GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE INSPECTOR GENERAL

DISTRICT OF COLUMBIA FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT

FEMS FAILS TO ADDRESS CRITICAL STAFFING SHORTAGES

DECEMBER 2013

CHARLES J. WILLOUGHBY
INSPECTOR GENERAL

OIG No. 14-I-0059FB **December 2013**

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Inspector General

Inspector General

December 18, 2013

Via Hand Delivery

Kenneth B. Ellerbe
Chief
Fire and Emergency Medical Services Department
2000 14th Street, N.W.
Suite 500
Washington, D.C. 20009

Dear Chief Ellerbe:

Enclosed is our final *Report of Special Evaluation: FEMS Fails to Address Critical Staffing Shortages* (14-I-0059FB). Written comments from your agency on the special evaluation team's 4 findings and 11 recommendations are included in this report. This report will soon be available publicly at http://oig.dc.gov; I encourage you to share it with your employees.

We reviewed your responses to our draft report and have enclosed *Compliance Forms* on which your staff should record and report to this Office the actions taken on each recommendation. These forms will assist both you and the OIG in tracking compliance with recommendations in the report. Where the form asks for "Agency Action Taken," please report actual completion, in whole or in part, of a recommendation rather than "planned" action. Please ensure that the *Compliance Forms* are returned to the OIG by the response date noted on the forms.

We appreciate the cooperation shown by you and your employees during the special evaluation and look forward to your continued cooperation during the upcoming follow-up period. If you have questions or comments concerning this report or other matters related to the special evaluation, please contact me or Alvin Wright, Jr., Assistant Inspector General for Inspections and Evaluations, at (202)727-2540.

Sincerely,

Charles J. Willoughby
Inspector General

CJW/klb

Enclosure

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Inspections and Evaluations Division
Mission Statement

The Inspections and Evaluations (I&E) Division of the Office of the Inspector General is dedicated to providing District of Columbia (D.C.) government decision makers with objective, thorough, and timely evaluations and recommendations that will assist them in achieving efficiency, effectiveness, and economy in operations and programs. I&E goals are to help ensure compliance with applicable laws, regulations, and policies, identify accountability, recognize excellence, and promote continuous improvement in the delivery of services to D.C. residents and others who have a vested interest in the success of the city.

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ACRONYMS
AND ABBREVIATIONS

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ALS	Advanced Life Support
ALP	Annual Leave Period
AWOL	Absent Without Leave
BFC	Battalion Fire Chief
BLS	Basic Life Support
CAD	Computer-Aided Dispatch
COD	Continuation of Duty
CPR	Cardiopulmonary Resuscitation
CY	Calendar Year
D.C.	District of Columbia
DFC	Deputy Fire Chief
DPM	District Personnel Manual
EAL	Emergency Annual Leave
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
FEMS	Fire and Emergency Medical Services
FTE	Full-Time Equivalent
FY	Fiscal Year
I&E	Inspections and Evaluations
GAO	U.S. Government Accountability Office (previously known as the General Accounting Office)
MIP	Minor Illness Program
MPD	Metropolitan Police Department
OIG	Office of the Inspector General

