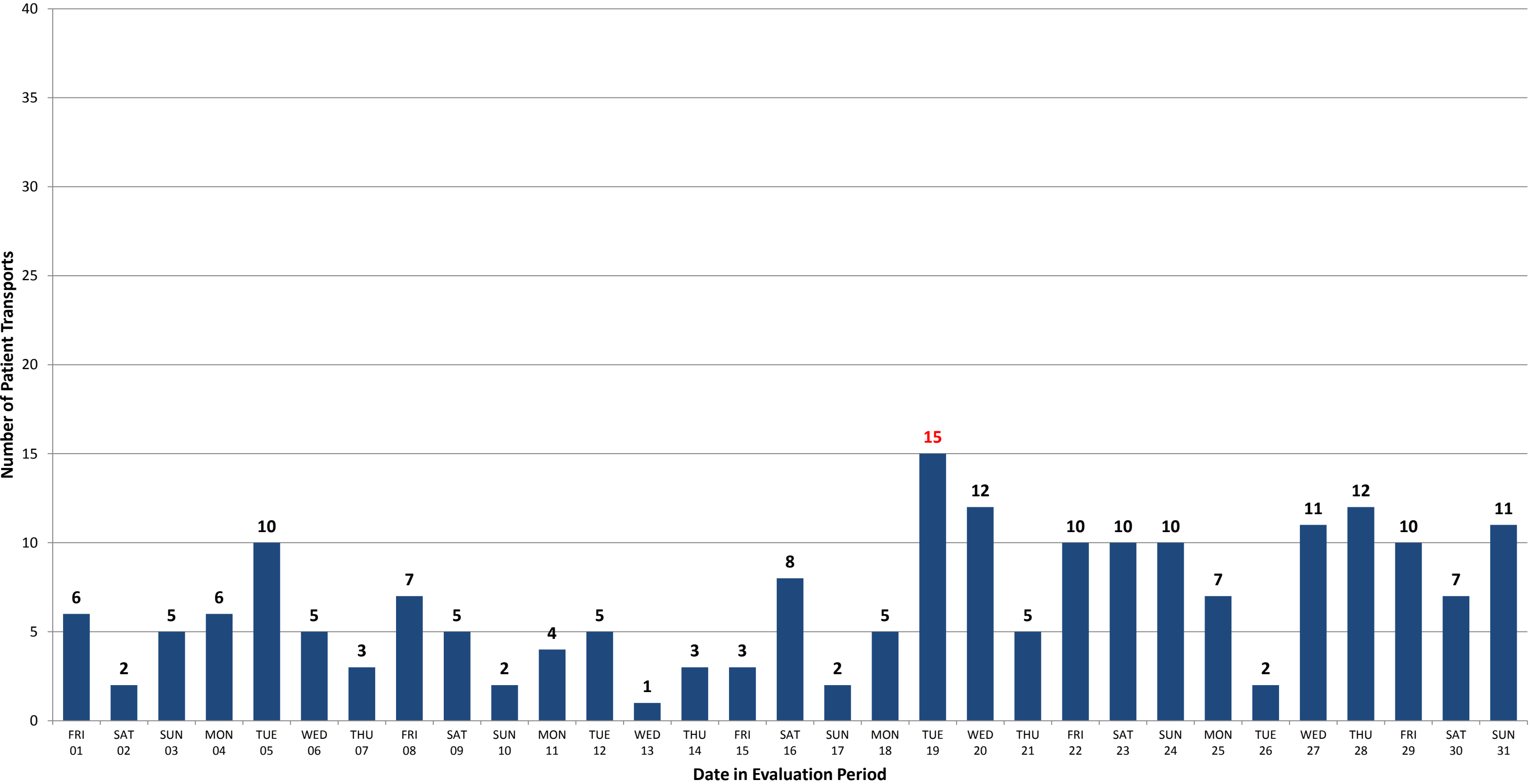
District of Columbia Fire and Emergency Medical Services Department
Synthetic Cannabinoid ("K2" and "Spice") Patient Transports - 9/1/2012 to 9/30/2015



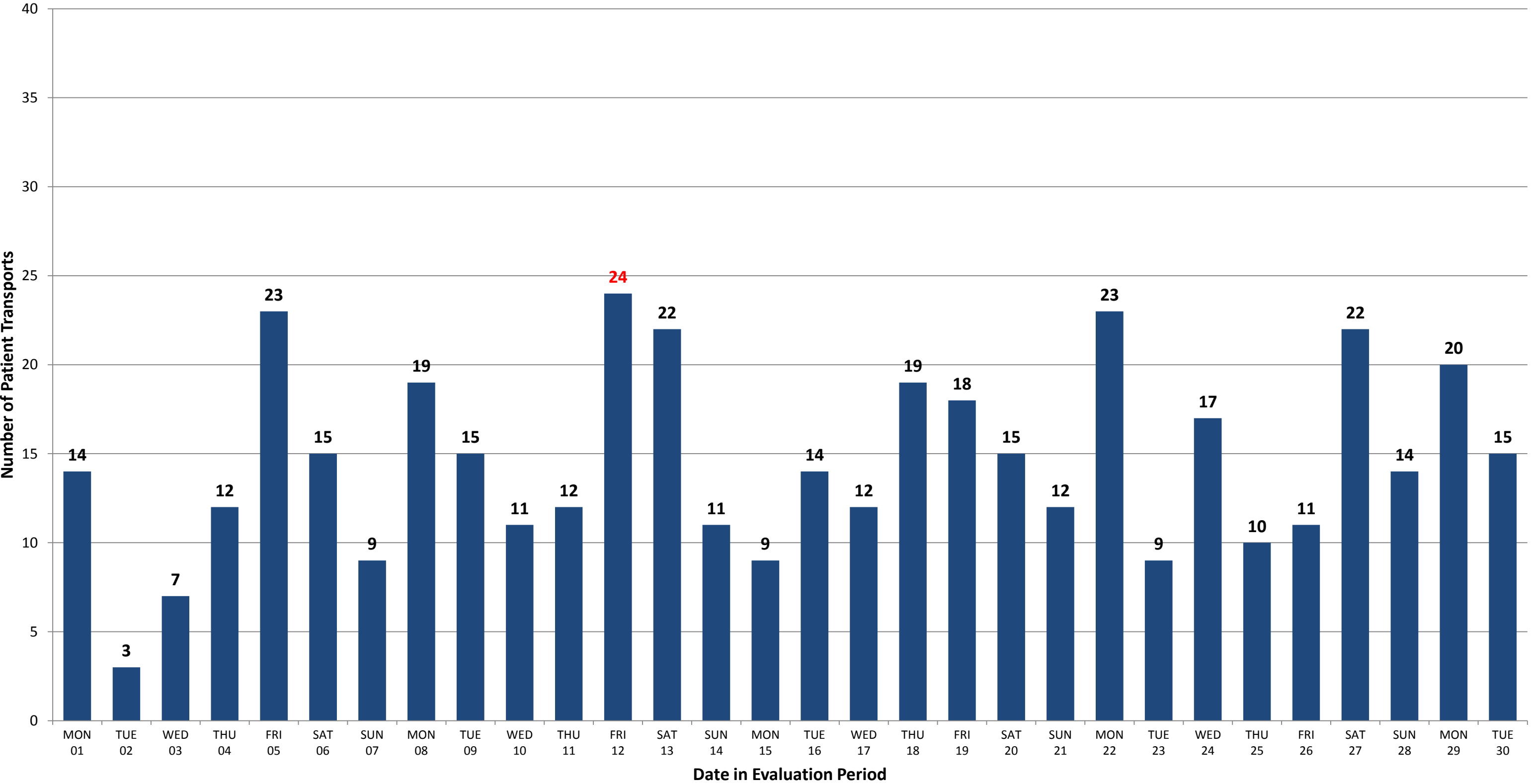
District of Columbia Fire and Emergency Medical Services Department
Synthetic Cannabinoid ("K2" and "Spice") Patient **Transports** - 1/1/2015 to 9/30/2015



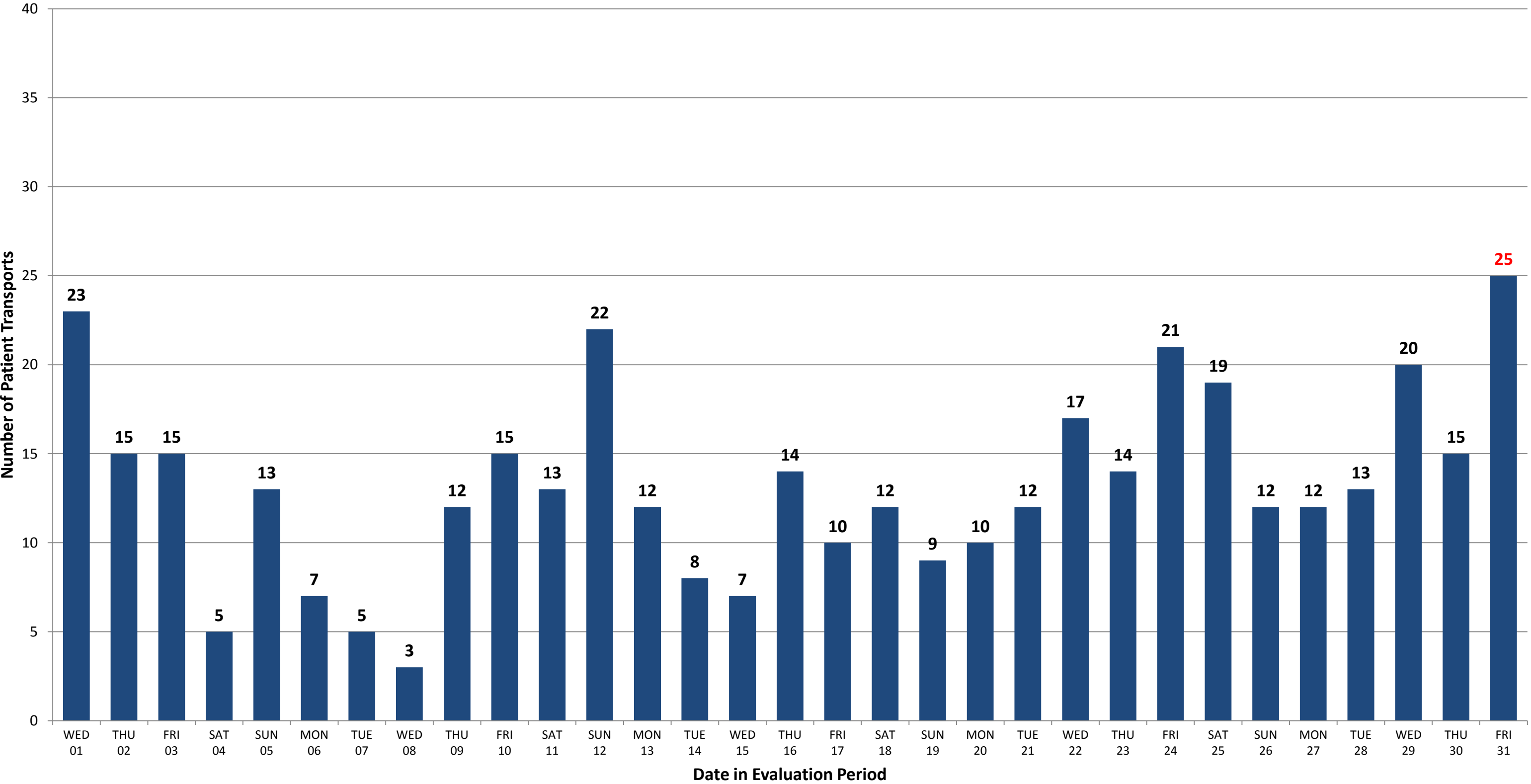
District of Columbia Fire and Emergency Medical Services Department
Synthetic Cannabinoid ("K2" and "Spice") May Patient Transports - 5/1/2015 to 5/31/2015



District of Columbia Fire and Emergency Medical Services Department
Synthetic Cannabinoid ("K2" and "Spice") June Patient Transports - 6/1/2015 to 6/30/2015

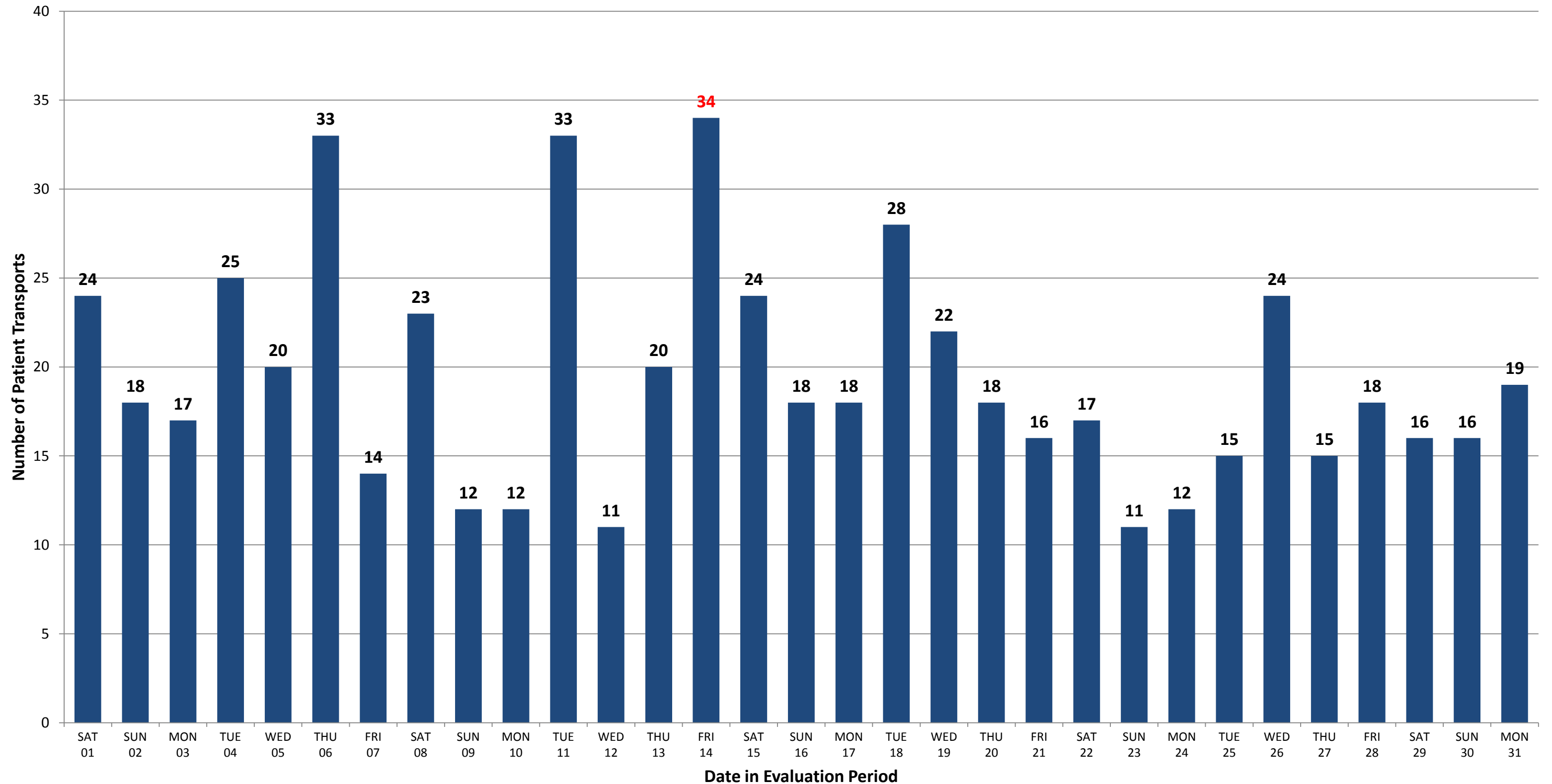


District of Columbia Fire and Emergency Medical Services Department
Synthetic Cannabinoid ("K2" and "Spice") July Patient Transports - 7/1/2015 to 7/31/2015



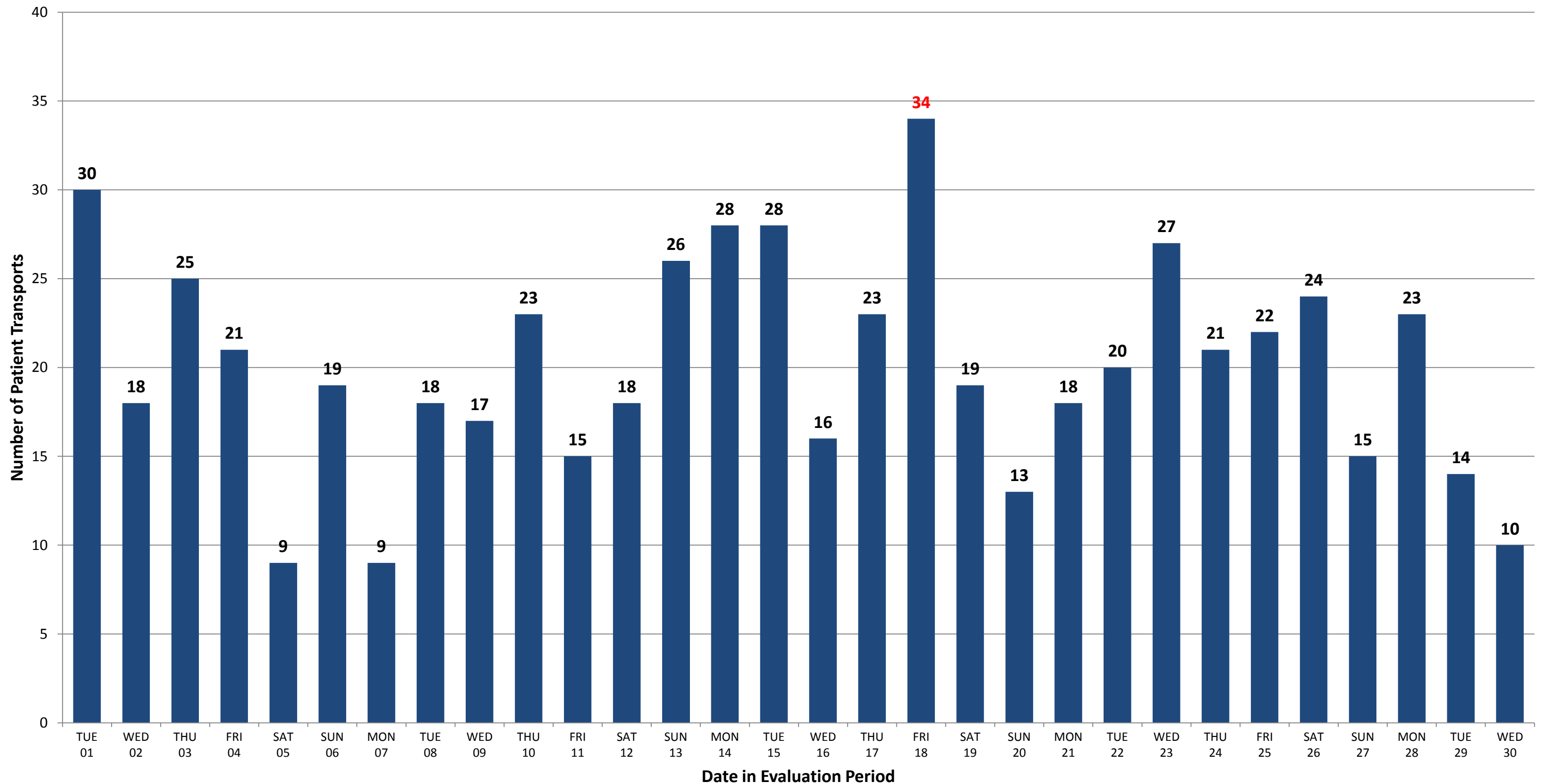
District of Columbia Fire and Emergency Medical Services Department

Synthetic Cannabinoid ("K2" and "Spice") August Patient Transports - 8/1/2015 to 8/31/2015



District of Columbia Fire and Emergency Medical Services Department

Synthetic Cannabinoid ("K2" and "Spice") September Patient Transports - 9/1/2015 to 9/30/2015



From: Beaton, Andrew (FEMS)
Sent: Wednesday, December 02, 2015 3:44 PM
To: 'dcemsa1@aol.com'
Cc: Mills, Edward III. (FEMS); Saussy, Julette (FEMS); Sa'adah, Rafael (FEMS)
Subject: RE: Questions from the Mayor's Emergency Medical Service Advisory

Hi Ms. Lightfoot:

Attached is the data I can produce in response to your inquiry. The questions I am answering are highlighted below (#'s 1, 2, 3 and 4). Chief Mills will need to follow-up with you concerning the other questions.

1. From CAD call dispatch records, here is the breakdown by fiscal year:

FY 2014	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FYE
Call Type	OCT 13	NOV 13	DEC 13	JAN 14	FEB 14	MAR 14	APR 14	MAY 14	JUN 14	JUL 14	AUG 14	SEP 14	FY 2014
EMS LP	5,748	5,344	5,573	5,713	5,331	6,146	6,102	6,669	6,784	6,690	6,644	6,630	73,374
EMS HP	5,920	5,475	5,626	5,752	5,395	6,125	6,192	6,729	6,529	6,448	6,679	6,762	73,632
EMS Sub-Total	11,668	10,819	11,199	11,465	10,726	12,271	12,294	13,398	13,313	13,138	13,323	13,392	147,006
Fire/Other LP	1,239	1,240	1,211	1,739	1,144	1,305	1,306	1,372	1,382	1,528	1,272	1,273	16,011
Fire/Other HP	1,384	1,384	1,257	1,907	1,262	1,255	1,226	1,297	1,277	1,461	1,352	1,240	16,302
Fire/Other Sub-Total	2,623	2,624	2,468	3,646	2,406	2,560	2,532	2,669	2,659	2,989	2,624	2,513	32,313
EMS/Fire LP Total	6,987	6,584	6,784	7,452	6,475	7,451	7,408	8,041	8,166	8,218	7,916	7,903	89,385
EMS/Fire HP Total	7,304	6,859	6,883	7,659	6,657	7,380	7,418	8,026	7,806	7,909	8,031	8,002	89,934
EMS/Fire Total	14,291	13,443	13,667	15,111	13,132	14,831	14,826	16,067	15,972	16,127	15,947	15,905	179,319
Patient Transports	8,538	7,895	8,305	8,796	8,275	9,427	9,234	9,952	9,729	9,497	9,603	9,793	109,044

FY 2015	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FYE
Call Type	OCT 14	NOV 14	DEC 14	JAN 15	FEB 15	MAR 15	APR 15	MAY 15	JUN 15	JUL 15	AUG 15	SEP 15	FY 2015
EMS LP	6,709	5,993	6,205	6,310	5,543	6,252	6,284	7,272	6,876	7,010	7,269	7,201	78,924
EMS HP	6,839	5,840	6,479	6,534	5,737	6,538	6,656	7,360	7,748	7,730	7,775	8,008	83,244
EMS Sub-Total	13,548	11,833	12,684	12,844	11,280	12,790	12,940	14,632	14,624	14,740	15,044	15,209	162,168
Fire/Other LP	1,391	1,328	1,287	1,491	1,862	1,424	1,509	1,500	1,702	1,746	1,532	1,419	18,191
Fire/Other HP	1,364	1,378	1,138	1,397	1,832	1,327	1,399	1,410	1,404	1,420	1,361	1,303	16,733
Fire/Other Sub-Total	2,755	2,706	2,425	2,888	3,694	2,751	2,908	2,910	3,106	3,166	2,893	2,722	34,924
EMS/Fire LP Total	8,100	7,321	7,492	7,801	7,405	7,676	7,793	8,772	8,578	8,756	8,801	8,620	97,115
EMS/Fire HP Total	8,203	7,218	7,617	7,931	7,569	7,865	8,055	8,770	9,152	9,150	9,136	9,311	99,977
EMS/Fire Total	16,303	14,539	15,109	15,732	14,974	15,541	15,848	17,542	17,730	17,906	17,937	17,931	197,092
Patient Transports	9,750	8,471	8,864	9,417	8,289	9,373	9,290	10,199	10,263	10,330	10,520	10,514	115,280

2. Combining CAD and billing service records, and attached, is the breakout of EMS transports for FY 2014 and FY 2015 (through 6/30/15 or Q3) by level of service (LOS) and “priority.” The patient counts in this data do not match the above tables because not all cases could be matched by incident number (incident numbers incorrectly recorded in ePCRs). Also, I could only complete data through 6/30/15 (Q3) for FY 2015. If you open the attached Excel file, the upper table is FY 14 and the lower table is FY 15. Call type is shown in the left hand column. The next three columns show LOS by call type. ALS calls are divided into ALS-1 and ALS-2. ALS-1 is the “routine” ALS transport, IV, ECG, O2, perhaps medication. ALS-2 includes intubation or multiple drugs. LOS is the better way of determining what services a patient needed as a result of an EMS call.
3. “Priority” level, by LOS, is shown to the right in the remaining columns. You will note that “priority” level was not recorded for all transported calls, more so in FY 15. This appears to be because of CAD changes or other unidentified reasons. By protocol (please [click here](#) and review pages 28 and 29), P-1 is defined as “unstable,” P-2 as “potentially unstable,” P-3 as “stable.” In practice, and in my opinion, it appears recorded “priority” is more closely identified with transport mode (lights and siren use) rather than actual patient condition. For example, most P-2 conditions (as described by the linked protocol) would more likely result in ALS transport rather than BLS transport. Regardless, just looking at “BLS” transports during FY 14, 67,310 (or 62% of the 108,881 patients transported) were designated P-2 or P-3. Because priority levels were not recorded for more than 25% of CAD records during FY 2015, it's difficult to compare, but the numbers that were recorded are not substantially different (54% of the 82,639 transports shown).
4. There is no single hour during the day when EMS call volume is highest. Instead, it's a range of hours between 9:00 AM and 11:00 PM, during any one of which EMS calls may peak. To understand this better, please look at the attached PDF file with charts (CY 2015 Incidents by Time of Day). Each chart plots EMS call counts by hour of the day during a month. In the first chart (January, 2015), note the gray, blue and red lines. Each gray line is an individual date, with calls plotted by hour of the day (Hour #1 is 12 AM to 12:59:59 AM, Hour #24 is 11 PM to 11:59:59 PM). For example, note the unusual gray line on the upper left. This is the EMS call plot for 1/1/2015 (New Year's Day). Using this line as an example, EMS calls peaked at between 2 AM and 2:59:59 AM (or Hour #3). The blue line is the average number of EMS calls by hour for the month, the red line is the 95th percentile EMS calls by hour for the month. For example, during January, the **average** number of calls by hour peaked between 4 PM and 4:59:59 PM (Hour #17) **at 23**, with 95% of days in January during the same hour experiencing **32 or fewer** EMS calls. Each gray line extending above the red line are “Top 5%” dates for that hour. When the gray lines extend above **30 calls during an hour**, it's a “surge” or unusual peak period. If the gray line extends above **35 calls during an hour**, the EMS call volume exceeds the capacity of the system to absorb it effectively (with between 39 and 49 transport units operating). Please note how the red line (95th percentile count) exceeds both 30 and 35 EMS calls per hour during each month, but especially during May, June, July and August. The Excel file with data for each month in table form is also attached. Red text values indicate peaks or when hourly EMS call volume exceeds 30 per hour. Yellow highlighted cells are when hourly EMS call volume exceeds 35 per hour.

Also attached is a “Transport Unit to Call Ratio” chart. This chart plots the ratio of transport units regularly in service to EMS calls dispatched per hour. For example, if 40 transport units were in service during the period of an hour and 20 EMS calls were dispatched during the same hour the ratio of transport units to EMS calls would be 40 to 20, or 2 to 1, or 2.0. Based on a bunch of math (not included here) the “target range” of this ratio should fall between 2.2 (on the high side) and 1.85 (on the low side) for transport units to arrive at EMS calls within response time target goals, 90% or more of the time. This ratio is dependent on how long transport units spend on calls, including responding, staying on-scene, transporting and dropping patients at hospitals (combined, “committed time”). As “committed time” increases, the ratio of transport units to EMS calls must also increase (to meet response time target goals) because fewer transport units are available to respond on calls. Three lines are plotted on the chart, ratios for 39, 50 and 60 transport units. Also plotted are the “upper” (green) and “lower” (red) ratio limits. Where the plotted lines cross the ratio limit lines are the “upper” and “lower” hourly call count values. For example, with **39 transport units**, the maximum hourly EMS call capacity is between **18 and 21**. At **50 transport units**, it's between **23 and 27**. At **60 transport units**, it's between **27 and 32**. When you compare these numbers to the EMS calls plotted by time of day in the previous charts, you can easily

understand why EMS system capacity is exceeded when hourly EMS call counts go above 30 with between 39 and 49 transport units regularly in service during different times of the day, especially during the summer months. This is why supplementing regularly in service transport units is a priority for Department administration.

Please respond with any questions you may have concerning this e-mail or attached data.

THANKS...

Andy

Andrew R. Beaton

Management and Program Analyst

DC Fire and EMS Department

The Frank D. Reeves Center

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From: dcemsa1@aol.com [<mailto:dcemsa1@aol.com>]

Sent: Tuesday, November 24, 2015 11:41 AM

To: Beaton, Andrew (FEMS); Mills, Edward III. (FEMS)

Subject: Questions from the Mayor's Emergency Medical Service Advisory

Hello Mr. Beaton,

I hope this message finds you well .As the EMSAC Chairperson I am requesting that the following questions answered for our next EMSAC meeting to be held on December 3rd.

Your efforts are appreciated.

Sincerely,

Cynthiana Lightfoot

- 1) From the start of the fiscal year, how many EMS calls have been received and how many have resulted in transports?
- 2) How many of these were BLS vs. ALS?
- 3) Of the BLS calls ,please breakdown the (percentages) by acuity. Example transport priority 1,2, and 3
- 4) What time of day is the volume highest?
- 5) What are the current overtime expenditures this year compared to last year?
- 6) Total number of ALS transports 24 hour units
- 7) Total number of BLS transport units

- 8) Total number of BLS and ALS transport units not 24 hour
- 9) Total number of PEC
- 10) Total number of Firefighter EMT's and Paramedics
- 11) Total number of Civilian EMT's and Paramedics.

District of Columbia Fire and EMS Department

Patient Transports by Level of Service (LOS) and CAD Indicated Priority

FY 2014 (10/01/2013 to 09/30/2014)

Call Type	BLS Transports	ALS1 Transports	ALS2 Transports	% Total Transports	BLS P-1 Transports	BLS P-2 Transports	BLS P-3 Transports	BLS P-UNK Transports	ALS1 P-1 Transports	ALS1 P-2 Transports	ALS1 P-3 Transports	ALS1 P-UNK Transports	ALS2 P-1 Transports	ALS2 P-2 Transports	ALS2 P-3 Transports	ALS2 P-UNK Transports	Total Transports
Abdominal Pain	3,613	989	5	4.2%	12	1,360	2,013	228	13	559	338	79	3	2	0	0	4,607
Allergies	728	452	3	1.1%	1	310	380	37	18	320	67	47	1	2	0	0	1,183
Animal Bite	134	12	0	0.1%	3	58	64	9	1	5	5	1	0	0	0	0	146
Assault	2,478	366	1	2.6%	48	1,160	1,111	159	44	212	80	30	1	0	0	0	2,845
Back Pain	980	120	0	1.0%	2	283	630	65	1	47	63	9	0	0	0	0	1,100
Breathing Problem	5,478	7,335	105	11.9%	56	2,561	2,481	380	572	5,177	1,003	583	78	9	0	18	12,918
Building Collapse - Comm.	22	7	3	0.0%	1	11	3	7	1	6	0	0	3	0	0	0	32
Burns	116	41	2	0.1%	3	80	28	5	4	29	2	6	0	2	0	0	159
Cardiac Arrest	82	169	244	0.5%	11	39	25	7	37	107	5	20	208	4	1	31	495
Chest Pain	3,544	4,810	13	7.7%	15	1,528	1,752	249	176	3,555	712	367	6	5	0	2	8,367
Choking	127	54	1	0.2%	3	51	59	14	2	30	17	5	1	0	0	0	182
CO Poisoning/Hazmat	11	21	0	0.0%	0	7	4	0	7	12	0	2	0	0	0	0	32
Convulsions/Seizure	2,535	2,054	53	4.3%	25	1,447	888	175	158	1,543	191	162	37	9	0	7	4,642
Detail /Other	14	43	0	0.1%	0	4	1	9	1	13	3	26	0	0	0	0	57
Diabetic Problem	1,200	1,117	11	2.1%	9	624	498	69	35	861	145	76	5	3	1	2	2,328
Drowning	0	2	0	0.0%	0	0	0	0	0	1	0	1	0	0	0	0	2
Electrocution	7	15	0	0.0%	0	4	3	0	3	7	2	3	0	0	0	0	22
Emergency Transfer	4	9	1	0.0%	1	2	1	0	2	5	2	0	1	0	0	0	14
Explosion	0	0	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0
Eye Problem	271	22	0	0.3%	1	87	166	17	0	9	13	0	0	0	0	0	293
Fall Victim	5,386	1,054	20	5.9%	35	2,456	2,517	378	88	643	217	106	13	2	0	5	6,460
FIRE ALARM	4	2	0	0.0%	0	2	1	1	0	1	0	1	0	0	0	0	6
Hazardous Materials	4	5	0	0.0%	0	0	2	2	0	3	2	0	0	0	0	0	9
Headache	951	320	1	1.2%	5	334	547	65	11	181	95	33	0	1	0	0	1,272
Heart Problems	456	812	6	1.2%	1	211	217	27	47	626	73	66	3	1	1	1	1,274
Heat/Cold Exposure	108	34	0	0.1%	1	36	61	10	0	20	11	3	0	0	0	0	142
Helicopter Lndng/President	0	1	0	0.0%	0	0	0	0	0	0	0	1	0	0	0	0	1
Hemorrhage/Laceration	3,139	949	11	3.8%	20	1,348	1,582	189	50	597	214	88	8	0	0	3	4,099
High Angle Rescue	0	0	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0
Industrial Accident	3	0	1	0.0%	0	2	0	1	0	0	0	0	0	1	0	0	4
Ingestion/Poisoning	1,254	556	5	1.7%	15	724	440	75	24	393	91	48	3	2	0	0	1,815
Mass Casualty Incident	8	0	0	0.0%	0	8	0	0	0	0	0	0	0	0	0	0	8
Pregnancy/Childbirth	1,933	611	0	2.3%	19	1,239	568	107	19	402	126	64	0	0	0	0	2,544
Psychiatric Problem	1,867	373	3	2.1%	6	772	957	132	9	223	109	32	3	0	0	0	2,243
Public Service	54	17	0	0.1%	0	21	27	6	0	12	3	2	0	0	0	0	71
Rescue	7	8	2	0.0%	1	3	2	1	4	3	0	1	2	0	0	0	17
Sick Person	19,724	4,720	23	22.5%	72	6,857	11,476	1,319	176	2,812	1,323	409	14	6	0	3	24,467
Special Event Assist	1	0	0	0.0%	0	0	0	1	0	0	0	0	0	0	0	0	1
Special Event EMS Respose	1	0	0	0.0%	0	0	0	1	0	0	0	0	0	0	0	0	1
Stab/Gunshot Wound	273	473	42	0.7%	53	156	46	18	196	219	11	47	33	2	0	7	788
Stroke/CVA	573	1,056	6	1.5%	6	283	259	25	124	771	79	82	2	3	0	1	1,635
Traffic Accident MVA	3,891	1,156	18	4.7%	115	2,214	1,351	211	169	722	164	101	10	6	0	2	5,065
Transfer/Interfacility	5	3	0	0.0%	0	2	3	0	0	1	1	1	0	0	0	0	8
Traumatic Injury	3,903	405	7	4.0%	31	1,436	2,112	324	31	200	141	33	2	5	0	0	4,315
Unconscious/Fainting	3,833	3,837	194	7.2%	29	1,701	1,838	265	277	2,716	506	338	140	26	0	28	7,864
Unknown	95	32	2	0.1%	9	39	26	21	8	17	3	4	1	1	0	0	129
Unknown Problem Man Down	4,057	1,118	33	4.8%	24	1,658	2,045	330	50	704	255	109	21	5	0	7	5,208
VEHICLE FIRE	9	2	0	0.0%	0	4	4	1	0	2	0	0	0	0	0	0	11
Water Rescue /River	0	0	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	72,883	35,182	816	108,881	633	31,122	36,188	4,940	2,358	23,766	6,072	2,986	599	97	3	117	108,881
% Total Transports	66.9%	32.3%	0.7%	100.0%	0.6%	28.6%	33.2%	4.5%	2.2%	21.8%	5.6%	2.7%	0.6%	0.1%	0.0%	0.1%	100.0%

District of Columbia Fire and EMS Department

Patient Transports by Level of Service (LOS) and CAD Indicated Priority

FY 2015 (10/01/2014 to 06/30/2015)

Call Type	BLS Transports	ALS1 Transports	ALS2 Transports	% Total Transports	BLS P-1 Transports	BLS P-2 Transports	BLS P-3 Transports	BLS P-UNK Transports	ALS1 P-1 Transports	ALS1 P-2 Transports	ALS1 P-3 Transports	ALS1 P-UNK Transports	ALS2 P-1 Transports	ALS2 P-2 Transports	ALS2 P-3 Transports	ALS2 P-UNK Transports	Total Transports
Abdominal Pain	3,025	510	4	4.3%	5	948	1,324	748	4	263	88	155	1	1	0	2	3,539
Allergies	595	266	1	1.0%	3	228	215	149	6	170	17	73	0	1	0	0	862
Animal Bite	89	7	0	0.1%	0	28	41	20	0	2	2	3	0	0	0	0	96
Assault	1,914	203	2	2.6%	21	776	637	480	23	93	28	59	2	0	0	0	2,119
Back Pain	856	86	0	1.1%	0	200	441	215	0	39	29	18	0	0	0	0	942
Breathing Problem	5,278	4,398	65	11.8%	42	2,200	1,709	1,327	296	2,532	416	1,154	36	5	0	24	9,741
Building Collapse - Comm.	17	4	1	0.0%	3	6	3	5	1	2	0	1	0	1	0	0	22
Burns	89	25	0	0.1%	1	48	11	29	1	14	1	9	0	0	0	0	114
Cardiac Arrest	72	110	159	0.4%	7	29	15	21	26	51	2	31	93	4	0	62	341
Chest Pain	3,034	2,951	4	7.2%	11	1,140	1,121	762	90	1,816	290	755	2	0	0	2	5,989
Choking	97	40	1	0.2%	0	38	23	36	2	14	8	16	0	0	0	1	138
CO Poisoning/Hazmat	8	6	0	0.0%	1	4	2	1	0	5	0	1	0	0	0	0	14
Convulsions/Seizure	2,149	1,356	20	4.3%	17	1,106	519	507	71	847	82	356	4	6	0	10	3,525
Detail /Other	6	9	0	0.0%	1	2	0	3	0	2	0	7	0	0	0	0	15
Diabetic Problem	1,037	705	12	2.1%	3	448	319	267	27	458	51	169	5	4	0	3	1,754
Drowning	3	3	0	0.0%	0	0	0	3	1	0	0	2	0	0	0	0	6
Electrocution	7	4	1	0.0%	0	6	0	1	1	2	0	1	1	0	0	0	12
Emergency Transfer	6	11	1	0.0%	4	0	1	1	3	2	0	6	0	1	0	0	18
Explosion	1	2	0	0.0%	0	0	0	1	0	0	0	2	0	0	0	0	3
Eye Problem	238	16	0	0.3%	1	68	109	60	1	3	5	7	0	0	0	0	254
Fall Victim	4,502	545	13	6.1%	30	1,735	1,560	1,177	37	300	59	149	7	0	0	6	5,060
FIRE ALARM	5	6	0	0.0%	0	2	1	2	0	5	0	1	0	0	0	0	11
Hazardous Materials	4	3	0	0.0%	0	0	3	1	0	0	0	3	0	0	0	0	7
Headache	767	157	1	1.1%	3	219	364	181	3	82	39	33	1	0	0	0	925
Heart Problems	353	513	1	1.0%	1	158	116	78	27	335	30	121	0	0	1	0	867
Heat/Cold Exposure	98	19	1	0.1%	0	36	34	28	0	8	3	8	0	0	0	1	118
Helicopter Lndng/President	0	0	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0
Hemorrhage/Laceration	2,297	542	7	3.4%	11	888	846	552	14	297	77	154	5	1	0	1	2,846
High Angle Rescue	1	0	0	0.0%	0	1	0	0	0	0	0	0	0	0	0	0	1
Industrial Accident	2	4	1	0.0%	0	1	0	1	0	1	2	1	0	0	0	1	7
Ingestion/Poisoning	1,445	381	3	2.2%	9	688	361	387	17	217	49	98	1	2	0	0	1,829
Mass Casualty Incident	4	4	0	0.0%	0	4	0	0	0	4	0	0	0	0	0	0	8
Pregnancy/Childbirth	1,521	314	0	2.2%	11	802	311	397	7	179	36	92	0	0	0	0	1,835
Psychiatric Problem	1,825	200	3	2.5%	7	654	672	492	5	103	38	54	3	0	0	0	2,028
Public Service	77	20	0	0.1%	0	24	30	23	0	13	2	5	0	0	0	0	97
Rescue	9	6	0	0.0%	0	2	1	6	0	1	0	5	0	0	0	0	15
Sick Person	16,485	2,782	35	23.4%	37	5,023	7,046	4,379	82	1,487	432	781	12	6	0	17	19,302
Special Event Assist	0	0	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0
Special Event EMS Respose	0	0	0	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0
Stab/Gunshot Wound	268	282	42	0.7%	38	133	26	71	96	109	2	75	23	3	0	16	592
Stroke/CVA	549	683	2	1.5%	4	249	167	129	61	404	47	171	2	0	0	0	1,234
Traffic Accident MVA	3,030	588	13	4.4%	58	1,453	881	638	71	282	55	180	8	2	0	3	3,631
Transfer/Interfacility	3	1	0	0.0%	0	1	1	1	0	0	1	0	0	0	0	0	4
Traumatic Injury	2,676	183	3	3.5%	16	857	1,125	678	10	86	33	54	2	1	0	0	2,862
Unconscious/Fainting	3,166	2,337	99	6.8%	38	1,350	1,030	748	156	1,350	185	646	54	7	0	38	5,602
Unknown	47	21	3	0.1%	0	16	10	21	5	8	1	7	3	0	0	0	71
Unknown Problem Man Down	3,386	765	25	5.1%	31	1,307	1,218	830	34	426	99	206	7	3	2	13	4,176
VEHICLE FIRE	3	1	0	0.0%	0	1	0	2	1	0	0	0	0	0	0	0	4
Water Rescue /River	3	0	0	0.0%	0	1	2	0	0	0	0	0	0	0	0	0	3
Total	61,047	21,069	523	82,639	414	22,880	22,295	15,458	1,179	12,012	2,209	5,669	272	48	3	200	82,639
% Total Transports	73.9%	25.5%	0.6%	100.0%	0.5%	27.7%	27.0%	18.7%	1.4%	14.5%	2.7%	6.9%	0.3%	0.1%	0.0%	0.2%	100.0%

District of Columbia Fire and EMS Department

EMS Calls by Date, Day and Hour of the Day (January to August, 2015)

Date	01/01/15	01/02/15	01/03/15	01/04/15	01/05/15	01/06/15	01/07/15	01/08/15	01/09/15	01/10/15	01/11/15	01/12/15	01/13/15	01/14/15	01/15/15	01/16/15	01/17/15	01/18/15	01/19/15	01/20/15	01/21/15	01/22/15	01/23/15	01/24/15	01/25/15	01/26/15	01/27/15	01/28/15	01/29/15	01/30/15	01/31/15					
Month of Year	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
Day of Week	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT					
Hour of Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	MIN	MAX	AVG	95th%	TIME OF DAY
1	43	16	17	16	12	13	11	4	15	18	12	11	7	7	12	11	18	18	17	4	22	7	17	15	18	8	13	9	13	10	18	4	43	14	20	12:00 AM to 01:00 AM
2	44	17	13	15	9	11	10	8	7	12	16	12	6	9	18	4	18	20	9	12	11	7	9	16	15	9	13	10	10	12	16	4	44	13	19	01:00 AM to 02:00 AM
3	45	7	17	16	9	10	9	11	11	15	21	5	11	18	9	14	12	15	2	14	12	14	11	16	17	6	11	17	10	6	19	2	45	13	20	02:00 AM to 03:00 AM
4	39	5	21	18	7	9	11	5	9	20	23	12	7	7	10	10	22	12	8	12	5	6	9	15	14	4	6	5	10	11	9	4	39	12	23	03:00 AM to 03:59 AM
5	30	14	16	9	4	4	9	3	5	12	6	4	6	4	10	8	10	6	6	11	9	5	9	11	11	9	16	8	6	9	8	3	30	9	16	04:00 AM to 04:59 AM
6	22	8	7	9	11	14	5	9	5	9	5	10	10	5	9	6	10	9	4	8	8	8	9	19	12	6	8	8	9	5	8	4	22	9	17	05:00 AM to 05:59 AM
7	12	14	6	10	10	9	19	9	6	9	12	14	7	8	6	6	10	12	4	8	6	13	13	8	11	11	10	10	6	8	14	4	19	10	14	06:00 AM to 06:59 AM
8	16	14	9	12	7	17	19	13	14	7	9	13	23	14	5	13	4	9	12	22	9	8	12	15	8	14	19	16	15	15	16	4	23	13	21	07:00 AM to 07:59 AM
9	10	12	14	16	21	29	25	18	15	15	20	15	24	11	15	15	17	12	21	22	14	16	16	8	7	23	8	25	24	14	12	7	29	17	25	08:00 AM to 08:59 AM
10	17	17	14	24	24	34	20	15	21	11	17	19	28	21	21	24	16	14	26	22	20	17	25	13	11	17	20	18	23	13	18	11	34	19	27	09:00 AM to 09:59 AM
11	17	8	13	17	31	26	32	21	25	23	16	22	22	21	20	25	7	12	24	24	24	24	32	14	13	21	23	13	27	21	14	7	32	20	32	10:00 AM to 10:59 AM
12	8	20	20	27	18	23	26	25	16	20	21	21	28	18	16	32	14	16	28	19	25	21	25	18	16	20	21	26	24	22	20	8	32	21	28	11:00 AM to 11:59 AM
13	14	16	23	22	19	16	24	27	23	17	27	25	18	18	19	24	18	26	17	26	24	17	26	21	13	22	34	22	24	27	19	13	34	22	27	12:00 PM to 12:59 PM
14	21	15	26	19	25	20	23	12	14	22	21	25	28	18	19	23	16	17	31	27	23	26	21	28	12	19	21	24	23	29	12	31	21	29	01:00 PM to 02:00 PM	
15	19	29	20	17	25	29	19	27	18	17	26	27	21	22	18	25	13	16	22	25	14	17	24	12	24	19	22	17	29	26	19	12	29	21	29	02:00 PM to 03:00 PM
16	12	16	23	24	31	29	26	18	20	16	20	23	30	28	20	29	20	19	16	27	27	23	25	16	19	18	19	25	18	26	23	12	31	22	30	03:00 PM to 03:59 PM
17	27	27	23	28	25	25	21	23	23	19	29	29	29	19	34	26	16	18	15	34	27	26	19	22	23	20	18	17	17	20	23	15	34	23	32	04:00 PM to 04:59 PM
18	15	22	10	19	27	21	21	20	20	23	15	26	26	26	18	18	26	15	29	22	19	25	23	18	29	21	20	23	21	22	22	10	29	21	28	05:00 PM to 05:59 PM
19	10	22	22	18	26	23	18	21	26	18	16	20	21	21	21	29	20	21	22	24	15	25	23	22	17	20	19	18	21	38	19	10	38	21	28	06:00 PM to 06:59 PM
20	17	26	18	25	27	28	17	17	24	14	23	23	26	21	18	23	21	17	22	16	15	22	30	25	22	14	15	16	20	26	13	13	30	21	28	07:00 PM to 07:59 PM
21	18	14	19	21	13	22	19	23	20	14	21	24	16	33	20	18	13	13	22	23	23	19	18	22	26	17	22	21	26	23	18	13	33	20	26	08:00 PM to 08:59 PM
22	16	19	18	14	20	11	23	13	27	17	31	15	21	16	12	19	16	19	23	17	23	17	19	20	16	18	16	21	14	26	18	11	31	19	27	09:00 PM to 09:59 PM
23	15	27	22	18	18	18	19	8	18	24	13	21	24	18	12	17	20	16	16	19	12	18	24	25	20	23	14	18	16	21	30	8	30	19	26	10:00 PM to 10:59 PM
24	17	14	16	14	12	13	14	8	17	21	14	16	13	10	13	21	19	14	11	17	14	18	15	18	17	13	5	16	15	12	20	5	21	15	21	11:00 PM to 11:59 PM
Total	504	399	407	428	431	454	440	358	399	393	434	432	452	393	375	440	376	366	407	455	401	399	454	417	391	372	393	403	421	442	408	2	19	9	14	
MIN/HR	8	5	6	9	4	4	5	3	5	7	5	4	6	4	5	4	4	6	2	4	5	5	9	8	7	4	5	5	6	5	8	15	45	23	32	
MAX/HR	45	29	26	28	31	34	32	27	27	24	31	29	30	33	34	32	26	26	31	34	27	26	32	28	29	23	34	26	29	38	30					
AVG/HR	21	17	17	18	18	19	18	15	17	16	18	18	19	16	16	18	16	15	17	19	17	17	19	17	16	16	16	17	18	18	17					
95TH%/HR	44	27	23	27	30	29	26	27	26	23	29	27	29	28	21	29	22	21	29	27	27	26	29	25	26	23	23	25	27	29	23					

