

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Brown, Lawrence	00026797	FIREFIGHTER EMT	7,104.94	
FBO	17	Dubon, Jesse V	00023637	FIREFIGHTER EMT	7,099.14	
FBO	17	Mccloskey, Walter W	00022632	LIEUTENANT	7,096.39	
FBO	17	Short, Samuel D.	00027404	SERGEANT	7,093.97	
FBO	17	Brooks, Alethea V.	00021057	PARAMEDIC FIREFIGHTER	7,079.46	
FBO	17	Simmons, Naiya	00026406	FIREFIGHTER EMT	7,078.05	
FBO	17	Evans, Howard	00012805	FIREFIGHTER EMT	7,070.27	
FBO	17	Freeman Jr., Antonio J	00005328	FIREFIGHTER EMT	7,063.62	
FBO	17	Budd, Eric S	00028832	FIREFIGHTER PARAMEDIC	7,062.48	
FBO	17	Johnson, Briana D	00014564	FIREFIGHTER EMT	7,055.63	
FBO	17	Huskins, Michael A.	00021558	FIREFIGHTER EMT	7,040.38	
FBO	17	VanMaenen, Peter	00026041	SERGEANT	7,037.48	
FBO	17	Salmon, Thrifine A	00033313	PARAMEDIC FIREFIGHTER	7,028.07	
FBO	17	Boone, Shavon R	00022819	FIREFIGHTER EMT	7,024.55	
FBO	17	Adeleye, John A	00022815	Quality Assurance Manager	7,018.38	
FBO	17	Edwards, Jason A.	00003864	FIREFIGHTER EMT	7,017.86	
FBO	17	Shepard, Andre V	00014202	FIREFIGHTER TECH	7,006.35	
FBO	17	Jackson, Keon A	00025865	FIREFIGHTER TECH	6,985.79	
FBO	17	Ca' Merono, Chazzreno	00018944	PARAMEDIC FIREFIGHTER	6,984.10	
FBO	17	Dunham, Charles R	00008085	FIREFIGHTER EMT	6,981.10	
FBO	17	Hooks, Terrika Michelle	00005128	FIREFIGHTER PARAMEDIC	6,978.33	
FBO	17	Burnett, Tiffany	00006514	FIREFIGHTER EMT	6,969.55	
FBO	17	Wright, Zakarij M.	00021550	PARAMEDIC FIREFIGHTER	6,960.27	
FBO	17	Price, Woodrow B	00008265	FIREFIGHTER EMT	6,956.25	
FBO	17	Suto, Chuck B	00013911	FIREFIGHTER EMT	6,956.25	
FBO	17	Adams, Jack M	00017824	LIEUTENANT	6,953.04	
FBO	17	Baldino Jr., Rocco A	00035079	FIREFIGHTER EMT	6,932.24	
FBO	17	Moreland, Christopher	00022360	SERGEANT	6,917.73	
FBO	17	Brachetti, Derek A.	00006934	LIEUTENANT	6,910.67	
FBO	17	Cleveland, Joseph N	00015707	EMERGENCY MEDICAL TECH	6,898.99	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Vincent,Kelvin K	00035911	FIREFIGHTER TECH	6,883.07	
FBO	17	Finelli,Christopher M.	00003915	FIREFIGHTER EMT	6,882.91	
FBO	17	McKnight,Clemente J	00001574	FIREFIGHTER EMT	6,861.16	
FBO	17	McDowney,Calvin L	00027466	FIREFIGHTER EMT	6,856.90	
FBO	17	Kingsbury,Ricardo L	00021485	FIREFIGHTER	6,856.90	
FBO	17	Wallace,Donnell	00015209	FIREFIGHTER EMT	6,828.40	
FBO	17	Wulf,Ian Charles	00026678	FIREFIGHTER EMT	6,828.38	
FBO	17	McMahon,James P	00017210	FIREFIGHTER PARAMEDIC TECH	6,785.85	
FBO	17	Hines,Ronald E.	00004544	FIREFIGHTER TECH	6,780.32	
FBO	17	Jackson,David A	00008288	FIREFIGHTER	6,777.43	
FBO	17	Sollers Jr.,John J	00006384	DEPUTY FIRE CHIEF	6,774.48	
FBO	17	Baldwin,Lateef O	00036432	FIREFIGHTER EMT	6,768.82	
FBO	17	Jackson,Damien M	00007783	FIREFIGHTER TECH	6,759.89	
FBO	17	Riddick,Thomas G	00003424	LIEUTENANT	6,751.04	
FBO	17	Dziekan,Dennis J.	00003959	FIREFIGHTER	6,730.15	
FBO	17	Stillwell,Richard E.	00034271	FIREFIGHTER EMT	6,730.14	
FBO	17	Wagner,Ryan Robinson	00018100	FIREFIGHTER EMT	6,709.47	
FBO	17	Wilson,Anthony L	00026365	HEAVY MOBILE EQUIP MECH	6,701.27	
FBO	17	Robinson,Sylvester A	00003849	BATTALION FIRE CHIEF	6,699.47	
FBO	17	Scire,Jeffrey T	00007046	FIREFIGHTER TECH	6,693.01	
FBO	17	Wiklund,Erik L	00025916	SERGEANT AIDE	6,685.61	
FBO	17	Smith,Shalonda A	00022309	FIRE INSPECTOR	6,680.75	
FBO	17	Matthews,Vickter M	00028969	FIREFIGHTER EMT	6,680.47	
FBO	17	Doughty,Phillip John	00016421	LIEUTENANT	6,678.29	
FBO	17	Counce,James W	00000561	FIREFIGHTER EMT	6,677.97	
FBO	17	Hardy,Michael D	00028862	FIREFIGHTER EMT	6,673.89	
FBO	17	Braxton,Carlos K	00022908	FIREFIGHTER TECH	6,667.31	
FBO	17	Torres,John J	00023509	FIREFIGHTER EMT	6,651.89	
FBO	17	Heaney,Robert J.	00006871	SERGEANT	6,650.60	
FBO	17	Baucum,Gregory D	00007022	SERGEANT	6,650.42	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Flores,Ismael A	00001263	FIREFIGHTER EMT	6,635.51	
FBO	17	Dade,Jade A	00005682	FIREFIGHTER EMT	6,621.69	
FBO	17	Ince,Paul D	00004532	FIREFIGHTER EMT	6,613.46	
FBO	17	White,David A.	00003606	FIREFIGHTER EMT	6,613.00	
FBO	17	Wilhelm,Jerry D	00025114	CAPTAIN	6,612.96	
FBO	17	Streicher,Brandon D	00000813	FIREFIGHTER PARAMEDIC	6,612.60	
FBO	17	Watson,Michael M	00011885	Battalion EMS Supervisor (Capt	6,612.39	
FBO	17	Wimbush,Mathew W.	00002745	FIREFIGHTER EMT	6,606.97	
FBO	17	Walker Jr.,Curtis	00018281	FIREFIGHTER	6,558.80	
FBO	17	Smith,Gregory D	00008133	FIREFIGHTER TECH	6,549.16	
FBO	17	Bennett,Timothy	00005950	FIREFIGHTER PARAMEDIC	6,531.26	
FBO	17	Verner,Levi C	00003576	FIREFIGHTER EMT	6,523.04	
FBO	17	Brown,Shanetra L.	00006846	FIREFIGHTER EMT	6,523.03	
FBO	17	Gobantes,Dennis O	00035398	CAPTAIN	6,520.79	
FBO	17	Stocker,Troy M	00007881	FIREFIGHTER PARAMEDIC	6,520.32	
FBO	17	Smith Jr.,Marvin L	00006106	MARINE ENGINEER	6,494.42	
FBO	17	Lytton,Anthony G	00005163	LIEUTENANT	6,482.21	
FBO	17	Nicks,Gerald O	00028835	FIREFIGHTER EMT	6,478.06	
FBO	17	Johnson,Aaron D	00003503	FIREFIGHTER EMT	6,478.05	
FBO	17	Adams,Michael	00021267	FIREFIGHTER EMT	6,478.04	
FBO	17	Gladden,Harold M	00028979	FIREFIGHTER EMT	6,478.04	
FBO	17	Kittrell,Darren V.	00034267	FIREFIGHTER EMT	6,478.02	
FBO	17	Mazzeo,Patrick R.	00018727	FIREFIGHTER TECH	6,472.19	
FBO	17	Royster,Malik A	00032768	FIREFIGHTER EMT	6,447.63	
FBO	17	Yates,James H	00025383	FIREFIGHTER EMT	6,445.08	
FBO	17	Thomas,Demitrius D	00003826	FIREFIGHTER TECH	6,439.76	
FBO	17	Conrad,Karl E.	00003225	FIREFIGHTER EMT	6,417.12	
FBO	17	Johnson,Gregory M	00025731	LIEUTENANT	6,397.50	
FBO	17	Hearne,Robert O	00033146	FIREFIGHTER EMT	6,390.15	
FBO	17	Wiley,Jordan M	00028818	FIREFIGHTER PARAMEDIC	6,380.12	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Charron Jr.,Edward J	00006023	LIEUTENANT	6,379.59	
FBO	17	Burris,Tremain	00003568	FIREFIGHTER EMT	6,365.24	
FBO	17	Badgett,Isaiah C	00017418	FIREFIGHTER EMT	6,359.83	
FBO	17	Robinson,Eboni L	00003319	FIREFIGHTER EMT	6,320.58	
FBO	17	Caruso III,Enrico T	00022064	SERGEANT	6,308.61	
FBO	17	Schaefer,Paul M	00003300	BATTALION FIRE CHIEF	6,302.47	
FBO	17	Hickerson,Calvin N	00027019	LIEUTENANT	6,294.87	
FBO	17	Alexander,William C.	00005806	FIREFIGHTER TECH	6,283.41	
FBO	17	Bunn,James	00027243	SERGEANT	6,271.44	
FBO	17	Bailey,Shauna L	00021854	SERGEANT AIDE	6,263.06	
FBO	17	Lucas,Mark P	00004325	LIEUTENANT	6,255.78	
FBO	17	Belcher,Kevin J	00028944	FIREFIGHTER PARAMEDIC	6,252.74	
FBO	17	Andrews,Darrell L	00022239	FIREFIGHTER EMT	6,248.21	
FBO	17	Schickler,Karl R	00035013	FIREFIGHTER EMT	6,239.11	
FBO	17	Storey,Maxwell R	00078209	PARAMEDIC	6,225.32	
FBO	17	Highsmith,Ernest	00033326	FIREFIGHTER EMT	6,225.08	
FBO	17	Nicholson,Dominic D	00033501	FIREFIGHTER EMT	6,210.94	
FBO	17	Lottes,Daniel A	00011922	PARAMEDIC FIREFIGHTER	6,202.72	
FBO	17	Richardson,Robert S	00007772	LIEUTENANT	6,159.30	
FBO	17	Chapman,Wayne K	00002135	FIREFIGHTER TECH	6,158.79	
FBO	17	Willoby,Franzeel E	00003793	FIREFIGHTER EMT	6,155.20	
FBO	17	Peterson,Richard S	00025878	SERGEANT	6,151.64	
FBO	17	Ticson,Brian	00019096	FIREFIGHTER EMT	6,126.61	
FBO	17	Dinkins Jr.,Johnny	00010742	FIREFIGHTER EMT	6,118.15	
FBO	17	Ford III,John William	00023822	FIREFIGHTER EMT	6,110.72	
FBO	17	Morris,Arthur A.	00000695	PARAMEDIC	6,108.10	
FBO	17	White,Michael G	00002751	CAPTAIN	6,094.75	
FBO	17	Bianchi,Todd	00028792	Battalion EMS Supvr (Capt)	6,079.21	
FBO	17	Scott,Matthew W	00018819	FIREFIGHTER EMT	6,073.16	
FBO	17	Brong,Daniel W	00002999	FIREFIGHTER EMT	6,055.16	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Loften,Kianna C	00028940	PARAMEDIC FIREFIGHTER	6,046.92	
FBO	17	Gill,Dexter	00004414	FIREFIGHTER EMT	6,036.86	
FBO	17	Drucker,Marcus N	00005393	SERGEANT PARAMEDIC	6,028.10	
FBO	17	Panek,Brent W	00001740	Battalion EMS Supervisor (Capt	6,028.04	
FBO	17	Krug,William J	00032617	FIREFIGHTER EMT	6,012.19	
FBO	17	Bost,Henry	00021151	FIREFIGHTER EMT	6,002.67	
FBO	17	Clark,Daryl	00022411	FIRE INSPECTOR TECH	5,996.54	
FBO	17	Crudup,Mario O	00027267	FIREFIGHTER TECH	5,984.12	
FBO	17	Gibson,Dermain C	00014717	FIREFIGHTER EMT	5,971.94	
FBO	17	Harris,Angelo E	00026985	FIREFIGHTER	5,962.50	
FBO	17	Stanton,Michael J	00011672	FIREFIGHTER EMT	5,941.04	
FBO	17	Chasin,Steven B	00001200	PARAMEDIC	5,939.81	
FBO	17	Herman,Durell N.	00007755	SERGEANT	5,936.34	
FBO	17	Holston,Bernard T	00023660	FIREFIGHTER TECH	5,934.10	
FBO	17	Meachum,Michael A	00034959	Battalion EMS Supvr (Capt)	5,924.21	
FBO	17	Fletcher,Raekwon M	00018135	FIREFIGHTER EMT	5,923.38	
FBO	17	Todd,Terrell	00019926	HEAVY MOBILE EQUIP MECH	5,922.96	
FBO	17	Mitchell,Roderick K	00022466	FIREFIGHTER TECH	5,907.14	
FBO	17	Iscoa,Francisco	00002320	FIREFIGHTER TECH	5,905.86	
FBO	17	Harris,Leila M	00025819	STAFF ASSISTANT	5,874.99	
FBO	17	Baker,Jeffrey T	00021726	PARAMEDIC	5,866.77	
FBO	17	Cole,Jacquelyn M.	00023574	FIRE INVESTIGATOR	5,855.07	
FBO	17	Embrey,Clark M	00006614	FIREFIGHTER	5,843.28	
FBO	17	Porter,John S	00007400	FIREFIGHTER EMT	5,843.23	
FBO	17	Mcneece,Daniel R	00022739	SERGEANT	5,819.13	
FBO	17	Williams,Rolonda R	00018531	FIRE INSPECTOR	5,806.23	
FBO	17	Kelleher,Anthony P	00009741	SERGEANT AIDE	5,806.05	
FBO	17	Ottley,Elsa B	00026643	EMERGENCY MEDICAL TECH	5,790.65	
FBO	17	Tate,Jonathan	00003133	FIREFIGHTER EMT	5,781.42	
FBO	17	Wood,Matthew	00009685	PARAMEDIC FIREFIGHTER	5,768.44	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Acton,Stephen J	00017143	LIEUTENANT	5,756.24	
FBO	17	Primus,Celina C	00019578	FIREFIGHTER EMT	5,751.33	
FBO	17	Lovato,Daniel A.	00028844	FIREFIGHTER EMT	5,751.13	
FBO	17	Isley,Carlos D	00019164	FIREFIGHTER TECH	5,750.36	
FBO	17	Green,Damien T	00011676	LIEUTENANT	5,749.90	
FBO	17	Hiligh,Berlin D.	00004286	SERGEANT	5,743.69	
FBO	17	Sullivan,Richard L	00008512	FIREFIGHTER	5,738.95	
FBO	17	Lewis,Stephanie C	00013506	FIREFIGHTER EMT	5,738.92	
FBO	17	May,Steven	00021734	FIREFIGHTER EMT	5,736.76	
FBO	17	Kelly,Chad W	00007301	SERGEANT	5,726.86	
FBO	17	Bell,Michael T	00026121	LIEUTENANT	5,712.83	
FBO	17	Frye III,George L	00004436	FIREFIGHTER	5,712.79	
FBO	17	Velasquez,Xavier	00035969	FIREFIGHTER EMT	5,705.66	
FBO	17	Miller,Ronnell C.	00019011	EMERGENCY MEDICAL TECH	5,691.08	
FBO	17	Gaskin,Oliver W	00008613	LIEUTENANT	5,690.02	
FBO	17	Norman Jr.,Kenneth L	00018171	HEAVY MOBILE EQUIP MECH	5,666.22	
FBO	17	Fuertes,Matthew Robert	00005306	FIREFIGHTER TECH	5,646.45	
FBO	17	Kemp,Ronald M	00001606	CAPTAIN	5,642.12	
FBO	17	Cappel,Andrew B.	00004881	FIREFIGHTER EMT	5,634.54	
FBO	17	McMahan,Derek T.	00018496	PARAMEDIC FIREFIGHTER	5,625.41	
FBO	17	Palmer,Jason L	00018365	CAPTAIN	5,620.99	
FBO	17	Spencer,Jack M	00012380	CAPTAIN	5,620.98	
FBO	17	Ladd,Brian F	00025354	FIREFIGHTER TECH	5,598.90	
FBO	17	Knight,Michael	00026200	BATTALION FIRE CHIEF	5,579.73	
FBO	17	King,Michael C	00004066	FIREFIGHTER EMT	5,565.00	
FBO	17	Dyson,Jon T	00004313	FIREFIGHTER EMT	5,565.00	
FBO	17	Morris,Michelle	00088480	FIREFIGHTER PARAMEDIC	5,559.43	
FBO	17	Ajayi,Nichelle S	00005103	FIREFIGHTER EMT	5,558.80	
FBO	17	Troy,Donnell D	00005204	LIEUTENANT	5,545.49	
FBO	17	Mobley,Theodore	00028909	FIREFIGHTER EMT	5,540.56	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Layman III,George M	00000580	LIEUTENANT	5,537.24	
FBO	17	Grinder,Jonathan D	00016927	PARAMEDIC FIREFIGHTER	5,529.14	
FBO	17	Martin,Dwayne A	00012725	SERGEANT PARAMEDIC	5,526.23	
FBO	17	Fletcher,Pierre R	00027327	FIREFIGHTER	5,520.33	
FBO	17	Dent,Theodore	00019074	FIREFIGHTER EMT	5,512.51	
FBO	17	Spalding,David S	00002692	LIEUTENANT	5,508.00	
FBO	17	Latta,Rashaad M	00024864	HEAVY MOBILE EQUIP MECHANIC	5,493.99	
FBO	17	Best,Antonio D	00018594	FIRE INSPECTOR	5,483.64	
FBO	17	Forrest Jr.,Michael R	00035291	EMS Preceptor	5,481.66	
FBO	17	Parson,James E	00018122	FIREFIGHTER TECH	5,480.75	
FBO	17	Thomas,Takeva	00018198	FIREFIGHTER EMT	5,480.23	
FBO	17	Rosa,Annette	00000527	EMERGENCY MEDICAL TECH	5,464.94	
FBO	17	Wormley,Tanesha A	00028893	PARAMEDIC	5,460.95	
FBO	17	Stolle,Brian L	00000586	SERGEANT	5,457.58	
FBO	17	Jones,Charles R.	00006051	LIEUTENANT	5,453.14	
FBO	17	Giannini,Peter A	00006888	LIEUTENANT	5,447.73	
FBO	17	Dowd,Timothy P.	00000032	FIREFIGHTER TECH	5,447.41	
FBO	17	Moulton,Sharon P.	00007684	Battalion EMS Supervisor (Capt	5,445.48	
FBO	17	Worrell,Ronnie L	00026071	FIREFIGHTER EMT	5,438.34	
FBO	17	Gimmel Jr.,Michael D.	00004809	FIREFIGHTER	5,425.85	
FBO	17	Ridgeway,Michael S	00005301	SERGEANT	5,411.82	
FBO	17	Kelley,James R	00032840	FIREFIGHTER EMT	5,400.00	
FBO	17	Rice Jr.,Edward C	00025448	CAPTAIN	5,399.45	
FBO	17	Tatum II,Idaryon R	00006593	FIREFIGHTER EMT	5,398.37	
FBO	17	Barnes,Courtney R	00028742	FIREFIGHTER EMT	5,398.35	
FBO	17	Royster,Elon J	00034266	FIREFIGHTER EMT	5,394.45	
FBO	17	Segears,Brandon	00032668	FIREFIGHTER EMT	5,378.06	
FBO	17	Hackett,Carmen D	00078224	PARAMEDIC - BASIC	5,377.73	
FBO	17	Mcconnell,Kevin P.	00007051	FIREFIGHTER EMT	5,373.68	
FBO	17	Freeburn,Seth C	00006973	FIREFIGHTER EMT	5,358.52	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Casar Jr.,James k	00002807	FIREFIGHTER TECH	5,342.06	
FBO	17	Orosz,Nicholas	00017209	PARAMEDIC FIREFIGHTER	5,339.38	
FBO	17	Davis,Jonathan A	00021591	LIEUTENANT	5,338.06	
FBO	17	Coleman,Michael E	00021993	LIEUTENANT	5,336.95	
FBO	17	Jones,Lucy L	00010316	EMS Preceptor	5,321.47	
FBO	17	Keys,D'Ante	00027712	FIREFIGHTER EMT	5,317.81	
FBO	17	Simons,Rodney	00028970	FIREFIGHTER EMT	5,290.71	
FBO	17	Staton,Jaquante R.	00028967	FIREFIGHTER EMT	5,287.05	
FBO	17	Newman,Larone R	00018906	EMERGENCY MEDICAL TECH	5,252.37	
FBO	17	Johnson,Reginald	00006841	MEDICAL EQUIP WORKER	5,246.19	
FBO	17	West,Anthony W	00006773	HEAVY MOBILE EQUIP MECH	5,245.34	
FBO	17	Robinson,Damian N K	00032665	FIREFIGHTER EMT	5,235.26	
FBO	17	Hazel,Aaron C	00016286	LIEUTENANT	5,207.25	
FBO	17	Lewis,Daniel E	00006492	FIREFIGHTER	5,199.81	
FBO	17	White II,Tony A	00003912	SERGEANT	5,194.28	
FBO	17	Traunero,Lucas	00005355	FIREFIGHTER PARAMEDIC	5,193.59	
FBO	17	Pitts Jr.,Vance L	00014817	EMERGENCY MEDICAL TECH	5,188.70	
FBO	17	Tippen,William M	00003558	FIREFIGHTER TECH	5,177.75	
FBO	17	Harris,Kristina A	00021256	FIRE INSPECTOR	5,173.84	
FBO	17	Candleana,James M.	00023559	LIEUTENANT	5,173.79	
FBO	17	Carroll,Michael A	00022717	LIEUTENANT	5,161.02	
FBO	17	Quadri,Syed I	00038938	INFO TECH SPEC	5,155.10	
FBO	17	Lucas,Quentin L	00019959	FIREFIGHTER EMT	5,147.13	
FBO	17	Adams,Patrick Kyle	00034257	FIREFIGHTER EMT	5,145.93	
FBO	17	Kiser,James E	00006277	FIREFIGHTER EMT	5,142.66	
FBO	17	Downs,Shawn M	00017306	CAPTAIN	5,123.42	
FBO	17	Braxton,Carl	00026287	FIREFIGHTER EMT	5,117.81	
FBO	17	Hawkins,Razell D	00014685	FIREFIGHTER EMT	5,116.32	
FBO	17	Harrison,Michael C.	00007351	FIREFIGHTER EMT	5,112.83	
FBO	17	Finamore,Charles A.	00004266	LIEUTENANT	5,112.20	



Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Stokes,Adrian N	00016959	FIREFIGHTER TECH	5,109.68	
FBO	17	Bluford,Jeffrey W	00021312	SUPPLY TECH	5,106.22	
FBO	17	Simister,William	00035399	CAPTAIN	5,103.72	
FBO	17	Sellers,Paul B	00027117	SERGEANT	5,098.65	
FBO	17	Artola,Lucia	00020131	STAFF ASSISTANT	5,094.45	
FBO	17	Fleming,Jeffrey	00022598	FIREFIGHTER TECH	5,085.25	
FBO	17	Garner,Victor L	00025833	SERGEANT	5,066.81	
FBO	17	Leland,Robert S	00014136	CAPTAIN	5,057.79	
FBO	17	Betts,Brian S	00014560	FIREFIGHTER EMT	5,056.80	
FBO	17	Gardner,Michael F	00012427	PARAMEDIC	5,056.71	
FBO	17	Haynes,Matthew A	00003657	SERGEANT AIDE	5,043.33	
FBO	17	Gibson Jr.,Stephen M.	00006282	FIREFIGHTER TECH	5,039.82	
FBO	17	Delaney,Eric J	00018314	FIREFIGHTER EMT	5,028.41	
FBO	17	Meckley,William J.	00004807	FIREFIGHTER EMT	5,027.26	
FBO	17	Pleasant,Tommy T	00012507	FIREFIGHTER TECH	5,021.08	
FBO	17	Grabowski,Jason D	00007501	FIREFIGHTER EMT	5,008.48	
FBO	17	Gerber,Stephen Henry	00004534	FIREFIGHTER PARAMEDIC	4,990.80	
FBO	17	Butler,Toiland D	00021563	FIREFIGHTER TECH	4,982.51	
FBO	17	Thomas,Neil Anthony	00032849	FIREFIGHTER EMT	4,981.99	
FBO	17	Scott,Jasminlee R	00036623	FIREFIGHTER EMT	4,979.49	
FBO	17	Hill,Augustus H	00005106	FIREFIGHTER EMT	4,970.99	
FBO	17	Williams,Christopher T	00017512	FIREFIGHTER TECH	4,962.01	
FBO	17	Austin,Kenneth J	00026166	FIREFIGHTER TECH	4,961.99	
FBO	17	O`Brien,Cullen	00088508	FIREFIGHTER PARAMEDIC	4,961.02	
FBO	17	Clark,Daniel Harvey	00005197	SERGEANT	4,951.38	
FBO	17	Ward,Roy J	00007742	SERGEANT PARAMEDIC	4,936.53	
FBO	17	Gray,Ian E	00026492	FIRE INSPECTOR	4,935.22	
FBO	17	Lee,Wilma D	00005603	FIREFIGHTER TECH	4,931.16	
FBO	17	Doering,Rudolph A.	00027022	LIEUTENANT	4,926.42	
FBO	17	Roane,Gregory	00006192	FIREFIGHTER	4,926.14	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Grimes,Seth A	00022448	FIREFIGHTER TECH	4,923.15	
FBO	17	Kearney Sr.,Robert F	00017942	SERGEANT	4,907.47	
FBO	17	Owen,Matthew T	00005971	FIREFIGHTER EMT	4,869.78	
FBO	17	Nwosu,Nathan N	00018967	EMERGENCY MEDICAL TECH	4,860.31	
FBO	17	Curry Jr.,John W.	00017300	FIREFIGHTER EMT	4,858.53	
FBO	17	Dean,Willie Eugene	00034264	FIREFIGHTER EMT	4,858.53	
FBO	17	Dailey,Thomas	00032663	PARAMEDIC FIREFIGHTER	4,852.89	
FBO	17	Nelson,Delonte	00008776	FIREFIGHTER EMT	4,834.37	
FBO	17	Burns,Andre	00028754	FIREFIGHTER EMT	4,830.75	
FBO	17	McClellan Jr.,Michael	00008043	FIREFIGHTER EMT	4,829.95	
FBO	17	Baylor,Kenneth	00035332	FIREFIGHTER EMT	4,828.11	
FBO	17	Brown III,Melvin R	00083620	HEAVY MOBILE EQUIP MECH	4,817.98	
FBO	17	Campbell,Hayden	00006991	FIREFIGHTER EMT	4,815.22	
FBO	17	Zimmerman,Travis	00032823	FIREFIGHTER EMT	4,806.58	
FBO	17	Hooker,John H	00023472	FIREFIGHTER PARAMEDIC	4,802.11	
FBO	17	Creelman,Donald S	00014121	SERGEANT AIDE	4,800.93	
FBO	17	Butler,LaShay M	00005215	FIREFIGHTER EMT	4,788.33	
FBO	17	Kennedy Jr.,William H	00013507	SERGEANT AIDE	4,784.96	
FBO	17	Pinkney,Wendy C	00012031	FIRE INSPECTOR TECH	4,769.29	
FBO	17	Follin,James E	00035070	Battalion EMS Supvr (Capt)	4,765.20	
FBO	17	Dugan,Daniel	00018872	CAPTAIN	4,765.18	
FBO	17	Hughes,James P	00020153	FIREFIGHTER EMT	4,754.07	
FBO	17	Poetker,Michael R	00008453	LIEUTENANT	4,751.46	
FBO	17	Green,Vernard L	00002241	EMERGENCY MEDICAL TECH	4,751.19	
FBO	17	Martincheck,George P	00003123	FIREFIGHTER TECH	4,746.25	
FBO	17	Blucker,Aaron S	00023329	FIREFIGHTER TECH	4,746.23	
FBO	17	Lyons,Kenneth L	00026196	PARAMEDIC	4,744.97	
FBO	17	Shaw,Erica	00000536	FIREFIGHTER EMT	4,742.55	
FBO	17	Brock,Shirley D	00015648	PARAMEDIC	4,737.85	
FBO	17	Waby,Michael C	00004400	LIEUTENANT	4,730.94	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Coll,Philip J	00007997	FIREFIGHTER EMT	4,729.72	
FBO	17	Brooks,Sharon L	00000247	EMERGENCY MEDICAL TECH	4,723.06	
FBO	17	Keenan,William C	00032457	FIREFIGHTER TECH	4,687.16	
FBO	17	Culver,John S	00005251	FIREFIGHTER EMT	4,683.05	
FBO	17	Palmerton,Matthew J.	00020028	LIEUTENANT	4,681.04	
FBO	17	Donnelly,David R	00006482	FIREFIGHTER EMT	4,678.60	
FBO	17	Goetz,Corey M.	00021209	LIEUTENANT	4,674.12	
FBO	17	Roop,Michael A.	00026481	LIEUTENANT	4,674.12	
FBO	17	Bailey,Kim M.	00020219	Program Support Assistant	4,673.96	
FBO	17	Guglik,Anne E	00006267	FIRE ARSON INVESTIGATOR ARMED	4,660.36	
FBO	17	Sanders,David L.	00034964	FIREFIGHTER PARAMEDIC	4,654.22	
FBO	17	Puifory,Darren J	00018112	FIREFIGHTER	4,645.83	
FBO	17	Price,Torrence	00006250	FIREFIGHTER EMT	4,643.55	
FBO	17	Carroll,Gerald A	00003226	CAPTAIN	4,637.97	
FBO	17	Styles,Althea L	00021721	EMERGENCY MEDICAL TECH	4,635.44	
FBO	17	Stackhouse,Luezone	00014354	MEDICAL EQUIP WORKER	4,630.12	
FBO	17	Free,Justin	00004501	FIREFIGHTER PARAMEDIC	4,627.03	
FBO	17	Jackson,Donnita S	00022680	EMERGENCY MEDICAL TECH	4,610.68	
FBO	17	Goderre,Gordon F	00035008	FIREFIGHTER EMT	4,610.59	
FBO	17	Ferguson,Anthony	00012990	FIREFIGHTER EMT	4,607.08	
FBO	17	Johnson,Cordell B	00027598	LIEUTENANT	4,605.95	
FBO	17	Randolph,Kisha R	00022588	EMERGENCY MEDICAL TECH	4,593.43	
FBO	17	Fleming,Alton R	00033283	FIREFIGHTER EMT	4,591.44	
FBO	17	Hammond,Eric B	00025887	FIREFIGHTER	4,591.16	
FBO	17	Fitzgerald,Alexander R	00001049	FIREFIGHTER EMT	4,588.61	
FBO	17	Sullivan,Henry	00006026	FIREFIGHTER EMT	4,580.56	
FBO	17	Hyde,James A	00004334	FIREFIGHTER TECH	4,576.71	
FBO	17	Hurley,James M.	00018398	FIREFIGHTER PARAMEDIC	4,576.60	
FBO	17	Pollard,Deonte Marquette	00006478	FIREFIGHTER EMT	4,572.24	
FBO	17	Griffin,Sequan L	00004664	FIREFIGHTER EMT	4,564.54	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Woods,Jamal Kawan	00013729	FIREFIGHTER EMT	4,557.83	
FBO	17	Kloss,Daniel J	00026441	SERGEANT	4,533.63	
FBO	17	Byers,James D	00003405	FIREFIGHTER TECH	4,530.52	
FBO	17	Tayman,Brian C	00006254	FIREFIGHTER TECH	4,530.52	
FBO	17	Fernandez,Antonio P	00008656	FIREFIGHTER TECH	4,528.85	
FBO	17	Capece,Alexander G	00028900	Battalion EMS Supervisor (Capt	4,526.10	
FBO	17	Garrett,Arrion A	00019345	FIREFIGHTER EMT	4,525.49	
FBO	17	Brown,Jay A	00008641	FIREFIGHTER TECH	4,520.22	
FBO	17	Sampson,Gary D	00014337	EMERGENCY MEDICAL TECH	4,498.90	
FBO	17	McMahon,Martin J	00023749	SERGEANT	4,486.50	
FBO	17	Johnson Jr,Ron	00088503	FIREFIGHTER PARAMEDIC	4,478.45	
FBO	17	Carroll,Hasan J	00023676	FIREFIGHTER EMT	4,476.14	
FBO	17	Diehl,Anthony L	00008471	FIREFIGHTER TECH	4,468.85	
FBO	17	Spellers,Christopher E	00006154	FIRE ARSON INVESTIGATOR ARMED	4,435.24	
FBO	17	Kalb,Brian S	00007346	SERGEANT	4,433.72	
FBO	17	Rogers,Michael E	00004171	FIREFIGHTER TECH	4,430.36	
FBO	17	Van Order,Christopher	00006802	EMERGENCY MEDICAL TECH	4,428.10	
FBO	17	Papariello,Joseph C	00006437	LIEUTENANT PARAMEDIC	4,412.93	
FBO	17	Barrett,Cary A.	00017608	HEAVY MOBILE EQUIP MECHANIC	4,397.67	
FBO	17	Greener,William I	00007293	FIREFIGHTER EMT	4,391.66	
FBO	17	Cotter,Michael A	00004254	BATTALION FIRE CHIEF	4,391.16	
FBO	17	Seavey Jr.,James P.	00003094	FIREFIGHTER EMT	4,386.16	
FBO	17	Jones,Michael	00028846	PARAMEDIC FIREFIGHTER	4,383.05	
FBO	17	Pringle,Kevin A.	00021520	FIREFIGHTER EMT	4,382.42	
FBO	17	Pierce,Francis I	00027340	FIREFIGHTER EMT	4,382.42	
FBO	17	BRIMAGE,Ursula M	00014741	FIRE INSPECTOR	4,378.66	
FBO	17	Engle,Robert	00014404	FIREFIGHTER EMT	4,371.07	
FBO	17	McDuffie,Jimmy G	00005360	FIREFIGHTER TECH	4,368.72	
FBO	17	Fouch,Delonte	00032428	FIREFIGHTER EMT	4,363.68	
FBO	17	Jenkins Jr.,Edward C	00006442	EMERGENCY MEDICAL TECH	4,341.50	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Firkin Jr.,Ernie Melvin	00034995	FIREFIGHTER EMT	4,326.58	
FBO	17	Wolf,Brian P	00014199	FIREFIGHTER	4,322.82	
FBO	17	Voigt,Jeremiah C.	00013274	FIREFIGHTER EMT	4,318.71	
FBO	17	Page,Brian M	00016022	FIREFIGHTER EMT	4,318.70	
FBO	17	Jenkins,David E.	00032520	FIREFIGHTER EMT	4,318.69	
FBO	17	Nickens,Keith D	00021292	CAPTAIN	4,316.47	
FBO	17	Page,Christopher	00028891	FIREFIGHTER EMT	4,313.93	
FBO	17	Bullock,Khalid	00023339	FIREFIGHTER EMT	4,304.43	
FBO	17	Hunter,Cheryl L	00017542	FIRE INSPECTOR	4,303.73	
FBO	17	Roane Jr.,Ferman	00022877	LIEUTENANT	4,300.84	
FBO	17	Poe,Duane	00002649	VICE FIREFIGHTER TECH	4,293.17	
FBO	17	Brown,Dequandre	00023858	FIREFIGHTER EMT	4,280.30	
FBO	17	Payton,Bernard	00032611	FIREFIGHTER EMT	4,270.27	
FBO	17	Logan,Kevin B	00018201	FIREFIGHTER TECH	4,253.15	
FBO	17	Arrington,Kevin A	00026142	FIREFIGHTER TECH	4,253.15	
FBO	17	Ashelford,James R	00005278	FIREFIGHTER TECH	4,253.14	
FBO	17	Mokracek,Matthew D	00004677	FIREFIGHTER PARAMEDIC	4,252.38	
FBO	17	Mullikin,Robert P	00001834	BATTALION FIRE CHIEF	4,243.32	
FBO	17	Burkley,Milford Karin	00028757	FIREFIGHTER EMT	4,240.16	
FBO	17	Amaya Duran,Jose W	00003905	HEAVY MOBILE EQUIP MECH	4,228.16	
FBO	17	Mcgann,Timothy S	00035463	LIEUTENANT	4,223.52	
FBO	17	Thomas,Jumanne P	00004101	FIREFIGHTER EMT	4,223.44	
FBO	17	Beattie,William E	00006288	FIREFIGHTER EMT	4,223.44	
FBO	17	Sanchez,Donovan N	00032504	FIRE ARSON INVESTIGATOR ARMED	4,221.05	
FBO	17	Maggi,Christopher S	00004187	LIEUTENANT	4,210.84	
FBO	17	Tremblay,Darrell	00004710	MARINE PILOT	4,207.43	
FBO	17	Anderson,Sir Charles	00023649	FIRE INSPECTOR TECH	4,192.69	
FBO	17	Jordan Jr.,Paul E	00021554	FIREFIGHTER EMT	4,190.09	
FBO	17	Bolton,Ryan S	00036427	FIREFIGHTER PARAMEDIC	4,180.61	
FBO	17	Otte,Kenneth August	00006974	FIREFIGHTER EMT	4,179.11	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	O'Byrne,Ian C	00007740	FIREFIGHTER EMT	4,173.73	
FBO	17	Potter,Calvert L	00011229	FIREFIGHTER	4,153.90	
FBO	17	Della-Camera,Susie L	00011183	CAPTAIN PARAMEDIC	4,151.90	
FBO	17	Gill,Robert	00013850	FIREFIGHTER EMT	4,149.57	
FBO	17	Blackmon,Nathaniel R	00025532	LIEUTENANT	4,148.61	
FBO	17	Smith,Dominique N	00005846	FIREFIGHTER EMT	4,146.07	
FBO	17	Zieglar,Clarence A.	00011594	FIREFIGHTER EMT	4,138.75	
FBO	17	Midkiff,Raleigh	00007658	FIREFIGHTER EMT	4,135.83	
FBO	17	Terry,Naeem	00006688	FIREFIGHTER EMT	4,132.28	
FBO	17	Lewis,Danaryae	00021333	FIREFIGHTER EMT	4,110.08	
FBO	17	Spencer,Saquan D	00010437	FIREFIGHTER TECH	4,109.29	
FBO	17	Dawkins,Jeffrey A	00018402	FIREFIGHTER TECH	4,109.27	
FBO	17	Dziubla,Peter J	00002747	LIEUTENANT	4,091.19	
FBO	17	Kalinowski,Ronnie R	00005699	LIEUTENANT	4,076.87	
FBO	17	Blanco,Luis	00035151	FIREFIGHTER PARAMEDIC	4,073.05	
FBO	17	Guala,Michael	00022522	FIREFIGHTER EMT	4,068.93	
FBO	17	Rine,Thomas E	00003500	FIREFIGHTER TECH	4,068.20	
FBO	17	Ballard,David L	00019402	FIREFIGHTER TECH	4,068.20	
FBO	17	Gibson Jr.,Percy C	00022517	FIREFIGHTER TECH	4,068.20	
FBO	17	Kessler,John P	00028815	FIREFIGHTER EMT	4,063.11	
FBO	17	olden,sakeena	00035569	MEDICAL RECORDS TECH	4,056.87	
FBO	17	Cade Jr.,Leroy B	00025448	BATTALION FIRE CHIEF	4,055.11	
FBO	17	Buffington,Andrew J	00028823	FIREFIGHTER EMT	4,048.78	
FBO	17	Libcke Sr.,Joseph H	00026658	SERGEANT	4,045.78	
FBO	17	Davies,Amanda M	00005395	FIREFIGHTER EMT	4,044.75	
FBO	17	Carter,Sean	00015967	DEPUTY FIRE CHIEF	4,044.69	
FBO	17	Stillwell,Richard E.	00034271	FIREFIGHTER TECH	4,042.26	
FBO	17	Funnyre,Joseph D	00034960	FIREFIGHTER PARAMEDIC	4,022.16	
FBO	17	Smith,Monique M	00023494	EMERGENCY MEDICAL TECH	4,013.82	
FBO	17	Gaiter,Tevin	00016226	FIREFIGHTER EMT	4,008.50	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Green,Darnley N	00024937	HEAVY MOBILE EQUIP MECH	3,975.16	
FBO	17	Mazzara,James S	00002139	FIREFIGHTER EMT	3,975.00	
FBO	17	Collins,Jason S	00032725	FIREFIGHTER EMT	3,975.00	
FBO	17	Robinson,Emani A	00028980	FIREFIGHTER EMT	3,970.09	
FBO	17	Woods,Jason R	00008655	FIREFIGHTER EMT	3,965.04	
FBO	17	O'Byrne,Ian C	00007740	VICE FIREFIGHTER TECH	3,960.48	
FBO	17	Barnes,Enrique	00023670	FIREFIGHTER EMT	3,958.81	
FBO	17	Boddie,Angelia M	00017530	FIRE INSPECTOR	3,958.79	
FBO	17	Tinsley,David N	00014650	SERGEANT	3,958.67	
FBO	17	Lehman,Timothy D	00019225	FIREFIGHTER EMT	3,943.98	
FBO	17	Waby,William	00020692	FIREFIGHTER EMT	3,931.95	
FBO	17	Botwin,Jonathan M	00013610	SERGEANT PARAMEDIC	3,931.63	
FBO	17	Lescure,John L	00014420	FIREFIGHTER EMT	3,913.82	
FBO	17	Matheson,Christopher	00017272	FIREFIGHTER EMT	3,907.36	
FBO	17	Fitzpatrick,Glenn	00007373	FIREFIGHTER TECH	3,903.83	
FBO	17	Cole,David M	00035292	Battalion EMS Supervisor (Capt	3,890.44	
FBO	17	Oudshoorn,Bert	00002371	FIREFIGHTER TECH	3,883.31	
FBO	17	Eichholz,Steven D	00007503	FIREFIGHTER TECH	3,883.29	
FBO	17	Johnson,Dayisha L	00022263	FIRE INVESTIGATOR	3,878.21	
FBO	17	Thorne,Jeffrey D	00018982	LIEUTENANT	3,870.76	
FBO	17	Jackson,William	00035064	FIREFIGHTER EMT	3,869.42	
FBO	17	Welch,Rian J.	00003254	FIREFIGHTER EMT	3,868.84	
FBO	17	Jackson,Michael	00003659	FIREFIGHTER EMT	3,867.48	
FBO	17	Otterbacher,Joshua	00028897	FIREFIGHTER EMT	3,857.59	
FBO	17	Stapleton,Kevin	00035091	FIREFIGHTER EMT	3,855.66	
FBO	17	Krauss,Dustin K.	00005429	FIREFIGHTER EMT	3,846.34	
FBO	17	Mitchell,Irving L	00027106	FIREFIGHTER TECH	3,842.18	
FBO	17	Wilson Jr.,Glenn D	00025959	FIREFIGHTER TECH	3,838.19	
FBO	17	Butler,James E	00019272	FIREFIGHTER TECH	3,833.33	
FBO	17	HILLIARD,CHRISTIAN A	00006880	FIREFIGHTER EMT	3,823.84	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	White,Joseph L	00014140	LIEUTENANT	3,821.89	
FBO	17	Pratt,Gregory K	00013871	FIREFIGHTER TECH	3,821.64	
FBO	17	Bachelder,Andrew S	00000131	EMS Preceptor	3,810.72	
FBO	17	Terry,Shuna M.	00003866	PARAMEDIC	3,809.24	
FBO	17	Donnelly,Douglas P.	00003169	FIREFIGHTER EMT	3,797.27	
FBO	17	Hatcher,Nathan A	00006058	FIREFIGHTER EMT	3,778.86	
FBO	17	Moore,Christopher M	00010154	SERGEANT AIDE	3,768.57	
FBO	17	Brooks,Sean P	00005489	BATTALION FIRE CHIEF	3,762.77	
FBO	17	Butler,Dustin L	00003577	FIREFIGHTER EMT	3,756.36	
FBO	17	Howell,Lawrence	00010603	Supply Technician	3,755.74	
FBO	17	Hoover,Edgar J	00023159	LIEUTENANT	3,753.48	
FBO	17	Blake,Anthony T	00018349	ASST MARINE PILOT	3,750.69	
FBO	17	Cunningham,Christopher M	00007062	FIREFIGHTER TECH	3,749.71	
FBO	17	Settle,Jaquan	00028911	FIREFIGHTER EMT	3,746.64	
FBO	17	Perry,Brian A.	00008971	FIREFIGHTER PARAMEDIC	3,742.33	
FBO	17	Mitchell,Joseph E	00026780	FIRE INSPECTOR TECHNICIAN HEA	3,736.93	
FBO	17	Smith,Randy	00026069	MEDICAL EQUIP WORKER	3,733.24	
FBO	17	Cunningham,Richard S	00016695	FIREFIGHTER TECH	3,733.20	
FBO	17	Croson,William W	00004007	FIREFIGHTER TECH	3,729.19	
FBO	17	Schaefer,Matthews P	00014701	FIREFIGHTER EMT	3,726.56	
FBO	17	Bolding,Timothy E	00022059	SERGEANT	3,724.26	
FBO	17	Clime,Douglas E	00003664	FIREFIGHTER TECH	3,724.03	
FBO	17	Mason,Roshawnda K	00014745	SERGEANT	3,713.14	
FBO	17	Mayhew,William	00026560	FIREFIGHTER EMT	3,690.22	
FBO	17	Pata,Nicholas	00018304	FIREFIGHTER EMT	3,679.75	
FBO	17	Banks,Patrick	00022550	CAPTAIN	3,678.38	
FBO	17	Shanklin,Lincoln L	00033487	FIREFIGHTER EMT	3,676.88	
FBO	17	May Jr.,Reginald E	00019190	FIREFIGHTER EMT	3,672.07	
FBO	17	Williams,Teo D	00023520	FIREFIGHTER TECH	3,667.57	
FBO	17	Pennington,James L	00006235	FIREFIGHTER TECH	3,667.57	



Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	McIntyre,Matthew Robert	00009233	FIREFIGHTER EMT	3,666.39	
FBO	17	Taper,Stanley A	00026681	FIREFIGHTER	3,662.00	
FBO	17	Spencer,Delano W	00024843	FIREFIGHTER EMT	3,643.90	
FBO	17	Pelekhaty,Oleg	00004388	SERGEANT	3,641.97	
FBO	17	Drucker,Marcus N	00005393	PARAMEDIC FIREFIGHTER	3,639.74	
FBO	17	Gordon,Frederick Matthew	00025852	FIREFIGHTER	3,638.82	
FBO	17	Puglisi,Michael J	00009140	LIEUTENANT	3,636.92	
FBO	17	Gray,Brian F.	00013703	LIEUTENANT	3,635.43	
FBO	17	Mckinley,Rosalyn F	00021123	EMERGENCY MEDICAL TECH	3,634.49	
FBO	17	Green,Robin B	00027238	PARAMEDIC	3,623.70	
FBO	17	Gilson II,Michael J	00004351	FIREFIGHTER TECH	3,603.36	
FBO	17	Samuels,Shantice	00035067	FIREFIGHTER EMT	3,597.47	
FBO	17	Carey,Michael G	00003807	LIEUTENANT	3,597.07	
FBO	17	Patterson,Natalie L	00006605	FIREFIGHTER PARAMEDIC	3,584.68	
FBO	17	Clarke,Welford A	00015832	Maintenance Mechanic	3,579.20	
FBO	17	Shyab,Charles O	00027014	LIEUTENANT	3,578.26	
FBO	17	Omasere,Oluwafunmike Ayosunmideb	00002392	LIEUTENANT PARAMEDIC	3,562.96	
FBO	17	Garner,Paul G	00005254	SERGEANT AIDE	3,549.68	
FBO	17	Ball,Jeremiah N.	00005216	FIREFIGHTER TECH	3,546.52	
FBO	17	Bright,Joseph A	00014333	FIREFIGHTER TECH	3,544.30	
FBO	17	Lowe,Anthony R	00021353	FIREFIGHTER	3,544.29	
FBO	17	Chisholm,Joseph N	00023460	FIREFIGHTER TECH	3,544.28	
FBO	17	Smith,Michael	00009516	LIEUTENANT	3,522.13	
FBO	17	Marlowe,Shaun A	00028919	FIREFIGHTER EMT	3,517.60	
FBO	17	Durham Sr.,Tyrone A	00018375	FIREFIGHTER TECH	3,517.29	
FBO	17	Reynolds,Vanzago	00004774	LIEUTENANT	3,512.36	
FBO	17	Myers,Daniel W	00004706	FIRE INSPECTOR	3,500.98	
FBO	17	Reed Jr.,Wayne	00035958	FIREFIGHTER EMT	3,490.06	
FBO	17	Tyler,Daniel W	00006450	FIREFIGHTER	3,485.59	
FBO	17	Meinhardt,Craig J	00036426	FIREFIGHTER EMT	3,467.24	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Hines,Antwon H.	00005098	VICE FIREFIGHTER TECH	3,453.86	
FBO	17	Copeland,Richard A	00017902	LIEUTENANT	3,440.68	
FBO	17	Darmstead,Wayne V	00025859	LIEUTENANT	3,440.68	
FBO	17	Marzette,Melanie A.	00088479	FIREFIGHTER PARAMEDIC	3,437.68	
FBO	17	Small Jr.,Robert N	00006143	FIREFIGHTER TECH	3,426.14	
FBO	17	Myers,Robert Allen	00019467	FIREFIGHTER EMT	3,424.66	
FBO	17	Holley,Jarell	00021471	FIREFIGHTER EMT	3,424.34	
FBO	17	Sheehan,James J	00012898	SERGEANT	3,422.99	
FBO	17	Mayhew,Donald N	00025347	CAPTAIN	3,417.06	
FBO	17	Weiss,Mark	00083149	TRAINING INSTRUCTOR	3,407.44	
FBO	17	Evers,Benjamin A	00014234	LIEUTENANT	3,394.80	
FBO	17	Baroody,Timothy E	00006553	FIREFIGHTER TECH	3,390.17	
FBO	17	Clary Jr.,Alfonso C	00022306	FIREFIGHTER TECH	3,390.16	
FBO	17	Adkins Jr.,Donald L	00002925	FIREFIGHTER EMT	3,378.75	
FBO	17	Bishop,Roy D	00005787	FIREFIGHTER EMT	3,378.75	
FBO	17	Tolbert,Earl H	00006679	FIREFIGHTER EMT	3,378.75	
FBO	17	Ortenzo,Joseph	00006687	FIREFIGHTER EMT	3,378.75	
FBO	17	Krabbe,Bret W	00033071	FIREFIGHTER EMT	3,378.75	
FBO	17	Fitzgerald,James Joseph	00036436	FIREFIGHTER EMT	3,362.85	
FBO	17	Ceglie,Victor A	00028864	BATTALION FIRE CHIEF	3,361.26	
FBO	17	McVey,Kevin Connelly	00006280	VICE FIREFIGHTER TECH	3,359.87	
FBO	17	Rutter,Christopher M.	00022171	FIREFIGHTER TECH	3,359.87	
FBO	17	Faulkner,Stephen J.	00036425	FIREFIGHTER TECH	3,359.87	
FBO	17	Deavers,Warren M	00004327	FIREFIGHTER TECH	3,338.80	
FBO	17	Hawkins,Derron T	00003795	DEPUTY FIRE CHIEF	3,314.84	
FBO	17	Gochenauer,Ryan J.	00023188	LIEUTENANT	3,310.83	
FBO	17	Brown,Raymond Lamont	00011729	FIREFIGHTER EMT	3,306.51	
FBO	17	Nero Sr.,Rashid A	00028902	FIREFIGHTER EMT	3,306.51	
FBO	17	Worner,Bryan J	00002907	FIREFIGHTER TECH	3,290.02	
FBO	17	DeMeo,Anthony M.	00004787	FIREFIGHTER PARAMEDIC	3,289.45	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Ryan, Gene T	00012915	PARAMEDIC FIREFIGHTER	3,287.08	
FBO	17	Caton, Matthew L	00005547	FIREFIGHTER TECH	3,285.93	
FBO	17	Johnson, Ricardo Andre	00020675	FIREFIGHTER EMT	3,279.33	
FBO	17	Amaya, Marta C	00014906	FIREFIGHTER EMT	3,275.83	
FBO	17	Falwell, Tony	00025812	BATTALION FIRE CHIEF	3,274.94	
FBO	17	Butler Jr., Calvin	00077837	Community Relations Specialist	3,257.71	
FBO	17	Zdobysz, Christopher J	00016614	LIEUTENANT	3,245.91	
FBO	17	Roberts, Krystal D	00005111	FIREFIGHTER EMT	3,242.72	
FBO	17	Freeman, Delmar L	00032689	FIREFIGHTER EMT	3,242.41	
FBO	17	Troiano, Marco A	00004750	SERGEANT	3,242.23	
FBO	17	Parker, Amber	00022209	FIREFIGHTER EMT	3,241.12	
FBO	17	Simmons, Michael G.	00032576	FIREFIGHTER EMT	3,239.03	
FBO	17	Tyner Jr., Reginald H	00028847	FIREFIGHTER EMT	3,239.01	
FBO	17	Carey, Patrick M	00007299	FIREFIGHTER TECH	3,236.09	
FBO	17	Harrison, Tyrone	00023346	FIREFIGHTER	3,228.46	
FBO	17	Dufresne, Christopher Michael	00028960	FIREFIGHTER EMT	3,218.75	
FBO	17	Kovach, Nicholas D.	00028987	FIREFIGHTER EMT	3,216.52	
FBO	17	Schaefer, Katherine Fuertes	00013588	FIREFIGHTER EMT	3,212.02	
FBO	17	Williams, Antoine D	00021547	FIREFIGHTER EMT	3,204.84	
FBO	17	Russell, Trent	00028964	FIREFIGHTER / PARAMEDIC	3,204.40	
FBO	17	Steele, Donald P	00004813	FIREFIGHTER TECH	3,184.69	
FBO	17	Norment, Richard W.	00005918	LIEUTENANT	3,181.00	
FBO	17	Wynn, Mark J	00022634	DEPUTY FIRE CHIEF	3,175.72	
FBO	17	Tuttle, Samuel S	00028830	FIREFIGHTER PARAMEDIC	3,149.40	
FBO	17	Gabriele III, Rocco J.	00003660	FIREFIGHTER PARAMEDIC	3,147.73	
FBO	17	Edmundson, Chasity A	00025472	EMERGENCY MEDICAL TECH	3,140.71	
FBO	17	Sternberg, Benjamin A	00021674	SERGEANT PARAMEDIC	3,139.13	
FBO	17	Wright, William	00033581	CUSTOMER SERVICE SPEC	3,138.75	
FBO	17	Goldsmith Jr, David V	00013748	FIREFIGHTER TECH	3,133.33	
FBO	17	Becker, Kevin J	00032681	FIREFIGHTER EMT	3,130.31	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Wittenberg,Joshua	00034260	FIREFIGHTER EMT	3,129.47	
FBO	17	Thomas,Saria Q	00023297	EMERGENCY MEDICAL TECH	3,126.96	
FBO	17	Webster,Erlesha B	00036736	FIREFIGHTER EMT	3,120.83	
FBO	17	Martin,Scott A	00035430	LIEUTENANT	3,116.54	
FBO	17	Davies III,Marshall W.	00020862	LIEUTENANT	3,116.08	
FBO	17	Kelly,John	00017950	FIRE INSPECTOR	3,108.38	
FBO	17	Stemen,Matthew	00088512	FIREFIGHTER PARAMEDIC	3,107.88	
FBO	17	Cutrone,James	00032536	FIREFIGHTER PARAMEDIC	3,107.88	
FBO	17	Wilson,Garry L	00017022	FIREFIGHTER	3,100.51	
FBO	17	Mckoy,Anthony T	00021119	LIEUTENANT	3,090.11	
FBO	17	Nguyen,Truc	00028971	FIREFIGHTER PARAMEDIC	3,088.57	
FBO	17	Wilson,Devaughn	00006264	FIREFIGHTER EMT	3,087.84	
FBO	17	Rimm,Andrew J	00032557	FIREFIGHTER EMT	3,073.84	
FBO	17	Bedsaul,Kristina Noell	00036424	FIREFIGHTER EMT	3,067.72	
FBO	17	Lowry Jr.,Robert	00033492	FIREFIGHTER EMT	3,055.78	
FBO	17	De Lima,Leonardo	00088476	FIREFIGHTER PARAMEDIC	3,049.98	
FBO	17	Harris,Clint J	00026130	SERGEANT	3,039.97	
FBO	17	Watson,Richard	00003646	FIREFIGHTER	3,030.94	
FBO	17	Greene,Javon D.	00019087	FIREFIGHTER	3,030.94	
FBO	17	Murphy,Zachariah M	00088481	FIREFIGHTER PARAMEDIC	3,029.47	
FBO	17	Brewster,Chandell O	00033317	FIREFIGHTER EMT	3,029.42	
FBO	17	O'conner,Paul M	00006830	LIEUTENANT	3,010.59	
FBO	17	Cooksey,David M	00006570	SERGEANT	3,008.60	
FBO	17	Piel,Garrett	00088501	FIREFIGHTER PARAMEDIC	2,992.06	
FBO	17	Hayes Jr.,Bernie	00028790	Battalion EMS Supervisor (Capt	2,982.22	
FBO	17	Johnson,Amir	00011546	FIREFIGHTER EMT	2,973.01	
FBO	17	Simmons,Duane M	00003042	FIREFIGHTER EMT	2,969.12	
FBO	17	Taylor,Jeffery D	00091517	CAPTAIN	2,965.78	
FBO	17	Thomas,Anthony	00009015	FIREFIGHTER EMT	2,965.06	
FBO	17	LAMMERT,PHILIP E	00013739	SERGEANT PARAMEDIC	2,962.91	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Evers,Benjamin A	00014234	SERGEANT	2,955.81	
FBO	17	King,Jeremy N	00008689	FIREFIGHTER PARAMEDIC	2,951.74	
FBO	17	Humphrey,Erin M	00006882	Battalion EMS Supvr (Capt)	2,950.18	
FBO	17	Cato,Bell	00021953	FIREFIGHTER EMT	2,940.92	
FBO	17	Martin,Robert C.	00003089	FIREFIGHTER EMT	2,921.61	
FBO	17	Mills,Quentin	00006390	FIREFIGHTER EMT	2,904.70	
FBO	17	Anderson,John	00005481	FIREFIGHTER EMT	2,900.63	
FBO	17	Olinger Jr.,Milton H	00008680	FIREFIGHTER	2,896.80	
FBO	17	Kraus,Adam C	00028965	FIREFIGHTER EMT	2,896.07	
FBO	17	Schatzman,Kyle	00006286	FIREFIGHTER PARAMEDIC	2,891.92	
FBO	17	Mclain,David	00007302	BATTALION FIRE CHIEF	2,891.15	
FBO	17	Justin,Tanya	00027088	FIREFIGHTER PARAMEDIC	2,889.41	
FBO	17	Dean,David Michael	00036622	FIREFIGHTER EMT	2,887.40	
FBO	17	Lenard,Jeffrey B	00008834	FIREFIGHTER EMT	2,881.88	
FBO	17	Jones,Julian B.	00005505	FIREFIGHTER EMT	2,879.15	
FBO	17	Peterson,Paul M.	00034999	FIREFIGHTER EMT	2,879.13	
FBO	17	Sistare,Gwendolyn T	00010008	FIREFIGHTER	2,857.04	
FBO	17	Mardo,Darin M	00036428	FIREFIGHTER EMT	2,840.06	
FBO	17	Sealey,Toby R	00035000	FIREFIGHTER EMT	2,840.05	
FBO	17	Jones,Ryan S	00033892	FIREFIGHTER EMT	2,834.15	
FBO	17	Ringgold,Joshua	00028829	FIREFIGHTER EMT	2,834.14	
FBO	17	Caddington,Ward C	00003189	SERGEANT PARAMEDIC	2,833.08	
FBO	17	Mills,Tarik	00010354	FIREFIGHTER EMT	2,820.05	
FBO	17	Williams,Kenneth	00034254	FIREFIGHTER EMT	2,811.65	
FBO	17	Williams,Robin	00003942	FIREFIGHTER EMT	2,804.85	
FBO	17	Blevins,Scott A.	00014854	FIREFIGHTER TECH	2,799.90	
FBO	17	Brewster,Christopher P	00028785	PARAMEDIC FIREFIGHTER	2,788.87	
FBO	17	Newman,Daniel	00005521	FIREFIGHTER EMT	2,788.26	
FBO	17	Lerch,Jason A	00026926	FIREFIGHTER EMT	2,774.70	
FBO	17	Sims,Michael D	00004364	LIEUTENANT	2,772.93	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Cober,Brandon A	00006686	FIREFIGHTER EMT	2,769.30	
FBO	17	Osgood,Ted F	00019144	FIREFIGHTER TECH	2,768.62	
FBO	17	Kannry,Mitchell H	00017694	CAPTAIN	2,758.76	
FBO	17	Cramer,Michael L	00004728	LIEUTENANT	2,754.39	
FBO	17	Frazier,Troy L	00025910	CAPTAIN	2,753.52	
FBO	17	Belcher,Kevin J	00028944	FIREFIGHTER EMT	2,744.18	
FBO	17	Schenemann,Troy	00028972	FIREFIGHTER EMT	2,744.17	
FBO	17	Stowe,Reginald	00007253	BATTALION FIRE CHIEF	2,731.83	
FBO	17	Vella,Anthony	00028918	FIREFIGHTER EMT	2,728.80	
FBO	17	Stevens,James A	00026198	FIREFIGHTER	2,719.17	
FBO	17	Carr,Kevin A	00022548	FIREFIGHTER TECH	2,717.28	
FBO	17	Dugger,Garee	00032490	FIREFIGHTER EMT	2,714.50	
FBO	17	Williams,Charlie A	00018637	FIREFIGHTER	2,712.92	
FBO	17	Stewart Jr.,Michael T	00011886	FIREFIGHTER EMT	2,700.59	
FBO	17	Bernard,Greig A	00026041	LIEUTENANT	2,697.80	
FBO	17	Hershey,Christopher H	00018046	SERGEANT	2,688.53	
FBO	17	Rose,William P.	00005185	SERGEANT AIDE	2,676.82	
FBO	17	Whistleman,Jacob O.	00005635	FIREFIGHTER EMT	2,676.70	
FBO	17	Johnson,Tracie R	00006117	Battalion EMS Supervisor (Capt	2,673.25	
FBO	17	Ward,Roy J	00007742	FIREFIGHTER PARAMEDIC	2,669.69	
FBO	17	Doctor,Alfonso L	00023850	FIREFIGHTER EMT	2,660.75	
FBO	17	Melton,Juan B	00024696	FIREFIGHTER EMT	2,658.86	
FBO	17	Wessolleck,Harry H	00008650	FIREFIGHTER TECH	2,655.63	
FBO	17	Thompson,William C.	00006546	FIREFIGHTER EMT	2,654.20	
FBO	17	Brady,Richard D	00034273	FIREFIGHTER EMT	2,654.20	
FBO	17	Spotts,Andrew L	00003523	LIEUTENANT	2,652.19	
FBO	17	Javid,Shane	00028920	FIREFIGHTER EMT	2,647.64	
FBO	17	Baltimore Jr.,William J	00024252	BATTALION FIRE CHIEF	2,640.67	
FBO	17	Henderson,Patrick E.	00018768	EMERGENCY MEDICAL TECH	2,640.53	
FBO	17	Blackman,Jamil D	00001573	FIREFIGHTER EMT	2,638.22	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Boozer, Kimberly L	00034990	FIREFIGHTER PARAMEDIC	2,626.72	
FBO	17	Arevalo Bell, Lucrecia E	00014469	PARAMEDIC	2,625.98	
FBO	17	Davis, Curtis	00026745	FIREFIGHTER	2,623.52	
FBO	17	West, James L	00021489	FIREFIGHTER TECH	2,615.84	
FBO	17	Scott, Lenora	00027147	PARAMEDIC	2,613.72	
FBO	17	Phipps Jr., Fred T	00002766	LIEUTENANT	2,613.31	
FBO	17	Dickey, Jeffrey L	00005631	LIEUTENANT	2,596.74	
FBO	17	Davis, Mark S	00021487	LIEUTENANT	2,596.63	
FBO	17	Bowers, Eric M.	00000925	CAPTAIN	2,595.23	
FBO	17	Windsor, Aaron	00004779	FIREFIGHTER EMT	2,593.49	
FBO	17	Bumbaugh, Brady	00032503	FIREFIGHTER EMT	2,593.48	
FBO	17	Hernandez, Jason E	00004498	FIREFIGHTER EMT	2,588.02	
FBO	17	Bunn, Gerald U	00005009	FIREFIGHTER EMT	2,583.75	
FBO	17	Woodland, Dejuan W	00035298	FIREFIGHTER EMT	2,570.22	
FBO	17	McCord, Daquon M	00003972	FIREFIGHTER EMT	2,558.89	
FBO	17	Riccione, Burke R.	00001541	FIREFIGHTER EMT	2,556.41	
FBO	17	Weaver, Tye	00088513	FIREFIGHTER PARAMEDIC	2,548.08	
FBO	17	Bieler, Jay R	00006998	FIREFIGHTER TECH	2,542.62	
FBO	17	Siegel, Jason D	00032969	FIREFIGHTER TECH	2,542.62	
FBO	17	Reid, Luciean T	00026569	FIREFIGHTER TECH	2,542.61	
FBO	17	Ogunfeditimi, Oluweseyi K	00023759	FIREFIGHTER EMT	2,542.06	
FBO	17	Rainwater, Joseph H	00006691	FIREFIGHTER EMT	2,534.07	
FBO	17	Gregg Jr., David T	00022491	FIREFIGHTER EMT	2,534.06	
FBO	17	Mudry, Matthew	00035492	FIREFIGHTER PARAMEDIC	2,528.77	
FBO	17	Brown, Andrew K.	00008050	PARAMEDIC FIREFIGHTER	2,526.68	
FBO	17	Anthony, Jason E.	00007167	FIREFIGHTER EMT	2,519.25	
FBO	17	Hayden IV, George E.	00002911	FIREFIGHTER EMT	2,519.24	
FBO	17	MENDES, DEMARCO	00006392	FIREFIGHTER EMT	2,519.23	
FBO	17	Diggs, Beatrix S	00025691	FIRE INSPECTOR TECH	2,517.88	
FBO	17	Dyer, Brandon	00088500	FIREFIGHTER PARAMEDIC	2,509.47	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Pratt,Donald J	00003481	FIREFIGHTER EMT	2,509.22	
FBO	17	Hicks,Stanley M	00021459	SERGEANT PARAMEDIC	2,503.86	
FBO	17	Best,Michael E	00020861	LIEUTENANT	2,502.32	
FBO	17	Waters Jr.,John B	00017244	FIREFIGHTER TECH	2,486.12	
FBO	17	Corkran,Adam B.	00004530	FIREFIGHTER TECH	2,473.24	
FBO	17	Mavaddat,Michael	00003591	FIREFIGHTER EMT	2,472.47	
FBO	17	Kittrell,Kenneth D	00017480	FIRE ARSON INVESTIGATOR ARMED	2,471.36	
FBO	17	Barnett,Daryle	00004850	FIREFIGHTER EMT	2,457.48	
FBO	17	Slye,Christopher M	00004900	FIREFIGHTER EMT	2,452.07	
FBO	17	Trolli,Chelsea	00032711	FIREFIGHTER EMT	2,450.71	
FBO	17	Troxell,Daniel M	00003289	CAPTAIN	2,442.56	
FBO	17	Hassan,Deborah J	00016146	EMERGENCY MEDICAL TECH	2,437.10	
FBO	17	Baker,Michael S	00016103	Battalion EMS Supvr (Capt)	2,429.48	
FBO	17	Kuny,Devon	00028841	FIREFIGHTER / PARAMEDIC	2,422.60	
FBO	17	Mahone,Lamont	00078213	FIREFIGHTER EMT	2,417.14	
FBO	17	Warren,James S	00019338	FIREFIGHTER	2,409.86	
FBO	17	Hayman III,John C	00014236	SERGEANT AIDE	2,409.21	
FBO	17	Engels,Michael S.	00004713	LIEUTENANT	2,401.98	
FBO	17	Wedlock,Aaron H	00026546	FIREFIGHTER EMT	2,394.65	
FBO	17	Mueller,Christian S	00007625	FIREFIGHTER EMT	2,385.00	
FBO	17	Sharp,Dylan	00028884	FIREFIGHTER PARAMEDIC	2,384.00	
FBO	17	Isbell Jr.,Charles E.	00028805	PARAMEDIC FIREFIGHTER	2,382.84	
FBO	17	Deale,Jason	00028955	FIREFIGHTER EMT	2,366.72	
FBO	17	Harris,Sharlontae L	00019332	FIRE INSPECTOR TECH	2,365.72	
FBO	17	Howard,Christopher M	00019442	PARAMEDIC FIREFIGHTER	2,351.03	
FBO	17	Curtis,Thomas E	00004141	MOBILE EQUIP METAL MECHANIC	2,347.90	
FBO	17	Patterson,Curtis	00022081	FIREFIGHTER EMT	2,339.29	
FBO	17	Henry,Christopher P	00028789	FIREFIGHTER EMT	2,339.28	
FBO	17	Moore,Scott L	00035035	PARAMEDIC FIREFIGHTER	2,330.48	
FBO	17	Lee,Anthony R	00023636	SERGEANT	2,304.45	



Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Baldwin, Timothy A	00003950	FIREFIGHTER TECH	2,296.27	
FBO	17	Supko, Monte W	00003104	FIREFIGHTER EMT	2,295.58	
FBO	17	Kinard, Eriq A	00022257	FIREFIGHTER EMT	2,294.97	
FBO	17	Hammill, Alessandra N	00002785	FIREFIGHTER EMT	2,291.20	
FBO	17	Hamilton, Corey	00016570	FIREFIGHTER EMT	2,287.26	
FBO	17	Pignataro, John Anthony	00022797	FIREFIGHTER EMT	2,281.11	
FBO	17	Arnold, Andrew	00001729	LIEUTENANT PARAMEDIC	2,273.32	
FBO	17	Barnes, Selena	00027134	EMERGENCY MEDICAL TECH	2,273.26	
FBO	17	Green, Walter L	00004463	SERGEANT	2,272.23	
FBO	17	Clark, Timothy J	00006468	FIREFIGHTER	2,270.71	
FBO	17	Bozarth, Robert M	00002062	LIEUTENANT	2,248.14	
FBO	17	Seiferd, Bradd L	00033293	FIREFIGHTER EMT	2,223.52	
FBO	17	Thrasher, Brian L.	00006510	FIREFIGHTER TECH	2,211.32	
FBO	17	Gant, Timothy A	00032507	FIREFIGHTER EMT	2,209.03	
FBO	17	Keller, Joey R	00007771	FIREFIGHTER	2,204.35	
FBO	17	COHEY III, ALLEN H	00007228	FIREFIGHTER EMT	2,204.34	
FBO	17	Frazier, Kevin J	00022408	FIREFIGHTER TECH	2,203.61	
FBO	17	Smith, Karen E	00026932	CLERICAL ASSISTANT	2,203.44	
FBO	17	Buie, Erik Adrian	00007091	FIREFIGHTER EMT	2,196.94	
FBO	17	Miller, Jr, Jeffrey D	00023361	FIREFIGHTER EMT	2,175.36	
FBO	17	Bagdovitz, Peter J	00001198	FIREFIGHTER	2,172.59	
FBO	17	Brown, David A.	00035009	FIREFIGHTER PARAMEDIC	2,160.27	
FBO	17	Smith, Eric R	00028800	FIREFIGHTER EMT	2,159.36	
FBO	17	Gillis, Floyd E.	00035146	FIREFIGHTER EMT	2,159.35	
FBO	17	Watson II, William L.	00026491	FIREFIGHTER EMT	2,159.34	
FBO	17	Barksdale, Timothy M	00026013	LIEUTENANT	2,135.76	
FBO	17	Duncan, Owen G	00027244	Inventory Management Spec.	2,134.23	
FBO	17	Pinnix, Jacqueline D.	00022551	PARAMEDIC	2,131.22	
FBO	17	Flores, Julio M	00025173	FIREFIGHTER EMT	2,129.52	
FBO	17	Davis Warfield, Melissa L.	00022343	FIREFIGHTER TECH	2,111.58	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Henderson,Shelia L	00022001	PARAMEDIC	2,096.89	
FBO	17	Hoening,Byron D	00014658	FIRE INSPECTOR	2,096.68	
FBO	17	Davis,Steven	00017239	PARAMEDIC FIREFIGHTER	2,084.79	
FBO	17	Orsi Jr.,David T	00036429	FIREFIGHTER EMT	2,082.71	
FBO	17	Pullen,Rych N	00026436	LIEUTENANT	2,077.38	
FBO	17	Boyette,Christopher	00034256	FIREFIGHTER PARAMEDIC	2,065.49	
FBO	17	Grover II,Jon C	00002478	CAPTAIN	2,060.91	
FBO	17	Holliday III,Theodore N	00015940	FIREFIGHTER EMT	2,058.60	
FBO	17	Blyther,Aaron K	00088485	FIREFIGHTER PARAMEDIC	2,047.68	
FBO	17	Baker,Stanley	00032765	FIREFIGHTER PARAMEDIC	2,046.18	
FBO	17	Zagrodnichuk,Richard E	00006535	FIREFIGHTER EMT	2,037.19	
FBO	17	Matthews,Norita V	00017519	FIRE INSPECTOR TECHNICIAN HEA	2,036.78	
FBO	17	Smith Iv,Russell P	00026750	CAPTAIN	2,034.59	
FBO	17	Evans,Marc A	00017237	FIREFIGHTER TECH	2,034.09	
FBO	17	Drapeau,Wayne A	00000439	FIRE INVESTIGATOR	2,030.35	
FBO	17	Tarbell,Jason C	00003799	FIREFIGHTER EMT	2,024.39	
FBO	17	Nelson,Darlene R	00023263	PARAMEDIC	2,024.13	
FBO	17	Fischer,Ryan T	00003344	SERGEANT	2,022.83	
FBO	17	Keys,Charity I	00038248	SUPPLY MANAGEMENT SPECIALIST	2,015.49	
FBO	17	Evans,Andrew	00008124	FIREFIGHTER EMT	2,014.33	
FBO	17	Baker,Mark S	00013740	Battalion EMS Supvr (Capt)	2,006.39	
FBO	17	Murphy,Garrett Thomas	00037738	FIREFIGHTER EMT	1,998.20	
FBO	17	Snyderman,Jared M.	00017945	PARAMEDIC FIREFIGHTER	1,994.18	
FBO	17	Comer,John E	00004043	FIREFIGHTER TECH	1,977.59	
FBO	17	Cutler,Samuel A.	00027418	PARAMEDIC FIREFIGHTER	1,970.01	
FBO	17	Burns,Tamela A.	00006128	PARAMEDIC	1,955.23	
FBO	17	Mccoy Jr.,James M	00004511	FIREFIGHTER EMT	1,937.81	
FBO	17	Hyde Jr.,Kenneth B	00035090	PARAMEDIC FIREFIGHTER	1,937.69	
FBO	17	Kelly,Lanae A	00007848	PARAMEDIC	1,936.81	
FBO	17	Bumbaugh,Brady	00032503	FIREFIGHTER / PARAMEDIC	1,921.34	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Lato,John	00011370	Battalion EMS Supervisor (Capt	1,918.01	
FBO	17	Reyes,Susan	00083609	STAFF ASSISTANT	1,913.29	
FBO	17	Swartz,Matthew M	00003117	FIREFIGHTER EMT	1,912.97	
FBO	17	Taylor,Jeffery D	00091517	LIEUTENANT	1,906.45	
FBO	17	Hunt,Karen A	00017165	FIRE INSPECTOR	1,904.69	
FBO	17	Bowen,Maurice S	00003334	FIREFIGHTER EMT	1,897.49	
FBO	17	Ward,Robert W	00004259	FIREFIGHTER TECH	1,890.29	
FBO	17	Kues,Dennis H	00009142	FIREFIGHTER	1,885.65	
FBO	17	Faunce III,Henry S	00007126	SERGEANT AIDE	1,878.91	
FBO	17	Young,Howard M.	00009900	FIREFIGHTER TECH	1,878.25	
FBO	17	Wyatt,Daniel	00032667	FIREFIGHTER EMT	1,877.81	
FBO	17	Moose,Adam O	00004665	LIEUTENANT	1,877.12	
FBO	17	Martenas,Matthew I	00023560	LIEUTENANT	1,877.12	
FBO	17	Sneed,Terry D	00026241	LIEUTENANT	1,876.74	
FBO	17	Lancaster,Alan M	00018379	LIEUTENANT	1,876.73	
FBO	17	Hegedus,Andrew J	00002768	FIREFIGHTER	1,876.05	
FBO	17	Fernandez,Antonio P	00008656	FIREFIGHTER EMT	1,874.46	
FBO	17	Lawson Jr.,Arthur R	00028968	FIREFIGHTER EMT	1,874.46	
FBO	17	Hounshell,Ramon A	00002318	SERGEANT AIDE	1,873.83	
FBO	17	Landi,John R	00028997	FIREFIGHTER EMT	1,866.94	
FBO	17	Ward,James V	00002734	LIEUTENANT	1,863.71	
FBO	17	Nwaete,Clothida U	00021889	Special Assistant	1,858.32	
FBO	17	Lara,Rudy A	00088502	FIREFIGHTER PARAMEDIC	1,852.09	
FBO	17	Murphy,Michael T	00014813	FIREFIGHTER TECH	1,849.18	
FBO	17	Kiekbusch,Joshua	00025791	FIREFIGHTER PARAMEDIC	1,844.72	
FBO	17	Ellis II,Arlester A	00028833	FIREFIGHTER EMT	1,844.45	
FBO	17	Grenke,Rodney W.	00028786	FIREFIGHTER EMT	1,844.44	
FBO	17	Whisonant,Gregory W	00017340	PARAMEDIC FIREFIGHTER	1,840.44	
FBO	17	Banner,Wesley D	00036431	FIREFIGHTER EMT	1,838.44	
FBO	17	Thomas,Sherrod L	00028748	DEPUTY FIRE CHIEF	1,831.56	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Bishop,Kevette	00023106	Human Resources Officer II	1,826.23	
FBO	17	Demaree,Nathan A.	00078223	FIREFIGHTER EMT	1,821.96	
FBO	17	Covey,Jonathan B	00007555	FIREFIGHTER TECH	1,808.08	
FBO	17	Morrell,Donald E	00023437	FIREFIGHTER EMT	1,806.49	
FBO	17	Fletcher,Donte D	00005966	FIREFIGHTER EMT	1,800.82	
FBO	17	Capps,Timothy M	00005664	FIREFIGHTER EMT	1,799.46	
FBO	17	Carroll,Jamal D	00018686	LIEUTENANT	1,798.54	
FBO	17	Washington,Wayne D	00017282	FIREFIGHTER EMT	1,790.01	
FBO	17	Mason,Christopher R	00025913	FIREFIGHTER EMT	1,788.75	
FBO	17	Rose,William S.	00003829	FIREFIGHTER EMT	1,773.27	
FBO	17	Westerbeck,Matthew J	00005586	FIREFIGHTER EMT	1,772.60	
FBO	17	Brooks,Norman	00019048	FIREFIGHTER EMT	1,754.47	
FBO	17	Smith,Sharita R.	00002094	EXECUTIVE ASSISTANT	1,749.58	
FBO	17	Curley,Kena W	00027098	FIREFIGHTER	1,749.01	
FBO	17	MITCHELL III,LOUIS J	00018579	STAFF ASSISTANT	1,742.44	
FBO	17	Boone,Cory	00019188	PARAMEDIC FIREFIGHTER	1,740.34	
FBO	17	Mizenko Jr.,Edward John	00002837	FIREFIGHTER EMT	1,739.06	
FBO	17	Wheeler,Douglas W	00005249	FIREFIGHTER EMT	1,739.06	
FBO	17	Martin,Franklin	00088506	FIREFIGHTER PARAMEDIC	1,737.32	
FBO	17	Lawson Jr.,Porter	00007235	LIEUTENANT	1,731.09	
FBO	17	McClellan,Joshua E	00021644	FIREFIGHTER TECH	1,726.60	
FBO	17	Brown,Kevin	00007310	FIREFIGHTER EMT	1,725.59	
FBO	17	Ader,Michael Scott	00003065	SERGEANT	1,723.45	
FBO	17	Warley,Elliott L.	00019211	FIREFIGHTER	1,721.66	
FBO	17	Sampson,Hosea L	00003359	LIEUTENANT	1,720.34	
FBO	17	Marconi,Ronnie	00005634	LIEUTENANT	1,720.34	
FBO	17	Brown,Jarrick	00036878	STAFF ASSISTANT	1,717.19	
FBO	17	Janosko,Kathleen E.	00023414	FIREFIGHTER EMT	1,709.49	
FBO	17	Schrader,Joshua P	00004862	FIREFIGHTER EMT	1,709.48	
FBO	17	Briscoe,Joshua	00021096	FIREFIGHTER EMT	1,707.09	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Tommasini,Anthony J	00024602	FIREFIGHTER EMT	1,705.49	
FBO	17	Bolding,Maurice D	00033703	FIREFIGHTER EMT	1,704.03	
FBO	17	Whalen Jr.,Richard M	00000799	FIREFIGHTER TECH	1,679.94	
FBO	17	Gregory,Daniel H	00027319	FIREFIGHTER EMT	1,677.29	
FBO	17	Tidaback,Donna	00004063	FIREFIGHTER PARAMEDIC	1,675.87	
FBO	17	Shepard III,William T	00002562	FIREFIGHTER EMT	1,675.86	
FBO	17	Mathews,Timothy	00034998	FIREFIGHTER EMT	1,669.17	
FBO	17	Pye II,Nathaniel	00003600	FIREFIGHTER EMT	1,669.16	
FBO	17	Snyders,Chad R	00028753	FIREFIGHTER EMT	1,668.56	
FBO	17	Norris,Eric J	00032801	FIREFIGHTER EMT	1,664.50	
FBO	17	Hudson,Dabney S.	00006480	LIEUTENANT	1,663.00	
FBO	17	Turner,Melissa Y	00088514	FIREFIGHTER PARAMEDIC	1,650.73	
FBO	17	Weaver,Tracye L	00000061	PARAMEDIC	1,643.41	
FBO	17	Goode,Brian D	00024788	FIREFIGHTER EMT	1,642.01	
FBO	17	Campbell Jr.,Cornelius	00005153	FIREFIGHTER EMT	1,642.00	
FBO	17	Winkler,Mark T	00008474	FIREFIGHTER EMT	1,637.92	
FBO	17	Stonestreet,Daniel J	00006378	FIREFIGHTER EMT	1,634.66	
FBO	17	Haggerty Jr.,John F	00004722	SERGEANT	1,629.37	
FBO	17	Mendoza,Luis A	00014984	EMERGENCY MEDICAL TECH	1,624.14	
FBO	17	Jones,Domonique A	00001010	FIREFIGHTER EMT	1,623.54	
FBO	17	Mclaughlin,Stephanie D	00026801	FIRE INSPECTOR TECH	1,623.37	
FBO	17	Ader,Michael Scott	00003065	FIREFIGHTER EMT	1,619.52	
FBO	17	Deavers,Timothy W	00028821	FIREFIGHTER EMT	1,619.52	
FBO	17	Dennis,Kevin J	00036624	FIREFIGHTER EMT	1,619.52	
FBO	17	Denmark Jr.,Alan L.	00016217	FIREFIGHTER EMT	1,619.51	
FBO	17	Washington Jr.,Wayne D.	00026948	FIREFIGHTER EMT	1,619.51	
FBO	17	Smith,David A	00028956	FIREFIGHTER EMT	1,619.51	
FBO	17	Mackall,Andre D	00034269	FIREFIGHTER EMT	1,619.51	
FBO	17	Love,Antonio T	00021681	FIREFIGHTER EMT	1,619.51	
FBO	17	Bell,Matthew	00018584	FIREFIGHTER EMT	1,611.42	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Clark,Ricardo D	00088487	FIREFIGHTER PARAMEDIC	1,595.99	
FBO	17	GARROTT,NICHOLAS R	00007213	FIREFIGHTER EMT	1,574.52	
FBO	17	White,Daniel J	00006443	LIEUTENANT	1,563.95	
FBO	17	Ajose,Bolatito D	00021985	FIRE INSPECTOR	1,563.95	
FBO	17	Fraleay,Bryan R.	00006196	LIEUTENANT	1,558.04	
FBO	17	Baggage,Maurice	00078214	FIREFIGHTER EMT	1,551.00	
FBO	17	Kolarick,Eric S	00035967	FIREFIGHTER TECH	1,549.63	
FBO	17	Gellert,Matthew S	00016309	FIREFIGHTER PARAMEDIC	1,545.00	
FBO	17	Durkee,Jeremy	00088499	FIREFIGHTER / PARAMEDIC	1,544.28	
FBO	17	Bailey,James Paul	00087505	Fleet Management Officer	1,533.21	
FBO	17	Somuah,Marcella	00088493	FIREFIGHTER PARAMEDIC	1,525.95	
FBO	17	Harrington,Sean P	00021405	PARAMEDIC FIREFIGHTER	1,525.67	
FBO	17	Pagel,Douglas R	00017113	LIEUTENANT	1,525.16	
FBO	17	Foley,Robert	00034967	FIREFIGHTER EMT	1,520.81	
FBO	17	Bowen,Brian F	00032680	FIREFIGHTER EMT	1,514.27	
FBO	17	Tracy,Sean Patrick	00011923	FIREFIGHTER PARAMEDIC	1,513.16	
FBO	17	Faison,Daniel L	00025917	SERGEANT	1,502.32	
FBO	17	Jeffery,Keyonna Denise	00034265	FIREFIGHTER EMT	1,484.55	
FBO	17	Muyleart Jr.,Harry I	00023814	SERGEANT	1,477.91	
FBO	17	Rowel,Danard T	00026020	FIREFIGHTER EMT	1,477.14	
FBO	17	Scott,Robin E	00022223	Program Support Assistant	1,474.04	
FBO	17	Mendez,Oscar A.	00020102	Public Affairs Specialist	1,463.18	
FBO	17	Brown,Jay A	00008641	SERGEANT	1,463.10	
FBO	17	Turner Jr.,James A	00000031	FIREFIGHTER EMT	1,439.57	
FBO	17	Gaddis,Bernard E.	00002695	FIREFIGHTER EMT	1,439.57	
FBO	17	Vitielliss,Dustin A	00028820	FIREFIGHTER EMT	1,439.57	
FBO	17	Disbrow,David L.	00013372	FIREFIGHTER EMT	1,439.56	
FBO	17	Williams,Shawnte B	00023513	FIREFIGHTER EMT	1,439.56	
FBO	17	Tucker,Christopher M.	00006246	SERGEANT AIDE	1,431.54	
FBO	17	Rosebrough,William S.	00004676	PARAMEDIC FIREFIGHTER	1,424.46	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Cary,Alfie A	00014494	FIREFIGHTER TECH	1,417.72	
FBO	17	Brown,Paula E	00026794	FIREFIGHTER TECH	1,417.72	
FBO	17	Payne,Derek M	00018784	FIREFIGHTER TECH	1,417.71	
FBO	17	Gryskewicz,Paul M	00018356	CAPTAIN	1,395.74	
FBO	17	Reeder,Duane A	00003199	FIREFIGHTER TECH	1,386.88	
FBO	17	Uranko,Michael G	00007403	FIREFIGHTER EMT	1,378.82	
FBO	17	Sa'adah,Rafael	00020027	DEPUTY FIRE CHIEF	1,373.67	
FBO	17	Lerch,Jason A	00026926	FIREFIGHTER TECH	1,372.37	
FBO	17	Everett,Patricia	00015514	FIRE SAFETY EDUCATION SPEC	1,372.08	
FBO	17	Powell Jr.,Melvin M	00014746	FIREFIGHTER	1,366.42	
FBO	17	Boddy,James A	00007149	FIREFIGHTER EMT	1,365.69	
FBO	17	Edwards,Timothy	00032708	FIREFIGHTER EMT	1,365.68	
FBO	17	Bernard,Daniel M	00007953	FIREFIGHTER EMT	1,364.40	
FBO	17	Ridgely,Paul D	00005645	FIREFIGHTER TECH	1,356.06	
FBO	17	Bauer,Joshua Aaron	00007144	FIREFIGHTER TECH	1,353.27	
FBO	17	Boyd,Anaje	00011047	FIREFIGHTER EMT	1,329.45	
FBO	17	Herndon,Kiontea	00012487	FIREFIGHTER EMT	1,329.45	
FBO	17	Morris,Tonnisha M	00023530	FIREFIGHTER EMT	1,326.08	
FBO	17	Speakes Jr.,Joseph L	00026444	FIREFIGHTER TECH	1,314.34	
FBO	17	Peterson,Ralph	00040921	HEAVY MOBILE EQUIP MECH FORMN	1,313.30	
FBO	17	Montgomery,Colin J	00026862	FIREFIGHTER	1,311.76	
FBO	17	Stewart,David K	00027103	FIREFIGHTER	1,311.76	
FBO	17	Morant,Indea	00036433	FIREFIGHTER EMT	1,308.78	
FBO	17	Atlas,Daniel	00033320	PARAMEDIC FIREFIGHTER	1,307.32	
FBO	17	Baer,Justin P.	00028826	FIREFIGHTER EMT	1,304.29	
FBO	17	Henson,Devon N	00011617	FIREFIGHTER EMT	1,301.93	
FBO	17	Bourassa,Ryan L.	00018021	LIEUTENANT	1,298.37	
FBO	17	Hagaman,Craig B.	00005136	FIREFIGHTER TECH	1,294.44	
FBO	17	Dickey,Margaret K.	00006636	FIREFIGHTER TECH	1,294.44	
FBO	17	Vines,Steven W	00006637	FIREFIGHTER TECH	1,294.43	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Evans,Erika	00004152	Management Liaison Specialist	1,290.39	
FBO	17	Reed Jr.,Wayne	00035958	FIREFIGHTER PARAMEDIC	1,289.13	
FBO	17	Potter,Darren S	00004005	FIREFIGHTER TECH	1,285.43	
FBO	17	Taylor,James M	00007030	FIREFIGHTER TECH	1,284.15	
FBO	17	Hunter,Cooksey P.	00028903	FIREFIGHTER EMT	1,278.02	
FBO	17	Takesuye,Joseph	00002349	FIREFIGHTER EMT	1,275.72	
FBO	17	Bohannon-Bey,James	00018696	FIREFIGHTER EMT	1,275.71	
FBO	17	Crawford,Emory C	00016579	HEAVY MOBILE EQUIP MECH	1,267.50	
FBO	17	Hartlove,Alan M.	00020223	FIREFIGHTER TECH	1,259.95	
FBO	17	Cave,Joshua S.B	00003605	FIREFIGHTER EMT	1,259.62	
FBO	17	Harley,Laveine W	00017019	FIREFIGHTER	1,252.12	
FBO	17	Washington,David V	00017245	FIREFIGHTER EMT	1,252.12	
FBO	17	Hurley,Randolph W	00005314	FIREFIGHTER EMT	1,242.19	
FBO	17	Long,Kurt M	00006284	FIREFIGHTER EMT	1,242.19	
FBO	17	Perlmutter,Bryan D	00036430	FIREFIGHTER EMT	1,242.19	
FBO	17	Garrott,Patrick M	00002890	FIREFIGHTER TECH	1,240.85	
FBO	17	Benson,Christopher	00028755	PARAMEDIC FIREFIGHTER	1,235.43	
FBO	17	Brown,Kila A	00023708	FIREFIGHTER PARAMEDIC	1,235.38	
FBO	17	Brandon,Daquan C	00004488	FIREFIGHTER EMT	1,233.23	
FBO	17	Williams,Jeremy	00028888	FIREFIGHTER EMT	1,232.90	
FBO	17	Jones,Eric W	00003038	FIREFIGHTER TECH	1,232.79	
FBO	17	Bost,Cartao A	00010433	FIREFIGHTER TECH	1,232.79	
FBO	17	Collins,Andrew D	00005117	FIREFIGHTER TECH	1,232.78	
FBO	17	Merryman,Dustin Elliott	00003956	FIREFIGHTER/PARAMEDIC	1,228.70	
FBO	17	Pyos,Raymona	00083133	Program Support Assistant	1,218.04	
FBO	17	Watson Jr.,Walter	00010369	FIREFIGHTER EMT	1,217.34	
FBO	17	WARD Jr.,ROBERT	00004233	FIREFIGHTER EMT	1,214.63	
FBO	17	Mathias,Jeffrey A.	00017784	FIREFIGHTER EMT	1,214.63	
FBO	17	Gibson,Kendall A	00036689	FIREFIGHTER EMT	1,208.57	
FBO	17	Brown,Derwin C.	00007006	HEAVY MOBILE EQUIP MECH	1,206.95	



Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Scott II,Clark W	00077342	Information Technology Special	1,195.94	
FBO	17	Bowman,Benita L.	00035001	FIREFIGHTER EMT	1,192.83	
FBO	17	Gardner,Travis W	00023557	FIREFIGHTER EMT	1,192.50	
FBO	17	Bekure,Messay N	00028802	FIREFIGHTER EMT	1,192.14	
FBO	17	Cole,Kevin	00003756	FIREFIGHTER PARAMEDIC	1,188.45	
FBO	17	Rose,Lee	00033500	FIREFIGHTER PARAMEDIC	1,187.18	
FBO	17	Smith,Joshua R	00006500	FIREFIGHTER PARAMEDIC	1,184.06	
FBO	17	Duty,William H	00025149	FIREFIGHTER TECH	1,181.42	
FBO	17	Pennington,Gerald L.	00026563	FIRE ARSON INVESTIGATOR ARMED	1,170.64	
FBO	17	Mastri,G Nicholas	00034956	PARAMEDIC FIREFIGHTER	1,168.66	
FBO	17	Smith,Edward C	00032452	BATTALION FIRE CHIEF	1,168.13	
FBO	17	Lenyk,Justin W	00003207	VICE FIREFIGHTER TECH	1,166.62	
FBO	17	Anderson,Christopher John	00001918	SERGEANT PARAMEDIC	1,148.96	
FBO	17	Ader,Michael Scott	00003065	SERGEANT PARAMEDIC	1,148.96	
FBO	17	Wright,William D	00022701	FIREFIGHTER EMT	1,147.17	
FBO	17	Wright,Robert	00027446	LIEUTENANT	1,146.89	
FBO	17	Janosko,Kathleen E.	00023414	FIREFIGHTER TECH	1,143.29	
FBO	17	Nellis,Eric D	00007587	FIREFIGHTER PARAMEDIC	1,142.76	
FBO	17	Mack,Charles A	00020670	DEPUTY FIRE CHIEF	1,140.01	
FBO	17	Wagoner,Derrick R	00036421	FIREFIGHTER EMT	1,136.02	
FBO	17	Mcallister,Terry B	00004746	FIREFIGHTER TECH	1,130.05	
FBO	17	Johnson,Jeffrey Anthony	00032491	FIREFIGHTER EMT	1,128.98	
FBO	17	Kent,Keith	00032509	FIREFIGHTER EMT	1,128.02	
FBO	17	Szugye,Kevin M	00005585	FIREFIGHTER EMT	1,124.67	
FBO	17	Clement,Bryan Arthur	00009334	FIREFIGHTER EMT	1,124.67	
FBO	17	Clary,Joseph F	00004708	FIREFIGHTER EMT	1,124.66	
FBO	17	Phillips,Joshua Thomas	00005584	FIREFIGHTER TECH	1,119.96	
FBO	17	Wright,Kecia A.	00036170	FIREFIGHTER EMT	1,119.23	
FBO	17	Busl,Thomas A	00006602	FIREFIGHTER TECH	1,119.15	
FBO	17	Jeffcoat,Jeremiah A	00000150	FIREFIGHTER EMT	1,113.41	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Hasselberger,Chad	00021654	FIREFIGHTER EMT	1,109.21	
FBO	17	Clark,Zachary T	00026610	FIREFIGHTER EMT	1,108.57	
FBO	17	Harvell,Jarratt E	00019038	FIREFIGHTER EMT	1,107.85	
FBO	17	McKay,Cameron S	00088511	FIREFIGHTER EMT	1,106.56	
FBO	17	Soul,Intri Dazzelle	00021757	FIRE INSPECTOR TECH	1,106.26	
FBO	17	Zelonis,Leonard T	00006927	LIEUTENANT	1,103.61	
FBO	17	Washington,Dashauna T	00083621	Program Analyst	1,100.29	
FBO	17	Brand,Michael	00028896	FIREFIGHTER EMT	1,100.13	
FBO	17	Washabaugh,John A	00088486	FIREFIGHTER PARAMEDIC	1,095.76	
FBO	17	Worth,Christopher A.	00003383	FIREFIGHTER EMT	1,095.60	
FBO	17	Moton - El,Michael D	00035007	FIREFIGHTER EMT	1,094.75	
FBO	17	Smith,Kenneth L	00008460	FIREFIGHTER	1,093.13	
FBO	17	Coombe,Jeffrey A	00009001	LIEUTENANT PARAMEDIC	1,092.33	
FBO	17	Hinz,August D	00006681	FIREFIGHTER PARAMEDIC	1,087.73	
FBO	17	Garner,Norman A	00006369	FIREFIGHTER	1,082.56	
FBO	17	Lea,Betty J.	00040111	Training Technician	1,081.79	
FBO	17	Feist,Trevor S.	00005998	FIREFIGHTER EMT	1,079.68	
FBO	17	Hines,Antwon H.	00005098	FIREFIGHTER EMT	1,079.67	
FBO	17	Faulkner,Stephen J.	00036425	FIREFIGHTER EMT	1,079.67	
FBO	17	Fulwood,Gary M	00077954	Program Support Assistant	1,079.31	
FBO	17	Pearson Sr,Michael	00019709	Heavy Mobile Equipment Repaire	1,077.89	
FBO	17	Raymer,Robert J.	00003458	FIREFIGHTER PARAMEDIC	1,075.47	
FBO	17	Clark,Latisha S	00035334	FIREFIGHTER PARAMEDIC	1,072.64	
FBO	17	Carroll,Frank W	00001791	FIREFIGHTER EMT	1,065.93	
FBO	17	Hinde,Christopher A	00018911	FIREFIGHTER EMT	1,065.93	
FBO	17	Brown,Karen A	00016208	FIREFIGHTER TECH	1,063.59	
FBO	17	Dolinger,Michael J	00027834	FIREFIGHTER TECH	1,063.58	
FBO	17	Omasere,Oluwafunmike Ayosunmideb	00002392	SERGEANT PARAMEDIC	1,062.24	
FBO	17	Black,Ryan	00035071	FIREFIGHTER EMT	1,062.19	
FBO	17	Toland,Dureyea	00021992	FIREFIGHTER EMT	1,047.45	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Dillon,Thomas E	00004341	FIREFIGHTER EMT	1,043.44	
FBO	17	Power,David G.	00013696	FIREFIGHTER EMT	1,043.44	
FBO	17	Oliphant,Christopher H	00033483	FIREFIGHTER EMT	1,043.44	
FBO	17	Mosby,Malazchae	00083134	Program Support Assistant	1,039.77	
FBO	17	Parker,David H	00014425	FIREFIGHTER EMT	1,038.47	
FBO	17	Hutchinson,Brett R	00014868	FIREFIGHTER EMT	1,037.39	
FBO	17	Mills,Jamal G	00033489	FIREFIGHTER EMT	1,037.39	
FBO	17	Brooke III,George R	00004536	FIREFIGHTER TECH	1,027.32	
FBO	17	Clark Jr.,George E	00005183	FIREFIGHTER TECH	1,027.32	
FBO	17	Jeffery IV,Alfred	00028986	FIREFIGHTER EMT	1,023.30	
FBO	17	Lancaster,Michael A	00005743	FIREFIGHTER TECH	1,017.05	
FBO	17	Abdul-Saboor,Muhammad	00083623	Program Support Assistant	1,010.50	
FBO	17	Kelly,Timothy JP	00028817	FIREFIGHTER EMT	1,004.49	
FBO	17	Kaur,Rajinder	00006324	Program Analyst	1,001.83	
FBO	17	Semwanga,Peninah N	00011600	Program Analyst (GIS)	994.60	
FBO	17	White,Andrew	00035005	FIREFIGHTER EMT	966.88	
FBO	17	Woolston,Matthew	00026908	LIEUTENANT PARAMEDIC	955.45	
FBO	17	Stevenson,Michael	00025941	FIREFIGHTER EMT	948.07	
FBO	17	Dominick,Duane	00021495	FIREFIGHTER TECH	945.14	
FBO	17	Merriweather,Chris D	00028876	FIREFIGHTER EMT	940.00	
FBO	17	Kelly,Patrick J	00035403	LIEUTENANT	938.37	
FBO	17	Gardner,Travaughn W	00028778	FIREFIGHTER EMT	938.03	
FBO	17	Buscavage,Charles L	00002898	FIREFIGHTER	929.16	
FBO	17	Sullivan,Graham R	00037733	FIREFIGHTER EMT	927.90	
FBO	17	Steinhardt,Michael J.	00034251	FIREFIGHTER EMT	922.23	
FBO	17	McKnight,J'Quan	00028905	FIREFIGHTER EMT	919.93	
FBO	17	Moore,Davon A	00032590	FIREFIGHTER EMT	919.19	
FBO	17	Frazier Pollard,Nicholas	00004278	PARAMEDIC FIREFIGHTER	911.15	
FBO	17	White,Adrienne N	00003804	FIREFIGHTER EMT	899.73	
FBO	17	Douglas,Christopher A	00019139	FIREFIGHTER EMT	899.73	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Beach,Jeff A	00028814	FIREFIGHTER EMT	899.73	
FBO	17	Lewis,Todd O	00004749	LIEUTENANT	899.27	
FBO	17	Rogers,Timothy	00028867	Paramed FF/EMS Supv, Trans (Li	899.27	
FBO	17	Barney,Rosalyn	00087504	Nurse Consultant	893.53	
FBO	17	Schaffer,Frederick S	00005614	FIREFIGHTER EMT	886.92	
FBO	17	Kline,Kevin W	00003010	FIREFIGHTER	886.92	
FBO	17	Thornhill,Thomas B	00022181	BATTALION FIRE CHIEF	878.51	
FBO	17	Gilligan,Sean J	00017080	LIEUTENANT	865.58	
FBO	17	Omasere,Oluwafunmike Ayosunmideb	00002392	SERGEANT	863.07	
FBO	17	Dean,Gregory	00024474	Fire Chief	862.29	
FBO	17	Sadowski,Mark R	00007954	LIEUTENANT	860.17	
FBO	17	George,Duane C	00026589	FIREFIGHTER EMT	854.74	
FBO	17	Graham,Sharon	00088478	FIREFIGHTER PARAMEDIC	850.37	
FBO	17	Spencer,John H	00021579	FIREFIGHTER TECH	847.54	
FBO	17	Bernard,Christopher J	00004087	FIREFIGHTER EMT	844.69	
FBO	17	Burton,Sean A.	00025469	LIEUTENANT	843.94	
FBO	17	Thompson,Kevin W	00083619	Heavy Mobile Equipment Repaire	839.51	
FBO	17	Gellert,Matthew S	00016309	FIREFIGHTER EMT	829.91	
FBO	17	Kline,Kevin P	00007304	LIEUTENANT	821.07	
FBO	17	Hinton,Christopher Douglas	00083178	TRAINING INSTRUCTOR	815.49	
FBO	17	Liverpool,Jeffrey D	00083451	FIRE CADET	811.41	
FBO	17	Griffith,Sean C	00003450	FIREFIGHTER EMT	804.67	
FBO	17	Hamm,Spencer A	00035462	CAPTAIN	799.65	
FBO	17	Leizear,Richard W	00004763	FIREFIGHTER EMT	795.00	
FBO	17	Sheehan,James J	00012898	LIEUTENANT	792.04	
FBO	17	Trotter,Marcus A	00005736	SERGEANT	791.74	
FBO	17	VanMaenen,Peter	00026041	LIEUTENANT	779.13	
FBO	17	Mcnally,Joseph K.	00004846	LIEUTENANT	779.02	
FBO	17	Watson,Michael M	00011885	PARAMEDIC	766.72	
FBO	17	Eiker,Christopher A	00018876	SERGEANT AIDE	765.34	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	McComas, Eric M	00018969	FIREFIGHTER EMT	758.71	
FBO	17	Coates, Dorian T	00033733	FIREFIGHTER EMT	757.34	
FBO	17	Catlett, Wendell	00001590	FIREFIGHTER TECH	746.63	
FBO	17	Lenyk, Justin W	00003207	FIREFIGHTER EMT	745.52	
FBO	17	Bell, Jason E	00024969	FIREFIGHTER EMT	742.27	
FBO	17	Murphy, Steven G	00006114	SERGEANT AIDE	733.24	
FBO	17	Taylor, Aleazor A	00023586	Juvenile Fire Setters Counselo	733.13	
FBO	17	Griffith, Olani H	00004924	FIREFIGHTER EMT	732.20	
FBO	17	Taylor, Rodney K	00021506	SERGEANT	731.55	
FBO	17	White, Isaac L	00018089	FIREFIGHTER	730.40	
FBO	17	Fox, Christopher A	00028816	FIREFIGHTER EMT	726.18	
FBO	17	Lusby, Jason R	00001343	FIREFIGHTER EMT	719.79	
FBO	17	Basti, Matthew D	00028804	FIREFIGHTER EMT	719.78	
FBO	17	Artis, Maiesha	00004857	FIREFIGHTER EMT	710.01	
FBO	17	Archie, Dana S	00019222	FIREFIGHTER TECH	708.86	
FBO	17	Wright, Terrence S	00021950	FIREFIGHTER TECH	708.86	
FBO	17	Szugye, Kevin M	00005585	SERGEANT	703.75	
FBO	17	Carroll III, Thomas F.	00004279	FIREFIGHTER TECH	701.15	
FBO	17	Allen, Justin B.	00006660	FIREFIGHTER TECH	701.15	
FBO	17	Lynch, Lorenzo W	00014602	FIREFIGHTER EMT	695.63	
FBO	17	Shaw, Devin F	00002783	FIREFIGHTER EMT	682.20	
FBO	17	Schaake, David W	00004704	FIREFIGHTER TECH	678.03	
FBO	17	Harris, William H	00017981	FIREFIGHTER TECH	678.03	
FBO	17	Eller, Donald L	00032684	FIREFIGHTER TECH	678.03	
FBO	17	Hicks, Anthony P	00033721	FIREFIGHTER EMT	671.44	
FBO	17	Maynor, Kevin	00040236	FIREFIGHTER EMT	671.43	
FBO	17	Cooper-Rice, Ozell V	00010826	Program Analyst	667.89	
FBO	17	Wingfield, Derek L	00026017	FIREFIGHTER EMT	655.88	
FBO	17	Zink, Frederick L	00035083	Battalion EMS Supervisor (Capt	652.94	
FBO	17	Mckethan, Gary E	00022422	FIREFIGHTER TECH	649.79	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Simister,Shannon T.	00004055	FIREFIGHTER TECH	647.22	
FBO	17	Mcknight,Steve A	00004273	FIREFIGHTER TECH	647.22	
FBO	17	Sewell,Landon S	00006052	FIREFIGHTER TECH	647.22	
FBO	17	Jett,Anthony D	00006185	FIREFIGHTER TECH	647.22	
FBO	17	Devine,Kevin M.	00008142	FIREFIGHTER TECH	647.22	
FBO	17	Batdorff,Stephen T.	00021590	FIREFIGHTER TECH	647.21	
FBO	17	Rust,Nicole R	00014208	FIREFIGHTER EMT	639.56	
FBO	17	Rambo,Kenton D	00035480	SERGEANT	633.39	
FBO	17	Green,Deamonte	00014266	FIREFIGHTER TECH	629.47	
FBO	17	Goldsmith,James B	00006604	FIREFIGHTER EMT	626.06	
FBO	17	Contee,Gregory A	00023301	FIREFIGHTER EMT	626.06	
FBO	17	Nelson,Wayne R	00009140	LIEUTENANT	625.58	
FBO	17	Sullivan,Christopher M	00026207	FIREFIGHTER TECH	616.39	
FBO	17	Mckinney,Deyon	00008274	FIREFIGHTER EMT	616.38	
FBO	17	McNulty,Robert	00036473	FIREFIGHTER EMT	615.34	
FBO	17	Gryskewicz,James A	00037829	VICE FIREFIGHTER TECH	609.34	
FBO	17	Sellitto,Michael J	00034270	FIREFIGHTER TECH VICE	608.99	
FBO	17	Wilkinson,John A	00033351	FIREFIGHTER EMT	607.31	
FBO	17	Thomas,John E	00002740	LIEUTENANT	599.51	
FBO	17	Mcmillan,Kermit J	00017054	FIREFIGHTER EMT	596.25	
FBO	17	Hardesty,Heather A	00027754	FIREFIGHTER EMT	596.25	
FBO	17	Hess,James F	00032555	FIREFIGHTER EMT	596.25	
FBO	17	Wheeler,Berl D	00032703	FIREFIGHTER EMT	596.25	
FBO	17	Moye,Niggora A	00033287	FIREFIGHTER EMT	596.25	
FBO	17	Basinger,Scott T.	00003393	FIREFIGHTER TECH	593.28	
FBO	17	Weinroth,Derek A.	00023691	Battalion EMS Supervisor (Capt	593.09	
FBO	17	Harris,Jazmin K S	00019383	FIREFIGHTER EMT	587.85	
FBO	17	Taylor,Alysia Y.	00034263	Administrative Officer	587.72	
FBO	17	Johnson,Erik L	00088523	Program Analyst	587.46	
FBO	17	Ordile,K. Gregory	00018059	FIREFIGHTER EMT	584.83	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Bedsaul,Nicholas	00005815	FIREFIGHTER TECH	583.31	
FBO	17	McVey,Kevin Connelly	00006280	FIREFIGHTER TECH	583.31	
FBO	17	Teneyck-smith,Kimberly L	00014534	FIRE INSPECTOR	578.11	
FBO	17	Lockwood,Cody C	00034253	FIREFIGHTER EMT	570.56	
FBO	17	Miedzinski,Joseph	00023725	FIREFIGHTER EMT	564.01	
FBO	17	Helwig,Russell S.	00034991	FIREFIGHTER EMT	562.33	
FBO	17	O'neil,John Paul	00000458	FIREFIGHTER TECH	559.98	
FBO	17	Clark,Daniel Harvey	00005197	FIREFIGHTER TECH	559.98	
FBO	17	Slonaker,Andrew M.	00006142	FIREFIGHTER TECH	559.98	
FBO	17	Rich III,Roy J	00017964	FIREFIGHTER	554.29	
FBO	17	Drew,Michael	00078216	FIREFIGHTER EMT	553.93	
FBO	17	Newnam,Robert	00005365	FIREFIGHTER EMT	553.28	
FBO	17	Batza,Ryan	00007271	FIREFIGHTER EMT	553.28	
FBO	17	Redmond,Ruth E	00026188	FIRE INSPECTOR	545.99	
FBO	17	Nowlin,Ron O.	00002870	FIREFIGHTER EMT	539.84	
FBO	17	Bunn,Rodney	00013250	FIREFIGHTER EMT	539.84	
FBO	17	Yager,Matthew A	00028996	FIREFIGHTER EMT	539.84	
FBO	17	Bender,Curtis Ray	00022112	FIREFIGHTER TECH	531.79	
FBO	17	Phillips,Brian D.	00012431	LIEUTENANT	519.35	
FBO	17	Moore,Jason R	00022508	LIEUTENANT	519.35	
FBO	17	Baskerville,Veronica A	00023815	EMERGENCY MEDICAL TECH	511.68	
FBO	17	Long,Karen B	00005039	STAFF ASSISTANT	509.07	
FBO	17	Wilson,Kirk C	00004371	FIREFIGHTER TECH	494.40	
FBO	17	Ladd Jr.,Marvin W	00007416	FIREFIGHTER	491.91	
FBO	17	Levine,Daryl R	00001585	Program Analyst	488.34	
FBO	17	McKnight,James	00003867	FIREFIGHTER EMT	484.12	
FBO	17	Grant,Brandon	00019712	FIREFIGHTER EMT	483.44	
FBO	17	Carroll,James R	00004814	FIREFIGHTER TECH	472.57	
FBO	17	Worrell,Edward L	00017751	FIREFIGHTER TECH	472.57	
FBO	17	Lisko,Charles A	00006906	FIREFIGHTER TECH	471.93	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Zink,Frederick L	00035083	BATTALION FIRE CHIEF	469.21	
FBO	17	Williams,Dexter B	00025786	SERGEANT	465.53	
FBO	17	Rustin-Madison,Deante	00088509	FIREFIGHTER PARAMEDIC	463.29	
FBO	17	Gillis Jr.,Irving S	00014092	FIREFIGHTER TECH	452.02	
FBO	17	Labille,Thomas C	00017424	FIREFIGHTER TECH	452.02	
FBO	17	Scott,Deborah Y	00002321	EXECUTIVE ASSISTANT	449.27	
FBO	17	Payton,Ronald	00018920	FIREFIGHTER EMT	447.19	
FBO	17	Turner,Andre R	00017232	FIREFIGHTER	443.46	
FBO	17	Roundtree Jr.,Ronald B	00026061	FIREFIGHTER TECH	436.61	
FBO	17	Rosich-Capo,Marie A	00006882	Battalion EMS Supvr (Capt)	435.34	
FBO	17	Dennis,David R.	00003878	FIREFIGHTER TECH	431.48	
FBO	17	Lignelli,Kevin J	00005616	FIREFIGHTER TECH	431.48	
FBO	17	Chase,Andrew B.	00004370	FIREFIGHTER/PARAMEDIC	429.05	
FBO	17	Korpon,Jason A	00028901	FIREFIGHTER PARAMEDIC	429.05	
FBO	17	Maguire Jr.,Thomas E	00008791	MACHINIST	423.89	
FBO	17	Weimer,Shaun A.	00014811	FIREFIGHTER TECH	419.98	
FBO	17	Anders,David	00002930	FIREFIGHTER EMT	414.96	
FBO	17	Keeton,Antonio E	00018765	FIREFIGHTER EMT	414.96	
FBO	17	Simpson,Dennis L	00011367	PARAMEDIC	411.77	
FBO	17	Miller,Clifford R	00000021	FIREFIGHTER TECH	410.93	
FBO	17	Johnson,Joseph W	00022655	FIREFIGHTER TECH	410.93	
FBO	17	Paire,Raynesher	00016798	FIREFIGHTER EMT	402.86	
FBO	17	Slutman,Bryan Douglas e	00003187	FIREFIGHTER EMT	397.50	
FBO	17	Wimbish,William M	00006589	FIREFIGHTER EMT	397.50	
FBO	17	Rabaiotti,Michael J	00035910	FIREFIGHTER EMT	397.50	
FBO	17	Watson,Michael M	00011885	EMS Preceptor	396.87	
FBO	17	Parker,Evelyn M	00008102	IT Spec (Customer Support)	385.94	
FBO	17	Mooney,Robert A	00028973	FIREFIGHTER EMT	378.68	
FBO	17	Hoston,Samone L	00022619	Fire Safety Information Spec	377.89	
FBO	17	Kelly,Joseph Patrick	00003312	FIREFIGHTER EMT	359.89	



Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Quintanilla,Japheth Melvin Orlando	00028837	FIREFIGHTER EMT	359.89	
FBO	17	Gaetano,Kenneth B	00028912	FIREFIGHTER EMT	359.89	
FBO	17	O'Neil,Michael J	00035143	FIREFIGHTER EMT	359.89	
FBO	17	Seymour,Jay S	00035514	FIREFIGHTER EMT	359.89	
FBO	17	Schaefer,Sean P	00017096	FIREFIGHTER EMT	341.10	
FBO	17	Shymansky,Mychael S	00011731	CAPTAIN	319.85	
FBO	17	Sirmons,James B	00006595	FIREFIGHTER EMT	303.48	
FBO	17	Mapp,Lucius	00024179	Management Liaison Specialist	285.99	
FBO	17	Swerdlow,Paul	00017560	FIREFIGHTER EMT	284.52	
FBO	17	Humphrey III,Robert E	00032635	FIREFIGHTER EMT	273.29	
FBO	17	Brinkley,Roy S	00017773	CAPTAIN	261.70	
FBO	17	Sutton,Neal S	00032335	FIREFIGHTER EMT	260.86	
FBO	17	Keefe,David	00027347	LIEUTENANT	259.67	
FBO	17	Fitzgerald,John T	00032325	FIREFIGHTER TECH	254.38	
FBO	17	Godinez,Alvaro N	00032666	FIREFIGHTER EMT	248.44	
FBO	17	Crawford,Nigel C.	00014448	Management Liaison Specialist	237.77	
FBO	17	Odemns,Daquan	00032517	FIREFIGHTER EMT	235.00	
FBO	17	Ryan,John	00088510	FIREFIGHTER PARAMEDIC	231.64	
FBO	17	Fitzgerald,Michael P	00008712	LIEUTENANT	231.63	
FBO	17	Smith,Betty E	00021908	Battalion EMS Supvr (Capt)	228.99	
FBO	17	Prince,Anthony M	00006105	FIREFIGHTER	228.56	
FBO	17	Reed,Trevor	00027107	FIREFIGHTER	228.56	
FBO	17	Washington,Robert	00003496	CAPTAIN	228.04	
FBO	17	Mason,Tikeeia I	00028961	FIREFIGHTER EMT	224.93	
FBO	17	Cooper,Robert W	00004715	LIEUTENANT	224.82	
FBO	17	Russell,John A	00004265	FIREFIGHTER TECH	215.73	
FBO	17	Eastman,Keith L	00005201	FIREFIGHTER TECH	215.73	
FBO	17	Hebert,Christopher W.	00035166	FIREFIGHTER TECH	215.73	
FBO	17	Thompson,Ralph L	00002388	LIEUTENANT	213.30	
FBO	17	Adams,Darin W	00018463	FIREFIGHTER EMT	208.69	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Hall,Clifton A	00023425	FIREFIGHTER	208.69	
FBO	17	Macleod,Scott E	00004982	FIREFIGHTER TECH	205.47	
FBO	17	Jaworski,Stanley J	00007348	LIEUTENANT	204.03	
FBO	17	Brown,Justin B	00004627	BATTALION FIRE CHIEF	201.89	
FBO	17	Teachey,Maurice	00007500	SERGEANT AIDE	200.77	
FBO	17	Reynolds,Charles J	00003149	FIREFIGHTER EMT	198.76	
FBO	17	Stewart,John K	00013648	FIREFIGHTER EMT	198.75	
FBO	17	Roy,Michael A	00023503	FIREFIGHTER EMT	198.75	
FBO	17	Shank,Matthew M	00033521	FIREFIGHTER EMT	198.75	
FBO	17	Tombras,Alexandros John	00023722	FIREFIGHTER TECH	193.70	
FBO	17	Wooten,Jessica D	00008068	FIREFIGHTER EMT	189.33	
FBO	17	Louryk,Brent J	00028907	FIREFIGHTER EMT	189.33	
FBO	17	Hunter,Stephon D	00019130	FIREFIGHTER EMT	186.99	
FBO	17	Goodyear,Robert D	00004084	FIREFIGHTER PARAMEDIC	180.68	
FBO	17	HILBERT,ANDREW R	00005969	FIREFIGHTER EMT	179.95	
FBO	17	Negley,Jason K.	00019981	FIREFIGHTER EMT	179.95	
FBO	17	Reid,Errol S	00035825	FIREFIGHTER EMT	179.95	
FBO	17	Vallandingham,Stephen D	00035956	FIREFIGHTER EMT	179.95	
FBO	17	Tyree,Kelvin D	00002391	FIREFIGHTER TECH	177.21	
FBO	17	Sinon,Sean P	00023719	SERGEANT	174.57	
FBO	17	Lucas,Paul E	00017821	FIREFIGHTER	171.42	
FBO	17	Roque,Sarah	00028762	Supervisory Public Health Anal	170.84	
FBO	17	Forquer,Brian Joseph	00025452	FIREFIGHTER EMT	170.55	
FBO	17	Silverstrim Jr.,Thomas M	00027431	SERGEANT	166.26	
FBO	17	Clegg,Shanika T	00004688	Nurse Consultant	164.33	
FBO	17	Magruder,DeAngela N	00036641	Public Affairs Specialist	160.47	
FBO	17	Long,Kurt M	00006284	SERGEANT	158.35	
FBO	17	Dzanko,Charles J.	00004788	FIREFIGHTER EMT	156.52	
FBO	17	Butler,Arthenious D	00014084	FIREFIGHTER TECH	154.10	
FBO	17	Schunk,John K	00027406	SERGEANT	152.76	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Gilbert,Sabrina O	00088477	FIREFIGHTER PARAMEDIC	150.17	
FBO	17	Johnson,Dino L	00005338	FIREFIGHTER EMT	149.06	
FBO	17	BRADY Jr.,DENNIS P	00007244	FIREFIGHTER TECH	139.99	
FBO	17	Crosswhite,Jeffrey L	00006234	FIREFIGHTER EMT	138.32	
FBO	17	Kephart,Ryan C.	00028898	FIREFIGHTER EMT	134.96	
FBO	17	Sanders,Jawun	00035916	FIREFIGHTER EMT	134.28	
FBO	17	Botts,Daniel R	00021089	FIRE INSPECTOR	134.06	
FBO	17	Smith,Masika	00083132	Program Support Assistant	132.43	
FBO	17	Sebastionelli,Matthew J	00013904	FIREFIGHTER EMT	127.91	
FBO	17	Burr,Thomas D	00021944	FIRE INSPECTOR	122.88	
FBO	17	Marrazzo,Jason	00088483	FIREFIGHTER PARAMEDIC	115.82	
FBO	17	Mills,Stephen	00088488	FIREFIGHTER PARAMEDIC	115.82	
FBO	17	Barrow,Joshua	00088491	FIREFIGHTER PARAMEDIC	115.82	
FBO	17	Henry,Alexander	00088494	FIREFIGHTER PARAMEDIC	115.82	
FBO	17	Swenson,Patrick M	00028840	FIREFIGHTER EMT	112.47	
FBO	17	Lozupone,Joseph V.	00005723	FIREFIGHTER	104.34	
FBO	17	Holt,Matthew G	00035431	FIREFIGHTER EMT	103.74	
FBO	17	Crouse,Kelly F	00023262	FIREFIGHTER EMT	101.22	
FBO	17	Hoston,Tabatha	00003113	FIREFIGHTER EMT	100.71	
FBO	17	Freeman,Rose C	00077953	Program Support Assistant	98.72	
FBO	17	Mcallister,Brian	00007315	LIEUTENANT	64.92	
FBO	17	Charland,Andrew T	00007355	FIREFIGHTER TECH	53.93	
FBO	17	Mcdonough,Michael J	00007379	FIREFIGHTER TECH	53.93	
FBO	17	Sinon,Sean P	00023719	FIREFIGHTER TECH	53.93	
FBO	17	Fitzgerald,David J	00008984	SERGEANT	50.27	
FBO	17	Oliff,Christopher F	00008338	FIREFIGHTER	49.69	
FBO	17	Bernardo,Michael R	00008802	FIREFIGHTER PARAMEDIC	47.67	
FBO	17	Chichester,Arthur M.	00017378	FIREFIGHTER EMT	44.99	
FBO	17	Hasan,Selchuk K	00012771	FIREFIGHTER EMT	42.64	
FBO	17	Henderson,Donta T	00028810	FIREFIGHTER EMT	42.64	

Agency Code	Fiscal Year	Employee Name	Position Number	Position Title	Overtime Pay (Dollars)	Worker's Comp
FBO	17	Rhodes Jr., Charles T	00035004	FIREFIGHTER EMT	42.64	
FBO	17	Laird, Christopher	00028799	FIREFIGHTER EMT	40.29	
FBO	17	Marshall, Robert A	00000932	FIREFIGHTER	26.09	
<b>AGENCY GRAND TOTAL</b>					<b>\$9,524,975.86</b>	<b>\$0.00</b>

# **ATTACHMENT**

QUESTION 11(a)

(CAPITAL PROJECTS)

**NPS Life-to-Date Capital Spending By Project and Phase**

Project No	Project Ph	Project Title	Fund Detail	Lifetime Budget	LTD Allotments	Cash Expend Act	Accrued Expend Act	Encumbrances	Intra-District Advances	Pre-encumbrances	One Year Allotment Balance	Six Year Lifetime Balance	
BRM01C	4	NEW HARBOR PATROL FACILITY	300	20,500,000.00	0	0	0	0	0	0	0	20,500,000.00	
<b>BRM01C</b>				<b>20,500,000.00</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20,500,000.00</b>	
E2001C	1	ENGINE 20	300	687,808.15	687,808.15	687,808.15	0	0	0	0	0	0	
	3			277,848.68	277,848.68	277,848.42	0	0.26	0	0	0	0	0
	4			661,642.96	661,642.96	661,642.96	0	0	0	0	0	0	0
<b>E2001C</b>				<b>1,627,299.79</b>	<b>1,627,299.79</b>	<b>1,627,299.53</b>	<b>0</b>	<b>0.26</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
F2707C	3	PERMANANET IMPROVEMENTS	300	0	0	0	0	0	0	0	0	0	
	4			0	0	0	0	0	0	0	0	0	0
<b>F2707C</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
LA137C	3	E-01 COMPLETE RENOVATION/MODERNIZATION	300	0	0	0	0	0	0	0	0	0	
	4			0	0	0	0	0	0	0	0	0	0
<b>LA137C</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
LA337C	1	ENGINE COMPANY 3 RENOVATION	300	531.6	531.6	0	0	531.6	0	0	0	0	
	3			0	0	0	0	0	0	0	0	0	0
	4			0	0	0	0	0	0	0	0	0	0
<b>LA337C</b>				<b>531.6</b>	<b>531.6</b>	<b>0</b>	<b>0</b>	<b>531.6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
LA437C	1	ENGINE COMPANY 4 RENOVATION	300	0	0	0	0	0	0	0	0	0	
	4			0	0	0	0	0	0	0	0	0	0
<b>LA437C</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
LA722C	4	E-7/FLEET	300	0	0	0	0	0	0	0	0	0	
<b>LA722C</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
LA837C	4	ENGINE COMPANY 8 RENOVATION	300	0	0	0	0	0	0	0	0	0	
<b>LA837C</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
LB337C	4	GENERAL IMPROVEMENTS & RENOVATIONS	300	0	0	0	0	0	0	0	0	0	
<b>LB337C</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
LB637C	1	E-15 COMPLETE MODERNIZATION/RENOVATION	300	0	0	0	0	0	0	0	0	0	
	3			284,691.00	284,691.00	0	0	284,691.00	0	0	0	0	0
	4			37,417.00	37,417.00	0	0	37,417.00	0	0	0	0	0
<b>LB637C</b>				<b>322,108.00</b>	<b>322,108.00</b>	<b>0</b>	<b>0</b>	<b>322,108.00</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
LB737C	1	ENGINE COMPANY 16 RENOVATION	300	56,239.61	56,239.61	0	0	0	56,239.61	0	0	0	
	4			8,020,300.47	8,020,300.47	6,951,681.07	0	1,068,619.40	0	0	0	0	0
<b>LB737C</b>				<b>8,076,540.08</b>	<b>8,076,540.08</b>	<b>6,951,681.07</b>	<b>0</b>	<b>1,068,619.40</b>	<b>56,239.61</b>	<b>0</b>	<b>0</b>	<b>0</b>	
LB937C	4	ENGINE COMPANY 18 RENOVATION	300	0	0	0	0	0	0	0	0	0	
<b>LB937C</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
LC137C	1	RENOVATIONS TO ENGINE COMPANY 19	300	7,416.13	7,416.13	0	0	7,416.13	0	0	0	0	
	4			0	0	0	0	0	0	0	0	0	0
<b>LC137C</b>				<b>7,416.13</b>	<b>7,416.13</b>	<b>0</b>	<b>0</b>	<b>7,416.13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
LC337C	3	ENGINE 21 RENOVATION / MODERNIZATION	300	15,782.22	15,782.22	15,782.22	0	0	0	0	0	0	
	4			43,716.00	43,716.00	43,716.00	0	0	0	0	0	0	0
<b>LC337C</b>				<b>59,498.22</b>	<b>59,498.22</b>	<b>59,498.22</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

Project No	Project Ph	Project Title	Fund Detail	Lifetime Budget	LTD Allotments	Cash Expend Act	Accrued Expend Act	Encumbrances	Intra-District Advances	Pre-encumbrances	One Year Allotment Balance	Six Year Lifetime Balance
LC437C	1	E-22 FIREHOUSE REPLACEMENT	300	1,553,261.63	1,553,261.63	1,522,506.29	-191,980.00	222,735.34	0	0	0	0
	2			250,000.00	250,000.00	250,000.00	0	0	0	0	0	0
	3			350,000.00	350,000.00	231,135.18	10,833.53	48,666.77	0	0	59,364.52	59,364.52
	4			10,096,684.41	10,096,684.41	1,241,484.16	0	8,855,200.25	0	0	0	0
<b>LC437C</b>				<b>12,249,946.04</b>	<b>12,249,946.04</b>	<b>3,245,125.63</b>	<b>-181,146.47</b>	<b>9,126,602.36</b>	<b>0</b>	<b>0</b>	<b>59,364.52</b>	<b>59,364.52</b>
LC537C	1	ENGINE COMPANY 23 RENOVATION	300	0	0	0	0	0	0	0	0	0
	4			7,500,000.00	0	0	0	0	0	0	0	7,500,000.00
<b>LC537C</b>				<b>7,500,000.00</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,500,000.00</b>
LC737C	1	E-25 COMPLETE RENOVATION/MODERNIZATION	300	458.68	458.68	0	0	458.68	0	0	0	0
	3			557.42	557.42	0	0	557.42	0	0	0	0
	4			108,870.26	108,870.26	0	0	108,870.26	0	0	0	0
<b>LC737C</b>				<b>109,886.36</b>	<b>109,886.36</b>	<b>0</b>	<b>0</b>	<b>109,886.36</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
LC837C	1	RELOCATION OF ENGINE COMPANY 26	300	256,845.00	256,845.00	0	0	1	0	0	256,844.00	256,844.00
	2			0	0	0	0	0	0	0	0	0
	3			0	0	0	0	0	0	0	0	0
	4			8,750,000.00	0	0	0	0	0	0	0	8,750,000.00
<b>LC837C</b>				<b>9,006,845.00</b>	<b>256,845.00</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>256,844.00</b>	<b>9,006,844.00</b>
LD137C	1	E-28 COMPLETE MODERNIZATION/RENOVATION	300	199,563.19	199,563.19	155,525.19	0	0	0	0	44,038.00	44,038.00
	3			121,400.00	121,400.00	121,400.00	0	0	0	0	0	0
	4			4,359,564.86	4,359,564.86	4,275,541.78	0	84,023.00	0	0	0.08	0.08
<b>LD137C</b>				<b>4,680,528.05</b>	<b>4,680,528.05</b>	<b>4,552,466.97</b>	<b>0</b>	<b>84,023.00</b>	<b>0</b>	<b>0</b>	<b>44,038.08</b>	<b>44,038.08</b>
LD237C	1	E-29 COMPLETE RENOVATION/MODERNIZATION	300	0	0	0	0	0	0	0	0	0
	3			223,903.00	223,903.00	203,542.81	0	20,360.19	0	0	0	0
	4			3,952,935.07	3,952,935.07	3,950,063.07	0	2,872.00	0	0	0	0
<b>LD237C</b>				<b>4,176,838.07</b>	<b>4,176,838.07</b>	<b>4,153,605.88</b>	<b>0</b>	<b>23,232.19</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
LD337C	1	ENGINE COMPANY 30 RENOVATION	300	0	0	0	0	0	0	0	0	0
	4			0	0	0	0	0	0	0	0	0
<b>LD337C</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
LD437C	4	ENGINE COMPANY 31 RENOVATION	300	0	0	0	0	0	0	0	0	0
<b>LD437C</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
LD839C	1	EVOC COURSE	300	61,298.74	61,298.74	61,298.74	0	0	0	0	0	0
	3	EVOC COURSE	300	317,525.12	317,525.12	300,583.52	0	0	0	0	16,941.60	16,941.60
	4			4,170,644.75	4,170,644.75	3,909,836.40	0	260,808.33	0	0	0.02	0.02
<b>LD839C</b>				<b>4,549,468.61</b>	<b>4,549,468.61</b>	<b>4,271,718.66</b>	<b>0</b>	<b>260,808.33</b>	<b>0</b>	<b>0</b>	<b>16,941.62</b>	<b>16,941.62</b>
LE337C	1	ENGINE 5 COMPLETE RENOVATION	300	1,661.31	1,661.31	1,661.31	0	0	0	0	0	0
	3			198,870.86	198,870.86	0	0	198,870.86	0	0	0	0
	4			0	0	0	0	0	0	0	0	0
<b>LE337C</b>				<b>200,532.17</b>	<b>200,532.17</b>	<b>1,661.31</b>	<b>0</b>	<b>198,870.86</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
LE537C	1	ENGINE 14 MAJOR RENOVATION	300	77,988.55	77,988.55	62,899.90	-21,867.00	27,867.10	0	0	9,088.55	9,088.55
	3			346,918.24	346,918.24	176,460.00	-5,856.00	5,856.00	0	0	170,458.24	170,458.24
	4			5,814,697.00	5,814,697.00	5,137,353.92	0	508,064.78	0	0	169,278.30	169,278.30
<b>LE537C</b>				<b>6,239,603.79</b>	<b>6,239,603.79</b>	<b>5,376,713.82</b>	<b>-27,723.00</b>	<b>541,787.88</b>	<b>0</b>	<b>0</b>	<b>348,825.09</b>	<b>348,825.09</b>
LE737C	1	ENGINE 27 MAJOR RENOVATION	300	902,965.27	902,965.27	700,111.49	0	122,381.65	0	0	80,472.13	80,472.13
	3			37,012.00	37,012.00	13,086.28	0	0	0	0	23,925.72	23,925.72

Project No	Project Ph	Project Title	Fund Detail	Lifetime Budget	LTD Allotments	Cash Expend Act	Accrued Expend Act	Encumbrances	Intra-District Advances	Pre-encumbrances	One Year Allotment Balance	Six Year Lifetime Balance
	4			4,051,892.00	4,051,892.00	0	0	171,659.00	0	0	3,880,233.00	3,880,233.00
<b>LE737C</b>				<b>4,991,869.27</b>	<b>4,991,869.27</b>	<b>713,197.77</b>	<b>0</b>	<b>294,040.65</b>	<b>0</b>	<b>0</b>	<b>3,984,630.85</b>	<b>3,984,630.85</b>
LF113C	3	ASBESTOS ABATEMENT	300	40,268.37	40,268.37	40,268.37	0	0	0	0	0	0
	4			131,899.93	131,899.93	54,989.30	0	76,910.63	0	0	0	0
<b>LF113C</b>				<b>172,168.30</b>	<b>172,168.30</b>	<b>95,257.67</b>	<b>0</b>	<b>76,910.63</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
LF239C	1	FEMS SCHEDULED CAPITAL IMPROVEMENTS	300	1,828,139.63	1,828,139.63	1,641,657.51	0	186,438.97	0	0	43.15	43.15
	3	SCHEDULED CAPITAL MAINTENANCE	300	238,002.50	238,002.50	217,312.12	0	20,690.38	0	0	0	0
	4			24,272,097.28	15,241,274.83	13,312,505.47	0	1,250,739.04	139,308.48	4,673.40	534,048.44	9,564,870.89
	4			0	0	0	0	0	0	0	0	0
<b>LF239C</b>				<b>26,338,239.41</b>	<b>17,307,416.96</b>	<b>15,171,475.10</b>	<b>0</b>	<b>1,457,868.39</b>	<b>139,308.48</b>	<b>4,673.40</b>	<b>534,091.59</b>	<b>9,564,914.04</b>
LG537C	1	TRAINING ACADEMY SITE IMPROVEMENTS	300	0	0	0	0	0	0	0	0	0
	3			0	0	0	0	0	0	0	0	
	4			0	0	0	0	0	0	0	0	
<b>LG537C</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
				<b>110,809,318.89</b>	<b>65,028,496.44</b>	<b>46,219,701.63</b>	<b>-208,869.47</b>	<b>13,572,707.04</b>	<b>195,548.09</b>	<b>4,673.40</b>	<b>5,244,735.75</b>	<b>51,025,558.20</b>



# **ATTACHMENT**

## **QUESTION 20**

**(FY16 PMP - Performance Management Plan and  
PAR - Performance Accountability Report)**



# Fire and Emergency Medical Services Department (FEMS) FY2016 Performance Accountability Report (PAR)

## **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 (FEMS) 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**

FEMS 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. FEMS 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 FEMS performance in FY 2016 by listing FEMS's top accomplishments, and a summary of its progress achieving its initiatives and progress on key performance indicators.

### Top Agency Accomplishments

Accomplishment	Impact on Agency	Impact on Residents
The Department's Initiative to perform 'High Risk Building Pre-incident Planning in each Engine Company area to strengthened the knowledge of our first responders and provide better familiarity with buildings to which they have to respond.	This effort positively impacted inspections and operations personnel and illustrated the importance of both Prevention and Operations working together to accomplish a common goals.	Ensured safer buildings for residents, visitors, and patrons who live in and/ or visit the District of Columbia.
CPR 'Hands On Hearts' Training for District Resident and Visitors. In total, 10,994 people were trained by the end of the Fiscal Year 2016, more than twice the goal of 5,000 or more.	The Department's objective to "improve health safety awareness through public education" is supported through these efforts. This initiative positively impacted the Department's public image. Preliminary data shows that the District's rate of bystander CPR during cardiac arrests is increasing, which in the long-term will hopefully increase the District's cardiac arrest survival rate.	The American Heart Association (AHA) has recommended to evaluate community participation in reducing the risk of death caused by sudden cardiac arrest. Fulfills the Department's objective to "improve health safety awareness through public education."
Prioritizing the purchase of EMS vehicles to improve sustainability of the vehicle fleet commonly used for responding to emergency medical services (EMS) incidents. In FY16 the Department has put into service the following new or refurbished vehicles: 16 transport units, 2 engines, 7 ladder trucks and 7 supervisor vehicles. Since Mayor Bowser came into office, the Department has put into service the following new or refurbished vehicles: 16 transport units, 2 engines, 7 ladder trucks and 10 supervisor vehicles. The US Glenn Fire Boat One was also refurbished and put back into service in April 2015, and the Department put into service a new Fire Boat Two. The Department's capital budget fully funds a regular replacement schedule for these vehicles.	Agency vehicles are in better condition and the Department has a reserve ambulance fleet for the first time in years.	This effort supports fleet sustainability and improved reliability of emergency vehicles.

In FY 2016, FEMS had 40 Key Performance Indicators. Of those, 0 were neutral, and another 6 were not able to be reported by the end of the fiscal year. Of the remaining measures, 42% (17 KPIs) were met, 5% (2 KPIs) were nearly met, and 38% (15 KPIs) were unmet. In FY 2016, FEMS had 23 Initiatives. Of those, 57% (13) were completed and 26% (6) were nearly completed, and 17% (4) were not completed. The next sections provide greater detail on the specific metrics and initiatives for FEMS in FY 2016.

## FY16 Objectives

Division	Objective
Emergency Medical Services Administration	Improve the quality of emergency medical care provided by Department personnel.
Emergency Medical Services Administration	Improve health safety awareness through public education.
Emergency Medical Services Administration	Identify alternatives for patients who routinely use EMS to access healthcare.
Emergency Medical Services Operations Division	Compassionately care for sick and injured patients.
Emergency Medical Services Operations Division	Improve emergency medical care for patients with time sensitive illnesses or injuries.
Fire Prevention Division	Improve fire safety awareness through public education.
Fire Prevention Division	Reduce threats to lives and property by preventing fires.
Fire Prevention Division	Determine the origin and cause of fires by investigation.
Office of the Fire and EMS Chief	Communicate information to the public and media.
Office of the Fire and EMS Chief	Strengthen the labor/management partnership.
Office of the Fire and EMS Chief	Plan and prepare for the future.
Operations Bureau	Quickly control and extinguish fires.
Operations Bureau	Be prepared for natural disasters or other catastrophic events.
Services Bureau	Develop a safe and technically competent workforce.
Services Bureau	Improve employee safety and wellness.
Services Bureau	Improve living and working conditions in fire stations.
Services Bureau	Improve the reliability of emergency vehicles.
Technical Services Bureau	Use information technology to improve business processes.

## FY16 KPIs

Objective: Communicate information to the public and media.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Number of times the FEMS web site was visited to access service, program or performance measurement content	0	Q	45,592	45,592	40,076		131,260	Met	
-----									
Number of community group meetings scheduled and attended by executive managers	100	Q	8	24	5	4	41	Unmet	In FY 2016, the Department did attend a significant number of community meetings, particularly during the rollout of the third party provider initiative, but not enough to achieve what is probably too ambitious a goal. In addition to regular community group meetings with District residents, neighborhood groups, interest groups and community stakeholders the Department began holding employee forums at the Training Academy with an expanded format for soliciting employee feedback and facilitating productive discussions between Department Leadership and personnel. These were attended by the Fire and EMS Chief, other Assistant Fire Chiefs, the Department Medical Director or the Department Chief of Staff.

Objective: Compassionately care for sick and injured patients.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
NA	90	Q	91.35	91.44	92.37	90.7	91.5	Met	
NA	90	Q	90.53	92.36	92.09	88.63	91.2	Met	

Objective: Determine the origin and cause of fires by investigation.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percentage of "structural" arson fires cleared by arrest or exceptional means	0.25	A					16.7	Met	

Objective: Identify alternatives for patients who routinely use EMS to access healthcare.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
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	12,000	A					10,790	Met	
Number of individually identified patients who were transported 10 or more times during a 12 month period by an FEMS transport unit	500	A					559	Unmet	FY 2016 was the first year the Department used this measure for reporting and the goal value was close to being met. During FY 2017 and beyond, the Department will continue to focus on reducing high volume use of EMS by a smaller group of patients through partnership with the District's Integrated Healthcare Collaborative (IHC) and other healthcare and social service agencies.

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

1 A

1.2 Unmet

FY 2016 was the first year the Department used this measure for reporting and the goal value was close to being met. During FY 2017 and beyond, the Department will continue to focus on reducing high volume use of EMS by a smaller group of patients through partnership with the District's Integrated Healthcare Collaborative (IHC) and other healthcare and social service agencies.

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

12 A

13.5 Unmet

FY 2016 was the first year the Department used this measure for reporting and the goal value was close to being met. During FY 2017 and beyond, the Department will continue to focus on reducing high volume use of EMS by a smaller group of patients through partnership with the District's Integrated Healthcare Collaborative (IHC) and other healthcare and social service agencies.

Objective: Improve emergency medical care for patients with time sensitive illnesses or injuries.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
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	95	Q							



---

Percentage of patients who survived to hospital discharge after experiencing a sudden cardiac arrest witnessed by a bystander

15 Q

Currently, the Department is waiting on regional hospitals to finish data reporting in the Cardiac Arrest to Enhance Survival (CARES) registry for FY 2016 patient cases. At the end of FY 2016 (10/1/2016), there were more than 70 incomplete records in the system that did not indicate hospital patient outcome. Accordingly, the Department could not accurately calculate the percentage of patients who survived cardiac arrest during FY 2016. When hospital data entry is completed, the Department will publish updated survival information to the performance website.

---

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

3 Q

Currently, the Department is waiting on regional hospitals to finish data reporting in the Cardiac Arrest to Enhance Survival (CARES) registry for FY 2016 patient cases. At the end of FY 2016 (10/1/2016), there were more than 70 incomplete records in the system that did not indicate hospital patient outcome. Accordingly, the Department could not accurately calculate the percentage of patients who survived cardiac arrest during FY 2016. When hospital data entry is completed, the Department will publish updated survival information to the performance website.

---

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	50	Q	11.64	12.6	14.64	16.48	13.5	Unmet	<p>Transport unit drop time, or the time transport units spend at hospitals at arriving with a patient, marginally improved during FY 2016 (from 12.6% in Q1 to 16.5% in Q4). Although a number of factors contribute to drop time delays, the Department has determined the best path forward is to refocus extensive management effort on elimination of delays. This includes working more closely with hospitals to identify and reduce emergency department delays (if they occur) and an individual focus on transport unit crew performance to meet the 30 minute benchmark time. A revision to transfer of care procedures was issued to Department personnel on 11/30/2016, detailing the new process.</p>
Percentage of higher priority EMS calls when a first responding EMT arrived in 5 minutes or less	90	Q	62.14	60.4	62.36	65.49	62.7	Unmet	<p>FY 2016 was the first year the Department used NFPA Standard 1710 bench mark response times (for this measure, 5 minutes) for reporting. The 90% goal is the national standard. During FY 2016, month-to-month performance (excluding January, 2016) remained consistently in the low 60% range. Because of the volume of EMS calls, especially during peak or surge periods, achieving the 90% goal for this standard may be unrealistic with the resources available to the Department. Accordingly, during FY 2017 and beyond, the Department will continue to focus on reducing non-emergent EMS calls through partnership with the District's Integrated Healthcare Collaborative (IHC) and the Office of Unified Communications (OUC).</p>

---

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

90

Q

53.89

52.63

51.13

50.94

52.1

Unmet

FY 2016 was the first year the Department used NFPA Standard 1710 bench mark response times (for this measure, 5 and 9 minutes) for reporting. The 90% goal is the national standard. During FY 2016, month-to-month performance remained consistently in the low 50% range. Because of the volume of EMS calls, especially during peak or surge periods, achieving the 90% goal for this standard may be unrealistic with the resources available to the Department. Accordingly, during FY 2017 and beyond, the Department will continue to focus on reducing non-emergent EMS calls through partnership with the District's Integrated Healthcare Collaborative (IHC) and the Office of Unified Communications (OUC).

---

Percentage of highest priority EMS calls when a first responding EMT arrived in 5 minutes or less and two Paramedics arrived in 9 minutes or less

90 Q 63.65 62.97 58.53 56.18 60.2 Unmet

FY 2016 was the first year the Department used NFPA Standard 1710 bench mark response times (for this measure, 5 and 9 minutes) for reporting. The 90% goal is the national standard. During FY 2016, month-to-month performance varied from a low of 50% to a high of 70%. Because of the volume of EMS calls, especially during peak or surge periods, achieving the 90% goal for this standard may be unrealistic with the resources available to the Department. Accordingly, during FY 2017 and beyond, the Department will continue to focus on reducing non-emergent EMS calls through partnership with the District's Integrated Healthcare Collaborative (IHC) and the Office of Unified Communications (OUC). In addition, the Department's deployment model, which includes paramedic engine companies where a single paramedic rides on a fire engine and transports patients in a Basic Life Support ambulance, frequently results in scenes where there is only one paramedic dispatched and transported with a patient. This model also makes it less likely for the Department to reach this NFPA standard.

Percentage of higher priority EMS calls when a FEMS transport unit arrived in 9 minutes or less	90	Q	71.07	70.63	75.47	77.9	73.9	Unmet	<p>FY 2016 was the first year the Department used this measure for reporting (the previous measure was 12 minutes). The current 9 minute measure and 90% goal was used to match NFPA Standard 1710 bench mark response times in related measures. During FY 2016, month-to-month performance varied from a low of 68%, to a high of 79%, with consistent improvement beginning in April, 2016 after implementation of a contract with AMR to assist with patient transports. During FY 2017 and beyond, the Department will continue to focus on reducing non-emergent EMS calls through partnership with the District's Integrated Healthcare Collaborative (IHC) and the Office of Unified Communications (OUC). By reducing total patient transports, thereby increasing availability of FEMS transport units, achieving the 90% goal for this measure is possible.</p>
---	----	---	-------	-------	-------	------	------	-------	--

Objective: Improve employee safety and wellness.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Number of FEMS operated vehicles involved in accidents	500	Q	79	89	88	81	337	Met	

Number of FEMS personnel injured while at work

300 Q 104 97 107 94 402 Unmet

Starting in October 2015, the Department began using the NFPA Standard 1500 recommendations that mandate the reporting of ALL injuries involving FEMS personnel while they are at work. Previously, injuries that department personnel incurred only during a fire or EMS call were reported. The FY 2015 year end actual target for this KPI was set at less than 175 injuries. The Department set an aggressive goal for this KPI in FY 2016 of 300 injuries or less. Nonetheless, the Department will maintain the goal and will attempt to make further progress in this area in FY 2017 by implementing more aggressive risk management strategies.

Objective: Improve fire safety awareness through public education.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Number home fire safety/smoke alarm installation visits completed for District residents	750	Q	89	160	263	676	1,188	Met	

Number of fire safety education presentations completed for pre-school/kindergarten age children

150 Q 8 2 17 9 36 Unmet

Beginning in October 2015 the Department began following the NFPA Standard 1730 recommendations to evaluate the number of fire safety education presentations completed for pre-school/kindergarten age children. With this change the Department feels it set an aggressive goal for this KPI, because the NFPA recommendations increased educational requirements and added additional topics for teaching fire safety classes. Organizational changes also led to the primary responsibility for these presentations being shifted from the PIO Office to the Fire Prevention Division. In FY 2017, the Fire Prevention Division will refocus its efforts in this area.