OOS Out of Service

OUC Office of Unified Communications

PEC Paramedic Engine Company

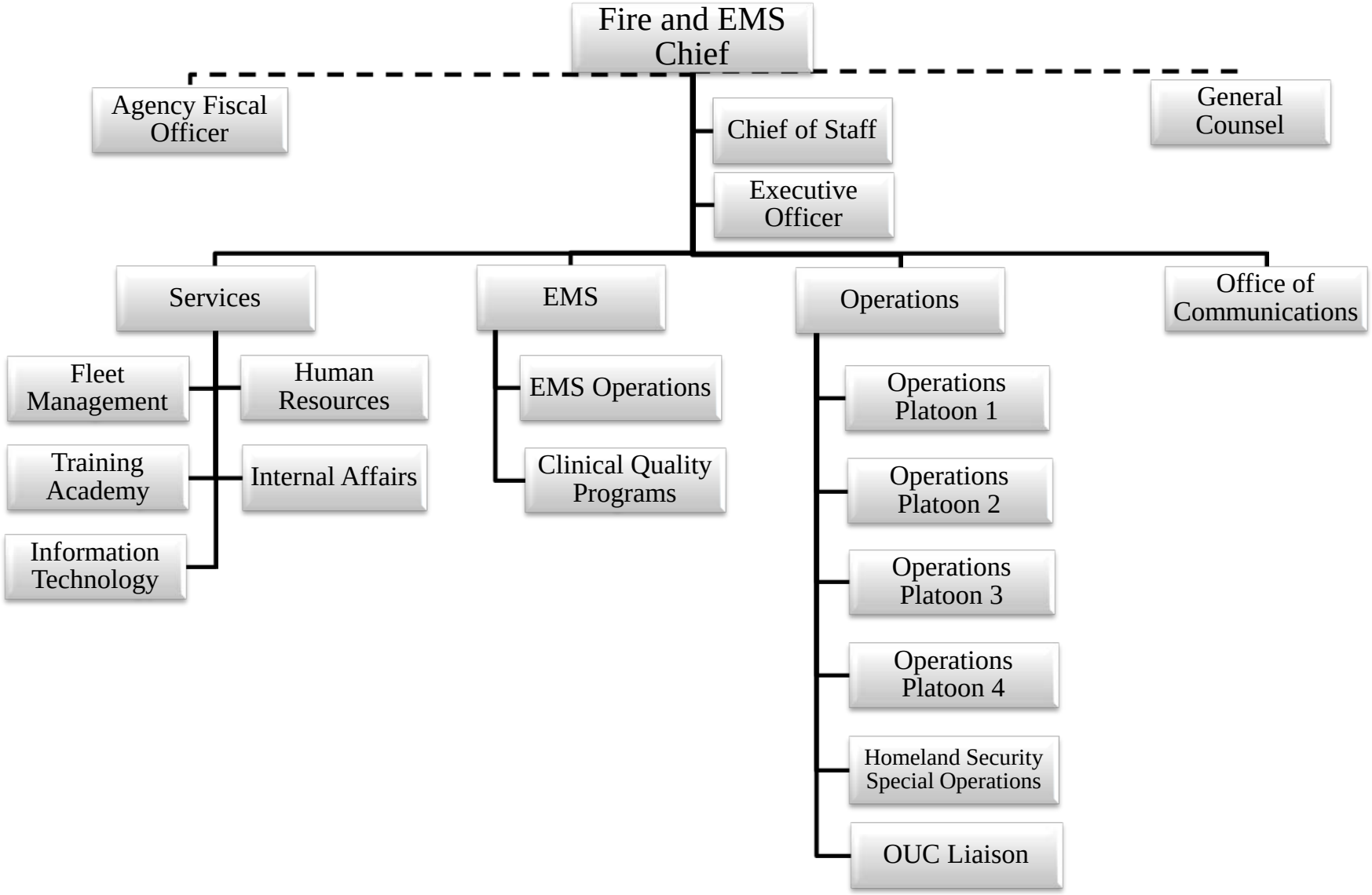
PFC Police and Fire Clinic

POD Performance of Duty

QA Quality Assurance

ORGANIZATION CHART

ORGANIZATION CHART



Organization chart as of January 2013, including key units discussed in this report.

EXECUTIVE SUMMARY

Background and Objectives

The Inspections and Evaluations (I&E) Division of the Office of the Inspector General (OIG) conducted a special evaluation of staffing in the Fire and Emergency Medical Services Department (FEMS) in the aftermath of a significant staffing shortage on December 31, 2012. That shortage impeded FEMS's ability to respond timely to emergencies. The objectives of this special evaluation were to: (1) assess FEMS's ability to staff its routine 24-hour emergency response operations sufficiently; and (2) determine whether FEMS has adequate contingency staffing procedures when faced with significant absences of operational personnel.

Scope and Methodology

The OIG special evaluation team (team) conducted fieldwork from February-August 2013, and focused on FEMS's Operations Division, which is responsible for emergency responses to fire and medical calls. The team interviewed 29 FEMS personnel, and managers in the Office of Unified Communications (OUC), the Metropolitan Police Department (MPD), and officials with four fire departments in other jurisdictions. The team also analyzed FEMS policies, leave use data, and staffing information.

OIG inspections comply with standards established by the Council of the Inspectors General on Integrity and Efficiency, and pay particular attention to the quality of an agency's internal control.[1]

Summary of Findings and Recommendations

A complete list of the report's findings and recommendations is at Appendix 1.