Date	02/01/15	02/02/15	02/03/15	02/04/15	02/05/15	02/06/15	02/07/15	02/08/15	02/09/15	02/10/15	02/11/15	02/12/15	02/13/15	02/14/15	02/15/15	02/16/15	02/17/15	02/18/15	02/19/15	02/20/15	02/21/15	02/22/15	02/23/15	02/24/15	02/25/15	02/26/15	02/27/15	02/28/15										
Month of Year	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2										
Day of Week	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT										
Hour of Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28										
1	10	12	19	15	20	9	11	24	10	8	7	18	13	12	13	7	11	15	12	16	18	15	17	9	13	7	11	19						MIN	MAX	AVG	95th%	TIME OF DAY
2	22	16	9	7	10	13	14	10	14	9	7	11	8	12	16	11	11	13	14	9	15	16	17	9	5	10	9	17						7	24	13	20	12:00 AM to 01:00 AM
3	15	7	8	7	6	11	11	18	8	7	13	11	13	12	13	10	11	7	9	4	17	18	10	5	6	7	12	30						5	22	12	17	01:00 AM to 02:00 AM
4	19	12	8	9	14	7	13	18	9	17	5	8	5	17	11	11	10	12	9	4	14	13	6	9	1	12	10	13						4	30	11	18	02:00 AM to 03:00 AM
5	8	7	4	7	9	7	12	14	9	8	10	8	3	13	8	9	14	7	8	4	15	6	8	6	8	9	10	18						1	19	11	18	03:00 AM to 03:59 AM
6	12	10	4	9	4	9	13	5	7	7	10	6	7	8	13	5	7	10	3	8	8	4	11	6	10	9	12	12						3	18	9	15	04:00 AM to 04:59 AM
7	3	10	9	8	3	12	8	7	14	12	13	7	4	12	7	15	10	11	5	9	8	9	14	9	12	10	6	6						3	13	8	13	05:00 AM to 05:59 AM
8	12	14	13	15	10	10	13	15	15	21	7	13	10	8	11	19	10	24	10	19	16	13	10	16	10	7	12	13						7	24	13	20	06:00 AM to 06:59 AM
9	10	14	13	24	18	14	13	12	13	20	19	20	18	8	9	16	16	28	20	26	12	18	21	21	17	20	17	10						8	28	17	25	07:00 AM to 07:59 AM
10	13	20	24	37	32	22	10	18	31	33	19	20	21	17	10	18	13	21	24	21	16	11	23	21	27	17	21	14						10	37	21	33	08:00 AM to 08:59 AM
11	15	26	25	22	26	22	21	13	28	23	20	11	28	15	17	18	20	25	19	21	23	16	22	15	17	16	24	20						11	28	20	27	09:00 AM to 09:59 AM
12	14	21	17	20	19	27	23	20	34	19	22	18	19	17	26	16	20	23	26	23	21	18	19	17	28	18	27	19						14	34	21	28	10:00 AM to 10:59 AM
13	15	23	19	26	18	24	20	16	33	20	31	23	11	10	22	15	20	19	16	15	17	19	14	17	30	24	23	20						10	33	20	31	11:00 AM to 11:59 AM
14	17	24	32	28	22	26	21	21	29	15	31	22	26	11	19	22	16	24	28	24	29	22	27	21	29	18	23	25						11	32	23	30	12:00 PM to 12:59 PM
15	18	13	14	29	16	20	28	10	23	19	20	22	17	24	20	19	24	20	20	22	18	19	12	13	29	22	18	16						10	38	20	29	01:00 PM to 02:00 PM
16	16	20	20	20	25	20	20	25	27	28	24	13	25	23	16	26	21	23	22	16	25	19	22	25	15	22	20	17						13	28	21	27	02:00 PM to 03:00 PM
17	14	28	30	25	22	27	23	15	26	21	18	25	24	15	20	21	13	29	20	34	8	20	24	19	15	24	23	24						8	34	22	30	03:00 PM to 03:59 PM
18	25	15	23	27	25	20	25	19	23	25	22	20	21	14	15	19	22	19	17	26	20	19	23	20	21	20	24	23						14	27	21	26	04:00 PM to 04:59 PM
19	24	26	18	18	23	25	22	20	26	23	19	19	26	14	23	19	23	22	19	24	15	20	19	22	23	19	22	13						13	26	21	26	05:00 PM to 05:59 PM
20	16	15	20	25	28	24	13	33	22	19	20	30	20	23	12	22	18	21	21	26	19	23	17	29	21	17	29	16						12	33	21	30	06:00 PM to 06:59 PM
21	22	17	13	18	10	33	23	22	20	15	16	21	16	26	12	16	25	30	20	21	20	12	24	18	20	12	24	21						10	33	20	29	07:00 PM to 07:59 PM
22	15	20	6	21	15	22	14	16	13	13	20	11	28	21	10	11	19	25	23	17	21	15	19	16	5	17	21	25						5	28	17	25	08:00 PM to 08:59 PM
23	22	18	18	23	20	9	23	15	15	19	14	19	15	18	14	19	18	16	29	15	15	17	18	19	19	9	23	26						9	29	18	25	09:00 PM to 09:59 PM
24	14	11	10	12	14	22	18	11	18	8	8	13	13	21	12	17	14	15	11	20	17	16	11	14	14	15	11	14						8	22	14	21	10:00 PM to 10:59 PM
Total	371	399	376	452	409	435	412	397	467	428	395	389	391	371	349	381	386	459	405	424	407	378	408	376	395	361	432	431						1	13	8	13	11:00 PM to 11:59 PM
MIN/HR	3	7	4	7	3	7	8	5	7	7	5	6	3	8	7	5	7	7	3	4	8	4	6	5	1	7	6	6						14	38	23	33	
MAX/HR	25	28	32	37	32	33	28	33	34	38	31	30	28	26	26	26	25	30	29	34	29	23	27	29	30	24	29	30										
AVG/HR	15	17	16	19	17	18	17	17	19	18	16	16	16	15	15	16	16	19	17	18	17	16	17	16	16	15	18	18										
95TH%/HR	24	26	29	29	28	27	25	25	33	32	30	25	28	24	23	22	24	29	28	26	25	22	24	25	29	24	27	26										

District of Columbia Fire and EMS Department

EMS Calls by Date, Day and Hour of the Day (January to August, 2015)

Date	03/01/15	03/02/15	03/03/15	03/04/15	03/05/15	03/06/15	03/07/15	03/08/15	03/09/15	03/10/15	03/11/15	03/12/15	03/13/15	03/14/15	03/15/15	03/16/15	03/17/15	03/18/15	03/19/15	03/20/15	03/21/15	03/22/15	03/23/15	03/24/15	03/25/15	03/26/15	03/27/15	03/28/15	03/29/15	03/30/15	03/31/15					
Month of Year	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3					
Day of Week	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE					
Hour of Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	MIN	MAX	AVG	95th%	TIME OF DAY
1	10	16	5	17	16	15	16	15	19	21	11	9	15	22	26	11	13	18	11	11	11	25	12	13	7	14	7	13	23	10	11	5	26	14	24	12:00 AM to 01:00 AM
2	15	14	9	17	10	16	18	13	8	15	14	7	12	14	16	11	16	10	9	14	13	20	15	7	10	9	8	17	12	10	12	7	20	13	18	01:00 AM to 02:00 AM
3	22	13	6	6	4	10	16	0	12	9	4	9	6	23	18	12	15	15	7	10	12	16	8	12	9	7	11	18	13	6	10	0	23	11	20	02:00 AM to 03:00 AM
4	21	4	7	6	4	9	12	16	12	9	8	4	8	18	15	9	7	8	6	13	16	14	3	7	9	8	4	27	21	5	14	3	27	10	21	03:00 AM to 03:59 AM
5	9	11	6	12	4	8	12	18	16	11	9	6	6	15	12	8	3	3	4	9	16	14	1	8	4	8	7	6	7	6	6	1	18	9	16	04:00 AM to 04:59 AM
6	11	11	7	6	7	13	12	7	7	8	10	4	9	11	11	8	8	8	4	9	6	7	10	6	8	2	8	12	10	6	9	2	13	8	12	05:00 AM to 05:59 AM
7	9	10	15	10	9	12	15	8	5	2	11	7	12	15	12	9	9	8	7	7	7	9	15	13	5	7	6	9	6	3	9	2	15	9	15	06:00 AM to 06:59 AM
8	9	7	12	14	5	14	13	13	17	9	10	11	7	14	8	13	16	15	15	14	18	8	6	17	10	11	16	10	8	16	10	5	18	12	17	07:00 AM to 07:59 AM
9	10	13	20	30	12	18	17	12	16	17	17	16	19	4	15	26	17	17	8	12	18	11	26	19	20	21	18	12	16	25	14	4	30	17	26	08:00 AM to 08:59 AM
10	22	31	17	27	14	19	19	20	28	21	19	16	20	13	14	26	17	14	26	26	12	16	19	20	23	20	22	14	17	26	15	12	31	20	28	09:00 AM to 09:59 AM
11	18	30	19	17	22	19	24	15	31	26	21	20	19	21	13	25	28	21	25	13	15	16	26	25	31	21	20	10	11	13	17	10	31	20	31	10:00 AM to 10:59 AM
12	15	30	35	26	20	24	20	12	24	21	16	22	25	21	15	27	26	34	22	12	15	12	27	28	25	23	20	17	18	16	18	12	35	21	32	11:00 AM to 11:59 AM
13	25	26	20	23	15	25	14	21	22	33	17	17	20	13	24	24	22	21	23	20	12	13	24	12	23	19	17	15	17	22	28	12	33	20	27	12:00 PM to 12:59 PM
14	18	27	27	26	17	15	15	22	25	20	25	22	17	24	14	23	29	21	25	28	10	18	19	23	15	21	16	17	14	27	22	10	29	21	28	01:00 PM to 02:00 PM
15	21	28	30	25	13	25	18	16	23	27	20	21	24	16	20	22	20	27	31	21	19	16	28	13	22	32	21	18	25	23	22	13	32	22	31	02:00 PM to 03:00 PM
16	18	16	21	40	17	21	21	11	23	24	25	19	23	18	21	29	21	26	20	18	21	23	23	18	30	16	18	21	12	30	22	11	40	21	30	03:00 PM to 03:59 PM
17	22	19	21	26	22	17	22	20	22	15	28	41	22	10	16	30	28	23	16	20	13	15	25	20	17	30	20	21	22	23	23	10	41	22	30	04:00 PM to 04:59 PM
18	23	31	24	18	18	24	22	21	32	26	32	26	27	16	11	22	36	12	17	23	15	9	17	31	20	17	20	21	23	22	24	9	36	22	32	05:00 PM to 05:59 PM
19	21	23	30	19	21	22	21	25	40	22	20	21	20	22	20	25	31	19	27	23	30	20	18	18	29	28	21	22	25	17	20	17	40	23	31	06:00 PM to 06:59 PM
20	22	32	26	23	18	28	26	13	28	23	21	18	26	25	23	27	29	18	22	20	25	16	21	15	16	34	24	22	22	24	10	10	34	22	31	07:00 PM to 07:59 PM
21	19	27	21	20	22	23	21	12	18	29	18	26	25	24	14	15	19	16	22	21	20	26	24	18	21	26	15	13	16	19	28	12	29	21	28	08:00 PM to 08:59 PM
22	16	17	14	21	10	20	14	20	26	14	19	9	29	22	19	22	21	11	14	15	21	20	22	20	22	22	20	22	17	18	22	9	29	19	24	09:00 PM to 09:59 PM
23	12	17	20	19	14	19	10	18	21	17	22	16	27	23	15	26	19	11	18	19	20	21	19	16	16	22	27	13	18	18	13	10	27	18	27	10:00 PM to 10:59 PM
24	12	12	14	20	14	24	19	12	11	18	16	14	22	24	18	24	18	10	7	20	30	22	16	10	13	22	27	15	16	13	14	7	30	17	26	11:00 PM to 11:59 PM
Total	400	465	426	468	328	440	417	360	486	437	413	381	440	428	390	474	468	386	386	398	395	387	424	389	405	440	393	385	389	398	393	0	13	8	12	
MIN/HR	9	4	5	6	4	8	10	0	5	2	4	4	6	4	8	8	3	3	4	7	6	7	1	6	4	2	4	6	6	3	6	17	41	23	32	
MAX/HR	25	32	35	40	22	28	26	25	40	33	32	41	29	25	26	30	36	34	31	28	30	26	28	31	31	34	27	27	25	30	28					
AVG/HR	17	19	18	20	14	18	17	15	20	18	17	16	18	18	16	20	20	16	16	17	16	16	18	16	17	18	16	16	16	17	16					
95TH%/HR	23	31	30	30	22	25	24	22	32	29	28	26	27	24	24	29	31	27	27	26	29	25	27	28	30	32	27	22	25	27	27					

Date	04/01/15	04/02/15	04/03/15	04/04/15	04/05/15	04/06/15	04/07/15	04/08/15	04/09/15	04/10/15	04/11/15	04/12/15	04/13/15	04/14/15	04/15/15	04/16/15	04/17/15	04/18/15	04/19/15	04/20/15	04/21/15	04/22/15	04/23/15	04/24/15	04/25/15	04/26/15	04/27/15	04/28/15	04/29/15	04/30/15						
Month of Year	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4						
Day of Week	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU						
Hour of Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		MIN	MAX	AVG	95th%	TIME OF DAY
1	11	12	18	16	12	17	17	14	14	11	24	17	9	9	18	14	13	22	22	14	18	16	8	12	23	18	11	13	16	9	8	24	15	23	12:00 AM to 01:00 AM	
2	16	9	12	10	19	13	5	16	9	9	21	17	7	19	10	5	14	20	15	18	10	11	9	13	15	22	17	12	12	19	5	22	13	21	01:00 AM to 02:00 AM	
3	12	11	16	27	17	5	6	6	8	3	14	14	10	8	12	11	16	16	16	5	6	9	6	15	13	22	10	7	8	11	3	27	11	20	02:00 AM to 03:00 AM	
4	5	10	21	18	25	12	11	8	7	12	20	20	5	7	12	10	6	17	20	7	5	5	4	7	15	19	11	9	6	9	4	25	11	21	03:00 AM to 03:59 AM	
5	7	5	4	9	13	14	11	3	3	7	8	16	3	9	14	11	9	13	14	9	10	7	6	7	5	10	8	8	2	6	2	16	8	14	04:00 AM to 04:59 AM	
6	8	8	4	7	2	8	7	8	5	6	11	10	6	12	8	8	10	7	7	7	5	8	8	9	11	6	10	7	9	7	2	12	8	11	05:00 AM to 05:59 AM	
7	7	9	9	8	7	10	14	10	13	5	11	7	7	8	13	13	9	9	10	10	9	6	8	12	6	10	9	4	5	16	4	16	9	14	06:00 AM to 06:59 AM	
8	8	13	18	8	13	13	21	15	14	17	14	8	14	14	12	10	15	15	7	16	17	12	13	11	15	10	13	14	15	11	7	21	13	18	07:00 AM to 07:59 AM	
9	20	25	18	14	13	16	25	14	18	14	9	13	15	26	14	13	21	11	11	22	18	18	19	20	9	9	19	14	19	19	9	26	17	25	08:00 AM to 08:59 AM	
10	10	22	36	15	16	22	20	22	18	33	24	11	21	18	13	19	27	20	12	19	27	15	18	22	15	15	26	18	16	25	10	36	20	30	09:00 AM to 09:59 AM	
11	22	29	18	17	18	15	24	28	28	15	13	17	31	19	38	30	23	21	14	26	21	22	27	14	18	15	15	27	20	28	13	38	22	31	10:00 AM to 10:59 AM	
12	25	25	19	16	23	28	28	21	17	29	24	15	20	18	19	23	19	21	16	26	21	20	23	16	13	16	27	26	34	20	13	34	22	29	11:00 AM to 11:59 AM	
13	18	17	18	19	18	24	23	13	24	14	24	28	28	17	17	19	19	18	29	30	27	16	18	22	18	22	26	22	31	23	13	31	21	30	12:00 PM to 12:59 PM	
14	24	18	19	21	10	20	20	32	24	24	19	18	20	18	30	33	21	21	28	36	32	29	16	20	9	17	28	25	17	35	9	36	23	34	01:00 PM to 02:00 PM	
15	32	24	16	16	19	22	23	21	28	24	12	12	23	21	23	33	29	23	23	21	30	19	24	19	21	27	25	25	26	22	12	33	23	31	02:00 PM to 03:00 PM	
16	28	30	31	16	15	26	22	19	21	35	25	19	25	22	20	23	30	26	25	24	22	21	32	24	20	19	15	22	16	22	15	35	23	32	03:00 PM to 03:59 PM	
17	19	26	18	29	25	27	24	27	27	15	27	24	22	21	22	22	26	26	23	34	19	16	26	28	24	22	21	30	29	27	15	34	24	30	04:00 PM to 04:59 PM	
18	27	25	24	19	17	28	16	16	27	19	31	22	23	21	21	23	12	21	27	21	19	24	26	26	18	23	21	28	22	25	12	31	22	28	05:00 PM to 05:59 PM	
19	21	25	15	35	16	22	21	19	22	21	27	23	14	29	20	30	23	11	23	34	24	18	15	27	17	20	27	26	33	26	11	35	23	34	06:00 PM to 06:59 PM	
20	21	25	17	21	29	20	30	19	16	20	32	20	24	24	16	21	29	20	22	32	19	22	26	21	16	14	14	22	22	21	14	32	22	31	07:00 PM to 07:59 PM	
21	18	28	23	16	40	24	21	13	20	24	21	18	21	16	23	25	18	27	22	23	26	16	12	27	20	20	15	28	20	30	12	40	22	29	08:00 PM to 08:59 PM	
22	24	24	22	20	19	23	17	29	20	13	28	23	24	14	18	21	21	30	16	22	17	17	21	24	18	15	14	22	30	13	13	30	21	30	09:00 PM to 09:59 PM	
23	24	25	28	21	24	26	21	18	22	19	18	17	26	12	26	21	24	25	23	19	22	16	18	21	19	14	24	17	24	23	12	28	21	26	10:00 PM to 10:59 PM	
24	6	8	21	22	16	21	20	15	14	24	23	15	18	10	14	17	26	25	12	11	20	14	7	24	21	16	17	16	19	20	6	26	17	25	11:00 PM to 11:59 PM	
Total	413	453	445	420	426	456	447	406	419	413	480	404	416	392	433	455	460	465	437	486	444	377	390	441	379	401	423	442	451	467	2	12	8	11		
MIN/HR	5	5	4	7	2	5	5	3	3	3	8	7	3	7	8	5	6	7	7	5	5	5	4	7	5	6	8	4	2	6	15	40	24	34		
MAX/HR	32	30	36	35	40	28	30	32	28	35	32	28	31	29	38	33	30	30	29	36	32	29	32	28	24	27	28	30	34	35						
AVG/HR	17	19	19	18	18	19	19	17	17	17	20	17	17	16	18	19	19	19	18	20	19	16	16	18	16	17	18	18	19	19						
95TH%/HR	28	29	31	29	28	28	28	29	28	32	31	24	28	26	29	33	29	27	28	34	30	24	27	27	23	23	27	28	33	30						

District of Columbia Fire and EMS Department

EMS Calls by Date, Day and Hour of the Day (January to August, 2015)

Date	05/01/15	05/02/15	05/03/15	05/04/15	05/05/15	05/06/15	05/07/15	05/08/15	05/09/15	05/10/15	05/11/15	05/12/15	05/13/15	05/14/15	05/15/15	05/16/15	05/17/15	05/18/15	05/19/15	05/20/15	05/21/15	05/22/15	05/23/15	05/24/15	05/25/15	05/26/15	05/27/15	05/28/15	05/29/15	05/30/15	05/31/15					
Month of Year	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5					
Day of Week	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN					
Hour of Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	MIN	MAX	AVG	95th%	TIME OF DAY
1	14	11	10	14	10	11	14	20	20	17	21	12	17	15	20	20	8	14	10	17	11	15	24	26	13	13	11	13	14	26	16	8	26	15	25	12:00 AM to 01:00 AM
2	7	23	24	13	13	13	16	15	18	16	12	11	8	10	9	17	20	12	11	16	16	9	23	18	15	18	14	10	15	17	14	7	24	15	23	01:00 AM to 02:00 AM
3	15	18	16	13	12	17	14	14	14	26	13	6	15	15	10	14	29	11	15	7	13	5	16	16	15	13	13	11	15	21	11	5	29	14	24	02:00 AM to 03:00 AM
4	15	21	22	10	4	5	13	12	16	16	12	7	7	6	5	19	23	10	5	7	10	9	19	15	14	8	9	12	10	16	12	4	23	12	22	03:00 AM to 03:59 AM
5	6	18	15	3	7	10	9	10	14	7	6	8	3	4	11	9	17	8	7	10	9	6	17	13	9	10	10	11	10	14	3	18	10	17	04:00 AM to 04:59 AM	
6	8	10	11	8	14	11	10	15	12	4	5	13	3	5	7	10	6	5	11	8	5	4	8	6	12	8	3	6	10	9	9	3	15	8	14	05:00 AM to 05:59 AM
7	9	12	10	14	10	19	13	12	12	15	7	11	7	6	10	11	9	9	10	12	6	5	16	11	16	9	6	9	9	11	10	5	19	11	16	06:00 AM to 06:59 AM
8	13	8	11	6	19	12	11	14	13	10	21	16	16	17	10	13	8	20	15	17	16	12	8	9	13	12	10	10	8	13	6	21	13	20	07:00 AM to 07:59 AM	
9	9	13	13	22	14	18	20	19	13	18	22	17	24	21	15	14	19	20	23	17	22	29	16	17	16	25	19	21	33	13	11	9	33	18	27	08:00 AM to 08:59 AM
10	26	15	16	28	29	26	28	27	17	11	35	22	24	26	20	14	14	38	27	25	27	19	13	15	22	34	21	22	31	17	23	11	38	23	35	09:00 AM to 09:59 AM
11	19	16	18	36	30	29	19	22	15	19	30	21	23	17	14	16	23	26	30	24	17	22	18	18	22	30	26	23	20	25	18	14	36	22	30	10:00 AM to 10:59 AM
12	28	19	12	14	29	32	26	16	10	18	27	25	19	20	24	13	18	34	25	35	26	30	16	22	18	23	34	20	17	21	25	10	35	22	34	11:00 AM to 11:59 AM
13	29	30	20	21	30	30	33	44	27	15	23	28	19	39	26	18	21	22	25	23	28	32	20	17	11	35	37	17	25	21	17	11	44	25	38	12:00 PM to 12:59 PM
14	24	25	30	27	25	28	26	34	21	26	17	24	23	31	20	20	19	24	41	42	23	27	16	29	14	26	20	34	33	30	29	14	42	26	38	01:00 PM to 02:00 PM
15	18	28	29	28	30	20	18	30	29	19	24	19	33	25	35	28	21	30	22	18	20	19	24	19	22	25	39	35	22	26	18	18	39	25	35	02:00 PM to 03:00 PM
16	23	25	25	35	32	21	41	35	24	12	34	19	22	40	29	23	24	20	24	19	22	28	26	23	24	25	32	25	23	24	17	12	41	26	38	03:00 PM to 03:59 PM
17	24	27	24	24	25	30	27	22	22	16	36	29	24	22	25	30	20	26	33	36	19	32	31	28	23	22	37	26	36	24	17	16	37	26	36	04:00 PM to 04:59 PM
18	27	29	19	22	37	23	26	22	24	22	21	27	31	22	16	21	19	34	35	27	21	29	23	31	20	27	21	36	25	31	23	16	37	26	36	05:00 PM to 05:59 PM
19	23	25	30	21	30	33	20	29	19	20	29	24	14	20	28	24	26	31	29	31	13	28	20	18	22	23	30	26	25	20	17	13	33	24	31	06:00 PM to 06:59 PM
20	30	25	26	23	16	23	24	19	17	26	16	21	23	19	16	17	16	36	34	17	17	25	26	26	23	32	25	21	27	13	25	13	36	23	33	07:00 PM to 07:59 PM
21	34	22	25	24	26	26	20	23	24	27	26	21	31	22	32	15	26	19	26	25	21	28	22	21	23	35	19	20	31	31	24	15	35	25	33	08:00 PM to 08:59 PM
22	28	27	21	24	21	16	17	22	33	21	21	36	19	26	22	22	27	22	18	29	17	22	24	26	20	23	24	15	24	15	24	15	36	23	31	09:00 PM to 09:59 PM
23	26	17	28	24	18	20	22	24	26	15	17	15	17	12	17	20	18	13	19	24	26	26	28	29	26	22	22	19	27	23	20	12	29	21	28	10:00 PM to 10:59 PM
24	23	20	21	16	24	14	17	25	18	13	19	15	9	15	28	16	20	17	19	20	18	22	21	25	24	19	15	17	25	23	19	9	28	19	25	11:00 PM to 11:59 PM
Total	478	484	476	470	505	487	484	525	458	409	494	447	431	455	449	424	451	501	514	506	423	483	475	478	437	517	497	458	518	475	426	3	15	8	14	
MIN/HR	6	8	10	3	4	5	9	10	10	4	5	6	3	4	5	9	6	5	5	7	5	4	8	6	9	8	3	6	9	8	9	18	44	26	38	
MAX/HR	34	30	30	36	37	33	41	44	33	27	36	36	33	40	35	30	29	38	41	42	28	32	31	31	26	35	39	36	36	31	29					
AVG/HR	20	20	20	20	21	20	20	22	19	17	21	19	18	19	19	18	19	21	21	21	18	20	20	20	18	22	21	19	22	20	18					
95TH%/HR	30	29	30	34	32	32	32	35	29	26	35	29	31	38	32	27	27	36	35	36	27	32	28	29	24	35	37	35	33	31	25					

Date	06/01/15	06/02/15	06/03/15	06/04/15	06/05/15	06/06/15	06/07/15	06/08/15	06/09/15	06/10/15	06/11/15	06/12/15	06/13/15	06/14/15	06/15/15	06/16/15	06/17/15	06/18/15	06/19/15	06/20/15	06/21/15	06/22/15	06/23/15	06/24/15	06/25/15	06/26/15	06/27/15	06/28/15	06/29/15	06/30/15						
Month of Year	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6						
Day of Week	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE						
Hour of Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		MIN	MAX	AVG	95th%	TIME OF DAY
1	19	12	19	13	12	19	20	8	19	25	18	19	23	32	19	15	24	13	12	23	17	13	20	14	21	16	22	18	13	17	8	32	18	25	12:00 AM to 01:00 AM	
2	9	8	16	8	13	22	18	15	10	12	11	18	26	24	11	12	15	8	19	25	20	13	9	12	12	11	24	24	15	17	8	26	15	25	01:00 AM to 02:00 AM	
3	14	13	8	10	13	26	23	5	10	6	16	15	18	25	11	13	8	5	9	12	10	13	12	11	16	14	15	14	11	9	5	26	13	24	02:00 AM to 03:00 AM	
4	10	7	12	11	6	18	20	5	4	9	8	6	24	21	14	12	6	13	13	24	9	12	7	9	10	13	23	11	7	8	4	24	12	24	03:00 AM to 03:59 AM	
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14	32	31	18	28	27	13	26	26	26	29	34	43	34	28	28	23	32	21	26	27	20	17	20	36	29	27	16	26	27	15	13	43	26	35	01:00 PM to 02:00 PM	
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Total	527	423	431	425	502	474	467	529	482	505	513	560	584	529	517	513	470	470	494	487	442	537	487	462	461	453	432	464	464	522		2	12	8	12	
MIN/HR	5	7	6	5	6	10	7	5	3	3	4	6	8	10	7	5	5	4	3	8	8	6	7	5	8	8	8	9	2	7		18	47	28	39	
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AVG/HR	22	18	18	18	21	20	19	22	20	21	21	23	24	22	22	21	20	20	21	20	18	22	20	19	19	19	18	19	19	22						
95TH%/HR	36	30	28	28	32	29	28	42	32	34	33	38	40	31	35	35	32	32	32	30	29	37	33	30	29	30	26	29	28	34						

District of Columbia Fire and EMS Department

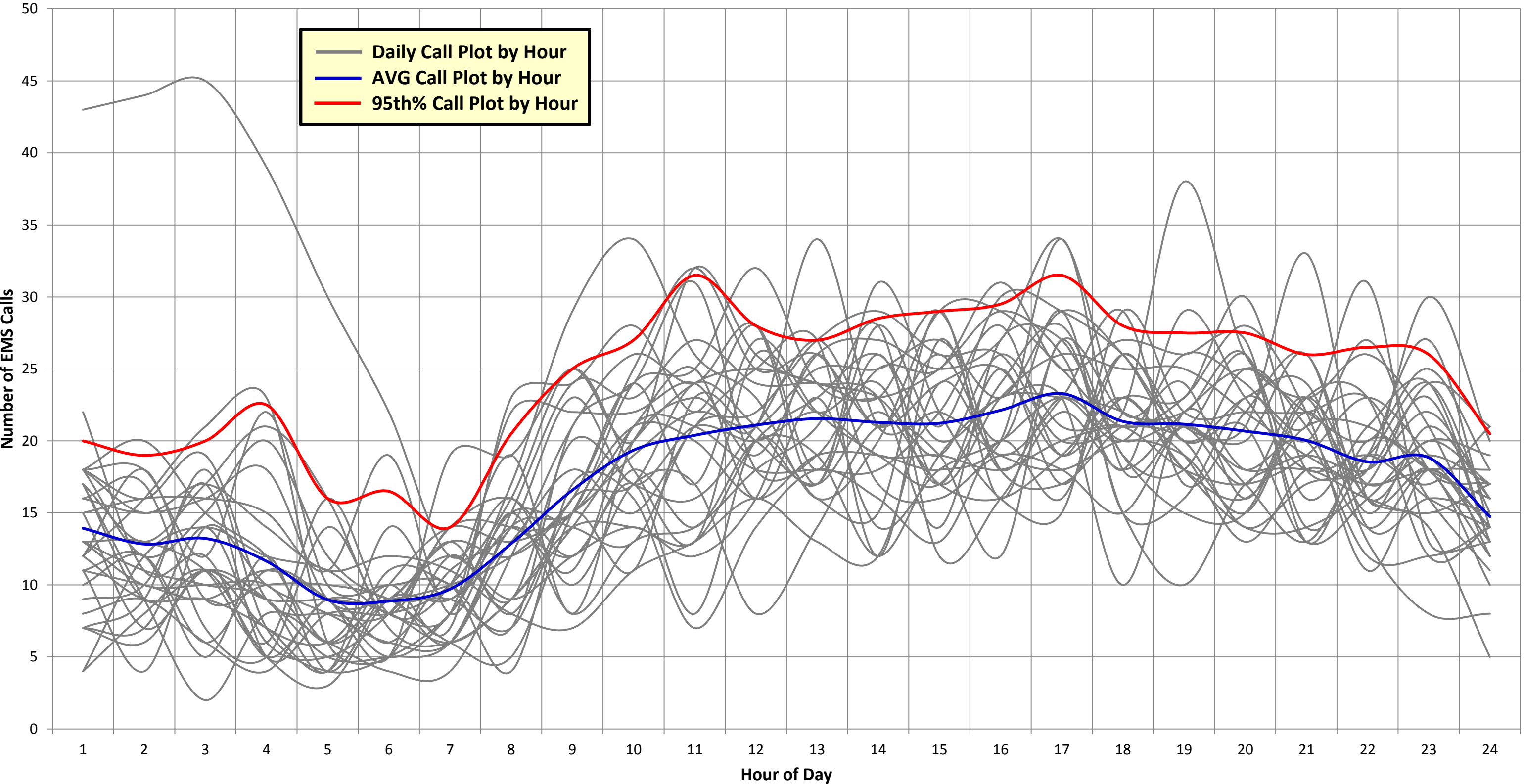
EMS Calls by Date, Day and Hour of the Day (January to August, 2015)

Date	07/01/15	07/02/15	07/03/15	07/04/15	07/05/15	07/06/15	07/07/15	07/08/15	07/09/15	07/10/15	07/11/15	07/12/15	07/13/15	07/14/15	07/15/15	07/16/15	07/17/15	07/18/15	07/19/15	07/20/15	07/21/15	07/22/15	07/23/15	07/24/15	07/25/15	07/26/15	07/27/15	07/28/15	07/29/15	07/30/15	07/31/15					
Month of Year	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7					
Day of Week	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI					
Hour of Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	MIN	MAX	AVG	95th%	TIME OF DAY
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2	25	12	12	17	40	9	9	8	13	15	14	26	13	22	13	11	15	16	23	21	12	15	17	16	27	25	7	13	7	11	16	7	40	16	27	01:00 AM to 02:00 AM
3	6	10	19	9	27	6	12	13	9	16	16	9	16	8	18	7	8	22	26	12	6	16	11	14	19	21	12	5	9	8	15	5	27	13	24	02:00 AM to 03:00 AM
4	13	6	20	21	20	9	14	10	16	11	13	23	6	7	6	4	10	20	19	11	12	5	4	10	16	12	7	11	9	9	11	4	23	12	21	03:00 AM to 03:59 AM
5	6	7	8	7	16	9	6	10	10	8	10	16	8	6	7	4	12	18	20	12	8	6	6	3	17	19	6	9	7	8	12	3	20	10	19	04:00 AM to 04:59 AM
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7	9	14	7	10	12	5	8	10	10	5	15	19	10	11	8	7	10	11	13	14	8	9	12	11	13	10	10	13	8	7	8	5	19	10	15	06:00 AM to 06:59 AM
8	10	10	16	12	14	18	15	16	16	18	10	10	11	16	18	12	12	16	16	15	14	19	15	15	11	12	20	7	14	16	15	7	20	14	19	07:00 AM to 07:59 AM
9	20	15	17	9	19	16	27	15	18	14	19	12	22	16	19	22	12	14	12	15	22	18	22	19	18	17	23	18	23	21	14	9	27	18	23	08:00 AM to 08:59 AM
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21	27	24	30	25	32	27	16	22	24	40	22	25	29	24	18	22	20	27	26	24	30	19	25	31	31	22	20	18	31	24	27	16	40	25	32	08:00 PM to 08:59 PM
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Total	509	456	479	448	518	464	454	437	452	505	469	441	480	496	447	452	491	493	510	506	482	491	444	488	516	464	479	463	448	453	507	2	18	9	15	
MIN/HR	6	6	7	7	10	5	4	8	2	5	10	4	6	6	6	4	8	10	12	11	6	5	4	3	5	10	6	5	7	7	6	17	40	26	36	
MAX/HR	39	30	34	35	40	39	33	32	37	40	33	28	32	36	33	33	36	39	33	31	31	36	34	35	31	26	40	35	31	31	37					
AVG/HR	21	19	20	19	22	19	19	18	19	21	20	18	20	21	19	19	20	21	21	21	20	20	19	20	22	19	20	19	19	19	21					
95TH%/HR	36	27	32	34	32	28	30	27	27	38	30	26	32	35	30	29	33	30	31	31	30	34	27	33	30	25	31	32	30	30	36					

Date	08/01/15	08/02/15	08/03/15	08/04/15	08/05/15	08/06/15	08/07/15	08/08/15	08/09/15	08/10/15	08/11/15	08/12/15	08/13/15	08/14/15	08/15/15	08/16/15	08/17/15	08/18/15	08/19/15	08/20/15	08/21/15	08/22/15	08/23/15	08/24/15	08/25/15	08/26/15	08/27/15	08/28/15	08/29/15	08/30/15						
Month of Year	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8						
Day of Week	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN						
Hour of Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		MIN	MAX	AVG	95th%	TIME OF DAY
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Total	501	502	483	507	458	533	515	522	466	436	496	461	498	517	481	483	479	455	443	480	499	496	476	491	490	437	488	487	457	458	3	16	9	15		
MIN/HR	7	12	6	4	6	5	6	13	9	6	6	6	6	5	6	9	5	5	6	11	4	5	11	4	3	5	6	7	3	7	18	44	27	38		
MAX/HR	38	31	36	39	32	39	36	39	34	30	39	36	40	40	34	31	44	32	32	34	36	33	29	39	35	28	37	36	30	30						
AVG/HR	21	21	20	21	19	22	21	22	19	18	21	19	21	22	20	20	20	19	18	20	21	21	20	20	20	18	20	20	19	19						
95TH%/HR	29	29	34	35	30	38	33	32	30	28	37	34	35	39	31	29	38	32	31	30	34	30	27	34	33	28	31	32	27	30						

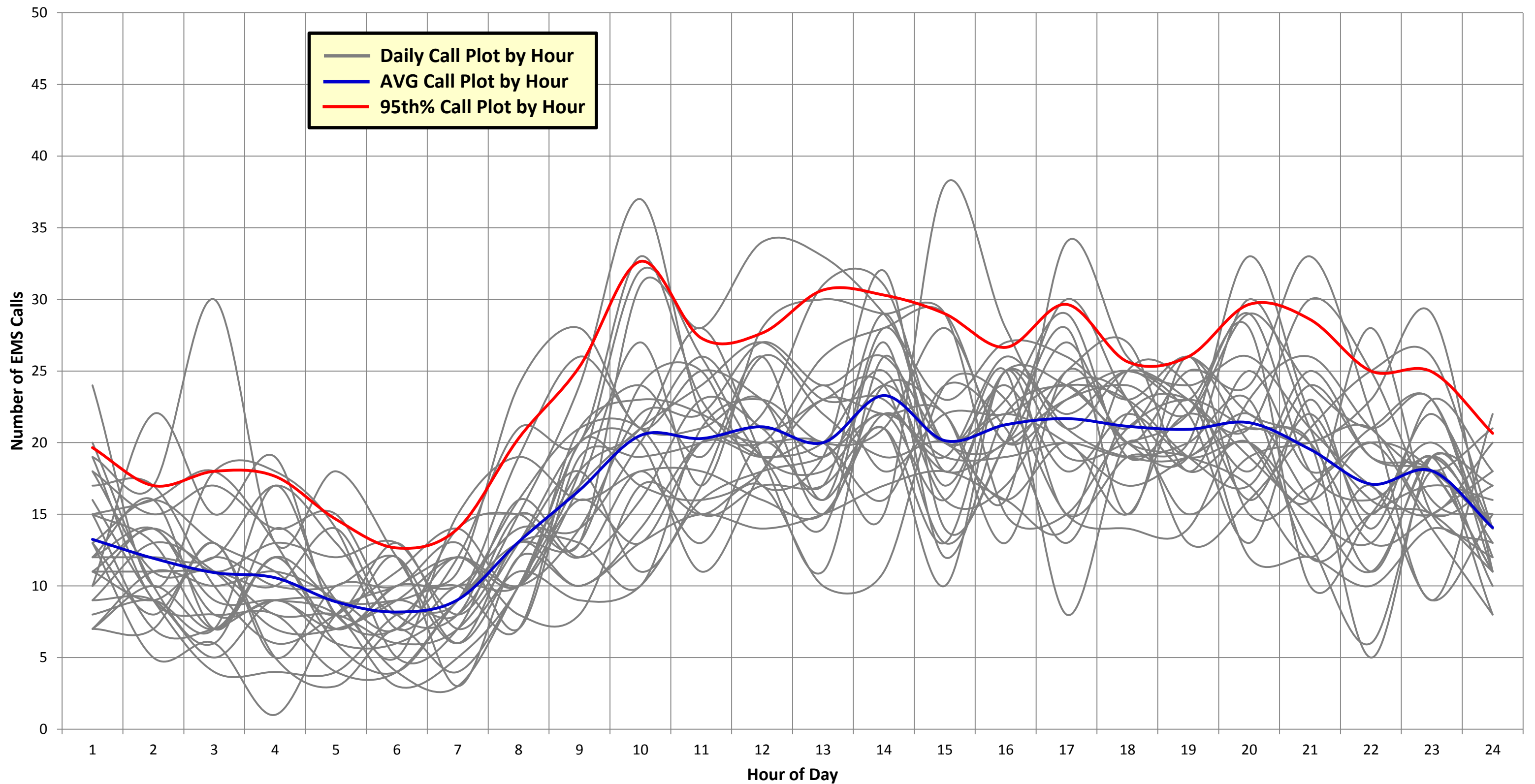
Number of EMS Calls (January, 2015)

Plotted by **Day of Month** and **Hour of Day**



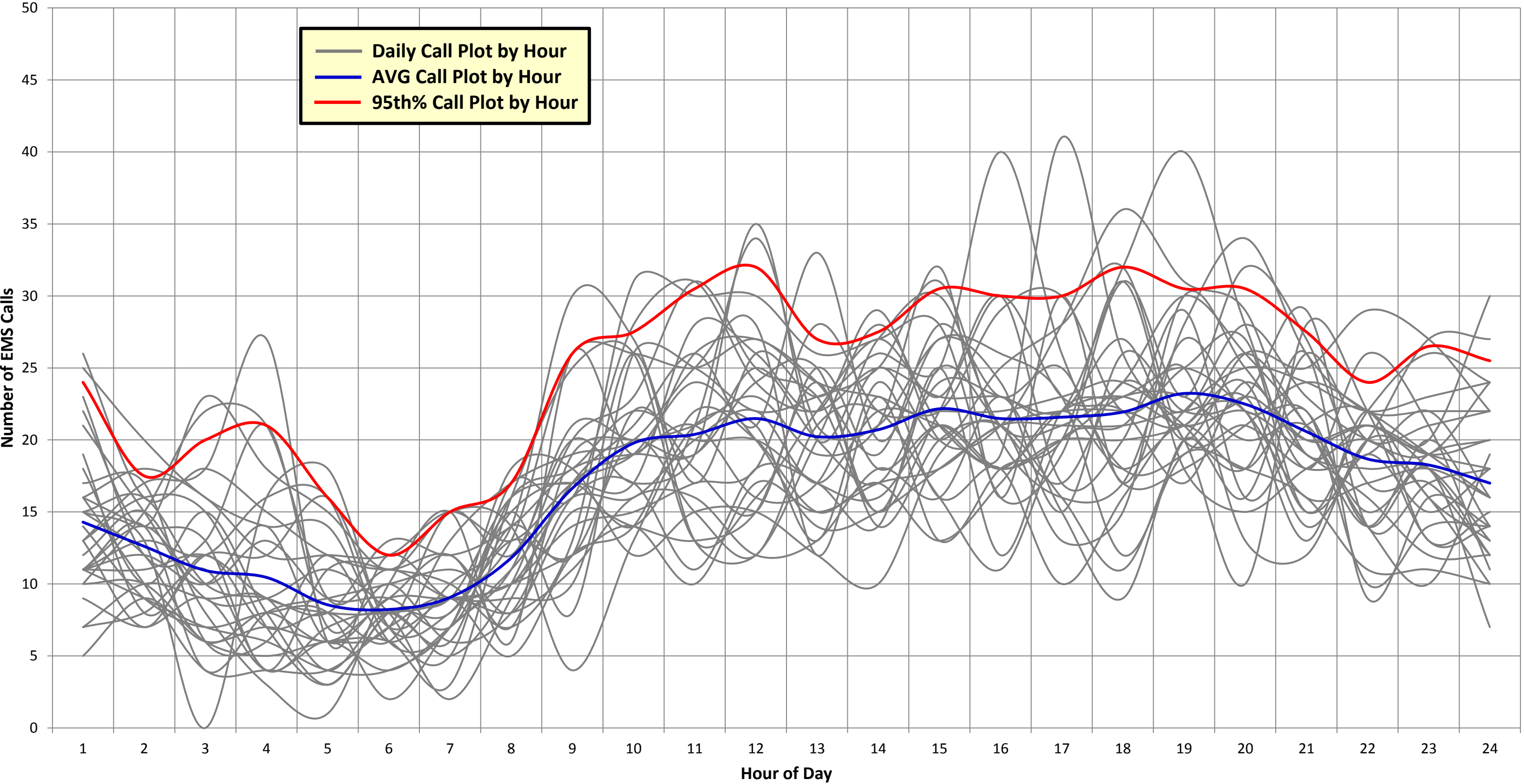
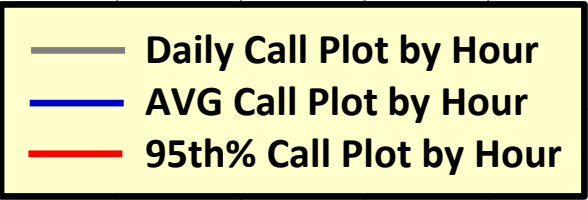
Number of EMS Calls (February, 2015)

Plotted by **Day of Month** and **Hour of Day**



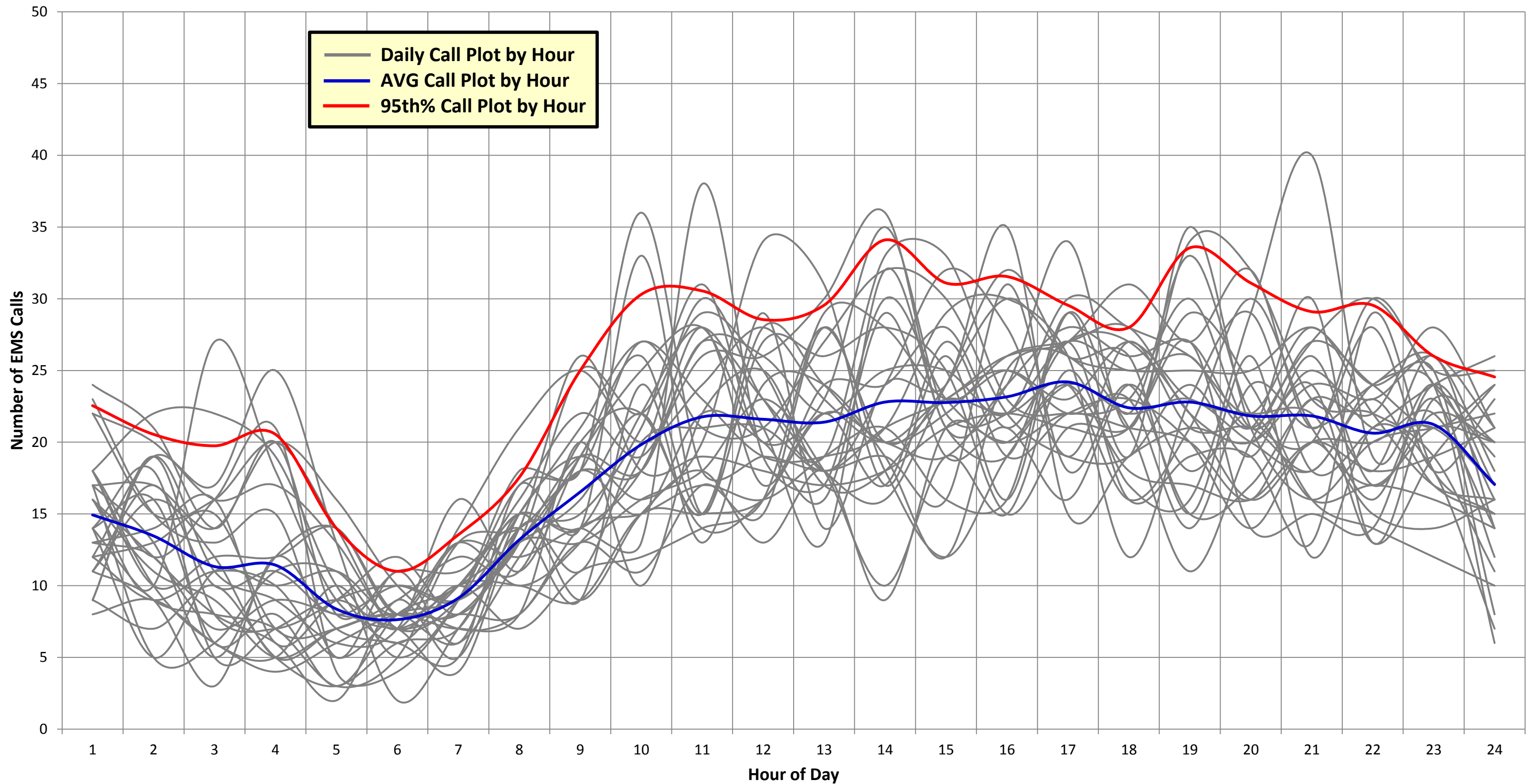
Number of EMS Calls (March, 2015)