Objective: Improve health safety awareness through public education.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
NA	5,000	Q	2,098	3,066	1,655	4,141	10,960	Met	
Number of AEDs actively registered and available for public use in the District of Columbia	1,000	Q	894	878	901	997	3,670	Met	
Percentage of patients who experienced a sudden cardiac arrest, witnessed by a bystander, with an AED applied by a bystander	5	Q	6	4.35	8.47	8.77	7.1	Met	

Percentage of patients who experienced a sudden cardiac arrest, witnessed by a bystander, with CPR performed by a bystander	40	Q	34	32.61	49.15	43.86	40.6	Met
---	----	---	----	-------	-------	-------	------	-----

Objective: Improve the quality of emergency medical care provided by Department personnel.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percentage of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for cardiac arrest patients	95	Q							Currently, the Department's Medical Director and EMS CQI staff are developing a template for this measure, as one had not previously been developed. When the new template is completed, the Department will publish updated information to the performance website.
Percentage of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for suspected STEMI patients	95	Q	98.33	92.31	98.77	88.89	95.3	Met	
Percentage of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for suspected stroke patients	95	Q	100	99.52	99.49	97.72	99.2	Met	



---

Percentage of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for Level 1 Criteria Trauma patients	95	Q	81.53	89.36	87.14	86.35	86.4	Nearly Met	In calculating our Multi System Trauma measures, 2 variables were combined as Transport with Pre-notification . In practice, what happens is that providers were transporting to the correct trauma center 100% of the time but hospitals were not receiving notification 100% of the time. The effect of Pre-notification failure' is the reason why we didn't meet our target. Both variables are calculated separately in FY17.
---	----	---	-------	-------	-------	-------	------	------------	--

---

Objective: Improve the reliability of emergency vehicles.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percentage of time ambulances in the FEMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work	25	Q	28.13	34.36	37.37	37.1	33.4	Unmet	The value for this KPI measure is higher than usual and above the target because more vehicles are undergoing maintenance and repairs than were in previous years. It is important to note that before the third party ambulance service was implemented and before refurbished ambulances were put back into the fleet, a large number of the department's in-service fleet apparatus and vehicles were consistently in need of repair, but only the most critical needs were being targeted. At that time there was also a lack of proper preventative maintenance being performed. The increased level of work now being performed has made the out-of-service time higher for fleet equipment; yet in this case that is a positive development because it is allowing for appropriate repairs and critical preventative maintenance to be accomplished. In addition, increased downtime occurred for ambulances during the third quarter for inspection and service of air conditioning systems. With this work underway, the Department should be able to achieve this goal in FY 2017; indeed, it has approached the goal during the first quarter of FY 2017.

Percentage of time fire engines in the FEMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work

25 Q 39.54 32.08 42.84 38 38.2 Unmet

The value for this KPI measure is higher than usual and above the target because more vehicles are undergoing maintenance and repairs than were in previous years. It is important to note that before the third party ambulance service was implemented and before refurbished ambulances were put back into the fleet, a large number of the department's in-service fleet apparatus and vehicles were consistently in need of repair, but only the most critical needs were being targeted. At that time there was also a lack of proper preventative maintenance being performed. The increased level of work now being performed has made the out-of-service time higher for fleet equipment; yet in this case that is a positive development because it is allowing for appropriate repairs and critical preventative maintenance to be accomplished. In addition, warranty repair work has also contributed to the decrease in the availability of apparatus going back in service. With this work underway and with additional new fire engines being purchased, the Department should be able to achieve this goal in FY 2017; indeed, it has approached the goal during the first quarter of FY 2017.

Percentage of time fire ladder trucks in the FEMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work

25 Q 24.79 21.78 41.06 31 29.8 Unmet

The value for this KPI measure is higher than usual and above the target because more vehicles are undergoing maintenance and repairs than were in previous years. It is important to note that before the third party ambulance service was implemented and before refurbished ambulances were put back into the fleet, a large number of the department's in-service fleet apparatus and vehicles were consistently in need of repair, but only the most critical needs were being targeted. At that time there was also a lack of proper preventative maintenance being performed. The increased level of work now being performed has made the out-of-service time higher for fleet equipment; yet in this case that is a positive development because it is allowing for appropriate repairs and critical preventative maintenance to be accomplished. In addition, warranty repair work and the availability of Seagrave authorized repair vendors has contributed to the decrease in the availability of apparatus going back in service. With this work underway and with additional new ladder trucks being purchased, the Department should be able to achieve this goal in FY 2017; indeed, it has approached the goal during the first quarter of FY 2017.

Objective: Quickly control and extinguish fires.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percentage of high-rise structure fire calls when a first alarm assignment arrived in 11 minutes 30 seconds or less	90	Q							FY 2016 was the first year the Department used NFPA Standard 1710 bench mark response times (for this measure, 11 minutes 30 seconds) for reporting. The 90% goal is the national standard. Currently, the Department is working with the District's GIS Data Warehouse to identify and associate building heights with building addresses. Only building heights of 75 feet or more can be used for reporting this measure and this data was not available at the time of reporting. When the geospatial association is completed, the Department will publish updated response time data to the performance website.
Percentage of structure fire calls when a first responding fire engine arrived in 5 minutes 20 seconds or less	90	Q	96.56	93.12	96.09	96.24	95.4	Met	
Percentage of residential structure fires where flame spread was confined to the room or structure of origin	95	Q	98.64	96.55	96.4	97.25	97.3	Met	
Percentage of residential structure fires where flame spread was confined to the room of origin	80	Q	86.39	71.03	81.98	80.73	79.9	Nearly Met	

Percentage of structure fire calls when a first alarm assignment arrived in 9 minutes 20 seconds or less	90	Q	26.67	24.36	26.87		25.9	Unmet	<p>FY 2016 was the first year NFPA Standard 1710 was used to measure first alarm assignment response times. For FY17, we think a more appropriate way to capture the intent of the NFPA standard is to evaluate the time that it took the minimum number of personnel to arrive on the scene as opposed to the time it took all vehicles dispatched on the alarm to arrive on the scene. Accordingly, during FY 2017, the time required for the minimum number of personnel to assemble at the scene of the incident to meet the standard for initial operations will be measured.</p>
--	----	---	-------	-------	-------	--	------	-------	--

Objective: Reduce threats to lives and property by preventing fires.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Percentage of residential structure fires without a working smoke alarm	0.2	Q							<p>The Department's data for this measure was incomplete due to inconsistencies in reporting. It is currently evaluating how to consistently report this measure in FY 2017 utilizing the National Fire Incident Reporting System (NFIRS).</p>
Number of civilian fire fatalities	10	Q	0	2	0	0	2	Met	

Objective: Strengthen the labor/management partnership.

Measure	Target	Freq	Q1	Q2	Q3	Q4	Total	KPI Status	KPI Barriers
Number of labor/management partnership meetings scheduled and attended by executive managers	12	Q	6	4	8	4	22	Met	

## FY16 Workload Measures

Measure	Freq	Q1	Q2	Q3	Q4	Total
Number of emergency incidents	Q	49,317	48,534	52,060	56,077	205,988
Number of EMS incidents	Q	40,575	40,046	43,700	46,827	171,148
Number of 'lower priority' (not time-sensitive) EMS incidents.	Q	19,635	18,786	20,982	22,066	81,469
Number of 'higher priority' (time-sensitive) EMS incidents	Q	19,706	20,011	21,295	23,246	84,258
Number of 'highest priority' (very time-sensitive) EMS incidents	Q	1,234	1,249	1,423	1,515	5,421
Number of FEMS patient transports	Q	28,464	28,027	18,806	17,398	92,695
EMS patient transport revenue	Q	6,456,694.60	7,195,910.70	4,851,374	4,838,774	23,342,752.80
Number of fire incidents	Q	8,425	8,175	8,024	8,973	33,597
Number of 'structure fire' incidents	Q	646	687	563	536	2,432
Number of 'structure fires' extinguished	Q	193	178	166	150	687
Number of 'residential structure fires' extinguished	Q	147	145	111	109	512
Number of 'other fires' extinguished	Q	181	158	202	290	831
Number of occupancies inspected	Q	2,581	3,032	3,495	3,112	12,220
Number of fire code violations observed	Q	3,418	4,227	3,865	3,038	14,548
Number of fire code complaints investigated	Q	129	83	100	108	420
Number of fires classified as 'arson.'	Q	55	43	55	51	204
Number of 'arson' arrests	Q	5	4	5	3	17
Fire Prevention fee and permit revenue	Q	147,194	127,990	120,450	132,905	528,539



## FY16 Initiatives

### **Title: Improve the quality of emergency medical care provided for time sensitive illnesses and injuries.**

**Description:** 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 patient received 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 supports improved quality of emergency medical care provided by Department personnel.

**Complete to Date:** Complete

**Status Update:** Through utilization of the electronic alert function in SafetyPad - automatic messages are sent to the Department's CQI Team when related performance indicators are expressed as a provider impression. CQI is then able to review this information. Through engaging hospitals at monthly Emergency Department Leaders Meetings organized and facilitated by the Medical Director, getting patient outcomes or feedback has improved

### **Title: Expand Citizen CPR participation during sudden cardiac arrest (SCA) events.**

**Description:** During FY 2016, and as part of a priority goal to transform EMS in the District into a premier system, the Department will provide CPR training to at least 5,000 District residents, employees and work day commuters. This 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 by involving Department personnel. Expanding Citizen CPR participation during sudden cardiac arrest (SCA) events supports improved health safety awareness through public education.

**Complete to Date:** Complete

**Status Update:** 10,994 were trained by the end of FY 2016. The Department's webpage, social media and community partner networks were used to increase awareness and recruit trainees. Processes to standardize correlation of citizen participation in CPR and Hands On Hearts training are being evaluated.

### **Title: Work with healthcare insurance programs to reduce non-emergency use of EMS.**

**Description:** During FY 2016, 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 ten (10) or more ambulance transports during the period of one (1) year, 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 by such patients. Working with healthcare insurance programs to reduce non-emergency use of EMS supports identifying alternatives for patients who routinely use EMS to access healthcare.

**Complete to Date:** Complete

**Status Update:** The major Managed Care Corporations participated with the Integrated Healthcare Collaborative (IHC) to make recommendations for potential alternative transport and destination, modification to patient Bill of rights, Pathway for a Nurse Triage Line, and a proposed approach for marketing and education. Also, High Volume Users were identified and mapped to their respective MCO's (Managed Care Orgs) for better comprehensive care. Recommendations need to be implemented in FY 17 in order to have an impact on reducing non-emergency use of EMS

### **Title: Improve on-scene management of sudden cardiac arrest (SCA).**

**Description:** During FY 2016, and as part of a priority goal to transform EMS in the District into a 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 work flow requirements, conducting high performance CPR training for Firefighters, EMTs and Paramedics, along with expanding follow-up contact at receiving hospitals after transfer of patient care. Improving on-scene management of SCA supports compassionate care for sick and injured patients.

**Complete to Date:** 75-99%

**Status Update:** To improve "on-seen" management of SCA, the Department's first approach was on training. High performance CPR training was completed as part of the first module given to all providers.

**If Incomplete, Explanation:** The department continues to expand follow-up contact at receiving hospitals after transfer of patient care to better determine outcomes.

**Title: Improve 9-1-1 call taker recognition and management of sudden cardiac arrest (SCA).**

**Description:** During FY 2016, and as part of a a priority goal to transform EMS in the District into a premier system, the Department will work closely with the OUC in training 9-1-1 call takers to better recognize and quickly manage reported cardiac arrests. This includes training OUC call takers to quickly assess, recognize and process sudden cardiac arrest (SCA) calls, provide CPR instructions to 9-1-1 callers by 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.

**Complete to Date:** Complete

**Status Update:** 911 Call Takers were trained on recognizing and providing proper instructions to perform high quality compressions for cardiac arrest patients. This was the priority so they can have a more realistic and visual understanding of the process and to improve their knowledge base when assisting the public.

**Title: Increase public access to fire safety education programs.**

**Description:** During FY 2016, and in cooperation with the Office of the Chief Technology Officer (OCTO), the Department will increase public access to daycare, preschool and pre-kindergarten fire safety education programs by publishing program content and scheduling information to the Department website. This includes creating a fire safety education program web page, publishing daycare, preschool and pre-kindergarten fire safety education program content, along with creating and publishing web forms for identifying customer interest and scheduling on-site classes. Increasing public accessibility to fire safety education programs supports improved fire safety awareness through public education.

**Complete to Date:** Complete

**Status Update:** Created new Fire Safety Education Webpage including daycare, preschool and pre-kindergarten fire safety education program content. Includes web-enabled request forms that interested customers can use to schedule on-site fire safety presentations on general fire safety, workplace safety, fire evacuation, fire extinguisher training and fire safety for children

**Title: Complete pre-incident planning for higher risk buildings and structures.**

**Description:** During FY 2016, and as part of a 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 within each Engine Company district by the Fire Prevention Division, scheduling an on-site informative inspection involving Fire Inspectors, Department of Consumer and Regulatory Affairs (DCRA) Building Inspectors and on-duty company personnel, along with completing a pre-incident plan for each identified higher risk building or structure incorporating NFPA Standard 1620 (Standard for Pre-Incident Planning) and Department informative inspection requirements. Completing pre-incident planning for higher risk buildings and structures supports reduced threats to lives and property by preventing fires.

**Complete to Date:** 75-99%

**Status Update:** 49 companies (33 Engines and 16 Trucks) participated in this initiative

**If Incomplete, Explanation:** One engine company failed to submit "High Risk" building documentation that was required, although all 4 shifts of the company did participate in the inspection and informative walk through with the inspection teams.

**Title: Complete origin and cause training for fire investigation personnel.**

**Description:** During FY 2016, the Department will complete origin and cause determination training for fire investigation personnel to assist with identifying and prosecuting criminal offenses associated with fires. This includes classroom and practical instruction focusing on follow-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 of the origin and cause of fires by investigation.

**Complete to Date:** Complete

**Status Update:** The ATF Advance Fire Investigations Training Course took place at the Training Academy. Instruction was given in the following areas (among others): The Scientific Method and Fire Investigations NFPA 921 A More Detailed Look, NFPA 1033 - Review Standard for the Professional Qualifications of Fire Investigator, Fire Growth and Development and Origin Fire Pattern Persistence. The course was certified by the Virginia State Fire Marshals Academy for all participating members to receive 24 hours of Continuing Education (CEU's)

**Title: Campaign to survive cardiac arrest.**

**Description:** During FY 2016, and as part of a priority goal to transform EMS in the District into a premier system, the Department will conduct a communications 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 and improve survival. This includes branding, earned media and community outreach for each campaign activity. All campaign activities are links in the American Heart Association chain of survival for cardiac arrest. Campaigning to survive cardiac arrest supports communication of information to the public and media.

**Complete to Date:** Complete

**Status Update:** We made national news when an NYC subway worker who read the Washington Post article saved his co-worker's life using hands only CPR. We then highlighted our first known case of one of our trainees saving a life with an event with the Mayor – that story was covered by all of the DC TV stations and the Washington Post. We also continued to keep the initiative visible by using social media to highlight trainings

**Title: Improve the Department website.**

**Description:** During FY 2016, and in cooperation with OCTO, the Department will improve the agency website by making it more accessible, user friendly and up-to-date. This includes expanding available information while making it more accessible and intuitive to locate, creating and publishing web forms for submission of customer service requests and regularly updating content to reflect more timely information and enhance agency image. Improving the Department website supports communication of information to the public and media.

**Complete to Date:** Complete

**Status Update:** Nothing to add. We will soon add an updated org chart for the agency, an updated FAQ section and bios of our senior leaders

**Title: Formulate and publish a leadership development plan.**

**Description:** During FY 2016, 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 strong, innovative and diverse leaders. Formulating and publishing a leadership development plan supports a strengthened labor/management partnership.

**Complete to Date:** 75-99%

**Status Update:** We completed a final draft of the report and shared it with the labor unions before Sept 30.

**If Incomplete, Explanation:** There were delays in getting feedback from the unions so the plan will be published during the first quarter of FY 2017.

**Title: Align organizational structure with budget program and activity codes.**

**Description:** During FY 2016, 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 major division, identifying responsibilities or 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.

**Complete to Date:** 50-74%

**Status Update:** This project has been completed in time for the FY 18 budget development process

**If Incomplete, Explanation:** This project is done but is not listed as 100% because the work was not completed in time for the FY 17 budget process.

**Title: Formulate a comprehensive process for developing a Department level strategic plan.**

**Description:** During FY 2016, 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 requirements needed to support a strategic planning effort. Formulating a comprehensive process for developing a Department level strategic plan supports planning and preparing for the future.

**Complete to Date:** Complete

**Status Update:** The Department completed an outline for a proposed process and shared it with the two labor unions by Sept. 30

**Title: Improve fire suppression operational preparedness.**

**Description:** During FY 2016, the Department will improve fire suppression operational preparedness by implementing revised minimum equipment standards, updating fire ground standard operating procedures and revising fire response dispatch protocols. This includes implementing revised minimum equipment standards for front line and ready reserve fire apparatus, reviewing and updating fire ground standard operating procedures incorporating recommendations described by National Fire Protection Association (NFPA) Guide 1700 (Guide for Structural Fire Fighting) and, in cooperation with the Office of Unified Communications (OUC), revising fire response protocols used by the computer aided dispatch (CAD) system. Improving fire suppression operational preparedness supports quick control and extinguishment of fires.

**Complete to Date:** 75-99%

**Status Update:** Fire Priority Dispatching System review is complete and response plans have been revised. Fire ground Standard Operating Guidelines (SOG) revision has been completed by committee and will be implemented after review and approval by Executive Staff. Revision of minimum equipment standards is incomplete and drafts not finalized for several equipment types. Expect to finalize in 2nd quarter of FY-17

**If Incomplete, Explanation:** Revision of minimum equipment standards are not yet completed for several equipment types but are expected to be finalized in the 2nd quarter of Fiscal Year 2017.

**Title: Assess marine rescue and firefighting (MRFF) operational preparedness.**

**Description:** During FY 2016, the Department will improve marine rescue and firefighting (MRFF) operational preparedness by evaluating growth and development occurring along the District's southwest waterfront and incorporating such changes into the MRFF response plan. This includes assessing buildings and structures accessible by waterways, evaluating marine rescue operations in major waterways and comparing perceived operational requirements with National Fire Protection Association (NFPA) Standard 1925 (Standard on Marine Fire-Fighting Vessels) to better identify future needs. Assessing MRFF operational preparedness supports preparedness for natural disasters or other catastrophic events.

**Complete to Date:** 75-99%

**Status Update:** A contract was awarded to BDA Global to conduct the Port Assessment. All steps in the assessment process have been completed. The final assessment and recommendations report is now due to FEMS by October 31, 2017.

**If Incomplete, Explanation:** All assessment has been performed, but final report still due from BDA Global.

**Title: Improve radiological and nuclear threat detection capacity.**

**Description:** During FY 2016, 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 select operational personnel incorporating recommendations described by NFPA Proposed Standard 475 (Recommended 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.

**Complete to Date:** Complete

**Status Update:** Detectors have been purchased and 450 members of the Department were trained in their use during the 4th quarter.

**Title: Complete driver safety awareness training for operational personnel.**

**Description:** During FY 2016, and as part of a Department-wide strategy to improve first responder safety, the Department will complete driver safety awareness training for operational personnel. This includes classroom and practical training incorporating requirements described by NFPA Standard 1451 (Standard for a Fire and Emergency Service Vehicle Operations Training Program), while following Department emergency apparatus operating procedures focusing on safe vehicle operation and accident avoidance. Completing driver safety awareness training for operational personnel supports development of a safe and technically competent workforce.

**Complete to Date:** 50-74%

**Status Update:** 100% on curriculum and 64% on participants from June through September. Anticipated goal was to reach 493 drivers per quarter. Actual participant data - June 92, July 143, August 51, September 28: Total 31

**Title: Implement an emergency incident rehabilitation and medical monitoring program.**

**Description:** During FY 2016, and as part of a 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 assess the health of operational personnel during emergency incidents. This includes training for operational personnel incorporating the rehabilitation and monitoring requirements described by NFPA Standard 1584 (Standard on the Rehabilitation Process for Members During Emergency Operations and Training Exercises) and implementing the same requirements during emergency incidents. Implementing an emergency incident rehabilitation and medical monitoring program supports improved employee safety and wellness.

**Complete to Date:** Complete

**Status Update:** A trial and documentation period utilizing incident surveys was completed. Information was collected to assist with evaluating how the

Department's operational procedures should be modified to allow for improved employee safety and wellness. The process has been outlined in accordance with NFPA 1584 in EMS Bulletin 4.

**Title: Formulate and publish a LEED certification plan for maintaining and renovating fire stations.**

**Description:** During FY 2016, 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 fire stations. This includes identifying the benefits of reduced energy and water consumption as requirements for project planning and incorporating the use of smart grid technology into environmental control systems when completing fire station maintenance and capital improvement project design. Formulating and publishing a LEED certification plan for maintaining and renovating fire stations supports improved living and working conditions in fire stations.

**Complete to Date:** Complete

**Status Update:** All buildings constructed or renovated under the LEED certification program or purchases made under the sustainable purchasing program were adhered to during FY 16.

**Title: Expand capacity for preventive vehicle maintenance by improving productivity of Emergency Apparatus Division mechanics.**

**Description:** During FY 2016, and as part of a priority goal to transform EMS in the District into a premier system, the Department 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 staffing, improving utilization of FASTER (a fleet management software application) during maintenance and repair work and completing more preventive maintenance for emergency vehicles. This includes hiring an additional foreman and inventory management specialist to better cover work shifts, training shop floor mechanics to continuously use FASTER when completing vehicle maintenance and repairs, along with using FASTER to monitor and improve overall work productivity. Increasing productivity expands capacity for performing daily preventive vehicle maintenance and supports improved reliability of emergency vehicles.

**Complete to Date:** 50-74%

**Status Update:** DCFEMS has reached it's goal 100% as it relates to adding a supervisor, program support assistant (part section) and increasing productivity with personnel in their use of Faster

**If Incomplete, Explanation:** The support asst. was hired the first week of Oct - FY 17, so is not credited in the goal percentage.

**Title: Prioritize ordering of additional vehicles commonly used for responding to EMS incidents.**

**Description:** During FY 2016, the Department will prioritize the ordering of additional emergency vehicles to improve sustainability of the vehicle fleet commonly used for responding to emergency medical services (EMS) incidents. This includes ordering sixteen (16) new ambulances, two (2) refurbished ambulances, three (3) EMS Supervisor vehicles and seven (7) fire engines, accounting for \$10.7 million (or 67%) of the Department's \$16 million FY 2016 Capital Spending Plan. Prioritizing the ordering of additional vehicles commonly used for responding to EMS incidents supports fleet sustainability and improved reliability of emergency vehicles.

**Complete to Date:** Complete

**Status Update:** Prioritizing the purchase of EMS vehicles to improve sustainability of the vehicle fleet commonly used for responding to emergency medical services (EMS) incidents. Actual purchases included: Total to date: 18 pumpers, 18 new ambulances and 3 EMS supervisor buggies. Specifically in FY16, the Department has put into service the following new or refurbished vehicles: 16 transport units, 2 engines, 7 ladder trucks and 7 supervisor vehicles.

**Title: Replace the existing FRMS software application.**

**Description:** During FY 2016, 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 use 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.

**Complete to Date:** 25-49%

**Status Update:** The procurement has been the most time consuming part of this project. Once we have the contract in place, it will take just a few months to implement.

**If Incomplete, Explanation:** The procurement was competitively bid, but it came in much higher than budgeted. We had to close the bid and wait for the new fiscal year to rebid.

**Title: Replace outdated electronic forms.**

**Description:** During FY 2016, the Department will replace outdated electronic forms used for day-to-day information management. This includes updating or redesigning more than 200 electronic forms currently in use, linking the information collected using such forms into a 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.

**Complete to Date:** 75-99%

**Status Update:** Approximately 200 forms have been created so far. Forms are in daily use, and at least 3 new form requests are received per month since the project started

**If Incomplete, Explanation:** Yet to be done is a final test of the forms, deletion of the old forms, and a final announcement to the agency to start using the new forms.

# **ATTACHMENT**

## **QUESTION 21**

(FY17 PMP – Performance Management Plan)



# Fire and Emergency Medical Services Department FY2017

**Agency** Fire and Emergency Medical Services Department

**Agency Code** FB0

**Fiscal Year** 2017

**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.

## 2017 Strategic Objectives

Objective Number	Strategic Objective
1	Embrace a supportive work environment focused on creating a safe, competent and professional workforce team.
2	Ensure that our facilities, vehicles, equipment and processes remain capable of supporting service delivery requirements.
3	Build collaborative relationships within our community to improve service delivery.
4	Deliver timely, high quality and effective services to better serve the needs of our community.
5	Create and maintain a highly efficient, transparent and responsive District government.**

## 2017 Key Performance Indicators

Measure	New Measure/ Benchmark Year	Frequency of Reporting	Add Data Fields (if applicable)	FY 2014 Actual	FY 2015 Target	FY 2015 Actual	FY 2016 Target	FY 2016 Actual	FY 2017 Target
<b>1 - Embrace a supportive work environment focused on creating a safe, competent and professional workforce team. (3 Measures)</b>									
Number of FEMS operated vehicles involved in accidents.	<input type="checkbox"/>	Quarterly		Not available	Not available	0	500	337	400
Number of FEMS personnel injured while at work.	<input type="checkbox"/>	Quarterly		Not available	Not available	0	300	402	300
Number of labor/management partnership meetings scheduled and attended by executive managers.	<input type="checkbox"/>	Quarterly		Not available	Not available	16	12	22	24
<b>2 - Ensure that our facilities, vehicles, equipment and processes remain capable of supporting service delivery requirements. (3 Measures)</b>									
Percentage of time ambulances in the FEMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work.	<input type="checkbox"/>	Quarterly		Not available	Not available	0%	25%	33.4%	25%
Percentage of time fire engines in the FEMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work.	<input type="checkbox"/>	Quarterly		Not available	Not available	0%	25%	38.2%	25%
Percentage of time fire ladder trucks in the FEMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work.	<input type="checkbox"/>	Quarterly		Not available	Not available	0%	25%	29.8%	25%
<b>3 - Build collaborative relationships within our community to improve service delivery. (1 Measure)</b>									
Number of times the FEMS web site was visited to access service, program or performance measurement content.	<input type="checkbox"/>	Quarterly		Not available	Not available	0	170000	131260	180000
<b>4 - Deliver timely, high quality and effective services to better serve the needs of our community. (28 Measures)</b>									

Number of participants who attended FEMS "hands only" CPR/AED familiarization training program events.	<input type="checkbox"/>	Quarterly		Not available	Not available	Not available	5000	10960	10000
Number of fire safety education presentations completed for pre-school/kindergarten age children.	<input type="checkbox"/>	Quarterly		Not available	Not available	Not available	150	36	200
Number home fire safety/smoke alarm installation visits completed for District residents.	<input type="checkbox"/>	Quarterly		Not available	Not available	Not available	750	1188	1250
Percentage of patients who survived to hospital discharge after experiencing a sudden cardiac arrest witnessed by a bystander.	<input type="checkbox"/>	Quarterly		Not available	Not available	0%	15%	0%	15%
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.	<input type="checkbox"/>	Quarterly		Not available	Not available	0%	30%	0%	30%
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.	<input type="checkbox"/>	Quarterly		Not available	Not available	0%	95%	0%	95%
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.	<input type="checkbox"/>	Quarterly		Not available	Not available	0%	1%	1.2%	1%
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.	<input type="checkbox"/>	Quarterly		Not available	Not available	0%	12%	13.5%	10%
Percentage of patients who experienced a sudden cardiac arrest, witnessed by a bystander, with CPR performed by a bystander.	<input type="checkbox"/>	Quarterly		Not available	Not available	0%	40%	40.6%	60%
Percentage of residential structure fires where flame spread was confined to the room of origin.	<input type="checkbox"/>	Quarterly		Not available	Not available	84.3%	80%	79.9%	80%
Percentage of residential structure fires where flame spread was confined to the room or structure of origin.	<input type="checkbox"/>	Quarterly		Not available	Not available	97.4%	95%	97.3%	95%
Number of civilian fire fatalities.	<input type="checkbox"/>	Quarterly		Not available	Not available	7	10	2	10
Percentage of "structural" arson fires cleared by arrest or exceptional means.	<input type="checkbox"/>	Quarterly		Not available	Not available	18.18%	25%	16.7%	25%

Percentage of residential structure fires without a working smoke alarm.	<input type="checkbox"/>	Quarterly		Not available	Not available	0%	2%	0%	1%
Percentage of higher priority EMS calls when a first responding EMT arrived in 5 minutes or less.	<input type="checkbox"/>	Quarterly		Not available	Not available	63%	90%	62.7%	90%
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.	<input type="checkbox"/>	Quarterly		Not available	Not available	53.3%	90%	52.1%	90%
Percentage of highest priority EMS calls when a first responding EMT arrived in 5 minutes or less and two Paramedics arrived in 9 minutes or less.	<input type="checkbox"/>	Quarterly		Not available	Not available	52.6%	90%	60.2%	90%
Percentage of higher priority EMS calls when a FEMS transport unit arrived in 9 minutes or less.	<input type="checkbox"/>	Quarterly		Not available	Not available	70.8%	90%	73.9%	90%
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.	<input type="checkbox"/>	Quarterly		Not available	Not available	12.4%	50%	13.5%	50%
Percentage of structure fire calls when a first responding fire engine arrived in 5 minutes 20 seconds or less.	<input type="checkbox"/>	Quarterly		Not available	Not available	88%	90%	95.4%	90%
Percentage of structure fire calls when a first alarm assignment arrived in 9 minutes 20 seconds or less.	<input type="checkbox"/>	Quarterly		Not available	Not available	33.33%	90%	25.9%	90%
Percentage of high-rise structure fire calls when a first alarm assignment arrived in 11 minutes 30 seconds or less.	<input type="checkbox"/>	Quarterly		Not available	Not available	0%	90%	0%	90%
Percentage of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for Level 1 Criteria Trauma patients.	<input type="checkbox"/>	Quarterly		Not available	Not available	0%	95%	86.4%	95%
Percentage of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for cardiac arrest patients.	<input type="checkbox"/>	Quarterly		Not available	Not available	0%	95%	0%	95%
Percentage of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for suspected STEMI patients.	<input type="checkbox"/>	Quarterly		Not available	Not available	0%	95%	95.3%	95%

Percentage of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for suspected stroke patients.	<input type="checkbox"/>	Quarterly		Not available	Not available	0%	95%	99.2%	95%
Percentage of patients surveyed who indicated they "agreed" or "strongly agreed" that FEMS personnel acted courteous and respectful during an EMS call.	<input type="checkbox"/>	Quarterly		Not available	Not available	0%	90%	91.5%	95%
Percentage of patients surveyed who indicated they were "satisfied" or "very satisfied" with the services they received during an EMS call.	<input type="checkbox"/>	Quarterly		Not available	Not available	89.22%	90%	91.2%	95%

**5 - Create and maintain a highly efficient, transparent and responsive District government.\*\* (9 Measures)**

Contracts/Procurement-Expendable Budget spent on Certified Business Enterprises	✓			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Contracts/Procurement-Contracts lapsed into retroactive status	✓			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Budget- Local funds unspent	✓			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Budget- Federal Funds returned	✓			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Customer Service-Meeting Service Level Agreements	✓			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Human Resources-Vacancy Rate	✓			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Human Resources-Employee District residency	✓			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Human Resources-Employee Onboard Time	✓			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017
Performance Management-Employee Performance Plan Completion	✓			Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017	Forthcoming October 2017

**2017 Operations**

Operations Header	Operations Title	Operations Description	Type of Operations
<b>1 - Embrace a supportive work environment focused on creating a safe, competent and professional workforce team. (7 Activities)</b>			
PERSONNEL	Attract, recruit and retain high performing and diverse workforce team members.		Daily Service
TRAINING AND EMPLOYEE DEVELOPMENT	Train and develop our workforce team members to become competent professionals.		Daily Service
TRAINING AND EMPLOYEE DEVELOPMENT	Train and develop our workforce team members to become professional leaders.		Daily Service
RISK MANAGEMENT	Continually strengthen our organizational culture to improve the safety and health of our workforce team members.		Daily Service
PERFORMANCE MANAGEMENT	Continually strengthen our organizational culture to value community involvement and public service by our workforce team members.		Daily Service
PERFORMANCE MANAGEMENT	Continually strengthen our organizational culture to recognize and appreciate the contributions made by our workforce team members.		Daily Service

PERFORMANCE MANAGEMENT	Continually strengthen our labor/management partnership to collaboratively achieve organizational success.		Daily Service
<b>2 - Ensure that our facilities, vehicles, equipment and processes remain capable of supporting service delivery requirements. (6 Activities)</b>			
PROPERTY MANAGEMENT	Ensure that our buildings and facilities meet acceptable health, occupational, living and working requirements.		Daily Service
FIELD INFRASTRUCTURE	Ensure that our emergency vehicles are reliably maintained, safely repaired and available for use.		Daily Service
INVENTORY MANAGEMENT	Ensure that our tools, equipment and supplies are reliably maintained, safely repaired and available for use.		Daily Service
INFORMATION TECHNOLOGY	Continually leverage technology to support our service delivery requirements.		Daily Service
PERFORMANCE MANAGEMENT	Continually optimize resources to support our service delivery requirements.		Daily Service
AGENCY FINANCIAL OPERATIONS	Ensure that all resources supporting our service delivery requirements are fiscally sustainable.		Daily Service
<b>3 - Build collaborative relationships within our community to improve service delivery. (4 Activities)</b>			
PUBLIC OUTREACH	Build and improve relationships within our community to better understand service delivery expectations.		Daily Service
PERFORMANCE MANAGEMENT	Build and improve relationships with other District agencies to better integrate services for our customers.		Daily Service
PERFORMANCE MANAGEMENT	Build and improve relationships within the region to better share resources with our partners.		Daily Service
Community Trust	Build and improve community trust by sharing information with the public and media.		Daily Service
<b>4 - Deliver timely, high quality and effective services to better serve the needs of our community. (15 Activities)</b>			
EMERGENCY MEDICAL SERVICES OPERATIONS	Compassionately care for our sick and injured patients.		Daily Service
EMERGENCY MEDICAL SERVICES OPERATIONS	Improve services for our patients with time sensitive illnesses and injuries.		Daily Service
EMERGENCY MEDICAL SERVICES OPERATIONS	Identify alternatives for patients who routinely use our services for access to healthcare.		Daily Service
PUBLIC OUTREACH	Improve health safety awareness in our community through public outreach and education.		Daily Service
FIRE/RESCUE OPERATIONS	Quickly control and extinguish fires.		Daily Service
SPECIAL OPERATIONS	Rescue victims of fires and other emergencies.		Daily Service
HOMELAND SECURITY	Prepare for natural disasters or other catastrophic events that may take place in our community.		Daily Service
INSPECTIONS	Reduce threats to the lives and property of our community residents by preventing fires.		Daily Service
INVESTIGATIONS	Reduce threats to the lives and property of our community residents by investigating the cause and origin of fires.		Daily Service
PUBLIC OUTREACH	Improve fire safety awareness in our community through public outreach and education.		Daily Service
STATE SAFETY OVERSIGHT PROGRAM	Reduce threats to lives and property in our community by providing safety and security oversight of the District Streetcar System.		Daily Service
PERFORMANCE MANAGEMENT	Improve the timeliness of our services by monitoring and evaluating response time measures.		Daily Service
PERFORMANCE MANAGEMENT	Improve the quality of our services by monitoring and evaluating the professional competence of our workforce team members.		Daily Service
PERFORMANCE MANAGEMENT	Build and improve public confidence in our services by exceeding customer expectations.		Daily Service
PERFORMANCE MANAGEMENT	Continually use information and analytics to guide decision making for improving our services.		Daily Service

## 2017 Workload Measures

Measure	New Measure/ Benchmark Year	Add Historical and Target Data (FY17)	Numerator Title	Units	Frequency of Reporting	FY 2014	FY 2015	FY 2016 Actual