FEMS took almost one-third of its transport units out of service on New Year's Eve due to staffing shortages that senior officers failed to address adequately, resulting in delayed medical care for citizens. Officers did not:

- realize that overtime restrictions did not apply to the pay period covering New Year's Eve;
- timely alert senior officers to the impending staffing shortage;
- analyze staffing and absence data beforehand to develop a contingency plan; and
- contact all members to request volunteers for overtime on New Year's Eve.

Having 12 transport units out of service delayed medical assistance to citizens. The team reviewed incidents involving transport unit delays for a cardiac arrest patient, a shooting victim, and a stabbing victim.

[1] "Internal control" is synonymous with "management control" and is defined by the Government Accountability Office (GAO) as comprising "the plans, methods, and procedures used to meet missions, goals, and objectives and, in doing so, supports performance-based management. Internal control also serves as the first line of defense in safeguarding assets and preventing and detecting errors and fraud." STANDARDS FOR INTERNAL CONTROL IN THE FEDERAL GOVERNMENT, Introduction at 4 (Nov. 1999).

The Operations Division has too few members to meet operational demands consistently. Paramedic staffing is significantly deficient. In addition, overall hiring has not kept pace with attrition. FEMS has compiled little data regarding why members resign, which hinders management's ability to adopt retention strategies.

Staffing shortages lead to vehicles placed out of service and downgrades of Advanced Life Support (ALS) units.[2] FEMS does not have enough Operations Division members (employees), particularly paramedics, to replace those who take leave on a given shift. This shortage of paramedics to staff all Paramedic Engine Companies and medic units (ALS transport units), leads to these ALS units being downgraded to Basic Life Support (BLS).[3] Between July 1 and August 14, 2013, FEMS had 49 instances of units being placed out of service for more than 4 hours due to lack of staff. Removing units from service jeopardizes the department's ability to respond to emergencies effectively.

Excessive reliance on overtime to compensate for absences and vacant positions continues. The department routinely uses overtime in attempts to staff its vehicles fully and has overspent its overtime budget for the past 3 fiscal years (FY). FEMS frequently requires many members to work 12 hours of overtime at the end of their 24-hour shifts, resulting in their working 36 consecutive hours.

The team also found several issues other than staffing that affect transport unit availability. These issues are described in Appendix 2.

The report's 11 recommendations include improving the accuracy of staffing data to ensure that officers can better identify staffing needs; developing contingency plans for staffing shortages; increasing staffing, particularly the number of paramedics; and reducing regular and mandatory overtime.

Compliance and Follow-Up

The OIG special evaluation process includes follow-up with FEMS on findings and recommendations. The OIG will send compliance forms to FEMS along with this report. The I&E Division will coordinate with FEMS on verifying compliance with recommendations in this report over an established period. In some instances, follow-up activities and additional OIG reports may be required.

During their review of the draft report, inspected agencies are given the opportunity to submit any documentation or other evidence to the OIG showing that a problem or issue pointed out in a finding and recommendation has been resolved or addressed. When such evidence is

[2] Paramedics provide ALS services in life-threatening situations through using advanced airway devices, intravenous fluids, medications, cardiac monitors, and other means.

[3] Emergency Medical Technician-Basics (EMT-Basics) provide BLS services, which include minimal or basic treatment and vital signs monitoring for non-life threatening situations. FEMS deploys 39 EMS transport units on each shift: 25 ambulances staffed with EMTs to provide BLS services and 14 medic units staffed with paramedics to provide ALS services. Twenty-one of FEMS's 33 engine companies are PECs staffed with dual-role firefighter/paramedics who provide ALS services.

accepted, the OIG considers that finding and recommendation closed with no further action planned.

OVERVIEW OF FEMS OPERATIONS AND STAFFING PROTOCOLS

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."[4] In fiscal year (FY) 2011, FEMS responded to 161,795 emergency incidents.[5] Of this total, 130,268 (81 percent) were emergency medical services (EMS) incident responses, and 31,527 (19 percent) were fire and other incident responses. FEMS made 98,036 EMS patient transports to hospitals. Its approved FY 2013 gross operating budget of approximately $199 million included 2,130 full-time equivalent (FTE) employees.[6]