Plotted by **Day of Month** and **Hour of Day**



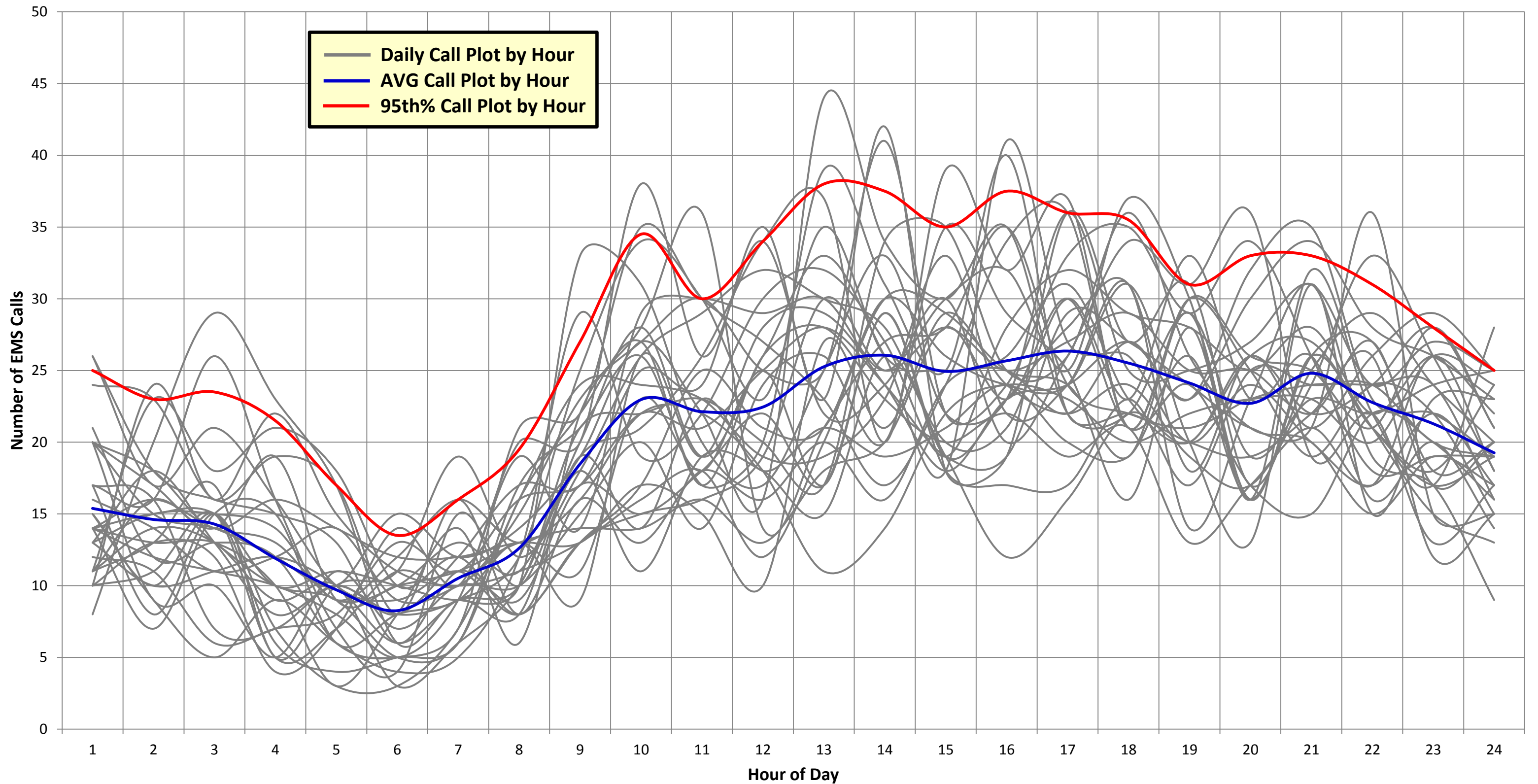
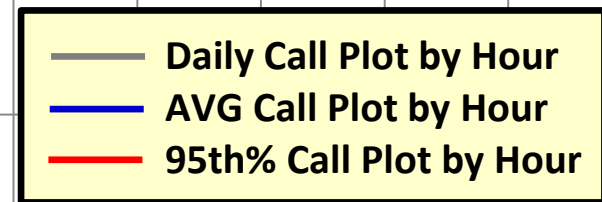
Number of EMS Calls (April, 2015)

Plotted by **Day of Month** and **Hour of Day**



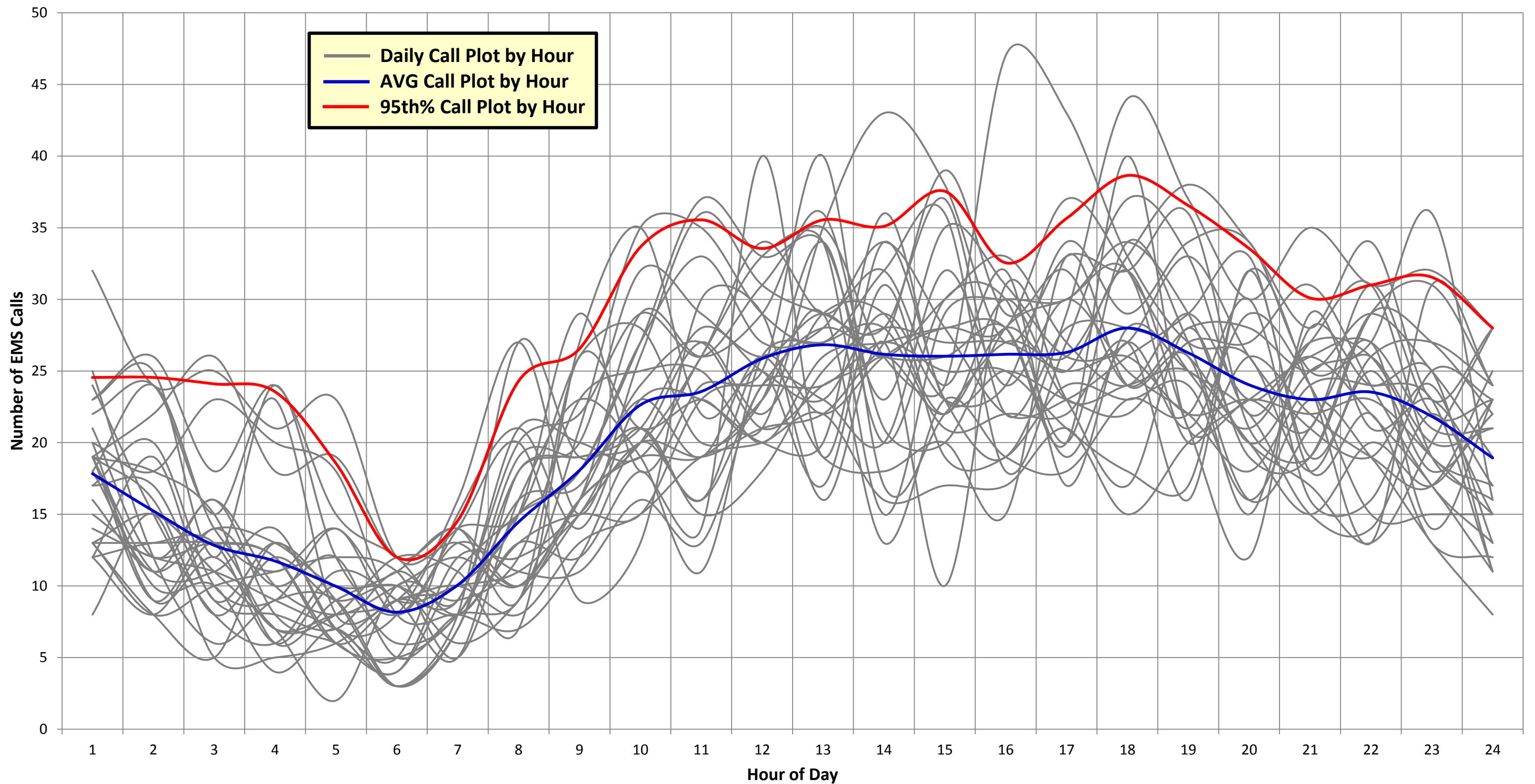
Number of EMS Calls (May, 2015)

Plotted by **Day of Month** and **Hour of Day**



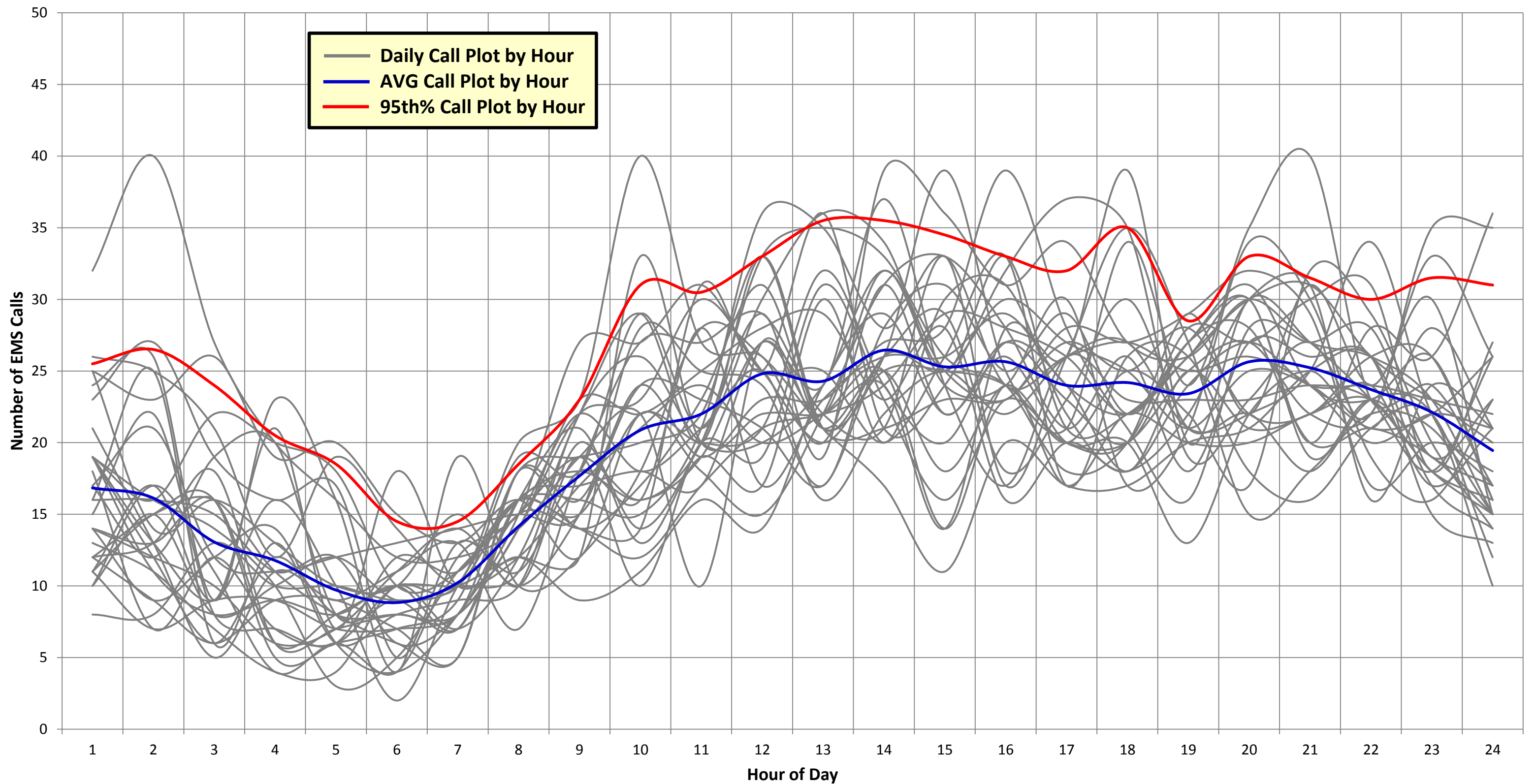
Number of EMS Calls (June, 2015)

Plotted by **Day of Month** and **Hour of Day**



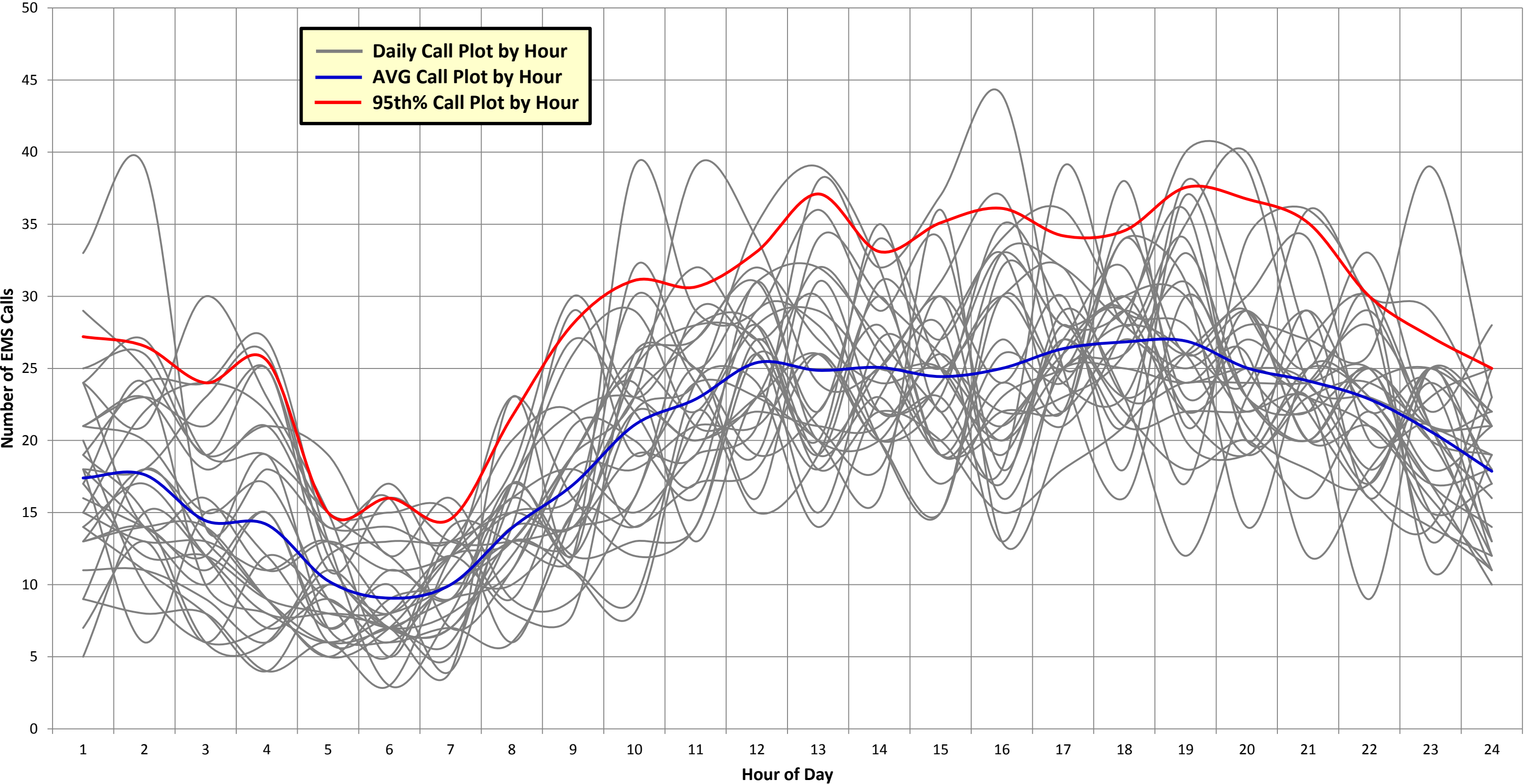
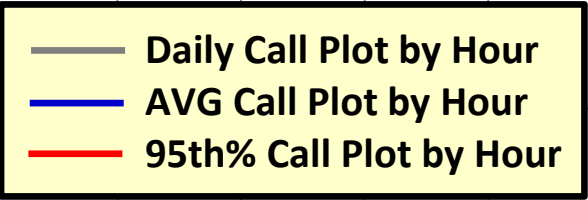
Number of EMS Calls (July, 2015)

Plotted by **Day of Month** and **Hour of Day**

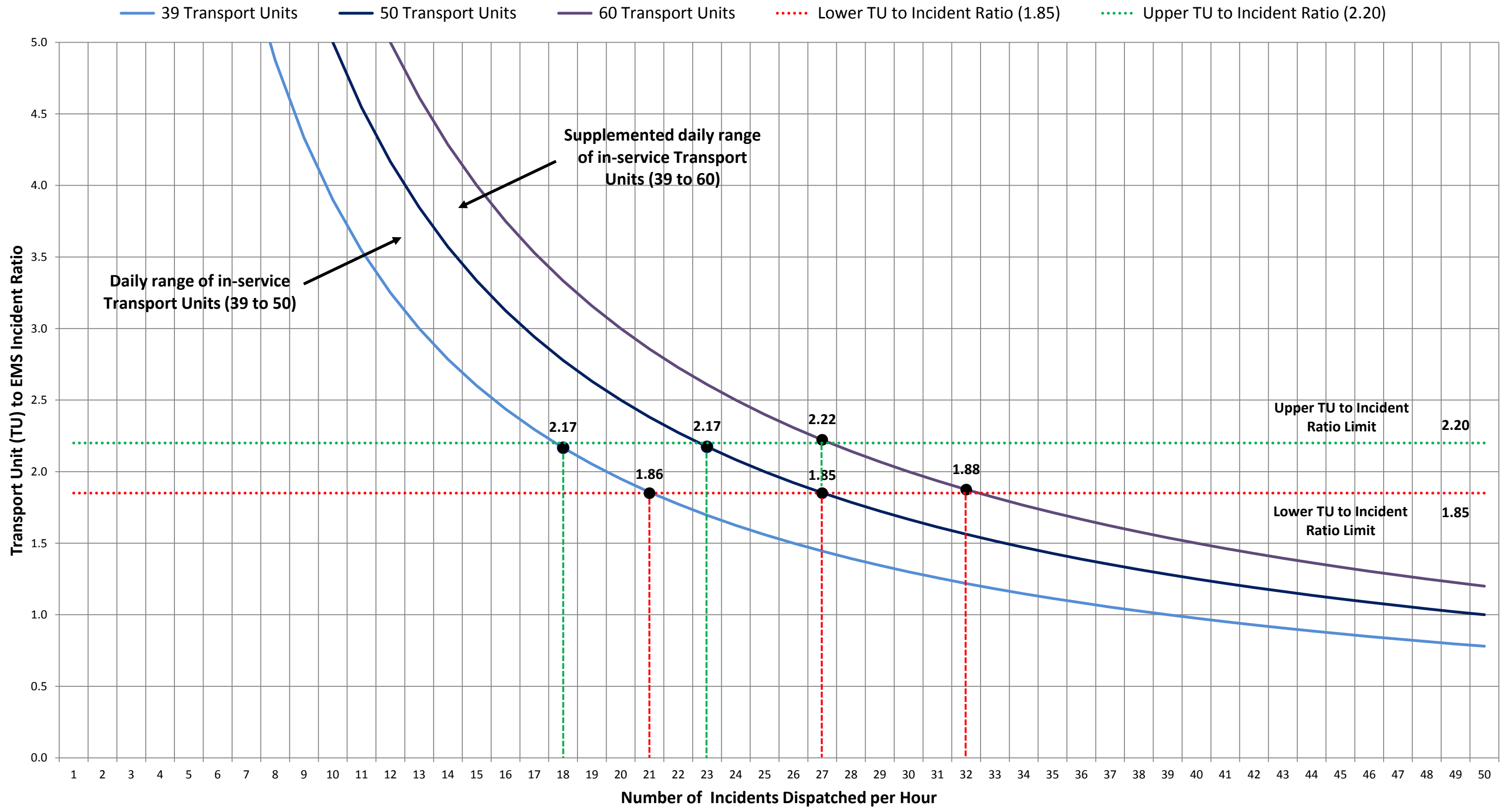


Number of EMS Calls (August, 2015)

Plotted by **Day of Month** and **Hour of Day**



Transport Unit to EMS Incident Ratio by Number of Incidents Dispatched per Hour





**Government of the District of Columbia
Fire and Emergency Medical Services Department**



January 14, 2016

Mr. Kevin Donahue, Deputy Mayor of Public Safety
Office of the City Administrator
1350 Pennsylvania Avenue, NW, Suite 513
Washington DC 20004

Dear Mr. Donahue,

Please find attached the District of Columbia Fire and Emergency Medical Services Department's "Misconduct Allegations and Grievances Report" for FY 2015 along with an Executive Summary providing an overview of Equal Employment Opportunity (EEO) cases, discipline of uniformed employees and grievance cases filed by uniform employees or collective bargaining units.

This report is required to be submitted to the Mayor and Council by DC Official Code § 5-1032.

If you have any additional questions, or need any additional information, please do not hesitate to contact our office.

Very truly yours,

Gregory M. Dean
Fire and EMS Chief

GMD:AB:ja

Government of the District of Columbia



Fire and EMS Department

Gregory M. Dean
Fire and EMS Chief

Misconduct Allegations and Grievances Report Fiscal Year 2015

Prepared for

Mayor of the District of Columbia
Council of the District of Columbia

January, 2015

John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

Executive Summary

Attached is the District of Columbia Fire and Emergency Medical Services Department's "Misconduct Allegations and Grievances Report" for FY 2015, providing an overview of Equal Employment Opportunity (EEO) cases, discipline of uniformed employees and grievance cases filed by uniform employees or collective bargaining units (labor organizations). The reporting period is by fiscal year, beginning October 1, 2014 and ending on September 30, 2015. EEO, discipline and grievance cases from previous fiscal year reports that were "open" at time of report submission are also included. Submission of this report to the Mayor and Council is a requirement of DC Official Code § 5-1032.

Information provided in this report is stratified by type of case (EEO, discipline and grievances) and collective bargaining unit. EEO cases include all employees. Discipline and grievance cases include Emergency Medical Technicians (EMTs), Emergency Medical Technician Paramedics (EMT-Ps) and trades employees (mechanics and certain other position titles) represented by Local 3721 (classified as "Group 1 Employees"), and cases involving firefighters (many position titles and classified as "Group 2 Employees") represented by Local 36. Each EEO, discipline or grievance case includes a case number, associated date, demographic information, details, process and outcome.

EEO Cases

During FY 2015, the Department processed seventeen (17) EEO complaints that included involvement by the Department's EEO Officer, the United States Equal Employment Opportunity Commission (EEOC), the District's Office of Human Rights (OHR) or the District's Office of the Attorney General (OAG). Of these cases, eleven (11) or sixty-five percent (65%) were closed while six (6) or thirty-five percent (35%) remain open. Of the eleven (11) closed cases, one (1) case had findings of "substantiated." Four (4) cases had findings of "unsubstantiated." Four (4) cases had "no findings." Two (2) cases were "dismissed." The one (1) case with "substantiated" findings involved a complaint concerning "sexual harassment."

Group 1 Employee Discipline Cases

During FY 2015, the Department processed eighty five (85) Group 1 Employee disciplinary cases. Of these cases, seventy two (72) or eighty five percent (85%) were closed while thirteen (13) or fifteen percent (15%) remain open. Of the seventy two (72) closed cases, eighteen (18) cases resulted in "no further action" and six (6) cases were "dismissed." One (1) case resulted in "resigned." One (1) case resulted in "counseling" and one (1) case resulted in "retirement." Of the remaining forty five (45) cases, eleven (11) cases resulted in an "admonishment letter." Ten (10) cases resulted in "reprimand." Twelve (12) cases resulted in "suspension." Twelve (12) cases resulted in "termination." Three (3) cases (of the 72 described above) involved disciplinary action associated with an employee arrest. Two (2) of these cases resulted in "termination" and one (1) case resulted in "no further action" due to court dismissal. Individual case information is detailed in the attached report and represents the best known information available to the Department at the time of report publication.

Group 2 Employee Discipline Cases

During FY 2015, the Department processed four hundred thirty nine (439) Group 2 Employee disciplinary cases. Of these cases, three hundred seventy nine (379) or eighty six percent (86%) were closed while sixty (60) or fourteen percent (14%) remain open. Of the three hundred and seventy nine (379) closed cases,

seventy five (75) were “administratively closed,” “dismissed” or resulted in “unsubstantiated charges” prior to conclusion of the disciplinary administrative process. Of the remaining three hundred and four cases (304), thirty four (34) cases resulted in “resignation” or “retirement” before a penalty was assessed. Twenty one (21) cases resulted in a “not guilty” finding. Sixteen (16) cases resulted in “counseling.” Eighty six (86) cases resulted in “reprimand.” Seven (7) cases resulted in “reprimand and suspension of Minor Illness Program (MIP).” One hundred and twenty four (124) cases resulted in “suspension.” Sixteen (16) cases resulted in “terminated.” Thirty five cases (35) cases (of the 379 described above) involved disciplinary action associated with employee arrest. Of these thirty five (35) cases, three (3) resulted in “reprimand,” twenty eight (28) resulted in “suspension” and four (4) resulted in “termination.” Of the sixty (60) open cases, all are awaiting decisions. Individual case information is detailed in the attached report and represents the best known information available to the Department at the time of report publication.

Group 1 Employee Grievance Cases

During FY 2015, the Department processed twelve (12) Group 1 Employee grievance cases. Of these cases, nine (9) or seventy five percent (75%) were closed while three (3) or twenty five percent (25%) remain open. Of the nine (9) closed cases, three (3) were “granted,” six (6) were “denied” and none resulted in “requested arbitration.” Of the three (3) open cases, one (1) resulted in “requested arbitration.” Individual case information is detailed in the attached report and represents the best known information available to the Department at time of report publication.

Group 2 Employee Grievance Cases

During FY 2015, the Department processed sixteen (16) Group 2 Employee grievance cases. Of these cases, nine (9) or fifty six percent (56%) were closed while seven (7) or forty four percent (44%) remain open. Of the nine (9) closed cases, four (4) were “denied,” two (2) were “granted,” one (1) was “partially granted” and two (2) were “settled”. All of the four (4) “denied” cases were closed without “requested arbitration.” The two (2) “awarded” cases were closed without “requested arbitration.” Of the seven (7) open cases, six (6) resulted in “requested arbitration.” Individual case information is detailed in the attached report and represents the best known information available to the Department at time of report publication.

Abbreviations Used in Report

AA	African American	FF	Firefighter
ADMIN	Administration	FLMA	Family Medical Leave Act
ALS	Advanced Life Support	GSA	General Services Administration
ARFF	Aircraft Rescue and Firefighting	H	Hispanic
AWOL	Absent Without Leave	IAD	Internal Affairs Division
BFC	Battalion Fire Chief	M	Male
BLS	Basic Life Support	MIP	Minor Illness Program
DFC	Deputy Fire Chief	MVA	Motor Vehicle Accident
DUI	Driving Under the Influence	NREMT	National Registry Emergency Medical Technician
DWI	Driving While Intoxicated	OPS	Operations
DWLS	Driving While License Suspended	OT	Overtime
EEO	Equal Employment Opportunity	OTH	Other
EMT	Emergency Medical Technician	PFC	Police/Fire Clinic
ePCR	Electronic Patient Care Report	SOG	Standard Operating Guideline
F	Female	SVCS	Services
FEMS	Fire and Emergency Medical Services	W	White

DC Fire and EMS Department
EEO Report FY 2015 - October 1, 2014 through September 30, 2015

ALL EMPLOYEES (FY 2015 CASES)

NOTES: Demographic data based on available information.
Highlights in YELLOW are open cases.

No.	Date Opened	Basis of Complaint	Classification of Complaint	Race	Gender	Disposition of Complaint	Date Closed
2015-EEO-01	10/07/2014	Race, Color, Age	Discrimination		M	Closed/No Finding/DCFEMS	10/16/2014
2015-EEO-02	10/09/2014		Retaliation		M	Closed/Unsubstantiated/DCFEMS	11/28/2014
2015-EEO-03	10/02/2014	Disability	Discrimination		M	Closed/No Finding/DCFEMS	11/28/2014
2015-EEO-04	11/29/2014	Race, National Origin	Discrimination	B	M	Pending OHR	OPEN
2015-EEO-05	12/04/2014	Sex	Discrimination/Hostile Work		F	Closed/No Finding/OCME referral	01/14/2014
2015-EEO-06	02/15/2015	Race	Retaliation	B	M	Closed/No Finding/EEOC	07/31/2015
2015-EEO-07	02/25/2015	FMLA Violation	FMLA	B	F	Closed/OHR Dismissal	10/02/2015
2015-EEO-08	03/24/2015	Disability	Retaliation	B	F	Pending OHR	OPEN
2015-EEO-09	03/25/2015	Race, Personal Appearance	Discrimination/Retaliation	B	M	Pending OHR	OPEN
2015-EEO-10	04/01/2015	Race	Discrimination	W	M	Closed/Unsubstantiated/DCFEMS	05/13/2015
2015-EEO-11	04/23/2015	Age, Matriculation, Personal Appearance	Discrimination	B	M	Closed/Unsubstantiated/DCFEMS	05/12/2015
2015-EEO-12	05/13/2015	Race, Sex, Disability	Retaliation	B	F	Pending OHR	OPEN
2015-EEO-13	05/20/2015	Disability	Discrimination	B	M	Closed/OHR Dismissal	08/27/2015
2015-EEO-14	08/04/2015	Race	Discrimination	B	M	Pending OHR	OPEN
2015-EEO-15	08/12/2015	Sexual Harassment	Hostile Work Environment	B	F	Closed/Substantiated/DCFEMS	09/03/2015
2015-EEO-16	08/31/2015	Disability	Discrimination		M	Pending EEOC	OPEN
2015-EEO-17	09/03/2015	Race	Discrimination	B	M	Closed/Unsubstantiated/DCFEMS	09/03/2015

Data Source: EEO Office Case Files through 01/06/2016

DC Fire and EMS Department
EEO Report FY 2015 - October 1, 2014 through September 30, 2015
ALL EMPLOYEES (OLDER CASES)

NOTES: Demographic data based on available information.
Highlights in YELLOW are open cases.

No.	Date Opened	Basis of Complaint	Classification of Complaint	Race	Gender	Disposition of Complaint	Date Closed
570-2011-01386	07/07/2011	Race	Disparate Treatment	AA	M	Pending/EEOC	N/A
2012-EEO-09	04/20/2012	Age/Race/Retaliation	Discrimination	W	M	Pending/OHR	N/A
2012-EEO-17	08/26/2012	Religion	Failure to accommodate	AA	M	Pending/EEOC	N/A
2013-EEO-08	11/15/2012	Disability	ADA	W	M	Pending/EEOC	N/A
2013-EEO-09	01/03/2013	Retaliation	Retaliation	AA	F	Pending/EEOC	N/A
2013-EEO-10	01/09/2013	Disability	ADA	W	M	Pending/EEOC	N/A
2013-EEO-26	05/11/2013	Retaliation	Retaliation	W	M	Pending/OHR	N/A
2013-EEO-33	06/12/2013	Disability	ADA	W	M	Pending/EEOC	N/A
2013-EEO-35	06/02/2013	Sexual Harassment	Sexual Harassment	AA	F	Pending/EEOC	N/A
2014-EEO-27	09/03/2014	Retaliation	Retaliation	AA	F	Pending/Comm. on Human Rights	N/A

Data Source: EEO Office Case Files through 01/06/2016

DC Fire and EMS Department

Discipline Report FY 2015 - October 1, 2014 through September 30, 2015

GROUP 1 EMPLOYEES

NOTES: Demographic data based on available information.
Highlights in YELLOW are open cases.

No.	Count	FY Occurred	Div or Unit	Race	Gender	Infraction Details	Dept Process	Proposing Officer Race	Deciding Officer Race	Fire Chief Race	Type of Penalty	Hours	Prior Case History Details	Date of Penalty or Action
C-14-063	1	2014	OPS	W	M	AWOL (1) hour	DPM Chapter 16	W	W	AA	Suspension	24	Suspension	01/23/2015
C-14-066	2	2014	OPS	AA	F	AWOL/Abandonment	DPM Chapter 16	W	W	AA	Dismissed		NR	05/01/2015
C-14-073	3	2014	OPS	AA	F	AWOL (4) hours	DPM Chapter 16	W	W	AA	Suspension	72	Suspension	02/16/2015
C-14-078	4	2014	SVCS	AA	M	Abandonment of Job	DPM Chapter 16	W	W	AA	Dismissed		NR	03/16/2015
C-15-001	5	2014	OPS	W	M	Substance Abuse - Referred for treatment	DPM Chapter 16	W	W	AA	No further action		Suspension	03/03/2015
C-15-002	6	2014	OPS	H	F	Missed PT Appt.	DPM Chapter 16	AA	W	AA	Suspension	8	Reprimand	02/17/2015
C-15-003	7	2014	OPS	AA	M	Failed to do Target Safety	DPM Chapter 16	W	W	AA	Reprimand		NR	02/03/2015
C-15-004	8	2014	OPS	AA	M	Lost Portable Radio	DPM Chapter 16	W	W	AA	Retired		NR	03/11/2015
C-15-005	9	2014	Services	W	M	Unauthorized use of funds	DPM Chapter 16	W	W	AA	Suspension	240	NR	01/12/2015
C-15-006	10	2014	Services	AA	M	Unprofessional Conduct	DPM Chapter 16	W	W	AA	Suspension	72	NR	03/24/2015
C-15-007	11	2014	Services	W	M	Tried to access personal files	DPM Chapter 16	W	W	AA	No further action		NR	01/23/2015
C-15-008	12	2014	Services	AA	M	Substance Abuse	DPM Chapter 16	AA	W	AA	Terminated		NR	11/28/2014
C-15-009	13	2014	OPS	AA	F	Missed PT Appt.	DPM Chapter 16	W	AA	AA	Reprimand		NR	03/10/2015
C-15-010	14	2014	OPS	AA	F	Missed Run	DPM Chapter 16	AA	W	AA	Suspension	36	NR	02/17/2015
C-15-011	15	2014	OPS	AA	F	Missed Run	DPM Chapter 16	AA	W	AA	Suspension	36	NR	03/20/2015
C-15-012	16	2014	Services	AA	F	Unauthorized removal of Firefighter	DPM Chapter 16	W	W	W	No further action		NR	05/01/2015
C-15-013	17	2014	Services	AA	F	Alleged improper use of check	DPM Chapter 16	AA	W	AA	No further action		NR	01/07/2015
C-15-014	18	2014	ADMIN	AA	F	HR personnel improperly hired employee	DPM Chapter 16	W	W	W	No further action		NR	05/01/2015
C-15-015	19	2014	ADMIN	AA	F	Failed to complete an assignment	DPM Chapter 16	W	W	W	Terminated		Suspension	08/14/2015
C-15-016	20	2014	Services	AA	M	Misuse of gas card/Felony Fraud	DPM Chapter 16	W	W	AA	Terminated		NR	02/07/2015
C-15-017	21	2014	ADMIN	AA	F	Conflict of interest w/promotional exam	DPM Chapter 16	W	W	AA	Admonition Letter		NR	02/04/2015
C-15-018	22	2014	ADMIN	AA	F	Improperly hired (employee); Reference C-15-014	DPM Chapter 16	W	W	AA	No further action		NR	08/21/2015
C-15-019	23	2014	ADMIN	AA	F	Conflict of interest w/promotional exam	DPM Chapter 16	W	W	W	No further action		NR	05/01/2015
C-15-020	24	2014	ADMIN	AA	F	Placed innacurate information in Data Base	DPM Chapter 16	W	W	W	No further action		NR	04/10/2015
C-15-021	25	2014	OPS	AA	F	Expired Driver's Permit	DPM Chapter 16	W	W	W	Admonition Letter		NR	03/09/2015
C-15-022	26	2014	ADMIN	AA	F	Unprofessional Conduct w/Supervisor	DPM Chapter 16	W	W	AA	Admonition Letter		NR	02/20/2015
C-15-023	27	2014	OPS	AA	F	AWOL (1) hour	DPM Chapter 16	W	W	W	Reprimand		NR	04/06/2015
C-15-024	28	2014	ADMIN	AA	F	Copied senior staff on e-mail	DPM Chapter 16	W	W	W	No further action		NR	04/10/2015
C-15-025	29	2015	ADMIN	AA	F	Failed to perform required task	DPM Chapter 16	W	W	AA	Terminated		Suspension	08/14/2015
C-15-026	30	2015	ADMIN	AA	F	Absent from work	DPM Chapter 16	W	W	AA	Admonition Letter		NR	02/27/2015
C-15-027	31	2015	ADMIN	AA	F	Failed to complete assignment	DPM Chapter 16	W	W	W	Dismissed		NR	04/07/2015
C-15-028	32	2015	OPS	AA	F	Unable to perform duties as EMT	DPM Chapter 16	W	W	W	Terminated		NR	05/01/2015
C-15-029	33	2015	OPS	AA	M	Unable to perform duties as EMT	DPM Chapter 16	W	W	AA	Terminated		NR	07/09/2015
C-15-030	34	2015	OPS	AA	F	Failed to report to Police and Fire Clinic (PFC)	DPM Chapter 16	W	W	AA	Reprimand		NR	07/02/2015
C-15-031	35	2015	OPS	AA	M	Failed to put snow chains on Medic Unit	DPM Chapter 16	W	W	AA	Suspension	12	NR	06/15/2015
C-15-032	36	2015	OPS	W	M	Failed to report in proper uniform	DPM Chapter 16	W	W	AA	Dismissed		NR	05/21/2015
C-15-033	37	2015	OPS	AA	F	AWOL (1) hour	DPM Chapter 16	W	W	W	Dismissed		Reprimand	04/03/2015
C-15-034	38	2015	ADMIN	AA	F	Failure to perform required task	DPM Chapter 16	W	W	AA	Terminated		Suspension	08/14/2015
C-15-035	39	2015	Services	AA	M	Failed to submit Form 71 for approval	DPM Chapter 16	W	W	W	Admonition Letter		NR	04/10/2015
C-15-036	40	2015	OPS	AA	M	Failed to respond on a run	DPM Chapter 16	W	W	AA	Suspension	36	Suspension	06/02/2015
C-15-037	41	2015	Services	H	M	AWOL/Abandonment	DPM Chapter 16	W	W	AA	Dismissed		NR	05/07/2015
C-15-038	42	2015	OPS	AA	F	Failed to report MVA	DPM Chapter 16	W	W	W	No further action		NR	04/29/2015
C-15-039	43	2015	Services	AA	M	Arrested/Simple Assault	DPM Chapter 16	W	W	AA	Terminated		NR	10/10/2015
C-15-040	44	2015	OPS	AA	M	Dispatch discrepancy investigation	DPM Chapter 16	W	W	AA	No further action		NR	06/18/2015
C-15-041	45	2015	OPS	AA	F	Dispatch discrepancy investigation	DPM Chapter 16	W	W	AA	No further action		NR	06/18/2015
C-15-042	46	2015	OPS	AA	M	Dispatching and response investigation	DPM Chapter 16	W	W	AA	No further action		NR	06/18/2015
C-15-043	47	2015	OPS	AA	F	Dispatching and response investigation	DPM Chapter 16	W	W	AA	No further action		NR	06/18/2015
C-15-044	48	2015	OPS	AA	F	Dispatching and response investigation	DPM Chapter 16	W	W	AA	No further action		NR	06/18/2015
C-15-045	49	2015	Services	AA	M	Failed to place correct time in People Soft	DPM Chapter 16	W	W	AA	Admonition Letter		NR	05/07/2015
C-15-046	50	2015	OPS	W	F	Missed Run	DPM Chapter 16	W	W	AA	Suspension	36	NR	09/28/2015
C-15-047	51	2015	ADMIN	Other	M	Non-compliant with performance plan	DPM Chapter 16	W	W	AA	No further action		NR	05/11/2015
C-15-048	52	2015	Services	AA	M	Failed to update leave status while out	DPM Chapter 16	W	W	AA	Admonition Letter		NR	05/19/2015
C-15-049	53	2015	Services	AA	M	Arrested/Fire Arm - Dismissed in court.	DPM Chapter 16	W	W	AA	No further action		NR	10/21/2015

No.	Count	FY Occurred	Div or Unit	Race	Gender	Infraction Details	Dept Process	Proposing Officer Race	Deciding Officer Race	Fire Chief Race	Type of Penalty	Hours	Prior Case History Details	Date of Penalty or Action
C-15-050	54	2015	OPS	AA	M	AWOL (1) hour	DPM Chapter 16	W	W	AA	Reprimand		NR	08/19/2015
C-15-051	55	2015	ADMIN	AA	F	Insubordination	DPM Chapter 16	W	W	AA	Terminated		NR	08/21/2015
C-15-052	56	2015	OPS	AA	M	AWOL (12) hours	DPM Chapter 16	W	W	AA	Reprimand		NR	09/02/2015
C-15-053	57	2015	Services	AA	M	Failed to submit Special Report /Insubordination	DPM Chapter 16	W	W	AA	Suspension	12	NR	09/27/2015
C-15-054	58	2015	OPS	W	F	Unable to perform duties as EMT	DPM Chapter 16	W	W	AA	Terminated		NR	10/30/2015
C-15-055	59	2015	Services	AA	M	AWOL/Abandonment	DPM Chapter 16	W	W	AA	Resigned		NR	08/07/2015
C-15-056	60	2015	Services	AA	M	Failed to perform required task	DPM Chapter 16	W	W	AA	Admonition Letter		NR	08/21/2015
C-15-057	61	2015	OPS	AA	F	Unable to perform duties as EMT	DPM Chapter 16	W	W	AA				
C-15-058	62	2015	Services	AA	M	Arrested/Robbery	DPM Chapter 16	W	W	AA	Terminated		NR	10/10/2015
C-15-059	63	2015	Services	AA	M	AWOL/Abandonment	DPM Chapter 16	W	W	AA	Terminated		NR	10/10/2015
C-15-060	64	2015	OPS	AA	F	Submitted false information to Agency	DPM Chapter 16	W	W	AA				
C-15-061	65	2015	ADMIN	AA	F	Worked at another agency while on SL	DPM Chapter 16	W	W	AA	Counseling		NR	09/10/2015
C-15-062	66	2015	Services	AA	M	Failed to carry out assigned task	DPM Chapter 16	W	W	AA	Admonition Letter		NR	09/15/2015
C-15-063	67	2015	OPS	AA	M	AWOL (3) hours	DPM Chapter 16	W	W	AA	Reprimand		NR	11/16/2015
C-15-064	68	2015	OPS	AA	F	AWOL (12) hours	DPM Chapter 16	W	W	AA	Reprimand		NR	12/28/2015
C-15-065	69	2015	OPS	AA	F	Substance Abuse - Referred for treatment	DPM Chapter 16	W	W	AA	No further action		NR	12/07/2015
C-15-066	70	2015	Services	AA	M	Failed to comply w/Time and Attendance	DPM Chapter 16	W	W	AA	Admonition Letter		NR	09/10/2015
C-15-067	71	2015	Services	AA	M	Failed to comply w/Time and Attendance	DPM Chapter 16	W	W	AA	Admonition Letter		NR	09/10/2015
C-15-068	72	2015	OPS	AA	M	MVA	DPM Chapter 16	W	W	AA	Reprimand		NR	12/01/2015
C-15-069	73	2015	OPS	W	F	MVA	DPM Chapter 16	W	W	AA	Reprimand		NR	11/18/2015
C-15-070	74	2015	OPS	AA	M	Unable to perform Paramedic duties	DPM Chapter 16	W	W	AA				
C-15-071	75	2015	OPS	AA	F	MVA	DPM Chapter 16	W	W	AA				
C-15-072	76	2015	OPS	W	M	Delayed Response	DPM Chapter 16	W	W	AA	Suspension	48	NR	12/01/2015
C-16-001	77	2016	Services	AA	M	AWOL (1) hour	DPM Chapter 16	W	W	AA				
C-16-002	78	2016	Services	AA	M	AWOL (3) hours	DPM Chapter 16	W	W	AA				
C-16-003	79	2016	Services	AA	M	AWOL (2) hours	DPM Chapter 16	W	W	AA				
C-16-004	80	2016	Services	AA	M	AWOL (1) hour	DPM Chapter 16	W	W	AA				
C-16-006	81	2016	Services	AA	M	Arrested/Fire Arm	DPM Chapter 16	W	W	AA				
C-16-007	82	2016	OPS	W	M	Failed to give drug key to House Officer	DPM Chapter 16	W	W	AA				
C-16-008	83	2016	OPS	AA	M	FMLA Abuse	DPM Chapter 16	W	W	AA				
C-16-009	84	2016	OPS	AA	M	MVA	DPM Chapter 16	W	W	AA				
C-16-010	85	2016	Services	AA	M	MVA	DPM Chapter 16	W	W	AA				

Data Source: Office of Compliance Case Files through 1/8/2016

DC Fire and EMS Department

Discipline Report FY 2015 - October 1, 2014 through September 30, 2015

GROUP 2 EMPLOYEES

NOTES: Demographic data based on available information.
Highlights in YELLOW are open cases.