<b>2 - Ensure that all resources supporting our service delivery requirements are fiscally sustainable. (2 Measures)</b>								
EMS patient transport revenue.	<input type="checkbox"/>		Net District ambulance billing revenue, adjusted for contractor contingency fees, exclusive of ledger transfers, deposited to the General Fund.	Dollars	Quarterly	25359164	22893986	23342752
Fire Prevention fee and permit revenue.	<input type="checkbox"/>		Net District fee and permit revenue deposited to the General Fund.	Dollars	Quarterly	544803	505093	528539
<b>4 - Compassionately care for our sick and injured patients. (2 Measures)</b>								
Number of EMS incidents.	<input type="checkbox"/>		Number of CAD coded MPDS (Cards 1-33) and "other" selected calls (grouped as "EMS") dispatched by the OUC requiring the response of at least one (1) FEMS emergency vehicle.	Number of calls	Quarterly	147185	162168	171148
Number of FEMS patient transports.	<input type="checkbox"/>		Number of calls identified by CAD event data indicating a FEMS transport unit arrived (or was shown to be at) a hospital or other receiving facility as part of the unit history.	Number of patient transport calls	Quarterly	109044	115262	92695
<b>4 - Identify alternatives for patients who routinely use our services for access to healthcare. (3 Measures)</b>								
Number of "lower priority" (not time-sensitive) EMS incidents.	<input type="checkbox"/>		Number of CAD coded MPDS (Cards 1-33) and "other" selected calls (grouped as "EMS"), all with determinant value classifications of "A, B or O" dispatched by the OUC requiring the response of at least one (1) FEMS emergency vehicle.	Number of calls	Quarterly	73511	79048	81469
Number of individually identified patients who were transported 10 or more times during a 12 month period by an FEMS transport unit.	<input checked="" type="checkbox"/>		Number of individually identified patients who were transported 10 or more times during a 12 month period by an FEMS transport unit.	Number of patients transported	Quarterly	Not available	Not available	New Measure
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.	<input checked="" type="checkbox"/>		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.	Number of patient transports	Quarterly	Not available	Not available	New Measure
<b>4 - Improve services for our patients with time sensitive illnesses and injuries. (2 Measures)</b>								
Number of "higher priority" (time-sensitive) EMS incidents.	<input type="checkbox"/>		Number of CAD coded MPDS (Cards 1-33) and "other" selected calls (grouped as "EMS"), all with determinant value classifications of "D or E," dispatched by the OUC requiring the response of at least one (1) FEMS emergency vehicle.	Number of calls	Quarterly	67776	76147	84258
Number of "highest priority" (very time-sensitive) EMS incidents.	<input type="checkbox"/>		Number of CAD coded MPDS (Cards 1-33) and "other" selected calls (grouped as "EMS"), all with determinant value classifications of "D or E," dispatched by the OUC requiring the response of at least one (1) FEMS emergency vehicle.	Number of calls	Quarterly	5898	7185	5421
<b>4 - Improve the timeliness of our services by monitoring and evaluating response time measures. (1 Measure)</b>								

Number of emergency incidents.	<input type="checkbox"/>	Number of Computer Aided Dispatch (CAD) coded Medical Priority Dispatch System (MPDS), Fire Priority Dispatch System (FPDS) and "other" calls (separately coded) dispatched by the Office of Unified Communications (OUC) requiring the response of at least one (1) FEMS emergency vehicle.	Number of calls	Quarterly	179319	197092	205988
--------------------------------	--------------------------	--	-----------------	-----------	--------	--------	--------

**4 - Quickly control and extinguish fires. (5 Measures)**

Number of fire incidents.	<input type="checkbox"/>	Number of CAD coded FPDS (Cards 51-75) and "other" selected calls (grouped as "fire") dispatched by the OUC requiring the response of at least one (1) FEMS emergency vehicle.	Number of calls	Quarterly	30665	33186	33597
Number of "structure fire" incidents.	<input type="checkbox"/>	Number of CAD coded FPDS (Card 69) and "other" selected calls (grouped as "fire"), all with reported smoke or flame visible, dispatched by the OUC requiring the response of at least a "first alarm assignment" of FEMS emergency vehicles.	Number of calls	Quarterly	3556	3974	2432
Number of "structure fires" extinguished.	<input type="checkbox"/>	Number of fires with NFIRS Data Element "F" ("action taken", F-1 to F-3) and Data Element "J" ("property use codes," 100 to 900, including 000, NNN and UUU), showing "extinguishment" taking place in "structures."	Number of fires extinguished	Quarterly	956	757	687
Number of "residential structure fires" extinguished.	<input type="checkbox"/>	Number of fires with NFIRS Data Element "F" ("action taken", F-1 to F-3) and Data Element "J" ("property use codes," 400 to 462), showing "extinguishment" taking place in "residential structures."	Number of fires extinguished	Quarterly	779	617	512
Number of "other fires" extinguished.	<input type="checkbox"/>	Number of fires with NFIRS Data Element "F" ("action taken", F-1 to F-3) and Data Element "J" ("property use codes," 400 to 462), showing "extinguishment" taking place in "residential structures."	Number of fires extinguished	Quarterly	1113	909	831

**4 - Reduce threats to the lives and property of our community residents by investigating the cause and origin of fires. (2 Measures)**

Number of fires classified as "arson."	<input type="checkbox"/>	Number of fires classified as "arson" and 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."	Number of fires	Quarterly	213	228	204
Number of "arson" arrests.	<input type="checkbox"/>	Number of arrests for fires classified as "arson."	Number of arrests	Quarterly	29	20	17

**4 - Reduce threats to the lives and property of our community residents by preventing fires. (3 Measures)**

Number of occupancies inspected.	<input type="checkbox"/>	Number of inspections and re-inspections completed by one or more FEMS Fire Inspectors during a single occupancy visit.	Number of inspections	Quarterly	12227	10148	12220
Number of fire code violations observed.	<input type="checkbox"/>	Number of fire code violations described by notices of violation or infraction issued by FEMS Fire Inspectors.	Number of violations	Quarterly	16740	12336	14548
Number of fire code complaints investigated.	<input type="checkbox"/>	Number of fire code complaints investigated by one or more FEMS Fire Inspectors.	Number of investigations	Quarterly	636	413	420

2017 Strategic Initiatives

Strategic Initiative Title	Strategic Initiative Description	Proposed Completion Date
<b>EMERGENCY MEDICAL SERVICES OPERATIONS (3 Strategic initiative-operation links)</b>		
Reduce demand for EMS by diverting repeat or non-emergency patients.	During FY 2017, the Department will plan, and contingent on funding, will begin implementation of the recommendations of the Integrated Healthcare Collaborative. These recommendations include strategies to educate and divert low acuity 911 callers to alternative transportation, and to connect them to non-emergency comprehensive primary care.	09-30-2017
Increase dispatching and resource allocation efficiency.	During FY 2017, in partnership with the Office of Unified Communications, the Department will continue to review and revise its dispatch protocols so that the right resource is dispatched to the right patient at the right time. The ultimate goal is to preserve resources by decreasing the number of units that currently respond to low-level, non-critical calls, and to preserve ALS resources for only the most critical calls.	09-30-2017
Continue reform of EMS delivery services with new third party ambulance service contract and additional, improved training.	During FY 2017, the Department will award a contract for long term third party ambulance service for low-level, non-critical medical calls. Additionally, the volume and quality of firefighter, emergency medical technician and paramedic training will be increased by moving from biannual classroom "cramming sessions" for re-certification to regular team-based sessions that are COI-informed and emphasize hands-on skills. FEMS will also work to partner with universities and hospitals to provide more effective training.	09-30-2017
<b>FIELD INFRASTRUCTURE (2 Strategic initiative-operation links)</b>		
Increase availability of fleet apparatus through additional staffing resources and advanced training and use of predictive scheduling and maintenance.	During FY 2017, the Department will apply predictive approaches and utilize advanced preventative maintenance techniques to increase fleet apparatus availability. Workforce teams will increase the utilization of the FASTER management software and receive enhanced certifications and training on scheduling, tracking, and reporting on fleet readiness and maintenance. Additional staff will be acquired by filling existing vacancies and a "dedicated" service lane will be created exclusively for preventative maintenance and inspections.	09-30-2017
Improve and upgrade the Department's Fleet.	During FY 2017, the Department will purchase 31 vehicles, including 16 ambulances, 6 fire engine trucks, 3 ladder trucks, 1 rescue squad, and 5 command vehicles.	09-30-2017
<b>INFORMATION TECHNOLOGY (1 Strategic Initiative-Operation Link)</b>		
Utilize technology to enhance department emergency response performance.	During FY 2017, the Department will upgrade electronic patient care reporting applications and increase Wi-Fi coverage at stations to improve data sharing effectiveness and overall performance. Emergency vehicle hardware will be modernized to accommodate the technology upgrade and additional wireless access points will be added at stations to boost WiFi connectivity.	09-30-2017
<b>PERFORMANCE MANAGEMENT (2 Strategic initiative-operation links)</b>		
Enhance the evaluation of field provider performance by incorporating patient outcome data by hospitals into the assessment process.	During FY 2017, the Department will utilize data on patient outcomes from hospitals to better evaluate and improve the practice of providers in the field. The additional information will benefit the Continuous Quality Improvement process and provide for a more constructive feedback process. A regional data sharing platform will be utilized to track the assessment and management of emergency department transports.	09-30-2017
Improve the evaluation of "turnout times" measures at the Battalion and Company level.	During FY 2017, the Department will improve the evaluation of emergency response times by increasing the frequency of "Turnout time" (the time between actual alarm time at response facilities and units and the beginning of travel time to incident) data analysis and availability to managers at the Battalion and Company level, with the goal of improving turnout times under the National Fire Protection Association (NFPA) Standard 1710.	09-30-2017
<b>PUBLIC OUTREACH (2 Strategic initiative-operation links)</b>		
Increase the number of District of Columbia residents trained in "Hands only" CPR.	During FY 2017, the Department will partner with DCPS and charter schools to educate Middle and High School students in the use of Compression only ("Hands-only") CPR and the use of Automated External Defibrillators (AED).	09-30-2017
Perform fire prevention and education activities at senior citizen living facilities, buildings, and nursing homes.	During FY 2017, the Department will partner with the DC Office on Aging to engage with senior citizen living facilities to perform fire prevention inspections and educational outreach. At least 10 % of the current senior buildings or nursing homes throughout the District will be inspected. Residents of these facilities will be offered comprehensive fire safety educational programs that will include electrical and home heating fire prevention, escape planning in case of fire, and smoke alarm/carbon monoxide alarm maintenance.	09-30-2017
<b>RISK MANAGEMENT (1 Strategic Initiative-Operation Link)</b>		
Complete driver safety awareness training for Department personnel.	During FY 2017, the Department will complete driver safety awareness training for all operational personnel to promote and develop a safe and technically competent workforce. This includes classroom and practical training incorporating requirements described by NFPA Standard 1451 ("Standard for a Fire and Emergency Service Vehicle Operations Training Program").	09-30-2017
<b>TRAINING AND EMPLOYEE DEVELOPMENT (2 Strategic initiative-operation links)</b>		
Implement Leadership Development Plan Recommendations.	During FY 2017, the Department will implement the short term recommendations included in the comprehensive Leadership Development Plan created and published in FY 2016 with the goal of developing strong, innovative and diverse leaders. Recommendations include making promotional requirements more transparent and strengthening leadership training for all supervisory ranks.	09-30-2017
Expose FEMS paramedics to pediatric care inside a hospital emergency department environment.	During FY 2017, the Department will send all paramedics for a one day shift in the Children's National Medical Center Emergency Department to study best practices and increase medical competency. This effort will include pediatric nurse triage and acute treatment of pediatric emergencies.	09-30-2017



# **ATTACHMENT**

## **QUESTION 23**

**(STUDIES AND REPORTS)**



**DISTRICT OF COLUMBIA**  
**Fire and EMS**  
**Department**



**Integrated Healthcare**  
**Collaborative**  
**FINAL REPORT**

February 22, 2017

## Introduction

The District of Columbia Fire and Emergency Medical Services Department (“the Department or DC FEMS”) dispatched over 160,000 responses to 9-1-1 requests for Emergency Medical Services (EMS) in Fiscal Year 2015. In Fiscal Year 2016, DC FEMS responded to more than 170,000 9-1-1 calls, a five percent increase from the previous year. Each year, this call volume puts the District in the top ten cities with the highest call volume in the country, including cities like New York, Chicago and Los Angeles, that have significantly higher populations than the District. Put another way, the District has the eighth highest call volume in the country, but is only the 24th largest city.<sup>1</sup>

Approximately 48 percent of the FY 2015 and FY 2016 responses to EMS calls were categorized by the Office of Unified Communications (OUC) at the time of dispatch to be non-emergency low acuity calls (those requiring the dispatch of Basic Life Support (BLS) resources only). After assessment by DC FEMS providers, an even greater proportion of patients were found to require only BLS care and transport to hospitals - approximately 72 percent of all patients transported.

These types of transports overburden the EMS response network and reduce the availability of resources to respond to true emergencies. They also clog the local hospital Emergency Departments (EDs) with non-emergency patients, which compounds the delivery of emergency care to critical patients with life-threatening emergencies. This cycle also impedes the connection of low acuity patients to the right primary care providers.

In FY 2016, the District entered into an emergency contract with American Medical Response, a private third party provider, to transport BLS patients. This decision was made because the District’s EMS system did not have sufficient resources to respond to the number of 9-1-1 calls being made on a daily basis, which put critical patients at risk. With this decision, policy makers made clear their preference for the use of a third party to be a temporary fix to a long-standing problem in the District of overuse of EMS for non-emergency care. The recommendations in this report seek to put the District on the path to solving this long-term problem in a more efficient manner and in ways that will result in better outcomes for patients.

The Integrated Healthcare Collaborative (IHC) was created with the goal of developing recommendations for District agencies to more efficiently target the delivery of emergency medical services and to connect patients to comprehensive health care. The overall goals are to improve the population’s health and safety, connect low acuity callers to a more appropriate comprehensive source of care, reduce or eliminate the use of 9-1-1 resources for non-emergent medical issues and ensure rapid response, treatment and transport for high acuity, life-threatening medical calls.

### Process

To accomplish these goals, in April 2016, Dr. Robert P. Holman, the Department’s Interim Medical Director, recruited members from government and non-governmental organizations to

---

<sup>1</sup> 2015 National Run Survey (Part II), *Firehouse Magazine*, by Kevin Roche and Peter Matthews, page 2.

collaborate on potential solutions. The IHC includes members representing each of the three Managed Care Organizations (MCO)<sup>2</sup> (Amerihealth Caritas, Medstar Family Choice and Trusted), DC Primary Care Association, DC Hospital Association, Department of Health Care Finance, Department of Health, Executive Office of the Mayor, Office of Unified Communications, Office on Aging and DC FEMS. In June 2016, the DC Council codified the creation of the IHC as the Integrated Health Care Task Force in Subtitle I of the FY 2017 Budget Support Act of 2016, the “Integrated Health Care Task Force Establishment Amendment Act of 2016.” (“the FY 2017 Budget Support Act”).

IHC members were asked to serve on five subcommittees: Nurse Triage, Alternative Transport, Connection to Care, Policy, and Communication and Marketing. Each committee met independently over four months and engaged in similar systematic processes that included identifying relevant existing governmental policies and resources, researching national and international benchmarks and best practices, interviewing representatives of best practice organizations, and engaging key stakeholders in the establishment of minimum criteria. In addition to the subcommittee meetings, all IHC representatives met once a month to report on each committee’s efforts and to align strategies.

## Subcommittee Findings and Recommendations

The results of the IHC’s subcommittee deliberations and recommendations are summarized in this section. They are followed by discussions on pediatric care and evaluation, as required by the FY 2017 Budget Support Act.

### *Misuse of 9-1-1 Overtaxes First Responders and Does Not Benefit Patients*

The number of patient transports in the District has grown by 24 percent since 2013. While the District has taken measures to increase DC FEMS resources to respond to this growing demand, merely increasing response resources is not the only feasible strategy. Because the vast majority of calls are for low acuity, non-emergency conditions, a more sustainable and fiscally responsible strategy is to invest in paths that will decrease EMS resource demand.

The IHC found that many callers to 9-1-1 may not realize their condition is non-emergent and can be treated at home, in a primary care clinic or in an urgent care center. Even if they do, residents may believe the Emergency Department (ED) is the best and most expedient source of care and/or that arrival via ambulance rather than private vehicle at an ED will result in faster provision of care. Residents may be unaware of other venues at which to seek care besides the ED. Residents also may have limited transportation to these other sites of care such as urgent care centers or primary care physician offices. Reliance on 9-1-1 may also be the result of behavioral health challenges, or longstanding cultural practice norms. Furthermore, DC FEMS

---

<sup>2</sup> MCO’s are health care delivery systems consisting of affiliated and/or owned hospitals, physicians and others that provide a wide range of coordinated health services. District MCOs provide services to eligible patients under District law and are monitored by the Office of Managed Care within the District’s Department of Health Care Finance.

policy, which guarantees transport to the ED by ambulance no matter how non-emergent the patient's condition, reinforces patients' understanding, choices and behavior with respect to the use or overuse of 9-1-1.

In fact, an emergent ambulance transport to a hospital's ED is not likely to be beneficial for low acuity patients. Emergency department evaluation rather than evaluation in a primary care setting increases the likelihood of the following risks: an incomplete understanding of the patient's medical history, less comprehensive care, potentially unnecessary testing, unsafe duplication and/or contraindication in prescribed medications, unnecessary admissions and exposure to hospital pathogens. Alternatively, low acuity patients, those with ambulatory care sensitive (ACS) conditions, who instead visit a primary care clinic, may receive care in a more rapid, comprehensive and safe manner. Policy makers have a responsibility to help ensure positive patient outcomes. For this reason, the District needs to change its own policies and practices to redirect patients from the use of 9-1-1 and EDs, and it must explain why doing so is in the best interest of patients' health. To address this challenge, the IHC convened five subcommittees. The work of these subcommittees, as well as other findings, are described below.

#### *Nurse Triage Subcommittee*

The first step to educate patients and address their health care needs is to redirect them from 9-1-1 to a more appropriate setting. Other jurisdictions have done this through the use of nurse triage lines within 9-1-1 call centers. The advantage of this approach is that it keeps EMS agencies from ever responding to a patient whose condition is clearly non-emergent.

With this model, which draws on a clinical decision support, 9-1-1 call takers screen calls and redirect lower acuity calls to triage nurses for further assessment. With the guidance of algorithmically driven protocols, a nurse is able to further assess and direct a caller toward non-ED outcomes including self-care advice, non-EMS transport to primary care clinics or even an urgent care center. In some cases, the nurse may recommend a standard EMS transport to an ED. The common practice of the various jurisdictions already employing this model is to categorize 9-1-1 calls from highest acuity to lowest acuity, and to then determine the resource type to be deployed, if at all.

Several jurisdictions utilize the Advanced Medical Priority Dispatch System by Priority Dispatch through the International Associations of Emergency Dispatchers Emergency Communication Nurse System (IAED's ECNS) software, including: Fort Worth, Texas; Louisville, Kentucky; and Reno, Nevada. Mesa, Arizona utilizes the LVM System in conjunction with deployment of resources for an on-scene evaluation for each triaged call. Some of the cities with populations comparable to the Districts', such as Fort Worth and Louisville, have been able to divert 54 percent and 31 percent, respectively, of their calls away from an EMS response without deleterious health outcomes. Below is comparative chart review of the top three (3) cities researched.

## 9-1-1 Nurse Triage Lines Date

Jurisdiction	Population	Annual EMS Calls	Vendor	Dispatch IT	Coverage	ED Diversion
Fort Worth, TX	810,000	125,000	IAED/ECNS	Priority Solu-	9 a.m. -5 p.m.	54%
Louisville, KY	750,000	100,000	IAED/ECNS	Priority Solu- tions	8 a.m. -5 p.m.	31%
Mesa AZ	800,000	65,000	LVM SYSTEMS Solutions	N/A	8 a.m. -5 p.m.	N/A

The District should pursue a similar model here.

### Nurse Triage Subcommittee Recommendation:

**Implement a nurse triage line accessed through the 9-1-1 system.** The District should develop the operational infrastructure for, and hire an experienced vendor to launch and manage, a 9-1-1-associated nurse triage line program. DC FEMS should launch the program, but as it becomes institutionalized, consideration should be given to housing it elsewhere in the government, given its mission of diverting non-emergency patients. By including triage nurses in the 9-1-1 screening process, the EMS response system will be able to better match callers’ needs with appropriate and available end point resources, thereby reducing the strain of non-emergency calls on DC FEMS. Several cities have reported financial savings after integrating triage nurses into the 9-1-1 call process while still maintaining strong caller outcomes and satisfaction.

### Alternative Transportation Subcommittee

Residents may rely on ambulances because they lack, or are unwilling or unable to arrange, their own transportation to an ED. Transportation options, whether by private vehicle, public transportation, or commercial vendor, present an immediate and certain cost to a resident, while that resident’s health insurance may pay for most of or the entire ambulance ride no matter the circumstance. Ambulances fees for uninsured, indigent patients who are unable to pay may not be pursued by DCFEMS for valid public policy reasons. As a result, most patients have few disincentives to utilizing 9-1-1 ambulance transport in the District of Columbia. For the insured or indigent patients, an ambulance transport, which is the most expensive option, is literally a free ride. This fact undoubtedly contributes to the District’s high EMS call volume.

The solution to this problem is to provide greater incentives for residents to use alternative transportation to EDs and other health care venues. The Alternative Transport subcommittee found that some District insurance companies and MCOs do currently offer their patients transportation options through a transport broker that subcontracts with various vendors licensed to operate within the District. Unfortunately, despite the more than 500 vehicle fleet available in the network, these options are not well known by beneficiaries and are underutilized. Patients alternatively may not use these options because they believe they are not sufficiently fast to reliable and expeditiously respond to them in every part of the city. Additionally, most of these covered transportation services have limited hours or require prescheduling, which sometimes includes a wait of up to three days if a company determines a patient’s condition is non-emergent., They may also require physician or insurance company verification for urgent transports, i.e. those requiring same day transport or transport within a matter of hours. In order to direct the 9-1-1 patient populations away from ambulance transport, there must be low-cost options that provide service with flexible hours and from any part of the city with reliability and consistency.

## **Nurse Triage Subcommittee Recommendation:**

*Leverage existing transportation services and consider expansion of those services to transport low acuity callers to the appropriate health care services.* Among the barriers faced by individuals who are in need of medical care is use of, and sometimes access to, timely and reliable transportation despite the existence of both medical and non-medical transportation options in the District. The District needs to take immediate steps to encourage MCO patients to use the existing transportation resources available to them, either through education or incentives for participation. The District should also consider strategies to expand the accessibility of such services, either through additional options with expanded hours, or additional networks, if such steps are required to effectively transport patients using non-9-1-1 resources. The Department of Healthcare Finance should take the lead on this effort.

### *Connection to Care Subcommittee*

#### General Population Low Acuity Callers

Diverting non-emergency patients from 9-1-1 and providing them with alternative transportation are only the first steps in solving the problem of overuse of 9-1-1. Once diverted, patients need to be connected to appropriate, on-going care. Many District residents require additional education in navigating the primary health care system in the District. In addition, despite the District's high rates of health insurance among children and adults, many residents do not have a primary care provider or a primary source of healthcare. In order to address this issue, obstacles related to access to care and health care capacity need to be addressed.

One of these obstacles may be that MCOs require their members to have their medical care provided only by or through an assigned primary care provider (PCP). Many MCO patients may have never seen their designated PCP and so when taken to a clinic other than their PCP's they are met with a payment obstacle.

After consideration of all of these factors, the Connection to Care subcommittee found that the best source of care for these low acuity callers would be those sites that have achieved a Patient Centered Medical Home (PCMH) designation and have extended evening and weekend hours; feature walk-in appointments; provide on-site behavioral health, case management, social services and comprehensive primary care; and accept all insurances. The subcommittee identified eighteen clinical sites in the District, including two urgent care centers, which fit this criteria. All of the clinics are PCMH-designated and are federally qualified health centers that accept patients with all insurances, including Medicaid. Attachment A shows a map of the locations of concentrations of the District's low acuity callers superimposed with the clinic

locations. The locations of both overlap and demonstrate that the District already has 18 clinic sites located right near the callers' locations. While work will need to be done to ensure capacity, these clinics should be able to handle the approximately 200 low acuity callers per day that do not require emergency transport to hospitals.

#### High Volume Utilizers and Community Paramedicine

While general population low acuity callers are the main focus of the IHC, the group also examined the High Volume Utilizers (HVU's) who comprise approximately 12.6 percent of all EMS transports. These individuals are defined as patients who were transported by DC FEMS ten or more times in a year. In 2015, 709 HVUs were identified and these patients were involved in 13,979 transports.

These HVUs are likely to suffer from multiple chronic illnesses, low socioeconomic status, mental illness and substance and alcohol abuse. In a review of HVUs who have Medicaid insurance, 58 percent suffered from alcoholism and behavioral health issues, 41 percent were homeless, and 76 percent suffer from more than one chronic illness. High volume utilizers identified by DC FEMS often have case/care managers within their PCMH, Health Home,<sup>3</sup> HH1, My Health GPS, or MCO. Despite having this service available, they simply are not connecting with the care they need and are opting to use 9-1-1 instead. These are callers who are particularly well-suited for intervention via community paramedicine.

Community paramedicine is “an emerging field in health care where EMTs and paramedics operate in expanded roles in an effort to connect underutilized resources to underserved populations.”<sup>4</sup> Some forms of community paramedicine involve EMS personnel who provide health care services to patients within their homes. DC FEMS was an early innovator in the area of community paramedicine when it launched its Street Calls program in 2008 after extensive best practices research. Street Calls is a specialty unit within DC FEMS that has the mission to reach, assess, teach, refer and monitor individuals who are known HVUs or are referred by field providers who deem them as at-risk or vulnerable. Since 2008, Street Calls has served approximately 2417 patients, connecting the vast majority of them to primary care and/or governmental and community-based agencies.

In Fiscal Year 2014, Street Calls reoriented its focus from sporadic and partial engagement with repeat 9-1-1 users on their short term needs, to focusing on sustainable integration and utilization of existing and available resources. The newly named Street Calls Mobile Integrated Healthcare Team (SC-MIHC), comprised of three Paramedics and one EMT, now focuses on 590 patients or

---

<sup>3</sup> Health Home I and Health Homes II, (now known as My Health GPS), are programs designed to enhance primary care services to both fee for service (FFS) and MCO beneficiaries who have significant chronic illness and would benefit from a multi-disciplinary approach to care with increased care coordination and care management. A health home provider must be able to exchange health information electronically. HH1 is targeting to people with serious mental illness. My Health GPS is targeted to individuals with three or more chronic conditions. There is significant overlap between FEMS HVUs and the those targeted for intervention under health homes.

<sup>4</sup> Community Paramedicine Evaluation Tool. US Department of Health and Human Services Health Resource and Services Administration Office of Rural Health Policy (March 2012). Available at [www.hrsa.gov/ruralhealth/pdf/paramedicinevaltool.pdf](http://www.hrsa.gov/ruralhealth/pdf/paramedicinevaltool.pdf)



HVUs. In FY14, the Street Calls team made 1363 contacts with 360 individuals, an average of three visits per individual. The comprehensive assessments conducted by the Street Calls team have revealed the social determinants (food, transportation, isolation, mental illness, etc.) that impact health and wellness (the reason for the call to EMS) and have guided the provision of care, patient education and the connection to community resources.

The FY 2017 Budget Support Act requires the IHC to examine the need for a pilot community paramedicine program, as well as which District agency should manage such a program, whether the program should be a self-sustaining independent entity, whether the program should employ case managers, and whether the program should be staffed with Department civilian EMS employees.

The IHC concluded that, in light of the Department's Street Calls experience, an additional pilot program for community paramedicine would be duplicative. The benefits of community paramedicine are most obvious for patients like the HVUs, who continue to call 9-1-1 despite the availability of case management resources. This is because they continue to be EMS patients, and so the ongoing reinforcement and services from the Street Calls team continues to be necessary. Even so, the ultimate goal remains for them to stop calling 9-1-1 for non-emergent health care needs and to connect them to services that will treat and resolve their health challenges.

For the general low acuity caller patient population, however, the most effective strategy is to connect those callers to comprehensive health care outside of their home and in Patient Centered Medical Homes as described earlier. These callers need more comprehensive services than EMS providers or EDs are able to offer them. In addition, one of the obstacles that the Street Calls team has faced over the years has been a lack of coordination and duplication between the many service providers – including multiple case managers – who have received referrals from DC FEMS for Street Calls patients. Creating another self-sustaining independent entity or employing more case managers, will not solve this problem. In 2016, as part of the IHC process, the Street Calls team referred all of the 709 HVU's who have a Medicaid MCO to the appropriate MCO for Case Management. This type of coordination between the IHC partners should continue.

Moreover, investing EMS employees with additional health care responsibilities may require the practice of medicine outside of their current licensing authority. The Department is very focused on improving the training and skills of those EMS providers it currently employs in order to fulfill its existing mission to rapidly respond to, treat and transport critical patients with emergent needs. The IHC respectfully recommends that this remain the focus of the Department over the next several years before an expansion of its mission is contemplated.

Again, the answer to the issues that the community paramedicine concept seeks to address is to move those patients to the PCMH arena. The IHC has convened all of the stakeholders required to achieve this outcome and their buy-in and the momentum of this process should be capitalized on in the coming years. The Street Calls team should continue to work with the District's HVUs. Rather than invest resources in additional community paramedics, however, the IHC recommends investing resources in those services described in this report that will eliminate the obstacles to comprehensive care, result in better overall health outcomes for patients and, ultimately, fewer calls to 9-1-1 for basic health care needs.

## Connection to Care Subcommittee Recommendations:

***Utilize existing grant funding opportunities for onboarding to a Health Information Exchange organization, a web based care planning platform and/or a specialized registry.*** In order to appropriately connect and divert individuals to ongoing comprehensive healthcare services and resources, a robust, bi-directional health information exchange system that can leverage, integrate, and align existing resources such as Health Homes I, Health Homes II, MCO case management, and EPD/DD Waiver,<sup>5</sup> is critical. Such an exchange would include information about PCMH locations and other destinations for low acuity 9-1-1 callers. The triage nurse envisioned in this report will need access to information like this in a healthcare profile to direct patients to the appropriate source of care, to prevent duplication of services, maximize local resources and most importantly, wholly and safely address the needs of a 9-1-1 caller.

***Continue to leverage the DC FEMS Street Calls program to connect High Volume Utilizers with comprehensive preventive and primary care services.*** The Street Calls program is well suited to continue to work with HVUs and to connect these patients with highly complex health needs to preventive and primary care services. Once the IHC recommendations are underway, the Street Calls team also could contact samples of patients diverted from 9-1-1 to help evaluate the impact of the new programs.

### *Policy Subcommittee*

Understanding the existing policies relevant to the work of the IHC and determining areas of modification or improvement is key to its success. The Policy subcommittee reviewed current policies to identify areas that will enable or inhibit the vision and goals of the IHC.

District of Columbia residents have developed an expectation of transportation to a healthcare facility by DC FEMS when they call 9-1-1 regardless of the acuity of their healthcare need. This expectation is codified by the DC FEMS “Patient Bill of Rights, which includes the following language:

“...[We] will never refuse to transport you and we will never use any method to discourage you from receiving medical treatment or transportation.”

While intended to ensure that no patient who requires treatment or transportation would be turned away by the Department, this policy has been interpreted as guaranteeing all patients the right to transport, even when transport is not medically necessary or when treatment is administered in the field and the patient improves. In some cases, the system has been misused to the point of 9-1-1 callers repeatedly using 9-1-1 for transportation or assistance with non-medical needs. While the District remains committed to providing fast, compassionate and competent care to 9-1-1 callers who need emergency medical treatment, its historic policy to not refuse transport in any case has contributed to the creation of a system that is overburdened with low acuity callers. This is not a sustainable system and the Patient Bill of Rights should be amended to address this problem.

The Policy subcommittee also found that only two healthcare facilities in the District have acquired a Certificate of Need (CON) as an urgent care facility. This limits patients’ alternatives to emergency care at hospitals. The State Health Planning and Development Agency (SHPDA) within the Department of Health (DOH), the District entity with statutory authority to approve the opening of health care facilities within the District, is scheduled to publish the State Health Plan at the end of calendar year 2016. This new plan will include a category for urgent care and will require healthcare facilities who apply for a CON to market their facility as such. It will also clearly define how an urgent care facility differs from a primary care facility, what acuity levels should be treated at an urgent care facility, the level and scope of services to be provided, and qualification, training and staffing requirements. This work is consistent with and should support the goals of the IHC.

Furthermore, the Policy subcommittee found that various restrictions currently exist where a healthcare facility is available but patients are unable to access it because of insurance type, which again leads them to opt for the 9-1-1 system. For example, some patients are unable to receive same day services by a health care provider who is not their assigned primary care provider. The barrier to eliminating this requirement altogether and allowing temporary PCP assignments is an NCQA requirement (a quality rating system for health insurance companies) that requires MCOs to track the frequency of PCP changes. Frequent PCP changes are viewed negatively and could indicate an inadequate provider network or limited access for members. The District should work with MCOs to eliminate barriers like these that may be driving low acuity patients to 9-1-1 and hospital EDs.

<sup>5</sup> This is a program that provides services to elderly patients who are physically and/or developmentally disabled.

## Policy Subcommittee Recommendations:

***Revised the District of Columbia Fire and EMS Patient Bill of Rights.*** The language should be revised to be consistent with the goals and objectives of the IHC and should guarantee that patients “receive a medical evaluation and a determination of appropriate medical care,” and “if transported, to be transported in a clean and properly maintained vehicle to an appropriate medical facility.”

***The State Health Planning and Development Agency should clarify the definition of urgent care in the Certificate of Need process.*** Doing so will create more alternatives to EDs for low acuity patients. The Department of Health, which houses the State Health Planning and Development Agency, should take the lead on this effort.

***Ensure that managed care organizations accommodate requests for members to access same day care from providers who are not their primary care provider of record for acute illness and injury.***

### *Communication and Marketing Subcommittee*

The Communications and Marketing subcommittee examined how to develop an actionable and measurable marketing strategy to accompany implementation of IHC recommendations. The goals of such a strategy would be to develop customized outreach designed to follow District policy changes with changes in public perception, attitude, and behavior towards the use of 9-1-1 in the District. For any form of marketing to be most effective, the District should engage a professional communications team to create educational content and deliver messaging that will ultimately change patient behavior. Additionally, the messaging must target all areas of the District and be consistent from all relevant government and non-government partners. The message should also convey to EMS patients that the changes envisioned by the IHC are not intended to reduce their access to health care by reducing their use of 9-1-1 and ambulances. Rather, they are intended to increase their access to better, more timely care and ultimately improved health outcomes.

Consistent with this goal, prior to the implementation of any of the IHC’s recommendations, there should be an education campaign that involves all advertising mediums, including, as examples, radio, television, newspaper, print product, digital advertising, text messaging, mobile banner ads, social media, metro buses, metro bus shelters, and billboards. The range and extent of such a campaign will depend on the availability of resources.

## Communications and Marketing Subcommittee Recommendation:

***Develop a customized outreach strategy to educate District residents about IHC recommendations and changes, and to change behavior about using primary care, where to go for healthcare and how to access it.*** Each of the recommendations of this report represents a departure from ingrained practice and policy in the District, on the part of both 9-1-1 callers and the health care services that they use. As the recommendations are implemented, the District needs to accompany implementation with a strong, coordinated, and effective marketing campaign that will educate patients and result in changes in behavior.

### *Pediatric Care*

The FY 2017 Budget Support Act requires the IHC to “make recommendations that will enable the District to train and equip members of the Department to provide pediatric care.” In fact, the Department already trains and equips its members to provide pediatric care. All of the Department’s BLS providers are trained in pediatric Basic Life Support as part of their National Registry Emergency Medical Technician (NREMT) certification and biennial recertification. This training has been offered in lecture, case scenario, and online format. All Department ALS providers are required, as part of their NREMT certification requirements, to be certified Pediatric Advanced Life Support (PALS) providers. DC FEMS offers this course to its providers in partnership with the Children’s National Medical Center (CNMC). The goal of this course is for providers to keep current on the latest techniques for providing emergency treatment to pediatric patients. All DC FEMS ALS providers receive training in Prehospital Education for Pediatric Providers (PEPP), and also are offered participation in the annual Pediatric Disaster Management course that DC FEMS hosts with CNMC at its Training Academy. All Department EMS units also are required to be stocked with special equipment use with pediatric patients.

The Department’s efforts to improve its pediatric training are ongoing. In October 2016, the Department launched training of its providers on the Handtevy Pediatric System, which is a simple system that helps both basic and advanced EMS providers determine the appropriate dosage of medication for a child based on that child’s age and weight. The mobile application is designed to eliminate mistakes in the field and helps providers determine this information quickly during an emergency.

Another of the challenges with training providers in pediatrics is that they are not exposed to critical pediatric patients on a regular basis. For this reason, the Department is partnering with CNMC to give its providers access to its ED, so that providers can obtain greater exposure to pediatric patients and treatment methods, particularly in the area of asthma, which is a common condition among the District’s pediatric population. The Department looks forward to this partnership getting underway during the second quarter of FY 2017.

### *Evaluation of IHC Implementation*

Members of the IHC are cognizant of the fact that the investment of time and resources in the ambitious undertakings outlined in this report will only be of benefit to the District if they have the desired impact on patient outcomes and on the EMS system. For this reason, the IHC is committed to effectively evaluating implementation of each of its recommendations. The IHC is very fortunate that it will have the support in this endeavor of The Lab @ DC, which is a new unit in the Office of the City Administrator that is focused on rigorous evaluations and applying behavioral science to the evaluation of new programs. This will ensure that the impact of implementation will be measured in transparent and meaningful ways.

## Recommendations Summary

The following recommendations are based on research conducted and feedback received both from IHC and subcommittee members, as well as best practice organization representatives. Some of the recommendations require funding and will be contingent on additional resources.

***Revise the District of Columbia Fire and EMS Patient Bill of Rights.*** Language in the DC FEMS Patient Bill of Rights currently states “That we will never refuse to transport you and we will never use any method to discourage you from receiving medical treatment or transportation.” The language should be revised to be consistent with the goals and objectives of the IHC and to guarantee that patients “receive a medical evaluation and a determination of appropriate medical care,” and “if transported, to be transported in a clean and properly maintained vehicle to an appropriate medical facility.”