FEMS Operations Division

According to the July 24, 2013, FEMS roster, the Operations Division (Division) has approximately 1,707 members[7] and provides EMS, fire, and special operations services.[8] The Division consists of four platoons, each under the command of a Deputy Fire Chief (DFC). There are 7 battalions[9] commanded by Battalion Fire Chiefs who oversee 33 fire stations. Both the FEMS Chief and the Deputy Mayor have recently noted that FEMS's activities have changed during the past 20 years from responding predominantly to fire-related calls to responding predominantly to medical calls.[10]

EMS

FEMS members provide Basic Life Support (BLS) and Advanced Life Support (ALS) services:[11]

- *BLS services.* Emergency Medical Technician-Basics (EMT-Basics) provide limited medical interventions and assist more-qualified personnel in assessing patients and establishing a peripheral intravenous line. Generally, BLS includes minimal or basic treatment and vital signs monitoring for non-life threatening situations. BLS response units provide initial patient care using oxygen,

[4] Http://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/ocfo_fy2013_volume_2_chapters_part_1.pdf, C19 (last visited May 29, 2013).
[5] *Id*.
[6] COUNCIL OF THE DISTRICT OF COLUMBIA COMMITTEE ON THE JUDICIARY AND PUBLIC SAFETY, REPORT AND RECOMMENDATIONS OF THE COMMITTEE ON THE JUDICIARY AND PUBLIC SAFETY ON THE FISCAL YEAR 2014 BUDGET FOR AGENCIES UNDER ITS PURVIEW, 32 (May 8, 2013).
[7] As will be seen later in this report, various officials and documents reported different figures representing the number of positions allocated to FEMS and the number of these positions that are filled.
[8] Http://dc.gov/DC/FEMS/Divisions/Office+of+the+Fire+Chief (Oct. 8, 2013).
[9] FEMS maintains seven distinct battalions. FEMS groups stations and companies by location to form six battalions, and a seventh battalion is comprised of hazardous material, fireboat, and special operations units housed at various stations.
[10] This shift is largely due to a steady increase in EMS transports. For example, from 2009 to 2012, FEMS medical patient transports increased by just over 18,000 calls.
[11] Under the Medicare program, ALS and BLS services are defined in 42 CFR § 414.605.

fundamental airway support devices, bandaging and splinting devices, and automated external defibrillators.

- *ALS services.* Paramedics provide immediate care for life-threatening situations and use of advanced airway devices, intravenous fluids, medications, cardiac monitors, and other means.[12]

FEMS deploys 39 EMS transport units on each shift: 25 ambulances staffed with EMTs to provide BLS services and 14 medic units. FEMS staffs each medic unit with at least one paramedic to provide ALS services. FEMS's truck and engine companies also provide EMS along with fire suppression services. Twenty-one of FEMS's 33 engine companies are Paramedic Engine Companies (PEC), staffed with dual-role firefighter/paramedics who provide ALS services. There are 16 ladder trucks, 3 heavy-rescue squads, 1 hazardous materials vehicle, and 2 fireboats. (See Appendix 3 for definitions and photographs of these vehicles).

Staffing

Dual- and Single-Role Members. Dual-role members are uniformed personnel trained as both firefighters and certified paramedics or EMTs. Single-role members are "civilian"[13] paramedics or EMTs who only perform EMS functions. Dual-role and single-role members operate under separate collective bargaining agreements, which have resulted in different salaries, retirement benefits, work schedules, and leave protocols.[14]

Shift Schedules. Dual-role members work 24 hours and have 3 consecutive days off. Single-role members work two 12-hour day shifts, two 12-hour night shifts, and then have 4 consecutive days off.

Proposed Shift Change. The FEMS Chief has proposed moving dual-role members from a four-platoon system to a three-platoon system and changing their shifts. Dual-role members would work three 12-hour day shifts, followed by three 12-hour night shifts, and then have 3 full days off. A rotating day off within the six scheduled shifts would result in members only working 6 consecutive days for one out of every 7 rotations.

The FEMS Chief stated that the main goals of this plan are to improve EMS care and disaster response. He added that if FEMS implemented the proposed shift change, it would have enough staffing coverage in each platoon without new hires, and could still respond to incidents and allow members to attend training or use leave. In addition, the FEMS Chief stated that the proposal would let FEMS lower costs by operating with fewer members, which he anticipates would occur gradually through attrition.

[12] *See* INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS, "Emergency Medical Services: Privatization and Prehospital Emergency Medical Services, Monograph 1" 28 (1997).
[13] "Civilians" are non-uniformed employees.
[14] Local International Association of Firefighters (IAFF) 36 represents dual-role members, and Local 3721 represents single-role members.