No.	Count	FY Occurred	Div or Unit	Race	Gender	Infraction Details	Dept Process	Proposing Officer Race	Deciding Officer Race	Fire Chief Race	Type of Penalty	Hours	Prior Case History Details	Date of Penalty or Action
U-11-075	1	2011	OPS	AA	M	Arrested - Off-Duty Conduct	Trial Board	W	W	AA	Terminated	N/A	None	10/15/2015
U-12-046	2	2012	OPS	W	M	Arrested - DUI (2nd offense)	Accepted Penalty	W	W	AA	Suspension	384	12 H/S (2)	02/02/2015
U-12-212	3	2012	OPS	AA	F	Caused a delayed response of 8 minutes by stopping to get the run reassigned	BFC Conference	W	W	AA	Suspension	12	None	03/18/2015
U-12-225	4	2012	OPS	AA	M	Arrested - DUI	Pending Trial Board Appeal Decision	W	N/A	N/A				
U-13-016	5	2013	OPS	AA	M	Lost portable radio	BFC Conference	W	W	AA	Suspension	24	Reprimand; 24 H/S ; 84 H/S	09/26/2015
U-13-018	6	2013	OPS	W	M	Advised firefighter to go outside chain of command to resolve pay problems	BFC Conference	W	W	AA	Counseling	N/A	None	11/29/2014
U-13-026	7	2013	OPS	W	M	Arrested - Domestic Violence	Trial Board Appeal	W	W	W	Suspension	88	None	05/05/2015
U-13-080	8	2013	OPS	W	M	Missed run	BFC Conference	AA	W	AA	Suspension	36	None	07/27/2015
U-13-082	9	2013	OPS	AA	M	Failed to report to the Urgent Care Facility	AFC Decision on Appeal	AA	W	AA	Suspension	12	12 H/S	10/02/2015
U-13-098	10	2013	OPS	W	M	Lost Toughbook	BFC Conference	AA	W	AA	Not Guilty	N/A	N/A	10/23/2015
U-13-108	11	2013	OPS	AA	M	Arrested - Assault and theft	Pending DFC Decision	AA	N/A	AA				
U-13-112	12	2013	OPS	W	M	Summons for harassment, stalking and trespassing	AFC Appeal	AA	W	AA	Suspension	12	None	08/13/2015
U-13-128	13	2013	OPS	AA	M	AWOL 1 hr	BFC Conference	AA	W	AA	Reprimand	N/A	Reprimand; 240 H/S; 119 H/S	06/05/2015
U-13-143	14	2013	OPS	W	M	Lost portable radio	BFC Conference	AA	W	AA	Reprimand	N/A	None	01/16/2015
U-13-154	15	2013	OPS	AA	M	Delayed Response - Chute times	AFC Appeal	AA	W	AA	Suspension	72	None	10/27/2015
U-13-171	16	2013	OPS	AA	M	Use of inappropriate language on phone	BFC Conference	AA	W	AA	Reprimand	N/A	Reprimand	01/23/2015
U-13-177	17	2013	OPS	AA	M	Arrested - Reckless driving	Pending Final Agency Decision Letter	AA	N/A	N/A				
U-13-182	18	2013	OPS	OTH	M	MVA	AFC Decision on Appeal	AA	W	W	Dismissed	N/A	N/A	04/30/2015
U-13-194	19	2013	OPS	W	M	Made inappropriate comments to a patient when on a call	AFC Appeal	AA	W	AA	Suspension	12	FD-169; Reprimand	04/27/2015
U-13-204	20	2013	OPS	AA	M	Made false statements to OIA	DFC Conference	AA	W	AA	Suspension	12	Reprimand	12/02/2014
U-13-206	21	2013	OPS	AA	M	AWOL 2 hrs	BFC Conference	AA	W	AA	Suspension	12	Reprimand(x2)	02/24/2015
U-13-208	22	2013	OPS	AA	F	Falsified name on inspection report	Trial Board	AA	W	W	Suspension	240	Counseling	05/04/2015
U-13-242	23	2013	OPS	AA	F	Failed to remain in continuation of duty status-2nd offense	BFC Conference	AA	W	AA	Suspension	12	None	02/21/2015
U-13-243	24	2013	OPS	AA	F	Failed to remain in continuation of duty status-2nd offense	Accepted Proposed Penalty	AA	W	AA	Suspension	24	12 H/S	02/23/2015
U-13-244	25	2013	OPS	AA	M	MVA - Hit another ambulance	BFC Conference	AA	W	W	Reprimand	N/A	Reprimand	04/17/2015
U-13-245	26	2013	OPS	W	M	Failed to investigate inappropriate touching complaint	Trial Board	AA	W	AA	Not Guilty	N/A	N/A	07/24/2015
U-13-246	27	2013	OPS	AA	M	Failed to investigate EEO complaint	Trial Board	AA	W	AA	Not Guilty	N/A	N/A	01/21/2015
U-13-247	28	2013	OPS	AA	M	Engaged in inappropriate touching	Trial Board	AA	W	AA	Not Guilty	N/A	N/A	02/09/2015
U-13-403	29	2013	OPS	AA	M	Missed Clinic Appt	Charge Withdrawn	N/A	W	AA	No Further Action	N/A	N/A	01/20/2015
U-13-411	30	2013	OPS	AA	M	Failed to sign checklist for Medic 1	DFC Conference	AA	W	AA	Suspension	84	None	11/03/2014
U-13-415	31	2013	OPS	W	M	AWOL 1 hr	BFC Conference	AA	W	W	Reprimand	N/A	None	04/10/2015
U-13-417	32	2013	OPS	AA	M	Arrested - DUI	Trial Board	AA	W	W	Suspension	119	12 H/S	04/15/2015
U-13-418	33	2013	OPS	W	M	Abused Minor Illness Program (Two in Same Period)	BFC Conference	AA	W	AA	Not Guilty	N/A	N/A	08/26/2015
U-13-419	34	2013	OPS	W	M	Did not have authority to declare a Mass Casualty	BFC Conference	AA	W	W	Not Guilty	N/A	N/A	04/10/2015
U-13-421	35	2013	OPS	AA	F	Missed Clinic Appt	BFC Conference	AA	W	AA	Reprimand	N/A	12 H/S	06/24/2015
U-14-001	36	2014	OPS	AA	M	Arrest - Assault	DFC Appeal	AA	W	W	Suspension	119	Reprimand; 240 H/S	05/04/2015
U-14-006	37	2014	OPS	W	M	Failed to provide adequate patient care to Dept. employee	Trial Board	AA	W	AA	Suspension	150	12 H/S	12/11/2014
U-14-017	38	2014	OPS	AA	M	Arrested - DUI	Trial Board	AA	W	AA	Suspension	156	Reprimand(x2)	03/02/2015
U-14-020	39	2014	OPS	AA	M	Missed Clinic Appt	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	01/20/2015
U-14-021	40	2014	OPS	AA	F	Refused to remain in a continuation of duty status	BFC Conference	AA	W	W	Not Guilty	N/A	N/A	04/20/2015
U-14-035	41	2014	OPS	AA	M	Failed to turn off burner while cooking and caused the sprinkler system to activate.	Pending AFC Appeal Decision	AA	N/A	N/A				
U-14-036	42	2014	OPS	AA	M	Failed to report to the Urgent Care Facility	BFC Conference	AA	W	W	Suspension	24	None	04/28/2015
U-14-057	43	2014	OPS	AA	M	Failed to report to the Urgent Care Facility	BFC Conference	AA	W	AA	Suspension	12	Reprimand (x2); 12 H/S;	02/12/2015
U-14-059	44	2014	OPS	AA	M	AWOL 16 hrs	Charge Withdrawn	N/A	W	AA	No Further Action	N/A	N/A	01/20/2015
U-14-061	45	2014	OPS	W	M	Arrested - Reckless driving	BFC Conference	AA	W	W	Suspension	12	None	05/06/2015

No.	Count	FY Occurred	Div or Unit	Race	Gender	Infraction Details	Dept Process	Proposing Officer Race	Deciding Officer Race	Fire Chief Race	Type of Penalty	Hours	Prior Case History Details	Date of Penalty or Action
U-14-065	46	2014	OPS	AA	M	AWOL 1 hr	Resigned	N/A	N/A	N/A	No Further Action		N/A	02/19/2015
U-14-067	47	2014	OPS	AA	M	Gave false statements to IAD/EEO during investigation	Pending DFC Decision	AA	N/A	N/A				
U-14-070	48	2014	OPS	W	M	Violated Patient Bill of Rights	Dismissal	N/A	W	W	Dismissed	N/A	N/A	04/15/2015
U-14-071	49	2014	OPS	W	M	Missed Annual Physical	BFC Conference	AA	W	AA	Suspension	12	Reprimanded (x2); Counseling	06/16/2015
U-14-074	50	2014	OPS	AA	M	Late reporting to duty	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	02/16/2015
U-14-076	51	2014	OPS	AA	M	Possession of a fire-arm	Trial Board	AA	W	AA	Terminated	N/A	72 H/S ; 24 H/S ; 336 H/S; 108 H/S; 84 H/S; 84 H/S	08/01/2015
U-14-083	52	2014	OPS	AA	F	Failed to report to the PFC on 12/25/13	BFC Conference	AA	W	AA	Not Guilty	N/A	N/A	09/08/2015
U-14-084	53	2014	OPS	W	M	AWOL 1 hr	BFC Conference	AA	W	AA	Reprimand	N/A	Counseled 5/18/14 for AWOL	12/24/2014
U-14-091	54	2014	OPS	AA	M	AWOL 1 hr	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	01/22/2015
U-14-095	55	2014	OPS	AA	M	Arrested - Driving on suspended license	Trial Board	AA	W	AA	Suspension	120	Reprimand; 80 H/S	06/03/2015
U-14-096	56	2014	OPS	AA	M	Used improper method to set-up the driving course for tech. exam	Trial Board	AA	W	W	Not Guilty	N/A	N/A	04/16/2015
U-14-099	57	2014	OPS	AA	F	Failure to execute ePCR	BFC Conference	AA	AA	AA	Counseling	N/A	None	06/03/2014
U-14-102	58	2014	OPS	W	M	Made inappropriate comments regarding a member who was shot	BFC Conference	AA	W	AA	Suspension	12	None	07/14/2015
U-14-103	59	2014	OPS	AA	F	Delayed response - Chute times	BFC Conference	AA	W	AA	Not Guilty	N/A	N/A	12/23/2014
U-14-106	60	2014	OPS	AA	M	Delayed response - Chute times	BFC Conference	AA	W	AA	Counseling	N/A	None	12/14/2014
U-14-109	61	2014	OPS	W	M	EEO - Inappropriate comments	DFC Conference	AA	W	W	Suspension	84	None	04/09/2015
U-14-113	62	2014	OPS	AA	M	AWOL 1 hr	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	02/16/2015
U-14-125	63	2014	OPS	AA	M	Failed to report to duty for OT assignment	Accepted Proposed Penalty	AA	W	W	Reprimand	N/A	Reprimand; 84 H/S	04/16/2015
U-14-128	64	2014	OPS	AA	F	Missed Clinic Appt	Accepted Proposed Penalty	AA	W	AA	Suspension	12	12 H/S; 24 H/S	02/26/2015
U-14-134	65	2014	OPS	AA	M	Arrested - DUI	Suspension	AA	W	AA	Suspension	72	Reprimand	01/24/2016
U-14-148	66	2014	OPS	AA	M	Failed to report to the Urgent Care Facility	BFC Conference	AA	W	AA	Reprimand	N/A	None	01/31/2015
U-14-163	67	2014	OPS	AA	M	Missed Clinic Appt	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	02/16/2015
U-14-166	68	2014	OPS	AA	M	Arrested - Driving on suspended license	Trial Board	AA	W	AA	Suspension	72	72 H/S	01/25/2015
U-14-176	69	2014	OPS	AA	M	Delayed response	BFC Conference	AA	W	W	Not Guilty	N/A	N/A	04/10/2015
U-14-205	70	2014	OPS	AA	M	Suspended license	Trial Board	AA	W	AA	Suspension	60	Reprimand, 72 H/S	01/24/2016
U-14-209	71	2014	OPS	W	M	Failed to report to IAD as ordered	DFC Conference	AA	W	AA	Not Guilty	N/A	N/A	01/28/2015
U-14-215	72	2014	OPS	AA	M	MVA - backing accident	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	02/16/2015
U-14-218	73	2014	OPS	W	M	AWOL 4 hrs	BFC Conference	AA	W	AA	Reprimand	N/A	Reprimanded	12/11/2014
U-14-223	74	2014	OPS	W	M	Falsified information during an investigation	Trial Board Appeal of DFC Decision	AA	W	AA	Suspension	84	None	10/18/2015
U-14-229	75	2014	OPS	AA	M	Failed to report license suspended	Trial Board	AA	W	AA	Suspension	48	24 H/S	03/15/2015
U-14-233	76	2014	OPS	AA	M	Arrest for sexual abuse in Washington, D.C.	Trial Board	AA	W	AA	Suspension	240	Demotion	03/01/2015
U-14-243	77	2014	OPS	W	M	Chute times	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	08/23/2014
U-14-255	78	2014	OPS	W	M	Refused to sign confidentiality agreement	BFC Conference	AA	W	AA	Not Guilty	N/A	N/A	02/09/2015
U-14-257	79	2014	OPS	AA	M	MVA	BFC Conference	AA	W	AA	Reprimand	N/A	None	01/28/2015
U-14-259	80	2014	OPS	AA	F	MVA	BFC Conference	AA	W	AA	Suspension	12	84 H/S	08/17/2015
U-14-260	81	2014	OPS	AA	M	MVA	BFC Conference	AA	W	AA	Reprimand	N/A	Reprimand	10/06/2014
U-14-261	82	2014	OPS	AA	M	Falsified time sheet to reflect overtime not worked 12/17, 2013	Trial Board	AA	W	AA	Suspension	12	Counseling; 12 H/S	05/21/2015
U-14-266	83	2014	OPS	AA	M	Arrested - DWLS	Duplicate to U-14-094	N/A	N/A	N/A	No Further Action	N/A	N/A	07/31/2014
U-14-267	84	2014	OPS	AA	M	Failed to report to the Urgent Care Facility	BFC Conference	AA	W	AA	Reprimand	N/A	Reprimand	02/28/2015
U-14-268	85	2014	OPS	AA	M	MVA	BFC Conference	AA	W	W	Counseling	N/A	Reprimand	04/02/2015
U-14-273	86	2014	OPS	AA	M	Failed to report DUI	Trial Board	AA	W	W	Suspension	60	Reprimand	04/22/2015
U-14-274	87	2014	OPS	AA	M	Self reporting: license suspension	Pending BFC Decision	AA	N/A	N/A				
U-14-278	88	2014	OPS	AA	M	Self reported: License suspended	BFC Conference	AA	W	AA	Counseling	N/A	None	01/27/2015
U-14-280	89	2014	OPS	W	M	Self reported: License suspended	Trial Board	AA	W	W	Suspension	144	Reprimand	03/22/2015
U-14-283	90	2014	OPS	AA	M	AWOL 1 hr	BFC Conference	AA	W	W	Reprimand	N/A	None	05/02/2015
U-14-285	91	2014	OPS	AA	F	MVA on Ambulance 19	BFC Conference	AA	W	AA	Suspension	12	84 H/S	08/17/2015
U-14-293	92	2014	OPS	W	M	Arrested - DUI	Trial Board	AA	AA	AA	Suspension	240	12 H/S	01/03/2016
U-14-294	93	2014	OPS	AA	M	Missed Annual Physical Appt.	BFC Conference	AA	W	AA	Suspension	12	24 H/S eff. 4/28/15 for missing annual physical	08/13/2015
U-14-296	94	2014	OPS	AA	M	Failure to report to sick call	BFC Conference	AA	W	AA	Suspension	12	Counseling	02/12/2015
U-14-299	95	2014	OPS	AA	M	Charged with abduction, strangulation and assault in Arlington County, Va.	Trial Board	AA	W	AA	Suspension	240	None	01/14/2015
U-14-300	96	2014	OPS	W	M	Arguing in front of patient while on scene.	Trial Board Appeal of DFC Pending	AA	N/A	N/A				
U-14-301	97	2014	OPS	AA	M	Failed to renew NREMT card in timely manner	Trial Board	AA	W	AA	Suspension	84	Demoted; 96 H/S ; 240 H/S	06/01/2015
U-14-307	98	2014	OPS	AA	M	AWOL 2 hrs	Trial Board Appeal	AA	W	AA	Suspension	36	Counseling	08/11/2015

No.	Count	FY Occurred	Div or Unit	Race	Gender	Infraction Details	Dept Process	Proposing Officer Race	Deciding Officer Race	Fire Chief Race	Type of Penalty	Hours	Prior Case History Details	Date of Penalty or Action
U-14-311	99	2014	OPS	W	M	Failed to verify FF was placed back to full duty	BFC Conference	AA	W	AA	Reprimand	N/A	Counseling	01/28/2015
U-14-318	100	2014	OPS	AA	M	Failed to report to the Urgent Care Facility	BFC Conference	AA	N/A	N/A	Suspension	24	Reprimand, 12 H/S (3)	12/05/2015
U-14-319	101	2014	OPS	W	M	Failed to maintain EMT card	DFC Conference	AA	W	W	Suspension	84	None	04/01/2015
U-14-320	102	2014	OPS	AA	M	Falsified submission of promotional exam	Trial Board	AA	W	AA	Not Guilty	N/A	N/A	02/13/2015
U-14-321	103	2014	OPS	AA	M	Backdated application for promo exam	Trial board	AA	W	AA	Not Guilty	N/A	N/A	03/04/2015
U-14-322	104	2014	OPS	AA	M	Violation of Non-Patient Transport Policy	Trial Board	AA	W	W	Not Guilty	N/A	N/A	04/23/2015
U-14-323	105	2014	OPS	W	M	Violated patient No Transport Policy	Trial Board	AA	W	W	Not Guilty	N/A	N/A	04/22/2015
U-14-324	106	2014	OPS	AA	M	Did not have a correct fit test card	DFC Conference	AA	W	AA	Not Guilty	N/A	N/A	02/18/2015
U-14-325	107	2014	OPS	AA	M	NREMT card expired	DFC Conference	AA	W	W	Suspension	84	Reprimand; 24 H/S	04/02/2015
U-14-326	108	2014	OPS	AA	M	Got sick on duty disobeyed order and drove self to PFC	DFC Conference	AA	W	AA	Suspension	84	Reprimanded for AWOL	06/23/2015
U-14-328	109	2014	OPS	AA	M	AWOL 3 hrs	BFC Conference	AA	W	W	Reprimand	N/A	24 H/S . 9/23/14 for AWOL	03/26/2015
U-14-332	110	2014	OPS	AA	M	Failed to maintain his NREMT credentials	DFC Conference	AA	W	AA	Suspension	84	Reprimanded; 24 H/S ; 48 H/S; 119 H/S; 120 H/S; 144 H/S; 240 H/S	06/11/2015
U-14-345	111	2014	OPS	W	M	Arrest - DUI & other traffic infractions	Trial Board	AA	W	AA	Suspension	120	None	03/03/2015
U-14-346	112	2014	OPS	AA	M	Arrest - DUI	Accepted proposed penalty	AA	W	AA	Suspension	120	None	03/05/2015
U-14-347	113	2014	OPS	OTH	M	Violated Patient Bills of Rights: Failed to ensure appropriate care, and following protocol for patient's refusal. Failed to get approval of the ELO or EMS Supervisor prior to leaving scene and returning to service. Failed to complete ePCR report.	Trial board	AA	W	AA	Suspension	24	None	02/12/2015
U-14-351	114	2014	OPS	W	M	Failed to ensure appropriate care to patient	AFC Appeal	AA	W	AA	Reprimand	N/A	None	08/10/2015
U-14-353	115	2014	OPS	AA	M	Arrested - 2nd degree assault	BFC Conference	AA	W	AA	Reprimand	N/A	None	08/16/2015
U-14-354	116	2014	OPS	W	M	Minor MVA	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	04/16/2015
U-14-356	117	2014	OPS	W	M	Medical Protocol violation	BFC Conference	AA	W	AA	Suspension	72	Counseling	07/03/2015
U-14-357	118	2014	OPS	AA	M	Medical Protocol violation	BFC Conference	AA	W	AA	Suspension	12	None	01/21/2015
U-14-360	119	2014	OPS	W	M	Provided False Documents	Accepted proposed penalty	W	W	AA	Suspension	120	None	03/09/2015
U-14-362	120	2014	OPS	AA	M	MVA with GSA Vehicle	BFC Conference	AA	W	W	Not Guilty	N/A	N/A	04/02/2015
U-14-366	121	2014	OPS	AA	M	Failed to report to the Urgent Care Facility	BFC Conference	W	W	AA	Suspension	12	Reprimanded 12/5/14 for AWOL	02/11/2015
U-14-368	122	2014	OPS	W	M	Violation of Social Media Policy	AFC Appeal	W	W	AA	Suspension	12	36 H/S; Reprimanded; 12 H/S; 48 H/S	05/18/2015
U-14-369	123	2014	OPS	AA	M	Failed to respond with company	BFC Conference	AA	W	AA	Suspension	12	12 H/S	01/27/2015
U-14-370	124	2014	OPS	W	M	MVA	BFC Conference	AA	W	W	Reprimand	N/A	12 H/S	03/24/2015
U-14-371	125	2014	OPS	W	M	MVA	BFC Conference	AA	W	AA	Reprimand	N/A	None	06/04/2015
U-14-375	126	2014	OPS	AA	M	AWOL 1 hr	BFC Conference	AA	W	W	Suspension	24	None	05/06/2015
U-14-384	127	2014	OPS	AA	F	Received citation for disobeying a police officer in Greenbelt, Maryland, when ordered to leave a parking lot after being asked repeatedly. Disturbed the peace.	Retired	N/A	N/A	N/A	No Further Action	N/A	N/A	03/07/2015
U-14-388	128	2014	OPS	W	F	Inappropriate Facebook Post	BFC Conference	AA	W	AA	Suspension	12	Reprimand	01/15/2015
U-14-401	129	2014	OPS	W	M	Failed to obey order to soft post	Trial Board	AA	W	W	Suspension	36	None	05/06/2015
U-14-403	130	2014	OPS	AA	M	MVA - backed unit w/o spotter	BFC Conference	AA	W	AA	Reprimand	N/A	Reprimanded	06/05/2015
U-14-404	131	2014	OPS	AA	M	Arrested - Disorderly conduct	BFC Conference	AA	W	AA	Reprimand	N/A	None	01/11/2015
U-14-408	132	2014	OPS	W	M	Left firehouse without relief	BFC Conference	AA	W	W	Suspension	12	None	04/21/2015
U-14-409	133	2014	OPS	AA	M	Arrested - Driving on suspended license	Charges Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	01/23/2015
U-14-411	134	2014	OPS	AA	M	Arrested- DUI	Accepted proposed penalty	AA	N/A	N/A				
U-14-412	135	2014	OPS	W	M	Arrest - Second degree assault	Trial Board Appeal	AA	W	AA	Suspension	96	None	07/20/2015
U-14-413	136	2014	OPS	AA	M	Arrested - Driving on suspended license	Trial Board	AA	W	AA	Suspension	120	12 H/S; Demoted; 288 H/S	09/23/2015
U-14-414	137	2014	OPS	AA	M	Warrant issued for his arrest for unlawful use of an automobile. Rented a vehicle and did not return it at the end of rental period.	Charges Unsubstantiated	N/A	W	W	No Further Action	N/A	N/A	03/27/2015
U-14-415	138	2014	OPS	AA	M	Failure to report to sick call	BFC Conference	AA	W	W	Suspension	12	Counseling; 12 H/S	04/02/2015
U-14-421	139	2014	OPS	AA	M	Possession of illegal drugs	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	03/10/2015
U-14-422	140	2014	OPS	AA	M	Missed Clinic Appt.	Suspension	W	W	AA	Suspension	12	FD-169; Reprimand	04/10/2015
U-14-424	141	2014	OPS	W	M	Failed to notify officer of sick leave	BFC Conference	W	W	W	Reprimand	N/A	None	04/20/2015
U-14-426	142	2014	OPS	AA	M	MVA	BFC Conference	W	W	W	Not Guilty	N/A	N/A	05/08/2015
U-14-427	143	2014	OPS	W	M	Arrested - Harassment and simple assault.	DFC Decision	W	W	AA	Suspension	119	None	08/11/2015
U-14-429	144	2014	OPS	AA	F	Bench warrant issued. Failed to appear in court.	Charges Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	12/05/2014
U-14-438	145	2014	OPS	AA	M	Worked on fire ground w/o notifying Incident commander	Trial Board	W	W	AA	Reprimand	N/A	None	07/24/2015

No.	Count	FY Occurred	Div or Unit	Race	Gender	Infraction Details	Dept Process	Proposing Officer Race	Deciding Officer Race	Fire Chief Race	Type of Penalty	Hours	Prior Case History Details	Date of Penalty or Action
U-14-445	146	2014	OPS	AA	M	MVA and Failure to report	Accepted proposed penalty	W	W	W	Suspension	24	Reprimand	04/20/2015
U-14-447	147	2014	OPS	AA	M	Tested positive for alcohol - 2nd offense	Resigned	N/A	N/A	N/A	No Further Action	N/A	None	02/16/2015
U-14-448	148	2014	OPS	W	M	Did not document vital signs on ePCR	BFC Conference	W	W	AA	Reprimand	N/A	None	03/20/2015
U-14-449	149	2014	OPS	W	M	Did not document vital signs on ePCR	BFC Conference	W	W	AA	Not Guilty	N/A	N/A	03/12/2015
U-14-451	150	2014	OPS	AA	M	Failed to maintain driver's license	BFC Decision Pending	W	N/A	N/A				
U-14-452	151	2014	OPS	AA	M	AWOL 1 hr	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	02/16/2015
U-14-454	152	2014	OPS	AA	M	Arrested - Driving on suspended license	Trial Board	W	W	AA	Suspension	708	None	10/26/2015
U-14-455	153	2014	OPS	AA	M	Placed unit out of service without authorization	DFC Conference	W	W	AA	Suspension	24	Reprimanded; 12 H/S	02/25/2015
U-14-457	154	2014	OPS	AA	M	Failed to report to court for gov't subpoena	BFC Conference	W	W	AA	Reprimand	N/A	None	11/13/2014
U-14-458	155	2014	OPS	AA	M	Missed run	BFC Conference	W	W	AA	Suspension	36	Reprimanded	09/21/2015
U-14-461	156	2014	OPS	AA	M	AWOL 1 hr	Trial Board	W	W	W	Suspension	120	Reprimanded; 24 H/S; 48 H/S; 119 H/S	04/03/2015
U-14-465	157	2014	OPS	AA	M	AWOL 1 hr	Trial board	W	W	W	Suspension	144	Reprimanded; 24 H/S; 48 H/S; 119 H/S	04/03/2015
U-14-482	158	2014	OPS	AA	M	AWOL 1 hr	BFC Conference	W	W	AA	Suspension	24	Reprimanded ; 12 H/S	02/24/2015
U-14-484	159	2014	OPS	W	M	Ran a red light while driving Ambulance	Accepted proposed penalty	W	W	AA	Reprimand	N/A	None	01/31/2015
U-14-488	160	2014	OPS	W	M	AWOL 24 hrs	BFC Conference	W	W	W	Reprimand	N/A	None	04/28/2015
U-14-489	161	2014	OPS	W	M	Refused to give name/Rude to FEMS worker	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	01/12/2015
U-14-491	162	2014	OPS	AA	M	Arrest for violation of suspended license	Trial Board	W	W	AA	Suspension	120	Demoted; 96 H/S ; 240 H/S ; 84 H/S	09/13/2015
U-14-492	163	2014	OPS	AA	M	Arrested - Violation of TPO	Trial Board	W	W	AA	Suspension	120	Demoted ; 96 H/S; 240 H/S; 84 H/S	09/13/2015
U-14-493	164	2014	OPS	AA	M	AWOL 9- 22 thru 9-26- 14 and Missed Clinic Appt on 9-23-14	Trial board	W	W	W	Suspension	240	Reprimanded; 24 H/S; 48 H/S ; 119 H/S	04/03/2015
U-14-495	165	2014	OPS	AA	M	Missed Clinic Appt	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	02/16/2015
U-14-499	166	2014	OPS	W	M	False documents on work history/duty status of Lt. Dent	Accepted proposed penalty	W	W	W	Reprimand	N/A	None	03/31/2015
U-15-001	167	2015	OPS	AA	M	AWOL 1 hr	DPM Chapter 8	N/A	W	AA	Terminated	N/A	3 Cases	12/05/2014
U-15-002	168	2015	OPS	AA	M	Failure to wear PPE / Insubordination	BFC Conference	W	W	AA	Reprimand	N/A	Sus 16, 24	03/22/2015
U-15-003	169	2015	OPS	AA	M	Missed Clinic Appt	BFC Conference	W	W	AA	Suspension	24	Counseling; 34 H/S, Reprimand	01/07/2015
U-15-004	170	2015	OPS	AA	M	AWOL 1 hr	Accepted Proposed Penalty	W	W	AA	Suspension	24	Counseling, 24 H/S	12/21/2014
U-15-005	171	2015	OPS	AA	M	AWOL 1 hr	Accepted Proposed Penalty	W	W	AA	Suspension	12	Counseling	12/12/2014
U-15-006	172	2015	OPS	W	M	Missed Clinic Appt	BFC Conference	W	N/A	N/A				
U-15-007	173	2015	OPS	W	M	Arrested - False Imprisonment	BFC Conference	W	W	AA	Suspension	24	None	06/02/2015
U-15-008	174	2015	OPS	AA	M	Arrested - DUI	Trial Board	W	W	AA	Suspension	119	36 H/S	11/01/2015
U-15-009	175	2015	OPS	W	M	Arrested - Outstanding Warrant	Charges Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	11/24/2014
U-15-010	176	2015	OPS	AA	M	Arrested Reckless Driving and Did not report in VA on 8/19/2014	DFC Conference	W	W	W	Suspension	119	None	04/26/2015
U-15-011	177	2015	OPS	AA	M	Allegation - Inappropriately Touched Patients Breast	Charge Unsubstantiated	N/A	W	W	No Further Action	N/A	N/A	01/25/2015
U-15-012	178	2015	OPS	W	M	Tested positive for oxycodone	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	01/22/2015
U-15-013	179	2015	OPS	AA	M	MVA	Retired	N/A	N/A	N/A	No Further Action	N/A	N/A	11/28/2014
U-15-014	180	2015	OPS	AA	M	Didn't report suspended driver's license	BFC Conference	W	W	AA	Suspension	12	Counseling	10/07/2015
U-15-015	181	2015	OPS	W	M	Missed Clinic 2 Appts	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	01/22/2015
U-15-016	182	2015	OPS	W	M	Missed Clinic Appt	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	01/22/2015
U-15-017	183	2015	OPS	AA	M	AWOL 2 hrs	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	Counseling	01/24/2015
U-15-018	184	2015	OPS	W	M	Missed Clinic Appt	BFC Conference	W	N/A	N/A				
U-15-019	185	2015	OPS	W	M	Tested positive for oxycodone	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	01/22/2015
U-15-020	186	2015	OPS	AA	M	AWOL 1 hr	Terminated under U-14-501	N/A	N/A	N/A	No Further Action	N/A	N/A	12/27/2014
U-15-021	187	2015	OPS	AA	M	Disrespectful Conduct Dulles Airport in ARFF Training	BFC Conference	W	W	W	Suspension	12	Reprimand	03/31/2015
U-15-022	188	2015	OPS	AA	M	AWOL 1 hr	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	Reprimand	11/28/2014
U-15-023	189	2015	OPS	AA	M	Failed NREMT - Final Exam	DPM Chapter 8	N/A	AA	AA	Terminated	N/A	None	12/13/2014
U-15-024	190	2015	OPS	AA	F	Failed NREMT - Final Exam	DPM Chapter 8	N/A	AA	AA	Terminated	N/A	None	12/13/2014
U-15-025	191	2015	OPS	AA	M	MVA	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	None	01/15/2015
U-15-026	192	2015	OPS	AA	M	MVA	BFC Conference	W	W	AA	Reprimand	N/A	None	11/16/2015
U-15-027	193	2015	OPS	AA	M	Arrested - DUI & Reckless Driving	Final Decision Pending	W	W	AA	Suspension	120	Reprimand	01/07/2016
U-15-028	194	2015	OPS	W	M	Missed Clinic Appt	Accepted Proposed Penalty	W	W	W	Reprimand	N/A	Reprimand	03/01/2015
U-15-029	195	2015	OPS	W	M	Missed Clinic Appt	BFC Conference	W	W	AA	Reprimand	N/A	None	04/08/2015
U-15-030	196	2015	OPS	W	M	Missed Behavioral Health Appt	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	01/13/2015
U-15-031	197	2015	OPS	W	M	Missed weekly drug screen / lab	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	01/22/2015
U-15-032	198	2015	OPS	W	M	Missed Lab & Behavioral Health	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	01/22/2015
U-15-033	199	2015	OPS	AA	M	AWOL 1 hr	BFC Conference	W	W	W	Suspension	12	None	09/14/2015
U-15-034	200	2015	OPS	W	M	Improper Time Entry into Peoplesoft	Charges Unsubstantiated	N/A	W	W	No Further Action	N/A	N/A	03/13/2015

No.	Count	FY Occurred	Div or Unit	Race	Gender	Infraction Details	Dept Process	Proposing Officer Race	Deciding Officer Race	Fire Chief Race	Type of Penalty	Hours	Prior Case History Details	Date of Penalty or Action
U-15-035	201	2015	OPS	AA	M	Improper Time Entry into Peoplesoft	Accepted Proposed Action	W	W	W	Reprimand	N/A	None	05/07/2015
U-15-036	202	2015	OPS	W	M	Improper Time Entry into Peoplesoft	DPM Chapter 16	N/A	W	W	Reprimand	N/A	None	05/07/2015
U-15-037	203	2015	OPS	AA	M	AWOL 12 Hrs	BFC Conference	W	W	AA	Suspension	24	Reprimand	08/04/2015
U-15-038	204	2015	OPS	AA	F	AWOL 1 hr	Resigned	W	AA	AA	No Further Action	N/A	N/A	03/07/2015
U-15-039	205	2015	OPS	AA	M	Expired Driver's License	Charge withdrawn	N/A	W	AA	No Further Action	N/A	N/A	01/23/2015
U-15-040	206	2015	OPS	W	M	Missed Run	BFC Conference	W	W	AA	Suspension	36	24 H/S, Reprimand	07/14/2015
U-15-041	207	2015	OPS	AA	M	Missed Run	BFC Conference	W	W	AA	Suspension	36	None	01/11/2016
U-15-042	208	2015	OPS	AA	M	Arrested - Assault with deadly weapon	Pending DFC Decision	W	N/A	N/A				
U-15-043	209	2015	OPS	AA	M	Missed Annual Physical Appt	DPM Chapter 8	N/A	W	AA	Reprimand	N/A	None	03/12/2015
U-15-044	210	2015	OPS	AA	M	Missed Annual Physical Appt	DPM Chapter 8	N/A	W	AA	Suspension	12	Reprimand	03/12/2015
U-15-045	211	2015	OPS	AA	M	AWOL 2 hrs	DPM Chapter 8	N/A	W	W	Suspension	24	Counseling, Suspension	03/20/2015
U-15-046	212	2015	OPS	AA	M	AWOL 4 hrs	BFC Conference	W	W	AA	Suspension	24	Reprimand, 12 H/S, 24 H/S	07/21/2015
U-15-047	213	2015	OPS	AA	M	Didn't properly secure controlled substance	BFC Conference	W	W	AA	Suspension	36	None	07/15/2015
U-15-048	214	2015	OPS	AA	M	Didn't properly check 54's	Combined with U-15-047	N/A	N/A	N/A	No Further Action	N/A	N/A	07/15/2015
U-15-049	215	2015	OPS	AA	M	Didn't status unit as ALS unit	Combined with U-15-047	N/A	N/A	N/A	No Further Action	N/A	N/A	07/15/2015
U-15-050	216	2015	OPS	AA	M	AWOL 4 hrs	Trial Board	W	W	AA	Suspension	72	Reprimand, 12 H/S, 24 H/S, 24 H/S	06/19/2015
U-15-051	217	2015	OPS	AA	M	AWOL 1 hr	DPM Chapter 8	W	W	AA	Suspension	12	Reprimand	02/06/2015
U-15-052	218	2015	OPS	AA	M	MVA	Accepted Proposed Penalty	W	W	W	Suspension	24	Reprimand, Reprimand	02/28/2015
U-15-053	219	2015	OPS	W	M	Disrespectful to superior officer	BFC Conference	W	W	W	Reprimand	N/A	None	08/24/2015
U-15-054	220	2015	OPS	AA	M	AWOL 1 hr	BFC Conference	W	W	AA	Suspension	12	Reprimand, 48 H/S	07/27/2015
U-15-055	221	2015	OPS	AA	M	Lost portable radio	BFC Conference	W	W	W	Suspension	12	None	04/09/2015
U-15-056	222	2015	OPS	W	M	MVA	Accepted Proposed Penalty	W	W	W	Reprimand	N/A	Counseling	03/18/2015
U-15-057	223	2015	OPS	His	M	Lost radio	BFC Conference	W	W	AA	Suspension	24	None	05/06/2015
U-15-058	224	2015	OPS	AA	F	Missed Physical Therapy	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	03/07/2015
U-15-059	225	2015	OPS	AA	M	Worked OT while on Suspension	BFC Conference	W	W	AA	Suspension	36	12 H/S	09/21/2015
U-15-060	226	2015	OPS	AA	F	MVA	BFC Conference	W	W	W	Reprimand	N/A	None	04/06/2015
U-15-061	227	2015	OPS	AA	M	Missed Clinic Appt	BFC Conference	W	W	AA	Suspension	24	Reprimand, 12 H/S	08/25/2015
U-15-062	228	2015	OPS	W	F	Missed Physical Therapy	Accepted Proposed Penalty	W	W	W	Reprimand	N/A	Reprimand	03/19/2015
U-15-063	229	2015	OPS	W	M	AWOL 1 hr	DPM Chapter 8	N/A	AA	AA	Reprimand	N/A	None	02/23/2015
U-15-064	230	2015	OPS	W	M	Missed Clinic Appt	Retired	N/A	N/A	N/A	No Further Action	N/A	N/A	03/20/2015
U-15-065	231	2015	OPS	W	M	Missed Weekly Lab	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	01/22/2015
U-15-066	232	2015	OPS	W	M	Missed Initial Disability Evaluation	Charge Unsubstantiated	N/A	W	N/A	No Further Action	N/A	N/A	03/17/2015
U-15-067	233	2015	OPS	AA	M	AWOL 1 hr	Accepted Proposed Penalty	W	W	W	Reprimand	N/A	Counseling	03/16/2015
U-15-068	234	2015	OPS	AA	M	Failure to follow Bulletin 93	Accepted Proposed Penalty	W	W	W	Reprimand	N/A	12 H/S, 24 H/S	03/22/2015
U-15-069	235	2015	OPS	AA	F	AWOL 20 hrs	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	03/07/2015
U-15-070	236	2015	OPS	AA	F	Arrested - 1st degree felony fraud	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	01/29/2015
U-15-071	237	2015	OPS	AA	M	Arrested - DUI	Pending Trial Board	W	N/A	N/A				
U-15-072	238	2015	OPS	W	M	Arrested - DWLS	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	06/18/2015
U-15-074	239	2015	OPS	W	M	Missed Clinic Appt	Charge Unsubstantiated	N/A	W	W	No Further Action	N/A	N/A	03/26/2015
U-15-075	240	2015	OPS	W	M	Missed Lab	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	01/22/2015
U-15-076	241	2015	OPS	AA	M	AWOL 1 hr	Untimely	N/A	N/A	N/A	No Further Action	N/A	N/A	03/24/2015
U-15-077	242	2015	OPS	W	M	AWOL 2 hrs	BFC Conference	W	W	AA	Reprimand	N/A	None	11/12/2015
U-15-078	243	2015	OPS	AA	M	Prohibited use of cell phone	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	02/04/2015
U-15-079	244	2015	OPS	AA	M	Arrested - Possession of a handgun	DPM Chapter 8	N/A	W	AA	Terminated	N/A	12 H/S	05/12/2015
U-15-080	245	2015	OPS	W	M	Failure to report an accident per Article 20 Section 3	BFC Conference	W	W	AA	Suspension	12	Reprimand	11/02/2015
U-15-081	246	2015	OPS	AA	M	AWOL 1 hr	BFC Conference	W	W	AA	Suspension	36	Reprimand, 12 H/S	06/18/2015
U-15-082	247	2015	OPS	AA	F	Insubordination - Refused to do Special Report / Left work (AWOL)	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	03/26/2015
U-15-083	248	2015	OPS	AA	M	Unauthorized use of Minor Illness Program (MIP)	Accepted Proposed Penalty	W	W	W	Reprimand	N/A	None	04/03/2015
U-15-084	249	2015	OPS	AA	F	AWOL 1 hr	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	03/24/2015
U-15-085	250	2015	OPS	AA	M	Unauthorized use of Minor Illness Program (MIP)	Accepted Proposed Penalty	W	W	W	Reprimand / Suspend MIP for 1 year	N/A	12 H/S	04/02/2015
U-15-086	251	2015	OPS	AA	M	Failure to report to sick call	DPM Chapter 8	N/A	W	W	Terminated	N/A	none	04/17/2015
U-15-087	252	2015	OPS	W	M	Arrested - DUI	Accepted Proposed Penalty	W	W	AA	Suspension	119	Reprimand	07/15/2015
U-15-088	253	2015	OPS	W	M	Unauthorized use of Minor Illness Program (MIP)	Accepted Proposed Penalty	W	W	W	Reprimand / Suspend MIP for 1 year	N/A	Reprimand	04/17/2015
U-15-089	254	2015	OPS	AA	M	MVA & Failure to rpt	Accepted Proposed Penalty	W	W	W	Reprimand	N/A	None	04/17/2015
U-15-090	255	2015	OPS	W	M	Failure to rpt MVA	Accepted Proposed Penalty	W	W	W	Reprimand	N/A	None	03/24/2015

No.	Count	FY Occurred	Div or Unit	Race	Gender	Infraction Details	Dept Process	Proposing Officer Race	Deciding Officer Race	Fire Chief Race	Type of Penalty	Hours	Prior Case History Details	Date of Penalty or Action
U-15-091	256	2015	OPS	W	M	Failed to document runs in journal...Did not complete checklist to ready the unit for service	Counseling	N/A	W	W	Counseling	N/A	None	04/07/2015
U-15-092	257	2015	OPS	W	M	MVA	Accepted Proposed Penalty	W	W	W	Reprimand	N/A	12 H/S	03/24/2015
U-15-093	258	2015	OPS	AA	M	Unauthorized use of Minor Illness Program (MIP)	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	Reprimand, 12 H/S	03/27/2015
U-15-094	259	2015	OPS	AA	M	AWOL 1 hr	Resigned	N/A	N/A	N/A	No Further Action	N/A	N/A	03/07/2015
U-15-095	260	2015	OPS	AA	M	Unauthorized use of Minor Illness Program (MIP)	BFC Conference	W	W	AA	Reprimand / Suspend MIP for 1 year	N/A	Counseling	08/07/2015
U-15-096	261	2015	OPS	AA	M	AWOL 1 Hr	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	Reprimand, 24 H/S	05/22/2015
U-15-097	262	2015	OPS	W	M	Improperly Accepted Donation of AED	Retired	N/A	N/A	N/A	No Further Action	N/A	N/A	05/02/2015
U-15-098	263	2015	OPS	W	M	Unauthorized use of Minor Illness Program (MIP)	Accepted Proposed Penalty	W	W	W	Reprimand / Suspend MIP for 1 year	N/A	None	04/12/2015
U-15-099	264	2015	OPS	AA	M	Unauthorized use of Minor Illness Program (MIP)	Accepted Proposed Penalty	W	W	W	Reprimand / Suspend MIP for 1 year	N/A	None	03/25/2015
U-15-100	265	2015	OPS	AA	M	Unauthorized use of Minor Illness Program (MIP)	Accepted Proposed Penalty	W	W	W	Reprimand / Suspend MIP for 1 year	N/A	Reprimand, 24 H/S	03/21/2015
U-15-101	266	2015	OPS	AA		Unauthorized use of Minor Illness Program (MIP)	BFC Conference	W	W	AA	Reprimand	N/A	Counseling; Reprimand, 24, H/S	07/22/2015
U-15-102	267	2015	OPS	AA	M	Failure to report to sick call	Accepted Proposed Penalty	W	W	W	Suspension	12	Reprimand	04/23/2015
U-15-103	268	2015	OPS	AA	M	Interfered with g'ovt operations	Trial Board Scheduled 01/14/2016	W	N/A	N/A				
U-15-104	269	2015	OPS	AA	M	Insubordination	BFC Conference	W	W	AA	Reprimand	N/A	Reprimand	08/28/2015
U-15-105	270	2015	OPS	AA	M	MVA	DPM Chapter 8	N/A	W	AA	Suspension	36	None	04/28/2015
U-15-106	271	2015	OPS	AA	M	Failure to write-up runs into company journal for 24 hours	Counseling	N/A	W	W	Counseling	N/A	12 H/S; Reprimand	04/03/2015
U-15-107	272	2015	OPS	His	F	Arrested - Felony Theft	Trial Board Recommendation Pending	W	N/A	N/A				
U-15-108	273	2015	OPS	W	M	AWOL 1 hr	Accepted Proposed Penalty	W	W	W	Reprimand	N/A	Reprimand	05/01/2015
U-15-109	274	2015	OPS	W	M	Arrested - 2nd Degree Assault / Disorderly conduct	Accepted Proposed Penalty	W	W	AA	Suspension	96	None	08/20/2015
U-15-110	275	2015	OPS	W	M	Suspended Driver's License	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	03/09/2015
U-15-111	276	2015	OPS	AA	M	Arrested - reckless driving and assaulting police officer	DPM Chapter 8	N/A	W	AA	Terminated	N/A	None	07/25/2015
U-15-112	277	2015	OPS	AA	M	Driver's license revoked	DPM Chapter 8	N/A	W	AA	Suspension	48	None	07/01/2015
U-15-113	278	2015	OPS	AA	M	Took free condoms from Cardoza Heath Clinic	Charges Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	03/30/2015
U-15-114	279	2015	OPS	AA	M	Took free condoms from Cardoza Heath Clinic	Charges Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	03/30/2015
U-15-115	280	2015	OPS	W	M	Took free condoms from Cardoza Heath Clinic	Charges Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	03/30/2015
U-15-116	281	2015	OPS	W	M	Took free condoms from Cardoza Heath Clinic	Charges Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	03/30/2015
U-15-117	282	2015	OPS	AA	M	Took free condoms from Cardoza Heath Clinic	Charges Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	03/30/2015
U-15-118	283	2015	OPS	AA	M	Revocation of License	DPM Chapter 8	N/A	W	AA	Suspension	24	48 H/S	08/04/2015
U-15-119	284	2015	OPS	AA	M	MVA	Accepted proposed penalty	W	W	W	Reprimand	N/A	None	09/04/2015
U-15-120	285	2015	OPS	AA	1	Unregistered Firearm and Ammo	DPM Chapter 8	N/A	W	AA	Terminated	N/A	None	07/25/2015
U-15-121	286	2015	OPS	W	M	Failure to turn out the company	Pending BFC Decision	W	N/A	N/A				
U-15-122	287	2015	OPS	AA	M	AWOL 1 hr	DPM Chapter 8	N/A	W	AA	Reprimand	N/A	None	07/22/2015
U-15-123	288	2015	OPS	AA	M	AWOL 1 hr	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	04/24/2015
U-15-124	289	2015	OPS	AA	M	Lost cell phone	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	06/02/2015
U-15-125	290	2015	OPS	AA	M	Failed to maintain NREMT Card	Accepted Proposed Penalty	W	W	AA	Suspension	24	Reprimand	11/16/2015
U-15-126	291	2015	OPS	AA	M	AWOL 2.5 hrs	DPM Chapter 8	N/A	W	AA	Reprimand	N/A	None	06/09/2015
U-15-127	292	2015	OPS	W	M	Suspended Driver's License	Untimely	W	W	AA	No Further Action	N/A	N/A	03/05/2015
U-15-128	293	2015	OPS	AA	M	AWOL 12 Hrs	Trial Board	W	W	AA	Terminated	N/A	24 H/S, 72 H/S, 84 (2) H/S, 108 H/S, 336 H/S	08/01/2015
U-15-129	294	2015	OPS	AA	M	Unauthorized use of Minor Illness Program (MIP)	Accepted Proposed Penalty	W	W	W	Reprimand / Suspend MIP for 1 year	N/A	Counseling; 12 H/S, 24 H/S	04/10/2015
U-15-130	295	2015	OPS	AA	M	Indicted on handgun charges	DPM Chapter 8	N/A	W	W	Terminated	N/A	None	05/02/2015
U-15-131	296	2015	OPS	W	M	MVA	Charge unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	06/11/2015
U-15-132	297	2015	OPS	AA	M	AWOL 1 hr	Accepted proposed penalty	W	W	AA	Reprimand	N/A	Reprimand	06/12/2015
U-15-133	298	2015	OPS	AA	M	Arrested - Suspended License	Accepted proposed penalty	W	W	AA	Suspension	24	none	07/15/2015
U-15-134	299	2015	OPS	AA	M	MVA	Accepted proposed penalty	W	W	AA	Reprimand	N/A	None	06/10/2015
U-15-135	300	2015	OPS	AA	M	Missed run	BFC Conference	W	W	AA	Suspension	36	119 H/S	11/16/2015
U-15-136	301	2015	OPS	W	M	Paid employee FMLA w/o auth	DPM Chapter 16	N/A	W	AA	Dismissed	N/A	Counseling	07/27/2015
U-15-137	302	2015	OPS	W	M	Paid employee FMLA w/o auth	DPM Chapter 16	W	W	AA	Dismissed	N/A	N/A	07/27/2015
U-15-138	303	2015	OPS	W	M	Paid employee FMLA w/o auth	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	06/01/2015
U-15-139	304	2015	OPS	AA	M	Arrest - DWLS	BFC Conference	W	W	AA	Suspension	12	None	09/15/2015
U-15-140	305	2015	OPS	AA	M	Failure to report to sick call	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	None	05/30/2015
U-15-141	306	2015	OPS	AA	M	MVA	DPM Chapter 8	N/A	W	AA	Reprimand	N/A	None	08/03/2015

No.	Count	FY Occurred	Div or Unit	Race	Gender	Infraction Details	Dept Process	Proposing Officer Race	Deciding Officer Race	Fire Chief Race	Type of Penalty	Hours	Prior Case History Details	Date of Penalty or Action
U-15-142	307	2015	OPS	W	M	Sent correspondence to Agency Officials w/o approval from BFC /DFC	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	None	10/01/2015
U-15-143	308	2015	OPS	AA	F	Arrested - assault on a parking official	Accepted Proposed Penalty	W	W	AA	Suspension	24	None	09/09/2015
U-15-144	309	2015	OPS	AA	M	Arrested - Carrying a pistol w/o a license	DPM Chapter 8	N/A	W	AA	Terminated	N/A	None	07/22/2015
U-15-145	310	2015	OPS	AA	M	Failure to report to the PFC	Trial Board Set for 01/13/2016	W	N/A	N/A				
U-15-146	311	2015	OPS	AA	M	Missed Clinic Appt	Trial Board Set for 01/13/2016	W	N/A	N/A				
U-15-147	312	2015	OPS	AA	M	AWOL 1 hr	Counseling	N/A	W	AA	Counseling	N/A	None	09/17/2015
U-15-148	313	2015	OPS	AA	M	MVA	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	None	08/13/2015
U-15-149	314	2015	OPS	W	M	Failure to maintain apparatus	No Further Action	W	W	AA	No Further Action	N/A	N/A	07/25/2015
U-15-150	315	2015	OPS	W	M	Striking a stationary object / MVA	Untimely - No Paperwork	W	N/A	AA	No Further Action	N/A	None	09/01/2015
U-15-151	316	2015	OPS	W	M	MVA - At fault accident	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	None	08/04/2015
U-15-152	317	2015	OPS	AA	M	Failure to let out a supply line (SOG)	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	None	08/04/2015
U-15-153	318	2015	OPS	AA	M	AWOL (2 hours)	DPM Chapter 8	N/A	W	AA	Reprimand	N/A	Reprimand (x2); 12 H/s; 12 H/S	08/03/2015
U-15-154	319	2015	OPS	AA	M	Making False Statements	Pending Trial Board 03/23/2015	W	N/A	N/A				
U-15-155	320	2015	OPS	AA	M	Failure to report to PFC	Trial Board Set for 01/13/2016	W	N/A	N/A				
U-15-156	321	2015	OPS	AA	M	AWOL (2 hours)	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	Reprimand	08/31/2015
U-15-157	322	2015	OPS	AA	M	Failure to report to PFC	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	Reprimand	08/07/2015
U-15-158	323	2015	OPS	W	M	AWOL	DPM Chapter 8	N/A	W	AA	Terminated	N/A	None	07/11/2015
U-15-159	324	2015	OPS	W	M	Lost / Stolen Glucometer	Counseling	N/A	W	AA	Counseling	N/A	None	08/16/2015
U-15-160	325	2015	OPS	AA	F	Lost / Stolen Glucometer	Counseling	N/A	W	AA	Counseling	N/A	None	08/16/2015
U-15-161	326	2015	OPS	AA	M	Non-compliance with drug abuse program	Pending Trial Board	W	N/A	N/A				
U-15-162	327	2015	OPS	AA	M	Missed Labor Survey Appt	Pending BFC Decision	W	N/A	N/A				
U-15-163	328	2015	OPS	AA	M	Missed Labor Survey Appt	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	None	09/28/2015
U-15-164	329	2015	OPS	AA	M	Missed Clinic Appt	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	08/11/2015
U-15-165	330	2015	OPS	AA	M	Missed Clinic Appt	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	08/11/2015
U-15-166	331	2015	OPS	W	N	MVA	Accepted proposed penalty	W	W	AA	Reprimand	N/A	None	11/10/2015
U-15-167	332	2015	OPS	W	M	MVA	Accepted Proposed Penalty	W	W	AA	Suspension	12	None	09/22/2015
U-15-168	333	2015	OPS	AA	F	AWOL 24 hrs	DPM Chapter 8	N/A	W	AA	Terminated	N/A	None	07/16/2015
U-15-169	334	2015	OPS	AA	F	Abandonment	DPM Chapter 8	N/A	W	AA	Terminated	N/A	None	07/16/2015
U-15-170	335	2015	OPS	AA	M	Failure to report to sick call	Trial Board Set for 01/13/2016	W	N/A	N/A				
U-15-171	336	2015	OPS	AA	M	Delayed Response	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	07/28/2015
U-15-172	337	2015	OPS	W	M	Delayed Response	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	07/28/2015
U-15-173	338	2015	OPS	AA	M	Delayed Response	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	07/28/2015
U-15-174	339	2015	OPS	AA	M	Delayed Response	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	07/28/2015
U-15-175	340	2015	OPS	AA	M	Delayed Response	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	07/28/2015
U-15-176	341	2015	OPS	W	M	Delayed Response	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	07/28/2015
U-15-177	342	2015	OPS	W	M	Delayed Response	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	07/28/2015
U-15-178	343	2015	OPS	AA	M	Delayed Response	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	07/28/2015
U-15-179	344	2015	OPS	W	M	Delayed Response	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	07/28/2018
U-15-180	345	2015	OPS	W	M	Delayed Response	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	07/28/2015
U-15-181	346	2015	OPS	AA	M	Delayed Response	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	07/28/2015
U-15-182	347	2015	OPS	AA	M	Delayed Response	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	07/28/2015
U-15-183	348	2015	OPS	W	M	Delayed Response	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	07/28/2015
U-15-184	349	2015	OPS	AA	M	Delayed Response	Pending Trial Board 02/24/2016 - 02/26/2016	W	N/A	N/A				
U-15-185	350	2015	OPS	AA	M	Failure of NREMT / Psychomotor Skill Test	DPM Chapter 8	N/A	W	AA	Terminated	N/A	None	07/07/2015
U-15-186	351	2015	OPS	AA	M	AWOL 1 hr	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	None	09/20/2015
U-15-187	352	2015	OPS	AA	M	Delayed Response	DPM Chapter 8	N/A	W	AA	Reprimand	N/A	None	06/06/2015
U-15-188	353	2015	OPS	AA	F	Failed to report for training / failed to maintain paramedic certification	DPM Chapter 8	N/A	W	AA	Reprimand	N/A	None	06/06/2015
U-15-189	354	2015	OPS	AA	M	Failure to report MVA	DPM Chapter 8	N/A	W	AA	Suspension	12	None	05/07/2015
U-15-190	355	2015	OPS	AA	F	Failure to report MVA	DPM Chapter 8	N/A	W	AA	Suspension	12	None	05/07/2015
U-15-191	356	2015	OPS	AA	F	AWOL 1 hr	Counseling	N/A	W	AA	Counseling	N/A	None	10/12/2015
U-15-192	357	2015	OPS	AA	M	Arrested - threats	Retired	N/A	N/A	N/A	No Further Action	N/A	N/A	10/31/2015
U-15-193	358	2015	OPS	AA	M	Arrest - 2nd Degree Assault	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	08/31/2015
U-15-194	359	2015	OPS	AA	M	MVA	BFC Decision Pending	W	N/A	N/A				
U-15-195	360	2015	OPS	W	M	Paid Employee FMLA w/o Authorization	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	08/01/2015
U-15-196	361	2015	OPS	AA	M	Arrested - warrant for threats	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	08/13/2015
U-15-197	362	2015	OPS	AA	F	Arrested - DUI	Trial Board Pending 02/10/216	W	N/A	N/A				
U-15-198	363	2015	OPS	AA	M	AWOL - 6 hours	BFC Conference	W	W	AA	Suspension	24	Reprimand; 12 H/S	12/03/2015