***Implementation of a nurse triage line accessed through the 9-1-1 system.*** the District should develop the operational infrastructure for, and hire an experienced vendor to launch and manage, a 9-1-1-associated nurse triage line program. DC FEMS should launch the program, but as it becomes institutionalized, consideration should be given to housing it elsewhere in the government, given its mission of diverting non-emergency patients. By including triage nurses in the 9-1-1 screening process, the EMS response system will be able to better match callers’ needs with appropriate and available end point resources, thereby reducing the strain of non-emergency calls on DC FEMS. Several cities have reported financial savings after integrating triage nurses into the 9-1-1 call process while still maintaining strong caller outcomes and satisfaction.

***Leverage existing transportation services and consider expansion of those services to transport low acuity callers to the appropriate health care services.*** Among the barriers faced by individuals who are in need of medical care is use of, and sometimes access to, timely and reliable transportation despite the existence of both medical and non-medical transportations options in the District. The District needs to take immediate steps to encourage MCO patients to use the existing transportation resources available to them, either through education or incentives for participation. The District should also consider strategies to expand the accessibility of such services, either through additional options with expanded hours, or additional networks, if such steps are required to effectively transport patients using non-9-1-1 resources. The Department of Healthcare Finance should take the lead on this effort.

***Utilize existing grant funding opportunities for onboarding to a Health Information Exchange organization, a web based care planning platform and/or a specialized registry.*** In order to appropriately connect and divert individuals to ongoing comprehensive healthcare services and resources, a robust, bi-directional health information exchange system that can leverage, integrate, and align existing resources such as Health Homes I, Health Homes II,<sup>6</sup> MCO case management, and EPD/DD Waiver,<sup>7</sup> is critical. Such an exchange would include information about PCMH locations and other destinations for low acuity 9-1-1 callers. The triage nurse envisioned in this report will need access to information like this in a healthcare profile to direct patients to the appropriate source of care, to prevent duplication of services, maximize local resources and most importantly, wholly and safely address the needs of a 9-1-1 caller.

---

<sup>6</sup> Health Homes I and Health Homes II are case management services for MCO patients.

<sup>7</sup> This is a program that provides services to elderly patients who are physically and/or developmentally disabled.

***The State Health Planning and Development Agency should clarify the definition of urgent care in the Certificate of Need process.*** Only two healthcare facilities in the District have acquired a Certificate of Need (CON) as an urgent care facility while several others market/brand themselves as such. The new State Health Plan should clarify the definition of urgent care on the Certificate of Need process so as to support the goals of the IHC. Doing so will create more alternatives to EDs for low acuity patients. The Department of Health, which houses the State Health Planning and Development Agency, should take the lead on this effort.

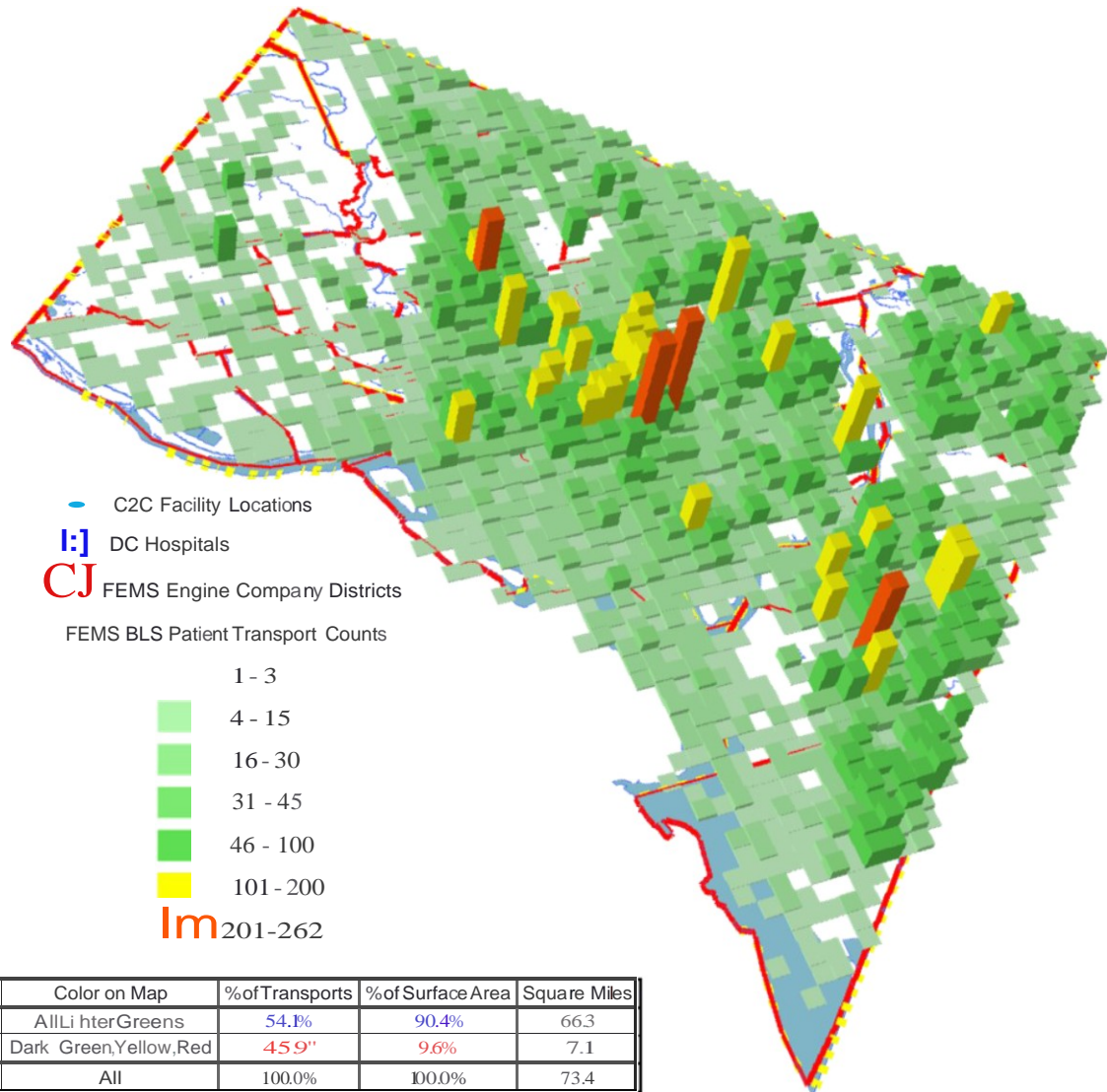
***Continue to leverage the DC FEMS Street Calls program to connect High Volume Utilizers with comprehensive preventive and primary care services.*** The Street Calls program is well suited to continue to work with HVUs and to connect these patients with highly complex health needs to preventive and primary care services. Once the IHC recommendations are underway, the Street Calls team also could contact samples of patients diverted from 9-1-1 to help evaluate the impact of the new programs.

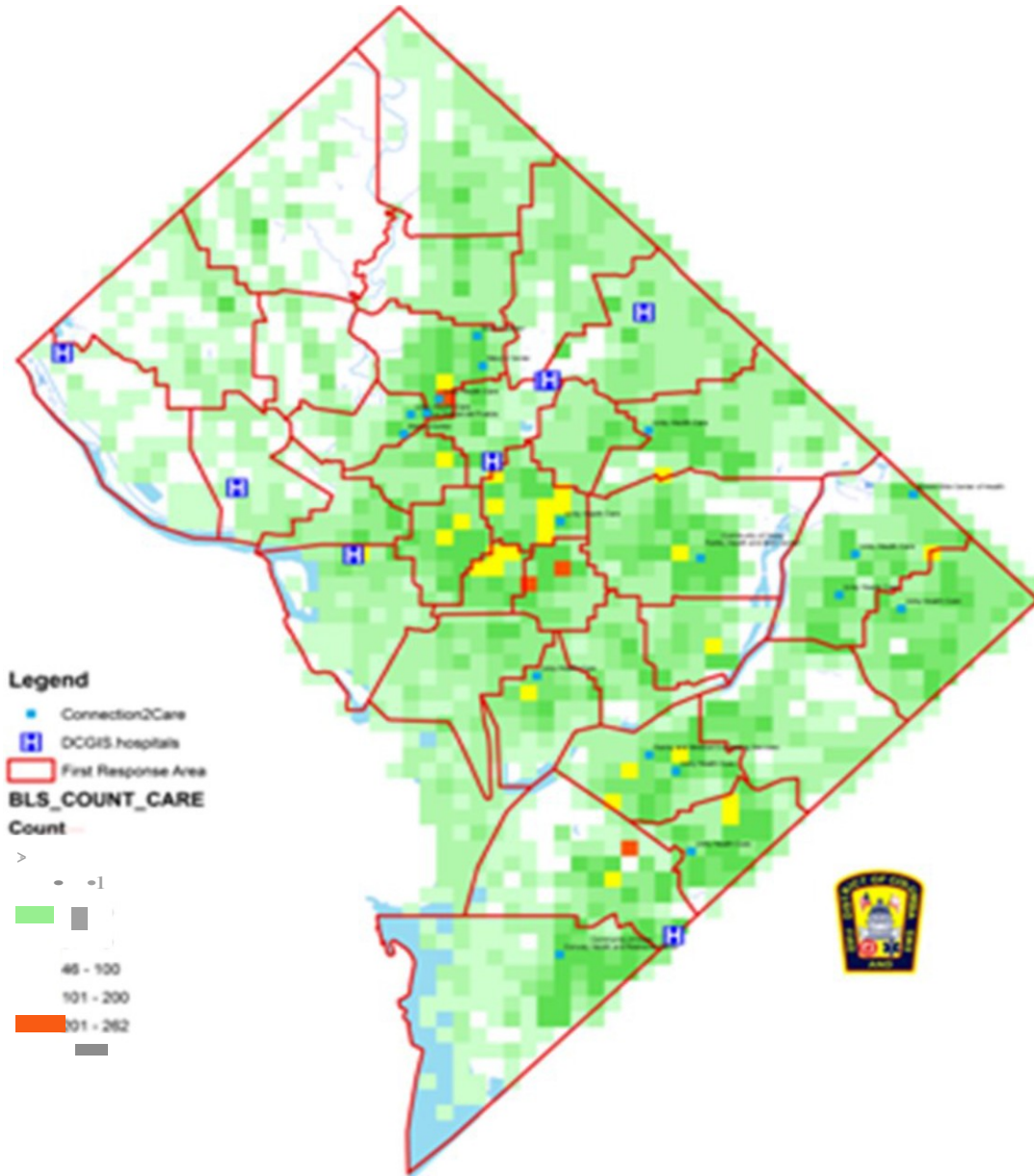
***Ensure that managed care organizations accommodate requests for members to access same day care from providers who are not their primary care provider of record for acute illness and injury.*** A significant barrier to connection to care is the inability of residents covered by managed care organizations to receive same day services by a healthcare provider who is not their assigned primary care provider. The IHC was only able to ascertain from one MCO that their policy is to accommodate visits by a “covered physician” who is associated with the member’s primary care provider. In the majority of cases, this allows the member to receive the same day/next day healthcare services they are seeking. The barrier to eliminating this requirement altogether and allowing temporary PCP assignments is an NCQA requirement (a quality rating system for health insurance companies) that requires MCOs to track the frequency of PCP changes. Frequent PCP changes are viewed negatively and could indicate an inadequate provider network or limited access for members. This barrier should be removed.

***Develop a customized outreach strategy to educate and change behavior of District residents about using primary care, where to go for healthcare and how to access it.*** Each of the recommendations of this report represents a departure from ingrained practice and policy in the District, on the part of both 9-1-1 callers and the health care services that they use. As the recommendations are implemented, the District needs to accompany implementation with a strong, coordinated, and effective marketing campaign that will educate patients and result in changes in behavior.



## FEMS Low Acuity (BLS) Patient Transports: 3/1/2016 to 8/31/2016









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

---



District of Columbia  
Fire and Emergency Medical Services  
Department

Gregory M. Dean, Chief  
December 2016

---

# Leadership Development Plan



## INTRODUCTION

The District of Columbia Fire and Emergency Medical Services Department's ("the Department" or "FEMS") FY 2016 Performance Plan included the following initiative:

During FY 2016, 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 strong, innovative and diverse leaders. Formulating and publishing a leadership development plan supports a strengthened labor/management partnership.

The initiative was inspired by a belief that the Department, while full of talented, dedicated and hard-working individuals, is in need of a concentrated focus and investment in the cultivation of strong managers to lead the agency into the future. An October 1, 2015 survey of Department members asked respondents whether they agreed with the following statement: "FEMS provides the resources and support necessary to cultivate strong managers." 51 percent of respondents disagreed with the statement, while 20 percent agreed with it and 29 percent were uncertain whether they agreed or disagreed.

In addition to this strong feeling that more attention to this issue is needed, the demographics of the Department point to the need for planning around the development of leaders. Almost ten percent of the Department is currently eligible to retire, a "retirement bubble" that is the result of a surge in hiring by the agency in the early 1990s. This creates the potential for the accelerated loss of Department members with management experience.

Finally, two of the four FEMS Chiefs over the past ten years of the Department's history were recruited from outside of the agency. While recruiting national talent can be positive for the agency, a sign of a strong organization is one that cultivates great leaders from within. Ultimately, that outcome is the goal of this initiative.

## PROCESS

To accomplish this goal, a committee was formed by the Office of the Fire EMS Chief made up of representatives from Operations, the Training Academy and the offices of Professional Standards, Human Resources, Labor Relations, and Diversity. The committee first undertook a process of evaluating the Department's existing policies relevant to the development of organizational leaders, including statutory<sup>1</sup> and regulatory<sup>2</sup> requirements, Departmental policies,<sup>3</sup>

---

<sup>1</sup> D.C. Official Code §§ 5-401 (agency mission), 5-402 (appointment of chiefs and chief officers), 5-417 (agency mission), and 5-441 (education and training).

<sup>2</sup> 6-B DCMR § 920 (appointment of chief officers).

<sup>3</sup> Article XII: Appointments, Probationary Service, Promotions and Resignations; Bulletin 84: Minimum Training and Recertification Standard; Bulletin 85: Employee Training and Development.

and collective bargaining agreements (CBA).<sup>4</sup> It then reviewed the Department's current leadership development curricula, primarily for Fire Officer I through III, as well as prior announcements for ad hoc leadership courses offered by the agency in recent years. The committee also researched and reviewed leadership standards and curricula from other jurisdictions, as well as from best practice organizations in the fire and EMS industries.<sup>5</sup>

The committee also engaged the Department's work force, through meetings with the two labor unions and through informal interviews of Department members of all ranks. It reviewed the responses on exit interview forms from employees who had chosen to leave the agency. During the conversations with the labor unions' leadership and with current employees, members were asked to share their perspective on leadership generally, on their experiences with agency managers during their careers and with their own development as employees and leaders. These conversations were a rich source of information, ideas and inspiration. While they highlighted the Department's challenges in this area, they also reinforced a fundamental theme of this initiative – that the agency's greatest strength is the people within its ranks.

## FINDINGS

The results of the committee's research are summarized in this section and are followed by the Department's recommendations.

### *Current Policy*

The Department has broad statutory and regulatory latitude in the area of leadership development. The D.C. Code merely requires that the Chief recommend criteria for promotions and appointments to Battalion Fire Chief and Deputy Fire Chief:

[That] address the areas of education, experience, physical fitness, and psychological fitness ... When establishing the criteria, the Fire Chief shall review national standards, such as the National Fire Protection Association's Standard on Fire Officer Professional Qualifications ... All candidates for the position of Battalion Fire Chief and Deputy Fire Chief shall be of good standing with no disciplinary action pending or administered resulting in more than a 14-day suspension or termination within the past 3 years.<sup>6</sup>

In 2007, the Department adopted regulations in accordance with this statute. Those regulations require that candidates for Battalion Fire Chief serve as a Captain for at least one year and that candidates for Deputy Fire Chief serve as a Battalion Fire Chief for at least one year. Candidates

---

<sup>4</sup> *Collective Bargaining Agreement Between D.C. Fire Fighters Association Local #36, International Association of Firefighters AFL-CIO And District of Columbia Fire & EMS Department; Collective Bargaining Agreement Between District of Columbia Government Fire Department And American Federation of Government Employees Local 3721.*

<sup>5</sup> These organizations included, but were not limited to, the International Association of Fire Chiefs (IAFC), International Association of Fire Fighters (IAFF), International Fire Services Accreditation Congress (IFSAC), Maryland Fire Rescue Institute (MFRI), National Emergency Medical Services Academy (NEMSA), National Fire Academy, National Fire Protection Association (NFPA), and the U.S. Fire Administration's Fire and Emergency Services Higher Education (FESHE) network professional development models.

<sup>6</sup> D.C. Official Code § 5-402.

for both positions must also be certified to the Fire Officer II level in accordance with the standards of the NFPA, pass a promotional physical, and meet at least one of the following three requirements:

- (1) Certification to Fire Officer III level in accordance with NFPA standards, or equivalent;
- (2) A minimum of forty-five (45) semester hours of college level course work, with at least fifteen (15) semester hours in core subjects such as English composition, mathematics, and science, and the remainder in fire science or administration courses or the equivalent of fire science or administration courses; or
- (3) A minimum of thirty (30) hours toward certification as Fire Officer III in accordance with NFPA standards, or equivalent, with an additional fifteen (15) semester hours of college level course work in core subjects such as English composition, mathematics, and science.<sup>7</sup>

In terms of training, the D.C. Code is similarly broad and only requires that employees receive entry-level and in-service training in “issues such as skills with specialized equipment acquired to address special hazards, knowledge of new construction techniques, and emergency medicine skills for target audiences, such as persons with disabilities, the elderly, and very young.”<sup>8</sup> It also requires the Department to “develop and implement a program of certification for firefighters, paramedics, and emergency medical technicians.”<sup>9</sup> The specific certification requirements for EMS providers are detailed in Chapter 25 of Title 29 in the D.C. Municipal Regulations.

Requirements for promotion below the rank of Battalion Fire Chief are detailed in the Department’s CBA with Local 36. Article 20 of the CBA requires that candidates take an exam and undergo an assessment process. Residency preference is applied “solely to break numerical ties.” Candidates receive points for service and for education, and are required to undergo a physical examination. Section A, paragraph 11 states that “employees with disciplinary charges pending before a Trial Board shall be conditionally promoted. A conditional promotion may only be terminated, and the employee returned to his/her previous rank, upon recommendation of a Trial Board.”

The Department’s CBA with Local 3721 is mostly aspirational on the issue of education and training, although Article 17, Section C does require management to provide Local 3721 employees “with official time to allow the employee to maintain his/her recertification requirements.” The rest of Article 17 states that “education, training and development of employees ... are matters of importance,” that management agrees to “pursue a higher education program for employees which is of mutual benefit” to management and labor, and that the union will be consulted with on the development “of an Education and Training Program prior to its implementation.”

---

<sup>7</sup> 6B DCMR § 920.

<sup>8</sup> D.C. Official Code § 5-441.

<sup>9</sup> *Id.*

The Department’s primary policies relevant to leadership development are Bulletin 84, *Minimum Training and Recertification Standard*, and Bulletin 85, *Employee Training and Development*. Bulletin 84 establishes the minimum training standards for firefighters and officers “based on applicable national and local standards.” Notably, it states that none of the training courses in the bulletin “are required prior to assignment or promotion unless otherwise required by other applicable regulations, laws or labor agreements. The intent of this Bulletin is to outline the training goals for the Department and the employee after assignment or promotion.” It outlines certifications for Sergeants, Lieutenants, and Captains, as well as training required by unit assignments and EMS training and certification.

Bulletin 85 addresses the Department’s policies for providing employees with opportunities for training and professional career development. It is based on Mayor’s Order 85-172 and Chapter 13 of the District Personnel Manual (entitled *Employment Development*), which outline the District Government’s policy, authority, and responsibility to provide for an effective employee development program. Bulletin 85 prescribes requirements for attending outside training, for getting tuition reimbursement, and for attending the National Fire Academy and the Emergency Management Institute.

The committee found that, when compared with other major city Departments, Bulletin 84 includes similar, or even more rigorous, guidelines for promotion in terms of technical certifications. For example, the Department’s Fire Officer I and II programs are certified by the International Fire Services Accreditation Congress (IFSAC) as consistent with NFPA standards. Nonetheless, the Department’s compliance with its own policy has been inconsistent. Members are often put into positions without having the recommended certifications, with the intention that the certifications will ultimately be obtained by the member but with little oversight of whether that occurs. It has also failed to keep Bulletin 84 up to date with respect to certification recommendations for certain positions.

The Committee also found that Bulletin 85’s tuition reimbursement policies are more supportive of members than similar policies in other Departments, but that very few members of FEMS attempt to take advantage of those policies. This may be the result, or perhaps the cause, of the dissolution of the formal relationship that the Department used to have with the University of the District of Columbia fire science program, which supported members’ attainment of degrees while working for the Department.

The best practices organizations’ standards that the committee reviewed emphasize education in the supervisory ranks. For example, the U.S. Fire Administration’s Fire and Emergency Services Higher Education (FESHE) network professional development model recommends that members at the Fire Officer II manager level have an associate’s degree, members at the Fire Officer III administrator level have a bachelor’s degree, and members at the Fire Officer IV executive level have a master’s degree.<sup>10</sup> FESHE recommends that Supervising EMS Officers and Managers have an associate’s degree, Managing EMS Officers have a bachelor’s degree, and Senior/Executive EMS Officers have a master’s degree. The National Emergency Medical Services Academy (NEMSA) similarly recommends that Supervisory EMS Officers have an

---

<sup>10</sup> Available at: <https://www.usfa.fema.gov/downloads/pdf/feshepyramid.pdf>

associate's degree, Managing EMS Officers have a bachelor's degree, and Executive EMS Officers have a master's degree.<sup>11</sup>

Other organizations recommend skills, knowledge and experience for each level of supervision, with the emphasis in academics being on specific subject areas or credits, rather than degrees. For example, the International Association of Fire Chiefs' (IAFC) *Officer Development Handbook* recommends NFPA Fire Officer standards, various training elements (i.e. NFPA, NIIMS, state and local requirements), education, experience and self-development in different element/subject areas for the levels of Supervising Fire Officer, Managing Fire Officer, Administrative Fire Officer and Executive Fire Officer. In the area of education, rather than recommending degree levels, the *Handbook* recommends, for example, that Supervising Fire Officers have taken courses at the 100 level in various subjects in the categories of communications, science, social science, math, technology, health and wellness, political science, business, fire science and administration. It recommends that Executive Fire Officers have taken graduate level courses in public management, financial and policy management, executive leadership, public administrative law, ethics, mediation and negotiation, organizational development, program evaluation, strategic planning and implementation, and quantitative analysis.

Departments across the country are debating the merits of requiring educational degrees or credits in the supervisory and management ranks. Many departments in the Washington, D.C. region have moved in this direction. For example, the Montgomery and Prince George County Fire Departments in Maryland, and the Fairfax County Fire Department in Virginia, all require educational credits of varying levels of their officers. Prince George's County has been phasing in college credit requirements in recent years. It requires that Paramedic Lieutenants have 15 college credits, that Firefighter Paramedic Lieutenants have 30 college credits, Fire Captains have 45 college credits, Fire Battalion Chiefs have 60 college credits, and Assistant Fire Chiefs have a bachelor's degree. Montgomery County requires that Master Firefighter/Rescuers have 15 college semester hours, Fire/Rescue Captains have 30 college semester hours, Fire/Rescue Battalion Chiefs have 60 college credits or an associate's degree, Fire/Rescue Assistant Chiefs have 90 semester hours, and Fire/Rescue Division Chiefs have a bachelor's degree.

### ***Employee Feedback***

The views of the employees interviewed for the initiative varied, although there was a strong consensus that improvements are needed in the area of leadership development. There was a general consensus that historically the Department has invested too little in leadership training for its employees and managers, and that when investments have been made, they have been inconsistent in quality and duration. Employees also felt that training is stronger in some areas and weaker in others. The Department's strength has been in training officers at the lower to middle officer ranks and in training officers in operational skills and protocols. But as officers progress in their careers, the quality, diversity and availability of Departmental training, as well as support for training outside the Department, tends to taper off, despite the increasing complexity of the issues those officers may face as managers. The Department also has failed to

---

<sup>11</sup> Available at: <https://www.nemsma.org/images/pdfs/2016requirementsmatrix.pdf>



emphasize training in administrative areas that are key not only to creating well-rounded leaders who can competently interact with their inter-agency peers, but to supporting a high performing agency in general.

Employees also observed that quality EMS training historically has not been a consistent priority of the Department, and that there is not enough emphasis on the supervision of EMS in the operational leadership training that is currently provided. Those employees who specialize in EMS also expressed concern about limitations on their career track. The Department made efforts to enhance the EMS career track in 2008 by increasing the number of EMS officers with the addition of EMS Captain and Battalion Chief of EMS positions.<sup>12</sup> That career track, however, essentially ends at the rank of EMS Battalion Chief for those employees who do not have time in grade as fire officers. Those EMS Captains who want to advance to Battalion Fire Chief or higher are required to get time in grade as Firefighter Sergeants, Firefighter Lieutenants and Firefighter Captains, even if they have already served as EMS Captains. This often creates a scenario where employees must go “back down the ladder” and then up the fire officer ranks in order to become a senior officer.

On the other side of this issue, some employees expressed concern that EMS providers who have been promoted since the creation of the position of EMS Captain have not received sufficient officer training because they quickly advanced from the rank of private to the rank of Captain, rather than gradually moving through the ranks of Sergeant and Lieutenant and getting the operational skills training that accompanies the progression through those ranks. Employees also expressed confusion about the role of EMS Captains in the field and how it differs, if any, from the role of “fire” Captains.

Employees also expressed concern over the lack of diversity in the Department’s supervisory and management ranks, including the Department’s small number of Latino, Asian, openly LGBT<sup>13</sup> and female managers and the lack of attention to this issue. The Department currently has no members representing these groups in the uniform ranks of Battalion Fire Chief and above. They are also a small minority in the supervisory ranks of Sergeant, Lieutenant and Captain. It should be noted that members of these groups are a small percentage of the overall workforce. For example, women members make up approximately 11 percent of total operational employees. Nonetheless, there are only 19 female officers in the entire Department out of 458 total officers, or four percent.

The employees who were interviewed provided feedback in many areas that transcend the issue of leadership training curriculum and requirements. They also focused on historic practices in the agency that fail to groom great leaders. For example, employees reported not having a clear idea on how to get promoted from one rank to the next because the standards and requirements are not published or easily accessible. Some employees expressed concern about the current standards for promotion being too narrowly focused on experience and test scores, with an employee’s past performance or disciplinary record not being taken into account as a measure of

---

<sup>12</sup> Prior to 2008, there were a limited number of EMS supervisor positions that were reserved for single role employees. But those positions existed in a separate EMS Bureau and did not supervise the provision of EMS by dual role providers, the vast majority of the agency’s operational employees.

<sup>13</sup> Lesbian, gay, bisexual and transgender.

their eligibility. They also emphasized the importance of highlighting and recognizing employees' accomplishments as incentive for good performance and positive career progression.

Many employees felt it is time to require minimum educational standards for promotion, as Departments across the country are either contemplating or moving toward. These employees argued that the complexity of issues faced by today's senior managers demand skills that can only be gained in an educational setting. Other employees expressed concern about this approach and argued that the emphasis on the attainment of degrees could present obstacles to those employees with fewer financial resources, and that the Department would be better served by emphasizing the attainment of specific skills through specific course subjects or certifications, combined with required years of experience. Others expressed skepticism that the obtainment of educational credits necessarily results in better management.

Employees also noted a tendency to promote new supervisors or managers without any additional training or guidance, creating a "sink or swim" mentality for new managers, with success depending on whether or not they replaced a manager who decided on his or her own initiative to train his or her successor. Related to this issue, there is concern that senior managers in the Department do not sufficiently communicate the agency leadership's overall vision for the agency to the managers below them, nor do they delegate responsibilities aimed at accomplishing that vision. Senior managers, on the other hand, expressed reluctance to do so because of concern about leadership ability throughout the agency.

Some employees also emphasized the importance of giving rising leaders more diverse *opportunities* rather than just training, for example, by rotating them through different non-operational divisions around the agency, as well as sending them outside of the agency to develop extended peer networks. They suggested that opportunities for networking and career development should also be available through participation in committees, for example, with regional bodies like the Council of Governments, or national organizations like the NFPA and IAFC.

At the same time, employees warned against the temptation to conclude that external resources or trainers are a panacea to the Department's leadership development challenges. They recommended that respected leaders within the agency be called upon to provide training whenever possible. They also emphasized that high standards be used when selecting curriculum and faculty in order to make the best use of employees' time.

When asked what areas the Department's leaders need more training in, employees listed the following: managing people, program management, counseling on the District's employee assistance program (EAP) and substance abuse, District government systems and processes, communication strategies, organizational development, problem-solving, conflict resolution, writing skills, time management, budget, group dynamics, the political and cultural environment in the District, strategic thinking and coaching and mentoring.

*"Wagon drivers are good mentors and leaders. Officers come and go."  
-A Wise FEMS Employee*

## RECOMMENDATIONS

The following recommendations are based on the research conducted and feedback received by the committee. Many of the recommendations will require additional funding and so may be contingent on additional resources.

***Identify the Department's values [FY 2017].*** Throughout the process of researching and making recommendations for this initiative, employees emphasized the importance of the need for the Department to identify its overarching values, and for those values to guide all of its actions and initiatives, including the development of its leaders. The Department should engage its workforce in a process of identifying its guiding values and, once identified, these values should be emphasized to employees throughout their careers. If the Department conducts a strategic planning process in FY 2017, this should be part of that process.

***Update Bulletins 84 and 85 [FY 2017; Educational credit requirements: FY 2022]*** – The Department should update Bulletins 84 and 85 to reflect the priorities and direction of this Plan, to include up-to-date certification and educational<sup>14</sup> requirements for promotion at each rank, rather than goals, as well as policies that support the professional development of members. Doing so will allow the Department to have a more standardized and transparent promotional and training process that is easily accessible to all employees. Both bulletins should also include agency policies that further support leadership development, tuition reimbursement, required training and certification as well as future educational requirements for advancement to management levels.

Educational credits from accredited universities or an equivalent executive fire officer program<sup>15</sup> should be required for members at the rank of Battalion Fire Chief and above. The number of credits for each rank should be in the same range as those currently required by the Department's regional neighboring departments. Battalion Fire Chiefs should be required to have 60 credit hours, Deputy Fire Chiefs should be required to have 90 credit hours, and Assistant Fire Chiefs should be required to have a bachelor's degree. These requirements should be phased in, to begin with the 2022 promotional cycle, so that current members and supervisors have time to meet the requirements. Current chief officers should be grandfathered into the new requirements. The Department should also take steps to strengthen its tuition reimbursement program and other policies, contingent on available resources, that will support employees as the Department makes this transition.

***Explore whether the Department should create an officer candidate school [FY 2017 and beyond].*** The Department should set up managers to succeed. A significant step in service of this goal would be providing new managers with leadership training *before* they become officers or advance in rank, rather than afterwards depending on the availability of funding and space in the Training Academy schedule, which is the current practice of the Department. We agree with

---

<sup>14</sup> The Department and Local 36 recently signed a Memorandum of Understanding that updates the points for education process for the 2016 promotional process. It awards points for all credit hours or degrees by an accredited institution of higher learning, rather than only for courses relevant to Fire Science and Fire Administration. It also simplifies the process for calculating and awarding points.

<sup>15</sup> An example of such a program is the National Fire Academy's (NFA) Executive Fire Officer Program (EFOP). Informational on this program is available here: <https://www.usfa.fema.gov/training/nfa/programs/efop.html>

the IAFC that the “fire service practice of promoting personnel into higher ranks and then attempting to train or educate them ... is in direct contrast to the methodologies employed by virtually any other profession,” and that “*the career of the fire executive must be systematic and deliberate.*”<sup>16</sup> Creating an officer candidate school would accomplish this goal but would also require planning, as well as additional budget dollars. The Department should move toward this goal in phases, by enhancing and moving up training where possible in FY 2017, while also formulating a longer term proposal to fund and implement in the future.

***Provide more officer training for EMS Supervisors and more EMS leadership training for all officers [FY 2017 and beyond].*** EMS supervisors should benefit from all of the recommendations of this plan. But the Department also should make a concerted effort to ensure that EMS supervisors get the same level of officer training that fire officers receive, and that all officer training should have the appropriate level of emphasis on EMS that is reflective of the Department’s daily EMS workload. Department policy already requires that EMS Captains and Battalion Chiefs receive fire officer training. The Department’s compliance with this requirement since 2009 has, however, been uneven. In 2016, the Department began efforts to provide EMS supervisors with fire officer training. These efforts should continue.

***Examine and strengthen the career path of EMS Supervisors [FY 2017 and beyond].*** The creation of the EMS supervisor positions in 2008 was intended to strengthen field supervision of EMS, as well as EMS training. It was also intended to provide an enhanced career path for those providers who want to specialize in EMS. Both of these goals have been partially accomplished since then, with the infusion of talented EMS specialists into the supervisory ranks that have helped to improve the Department’s delivery of EMS. This year the Department issued a new Bulletin 11 that is intended to further institutionalize the regular evaluation of field clinical skills and clarify the role of EMS Captains and EMS Battalion Chiefs. But more needs to be done in the area of clarifying the career path of EMS specialists and ensuring that they are able to reach the highest ranks of the Department, including those ranks above Battalion Chief. If the Department conducts a strategic planning process in FY 2017, this should be part of that process.

***Review, revise and publish Department position descriptions [FY 2017].*** The Department should undertake a comprehensive process of reviewing all of its position descriptions to ensure that they are consistent with its current needs. Publishing all of the Department’s position descriptions would also provide transparency around the requirements of and expectations for each position in the Department. It would also support and improve the transition of employees into new positions.

***Require succession planning during management transitions [FY 2017].*** The Department should also promulgate policies that support proper transition planning and support for new managers. These policies should, for example, require that new Division managers overlap with their predecessors for a period of time so that new managers can better learn the requirements of the job and its ongoing initiatives.

***Provide non-operational, administrative leadership skills training for officers [FY 2017 and beyond].*** As officers move up the ranks, they need not only technical training, but training in

---

<sup>16</sup> *Officer Development Handbook*, International Association of Fire Chiefs, p.2, First Edition, November 2003.

administrative areas that support their ability to handle increasingly complex administrative tasks. The Department should take advantage of the Department of Human Resources' Center for Workforce Development, which currently offers this type of training to managers throughout the District government, as well as other sources. As members take fire officer courses, they should also take administrative leadership courses that complement their level of responsibility. Attached is a matrix with recommendations for which skills should be taught at each rank. These should be considered advisory guidelines as the Department develops its leadership curriculum in the coming years.

***Seek accreditation of the Training Academy for Fire Officer III [FY 2017]***

The Department should embark on acquiring accreditation for Fire Officer III from the International Fire Service Accredited Congress (IFSAC), the Institution that FEMS certifies its members through, dependent on available budget resources. Doing so will allow the Department to provide more administrator level training in-house, which will in turn inject more of the desired leadership components into members' professional development.

***Develop processes for Internal / External Fire Officer IV certification for Executive Staff [FY 2018]*** - Fire Officer IV training is available through external entities and programs. These programs expose members to best practices and a broader scope of leadership training than is available at the Training Academy. The updates to Bulletin 85 should be supportive of members' efforts to get certification at this level.

***Develop a Department-wide performance evaluation process and consider incorporating results into promotions process [FY 2017].*** This recommendation addresses a theme that resonated throughout the work of developing this plan: that employees do not feel rewarded for good work and that good performance is not recognized as part of the promotional process. The root of this problem is the absence of a rigorous performance evaluation system for the entirety of the agency. Such a system would provide an objective and universal method for addressing these concerns expressed by employees. Civilian EMS and administrative employees currently are required to participate in the District government's PeopleSoft performance evaluation process, as are sworn managers at the rank of Battalion Fire Chief and above. In FY 2016, the Department made progress in this area. FEMS had 257 employees eligible to participate in the District Performance Management Program in FY 2016. Of those employees, 98 percent had performance plans completed in the PeopleSoft ePerformance module, compared to 61 percent in FY 2015. In contrast, Local 36 members, approximately 85 percent of the Department's workforce, do not undergo regular performance evaluations. In FY 2017, The Department should work with Local 36 to develop a more rigorous and effective performance evaluation process for Local 36 members. The Department should consider incorporating results of this process, as well as employees' disciplinary records, into future promotional processes.

***Encourage rotation of leaders through different divisions [FY 2017 and beyond].*** Strong executive managers have well-rounded experience that encompasses the broad range of functions and responsibilities required to run the Department on a daily basis. Agency leadership should emphasize the importance of developing leaders' through rotation through non-operational assignments as they progress up the career ladder. They should also support members' participation in committees, special projects and peer-to-peer conferences for this purpose. The Department should also explore creating incentives and other support measures that would help encourage this type of rotation on the part of managers.

***Take immediate steps to increase the number of female managers in the Department [FY 2017 and beyond].*** The Department should support the development of female leaders. In 2016, it has already started this work by creating networking and mentoring opportunities for all women in the agency, both civilian and sworn. The goal of this program is to develop opportunities for female members to build a supportive network and to grow to their full leadership potential. It includes a group rotational mentoring program for females within the Operations Division that rotates participants to various assigned mentors within each primary function of the Department. Selection into the mentoring program is competitive and based on the applicant's length of service, performance, people skills and potential leadership abilities. The Department should continue these efforts, as well as others, into the future.

***Take immediate steps to increase the diversity of managers in the Department [FY 2017 and beyond].*** The Department should take steps similar to the women's networking and mentoring program to support other minority members of the Department. A significant contributor to this issue is the low overall numbers of Latino, Asian, and openly LGBT members generally in the agency. For this reason, the Department should focus a portion of its recruitment strategies on recruiting new members of these populations into the agency.