Other interviewees, however, criticized the proposal opining that it does not allow adequate time for physical recuperation, would increase sleep deprivation due to the consecutive 12-hour shifts,[15] would result in more hours of work per week, and would result in more travel time to and from work. Under the proposed shift change, members would work an average of 48 hours per week. Although many fire departments from major cities, including Los Angeles, Phoenix, and Memphis, work more than 48 hours per week, the proposed schedule does require more hours than FEMS's current standard of 42 hours per week.[16]

Sick Leave Policies. When sick, dual-role members must report to the Police and Fire Clinic (PFC)[17] or an urgent care facility if the PFC is closed. Three times a year under the Minor Illness Program (MIP), a dual-role member may take sick leave without reporting to the PFC. Single-role members follow the leave policies outlined in the District Personnel Manual (DPM) and are not required to visit the PFC to use sick leave. (See Appendix 4 for comparisons of FEMS leave policies with the District's Metropolitan Police Department (MPD) and fire departments in other jurisdictions.)

[15] The team observed differing opinions related to the sleep deprivation issue. FEMS interviewees generally believed that the shift change would significantly increase sleep deprivation and cited a study of Canadian fire fighter shift schedules to support this claim. PAUL, MICHEL A. AND JAMES C. MILLER, DEFENCE RESEARCH AND DEVELOPMENT CANADA, CONSIDERATION OF 5 CANADIAN FORCES FIRE FIGHTER SHIFT SCHEDULES, (Oct. 2005). The Canadian study found that a schedule of 24 hours on duty followed by 72 hours off was the best of five schedules examined for sustaining performance when firefighters respond to alarms at night. This study explains: "Any skilled performance or safety critical performance should occur when personnel are operating at their best. Best performance is normally considered to mean between 100% and 90% cognitive effectiveness. When performance declines to 90%, it is time to cease skilled operations and get some rest." *Id.* at iii. This study used computer modeling to estimate how different schedules affect firefighters' cognitive effectiveness, including awakening from 2:00 a.m. to 5:00 a.m. to respond to an alarm. *Id*. The study found cognitive effectiveness declined when night alarms occurred in a schedule with three consecutive night shifts. *Id.* at 6.

On the other hand, in Baltimore, firefighters were reluctant to move to FEMS's current shift of 24 hours on duty followed by 72 hours off duty, citing fatigue at the end of the shift as a reason for their resistance. Currently, Baltimore firefighters work a shift of two 10-hour days, followed by two 14-hour nights, and then have 4 days off.

[16] According to an August 2013 *Baltimore Sun* article, D.C. firefighters rank among the lowest nationally in terms of average length of a workweek. Of the largest cities in the country, only New York firefighters (40 hours per week) work less.

[17] The PFC treats and makes referrals for injuries and illness that occur on duty, physicals, and sick calls for non-performance of duty injuries and illnesses.

REVIEW OF EVENTS DECEMBER 31, 2012, AND JANUARY 1, 2013

On New Year's Eve, December 31, 2012, FEMS experienced a rate of absences among its dual-role and single-role members that was unusually high relative to most days, and officers scrambled—unsuccessfully—to find a sufficient number of replacements. Consequently, they had to take several transport units out of service, which affected timely responses to emergency medical incidents.

The OIG team identified multiple factors that contributed to the staffing shortage and the related removal of emergency response vehicles from service, including: an alarmingly high rate of absenteeism by members, much of which was not pre-approved; the high number of vacant positions, a limited list of willing and eligible replacements because of overtime restrictions, and ineffective use of the TeleStaff system.[18] In addition, FEMS management apparently did not realize that the D.C. Code overtime restrictions exempted the pay period that included December 31, 2012, and January 1, 2013.

The OIG team also found that, despite their considerable experience, FEMS officers failed to fully utilize management tools at their disposal that could have helped mitigate the "perfect storm" of severe staffing shortages and reduce the number of units taken out of service. Specifically, FEMS officers did not:

- analyze data on holiday staffing and absences from previous years to develop a contingency plan that would include temporary suspension of the MIP privilege. According to an FEMS officer, the department has previously suspended MIPs for holidays, and that such suspension is important because otherwise, members save their MIPs to use on those days;

- communicate with subordinates well in advance of the holiday to gain as much insight as possible into who may not be available to work and who was willing to work overtime;

- identify the many members whose absences were pre-approved and reach out to those eligible for overtime to replace absent members; or

- take steps promptly to relax overtime rules[19] to increase the pool of eligible overtime replacements.