No.	Count	FY Occurred	Div or Unit	Race	Gender	Infraction Details	Dept Process	Proposing Officer Race	Deciding Officer Race	Fire Chief Race	Type of Penalty	Hours	Prior Case History Details	Date of Penalty or Action
U-15-199	364	2015	OPS	AA	F	Failure to Report arrest	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	12 H/S	08/06/2015
U-15-200	365	2015	OPS	AA	M	Suspended Driver's License	Pending Trial Board 01/27/2016	W	N/A	N/A				
U-15-201	366	2015	OPS	AA	M	Arrest - DWLS	Pending Final Endorsement	W	N/A	N/A				
U-15-202	367	2015	OPS	AA	M	MVA	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	08/10/2015
U-15-203	368	2015	OPS	AA		Arrest - Suspended License	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	08/31/2015
U-15-204	369	2015	OPS	AA	M	Expired EMT Card	Untimely - No Paperwork	W	W	AA	No Further Action	N/A	N/A	07/26/2015
U-15-205	370	2015	OPS	AA	M	Failure to report to sick call	Accepted Proposed Penalty	W	W	AA	Suspension	36	Counseling; 12 H/S, 24 H/S, 36 H/S	06/28/2015
U-15-206	371	2015	OPS	W	M	Ethics violation involving DC FEMS property & equipment	Pending Inspector General Investigation	N/A	N/A	N/A				
U-15-207	372	2015	OPS	W	M	Ethics violation involving DC FEMS property & equipment	Pending Inspector General Investigation	N/A	N/A	N/A				
U-15-208	373	2015	OPS	AA	M	MVA	Pending BFC Decision	W	N/A	N/A				
U-15-209	374	2015	OPS	AA	M	Insubordination	Pending Final Agency Decision Letter	W	N/A	N/A				
U-15-210	375	2015	OPS	AA	M	Arrested - possession controlled substances	Pending Trial Board 01/21/2016	W	N/A	N/A				
U-15-211	376	2015	OPS	AA	M	AWOL 1 hr	Counseling	N/A	W	AA	Counseling	N/A	None	10/12/2015
U-15-212	377	2015	OPS	AA	M	Conduct unbecoming	Pending BFC Decision	W	N/A	N/A				
U-15-213	378	2015	OPS	W	M	CO2 Meter Missing on Watch	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	N/A	10/01/2015
U-15-214	379	2015	OPS	AA	M	Failed Probationary Exam	Trial Board Set for 01/13/2016	W	N/A	N/A				
U-15-215	380	2015	OPS	W	M	MVA	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	None	11/04/2015
U-15-216	381	2015	OPS	AA	M	MVA	Pending BFC Decision	W	N/A	N/A				
U-15-217	382	2015	OPS	AA	M	Failure to report to sick call	DPM Chapter 8	N/A	W	AA	Suspension	12	Reprimand (x2); 12 H/s; 12 H/S	09/23/2015
U-15-218	383	2015	OPS	H	M	MVA	BFC Decision Pending	W	N/A	N/A				
U-15-219	384	2015	OPS	AA	M	Failed to exercise safety precautions	Counseling	N/A	W	AA	Counseling	N/A	None	08/28/2015
U-15-220	385	2015	OPS	AA	M	Expired NREMT Card	Pending BFC Decision	W	N/A	N/A				
U-15-221	386	2015	OPS	AA	M	Missing equipment on Medic Unit	No Further Action	N/A	W	AA	No Further Action	N/A	N/A	09/30/2015
U-15-222	387	2015	OPS	AA	M	Missing equipment on Medic Unit	No Further Action	N/A	W	AA	No Further Action	N/A	N/A	09/30/2015
U-15-223	388	2015	OPS	AA	M	AWOL 3 hrs	Trial Board Set for 01/13/2016	W	N/A	N/A				
U-15-224	389	2015	OPS	AA	M	AWOL 2 hrs	Untimely	N/A	N/A	N/A	No Further Action	N/A	N/A	09/30/2015
U-15-225	390	2015	OPS	AA	M	AWOL 24 hrs	Accepted Proposed Penalty	W	W	AA	Suspension	36	36 H/S	11/13/2015
U-15-226	391	2015	OPS	AA	M	Failed to ensure FFs operated safely on fire ground	Accepted Proposed Penalty	W	W	AA	Counseling	N/A	None	08/21/2015
U-15-227	392	2015	OPS	W	M	Allegations of Misconduct	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	08/30/2015
U-15-228	393	2015	OPS	W	M	Allegations of Misconduct	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	08/30/2015
U-15-229	394	2015	OPS	W	M	Allegations of Misconduct	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	08/30/2015
U-15-230	395	2015	OPS	AA	M	Allegations of Misconduct	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	08/30/2015
U-15-231	396	2015	OPS	AA	M	Allegations of Misconduct	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	08/30/2015
U-15-232	397	2015	OPS	AA	M	Allegations of Misconduct	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	08/30/2015
U-15-233	398	2015	OPS	AA	M	Arrest - destruction of property	Charge Unsubstantiated	N/A	W	AA	No Further Action	N/A	N/A	08/27/2015
U-15-234	399	2015	OPS	W	M	Absence of ALS Equipment while PEC was on detail	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	None	04/15/2015
U-15-235	400	2015	OPS	AA	M	Violation of Substance Abuse Program	Pending Final Endorsement	W	N/A	N/A	Resigned	N/A	None	07/27/2015
U-15-236	401	2015	OPS	AA	M	AWOL 2 hrs	Reprimand	W	W	AA	Reprimand	N/A	N/A	09/15/2015
U-15-237	402	2015	OPS	AA	M	Insubordination	Pending BFC Decision	W	N/A	N/A				
U-15-238	403	2015	OPS	AA	M	Missed Clinic Appt	Untimely	N/A	N/A	N/A	No Further Action	N/A	N/A	09/30/2015
U-15-239	404	2015	OPS	AA	M	Arrested - DUI	Pending OIA Investigation	N/A	N/A	N/A				
U-15-240	405	2015	OPS	AA	F	Arrested - 2nd Degree Assault	Pending OIA Investigation	N/A	N/A	N/A				
U-15-241	406	2015	OPS	AA	M	Assault - Domestic Violence	Pending OIA Investigation	N/A	N/A	N/A				
U-15-242	407	2015	OPS	AA	F	Arrested - Suspended License	Trial Board Set for 01/28/2016	N/A	N/A	N/A				
U-15-243	408	2015	OPS	AA	M	Sexual Harassment	Accepted Proposed Penalty	W	W	AA	Suspension	108	Reprimand (x2)	11/07/2015
U-15-244	409	2015	OPS	W	M	Failure to report sexual harassment	Pending BFC Decision	W	N/A	N/A				
U-15-245	410	2015	OPS	W	M	Failure to report sexual harassment	DPM Chapter 16	N/A	W	AA	Suspension	12	None	11/24/2015
U-15-246	411	2015	OPS	AA	M	Rude to hospital worker	Untimely - No Paperwork	N/A	N/A	N/A	No Further Action	N/A	N/A	10/02/2015
U-15-247	412	2015	OPS	AA	F	Failure to report arrest	Pending OIA Investigation	N/A	N/A	N/A				
U-15-248	413	2015	OPS	AA	M	AWOL 1 hr	Pending Final Endorsement	N/A	N/A	N/A				
U-15-249	414	2015	OPS	W	F	MVA	Accepted Proposed Penalty	W	W	AA	Reprimand	N/A	None	09/22/2015
U-15-250	415	2015	OPS	W	M	MVA	Untimely - No Final Endorsement	N/A	N/A	N/A	No Further Action	N/A	12 H/S; Reprimand	11/23/2015
U-15-251	416	2015	OPS	AA	M	Arrested DUI	Pending Trial Board	N/A	N/A	N/A				
U-15-252	417	2015	OPS	AA	M	Insubordination	Trial Board Set for 01/13/2016	W	N/A	N/A				
U-15-253	418	2015	OPS	AA	F	Allegations of Cheating during Oral Interview	Trial Board Set for 01/13/2016	N/A	W	AA	No Further Action	N/A	N/A	07/22/2015
U-15-254	419	2015	OPS	M	M	AWOL 1 hr	Trial Board Set for 01/13/2016	W	W	AA	Reprimand	N/A	Counseling; Reprimand	11/13/2015
U-15-255	420	2015	OPS	W	M	AWOL 1 hr	Trial Board Set for 01/13/2016	W	W	AA	Reprimand	N/A	Reprimand	09/28/2015

No.	Count	FY Occurred	Div or Unit	Race	Gender	Infraction Details	Dept Process	Proposing Officer Race	Deciding Officer Race	Fire Chief Race	Type of Penalty	Hours	Prior Case History Details	Date of Penalty or Action
U-15-256	421	2015	OPS	AA	M	MVA	Trial Board Set for 01/13/2016	W	W	AA	Reprimand	N/A	48 H/S; 24 H/S	12/18/2015
U-15-257	422	2015	OPS	AA	M	AWOL 1 hr	Trial Board Set for 01/13/2016	N/A	W	AA	Reprimand	N/A	None	10/18/2015
U-15-258	423	2015	OPS	W	M	Racially Insensitive Remarks	Trial Board Set for 01/13/2016	N/A	W	AA	Counseling	N/A	None	11/08/2015
U-15-259	424	2015	OPS	AA	M	Violation of Substance Abuse Program	Trial Board Set for 01/13/2016	N/A	N/A	N/A	No Further Action	N/A	N/A	09/04/2015
U-15-260	425	2015	OPS	H	M	DUI	Trial Board Set for 01/13/2016	N/A	N/A	N/A				
U-15-261	426	2015	OPS	AA	F	Lost / Stolen Cell Phone	Trial Board Set for 01/13/2016	N/A	W	AA	Counseling	N/A	None	09/16/2015
U-15-262	427	2015	OPS	AA	M	No Driver's License / Failure to Report	Trial Board Set for 01/13/2016	N/A	N/A	N/A				
U-15-263	428	2015	OPS	AA	M	Arrest - Possession of Firearm	Trial Board Set for 01/13/2016	W	N/A	N/A				
U-15-264	429	2015	OPS	AA	M	AWOL 1 hr	Trial Board Set for 01/13/2016	N/A	W	AA	No Further Action	N/A	N/A	10/01/2015
U-15-265	430	2015	OPS	AA	M	DUI - arrest	Trial Board Set for 01/13/2016	N/A	N/A	N/A				
U-15-266	431	2015	OPS	AA	M	Missed Clinic Appt	Trial Board Set for 01/13/2016	N/A	N/A	N/A				
U-15-267	432	2015	OPS	AA	M	AWOL 9 hrs	Trial Board Set for 01/13/2016	W	N/A	N/A				
U-15-268	433	2015	OPS	AA	M	AWOL 4 hrs	Trial Board Set for 01/13/2016	W	N/A	N/A				
U-15-269	434	2015	OPS	AA	M	Arrested - Bench Warrant / Failure to Appear	Trial Board Set for 01/13/2016	N/A	N/A	N/A				
U-15-270	435	2015	OPS	AA	M	Arrested - Drugs, Ammunition, handgun	Trial Board Set for 01/13/2016	N/A	N/A	N/A				
U-15-271	436	2015	OPS	W	M	AWOL 1 hr	Trial Board Set for 01/13/2016	N/A	N/A	N/A	No Further Action	N/A	N/A	10/01/2015
U-15-272	437	2015	OPS	AA	M	AWOL 3 hrs	Trial Board Set for 01/13/2016	W	N/A	N/A				
U-15-273	438	2015	OPS	AA	M	MVA	Accepted Proposed Penalty	W	N/A	AA	Reprimand	N/A	Counseling	12/17/2015
U-15-274	439	2015	OPS	AA	M	MVA	Pending Final Endorsement	N/A	N/A	N/A				

Data Source: Office of Compliance Case Files through 1/8/2016.

DC Fire and EMS Department

Grievance Report FY 2015 - October 1, 2014 through September 30, 2015

GROUP 1 EMPLOYEES

NOTE: Highlights in YELLOW are open cases.

Date Filed	Grievance Description	Ruling	Open/Closed	Step	Request Arbitration?	Date Response Sent
10/05/2009	Appeal of 240 hour suspension (insubordination)	Granted	Closed	2	No	06/05/2015
04/11/2013	Alleged violation CBA provisions on compensation for overtime	Denied	Open	3	Yes	06/07/2013
09/03/2013	Appeal of 12 hour suspension (Insubordination)	Granted	Closed	2	No	03/19/2014
06/18/2014	Appeal of 108 hour suspension (Insubordination)	Denied	Closed	2	No	10/17/2014
06/22/2014	Appeal of Written Reprimand Chute Times)	Granted	Closed	2	No	10/31/2014
06/30/2014	Appeal of 12 hour suspension (Chute Time)	Denied	Closed	2	No	12/17/2014
07/01/2014	Appeal of 12 hour suspension (Neglect of Duty)	Denied	Closed	2	No	08/07/2015
07/23/2014	Appeal of 84 hour suspension (Viol. Patient Rts./Conduct Unbecoming)	Denied	Closed	2	No	03/31/2015
01/12/2015	Appeal of 24 hour suspension (Responsibility for Accident)	Denied	Closed	2	No	03/03/2015
06/29/2015	Appeal of 12 hour suspension (Insubordination)	Denied	Closed	2	No	PENDING
07/20/2015	Removal for inability to return to full duty status	Pending	Open	2	No	PENDING
07/27/2015	Alleged Violation of Power Shift Memo of Agreement	Pending Settlement	Open	2	No	PENDING SETTLEMENT AGREEMENT

Data Source: Executive Officer Case Files through 9/30/2015.

DC Fire and EMS Department
Grievance Report FY 2015 - October 1, 2014 through September 30, 2015

GROUP 2 EMPLOYEES

NOTE: Highlights in YELLOW are open cases.

Date Filed	Grievance Description	Ruling	Open/Closed	Step	Request Arbitration?	Date Response Sent
5/11/2012	Challenge of denial of Administrative Leave	Denied	Arbitration pending	3	Yes	05/18/2012
7/10/2012	Challenge of Technician selection Process (Displaced)	Denied	Arbitration pending	3	Yes	07/27/2012
8/31/2012	EMS Captain Paramedic Pay (Class)	Denied	Arbitration pending	3	Yes	09/19/2012
2/27/2013	Appealed Denial of reason for transfer to another position	Denied	Arbitration pending	2	Yes	02/25/2013
2/27/2013	Ambulance Detail	Denied	Arbitration pending	2	Yes	04/03/2013
5/29/2014	Challenge appt. of EMS Battalion Supervisors to Trial Board	Denied	Open	2	Yes	06/12/2014
6/2/2014	Alleged violation of CBA-member not receiving acting pay	Granted	Closed	2	No	8/-/2015
6/26/2014	Challenging promotion process due to issue with Lt. assessment	Pending	Open	2	No	Pending; recommend removing
9/25/2014(r.10/14/14)	Challenge of Technician Examination	Denied	Closed	2	No	11/02/2014
10/29/2014	Denial of POD	Denied	Withdrawn	2	No	11/04/2014
11/17/2014	Group Grievance – Points for Education	Settled	Closed	3	Yes	01/23/2015
11/25/2014	Class Grievance Alleging Violation of CBA, Art 18, Overtime	Settled	Closed	3	Yes	10/24/2015
4/18/2015	Challenge of Technician Examination	Denied	Closed	2	No	05/21/2015
4/21/2015	Failure to Timely Fill Rescue Squad Vacancies	Denied	Closed	2	No	N/A
4/29/2015	Appeal of 84 hour Suspension (Neglect of Duty)	Part denied/Part Granted	Closed	2	No	05/19/2015
8/21/2015	Appeal of Official Reprimand (Failure to Timely Notify)	Granted	Closed	2	No	PENDING

Data Source: Executive Officer Case Files through 9/30/2015.



District of Columbia
Fire and Emergency Medical Services Department
Office of the Fire and EMS Chief

FY 2016 Response Time Performance Measures
NFPA Standard 1710 Comparative Benchmarks

October, 2015



District of Columbia Fire and EMS Department

Office of the Fire and EMS Chief

OVERVIEW

- Beginning in FY 2016, the Fire and EMS Department (FEMS) will publish **revised Key Performance Indicators (KPIs) that use National Fire Protection Association (NFPA) Standards as response time benchmarks.**
- Previously, FEMS used response time benchmarks recommended by other authorities, including the International City and County Managers Association (ICMA) and literature citations.
- **FEMS will now report response times expressed as percentages of benchmark time objectives described by NFPA Standard 1710 (2016 Edition) Chapter 4, § 4.1.2.1 and other sections of the publication, by incident type groups.** Details concerning these measures, along with target time goal values, are presented in this document.
- Response time performance measures, updated monthly, will be published to the Department website beginning in November, 2015.



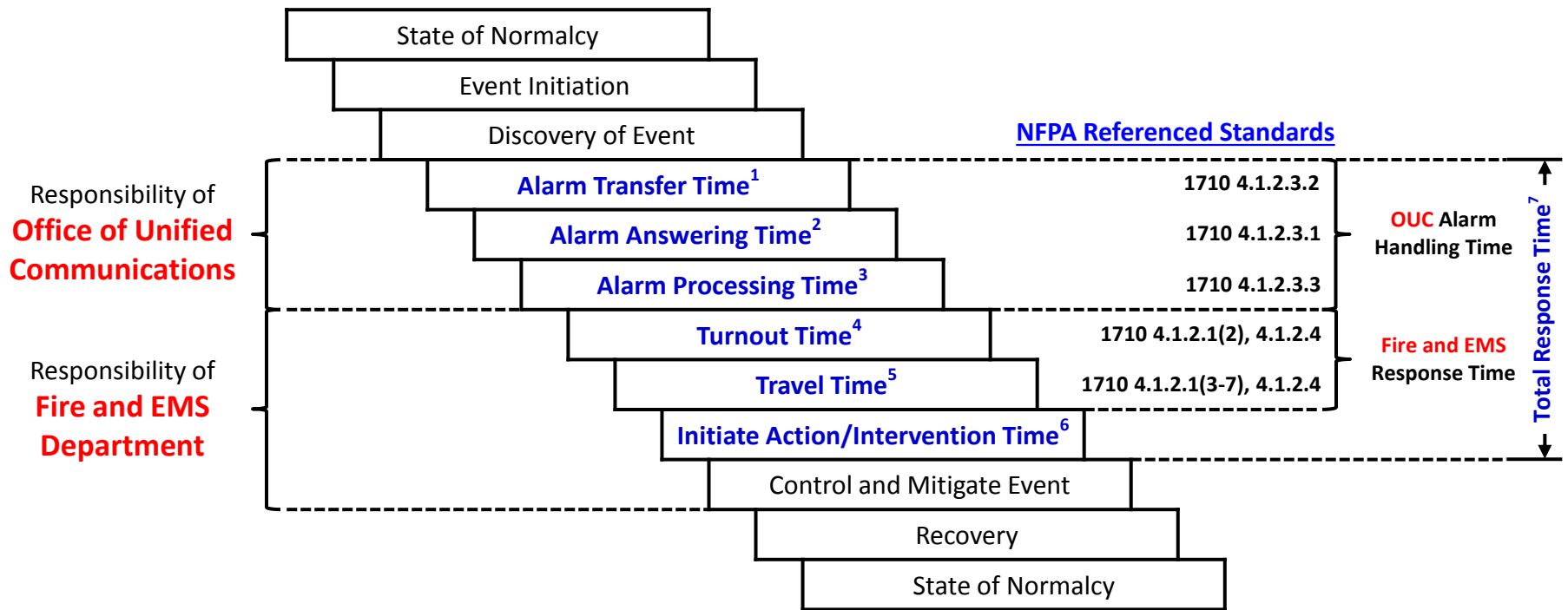
District of Columbia Fire and EMS Department

Office of the Fire and EMS Chief

OVERVIEW

- Both the Office of Unified Communications (OUC) and FEMS have **shared responsibility in answering, processing and responding to 9-1-1 calls and emergency incidents.**
- These responsibilities, as referenced by NFPA Standard 1710, will be described for each response time measure. **FEMS will report percentages of benchmark times measured from the time when an incident is first dispatched until the time when an FEMS emergency vehicle arrives at the location of an incident.**
- NFPA Standard 1710 benchmark times can best be described using a “Cascade of Events Chart.” This chart details the cycle of an emergency incident from beginning to end. Each response time measure is described using this chart.
- An overview chart, **defining agency responsibilities, NFPA Standard 1710 references and benchmark time intervals being measured** is shown on the following page.

NFPA 1710 – Figure A.3.3.53.6 Cascade of Events Chart (Overview and Responsibility)



(1) Alarm Transfer Time

The time interval from the receipt of the emergency alarm at the PSAP until the alarm is first received at the communication center.

(2) Alarm Answering Time

The time interval that begins when the alarm is received at the communication center and ends when the alarm is acknowledged at the communication center.

(3) Alarm Processing Time

The time interval from when the alarm is acknowledged at the communication center until response information begins to be transmitted via voice or electronic means to emergency response facilities (ERFs) and emergency response units (ERUs).

(4) Turnout Time

The time interval that begins when the emergency response facilities (ERFs) and emergency response units (ERUs) notification process begins by either an audible alarm or visual annunciation or both and ends at the beginning point of travel time.

(5) Travel Time

The time interval that begins when a unit is en route to the emergency incident and ends when the unit arrives at the scene.

(6) Initiate Action/Intervention Time

The time interval from when a unit arrives on the scene to the initiation of emergency mitigation.

(7) Total Response Time

The time interval from the receipt of the alarm at the primary PSAP to when the first emergency response unit is initiating action or intervening to control the incident.

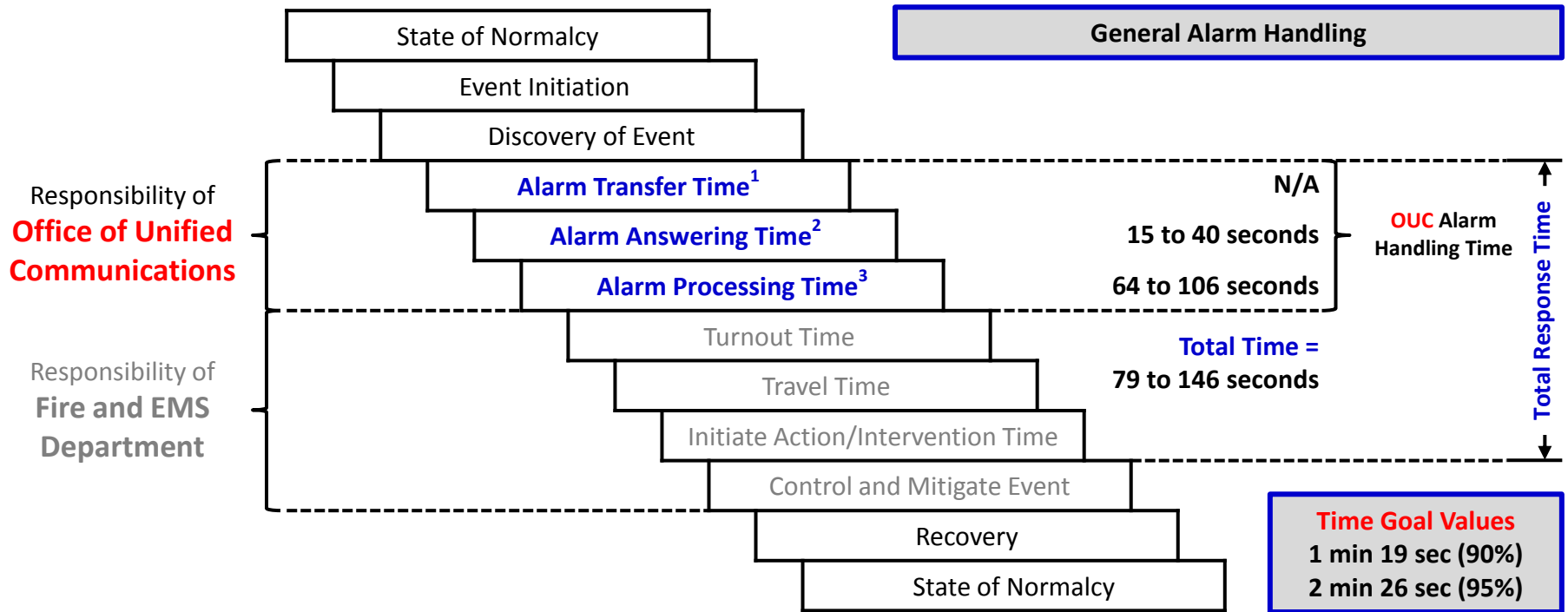


- The OUC **receives, processes and dispatches 9-1-1 calls**. NFPA 1710 § 3.3.53.2 describes this responsibility as **“Alarm Handling.”**
- “Alarm Handling” is divided into **“Alarm Transfer Time,” “Alarm Answering Time”** and **“Alarm Processing Time”** measures.
- Because the OUC directly receives all 9-1-1 calls, “Alarm Transfer Time” is **not** measured. **“Alarm Answering Time”** can be described as **the time from when a 9-1-1 telephone line begins to ring until the time when an OUC 9-1-1 call taker answers the call.**
- **“Alarm Processing Time”** can be described as **the time from when an OUC 9-1-1 call taker answers the call until the time when an OUC Communicator dispatches the call to FEMS emergency vehicle(s).**
- NFPA 1710 § 4.1.2.3 describes benchmark time goals for both “Alarm Answering Time” and “Alarm Processing Time” based on how 9-1-1 calls are grouped by call type.



- NFPA 1710 § 4.1.2.3.1 describes “a performance objective” for having “...an **Alarm Answering Time** of not more than **15 seconds** for **at least 95% of the alarms received** and not more than **40 seconds** for **at least 99% of the alarms received.**”
- NFPA 1710 § 4.1.2.3.3 describes “a performance objective” for having “...an **Alarm Processing Time** of not more than **64 seconds** for **at least 90% of the alarms** and not more than **106 seconds** for **at least 95% of the alarms.**”
- Combined, the above measures of “**Alarm Handling Time**” equate to benchmark time goal values of 79 seconds (**1 minute 19 seconds**) for **more than 90% of alarms received and processed** or 146 seconds (**2 minutes 26 seconds**) for **more than 95% of alarms received and processed**, as shown by the “**General Alarm Handling**” chart on the following page.

NFPA 1710 – Figure A.3.3.53.6 Cascade of Events Chart (OUC Alarm Handling)



(1) Alarm Transfer Time – 4.1.2.3.2

When the alarm is received at a public safety answering point (PSAP) and transferred to a secondary answering point or communication center, the agency responsible for the PSAP shall establish a performance objective of having an alarm transfer time of **not more than 30 seconds for at least 95 percent of all alarms processed**, as specified by NFPA 1221.

**0 seconds
(not used)**

(2) Alarm Answering Time – 4.1.2.3.1

The fire department shall establish a performance objective of having an alarm answering time of **not more than 15 seconds for at least 95 percent of the alarms received and not more than 40 seconds for at least 99 percent of the alarms received**, as specified by NFPA 1221.

**15 seconds (95%)
40 seconds (99%)**

(3) Alarm Processing Time – 4.1.2.3.3

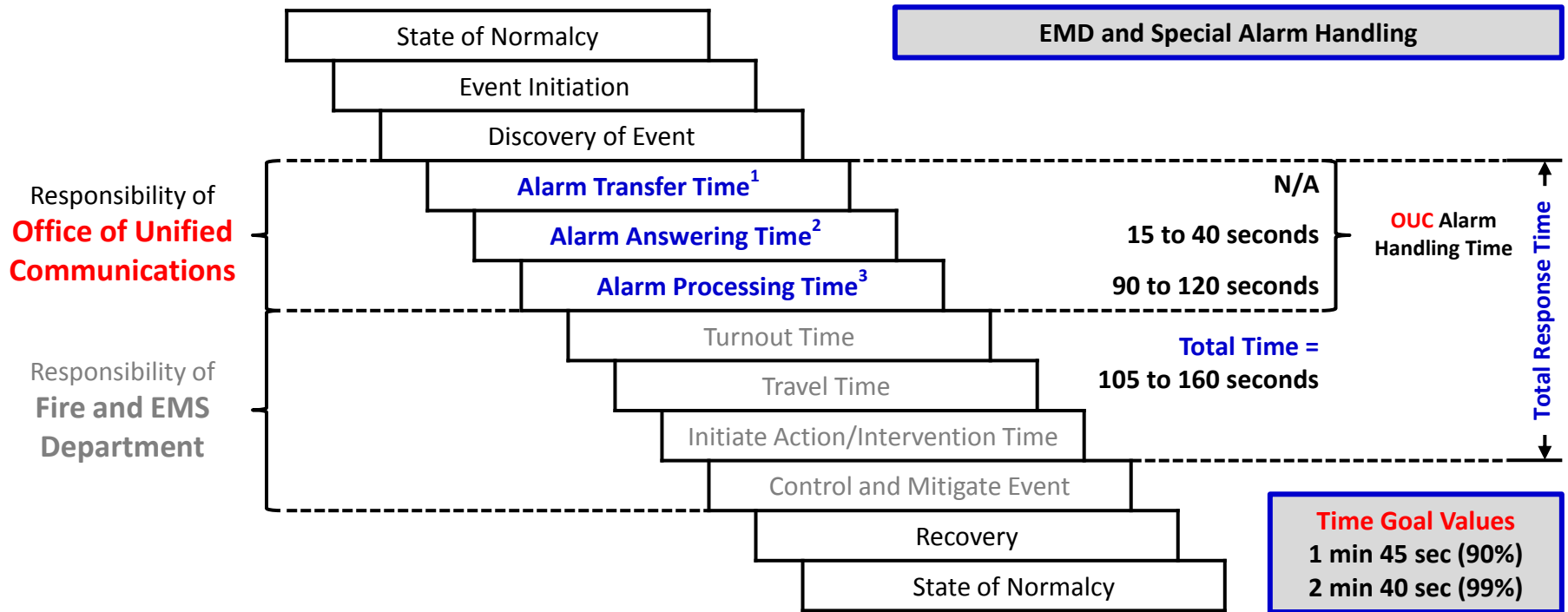
The fire department shall establish a performance objective of having an alarm processing time of **not more than 64 seconds for at least 90 percent of the alarms and not more than 106 seconds for at least 95 percent of the alarms**, as specified by NFPA 1221.

**64 seconds (90%)
106 seconds (95%)**



- However, certain 9-1-1 call type groups (including “calls requiring emergency medical dispatch (EMD) questioning and pre-arrival medical instructions”, “hazardous material incidents” and “technical rescue”) allow for lengthier “Alarm Processing Times.”
- For these 9-1-1 call type groups, NFPA 1710 § 4.1.2.3.3.1 describes “a performance objective” for having “...an **Alarm Processing Time** of not more than **90 seconds** for **at least 90% of the alarms** and not more than **120 seconds** for **at least 99% of the alarms.**”
- Accordingly, for these 9-1-1 call type groups, “**Alarm Handling Time**” benchmark time goal values equate to 105 seconds (**1 minute 45 seconds**) for **more than 90% of alarms received and processed** or 160 seconds (**2 minutes 40 seconds**) for **at least 99% of alarms received and processed**, as shown by the “**EMD and Special Alarm Handling**” chart on the following page.

NFPA 1710 – Figure A.3.3.53.6 Cascade of Events Chart (OUC Alarm Handling)



(1) Alarm Transfer Time – 4.1.2.3.2

When the alarm is received at a public safety answering point (PSAP) and transferred to a secondary answering point or communication center, the agency responsible for the PSAP shall establish a performance objective of having an alarm transfer time of **not more than 30 seconds for at least 95 percent of all alarms processed**, as specified by NFPA 1221.

**0 seconds
(not used)**

(2) Alarm Answering Time – 4.1.2.3.1

The fire department shall establish a performance objective of having an alarm answering time of **not more than 15 seconds for at least 95 percent of the alarms received and not more than 40 seconds for at least 99 percent of the alarms received**, as specified by NFPA 1221.

**15 seconds (95%)
40 seconds (99%)**

(3) Alarm Processing Time – 4.1.2.3.3.1

The fire department shall establish a performance objective of having an alarm processing time of **not more than 90 seconds for at least 90 percent of the alarms and not more than 120 seconds for at least 99 percent of the alarms**, as specified by NFPA 1221.

**90 seconds (90%)
120 seconds (99%)**



- **FEMS responds to emergency incidents dispatched by the OUC. NFPA 1710 § 4.1.2 describes differing “service delivery objectives for each major service component” based on dispatched incident classifications.**
- **“Service delivery objectives” reported by FEMS are limited to Emergency Medical Services (EMS) and fire suppression incident groups.**
- **FEMS will report percentages of NFPA Standard 1710 benchmark times measured from the time when an incident is first dispatched until the time when a FEMS emergency vehicle arrives at an incident location. The “service delivery objectives” described by NFPA 1710 § 4.1.2 are specific to the group type of each dispatched incident. All incident groups have different benchmark time goal values depending on the number and type of FEMS emergency vehicles required for response.**



- NFPA 1710 § 3.3.53.7 and § 3.3.53.8 define “Turnout Time” and “Travel Time” as response time components.
- **“Turnout Time”** can be described as **the time from when an OUC Communicator dispatches a call to a FEMS emergency vehicle(s) until the time when a FEMS emergency vehicle acknowledges the call and begins continuous travel to an incident.**
- **“Travel Time”** can be described as **the time from when a FEMS emergency vehicle acknowledges a call and begins continuous travel to an incident until the time when a FEMS emergency vehicle arrives at the incident location.**
- NFPA 1710 § 4.1.2.1(2) and § 4.1.2.4 describe a **60 second “Turnout Time”** benchmark objective for **“EMS responses”** and an **80 second “Turnout Time”** benchmark objective for **“fire and special operations responses”** for **“not less than 90%”** of dispatched incidents.



- NFPA 1710 § 4.1.2.1(3) to § 4.1.2.1.(7) and § 4.1.2.4 describe **“Travel Time”** benchmark objectives for **“EMS incidents”** and **“fire suppression incidents”** (based on differing criteria by incident group type) for **“not less than 90%”** of dispatched incidents.
- For EMS incidents, NFPA 1710 § 4.1.2.1(6) describes a “Travel Time” benchmark objective of **“240 seconds or less”** for **“the arrival of a unit with first responder with AED or higher level capability.”**
- For EMS incidents, NFPA 1710 § 4.1.2.1(7) describes a “Travel Time” benchmark objective of **“480 seconds or less”** for **“the arrival of an advanced life support (ALS) unit at an emergency medical incident”** provided that **“a first responder with AED or basic life support (BLS) unit arrived in 240 seconds or less travel time.”**



- For EMS incidents, NFPA 1710 § 5.3.3.3.2 describes that **“personnel deployed to ALS emergency responses shall include a minimum of two members trained at the EMT-Paramedic level and two members trained at the EMT-Basic level arriving on-scene within the established travel time.”**
- For fire suppression incidents, NFPA 1710 § 4.1.2.1(3) describes a “Travel Time” benchmark objective of **“240 seconds or less”** for **“the arrival of the first arriving engine company...”**
- For fire suppression incidents “other than high-rise,” NFPA 1710 § 4.1.2.1(4) describes a “Travel Time” benchmark objective of **“480 seconds or less”** for **“the deployment of an initial full alarm assignment...”**



- For “high rise” fire suppression incidents, NFPA 1710 § 4.1.2.1(5) describes a “Travel Time” benchmark objective of **“610 seconds or less”** for **“the deployment of an initial full alarm assignment...”**
- For both EMS incidents and fire suppression incidents, NFPA 1710 § 3.3.53.5 defines an “Initiating Action/Intervention Time” objective, but § A.3.3.53.5 describes that **“a benchmark time frame isn’t set to initiate a mitigating action or take other steps to intervene in resolving the issue that created the incident.”**
- Accordingly, FEMS **“Response Time” objectives** described for each incident group type are **the sum of the “Turnout Time” and “Travel Time” components expressed as benchmark time goal values.** These values differ based the number and type of FEMS emergency vehicles required for each incident group type as described by benchmark objectives.

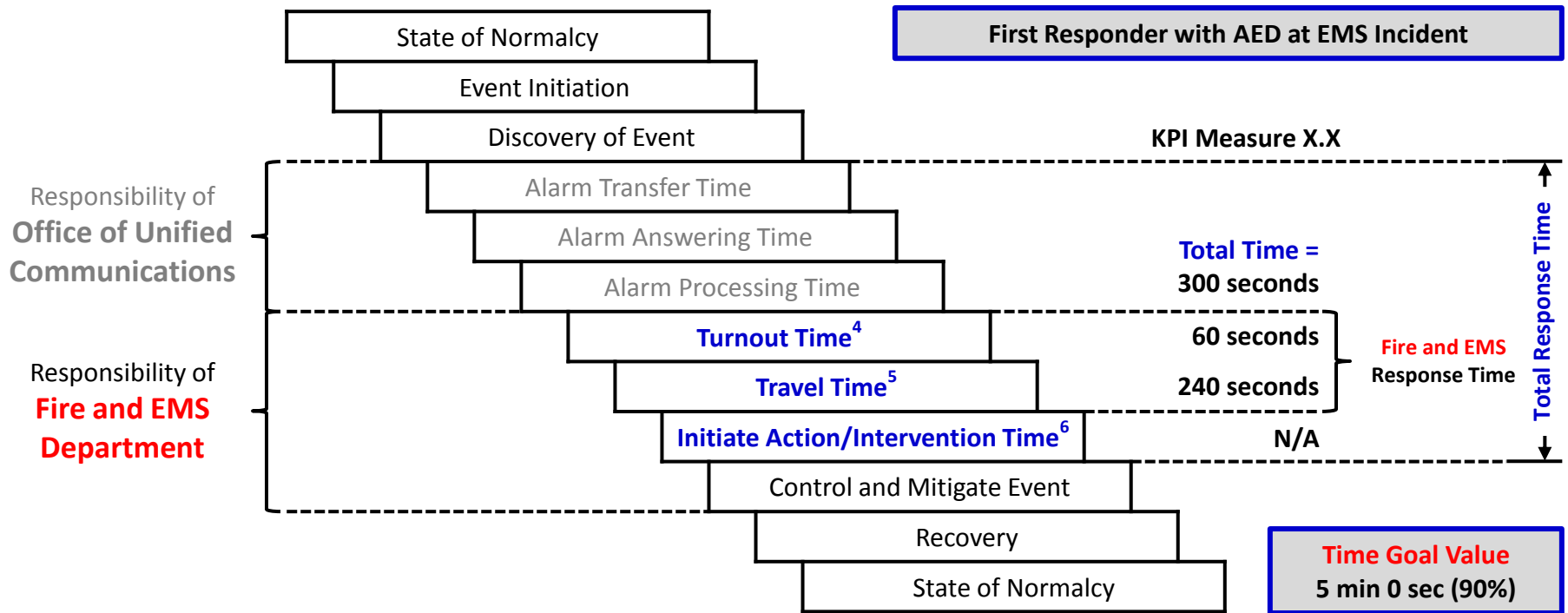


- For EMS incidents, NFPA 1710 § 4.1.2.1(2) and § 4.1.2.4 describe a **“Turnout Time” benchmark objective of “60 seconds.”**
- For EMS incidents, NFPA 1710 § 4.1.2.1(6) describes a **“Travel Time” benchmark objective of “240 seconds or less” for “the arrival of a unit with first responder with AED or higher level capability.”**
- Combined, the above objectives equate to a **“Response Time” benchmark time goal value of 300 seconds (5 minutes 0 seconds) for not less than 90% of dispatched EMS incidents.**
- The measure reported by FEMS is **limited to “higher priority” EMS incidents (MPDS Cards 1-33) and “other” selected incidents (grouped as “EMS”), all with determinant value classifications of “C, D or E,” for “time sensitive” illness and injury which is potentially or immediately life threatening, as identified by CAD system data analysis.**



- The measure reported by FEMS is **expressed as the percentage of “higher priority” EMS and “other” selected incidents meeting the “Response Time” benchmark time goal value of 300 seconds (5 minutes 0 seconds).**
- EMS incidents of this group and classification **require a first responding fire truck and transport unit, either of which may have an EMT-Paramedic.** Only the response time **of the first arriving FEMS emergency vehicle “equipped with an AED”** is evaluated by this measure.
- All “higher priority” EMS and “other” selected incidents resulting in FEMS emergency vehicle response(s) are evaluated by this measure, as shown by the “First Responder with AED at EMS Incident” chart on the following page.

NFPA 1710 – Figure A.3.3.53.6 Cascade of Events Chart (FEMS Response Time)



(4) Turnout Time – 4.1.2.1(2) and 4.1.2.4

The fire department shall establish the following objectives: (2) **80 seconds for turnout time for fire and special operations response** and **60 seconds turnout time for EMS response**. (...not less than 90 percent for the achievement of each turnout time and travel time objective specified in 4.1.2.1.)

60 seconds (90%)

(5) Travel Time – 4.1.2.1(6) and 4.1.2.4

The fire department shall establish the following objectives: (6) **240 seconds or less travel time for the arrival of a unit with first responder with AED or higher level capability at an emergency medical incident...** (...not less than 90 percent for the achievement of each turnout time and travel time objective specified in 4.1.2.1.)

240 seconds (90%)

(6) Initiate Action/Intervention Time – N/A

A.3.3.53.5. A benchmark time frame isn't set to initiate a mitigating action or take other steps to intervene in resolving the issue that created the incident.

N/A



- For EMS incidents, NFPA 1710 § 4.1.2.1(2) and § 4.1.2.4 describe a **“Turnout Time” benchmark objective of “60 seconds.”**
- For EMS incidents, NFPA 1710 § 4.1.2.1(7) describes a **“Travel Time” benchmark objective of “480 seconds or less” for “for the arrival of an advanced life support (ALS) unit at an emergency medical incident”** provided a first responder with AED or basic life support (BLS) unit arrived in **“240 seconds or less travel time.”**
- Combined, the above objectives equate to a **“Response Time” benchmark time goal value of 540 seconds (9 minutes 0 seconds) for not less than 90% of dispatched EMS incidents.**
- Additionally, NFPA 1710 § 5.3.3.3.2 describes that **“ALS emergency responses shall include a minimum of two members trained at the EMT-Paramedic level and two members trained at the EMT-Basic level”** arriving within the “Travel Time” benchmark objective.



- Because EMT-Paramedics are deployed individually (with EMT-Basics) on FEMS emergency vehicles, the measures reported by FEMS **categorically divide EMS incidents** into “**higher priority**” and “**highest priority**” classifications.
- The first measure reported by FEMS is **limited to “higher priority” EMS incidents (MPDS Cards 1-33) and “other” selected incidents (grouped as “EMS”), all with determinant value classifications of “C, D or E,”** for “time sensitive” illness and injury which is **potentially or immediately life threatening**, as identified by CAD system data analysis.
- The first measure is **expressed as the percentage of “higher priority” EMS and “other” selected incidents meeting the combined “Response Time” benchmark time goal values** of 300 seconds (5 minutes 0 seconds) for “first response” and 540 seconds (9 minutes 0 seconds) for “ALS unit” response.



- EMS incidents for this first measure **require a first responding fire truck and transport unit, either of which may have an EMT-Paramedic.** Response times for all FEMS emergency vehicles, “equipped with an AED” and staffed by a minimum of four members “trained at the EMT-Paramedic” or “trained at the EMT-Basic level arriving on-scene within the established travel time” are evaluated by this measure.
- The second measure reported by FEMS is **limited to “highest priority” EMS incidents (MPDS Cards 1-33) and “other” selected incidents (grouped as “EMS”), all with determinant value classifications of “D or E,” for very “time sensitive” illness and injury which is immediately life threatening, as identified by CAD system data analysis.**



- The second measure is **expressed as the percentage of “highest priority” EMS and “other” selected incidents meeting the combined “Response Time” benchmark time goal values of 300 seconds (5 minutes 0 seconds) for “first response” and 540 seconds (9 minutes 0 seconds) for “ALS unit” response.**
- EMS incidents for this second measure **may require a first responding fire truck, transport unit and EMS Supervisor, at least two of which have an EMT-Paramedic. Response times for all FEMS emergency vehicles, “equipped with an AED” and staffed by “a minimum of two members trained at the EMT-Paramedic level and two members trained at the EMT-Basic level arriving on-scene within the established travel time” are evaluated by this measure.**



District of Columbia Fire and EMS Department

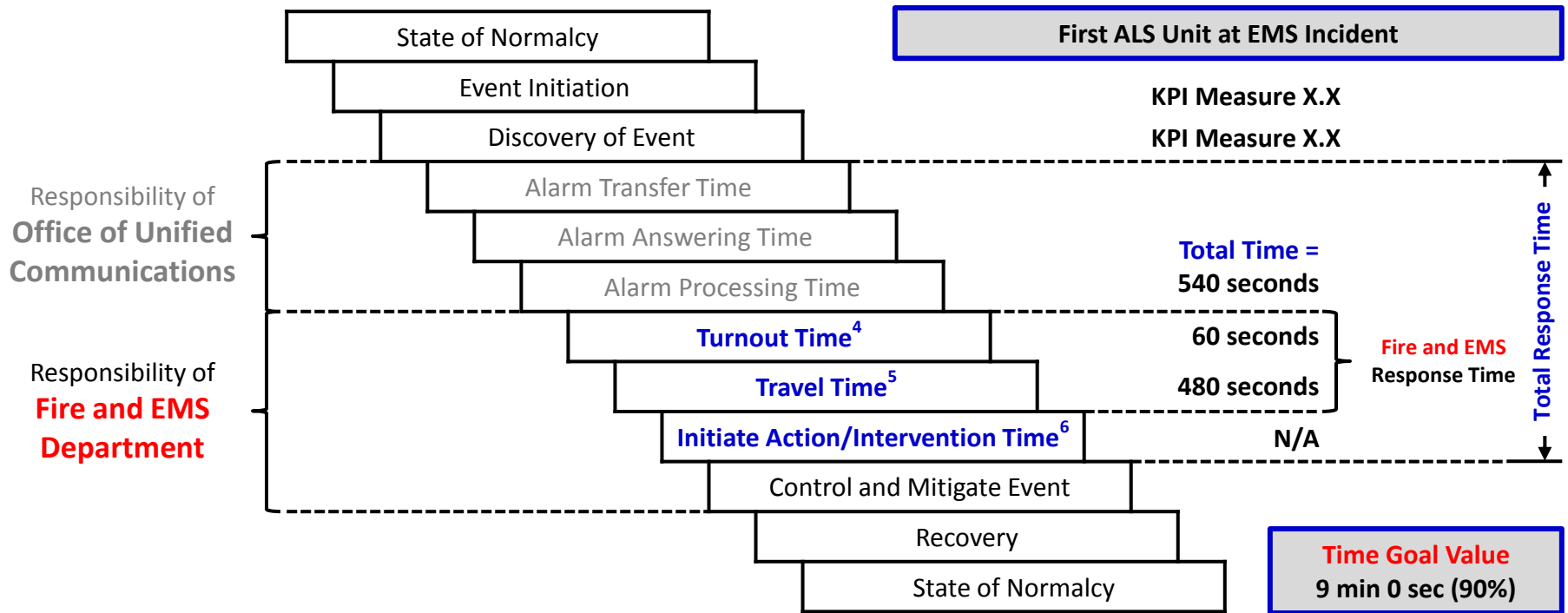
Office of the Fire and EMS Chief

FEMS OBJECTIVES

KPI Measure X.X

- All “higher” and “highest priority” EMS and “other” selected incidents resulting in FEMS emergency vehicle response(s) are evaluated by these two measures, as shown by the previous “First Responder with AED at EMS Incident” chart and the “First ALS Unit at EMS Incident” chart on the following page.