# RECOMMENDED LEADERSHIP AND PROFESSIONAL DEVELOPMENT SKILLS MATRIX

## \*COURSES BY RANK\*

### Sergeant Leadership Courses

#### 1) Transitioning to Supervisor and Developing Yourself as a Leader

**Skills:** Learn best communication strategies; how to provide constructive feedback on performance issues; how to mete out progressive discipline; how to avoid the most common mistakes of supervising and how to manage former peers the right way; learn motivation techniques and how to resolve conflicts.

#### 2) Organization and Time Management

**Skills:** Learn how to manage deadlines, improve organizational skills; identify tasks and prioritize them and overcome factors of poor time management.

#### 3) Leadership: Panel Presentation by FEMS Officers on Do's and Don'ts to being an Effective Officer

**Skills:** Learn best practices on how other experienced and respected officers within the Department have led; and learn examples of what to do and what not to do; learn how to make decisions, delegate effectively and how to provide constructive feedback on performance issues.

#### 4) Effective Technical Writing (Internal Trainer)

**Skills:** Learn what makes a good internal report document; and the process to prepare a good report.

#### 5) Introduction to Department policies and District government systems

**Skills:** Learn Department policies relevant for managers, as well as District government systems, for example, People Soft and Payroll, Fire RMS, and Target Solutions

## Lieutenant Leadership Courses

### 1) Applying Leadership Principles

**Skills:** Learn practical and critical leadership skills and how to build solid relationships to be successful. Learn the principles of effective leadership and how to apply and improve performance.

### 2) How to be an Effective and Positive Communicator

**Skills:** Learn the power and need for face-to-face communication; improve interpersonal skills to become a better communicator, including verbal and non-verbal elements of message delivery, for example, positive email communications; learn how words are used to create positive relationships and resolve conflict; and learn how to be an effective listener.

### 3) Time Management and Organization

**Skills:** Learn how to manage deadlines; work more efficiently; improve organizational skills; identify tasks and prioritize them; overcome factors of poor time management; increase productivity.

### 4) Organizational Behavior

**Skills:** Learn the definition of organization behavior, variables and characteristics that influence organizational behavior at the individual and team level; how attitudes of employees drive the culture of the organization; and learn skills to be an effective team motivator.

### 5) IT Training—Microsoft Word Office, Outlook, Excel and Power-Point

**Skills:** Learn to make spreadsheets and document presentations; learn all the functions of Microsoft Outlook.



## Captain Leadership Courses

### 1) Advanced and Practical Leadership

**Skills:** Learn the practical skills to transition to being an effective leader; learn how to delegate responsibilities to your team; learn how to be an effective leader of diverse teams and how to achieve best results.

### 2) How to Build Teams and Effectively Manage Conflict

**Skills:** Learn key approaches to build teams and manage conflict; learn insight into your style of handling conflict and ways to enhance resolving conflict more effectively; learn strategies and skills to resolve conflict with individuals and groups.

### 3) Coaching: Learn how to coach and build a foundation for coaching and mentoring

**Skills:** Learn the benefits of coaching, approaches to coaching, and how to develop methods for ensuring the coaching process is successful and driving coaching down thru all levels of leadership.

### 4) Emotional Intelligence

**Skills:** Learn how feelings, emotions and reactions affect professional relationships; learn how to easily work with different personalities and communication styles; how to stay flexible and open in the face of change; and how to avoid overreacting in emotionally charged situations; learn how to manage your emotions and the emotions of others to avoid miscommunications, and resolve conflicts.

### 5) Developing Effective Presentation Skills

**Skills:** Learn to tailor your presentation to your audience, use of relaxation techniques when delivering; learn to project your voice; learn to handle questions and situations; communicate with clarity, and gain confidence in presentation skills.

### 6) District of Columbia Budget and Procurement

**Skills:** Learn about the District of Columbia's budget process, as well as the basics of creating and managing a budget. Learn about the District's procurement process, as well as the basics of purchasing both small and large items and services in support of the Department's programmatic goals.

## Battalion Fire Chief Leadership Courses

### 1) Attend Outside Executive Leadership Training

**Skills:** Attain knowledge and understanding of executive leadership skills and best practices used in other departments and share those practices within the Department.

### 2) Data Analysis Class

**Skills:** Learn how to prepare and present data analysis.

### 3) Emotional Intelligence

**Skills:** Learn how feelings, emotions and reactions affect professional relationships; learn how to easily work with different personalities and communication styles; how to stay flexible and open in the face of change; and how to avoid overreacting in emotionally charged situations; learn how to manage your emotions and the emotions of others to avoid miscommunications, and resolve conflicts.

### 4) Performance Management

**Skills:** Learn to focus on performance planning and communication; set clear expectations that improve performance and productivity; communicate with employees regularly and positively; understand why employees fail; learn to use effective tools and resources to manage employee performance on a regular basis not just annually.

## Deputy Fire Chief and Assistant Fire Chief Leadership Courses

1) Attend outside executive programs, for example, the National Fire Academy (must have baccalaureate degree to attend)

**Skills:** Attain knowledge and understanding of executive leadership skills and best practices used in other departments and share those practices within the Department.

2) Advanced Leadership and Management Principles

**Skills:** Learn to develop your personal leadership style so that you can effectively empower others; learn to appreciate different personality types and strategically leverage those types to drive better performance; learn how to motivate different personalities; and learn and understand your personality type and how that works with other personality types.

3) Time Management and Organization

**Skills:** Learn to develop the necessary skills to establish tactical goals; learn to create and manage action plans to achieve these goals in an efficient manner.

4) Project Management

**Skills:** Learn how to effectively plan, communicate and motivate projects from introduction to completion.

5) Strategic Planning

**Skills:** Learn to develop the best strategic plan to support goals; develop a strategic mindset to increase the success of the strategic plan; and learn to implement the strategic goals.

\* \* \*  
WEARE

WASHINGTON

OC  
June 10, 2016



The Honorable Mayor Muriel Bowser  
Government of the District of Columbia  
1350 Pennsylvania Avenue, NW  
Washington, DC 20004

Dear Mayor Bowser,

We write to provide the District of Columbia Fire and Emergency Medical Services Department's ("the Department") and the Office of Unified Communications' ("OUC") "First Quarterly Report for March, April and May of FY 2016," which provides an overview of activity relating to the third party provider contract. This report is required to be submitted to the Mayor and Council by D.C. Law 21-55, the "Emergency Medical Services Contract Authority Temporary Amendment Act of 2015," effective January 30, 2016. As you know, on February 12, 2016, the Department entered into an emergency contract with American Medical Response (AMR) to provide transport of Basic Life Support (BLS) Emergency Medical Services (EMS) patients.

Please see below for the Department's submission of its reporting requirements. These answers are based on the best available data between the dates of February 12, 2016 through May 31, 2016:

(1) Activity by the Department to educate the public on the proper use of emergency requests for service

*Response:*

The Department's Interim Medical Director, Dr. Robert P. Holman, is leading the efforts to reduce misuse of 911 and EMS through the creation of the Integrated Healthcare Collaborative. The Collaborative started its work in April and includes representatives from the three major Managed Care Organizations (MCOs), the Office of Unified Communications (OUC), the Department of Behavioral Health, the Department of Health, the Office on Aging, the Department of Healthcare Finance, and the DC Primary Care Association.

The group's goal is to deliver better access to care for the District's most vulnerable clients. It has established the following five (5) subcommittees that are pursuing different

strategies to achieve this goal: Nurse Triage, Alternate Transport, Connection to Care, Policy, and Marketing/Education. The subcommittees will develop recommendations for the path forward in the coming months.

(2) The number of employees hired after the contract award and their residency

*Response:*

The Department has hired a total of sixty-two (62) employees since February 12, 2016, including 25 firefighter/emergency medical technicians and 27 firefighter/paramedics. Of these sixty-two (62) employees, twenty-nine (29) or forty-seven percent (47%) are District residents. Of the remaining thirty-three (33) employees, twelve (12) are Maryland residents, six (6) are Virginia residents, and fifteen (15) are residents of NJ, PA, DE, TN, SC or FL. It should be noted that the majority of the employees who are not DC, MD or VA residents are firefighter paramedics who started at the Training Academy on May 16, 2016. The states of residency listed reflect their residency for application purposes, not necessarily their current residence. Of those 25 firefighter/EMTs hired from the exam registry, 22 are District residents.

(3) Evaluation of pre-hospital medical care and transportation fees considering the reasonableness of the fees, the public interest, and the penalties required to pay the fee

*Response:*

The Department's ambulance fees and charges are described by 29 DCMR 525. Such fees and charges have not changed, or otherwise been modified, since July 20, 2008. The administration is currently conducting research on the reasonableness of the fees. Preliminarily, however, the Department has found that the District of Columbia charges significantly less than other cities for the same services.

AMR does not charge ambulance fees. The initiation of the third party provider contract did not change the way the Department collects ambulance fees. It continues to bill patients for transports by both FEMS and AMR.

(4) The number of ambulances added to the Department's frontline and reserve fleet after the date of the contract award, including whether added ambulances replace or supplement the current fleet

*Response:*

Since February 12, 2016 the Department has added a total of four (4) replacement ambulances to the fleet. Shortly before the contract, the Department added an additional four (4) replacement ambulances, for a total of eight replacement ambulances added in recent months.

We would also note that the number of ambulances receiving preventive maintenance has increased since March 28, 2016 from a rate of 22 ambulances per month between October 2015 and March 2016, to a rate of 39 ambulances per month as of late May 2016.

(5) The number of emergency medical services personnel training hours provided

*Response:*

From February 12, 2016 through May 31, 2016 the Department delivered a total of 24,340 EMS training hours (detailed in Table I below). During the same period last year (2015) the Department delivered a total of 11,832 EMS training hours (detailed in Table II below).

**Table I: EMS Training Hours Delivered from February 12, 2016 through May 31, 2016**

Class	Number of participants	Number of hours per class	Total
EMT Refresher Assessment, Documentation, High-Performance CPR	131	36	4716
EMT Certification Course	1560	4	6240
Third-Party Provider Training	25	240	6000
Advanced Medical Life Support	1534	1	1534
ALS Core Training	40	16	640
International Trauma Life Support	20	16	320
Pediatric Advanced Life Support (Refresher)	1	16	16
Various Asynchronous Distance Learning Modules (Target Safety Courses)	4	8	32
	346	Various	4842
		<b>TOTAL:</b>	<b>24,340</b>

**Table II: EMS Training Hours Delivered from February 12, 2015 through May 31, 2015**

Class	Number of participants	Number of hours per class	Total
EMT Refresher	144	36	5184
Advanced Medical Life Support	9	16	144
ALS Core Training	114	16	1824
International Trauma Life Support	7	16	112
Pediatric Advanced Life Support (Refresher)	2	8	16
Advanced Cardiovascular Life Support (Refresher)	13	8	104
Various Asynchronous Distance Learning Modules (Target Safety Courses)	544	Various	4448
		2015 Total:	11,832
		2016	
		Total:	24,340
		A 2015-16:	12,508

For EMT refresher training the Department is transitioning away from the model of one (1) single week of classes once every two years to one (1) single four-hour session at the Academy once every quarter, combined with monthly one-and two-hour training sessions at the company/battalion level at the fire stations. In addition, the Department will continue asynchronous self-paced distance learning training currently delivered via the Target Safety software application.

(6) The number of patients who used the Department's transport services twice or more within the reporting period, including the number of times the patient used transport services during the previous 12 months

*Response:*

This data is reported using ambulance billing information. The below is a comparison of 2014 and 2016 high-volume users of EMS. The 2016 data set is from May 1, 2015 to April 30, 2016, so it is reduced by the AMR transports during April 2016. Please note this data cannot be reduced to one month because the report is created on a yearly basis.

During 2014, for patients transported two or more times, 14,427 (or 21.6%) of patients accounted for 53,593 (or 50.6%) of all transports:

#of Transports	#of Patients	% PC	CUML % PC	#of Transports	% TC	CUML % TC
1	52,302	78.4%	78.4%	52,302	49.4%	49.4%
2 or More	14,427	21.6%	100.0%	53,593	50.6%	100.0%
TOTALS	66,729	100.0 %		105,895	100.0 %	

During 2016, for patients transported two or more times, 15,499 (or 22.6%) of patients accounted for 57,829 (or 52.1%) of all transports :

#of Transports	#of Patients	% PC	CUML % PC	#of Transports	% TC	CUML % TC
1	53,180	77.4%	77.4%	53,180	47.9%	47.9%
2 or More	15,499	22.6%	100.0%	57,829	52.1%	100.0%
TOTALS	68,679	100.0 %		111,009	100.0 %	

Essentially, there is no difference in the numbers between the two reporting periods (years), accounting for the overall increase in EMS calls and patient transports from 2016 to 2014 (i.e., both the number of patients *and* the number of transports increased by approximately 8 percent, roughly the same percentage overall patient transports increased by during the same time).

Please see below for the OUC's submission for its reporting requirements:

(1) The number of calls dispatched and the average dispatch time

OUC Calls for Service and DisEatch Times			
	# of Calls Dispatched	Average Dispatch Times (seconds)	Average Call Processing + Dispatch Times (seconds)
January 2016	16,338	109.44s	212.34s
February 2016	15,012	45.68s	149.86s
March 2016	17,229	57.82s	154.91s
April 2016	16,706	48.34s	144.77s
May 2016	18,079	55.23s	152.86s



(2) The average time within which the Department and the third-party contractor's ambulances reported arriving at a healthcare facility with a patient and returning to service

Average Hospital Offload Times (minutes)		
	DCFEMS	Third Party
January		
2016	48.87m	
February		
2016	49.14m	
March		
2016	52.37m	34.98m
April		
2016	49.92m	34.16m
May		
2016	48.77m	34.67m

NOTE: Third party transports commenced on March 28, 2016

While this data does show incremental progress in decreasing Department hospital offload or "drop" times since March 2016, the Department acknowledges that there is more work to be done in this area. Starting in May 2016, the Department enhanced its supervision and tracking of hospital drop times at a per transport unit level. This data is being shared with supervisors throughout the chain of command on a regular basis. The goal is to see further improvement in Department hospital drop times by the time of the next quarterly report to the Council.

(3) The protocol to reroute non-emergency calls

The agency continues to work to educate the public about the proper use of 911. With the addition of a Public Information Officer to the OUC, we will develop strategies to address the misuse of 911, including but not limited to public engagement, public safety announcements, and website updating. The agency is also working with Dr. Holman and the aforementioned Integrated Healthcare Collaborative to identify alternative transport options and nurse triage lines that could handle low acuity calls for service without a medical response apparatus being utilized.

(4) The average time between the on-scene arrival of the third-party contractor's ambulance and the time the third-party contractor is at the patient's side.

As Director Holmes discussed with Council member McDuffie, the OUC is unable to provide data regarding the time difference between the arrival of the third party transport unit on the scene and its employee's arrival to the patient's side. This information is not captured in CAD and is the sole property of AMR. AMR is including this data in its first

quarterly report to the Council due on June 12.

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

Very truly yours,

;l( *Jl* \_

Gregory M. Dean

i

Karima Holmes  
Director, Office of Unified Communications

cc: Councilmembers



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



Gregory M. Dean  
Fire and EMS Chief

September 9, 2016

The Honorable Phil Mendelson  
Chairman  
Council of the District of Columbia  
1350 Pennsylvania Avenue, NW, Suite 504  
Washington, DC 20004

The Honorable Kenyan McDuffie  
Chairman  
Committee on the Judiciary  
Council of the District of Columbia  
1350 Pennsylvania Avenue, NW, Suite 506  
Washington, DC 20004

Dear Chairman Mendelson and Councilmember McDuffie:

We write to submit the District of Columbia Fire and Emergency Medical Services Department's {"the Department"} and the Office of Unified Communications' {"OUC"} "Second Quarterly Report for June, July and August of FY 2016," which provides an overview of activity relating to the third party provider contract. This report is required to be submitted to the Mayor and Council by D.C. Law 21-55, the "Emergency Medical Services Contract Authority Temporary Amendment Act of 2015," effective January 30, 2016.

Please see below for the Department's submission of its reporting requirements. These answers are based on the best available data between the dates of June 1, 2016 through August 31, 2016:

**"(1) Activity by the Department to educate the public on the proper use of emergency requests for service;**

***Response:***

As we reported to you in June, the Department's Interim Medical Director, Dr. Robert P. Holman, is leading the efforts to reduce misuse of 911 and EMS through the creation of the Integrated Healthcare Collaborative. The

Collaborative started its work in April and includes representatives from labor, Emergency Medical Service Advisory Committee (EMSAC), the three major Managed Care Organizations (MCOs), the Office of Unified Communications (OUC), the Department of Behavioral Health, the Department of Health, the Office on Aging, the Department of Healthcare Finance, and the DC Primary Care Association. The group's goal is to deliver better access to care for the District's most vulnerable clients. It established the following five (5) subcommittees that are pursuing different strategies to achieve this goal: Nurse Triage, Alternate Transport, Connection to Care, Policy, and Marketing/Education.

The subcommittees submitted their recommendations on schedule this month. These recommendations are under review and the final report of the Collaborative is currently being drafted. We look forward to sharing the report with the Mayor and Council when it is completed.

**"(2) The number of employees hired after the contract award and their residency;**

***Response:***

The Department hired a total of twenty-five (25) employees between the period of June 1, 2016 through August 31, 2016, including twenty (20) Fire Cadets. Of these twenty-five (25) employees, twenty-two (22) or eighty-eight percent (88%) are District residents. Of the remaining three (3) employees, two (2) are Virginia residents, and one (1) is a Maryland resident. It should be noted that all twenty (20) Fire Cadets that were hired are District residents. The next Firefighter Emergency Medical Technician and Firefighter Paramedic classes start on September 19, 2016.

**"(3) Evaluation of pre-hospital medical care and transportation fees considering the reasonableness of the fees, the public interest, and the persons required to pay the fee;**

***Response:***

The Department's ambulance fees and charges are described by 29 DCMR 525. Such fees and charges have not changed, or otherwise been modified, since July 20, 2008. The administration is currently conducting research on the reasonableness of the fees. Preliminarily, however, the Department has found that the District of Columbia charges significantly less than other cities for the same services.

AMR does not charge ambulance fees. The initiation of the third party provider contract did not change the way the Department collects ambulance fees. It continues to bill patients for transports by both FEMS and AMR.

"(4) The number of ambulances added to the Department's frontline and reserve fleet after the date of the contract award, including whether added ambulances replace or supplement the current fleet;

*Response:*

Since the last quarterly report, the Department has added an additional eight (8) replacement ambulances to the fleet, for a total of sixteen (16) replacement ambulances added since February 1, 2016. This includes the additional four (4) replacement ambulances added shortly before the first AMR contract was executed on February 12, 2016.

We need to correct the record on a preventive maintenance statistic that was included in the last quarterly report. We reported that the rate of preventive maintenance had increased since the AMR contract was launched. This conclusion was drawn because the total number of ambulance inspections logged in the apparatus division's database showed a higher number of inspections during the reported time period. We later realized that the higher number was due to non-preventive maintenance inspections that were included in the data. While the rate of units receiving preventive maintenance since the contract was executed has not yet increased, we can report that (1) we now regularly have a reserve fleet of ambulances available, a significant improvement compared to a year ago and (2) that the number of mechanics actively participating in training and testing to get their certifications has also increased.

"(5) The number of emergency medical services personnel training hours provided; and

*Response:*

From June 1, 2016 through August 31, 2016 the Department delivered a total of 18,457 EMS training hours (detailed in Table I below). During the same period last year (2015) the Department delivered a total of 19,361 EMS training hours (detailed in Table II below).

It is of note that between February and May of this year the Department completed a primary EMT certification class which accounted for 6,000 hours of

training. Typically, February and March are periods of reduced activity for EMS education due to the March 31st deadline for continuing education to be counted within the renewal cycle. During this same period in 2016 we had a considerable increase in training completed due to the additional Primary EMT Certification classes and the Assessment/High-Performance CPR sessions. In addition, the recent graduating recruit classes in August were paramedics who were already certified prior to coming to DC FEMS and therefore did not need additional training.

Since the beginning of the Third Party partnership the Department has delivered a total of 42,797 EMS training hours, as compared to the same period last year (2015) when the department had delivered a total of 31,193 EMS training hours. This is a net total increase of 11,604 hours (a 37% increase) of EMS-related training given to Department personnel.

Table I: EMS Training Hours Delivered from June 1, 2016 through August 31, 2016

Class	Number of participants	Number of hours per class	Total
...	209	36	7524
Assessment, Documentation, High-Performance CPR	35	4	140
Trauma & Excited Delirium Syndrome (ExDS)	1317	4	5268
Third-Party Provider Training	165	1	165
Geriatric Education for EMS	47	8	376
Prehospital Trauma Life Support	107	16	1712
Advanced Cardiovascular Life Support (Refresher)	3	8	24
Pediatric Advanced Life Support (Refresher)	2	8	16
Various Asynchronous Distance Learning Modules (Target Safety Courses)			3232
			<b>TOTAL: 18,457</b>

Table II: EMS Training Hours Delivered from June 1, 2015 through August 31, 2015

Class	Number of participants	Number of hours per class	Total
EMT Refresher	278	36	10008
EMT Certification Course	5	240	1200
EMT Enhancement Course	26	40	1040
Advanced Medical Life Support	24	16	384
ALS Core Training	47	16	752
International Trauma Life Support	92	16	1472
Pediatric Advanced Life Support (Refresher)	5	8	40
Advanced Cardiovascular life Support (Refresher)	9	8	72
Various Asynchronous Distance Learning Modules (Target Safety Courses)		Various	4393
			2015 Total: 19,361
			2016 Total: 18,457
			A 2015-16: -904

"(6) The number of patients who used the Department's transport services twice or more within the reporting period, including the number of times the patient used transport services during the previous 12 months.

*Response:*

This data is reported using ambulance billing information. The below is a comparison of a three month (June 2016 to August 2016) and twelve month (September 2015 to August 2016) analysis for high-volume users of EMS. This is the format that will be used by the Department in future quarterly reports, adjusted for dates. The tables below only account for patients transported by FEMS. The next quarterly report will include AMR patient transports, shown in separate tables.

During the last three month period (June 2016 to August 2016), for patients transported two or more times, 1,570 (or 17%) of patients accounted for 4,279 (or 37%) of all FEMS transports:

#of Transports	#of Patients	% of Patients	#of Total Transports	% of Total Transports
1	7,432	83%	7,432	63%
2 or more	1,570	17%	4,279	37%
TOTAL	9,002	100%	11,711	100%

During the last twelve month period (September 2015 to August 2016), for patients transported two or more times, 10,062 (or 28%) of patients accounted for 36,710 (or 59%) of all FEMS transports:

#of Transports	#of Patients	% of Patients	#of Total Transports	% of Total Transports
1	25,561	72%	25,561	41%
2 or more	10,062	28%	36,710	59%
TOTAL	35,623	100%	62,271	100%

Please see below for the Office of Unified Communication's submission for its reporting requirements:

"(1) The number of calls dispatched and the average dispatch time:

*Response:*

---

### OUC Calls for Service and Dispatch Times

---

	#of Calls Dispatched	Average Dispatch Times (seconds)	Average Call Processing + Dispatch Times (seconds)
June 2016	17,434	54.89	148.10
July 2016	19,433	41.33	129.62
August 2016	18,892	40.82	126.57

---



"(2) The average time within which the Department and the third-party contractor's ambulances reported arriving at a healthcare facility with a patient and returning to service

*Response:*

Average Hospital Offload Times (minutes)		
	DCFEMS	Third Party
June 2016	46.32	34.13
July 2016	47.37	35.59
August 2016	47.66	36.38

"(3) The protocol to reroute non-emergency calls

*Response:*

The agency continues to work to educate the public about the proper use of 911. With the addition of a Public Information Officer to the OUC, we will develop strategies to address the misuse of 911, including but not limited to public engagement, public safety announcements, and website updating. The agency is also working with Dr. Holman and the aforementioned Integrated Healthcare Collaborative to identify alternative transport options and nurse triage lines that could handle low acuity calls for service without a medical response apparatus being utilized.

"(4) The average time between the on-scene arrival of the third-party contractor's ambulance and the time the third-party contractor is at the patient's side.

*Response:*

As Director Holmes discussed with Councilmember McDuffie, the OUC is unable to provide data regarding the time difference between the arrival of the third party transport unit on the scene and its employee's arrival to the patient's side. This information is not captured in CAD and is the sole property of the third party.

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

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Gregory M. Dean". The signature is fluid and cursive.

Gregory M. Dean  
Fire and EMS Chief

A stylized logo consisting of the letters "K+t" in a bold, sans-serif font. The "K" and "t" are connected by a plus sign.

Karima Holmes  
Director, Office of Unified Communications

cc: Councilmembers



Muriel Bowser  
Mayor

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



Gregory M. Dean  
Fire and EMS Chief

January 5, 2016

The Honorable Phil Mendelson  
Chairman  
Council of the District of Columbia  
1350 Pennsylvania Avenue, NW, Suite 504,  
Washington, DC 20004

The Honorable Charles Allen  
Chairman  
Committee on the Judiciary  
Council of the District of Columbia  
1350 Pennsylvania Avenue, NW, Suite 406,  
Washington, DC 20004

Dear Chairman Mendelson and Councilmember Allen:

We write to provide the District of Columbia Fire and Emergency Medical Services Department's ("the Department") and the Office of Unified Communications' ("OUC") "Third Quarterly Report for September, October and November of FY 2016," which provides an overview of activity relating to the third party provider contract. This report is required to be submitted to the Mayor and Council by D.C. Law 21-55, the "Emergency Medical Services Contract Authority Temporary Amendment Act of 2015," effective January 30, 2016.

Please see below for the Department's submission of its reporting requirements. These answers are based on the best available data between the dates of September 1, 2016 through November 30, 2016:

**"(1) Activity by the Department to educate the public on the proper use of emergency requests for service;**

***Response:***

Within the last few weeks, FEMS Department leadership including Chief Dean and Dr. Holman have been interviewed on a variety of local television and radio

outlets including Fox 5 News Mornings, "News Talk with Bruce DePuyt" on News Channel 8 and The Kojo Nnamdi Show on WAMU 88.5 (American University Radio). There are more interviews scheduled in the upcoming months.

During these interviews our Department leadership discussed the successful results of the partnership with American Medical Response (AMR), including improved response times, increased transport unit availability, increased training of FEMS members and a better maintained fleet. They have also represented the beginning of the Department's conversation with the public about the proper use of 911 and plans to pursue the recommendations of the Integrated Healthcare Collaborative.

As we reported to you in June, the Department's Interim Medical Director, Dr. Robert P. Holman, is leading the efforts to reduce misuse of 911 and EMS through the creation of the Integrated Healthcare Collaborative. The Collaborative started its work in April and includes representatives from labor, Emergency Medical Service Advisory Committee (EMSAC), the three major Managed Care Organizations (MCOs), the Office of Unified Communications (OUC), the Department of Behavioral Health, the Department of Health, the Office on Aging, the Department of Healthcare Finance, and the DC Primary Care Association. The group's goal is to deliver better access to care for the District's most vulnerable clients. It established the following five (5) subcommittees that are pursuing different strategies to achieve this goal: Nurse Triage, Alternate Transport, Connection to Care, Policy, and Marketing/Education. The IHC's draft final report is currently undergoing Executive review.

"(2) The number of employees hired after the contract award and their reidency;

*R•ponse:*

The Department hired a total of thirty-eight (38) employees between the period of September 1, 2016 through November 30, 2016, including twenty-eight (28) Firefighter EMT's and seven (7) Firefighter Paramedics. Of these thirty-eight (38) employees, thirty-one (31) or eighty-two percent (82%) are District residents. Of the remaining seven (7) employees, three (3) are Virginia residents, three (3) are Maryland residents and one (1) is a New York resident. It should be noted that all twenty (20) Fire Cadets that were hired are District residents.

"(3) Evaluation of pre-hospital medical care and transportation fees considering the reasonableness of the fees, the public interest, and the persons required to pay the fee;

*Response:*

The Department's ambulance fees and charges are described by 29 DCMR 525. Such fees and charges have not changed, or otherwise been modified, since July 20, 2008. The administration is currently conducting research on the reasonableness of the fees. Preliminarily, however, the Department has found that the District of Columbia charges significantly less than other cities for the same services.

AMR does not charge ambulance fees. The initiation of the third party provider contract did not change the way the Department collects ambulance fees. It continues to bill patients for transports by both FEMS and AMR.

"(4) The number of ambulances added to the Department's frontline and reserve fleet after the date of the contract award, including whether added ambulances replace or supplement the current fleet;

**Response:**

Since our last report the Department has not received any new ambulances but representatives from our agency have visited the Horton Emergency Vehicle Group to start the inspection process and begin the schedule for additional purchases. In FY2017, the Department is purchasing 16 additional ambulances. In addition, the Department has made the following progress:

- A reserve fleet of ambulances is now readily available. This is a very significant and important improvement compared to one (1) year ago. Please also note that the Department did not have any ambulances placed out of service this summer for air conditioning problems.
- More intensive preventative maintenance is now being performed on our ambulances than was being done previously. This is allowing for "potential problems to be found much earlier in the process – and increased options to repair units prior to releasing them back in service.
- The number of mechanics participating in training and testing to get their NFPA (National Fire Protection Association) compliant certifications is continuing to increase.

"(5) The number of emergency medical services personnel training hours provided; and

Response:

From September 1, 2016 through November 30, 2016 the Department delivered a total of 25,755 EMS training hours (detailed in Table I below). During the same period last year (2015) the Department delivered a total of 17,320 EMS training hours (detailed in Table II below). This is a net increase of 8,435 hours (a 33% increase) of EMS-related training given to Department personnel compared to the same period last year.

Table I: EMS Training Hours Delivered from September 1, 2016 through November 30, 2016

Class	Number of participants	Number of hours per class	Total
EMT Refresher	210	36	7,560
EMT Certification Course	31	240	7,440
Assessment, Documentation, High-Performance CPR	77	4	308
Trauma & Excited Delirium Syndrome (ExDS)	164	4	656
Prehospital Trauma Life Support	112	16	1,792
Advanced Cardiovascular Life Support (Refresher)	3	8	24
Pediatric Advanced Life Support (Refresher)	3	8	24
Pediatric Education for Prehospital Providers	79	16	1,264
Various Asynchronous Distance Learning Modules (Target Safety Courses)		Various	6,687
			<b>TOTAL: 25,755</b>

Table II: EMS Training Hours Delivered from September 1, 2015 through November 30, 2015

Class	Number of participants	Number of hours per class	Total
EMT Refresher	239	36	8,604
Advanced Medical Life Support	58	16	928
International Trauma Life Support	8	16	128
Pediatric Advanced Life Support (Refresher)	8	8	64
Advanced Cardiovascular Life Support (Refresher)	9	8	72
Various Asynchronous Distance Learning Modules (Target Safety Courses)		Various	7,524
			2015Total: 17,320
			201&Total: 25,755
			42015-16: +1,435

"(6) The number of patients who used the Department's transport services twice or more within the reporting period, including the number of times the patient used transport services during the previous 12 months.

**Response:**

A complete set of billing data required to answer this question is not available at this time and will be forwarded in a supplemental report.

*Please see below for the Office of Unified Communication's submission for its reporting requirements:*

"(1) The number of calls dispatched and the average dispatch time:

*Response:*

---

OUC Calls for Service and Dispatch Times			
	#of Calls Dispatched	Average Dispatch Times (seconds)	Average Call Processing + Dispatch Times (seconds)
Sept2016	18,046	40	129
Oct2016	17,323	37	126
Nov2016	15,500	35	128

---

"(2) The average time within which the Department and the third-party contractor's ambulances reported arriving at a healthcare facility with a patient and returning to service:

*Response:*

---

Average Hospital Offload Times (minutes)		
	DC FEMS	Third Party
Sept2016	47.51	34.41
Oct2016	46.15	35.37
Nov2016	45.32	33:01

---

"(3) The protocol to reroute non-emergency calls

**Response:**

We are working on strategies to address the misuse of 911, including but not limited to public engagement, public service announcements and website updating. As mentioned previously, the agency is also working with Dr. Holman and the aforementioned Integrated Healthcare Collaborative to identify alternative transport options and nurse triage lines that could handle low acuity calls for service Without a medical response apparatus being utilized.



"(4) The average time between the on-scene arrival of the third-party contractor's ambulance and the time the third-party contractor is at the patient's side.

As Director Holmes discussed with Councilmember McDuffie, the OUC is unable to provide data regarding the time difference between the arrival of the third party transport unit on the scene and its employee's arrival to the patient's side. This information is not captured in CAD and is the sole property of the third party. Accordingly, attached is a responsiveness report generated by AMR.

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

Very Truly Yours,

A handwritten signature in black ink, appearing to read 'G. M. Dean', is written over a horizontal line.

Gregory M. Dean  
Fire and EMS Chief

*Karima Holmes*  
*Director, Office of Unified Communications*

*(f)V((ll 119*

cc: Councilmembers



# Quarterly Performance Report

Provided To:

District of Columbia City Council

and

DC Fire & Emergency Medical Services

March 28 – August 15, 2016

Note: Due to technical issues, data through 8/15/2016 was available at the time of report production.

# Transports Performed

- \* 17,507 patient transports were performed by American Medical Response from March 28<sup>th</sup> through August 15<sup>th</sup> of 2016.
- \* Average Response Time by Month:
  - § March: 7 minutes, 50 seconds
  - § April: 6 minutes, 41 seconds
  - § May: 6 minutes, 24 seconds
  - § June: 5 minutes, 55 seconds
  - § July: 6 minutes, 20 seconds
  - § August: 6 minutes, 16 seconds
- \* AMR meets each patient at the location of the incident and transports the hospital requested by the patient, or as directed by DCFEMS.

# Transports Performed

<u>Hospital Name</u>	<u>Transports</u>	<u>Dropoff Time</u>
Children's National Medical Center	493	31:12
United Medical Center	2,314	35:46
Howard University Hospital	2,787	34:55
Holy Cross Hospital	68	34:09
George Washington Hospital	4,041	36:42
Georgetown Hospital	833	30:15
VA Medical Center	401	31:20
Sibley Hospital	863	31:13
Prince Georges Medical Center	178	46:12
Providence Hospital	2,224	39:49
Washington Adventist Hospital	36	28:05
Washington Hospital Center	4,297	33:53

*Note: Drop off time is average time in minutes. Hospitals with less than 30 transports not represented.*

# Ambulance and Shift Information

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Current # of Shifts</b>	33	41	39	40	39	41	35
<b># and Length of Shifts</b>	6 – 8hr 10 - 9hr 5 - 10hr 12 - 12hr	9 – 8hr 14 - 9hr 4 - 10hr 14 - 12hr	9 – 8hr 12 - 9hr 5 - 10hr 13- 12hr	7 – 8hr 16 - 9hr 6 - 10hr 11 - 12hr	6 – 8hr 16 - 9hr 6 - 10hr 11 - 12hr	7 – 8hr 17 - 9hr 5 - 10hr 12 -12hr	6 – 8hr 13 - 9hr 6 - 10hr 10 - 12hr
<b>Average # of Ambulances deployed</b>	25	25	28	30	27	29	29

## Average at Scene to At Patient Time

June	July	August
2:15	2:20	2:08

## Personnel Data

- \* Hired 280 new employees since February 2016
  - 95 Employment Separations (voluntary and involuntary)
- \* 37% are District Residents
- \* 38% are Women
- \* 58% Minority Represented



# Quarterly Performance Report

Provided To:

District of Columbia City Council

and

DC Fire & Emergency Medical Services

August 1 – October 31, 2016

# Transports Performed

- \* 13,719 patient transports were performed by American Medical Response from August 1 through October 31 of 2016.
- \* AMR responded to an average of 169 requests for service each day during this period.
- \* Average Response Time by Month:
  - § August: 8 minutes, 7 seconds
  - § September: 7 minutes, 48 seconds
  - § October: 8 minutes, 23 seconds
- \* AMR met each patient at the location of the incident and transports the hospital requested by the patient, or as directed by DCFEMS.



# Transports Performed

<u>Hospital Name</u>	<u>Transports</u>	<u>Dropoff Time</u>
Children's National Medical Center	670	30:23
United Medical Center	1,529	37:01
Howard University Hospital	1,921	34:39
Holy Cross Hospital	36	32:36
George Washington Hospital	2,742	36:40
Georgetown Hospital	549	31:15
VA Medical Center	315	31:20
Sibley Hospital	863	30:35
Prince Georges Medical Center	49	46:12
Providence Hospital	1,580	39:46
Washington Adventist Hospital	36	28:05
Washington Hospital Center	3,222	34:17

*Note: Drop off time is average time in minutes. Hospitals with less than 30 transports not represented.*

# Ambulance and Shift Information

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Current # of Shifts</b>	33	41	39	40	39	41	35
<b># and Length of Shifts</b>	6 – 8hr 10 - 9hr 5 - 10hr 12 - 12hr	9 – 8hr 14 - 9hr 4 - 10hr 14 - 12hr	9 – 8hr 12 - 9hr 5 - 10hr 13- 12hr	7 – 8hr 16 - 9hr 6 - 10hr 11 - 12hr	6 – 8hr 16 - 9hr 6 - 10hr 11 - 12hr	7 – 8hr 17 - 9hr 5 - 10hr 12 -12hr	6 – 8hr 13 - 9hr 6 - 10hr 10 - 12hr
<b>Average # of Ambulances deployed</b>	25	25	28	30	27	29	29