TeleStaff can send "robo-calls" to all members. After the overtime restrictions were lifted on December 31, a senior officer encouraged Battalion Fire Chiefs to call members to see if they were willing to work. Officers' calls to members resulted in enough volunteers for overtime to place three ambulances back in service by midnight. According to a TeleStaff Contact Log the OIG team reviewed, officers did not use TeleStaff's robo-call function to alert all available members of the significant staffing shortage and request that they come in to work. A union official stated that two members told him/her that no one called them to ask that they come in on New Year's Eve, although they had previously indicated that they would be willing to work on this date.

[18] TeleStaff is the software that officers use to help manage staffing assignments, overtime, and leave use.
[19] As noted previously, FEMS officers apparently did not realize overtime restrictions did not apply during this period.

The OIG team believes that poor or no communication among officers contributed to the ineffective response to the New Year's Eve staffing shortage. Multiple officers told the team that they recognized the possibility of a problem prior to New Year's Eve, but they said nothing to the team about collaborating with each other to develop strategies to prevent the shortages or to help respond effectively should they occur. Instead, many interviewees blamed the ineffective response on mismanagement by one or two officers.

Some interviewees commented that the culture of FEMS leadership discourages subordinate officers from raising concerns about significant operational issues and making suggestions for improvement. They added that some officers dismiss constructive feedback and reportedly retaliate against those who speak up about problems.

The following sections include information on New Year's Eve leave use, management actions in response to the staffing shortage, vehicles taken out of service as a consequence, a response time analysis, and chronologies of three significant incidents in which transport units were delayed.

Leave Use on December 31, 2012

As shown in Table 1,[20] 197 of the 449 members scheduled to work on New Year's Eve, were either on some sort of leave or on limited duty status. Annual leave, sick leave, and MIPs account for the majority of leave used by single- and dual-role Operations Division members on New Year's Eve. Although managers usually do not have advance notice of sick leave (including MIPs), annual leave must be approved in advance.

[20] An FEMS officer provided the data used in Table 1 from information in TeleStaff.

Table 1. Operations Division Members Scheduled To Work and Number Who Used Leave or Who Were on Limited Duty Status December 31, 2012

Scheduled to Work/Type of Leave	Number of Members	Dual-Role[21]	Single-Role[22]
Annual Leave	47	46	1
Sick Leave	51	34	17
Minor Illness Program (MIP)	51	51	Not Applicable
Other Leave	11[23]	10	1
Work-related injuries/limited duty status	37[24]	31	6
TOTAL LEAVE	197	172	25
Scheduled to Work[25]	449	401	48

Some FEMS officers opined that the high rates of influenza during December may have contributed to the increased sick leave use, and noted that FEMS had issued memoranda instructing members to stay home if they have influenza-like symptoms.

Issues with Leave Policies

The team found that the unusually high amount of leave used on New Year's Eve relative to normal weekdays, continued a 2-year trend, albeit to a much higher degree. MIPs,

[21] Dual-role members are scheduled to work 24 hours from 7:00 a.m. to 7:00 a.m.
[22] For the purposes of this chart, single-role members include both those who were scheduled to work from 7:00 a.m. to 7:00 p.m., and those who were scheduled to work from 7:00 p.m. to 7:00 a.m.
[23] Other leave includes three dual-role members on administrative leave, one dual-role member on bereavement leave, two dual-role members on emergency annual leave (EAL), two dual-role members on leave under the Family Medical Leave Act (FMLA), and two dual-role members on leave without pay. This figure also includes one single-role member who was Absent Without Leave (AWOL).
[24] This total includes 25 dual-role members on Performance of Duty (POD) leave for work-related injuries, of which 15 were on limited duty and 10 were on administrative leave. It also includes six dual-role members on limited duty for medical reasons, two single-role members on workers' compensation, two single-role members on limited duty for medical reasons, and two single-role members on POD leave, which may have been a time coding error as single-role members use workers' compensation but not POD for leave due to on-the-job injuries.
[25] For the purposes of this report, the OIG team classified members as "scheduled to work" if they had not received prior approval to take leave. The team determined these classifications by analyzing TeleStaff and calculating how many members were classified as: on regular duty, on duty due to trading days off with someone who was previously on duty, absent without leave, on sick leave (both by visiting the PFC and taking MIPs), on bereavement leave, on emergency annual leave, or detailed (to any special event or other Division).