NFPA 1710 – Figure A.3.3.53.6 Cascade of Events Chart (FEMS Response Time)



(4) Turnout Time – 4.1.2.1(2) and 4.1.2.4

The fire department shall establish the following objectives: (2) **80 seconds for turnout time for fire and special operations response** and **60 seconds turnout time for EMS response**. (...not less than 90 percent for the achievement of each turnout time and travel time objective specified in 4.1.2.1.)

60 seconds (90%)

(5) Travel Time – 4.1.2.1(7) and 4.1.2.4

The fire department shall establish the following objectives: (7) **480 seconds or less travel time** for the arrival of an **advanced life support (ALS) unit at an emergency medical incident... provided a first responder with AED or basic life support (BLS) unit arrived in 240 seconds or less travel time...** (...not less than 90 percent for the achievement of each turnout time and travel time objective specified in 4.1.2.1.)

480 seconds (90%)

(6) Initiate Action/Intervention Time – N/A

A.3.3.53.5. A benchmark time frame isn't set to initiate a mitigating action or take other steps to intervene in resolving the issue that created the incident.

N/A

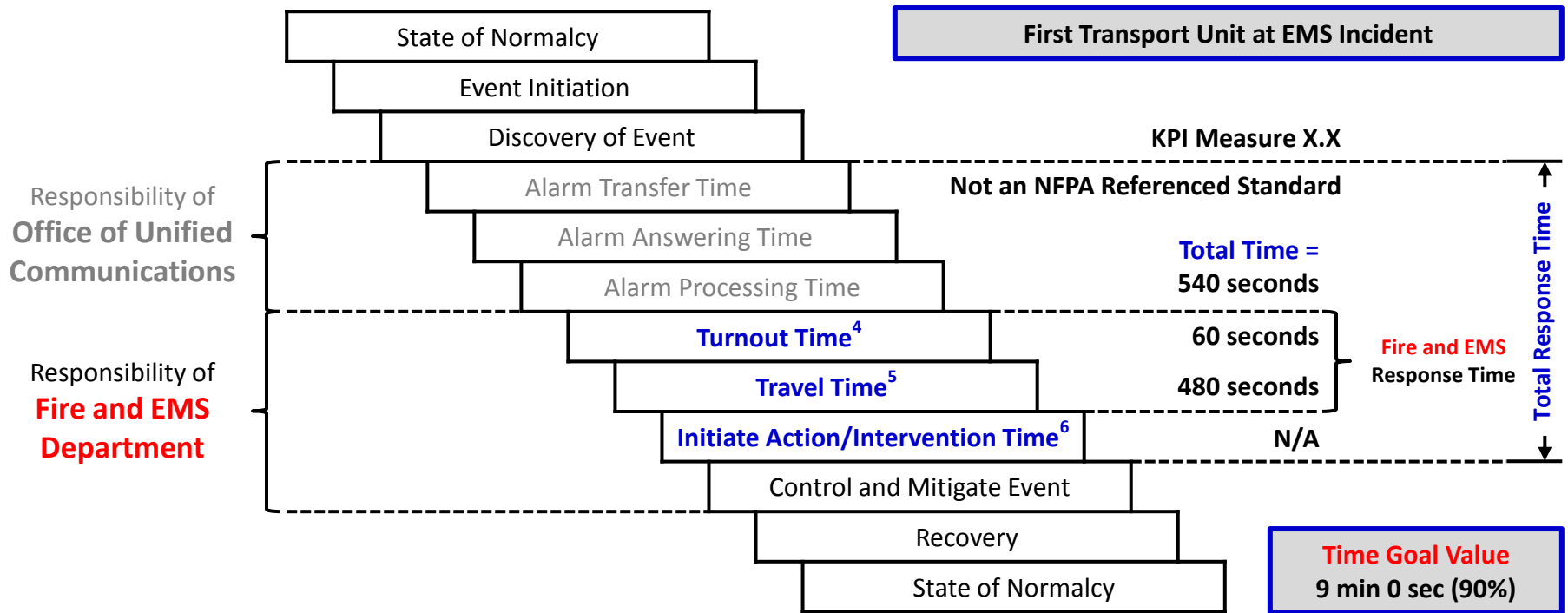


- For EMS incidents, NFPA 1710 § 4.1.2.1(2) and § 4.1.2.4 describe a **“Turnout Time” benchmark objective of “60 seconds.”**
- For EMS incidents, FEMS has established a **“Travel Time” benchmark objective of “480 seconds or less” for “for the arrival of the first advanced life support (ALS) or basic life support (BLS) transport unit at an emergency medical incident.”**
- Combined, the above objectives equate to a **“Response Time” benchmark time goal value of 540 seconds (9 minutes 0 seconds) for not less than 90% of dispatched EMS incidents.**
- The measure reported by FEMS is **limited to “higher priority” EMS incidents (MPDS Cards 1-33) and “other” selected incidents (grouped as “EMS”), all with determinant value classifications of “C, D or E,” for “time sensitive” illness and injury which is **potentially or immediately life threatening**, as identified by CAD system data analysis.**



- The measure reported by FEMS is **expressed as the percentage of “higher priority” EMS and “other” selected incidents meeting the “Response Time” benchmark time goal value of 540 seconds (9 minutes 0 seconds).**
- EMS incidents of this group and classification **require a first responding fire truck and transport unit, either of which may have an EMT-Paramedic.** Only the response time **of the first arriving FEMS transport unit staffed by at least two members “trained at the EMT-Paramedic” or “trained at the EMT-Basic level arriving on-scene within the established travel time”** are evaluated by this measure.
- All “higher priority” EMS and “other” selected incidents resulting in FEMS emergency vehicle response(s) are evaluated by this measure, as shown by the “First Transport Unit at EMS Incident” chart on the following page.

NFPA 1710 – Figure A.3.3.53.6 Cascade of Events Chart (FEMS Response Time)



(4) Turnout Time – 4.1.2.1(2) and 4.1.2.4

The fire department shall establish the following objectives: (2) **80 seconds for turnout time for fire and special operations response** and **60 seconds turnout time for EMS response**. (...not less than 90 percent for the achievement of each turnout time and travel time objective specified in 4.1.2.1.)

60 seconds (90%)

(5) Travel Time

For this measure (**not an NFPA referenced standard**) FEMS has established the following objective: **480 seconds or less travel time for the arrival of the first arriving advanced life support (ALS) or basic life support (BLS) transport unit at an emergency medical incident** (...not less than 90 percent for the achievement of each turnout time and travel time objective as specified by NFPA 1710 4.1.2.1.)

480 seconds (90%)

(6) Initiate Action/Intervention Time – N/A

A.3.3.53.5. A benchmark time frame isn't set to initiate a mitigating action or take other steps to intervene in resolving the issue that created the incident.

N/A



District of Columbia Fire and EMS Department
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FEMS OBJECTIVES

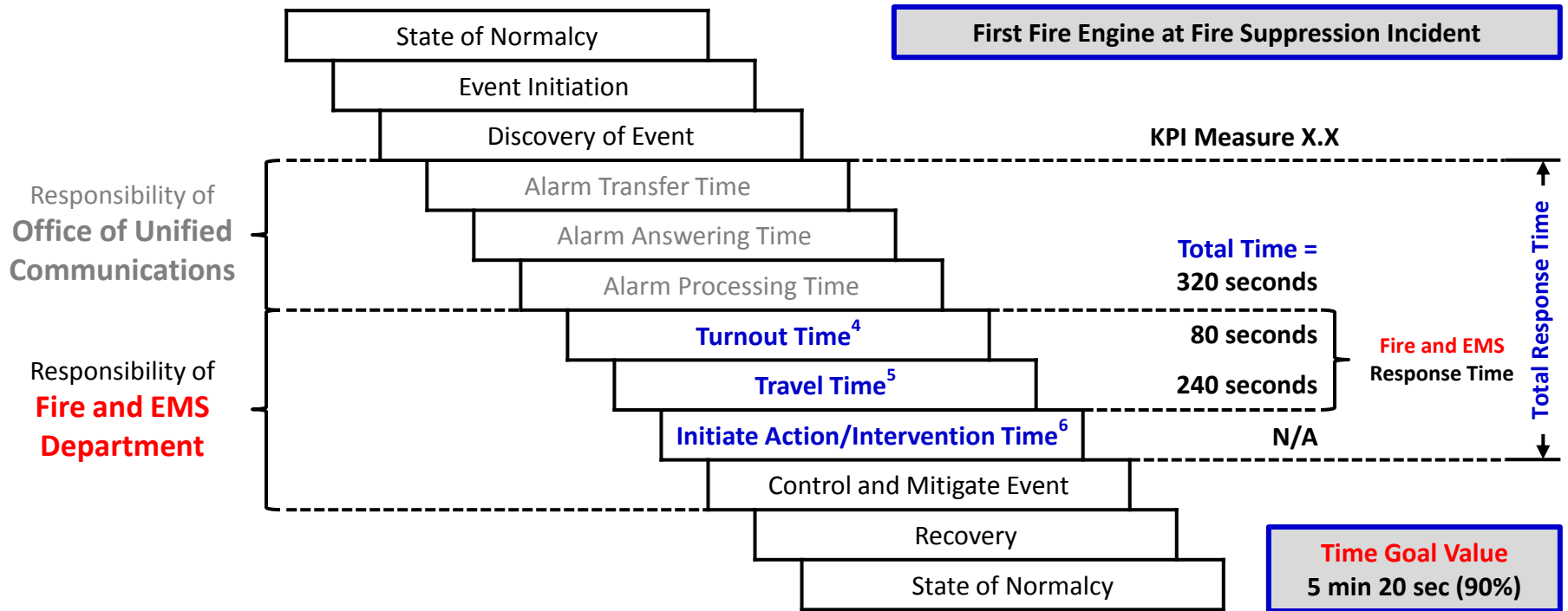
KPI Measure X.X

- For fire suppression incidents, NFPA 1710 § 4.1.2.1(2) and § 4.1.2.4 describe a **“Turnout Time” benchmark** objective of **“80 seconds.”**
- For fire suppression incidents, NFPA 1710 § 4.1.2.1(3) describes a **“Travel Time” benchmark** objective of **“240 seconds or less”** for **“the arrival of the first arriving engine company...”**
- Combined, the above objectives equate to a **“Response Time” benchmark** time goal value of **320 seconds (5 minutes 20 seconds)** for **not less than 90%** of dispatched fire suppression incidents.
- The measure reported by FEMS is **limited to “structure fire” incidents (FPDS Card 69) and “other” selected incidents (grouped as “fire”), all with reported smoke or flame visible, resulting in FEMS emergency vehicle “first alarm assignment” response**, as identified by CAD system data analysis.



- The measure reported by FEMS is **expressed as the percentage of “structure fire” incidents meeting the “Response Time” benchmark time goal value** of 320 seconds (5 minutes 20 seconds).
- Fire suppression incidents of this group and classification **require seven first responding fire trucks, one rescue squad, one transport unit and two Chief Officers**. Only the response time **of the first arriving FEMS fire engine is evaluated by this measure**.
- All “structure fire” and “other” selected incidents, each with reported smoke or flame visible, resulting in a FEMS emergency vehicle “first alarm assignment” response are evaluated by this measure, as shown by the “First Fire Engine at Fire Suppression Incident” chart on the following page.

NFPA 1710 – Figure A.3.3.53.6 Cascade of Events Chart (FEMS Response Time)



(4) Turnout Time – 4.1.2.1(2) and 4.1.2.4

The fire department shall establish the following objectives: (2) **80 seconds for turnout time for fire and special operations response** and **60 seconds turnout time for EMS response**. (...not less than 90 percent for the achievement of each turnout time and travel time objective specified in 4.1.2.1.)

80 seconds (90%)

(5) Travel Time – 4.1.2.1(3) and 4.1.2.4

The fire department shall establish the following objectives: (3) **240 seconds or less travel time for the arrival of the first arriving engine company at a fire suppression incident...** (...not less than 90 percent for the achievement of each turnout time and travel time objective specified in 4.1.2.1.)

480 seconds (90%)

(6) Initiate Action/Intervention Time – N/A

A.3.3.53.5. **A benchmark time frame isn't set** to initiate a mitigating action or take other steps to intervene in resolving the issue that created the incident.

N/A



District of Columbia Fire and EMS Department
Office of the Fire and EMS Chief

FEMS OBJECTIVES

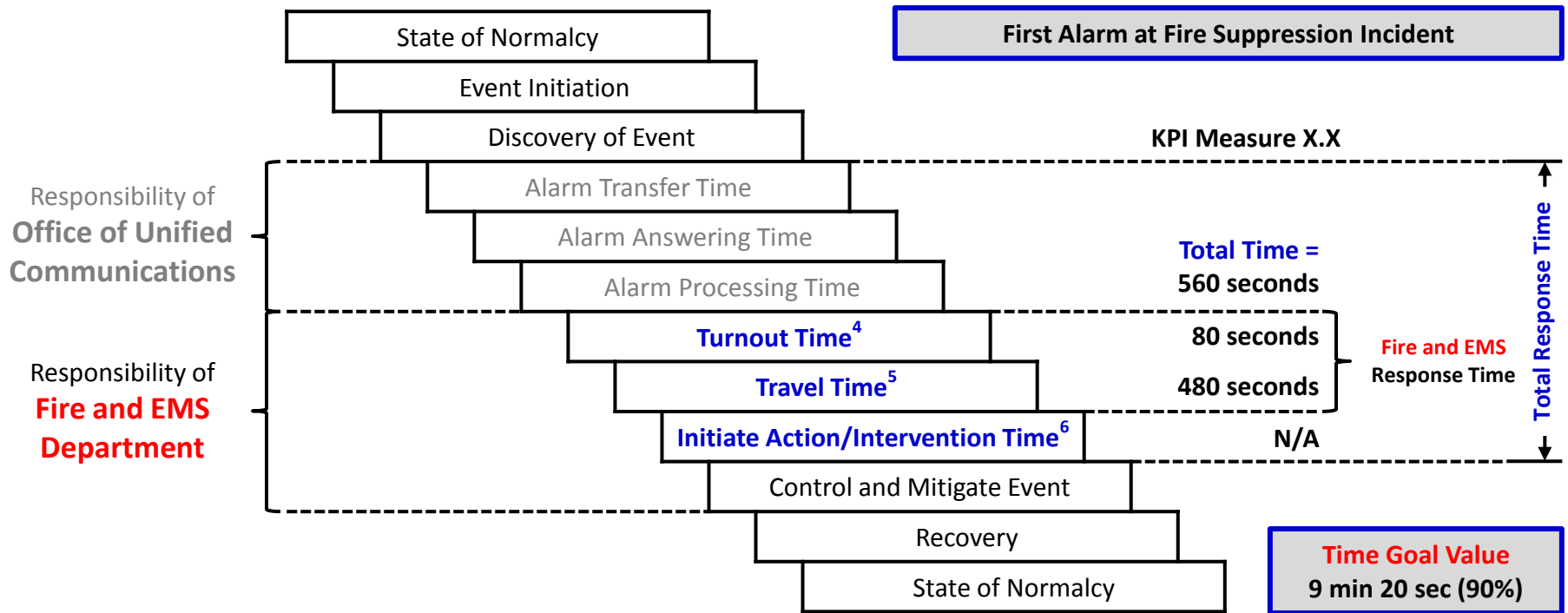
KPI Measure X.X

- For fire suppression incidents, NFPA 1710 § 4.1.2.1(2) and § 4.1.2.4 describe a **“Turnout Time” benchmark** objective of **“80 seconds.”**
- For fire suppression incidents, NFPA 1710 § 4.1.2.1(4) describes a **“Travel Time” benchmark** objective of **“480 seconds or less”** for **“the deployment of an initial full alarm assignment at a fire suppression incident...”**
- Combined, the above objectives equate to a **“Response Time” benchmark** time goal value of **560 seconds (9 minutes 20 seconds)** for **not less than 90%** of dispatched fire suppression incidents.
- The measure reported by FEMS is **limited to “structure fire” incidents (FPDS Card 69) and “other” selected incidents (classified as “fire”), all with reported smoke or flame visible, resulting in FEMS emergency vehicle “first alarm assignment” response**, as identified by CAD system data analysis.



- The measure reported by FEMS is **expressed as the percentage of “structure fire” incidents meeting the “Response Time” benchmark time goal value** of 560 seconds (9 minutes 20 seconds).
- Fire suppression incidents of this group and classification **require seven first responding fire trucks, one rescue squad, one transport unit and two Chief Officers.** Response times **for all arriving FEMS emergency vehicles are evaluated by this measure.**
- All “structure fire” and “other” selected incidents, each with reported smoke or flame visible, resulting in a FEMS emergency vehicle “first alarm assignment” response are evaluated by this measure, as shown by the “First Alarm at Fire Suppression Incident” chart on the following page.

NFPA 1710 – Figure A.3.3.53.6 Cascade of Events Chart (FEMS Response Time)



(4) Turnout Time – 4.1.2.1(2) and 4.1.2.4

The fire department shall establish the following objectives: (2) **80 seconds for turnout time for fire and special operations response** and **60 seconds turnout time for EMS response**. (...not less than 90 percent for the achievement of each turnout time and travel time objective specified in 4.1.2.1.)

80 seconds (90%)

(5) Travel Time – 4.1.2.1(4) and 4.1.2.4

The fire department shall establish the following objectives: (4) For other than high rise, **480 seconds or less travel time** for the deployment of **an initial full alarm assignment at a fire suppression incident...** (...not less than 90 percent for the achievement of each turnout time and travel time objective specified in 4.1.2.1.)

480 seconds (90%)

(6) Initiate Action/Intervention Time – N/A

A.3.3.53.5. **A benchmark time frame isn't set** to initiate a mitigating action or take other steps to intervene in resolving the issue that created the incident.

N/A

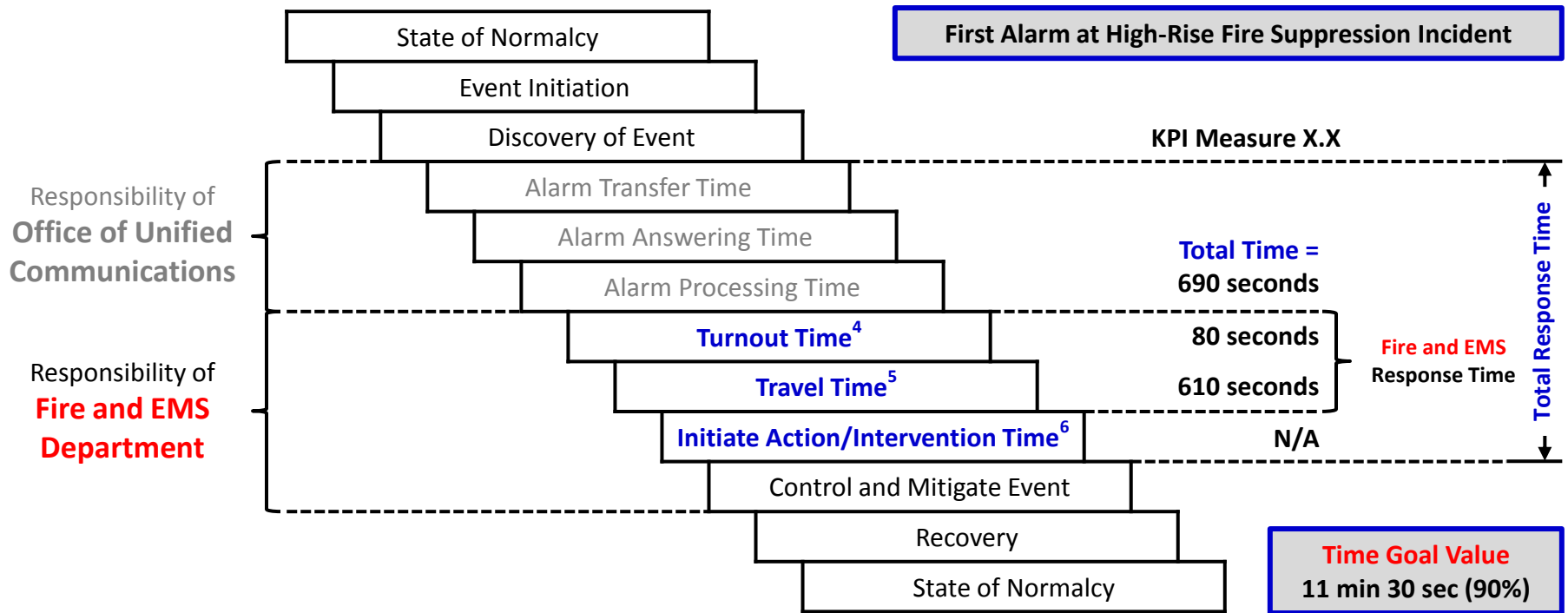


- For fire suppression incidents, NFPA 1710 § 4.1.2.1(2) and § 4.1.2.4 describe a **“Turnout Time” benchmark** objective of **“80 seconds.”**
- For **“high-rise”** fire suppression incidents, NFPA 1710 § 4.1.2.1(5) describes a **“Travel Time” benchmark** objective of **“610 seconds or less”** for **“the deployment of an initial full alarm assignment at a fire suppression incident...”**
- Combined, the above objectives equate to a **“Response Time” benchmark** time goal value of **690 seconds (11 minutes 30 seconds)** for **not less than 90%** of dispatched **“high-rise”** fire suppression incidents.
- The measure reported by FEMS is **limited to “structure fire” incidents (FPDS Card 69) and “other” selected incidents (classified as “fire”), all with reported smoke or flame visible at a “high-rise” structure (of 5 or more stories), resulting in FEMS emergency vehicle “first alarm assignment” response**, as identified by CAD system data analysis.



- The measure reported by FEMS is **expressed as the percentage of “high-rise structure fire” incidents meeting the “Response Time” benchmark time goal value** of 690 seconds (11 minutes 30 seconds).
- Fire suppression incidents of this group and classification **require seven first responding fire trucks, one rescue squad, one ALS transport unit, one BLS transport unit and two Chief Officers.** Response times for all arriving FEMS emergency vehicles are **evaluated by this measure.**
- All “structure fire” and “other” selected incidents, each with reported smoke or flame visible at a “high-rise” structure (75 FT or more) resulting in a FEMS emergency vehicle “first alarm assignment” response are evaluated by this measure, as shown by the “First Alarm at High-Rise Fire Suppression Incident” chart on the following page.

NFPA 1710 – Figure A.3.3.53.6 Cascade of Events Chart (FEMS Response Time)



(4) Turnout Time – 4.1.2.1(2) and 4.1.2.4

The fire department shall establish the following objectives: (2) **80 seconds for turnout time for fire and special operations response and 60 seconds turnout time for EMS response.** (...not less than 90 percent for the achievement of each turnout time and travel time objective specified in 4.1.2.1.)

80 seconds (90%)

(5) Travel Time – 4.1.2.1(5) and 4.1.2.4

The fire department shall establish the following objectives: (5) For high-rise, **610 seconds or less travel time for the deployment of an initial full alarm assignment at a fire suppression incident...** (...not less than 90 percent for the achievement of each turnout time and travel time objective specified in 4.1.2.1.)

610 seconds (90%)

(6) Initiate Action/Intervention Time – N/A

A.3.3.53.5. **A benchmark time frame isn't set to initiate a mitigating action or take other steps to intervene in resolving the issue that created the incident.**

N/A

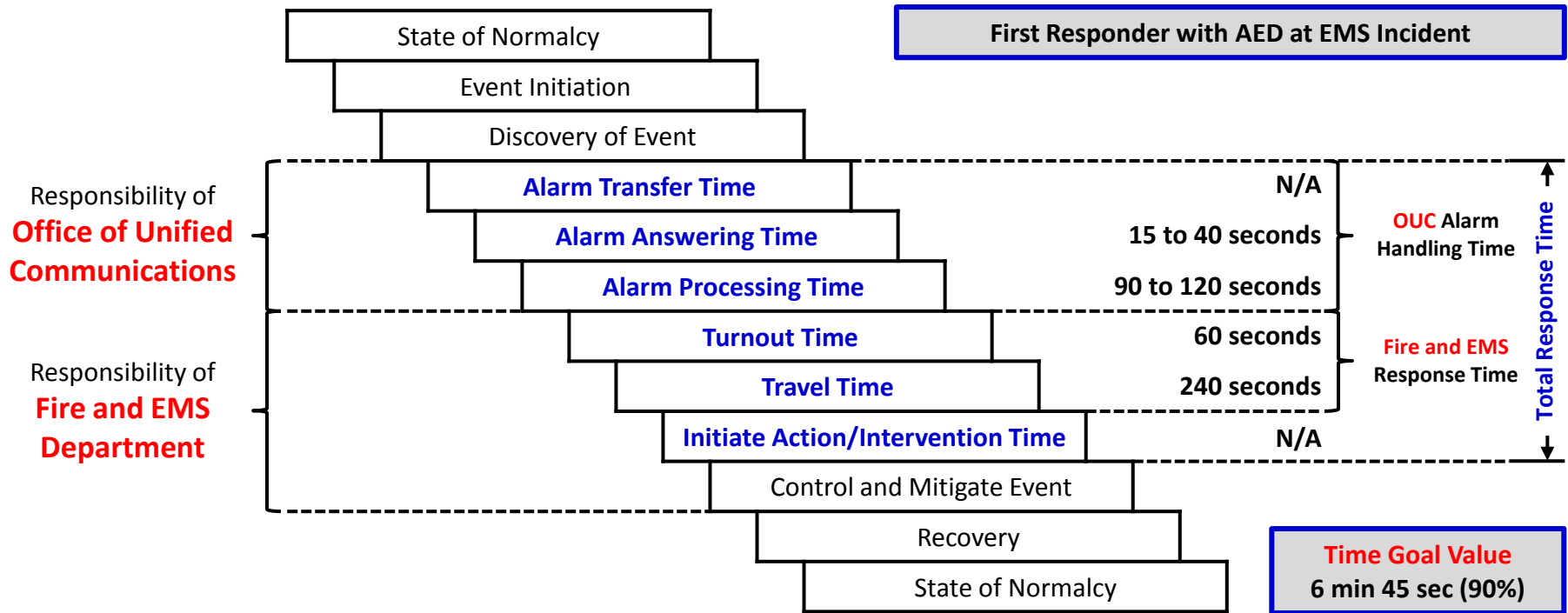


- Because the OUC and FEMS have shared responsibility in answering, processing and responding to 9-1-1 calls and emergency incidents, and NFPA Standard 1710 describes benchmark time goal values for each area of responsibility, “Total Response Time” objectives can be established by 9-1-1 call type and dispatched incident groups.
- **“Total Response Time”** can be described as **the time from when a 9-1-1 telephone line begins to ring until the time when a FEMS emergency vehicle arrives at an incident location.** Although FEMS **“Response Time” objectives** by incident group and classification are fixed, OUC **“Alarm Answering Time”** and **“Alarm Processing Time” objectives** by 9-1-1 call type group are not. Accordingly, combining all time goal objectives into shared “Total Response Time” objectives results in **minimum** and **maximum** time goal values.



- “Total Response Time” objectives are best described **using minimum benchmark time goal values for not less than 90% of 9-1-1 calls and dispatched incidents**. Viewed from this perspective, most 9-1-1 callers requesting assistance **should expect help to arrive within this time (minimum time goal values) when placing a 9-1-1 call**.
- However, “Total Response Time” goals can also be described **using maximum benchmark time goal values for not less than 95% or 99% of 9-1-1 calls and dispatched incidents**. Viewed from this perspective, some 9-1-1 callers requesting assistance **should expect help to arrive within this time (maximum time goal values) when placing a 9-1-1 call**.
- Accordingly, “Cascade of Events Charts” by dispatched incident group and classification for “Total Response Times” are included on the following pages. **Each chart references a 90% time goal value** and includes **minimum** and **maximum** time goal value calculations.

NFPA 1710 – Figure A.3.3.53.6 Cascade of Events Chart (Total Response Time)



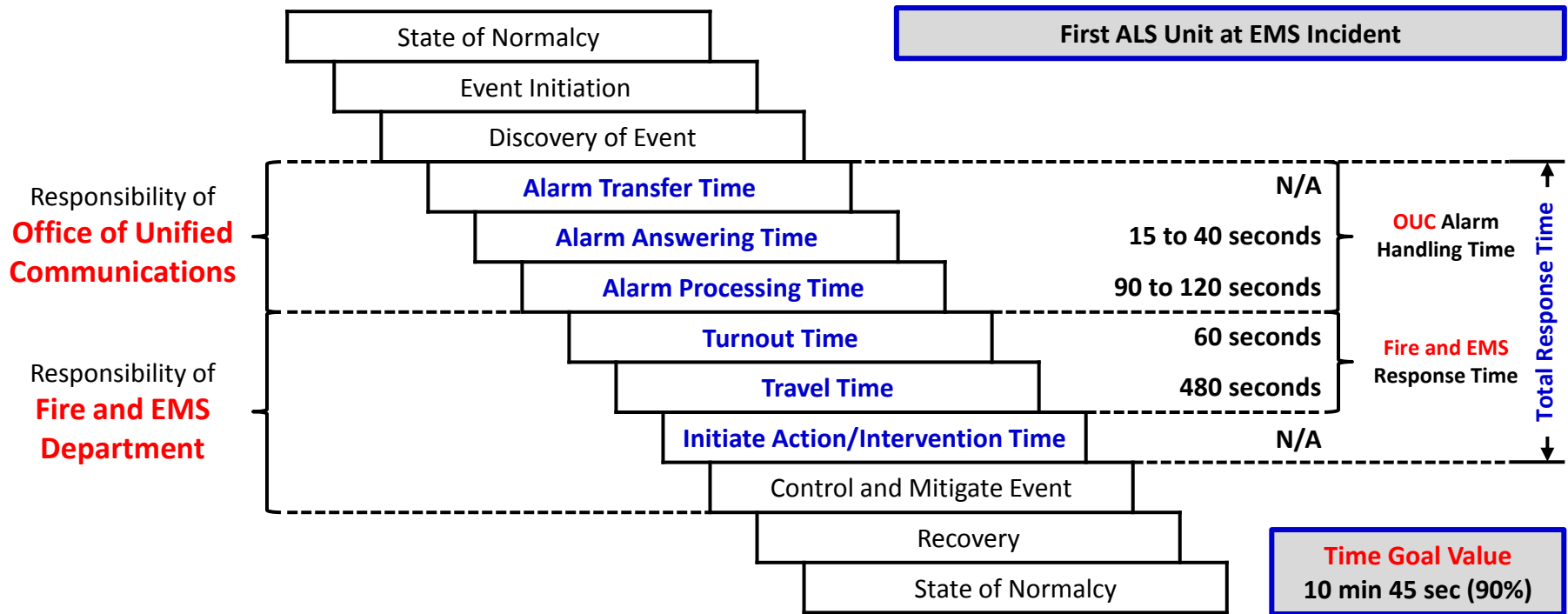
Total Response Time (Using Minimum Time Goal Values for OUC and FEMS)

$$15s + 90s \text{ (OUC Alarm Handling)} + 60s + 240s \text{ (FEMS Response)} = 405s \text{ (6 min 45 sec)}$$

Total Response Time (Using Maximum Time Goal Values for OUC and FEMS)

$$40s + 120s \text{ (OUC Alarm Handling)} + 60s + 240s \text{ (FEMS Response)} = 460s \text{ (7 min 40 sec)}$$

NFPA 1710 – Figure A.3.3.53.6 Cascade of Events Chart (Total Response Time)



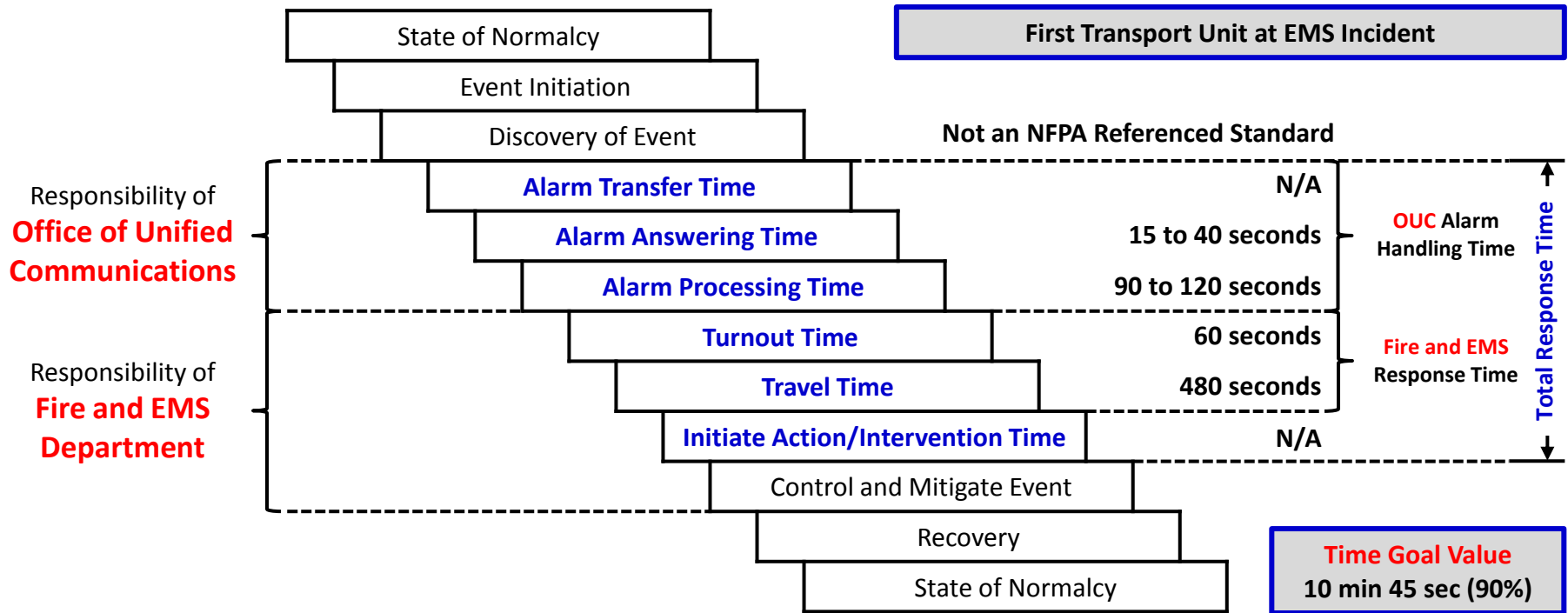
Total Response Time (Using Minimum Time Goal Values for OUC and FEMS)

$$15s + 90s \text{ (OUC Alarm Handling)} + 60s + 480s \text{ (FEMS Response)} = 645s \text{ (10 min 45 sec)}$$

Total Response Time (Using Maximum Time Goal Values for OUC and FEMS)

$$40s + 120s \text{ (OUC Alarm Handling)} + 60s + 480s \text{ (FEMS Response)} = 700s \text{ (11 min 40 sec)}$$

NFPA 1710 – Figure A.3.3.53.6 Cascade of Events Chart (Total Response Time)



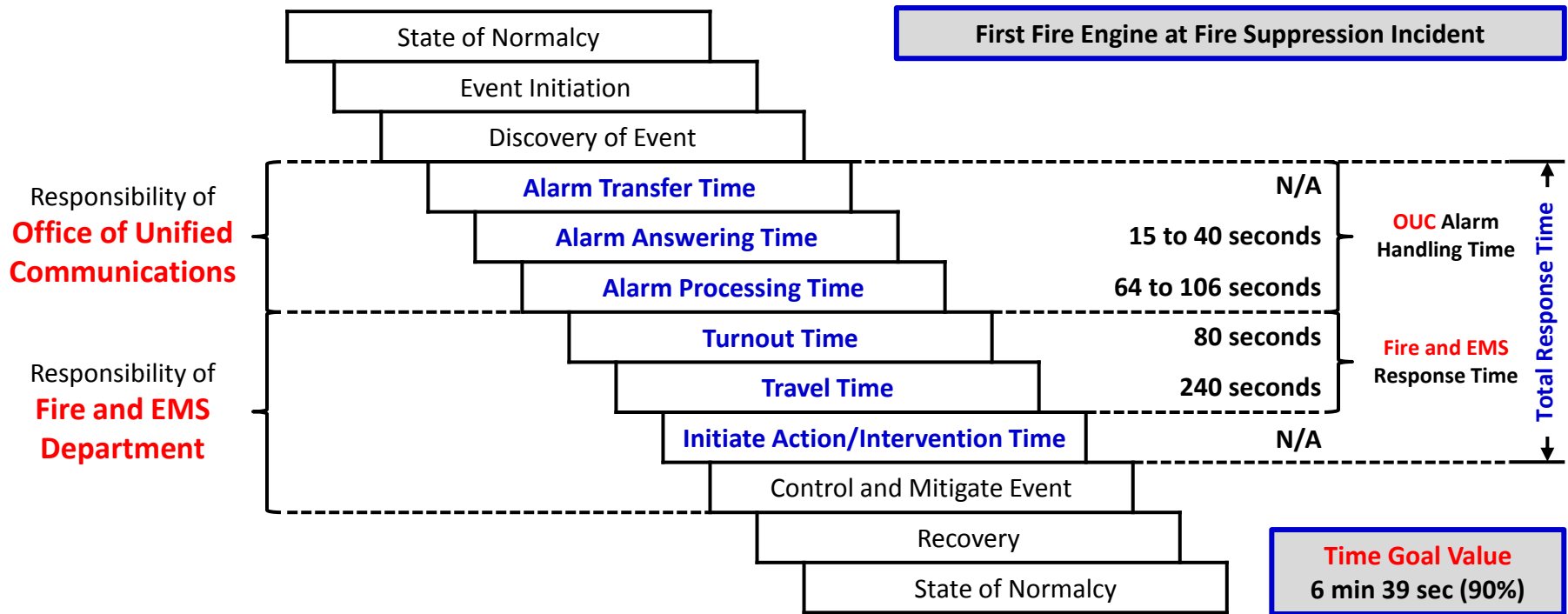
Total Response Time (Using Minimum Time Goal Values for OUC and FEMS)

$$15s + 90s \text{ (OUC Alarm Handling)} + 60s + 480s \text{ (FEMS Response)} = 645s \text{ (10 min 45 sec)}$$

Total Response Time (Using Maximum Time Goal Values for OUC and FEMS)

$$40s + 120s \text{ (OUC Alarm Handling)} + 60s + 480s \text{ (FEMS Response)} = 700s \text{ (11 min 40 sec)}$$

NFPA 1710 – Figure A.3.3.53.6 Cascade of Events Chart (Total Response Time)



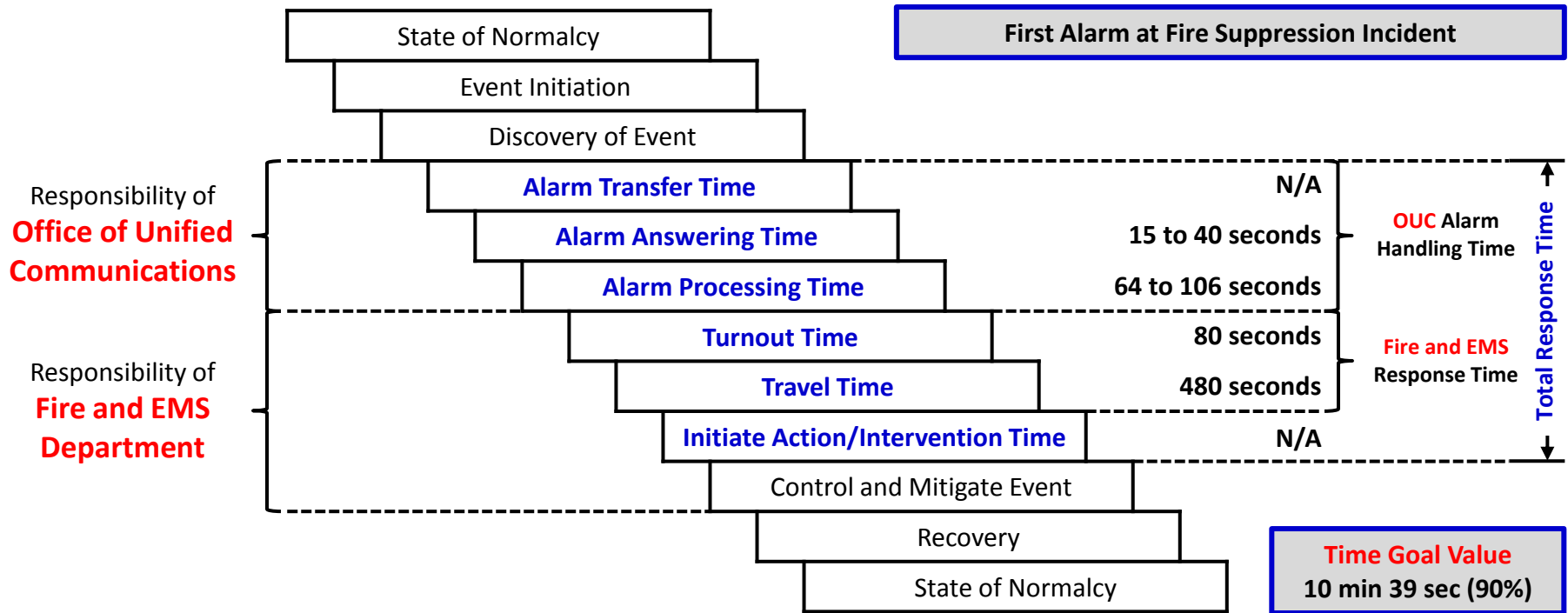
Total Response Time (Using Minimum Time Goal Values for OUC and FEMS)

$$15s + 64s \text{ (OUC Alarm Handling)} + 80s + 240s \text{ (FEMS Response)} = 399s \text{ (6 min 39 sec)}$$

Total Response Time (Using Maximum Time Goal Values for OUC and FEMS)

$$40s + 106s \text{ (OUC Alarm Handling)} + 80s + 240s \text{ (FEMS Response)} = 466s \text{ (7 min 46 sec)}$$

NFPA 1710 – Figure A.3.3.53.6 Cascade of Events Chart (Total Response Time)



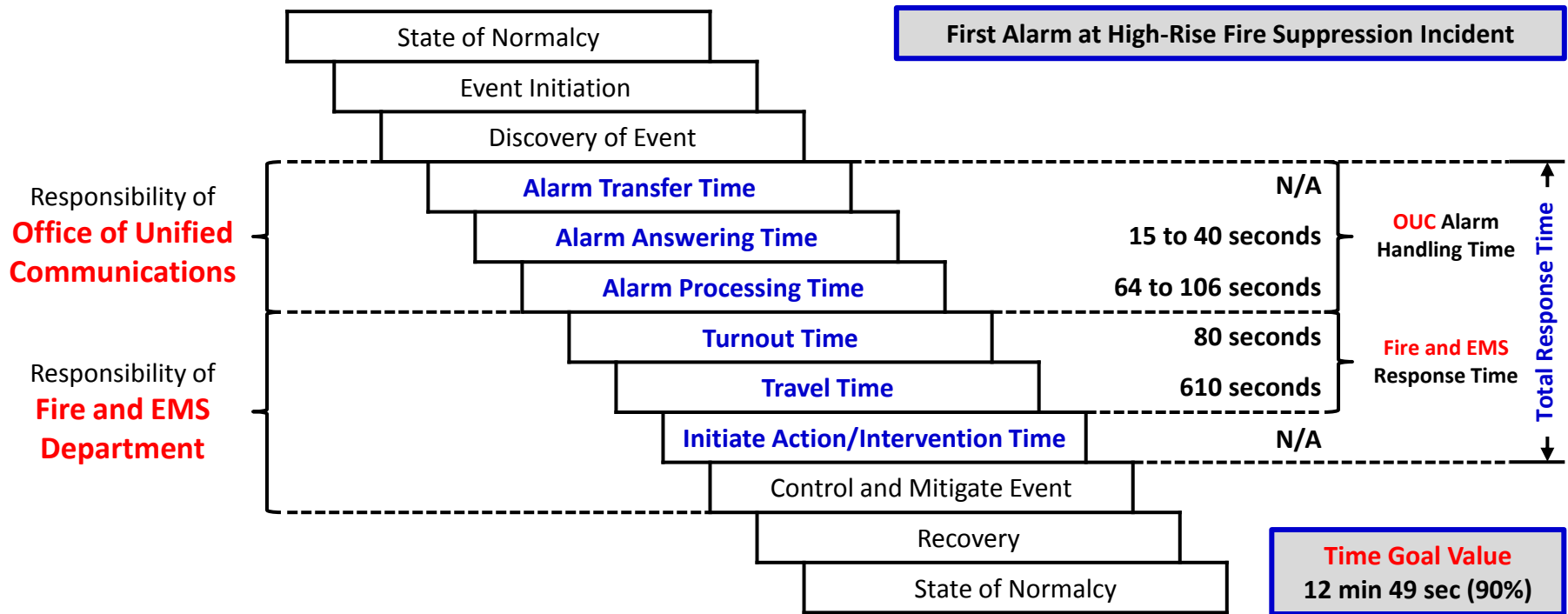
Total Response Time (Using Minimum Time Goal Values for OUC and FEMS)

$$15s + 64s \text{ (OUC Alarm Handling)} + 80s + 480s \text{ (FEMS Response)} = 639s \text{ (10 min 39 sec)}$$

Total Response Time (Using Maximum Time Goal Values for OUC and FEMS)

$$40s + 106s \text{ (OUC Alarm Handling)} + 80s + 480s \text{ (FEMS Response)} = 706s \text{ (11 min 46 sec)}$$

NFPA 1710 – Figure A.3.3.53.6 Cascade of Events Chart (Total Response Time)



Total Response Time (Using Minimum Time Goal Values for OUC and FEMS)

$$15s + 64s \text{ (OUC Alarm Handling)} + 80s + 610s \text{ (FEMS Response)} = 769s \text{ (12 min 49 sec)}$$

Total Response Time (Using Maximum Time Goal Values for OUC and FEMS)

$$40s + 106s \text{ (OUC Alarm Handling)} + 80s + 610s \text{ (FEMS Response)} = 836s \text{ (13 min 56 sec)}$$



- Because of complexities associated with NFPA Standard 1710 benchmark time goal comparisons by 9-1-1 call type, incident groups and classifications, some **“exceptions”** are required for **assuring data reporting and analytics accuracy**. Such “exceptions” are described below.
- “Incomplete time value data exception.” This “exception” occurs **when a time value used as part of a benchmark time goal comparison calculation is missing**. To calculate a FEMS emergency vehicle “Response Time,” **the time when a vehicle arrived at an incident location must be present in the CAD data record**. If this time value is missing, a vehicle “Response Time” **cannot be calculated**. This becomes especially problematic when many FEMS emergency vehicles respond to the same dispatched incident. If any single vehicle’s incident arrival time is missing, the comparative measure calculation for all vehicles cannot be completed. As such, **incidents with “incomplete time value data” are excluded from benchmark time goal comparisons**.



- “Incomplete incident data exception.” This “exception” occurs **when expected time values used as part of a benchmark time goal comparison calculation are missing because a FEMS emergency vehicle stopped responding to an incident.** To calculate a FEMS emergency vehicle “Response Time,” **the time when a vehicle arrived at an incident location must be present in the CAD data record.** If this time value is missing because the vehicle stopped responding to the incident, a “Response Time” **cannot be calculated unless another vehicle was substituted.** Substitutions might not occur if a determination was made by a previously arriving vehicle that other vehicles were not needed. This becomes especially problematic when many FEMS emergency vehicles respond to the same dispatched incident. If any single vehicle stopped responding to the incident, and another vehicle was **not** substituted, the comparative measure calculation for all vehicles cannot be completed. As such, **incidents with “incomplete incident data” are excluded from benchmark time goal comparisons.**



- “Canceled incident exception.” This “exception” occurs **when expected time values used as part of a benchmark time goal comparison calculation are missing because all FEMS emergency vehicles stopped responding to an incident.** In these cases, FEMS emergency vehicles were directed to stop responding to an incident by the OUC, another first responding agency or another authority. Because FEMS emergency vehicles did not arrive at the incident, a “Response Time” **cannot be calculated.** As such, **“canceled incidents” are excluded from benchmark time goal comparisons.**
- “Foreign unit exception.” This “exception” occurs **when expected time values used as part of a benchmark time goal comparison calculation are missing because they were not successfully reported to the OUC by a non-FEMS or “foreign unit.”** In these cases, a “Response Time” **cannot be calculated for a “foreign unit.”** As such, incidents involving **“foreign units” may be excluded from benchmark time goal comparisons.**



- “Outlier time value exception.” This “exception” occurs **when a time value used as part of a benchmark time goal comparison calculation may have been inaccurately recorded.** To calculate a FEMS emergency vehicle’s “Response Time,” the time when the vehicle arrived at an incident location must be accurately recorded in the CAD data record. If this time value **results in a vehicle “Travel Time” duration exceeding 1,800 seconds (30 minutes),** there is high likelihood the time value was inaccurately recorded. As such, **incidents with “outlier time values” may be excluded from benchmark time goal comparisons.**
- Incidents excluded from benchmark time goal comparisons by reasons for “exception,” updated monthly, will be published to the Department website beginning in November, 2015.