which may only be used by members as a form of sick leave, are being used more frequently on holidays and weekends. Chart 1 below illustrates this pattern.[26]

Chart 1. MIP Use Calendar Years 2011 and 2012

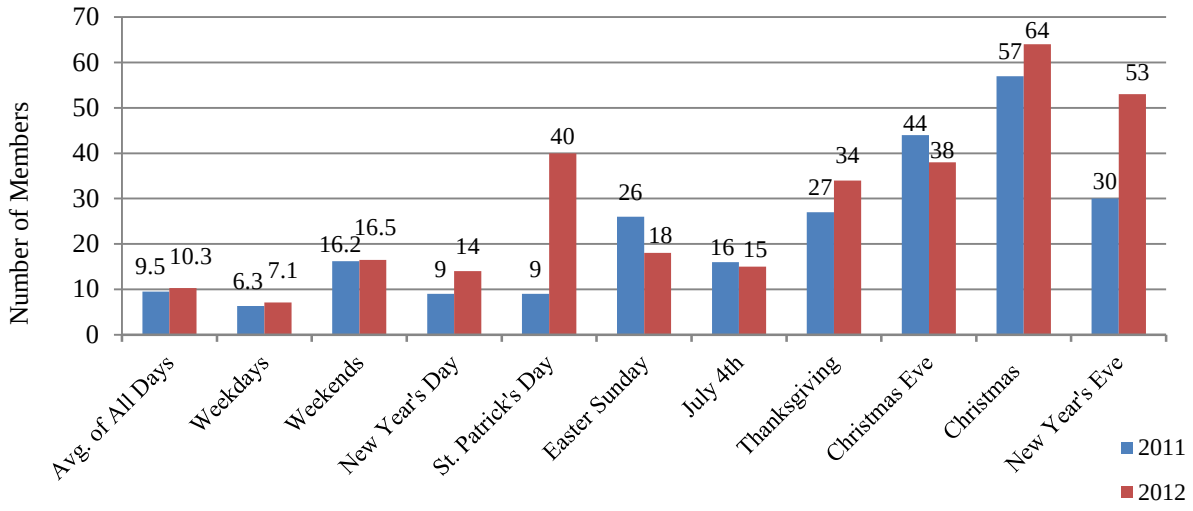
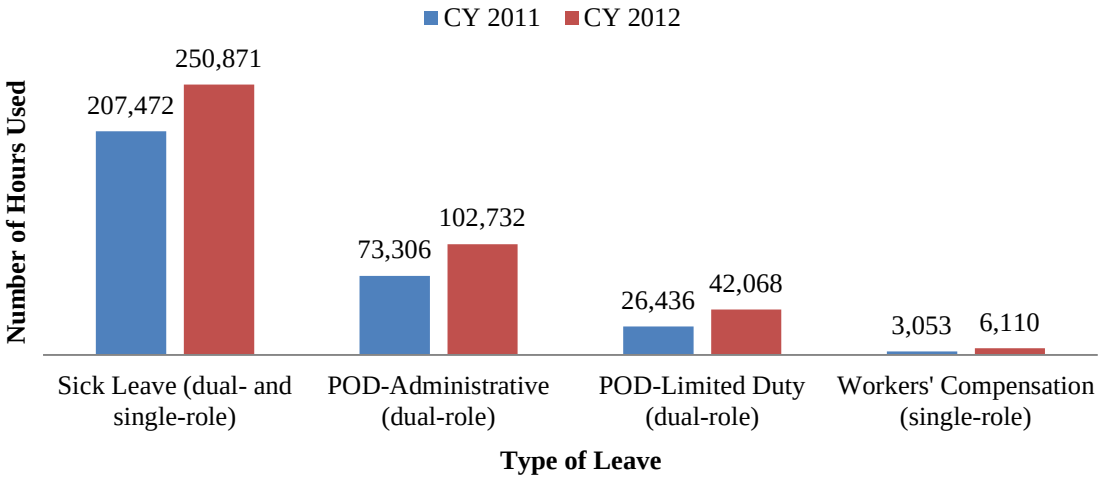


Chart 2 on the following page shows that sick leave use, and hours lost or changed due to work-related injuries (i.e., Performance of Duty (POD) leave), limited-duty assignments, and workers' compensation) increased significantly from calendar year (CY) 2011 to CY 2012. Any increase in unscheduled leave use makes it more difficult for FEMS to back-fill positions and ensure full staffing.