DISTRICT OF COLUMBIA

Fire and Emergency Medical Services Department



Office of the Fire and EMS Chief

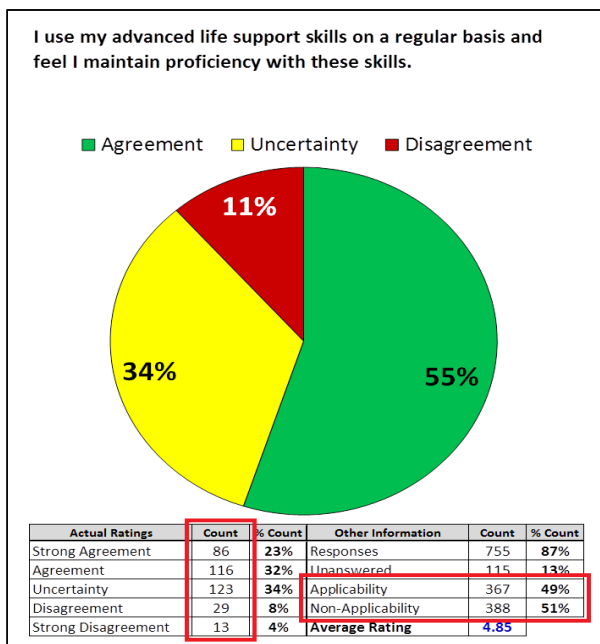
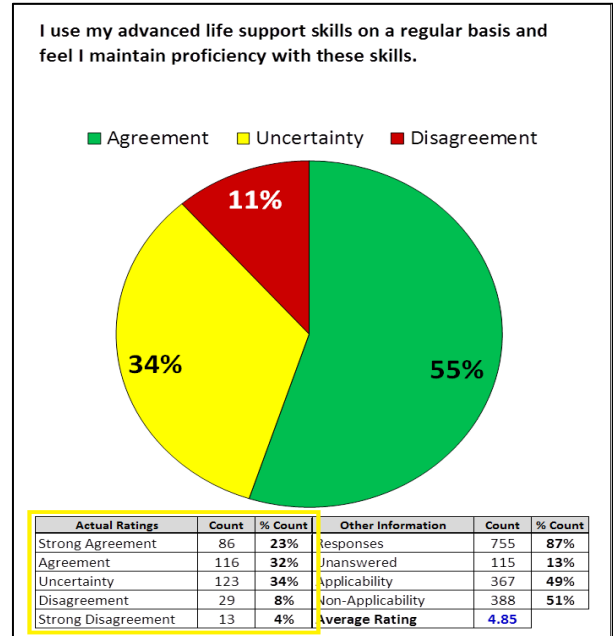
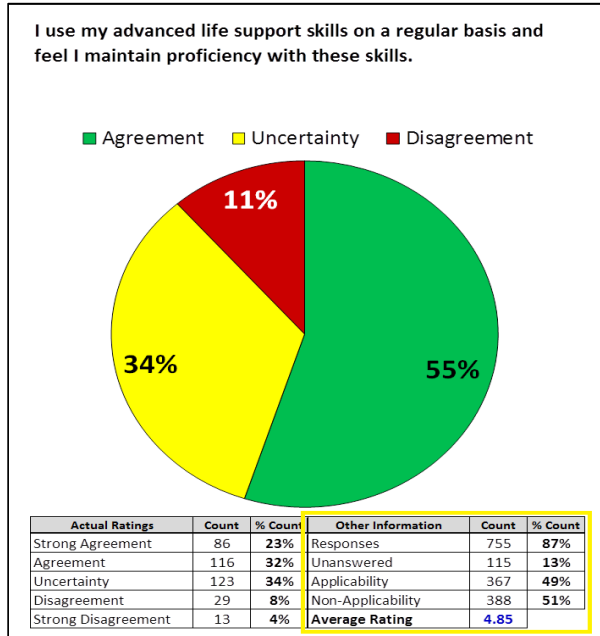
**2015 Employee Survey
General Results**

2015 EMPLOYEE SURVEY RESULTS

On behalf of Gregory M. Dean, Chief of the District of Columbia Fire and Emergency Medical Services Department (DCFEMS), thank you for participating in the 2015 Employee Survey. **This survey represents the first step in our Department's effort to evaluate and improve employee job satisfaction.**

The survey was completed using Survey Monkey, an Internet based subscription survey platform. The survey was conducted from October 1, 2015 through October 31, 2015. Participation was requested by individual e-mail to each Department employee. 1,959 survey participation e-mail requests were sent. Of these, 1,139 (or 58.1%) were opened and 810 (or 41.3%) were unopened. **In all, 870 responses to the survey were received (or 44.4% of requested participants)**, including 728 (or 83.7%) completed responses and 142 (or 16.3%) partial responses.

The majority of survey questions addressed management, working conditions, quality of service, training, employee engagement and EMS quality. Most questions used a five point Likert scale ("Strongly Disagree" to "Strongly Agree") response, with a "Not Applicable to Me" option. Open-ended comment response options were included for each major category. Other open-ended questions were also asked. Demographic and sorting questions were included to characterize the participants. Sorting questions targeted EMS certification levels and Department work assignments.



Questions from each major survey section are included in this report. Below each question is a simplified chart showing "Agreement," "Uncertainty" or "Disagreement" in response. "Strongly Agree" and "Agree" were combined for "Agreement." "Strongly Disagree" and "Disagree" were combined for "Disagreement." Individual responses and percentages are shown on the left side of each table (above, and highlighted in yellow) below each chart.

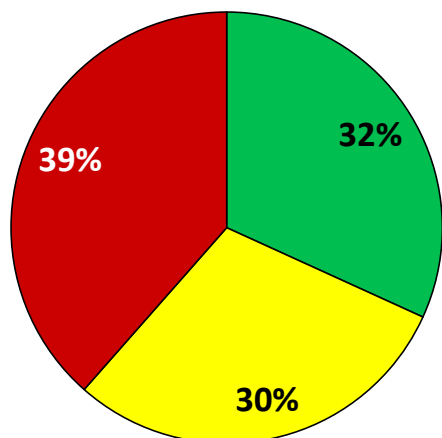
Response counts and applicability are shown on the right side of each table (also highlighted in yellow) below each chart. "Responses" indicate the number and percentage of complete answers. "Unanswered" shows the number and percentage of incomplete answers. "Applicability" shows the number and percentage of answers rated "Strongly Disagree" to "Strongly Agree." "Non-Applicability" shows the number and percentage of responses indicating "Not Applicable to Me" (highlighted in red).

For the example question shown, 755 responses included complete answers. Of these answers, 367 (or 49%) indicated "Applicability." Of these 367 applicable responses, 202 (or 55%) indicated "Agreement," 123 (or 34%) indicated "Uncertainty" and 42 (or 11%) indicated "Disagreement" (as shown by the chart).

District of Columbia Fire and EMS Department 2015 Employee Survey: **Management**

DC Fire/EMS respects and values me as an employee and a professional.

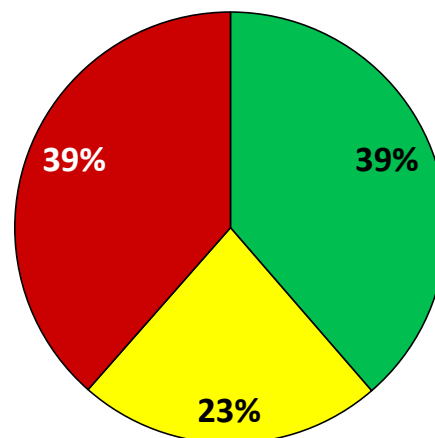
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	57	7%	Responses	811	93%
Agreement	199	25%	Unanswered	59	7%
Uncertainty	239	30%	Applicability	805	99%
Disagreement	161	20%	Non-Applicability	6	1%
Strong Disagreement	149	19%	Average Rating	2.82	

DC Fire/EMS communicates information to me frequently and effectively.

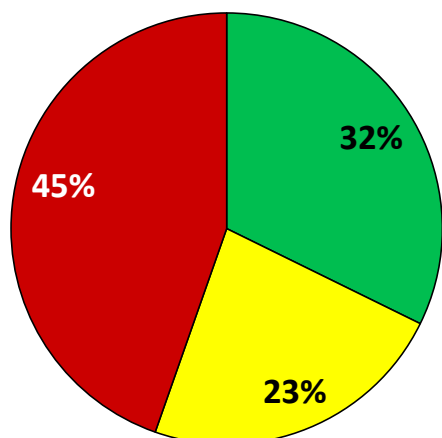
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	69	9%	Responses	807	93%
Agreement	239	30%	Unanswered	63	7%
Uncertainty	182	23%	Applicability	797	99%
Disagreement	173	22%	Non-Applicability	10	1%
Strong Disagreement	134	17%	Average Rating	2.92	

DC Fire/EMS provides me with regular and helpful feedback on my job performance.

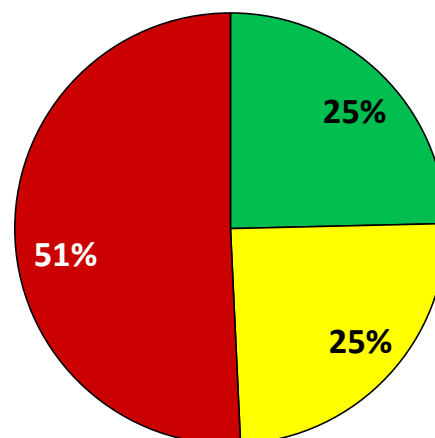
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	57	7%	Responses	816	94%
Agreement	204	25%	Unanswered	54	6%
Uncertainty	187	23%	Applicability	809	99%
Disagreement	225	28%	Non-Applicability	7	1%
Strong Disagreement	136	17%	Average Rating	2.78	

DC Fire/EMS deals with employees in a consistently fair manner.

■ Agreement ■ Uncertainty ■ Disagreement

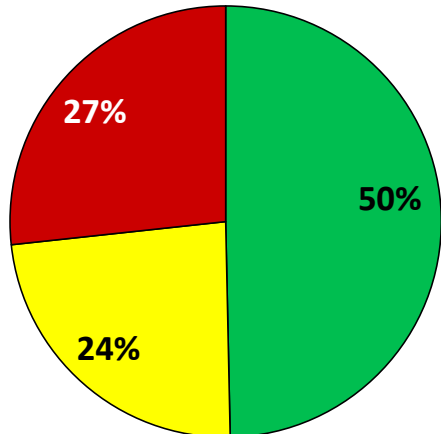


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	37	5%	Responses	812	93%
Agreement	161	20%	Unanswered	58	7%
Uncertainty	198	25%	Applicability	804	99%
Disagreement	204	25%	Non-Applicability	8	1%
Strong Disagreement	204	25%	Average Rating	2.53	

District of Columbia Fire and EMS Department 2015 Employee Survey: **Management**

My immediate supervisor provides me with adequate support and oversight in the performance of EMS.

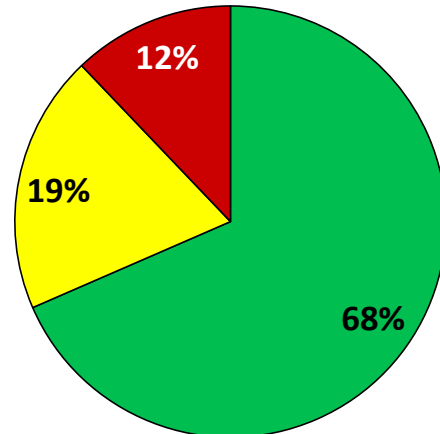
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	120	16%	Responses	813	93%
Agreement	250	34%	Unanswered	57	7%
Uncertainty	176	24%	Applicability	745	92%
Disagreement	114	15%	Non-Applicability	68	8%
Strong Disagreement	85	11%	Average Rating	3.28	

My immediate supervisor provides me with adequate support and oversight in the performance of fire suppression.

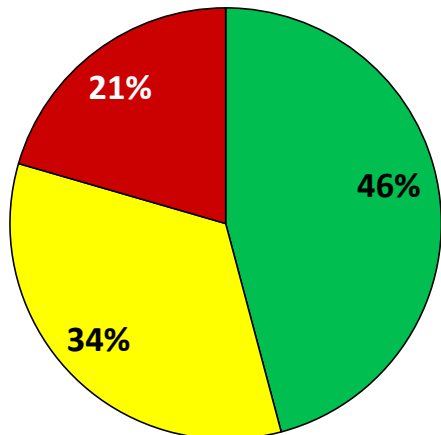
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	200	29%	Responses	817	94%
Agreement	280	40%	Unanswered	53	6%
Uncertainty	136	19%	Applicability	701	86%
Disagreement	43	6%	Non-Applicability	116	14%
Strong Disagreement	42	6%	Average Rating	3.79	

My immediate supervisor provides me with adequate support and oversight in the performance of special operations.

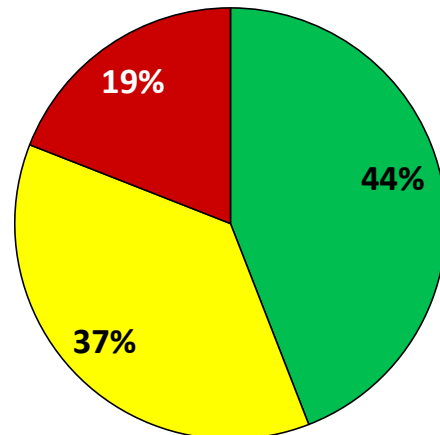
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	128	19%	Responses	813	93%
Agreement	176	27%	Unanswered	57	7%
Uncertainty	223	34%	Applicability	663	82%
Disagreement	72	11%	Non-Applicability	150	18%
Strong Disagreement	64	10%	Average Rating	3.35	

My immediate supervisor provides me with adequate support and oversight in the performance of fire prevention.

■ Agreement ■ Uncertainty ■ Disagreement

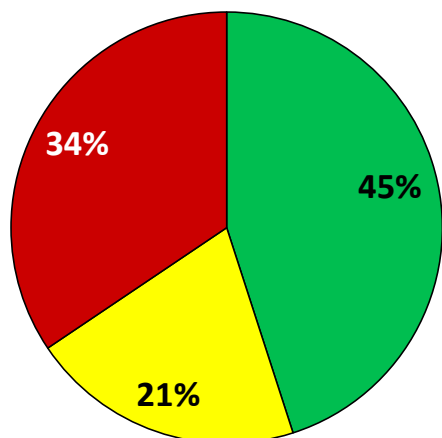


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	98	15%	Responses	812	93%
Agreement	189	29%	Unanswered	58	7%
Uncertainty	240	37%	Applicability	651	80%
Disagreement	74	11%	Non-Applicability	161	20%
Strong Disagreement	50	8%	Average Rating	3.32	

District of Columbia Fire and EMS Department 2015 Employee Survey: **Management**

The department leadership is making a significant commitment of time and resources to improve the delivery of pre-hospital emergency medical care.

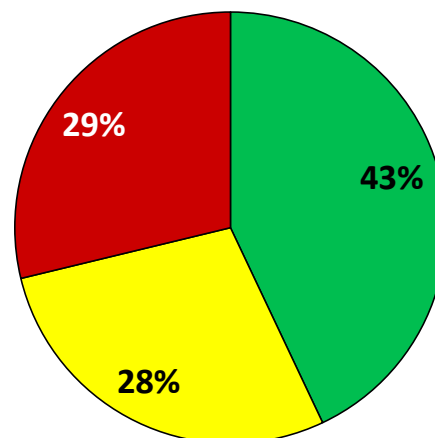
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	97	12%	Responses	815	94%
Agreement	260	33%	Unanswered	55	6%
Uncertainty	163	21%	Applicability	793	97%
Disagreement	160	20%	Non-Applicability	22	3%
Strong Disagreement	113	14%	Average Rating	3.09	

The department leadership is making a significant commitment of time and resources to improve the delivery of fire suppression.

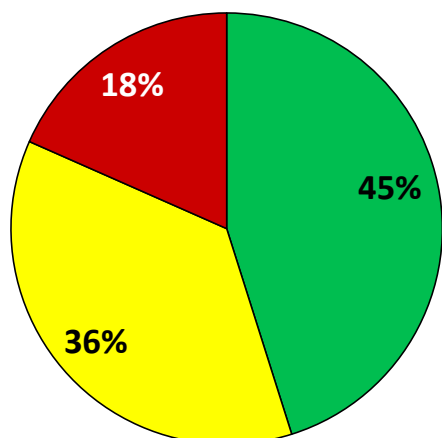
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	93	12%	Responses	816	94%
Agreement	231	31%	Unanswered	54	6%
Uncertainty	213	28%	Applicability	754	92%
Disagreement	151	20%	Non-Applicability	62	8%
Strong Disagreement	66	9%	Average Rating	3.18	

The department leadership is making a significant commitment of time and resources to improve the delivery of special operations.

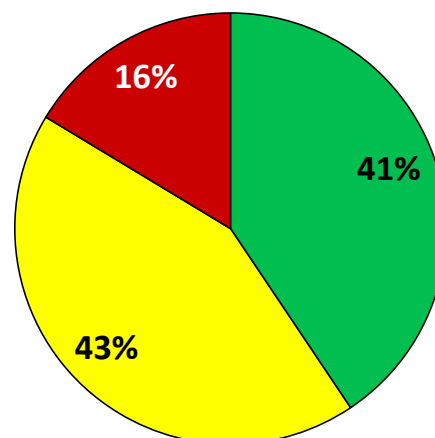
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	97	14%	Responses	815	94%
Agreement	222	31%	Unanswered	55	6%
Uncertainty	258	36%	Applicability	707	87%
Disagreement	81	11%	Non-Applicability	108	13%
Strong Disagreement	49	7%	Average Rating	3.34	

The department leadership is making a significant commitment of time and resources to improve the delivery of fire prevention.

■ Agreement ■ Uncertainty ■ Disagreement

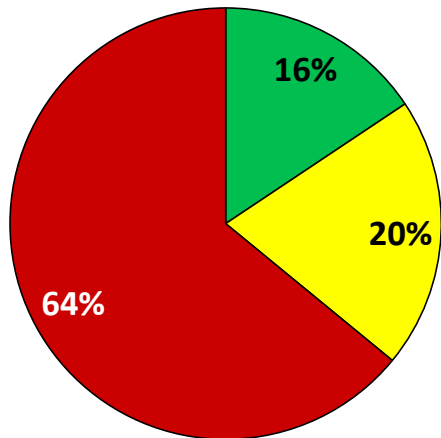


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	71	10%	Responses	817	94%
Agreement	212	30%	Unanswered	53	6%
Uncertainty	300	43%	Applicability	697	85%
Disagreement	79	11%	Non-Applicability	120	15%
Strong Disagreement	35	5%	Average Rating	3.29	

District of Columbia Fire and EMS Department 2015 Employee Survey: **Management**

DC Fire/EMS has an effective program to educate the public on EMS initiatives.

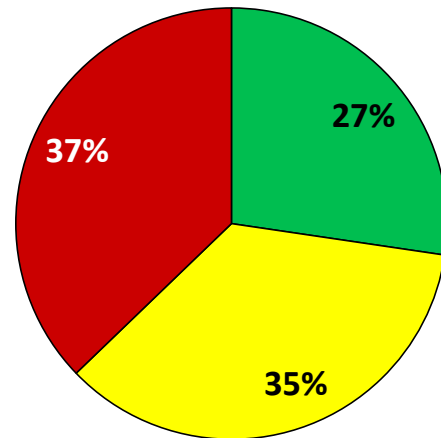
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	36	5%	Responses	814	94%
Agreement	88	11%	Unanswered	56	6%
Uncertainty	161	20%	Applicability	793	97%
Disagreement	171	22%	Non-Applicability	21	3%
Strong Disagreement	337	42%	Average Rating	2.14	

DC Fire/EMS has an effective program to educate the public on fire suppression.

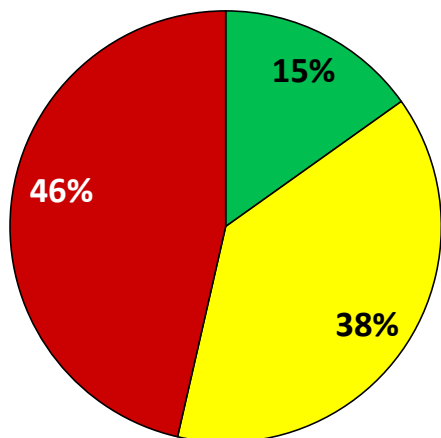
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	50	7%	Responses	812	93%
Agreement	155	21%	Unanswered	58	7%
Uncertainty	266	35%	Applicability	750	92%
Disagreement	147	20%	Non-Applicability	62	8%
Strong Disagreement	132	18%	Average Rating	2.79	

DC Fire/EMS has an effective program to educate the public on special operations.

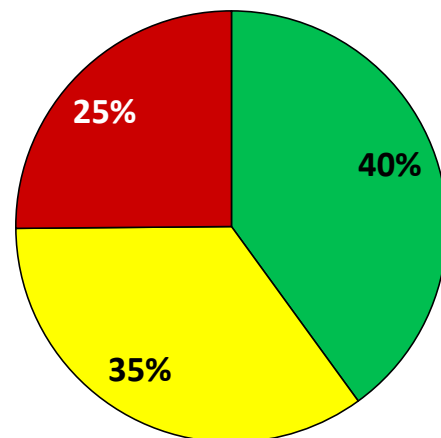
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	32	4%	Responses	809	93%
Agreement	78	11%	Unanswered	61	7%
Uncertainty	279	38%	Applicability	726	90%
Disagreement	169	23%	Non-Applicability	83	10%
Strong Disagreement	168	23%	Average Rating	2.50	

DC Fire/EMS has an effective program to educate the public on fire prevention.

■ Agreement ■ Uncertainty ■ Disagreement

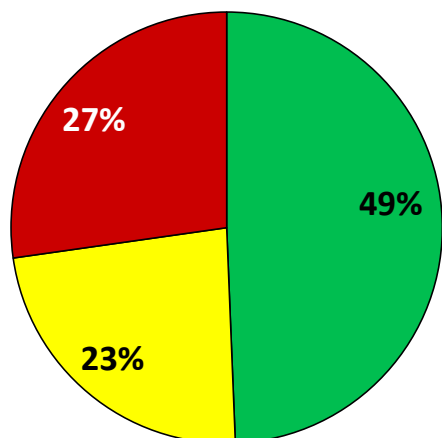


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	75	10%	Responses	810	93%
Agreement	221	30%	Unanswered	60	7%
Uncertainty	258	35%	Applicability	740	91%
Disagreement	95	13%	Non-Applicability	70	9%
Strong Disagreement	91	12%	Average Rating	3.13	

District of Columbia Fire and EMS Department 2015 Employee Survey: **Working Conditions**

I have the tools and equipment to do my job providing pre-hospital medical care.

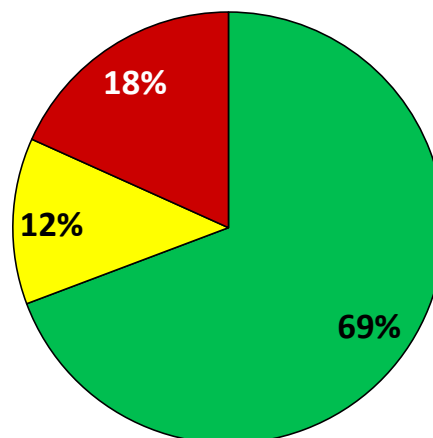
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	83	12%	Responses	781	90%
Agreement	263	38%	Unanswered	89	10%
Uncertainty	164	23%	Applicability	701	90%
Disagreement	130	19%	Non-Applicability	80	10%
Strong Disagreement	61	9%	Average Rating	3.25	

In the past 30 days, I experienced one or more instances where some of the EMS equipment or supplies I needed to do my job were unavailable or in disrepair.

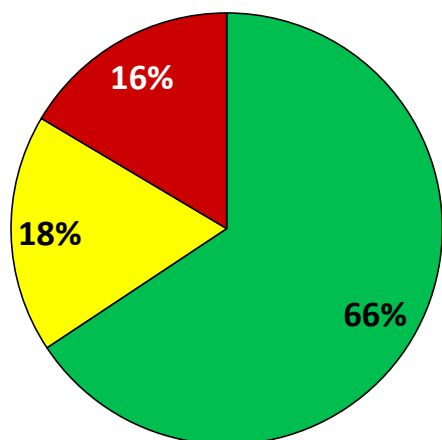
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	255	36%	Responses	788	91%
Agreement	234	33%	Unanswered	82	9%
Uncertainty	88	12%	Applicability	706	90%
Disagreement	102	14%	Non-Applicability	82	10%
Strong Disagreement	27	4%	Average Rating	3.83	

I have the tools and equipment to do my job providing fire suppression.

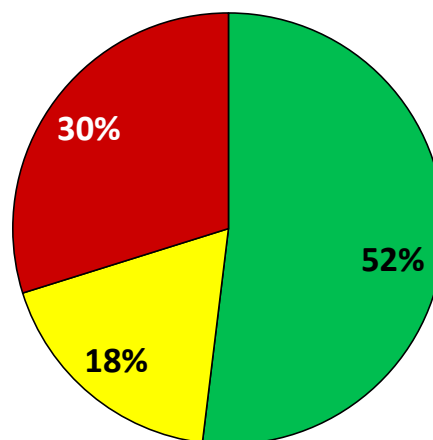
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	117	18%	Responses	778	89%
Agreement	306	48%	Unanswered	92	11%
Uncertainty	115	18%	Applicability	644	83%
Disagreement	71	11%	Non-Applicability	134	17%
Strong Disagreement	35	5%	Average Rating	3.62	

In the past 30 days, I experienced one or more instances where some of the fire suppression equipment or supplies I needed to do my job were unavailable or in disrepair.

■ Agreement ■ Uncertainty ■ Disagreement

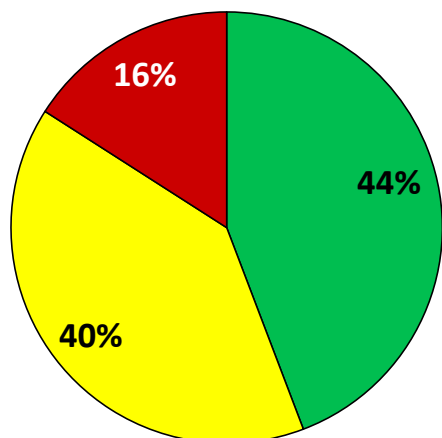


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	155	24%	Responses	785	90%
Agreement	181	28%	Unanswered	85	10%
Uncertainty	118	18%	Applicability	647	82%
Disagreement	158	24%	Non-Applicability	138	18%
Strong Disagreement	35	5%	Average Rating	3.41	

District of Columbia Fire and EMS Department 2015 Employee Survey: **Working Conditions**

I have the tools and equipment to do my job providing special operations.

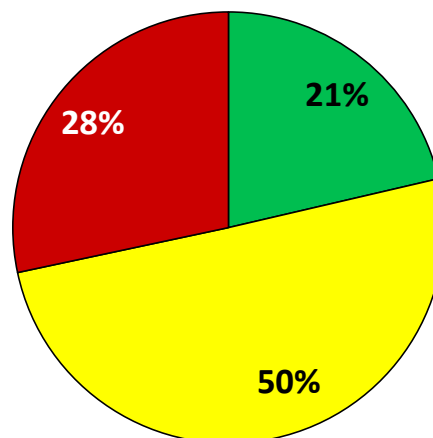
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	61	12%	Responses	779	90%
Agreement	172	33%	Unanswered	91	10%
Uncertainty	210	40%	Applicability	527	68%
Disagreement	54	10%	Non-Applicability	252	32%
Strong Disagreement	30	6%	Average Rating	3.34	

In the past 30 days, I experienced one or more instances where some of the special operations equipment or supplies I needed to do my job were unavailable or in disrepair.

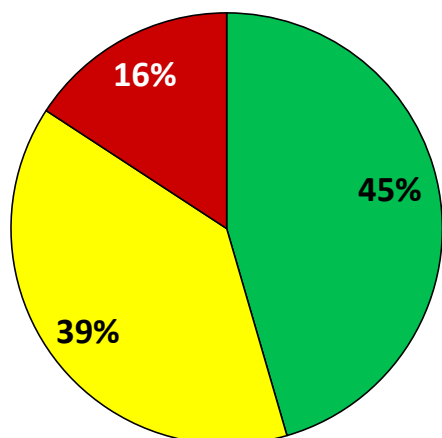
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	42	8%	Responses	783	90%
Agreement	65	13%	Unanswered	87	10%
Uncertainty	252	50%	Applicability	501	64%
Disagreement	106	21%	Non-Applicability	282	36%
Strong Disagreement	36	7%	Average Rating	2.94	

I have the tools and equipment to do my job providing fire prevention.

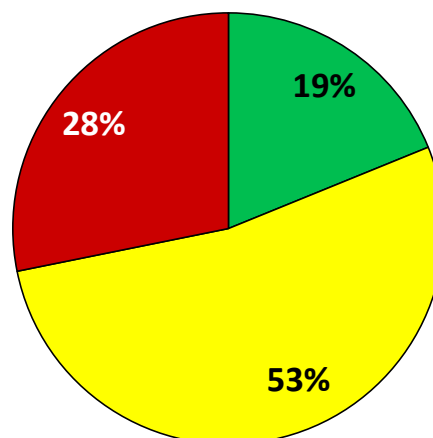
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	61	11%	Responses	776	89%
Agreement	181	34%	Unanswered	94	11%
Uncertainty	206	39%	Applicability	532	69%
Disagreement	56	11%	Non-Applicability	244	31%
Strong Disagreement	28	5%	Average Rating	3.36	

In the past 30 days, I experienced one or more instances where some of the fire prevention equipment or supplies I needed to do my job were unavailable or in disrepair.

■ Agreement ■ Uncertainty ■ Disagreement

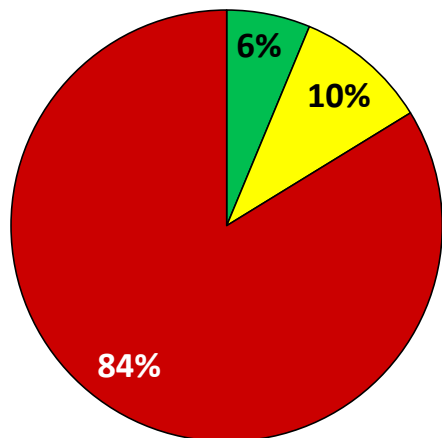


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	29	6%	Responses	787	90%
Agreement	66	13%	Unanswered	83	10%
Uncertainty	267	53%	Applicability	504	64%
Disagreement	108	21%	Non-Applicability	283	36%
Strong Disagreement	34	7%	Average Rating	2.90	

District of Columbia Fire and EMS Department 2015 Employee Survey: **Working Conditions**

My current work schedule interferes with my ability to provide high-quality EMS care.

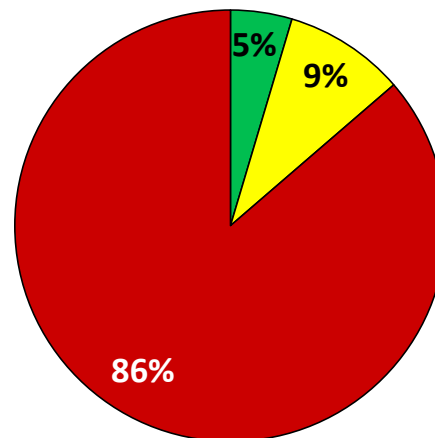
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	19	3%	Responses	781	90%
Agreement	25	4%	Unanswered	89	10%
Uncertainty	70	10%	Applicability	702	90%
Disagreement	137	20%	Non-Applicability	79	10%
Strong Disagreement	451	64%	Average Rating	1.61	

My current work schedule interferes with my ability to provide high-quality fire suppression.

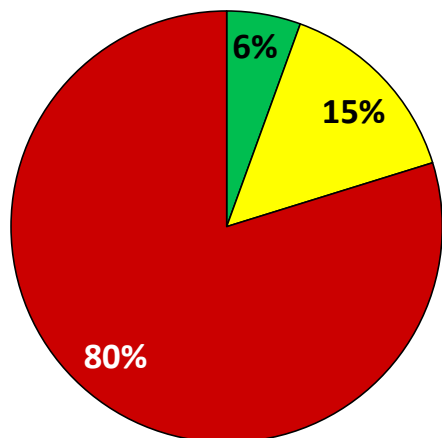
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	12	2%	Responses	782	90%
Agreement	18	3%	Unanswered	88	10%
Uncertainty	59	9%	Applicability	651	83%
Disagreement	112	17%	Non-Applicability	131	17%
Strong Disagreement	450	69%	Average Rating	1.51	

My current work schedule interferes with my ability to provide high-quality special operations.

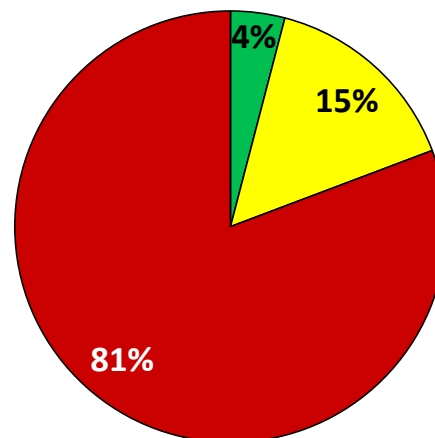
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	14	3%	Responses	780	90%
Agreement	17	3%	Unanswered	90	10%
Uncertainty	82	15%	Applicability	559	72%
Disagreement	93	17%	Non-Applicability	221	28%
Strong Disagreement	353	63%	Average Rating	1.65	

My current work schedule interferes with my ability to provide high-quality fire prevention.

■ Agreement ■ Uncertainty ■ Disagreement

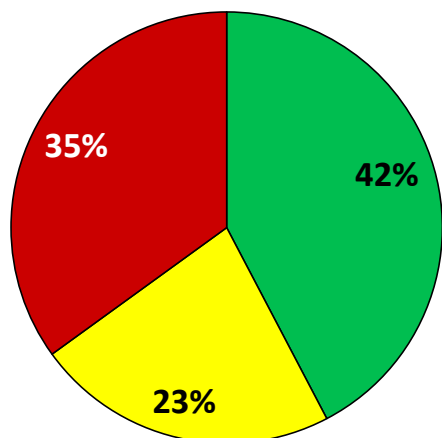


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	7	1%	Responses	781	90%
Agreement	16	3%	Unanswered	89	10%
Uncertainty	86	15%	Applicability	566	72%
Disagreement	90	16%	Non-Applicability	215	28%
Strong Disagreement	367	65%	Average Rating	1.60	

District of Columbia Fire and EMS Department 2015 Employee Survey: **Working Conditions**

If offered the opportunity, I would seek to specialize, or continue to specialize, in the delivery of EMS care.

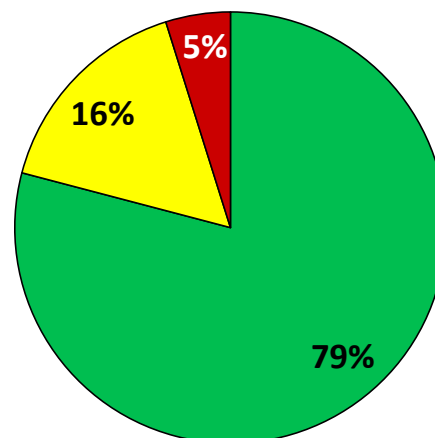
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	148	21%	Responses	777	89%
Agreement	152	21%	Unanswered	93	11%
Uncertainty	161	23%	Applicability	709	91%
Disagreement	119	17%	Non-Applicability	68	9%
Strong Disagreement	129	18%	Average Rating	3.10	

If offered the opportunity, I would seek to specialize, or continue to specialize, in the delivery of fire suppression.

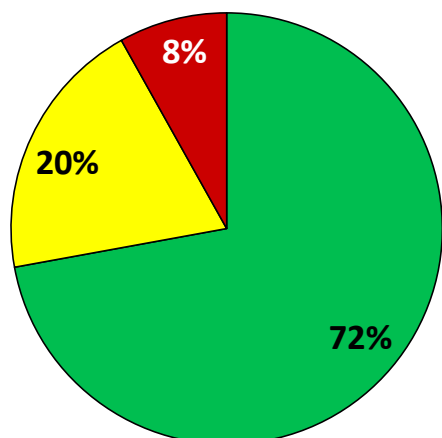
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	307	47%	Responses	782	90%
Agreement	215	33%	Unanswered	88	10%
Uncertainty	106	16%	Applicability	660	84%
Disagreement	21	3%	Non-Applicability	122	16%
Strong Disagreement	11	2%	Average Rating	4.19	

If offered the opportunity, I would seek to specialize, or continue to specialize, in the delivery of special operations.

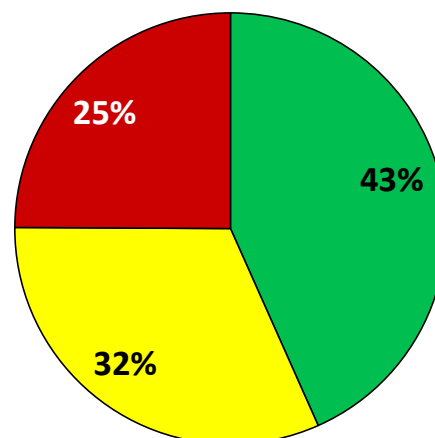
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	250	38%	Responses	786	90%
Agreement	221	34%	Unanswered	84	10%
Uncertainty	129	20%	Applicability	653	83%
Disagreement	32	5%	Non-Applicability	133	17%
Strong Disagreement	21	3%	Average Rating	3.99	

If offered the opportunity, I would seek to specialize, or continue to specialize, in the delivery of fire prevention.

■ Agreement ■ Uncertainty ■ Disagreement

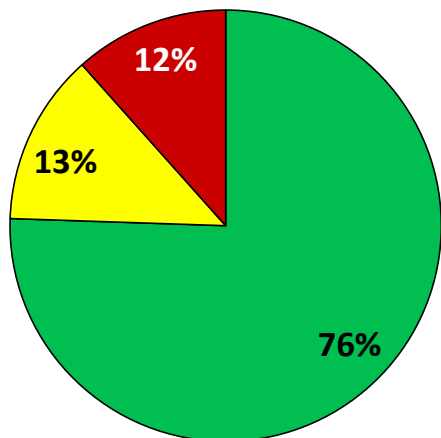


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	108	17%	Responses	785	90%
Agreement	165	26%	Unanswered	85	10%
Uncertainty	200	32%	Applicability	630	80%
Disagreement	82	13%	Non-Applicability	155	20%
Strong Disagreement	75	12%	Average Rating	3.24	

District of Columbia Fire and EMS Department 2015 Employee Survey: [Working Conditions](#)

I am satisfied with the team I am currently assigned to (i.e., Engine/Truck/Ambulance/Station).

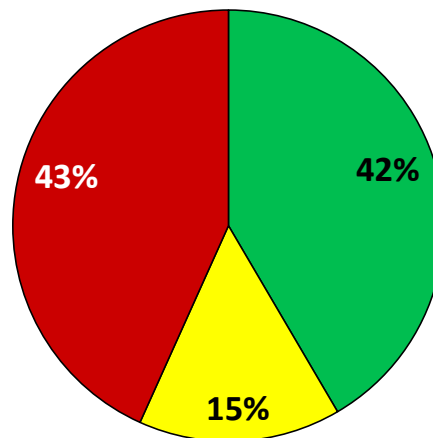
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	353	50%	Responses	783	90%
Agreement	181	26%	Unanswered	87	10%
Uncertainty	91	13%	Applicability	707	90%
Disagreement	38	5%	Non-Applicability	76	10%
Strong Disagreement	44	6%	Average Rating	4.08	

I am provided adequate opportunity to attend to my activities of daily living (i.e., eating, bathroom breaks, etc.).

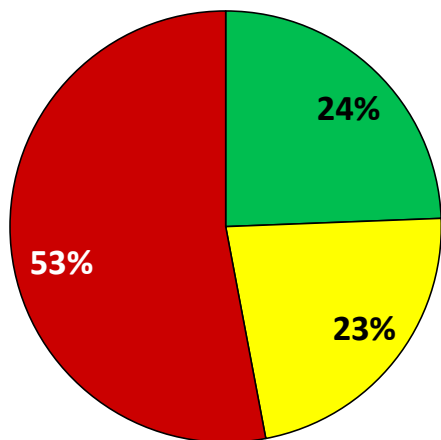
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	113	15%	Responses	784	90%
Agreement	202	27%	Unanswered	86	10%
Uncertainty	115	15%	Applicability	758	97%
Disagreement	129	17%	Non-Applicability	26	3%
Strong Disagreement	199	26%	Average Rating	2.87	

In the past 90 days, I have experienced (or witnessed another employee experience) unfair treatment from DC Fire/EMS that was due to personal factors (including but not limited to race, gender, age, sexual orientation).

■ Agreement ■ Uncertainty ■ Disagreement

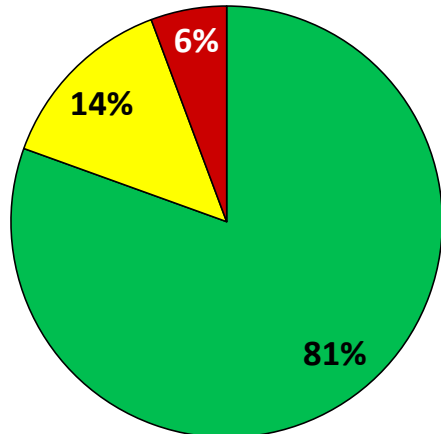


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	92	12%	Responses	784	90%
Agreement	88	12%	Unanswered	86	10%
Uncertainty	167	23%	Applicability	738	94%
Disagreement	162	22%	Non-Applicability	46	6%
Strong Disagreement	229	31%	Average Rating	2.53	

District of Columbia Fire and EMS Department 2015 Employee Survey: **Quality of Service**

I use my basic life support skills on a regular basis and feel I maintain proficiency with these skills.

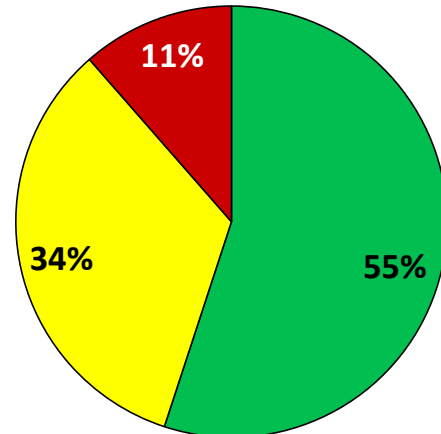
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	245	35%	Responses	759	87%
Agreement	321	46%	Unanswered	111	13%
Uncertainty	97	14%	Applicability	703	93%
Disagreement	26	4%	Non-Applicability	56	7%
Strong Disagreement	14	2%	Average Rating	4.08	

I use my advanced life support skills on a regular basis and feel I maintain proficiency with these skills.

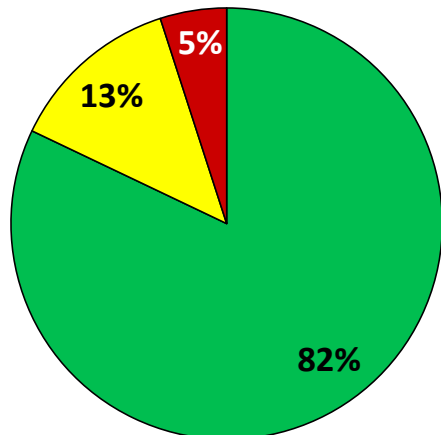
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	86	23%	Responses	755	87%
Agreement	116	32%	Unanswered	115	13%
Uncertainty	123	34%	Applicability	367	49%
Disagreement	29	8%	Non-Applicability	388	51%
Strong Disagreement	13	4%	Average Rating	3.63	

I have enough EMS patient interactions to keep my skills sharp.

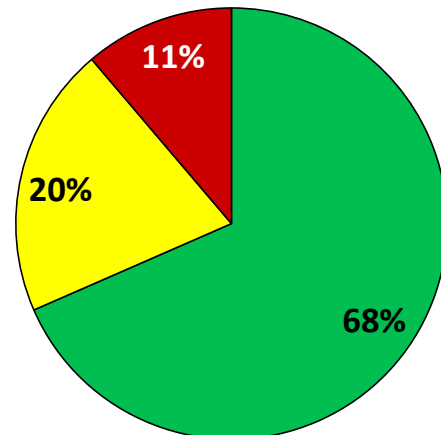
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	266	38%	Responses	758	87%
Agreement	311	44%	Unanswered	112	13%
Uncertainty	91	13%	Applicability	703	93%
Disagreement	20	3%	Non-Applicability	55	7%
Strong Disagreement	15	2%	Average Rating	4.13	

The medical protocols in use at DC Fire/EMS provide clear and appropriate guidance on the delivery of pre-hospital medical care.

■ Agreement ■ Uncertainty ■ Disagreement

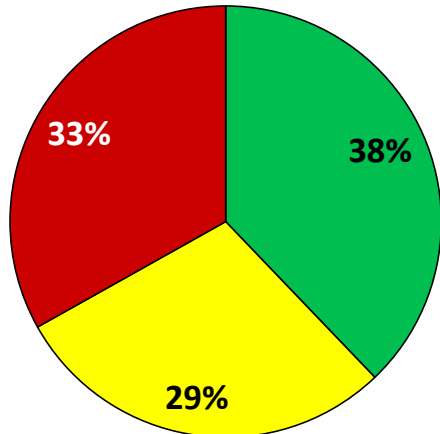


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	132	19%	Responses	757	87%
Agreement	356	50%	Unanswered	113	13%
Uncertainty	145	20%	Applicability	713	94%
Disagreement	64	9%	Non-Applicability	44	6%
Strong Disagreement	16	2%	Average Rating	3.73	

District of Columbia Fire and EMS Department 2015 Employee Survey: **Quality of Service**

The electronic patient care reporting system helps me do my job better.

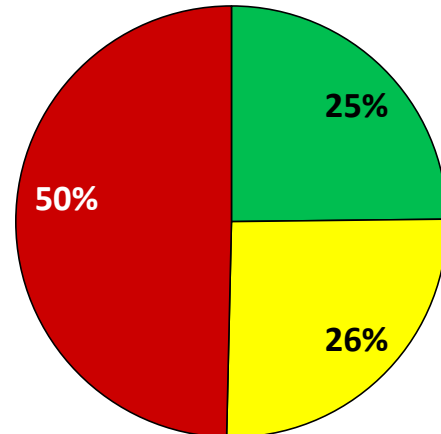
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	58	9%	Responses	757	87%
Agreement	191	29%	Unanswered	113	13%
Uncertainty	191	29%	Applicability	658	87%
Disagreement	113	17%	Non-Applicability	99	13%
Strong Disagreement	105	16%	Average Rating	2.98	

The GETAC tablets help me do my job better.

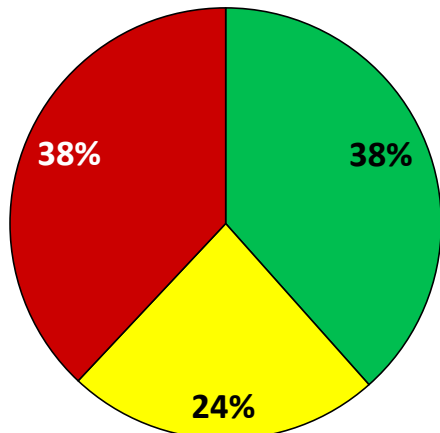
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	32	5%	Responses	756	87%
Agreement	140	20%	Unanswered	114	13%
Uncertainty	177	26%	Applicability	693	92%
Disagreement	137	20%	Non-Applicability	63	8%
Strong Disagreement	207	30%	Average Rating	2.50	

DC Fire/EMS field supervision contributes significantly to improving the quality of pre-hospital care.

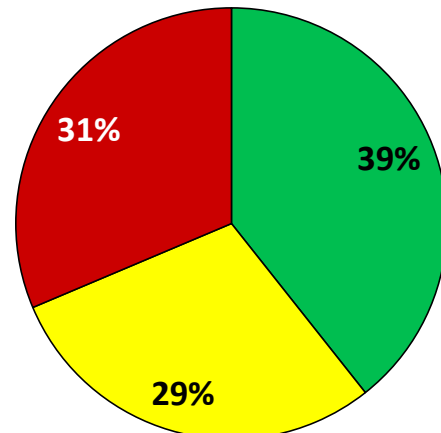
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	70	10%	Responses	754	87%
Agreement	204	29%	Unanswered	116	13%
Uncertainty	168	24%	Applicability	713	95%
Disagreement	150	21%	Non-Applicability	41	5%
Strong Disagreement	121	17%	Average Rating	2.93	

DC Fire/EMS is taking the right steps to improve the quality of EMS care.

■ Agreement ■ Uncertainty ■ Disagreement

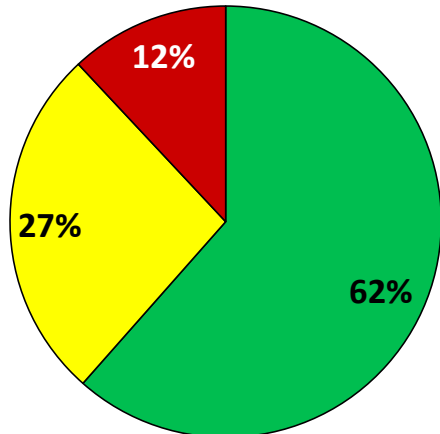


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	61	8%	Responses	758	87%
Agreement	225	31%	Unanswered	112	13%
Uncertainty	213	29%	Applicability	727	96%
Disagreement	131	18%	Non-Applicability	31	4%
Strong Disagreement	97	13%	Average Rating	3.03	

District of Columbia Fire and EMS Department 2015 Employee Survey: **Quality of Service**

DC Fire/EMS field supervision contributes significantly to improving the quality of fire suppression.

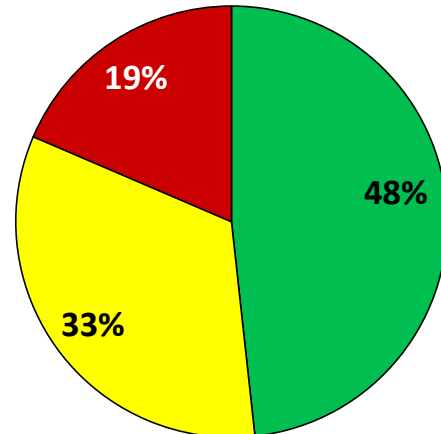
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	129	20%	Responses	757	87%
Agreement	277	42%	Unanswered	113	13%
Uncertainty	175	27%	Applicability	660	87%
Disagreement	57	9%	Non-Applicability	97	13%
Strong Disagreement	22	3%	Average Rating	3.66	

DC Fire/EMS is taking the right steps to improve the quality of fire suppression.

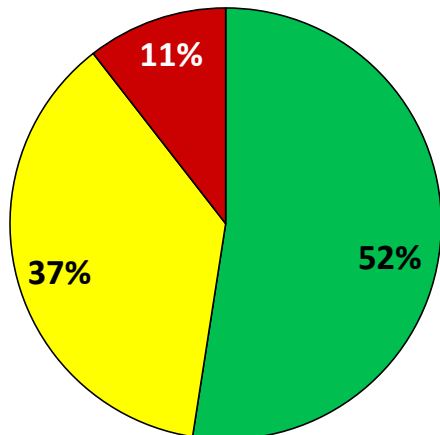
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	87	13%	Responses	757	87%
Agreement	233	35%	Unanswered	113	13%
Uncertainty	220	33%	Applicability	663	88%
Disagreement	96	14%	Non-Applicability	94	12%
Strong Disagreement	27	4%	Average Rating	3.39	

DC Fire/EMS field supervision contributes significantly to improving the quality of special operations.

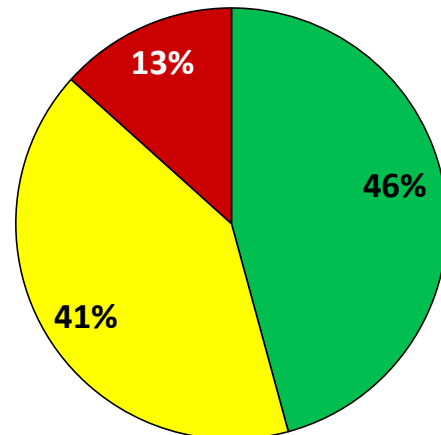
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	87	15%	Responses	758	87%
Agreement	212	37%	Unanswered	112	13%
Uncertainty	211	37%	Applicability	570	75%
Disagreement	41	7%	Non-Applicability	188	25%
Strong Disagreement	19	3%	Average Rating	3.54	

DC Fire/EMS is taking the right steps to improve the quality of special operations.

■ Agreement ■ Uncertainty ■ Disagreement

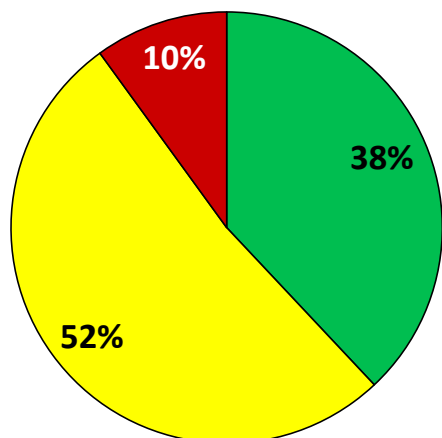


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	64	11%	Responses	758	87%
Agreement	200	35%	Unanswered	112	13%
Uncertainty	236	41%	Applicability	577	76%
Disagreement	49	8%	Non-Applicability	181	24%
Strong Disagreement	28	5%	Average Rating	3.39	

District of Columbia Fire and EMS Department 2015 Employee Survey: **Quality of Service**

DC Fire/EMS field supervision contributes significantly to improving the quality of fire prevention.

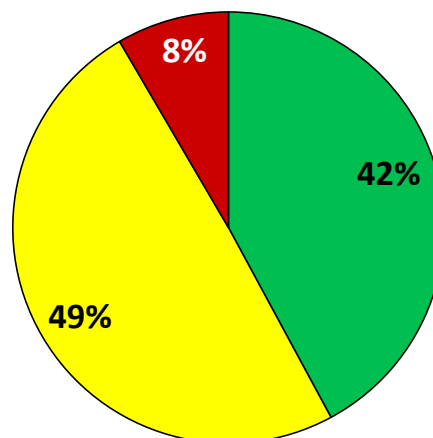
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	55	10%	Responses	758	87%
Agreement	154	28%	Unanswered	112	13%
Uncertainty	286	52%	Applicability	550	73%
Disagreement	35	6%	Non-Applicability	208	27%
Strong Disagreement	20	4%	Average Rating		3.34

DC Fire/EMS is taking the right steps to improve the quality of fire prevention.

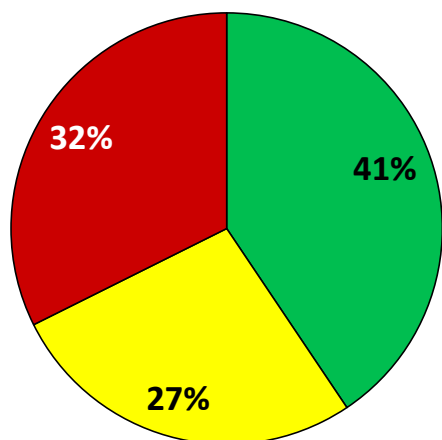
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	61	11%	Responses	756	87%
Agreement	174	31%	Unanswered	114	13%
Uncertainty	276	49%	Applicability	558	74%
Disagreement	31	6%	Non-Applicability	198	26%
Strong Disagreement	16	3%	Average Rating		3.42

I understand how DC Fire/EMS defines and measures the quality of its EMS delivery, fire suppression, fire prevention and special operations.

■ Agreement ■ Uncertainty ■ Disagreement

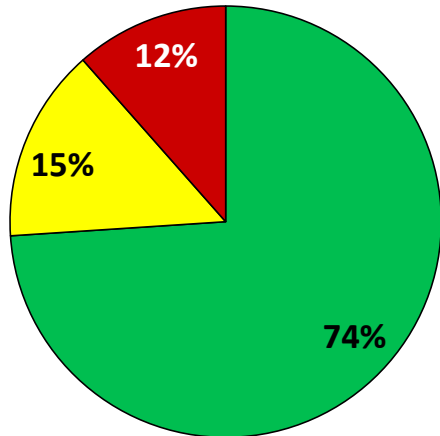


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	67	9%	Responses	758	87%
Agreement	224	31%	Unanswered	112	13%
Uncertainty	194	27%	Applicability	717	95%
Disagreement	133	19%	Non-Applicability	41	5%
Strong Disagreement	99	14%	Average Rating		3.04

District of Columbia Fire and EMS Department 2015 Employee Survey: **Training**

I have the training I need to do a good job providing EMS care.

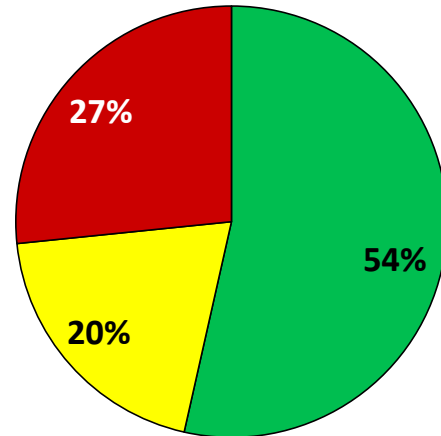
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	148	21%	Responses	737	85%
Agreement	366	53%	Unanswered	133	15%
Uncertainty	101	15%	Applicability	695	94%
Disagreement	51	7%	Non-Applicability	42	6%
Strong Disagreement	29	4%	Average Rating	3.80	

I am satisfied with the EMS training I have received from the department.

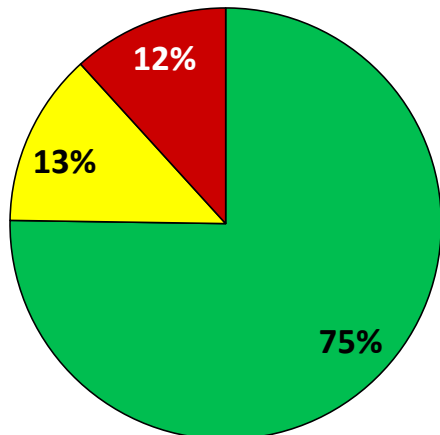
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	96	14%	Responses	737	85%
Agreement	276	40%	Unanswered	133	15%
Uncertainty	138	20%	Applicability	695	94%
Disagreement	104	15%	Non-Applicability	42	6%
Strong Disagreement	81	12%	Average Rating	3.29	

I have the training I need to do a good job providing fire suppression.

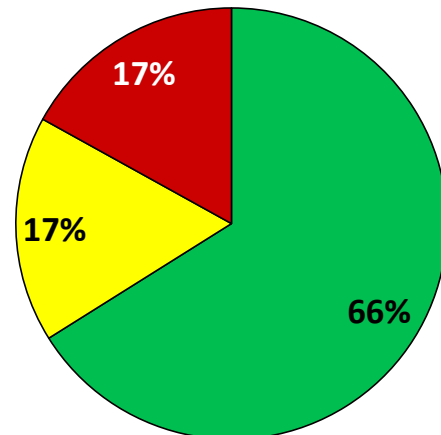
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	177	28%	Responses	738	85%
Agreement	297	47%	Unanswered	132	15%
Uncertainty	82	13%	Applicability	630	85%
Disagreement	54	9%	Non-Applicability	108	15%
Strong Disagreement	20	3%	Average Rating	3.88	

I am satisfied with the fire suppression training I have received from the department.

■ Agreement ■ Uncertainty ■ Disagreement

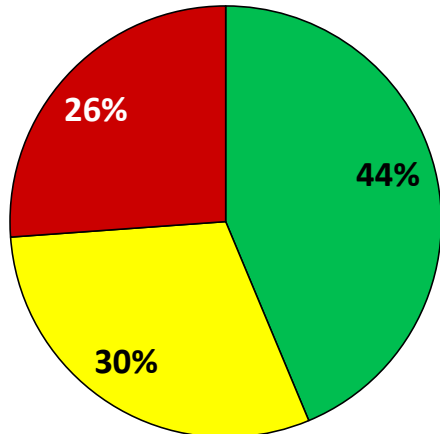


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	136	22%	Responses	740	85%
Agreement	281	45%	Unanswered	130	15%
Uncertainty	107	17%	Applicability	631	85%
Disagreement	73	12%	Non-Applicability	109	15%
Strong Disagreement	34	5%	Average Rating	3.65	

District of Columbia Fire and EMS Department 2015 Employee Survey: **Training**

I have the training I need to do a good job providing special operations.

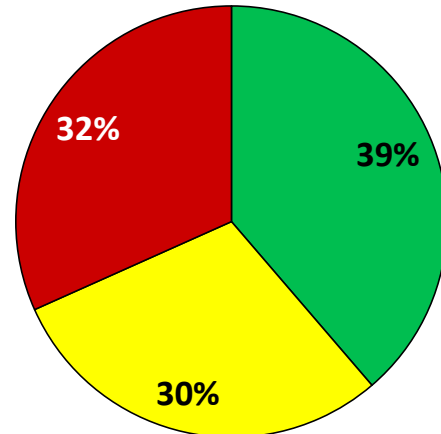
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	67	13%	Responses	741	85%
Agreement	162	31%	Unanswered	129	15%
Uncertainty	158	30%	Applicability	524	71%
Disagreement	91	17%	Non-Applicability	217	29%
Strong Disagreement	46	9%	Average Rating	3.22	

I am satisfied with the special operations training I have received from the department.

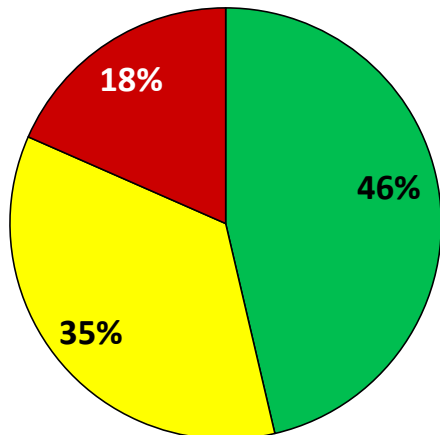
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	59	11%	Responses	741	85%
Agreement	145	28%	Unanswered	129	15%
Uncertainty	156	30%	Applicability	527	71%
Disagreement	91	17%	Non-Applicability	214	29%
Strong Disagreement	76	14%	Average Rating	3.04	

I have the training I need to do a good job providing fire prevention.

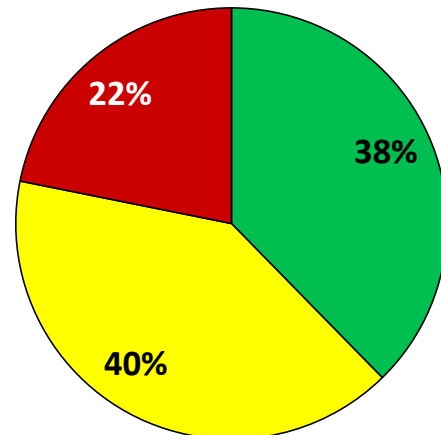
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	56	11%	Responses	740	85%
Agreement	178	35%	Unanswered	130	15%
Uncertainty	178	35%	Applicability	505	68%
Disagreement	66	13%	Non-Applicability	235	32%
Strong Disagreement	27	5%	Average Rating	3.34	

I am satisfied with the fire prevention training I have received from the department.

■ Agreement ■ Uncertainty ■ Disagreement

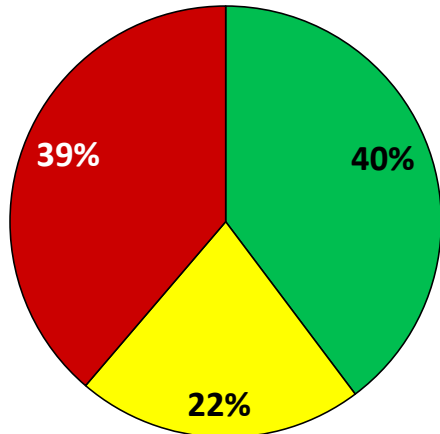


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	47	9%	Responses	742	85%
Agreement	141	28%	Unanswered	128	15%
Uncertainty	202	40%	Applicability	499	67%
Disagreement	72	14%	Non-Applicability	243	33%
Strong Disagreement	37	7%	Average Rating	3.18	

District of Columbia Fire and EMS Department 2015 Employee Survey: **Training**

The EMS training within the department combines high-quality instructors, effective training materials, and solid facilities.

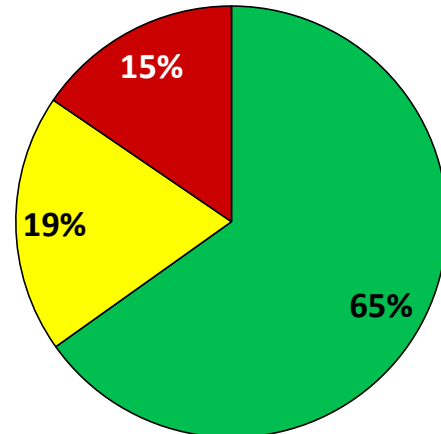
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	50	7%	Responses	739	85%
Agreement	229	33%	Unanswered	131	15%
Uncertainty	151	22%	Applicability	702	95%
Disagreement	151	22%	Non-Applicability	37	5%
Strong Disagreement	121	17%	Average Rating		2.91

The fire suppression training within the department combines high-quality instructors, effective training materials, and solid facilities.

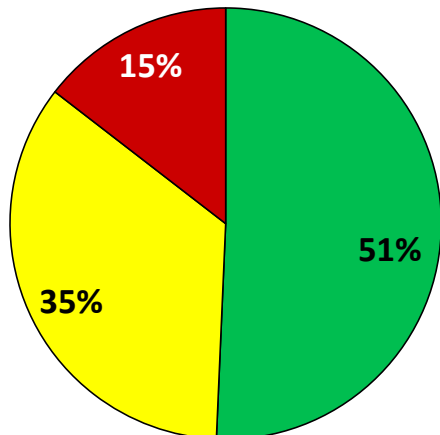
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	109	17%	Responses	740	85%
Agreement	308	48%	Unanswered	130	15%
Uncertainty	124	19%	Applicability	640	86%
Disagreement	70	11%	Non-Applicability	100	14%
Strong Disagreement	29	5%	Average Rating		3.62

The special operations training within the department combines high-quality instructors, effective training materials, and solid facilities.

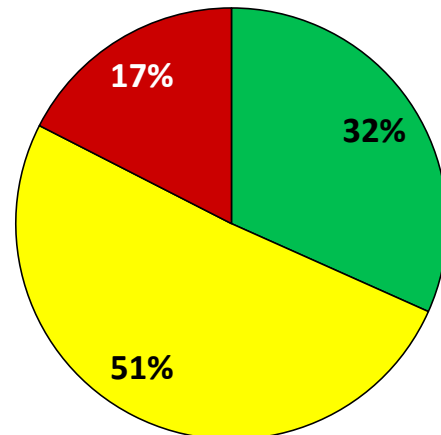
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	72	14%	Responses	742	85%
Agreement	186	37%	Unanswered	128	15%
Uncertainty	177	35%	Applicability	509	69%
Disagreement	43	8%	Non-Applicability	233	31%
Strong Disagreement	31	6%	Average Rating		3.44

The fire prevention training within the department combines high-quality instructors, effective training materials, and solid facilities.

■ Agreement ■ Uncertainty ■ Disagreement

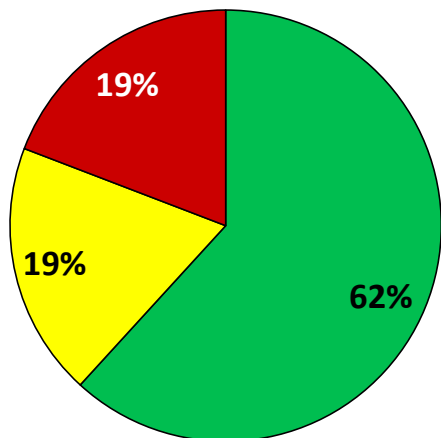


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	33	7%	Responses	741	85%
Agreement	121	25%	Unanswered	129	15%
Uncertainty	247	51%	Applicability	486	66%
Disagreement	52	11%	Non-Applicability	255	34%
Strong Disagreement	33	7%	Average Rating		3.14

District of Columbia Fire and EMS Department 2015 Employee Survey: **Employee Engagement**

The mission/purpose of the division where I work makes me feel my job is important.

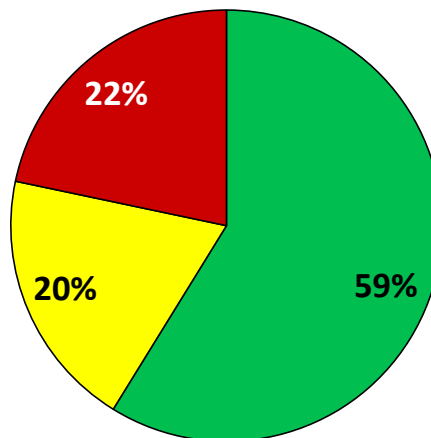
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	130	18%	Responses	730	84%
Agreement	321	44%	Unanswered	140	16%
Uncertainty	139	19%	Applicability	730	100%
Disagreement	61	8%	Non-Applicability	0	0%
Strong Disagreement	79	11%	Average Rating	3.50	

At work, I have the opportunity to do what I do best every day.

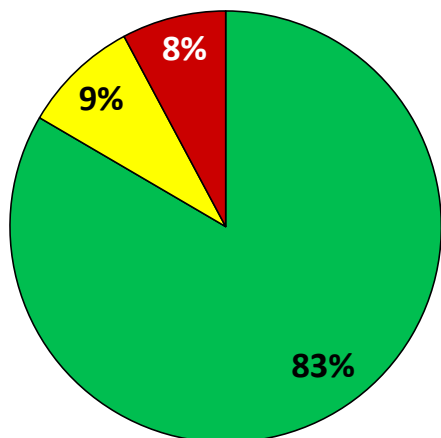
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	114	16%	Responses	733	84%
Agreement	317	43%	Unanswered	137	16%
Uncertainty	143	20%	Applicability	733	100%
Disagreement	82	11%	Non-Applicability	0	0%
Strong Disagreement	77	11%	Average Rating	3.42	

I know what is expected of me at work.

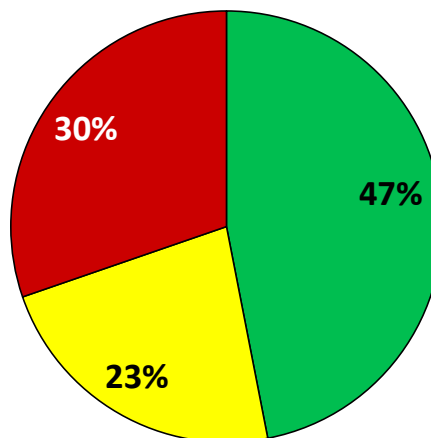
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	211	29%	Responses	730	84%
Agreement	398	55%	Unanswered	140	16%
Uncertainty	64	9%	Applicability	730	100%
Disagreement	30	4%	Non-Applicability	0	0%
Strong Disagreement	27	4%	Average Rating	4.01	

I have the materials and equipment I need to do my work properly.

■ Agreement ■ Uncertainty ■ Disagreement

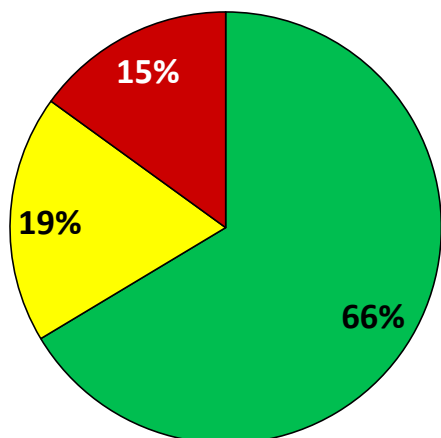


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	59	8%	Responses	733	84%
Agreement	285	39%	Unanswered	137	16%
Uncertainty	167	23%	Applicability	733	100%
Disagreement	132	18%	Non-Applicability	0	0%
Strong Disagreement	90	12%	Average Rating	3.12	

District of Columbia Fire and EMS Department 2015 Employee Survey: **Employee Engagement**

My supervisor, or someone at work, seems to care about me as a person.

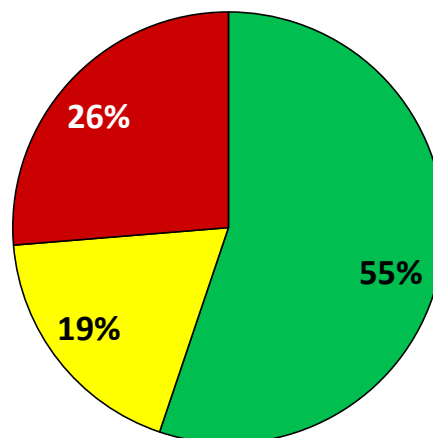
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	146	20%	Responses	732	84%
Agreement	340	46%	Unanswered	138	16%
Uncertainty	136	19%	Applicability	732	100%
Disagreement	52	7%	Non-Applicability	0	0%
Strong Disagreement	58	8%	Average Rating	3.63	

At work, my opinion is considered.

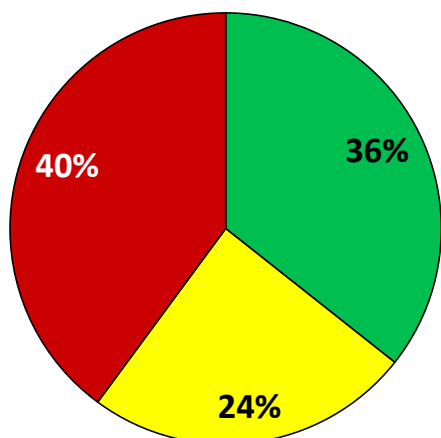
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	93	13%	Responses	734	84%
Agreement	312	43%	Unanswered	136	16%
Uncertainty	136	19%	Applicability	734	100%
Disagreement	90	12%	Non-Applicability	0	0%
Strong Disagreement	103	14%	Average Rating	3.28	

In the last six months, someone at work has talked to me about my progress.

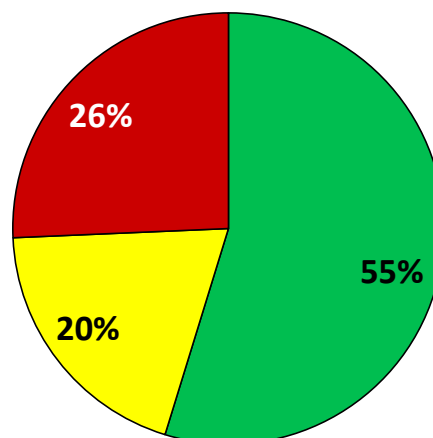
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	54	7%	Responses	732	84%
Agreement	207	28%	Unanswered	138	16%
Uncertainty	179	24%	Applicability	732	100%
Disagreement	169	23%	Non-Applicability	0	0%
Strong Disagreement	123	17%	Average Rating	2.86	

There is someone at work who encourages my development.

■ Agreement ■ Uncertainty ■ Disagreement

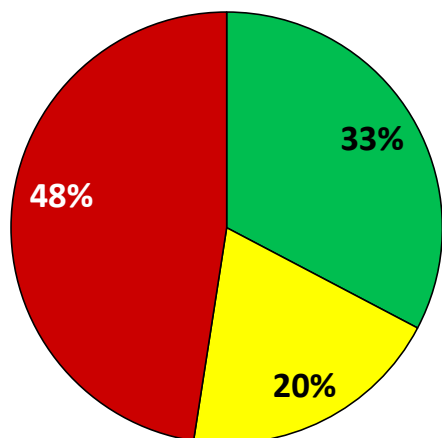


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	90	12%	Responses	736	85%
Agreement	313	43%	Unanswered	134	15%
Uncertainty	144	20%	Applicability	736	100%
Disagreement	112	15%	Non-Applicability	0	0%
Strong Disagreement	77	10%	Average Rating	3.31	

District of Columbia Fire and EMS Department 2015 Employee Survey: **Employee Engagement**

In the last 14 days, I have received recognition or praise for doing good work.

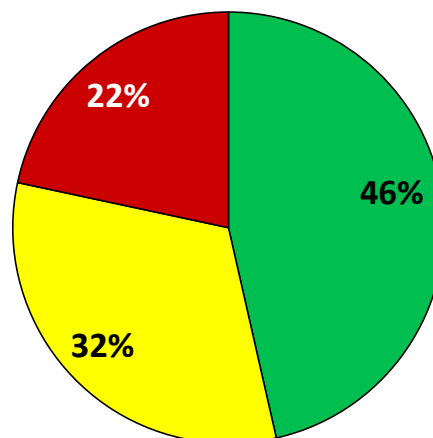
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	47	6%	Responses	734	84%
Agreement	193	26%	Unanswered	136	16%
Uncertainty	145	20%	Applicability	734	100%
Disagreement	179	24%	Non-Applicability	0	0%
Strong Disagreement	170	23%	Average Rating	2.68	

I have a best friend at work.

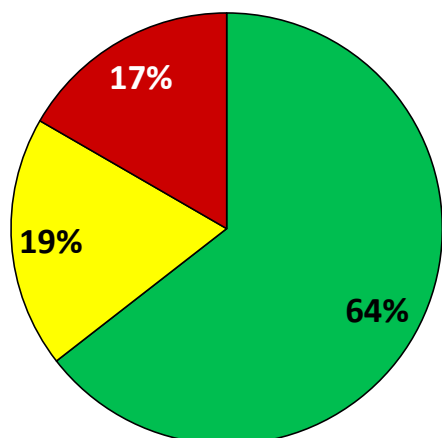
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	106	15%	Responses	730	84%
Agreement	233	32%	Unanswered	140	16%
Uncertainty	233	32%	Applicability	730	100%
Disagreement	107	15%	Non-Applicability	0	0%
Strong Disagreement	51	7%	Average Rating	3.32	

My associates (fellow employees) are committed to doing quality work.

■ Agreement ■ Uncertainty ■ Disagreement

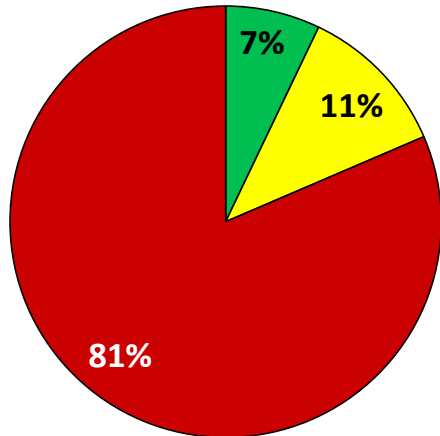


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	144	20%	Responses	732	84%
Agreement	328	45%	Unanswered	138	16%
Uncertainty	138	19%	Applicability	732	100%
Disagreement	72	10%	Non-Applicability	0	0%
Strong Disagreement	50	7%	Average Rating	3.61	

District of Columbia Fire and EMS Department 2015 Employee Survey: EMS Quality

FEMS has the necessary level of resources to respond to its current EMS call volume.

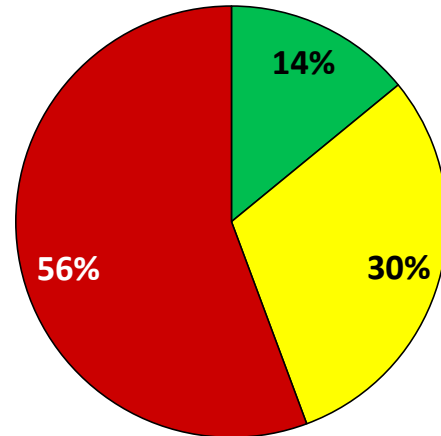
Agreement Uncertainty Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	17	2%	Responses	721	83%
Agreement	32	5%	Unanswered	149	17%
Uncertainty	79	11%	Applicability	690	96%
Disagreement	126	18%	Non-Applicability	31	4%
Strong Disagreement	436	63%	Average Rating	1.65	

FEMS current deployment model creates the best working conditions for me as an employee.

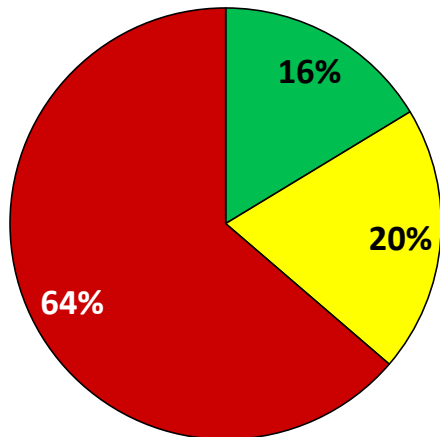
Agreement Uncertainty Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	24	4%	Responses	722	83%
Agreement	69	10%	Unanswered	148	17%
Uncertainty	200	30%	Applicability	661	92%
Disagreement	150	23%	Non-Applicability	61	8%
Strong Disagreement	218	33%	Average Rating	2.29	

FEMS current deployment model allows the agency to provide high quality medical care.

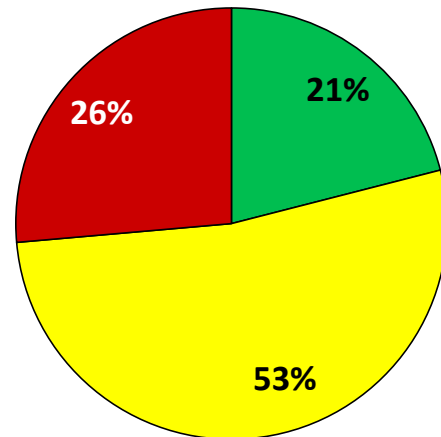
Agreement Uncertainty Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	22	3%	Responses	720	83%
Agreement	90	13%	Unanswered	150	17%
Uncertainty	137	20%	Applicability	686	95%
Disagreement	161	23%	Non-Applicability	34	5%
Strong Disagreement	276	40%	Average Rating	2.16	

The CQI process helps me improve my skills.

Agreement Uncertainty Disagreement

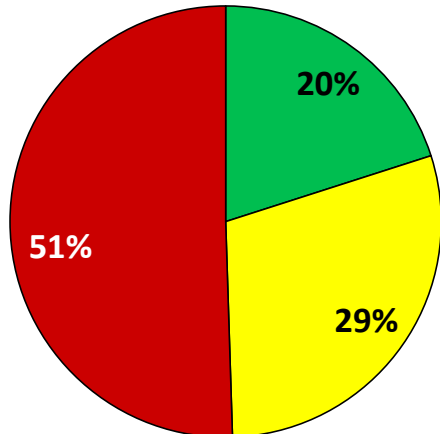


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	21	4%	Responses	713	82%
Agreement	100	17%	Unanswered	157	18%
Uncertainty	303	53%	Applicability	576	81%
Disagreement	86	15%	Non-Applicability	137	19%
Strong Disagreement	66	11%	Average Rating	2.87	

District of Columbia Fire and EMS Department 2015 Employee Survey: EMS Quality

FEMS provides the resources and support necessary to cultivate strong managers.

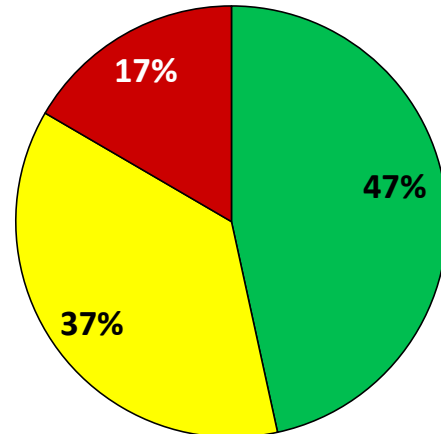
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	28	4%	Responses	721	83%
Agreement	111	16%	Unanswered	149	17%
Uncertainty	204	29%	Applicability	693	96%
Disagreement	171	25%	Non-Applicability	28	4%
Strong Disagreement	179	26%	Average Rating	2.48	

As a paramedic, I could deliver better patient care if I were teamed with another paramedic.

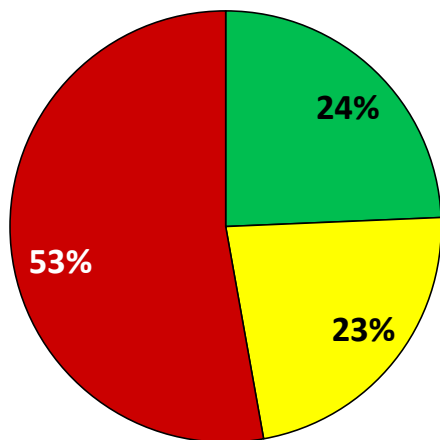
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	81	29%	Responses	717	82%
Agreement	48	17%	Unanswered	153	18%
Uncertainty	102	37%	Applicability	277	39%
Disagreement	21	8%	Non-Applicability	440	61%
Strong Disagreement	25	9%	Average Rating	3.50	

I get the number of breaks I require to do my job well.

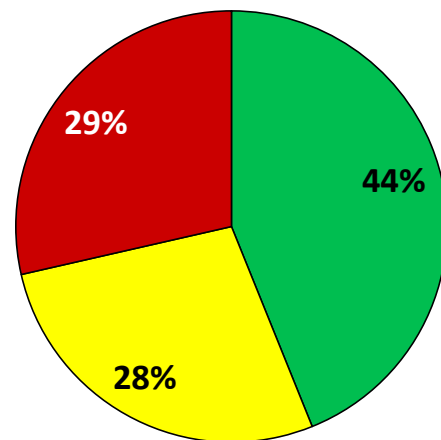
■ Agreement ■ Uncertainty ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	46	7%	Responses	720	83%
Agreement	118	18%	Unanswered	150	17%
Uncertainty	154	23%	Applicability	674	94%
Disagreement	116	17%	Non-Applicability	46	6%
Strong Disagreement	240	36%	Average Rating	2.43	

I use my time at the hospital to attend to my activities of daily living (i.e., eating, bathroom breaks, etc.).

■ Agreement ■ Uncertainty ■ Disagreement

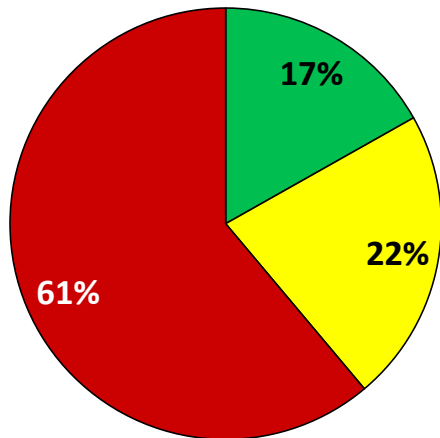


Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	90	19%	Responses	719	83%
Agreement	122	25%	Unanswered	151	17%
Uncertainty	133	28%	Applicability	483	67%
Disagreement	72	15%	Non-Applicability	236	33%
Strong Disagreement	66	14%	Average Rating	3.20	

District of Columbia Fire and EMS Department 2015 Employee Survey: EMS Quality

I have adequate time to complete my ePCR and restock my ambulance at the hospital.

■ Agreement
 ■ Uncertainty
 ■ Disagreement



Actual Ratings	Count	% Count	Other Information	Count	% Count
Strong Agreement	17	3%	Responses	720	83%
Agreement	67	13%	Unanswered	150	17%
Uncertainty	110	22%	Applicability	499	69%
Disagreement	129	26%	Non-Applicability	221	31%
Strong Disagreement	176	35%	Average Rating	2.24	

Demographic and Sorting Questions

What is your age?

Answer Options	Response Count	Response Count %
18 to 24	17	2.4%
25 to 29	47	6.5%
30 to 34	127	17.7%
35 to 39	120	16.7%
40 to 44	102	14.2%
45 to 49	137	19.1%
50 to 54	108	15.0%
55 or older	60	8.4%
Total Responses	718	100.0%
Answered Question	718	82.5%
Skipped Question	152	17.5%
Total	870	100.0%

Which race/ethnicity best describes you?

Answer Options	Response Count	Response Count %
Black, not of Hispanic Origin	239	34.2%
White, not of Hispanic Origin	375	53.6%
Hispanic	18	2.6%
Asian or Pacific Islander	5	0.7%
Other	62	8.9%
Total Responses	699	100.0%
Answered Question	699	80.3%
Skipped Question	171	19.7%
Total	870	100.0%

In what year were you first certified at your current level of medical certification?

Answer Options	Response Count	Response Count %
Before 1982	16	1.9%
1982 to 1988	78	9.4%
1989 to 1995	211	25.3%
1996 to 2002	214	25.7%
2003 to 2009	226	27.1%
2010 to 2015	89	10.7%
Total Responses	834	100.0%
Answered Question	834	95.9%
Skipped Question	36	4.1%
Total	870	100.0%

What is your gender?

Answer Options	Response Count	Response Count %
Female	103	14.4%
Male	613	85.6%
Total Responses	716	100.0%
Answered Question	716	82.3%
Skipped Question	154	17.7%
Total	870	100.0%

What is your current level of medical certification?

Answer Options	Response Count	Response Count %
CPR only (not EMT-certified)	25	2.9%
EMT-Basic	561	64.9%
EMT-Advanced	79	9.1%
EMT-Intermediate	11	1.3%
EMT-Paramedic	149	17.2%
None of the above	40	4.6%
Total Responses	865	100.0%
Answered Question	865	99.4%
Skipped Question	5	0.6%
Total	870	100.0%

How often do you assume a direct role in pre-hospital emergency medical care?

Answer Options	Response Count	Response Count %
Very often	413	48.5%
Fairly often	138	16.2%
Sometimes	111	13.0%
Rarely	93	10.9%
Almost never	49	5.8%
Never	48	5.6%
Total Responses	852	100.0%
Answered Question	852	97.9%
Skipped Question	18	2.1%
Total	870	100.0%

Demographic and Sorting Questions

How often do you assume a direct role in fire suppression?

Answer Options	Response Count	Response Count %
Very often	284	33.3%
Fairly often	168	19.7%
Sometimes	174	20.4%
Rarely	61	7.1%
Almost never	36	4.2%
Never	131	15.3%
Total Responses	854	100.0%
Answered Question	854	98.2%
Skipped Question	16	1.8%
Total	870	100.0%

How often do you assume a direct role in special operations?

Answer Options	Response Count	Response Count %
Very often	97	11.4%
Fairly often	67	7.9%
Sometimes	186	21.9%
Rarely	216	25.4%
Almost never	136	16.0%
Never	149	17.5%
Total Responses	851	100.0%
Answered Question	851	97.8%
Skipped Question	19	2.2%
Total	870	100.0%

I have participated in the CQI process during the last 12 months.

Answer Options	Response Count	Response Count %
Yes	164	22.4%
No	569	77.6%
Total Responses	733	100.0%
Answered Question	733	84.3%
Skipped Question	137	15.7%
Total	870	100.0%

How often do you assume a direct role in fire prevention?

Answer Options	Response Count	Response Count %
Very often	58	6.8%
Fairly often	104	12.2%
Sometimes	259	30.3%
Rarely	174	20.4%
Almost never	103	12.1%
Never	156	18.3%
Total Responses	854	100.0%
Answered Question	854	98.2%
Skipped Question	16	1.8%
Total	870	100.0%

How often do you assume a direct role in administrative services?

Answer Options	Response Count	Response Count %
Very often	149	17.5%
Fairly often	84	9.9%
Sometimes	114	13.4%
Rarely	143	16.8%
Almost never	138	16.2%
Never	224	26.3%
Total Responses	852	100.0%
Answered Question	852	97.9%
Skipped Question	18	2.1%
Total	870	100.0%

In the last 12 months, I have self-reported a mistake to the CQI team.

Answer Options	Response Count	Response Count %
Yes	25	3.5%
No	692	96.5%
Total Responses	717	100.0%
Answered Question	717	82.4%
Skipped Question	153	17.6%
Total	870	100.0%



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Fire and Emergency Medical Services Department
Washington, DC 20009



Eugene A. Jones
Interim Fire & EMS Chief

MEMORANDUM

TO: Interim Fire/EMS Chief Eugene A. Jones
FROM: Andrew Beaton / Management Program Analyst
DATE: 2/26/2015
SUBJECT: Tablet Computer and Missing ePCR Update

Sir, below is the summary and update you requested concerning tablet computers and missing ePCRs.

In short, as of 2/20/2015, after completing data recovery and upload, SafetyPad is estimating that 150 ePCR records are missing. My office is currently working to verify this count by a second CAD reconciliation.

Here is the summary:

1. Beginning on November 5, 2014, the Fire and EMS Department notified the OUC that our personnel were "...encountering numerous problems using the new tablet computers." Many of these problems were documented in a memorandum from Chief Jones to Director Greene dated 11/5/2014. On 11/7/2014, the DMPS, Director Greene, the OUC Technical Staff and FEMS personnel met to discuss problems. During this meeting, FEMS personnel expressed concerns about the scheduled CAD upgrade planned for December and the impact it may have on ePCR reporting.
2. On November 21, 2014, FEMS personnel notified the OUC Technical staff by e-mail about concerns that the "...scheduled CAD upgrade may result in significant impacts to both our ePCR and FRMS reporting systems." A series of e-mails followed with discussion about the impact of the CAD upgrade between the OUC Technical Staff, the CAD vendor and the ePCR vendor. The discussion concluded with assurances that all parties would work together for successful implementation to avoid impacts on FEMS reporting products.
3. On December 2, 2014, the CAD upgrade was implemented.
4. On December 3, 2014, FEMS personnel notified the OUC Technical staff by e-mail that "we are experiencing significant problems with importing accurate CAD information and event

Signature.....
The above statement was prepared by me. I certify that it is true to the best of my knowledge and belief. I understand that making a false statement is criminal and punishable under D.C. law. I also understand that the Department may initiate adverse action against me making a false statement.

times into our ePCR reporting product, Safety Pad” and that, “..the ePCR record count from midnight on 12/02/2014 forward is only 350 records. An “average” record count day is between 500 and 800 records, meaning that uploads are not being completed or the mobile product on the tablet end is down and units are doing paper reports.” A series of e-mails between the OUC Technical Staff, vendors and FEMS personnel followed, describing the nature of the problems. A conference call with all parties followed on 12/4/2014 to discuss planning for resolution.

5. On December 10, 2014, FEMS personnel notified the OUC Technical staff by e-mail that ePCR reports appeared to be missing from the Safety Pad system. FEMS personnel expressed concern about the re-imaging and replacement of tablet computers and noted that “...computers may still have reports that failed to upload and are stored locally.” FEMS personnel recommended that “...we IMMEDIATELY attempt to account for any locally stored reports on all hardware recently replaced or reimaged,” and that, “...if these tablets are shelved for future replacement or “wiped,” we could potentially lose data and a large volume of previously completed reports.”
6. On December 12, 2014, FEMS personnel notified the OUC Technical staff by e-mail that at least 1,648 ePCRs could not be identified as reconciled against CAD indicated transport calls. FEMS personnel also noted that our “...biggest concern right now is that we continue to work on securing previously issued tablets and making certain that any data records on those devices are not wiped.”
7. On December 15, 2014, the President of SafetyPad agreed to work with FEMS and the OUC in an effort to identify and recover missing ePCRs. This data recovery process took some time and involved the processing of more than a terabyte of reporting data. It was completed on 2/8/2015.
8. Continuing problems with tablet computers and ePCR reporting, including the potential loss of records, were documented in an updated memorandum from Chief Jones to Director Greene dated 12/19/2014.
9. On February 20, 2015, the President of SafetyPad notified FEMS concerning his preliminary findings:
 - *As you are aware a number of detrimental technical conditions occurred in November and December of 2014 that contributed to challenges for EMS field providers to, among other factors, effectively utilize their tablets, wirelessly transfer patient care reports, and receive accurate dispatch data. OPEN will be providing you with a detailed report better explaining these various conditions and the impact on data collection as well as additional recommendations to reduce the likelihood of future occurrences. Many of our*

Signature.....

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recommendations pertain to processes used by most of the departments utilizing SafetyPAD as well as the processes DCFEMS was following prior to the tablet upgrade.

- It is vital that OPEN be made aware of these substantial upgrades in the future to verify compatibility as well as ensure that any of the district's departments supporting any of the system's components are following our recommendations.*
- We greatly appreciate that many of our recommendations were quickly utilized a short time after the tablet upgrade, and we again stress that it is critical that these recommendations continue to be followed to ensure that field users can capture EMS data effectively and with optimal 'up time' and that backup processes are performed by support staff.*
- We certainly all express serious concerns about the initial volume of cases that may have been 'lost' due to the tablet upgrade. However, our analysis indicates that the initial numbers were substantially skewed by variances in CAD data due to the CAD upgrade in November.*
- Instead, we believe that the vast majority of cases missing, which is likely approximately 150, encompasses a 3-day period in which a full replacement of tablets occurred. OPEN analyzed and reprocessed 140 backup snapshots from both older and newer tablet devices totaling over 200,000 files. During the period 11/28/14 – 12/1/14, NO backups existed whatsoever and very few on 12/2/14, indicating that the process used to image the tablets failed to backup any of the unsent patient care reports. The process used to image the department's older tablets did include a backup action.*
- As you know, during December 1st-3rd, and especially December 2nd, a mass tablet replacement occurred in the field, without OPEN's knowledge, and many providers could not log into the tablet's operating system to utilize SafetyPAD software to document the patient encounters. It is our understanding that this was generally rectified on most field devices by Dec 3rd, and the trending of the data seems to support this (returning to a normal volume of cases).*
- Below is a summarized breakdown of transports defined in CAD and ePCR records documented as transports and sent to billing. The small differences in the numbers can be explained by a number of factors including multiple patients, incorrect documentation, inaccurate cad data, etc:*

Signature.....

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Month/Year	CAD	ePCR	
SEP 2014	9,793	9797	+ 4
OCT 2014	9,751	9780	+ 29
NOV 2014	8,474	8511	+ 37
DEC 2014	9,115	8996	- 119
12/1/2014	315	285	- 30
12/2/2014	227	132	- 95
12/3/2014	285	271	- 14
JAN 2015	9,417	9546	+ 129

- Please again note that there will be some differences between CAD and the ePCR system. What we focused our attention on are trends and overall numbers.
- ***In summary, we believe that DCFEMS, due to tablet technical issues during predominately Dec 1-3, was in some instances not able to either access the ePCR system to capture data or recover captured cases that still resided on the tablets - but were ‘wiped’ by the tablet hard drive imaging process – totaling approximately 150 cases. The data analysis indicates that the volume of cases captured and sent to billing returned to normal levels a short time after this period. I will emphasize that our analysis can only yield the estimate above and that the SafetyPAD software functioned properly throughout this period.***

As of February 26, 2015, FEMS is again reconciling ePCR records against CAD data to determine an actual count of missing reports, because the preliminary information from SafetyPad is an “estimate.” An update will follow when completed.

Respectfully submitted to your attention,



Andrew R. Beaton
Management Program Analyst

Signature.....

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