[26] The number of MIPs used on December 31, 2012, included in the TeleStaff report FEMS provided to the OIG (51) differed from the number of MIPs used on the same day in the Form 126 provided by FEMS previously (53). The OIG team believes that this difference is insignificant.

Chart 2. Hours of Leave and Limited Duty Taken for Illness or Work-Related Injuries



Interviewees speculated that the trend of increasing sick leave use by all members as shown in Chart 2 might reflect members' reaction to overly restrictive FEMS annual leave and emergency annual leave (EAL)[27] policies. The OIG team, however, could not identify definitive reasons for this trend.

Officers stated that single-role members take sick leave at a much higher rate than dual-role members due to less stringent sick leave policies that govern single-role members. Their assessment was supported on New Year's Eve, when 35 percent of single-role members scheduled to work[28] took some form of sick leave, compared to 21 percent of dual-role members.

FEMS Officers Apparently Did Not Realize That Statutory Overtime Restrictions Did Not Apply

The FEMS Overtime Limitation Amendment Act of 2010 (Overtime Act),[29] effective for FY 2011, 2012, and 2013, limits overtime by:

[27] The OIG learned about two specific instances where EAL was reportedly denied for seemingly unfair reasons:

- An officer reported that another officer denied EAL to a member who wanted to pick up his/her children for a medical appointment. When the member left work despite the denial, the officer classified the member as AWOL. Ultimately, a senior officer reversed this decision.
- A station house journal detailed an incident in which a member was denied EAL at 6:50 p.m. on New Year's Eve to attend to his/her young children who would be left home alone when FEMS units responded to the children's caregiver's medical emergency.

[28] For information on who the OIG determined was "scheduled to work," see the information in footnote 25.
[29] Codified in D.C. Code §§ 5-405 and 1-611.03 (Supp. 2011).

- prohibiting FEMS members from working more than 204 hours in 2 consecutive pay periods (which limits each member to 36 hours of overtime over 4 weeks after working 168 hours of regular time),[30] and

- prohibiting FEMS members and officers from earning overtime compensation in a pay period after they have taken sick leave in that same pay period.[31]

In order to allow FEMS members to work overtime as necessary around the time of the Presidential Inauguration on January 20, 2013, the Overtime Act also states that the provisions do not apply to pay period 2 of calendar year 2013, which began December 30, 2012, and ended January 12, 2013.[32] D.C. Law 19-168, which contained this exemption, became effective September 20, 2012. The September 2012 effective date provided FEMS management with ample time to assess the law's effect on its operations and to realize that statutory overtime restrictions would not be a barrier to staffing efforts on New Year's Eve.

Timeline of Management Actions to Cope With Staffing Shortage

Using information gleaned from interviewees, a journal maintained by the Deputy Fire Chiefs, and FEMS emails, the OIG team established the following approximate timeline of actions taken by FEMS officers' actions taken to address absences on December 31, 2012.

Approximately 4:30 a.m.	Officer 1 arrives at work before his scheduled 7:00 a.m. starting time due to concerns related to staffing shortages that he began having. He reportedly realizes that FEMS has exhausted the list of members who had signed up in TeleStaff for overtime on New Year's Eve. Officer 1 asks his aide and the Battalion Fire Chiefs to call members who had not placed themselves on the TeleStaff overtime list to see if they are willing to work overtime. (*Source*: interview)
6:20 a.m.	According to an FEMS journal entry, "DFC contacted OUC to announce all members from Platoon #3 are to be held until further notice @ 0620 hrs. Also @ 0650 hrs. an announcement was made that all members who have been relieved can go home."

[30] Officers at the rank of Battalion Fire Chief and above in the Firefighting Division may not receive overtime compensation for work in excess of 48 hours per week. *See* D.C. Code § 1-611.03 (f)(2)(B).

[31] D.C. Code §§ 5-405 (f) and (g).

[32] D.C. Code § 5-405(h) (LEXIS through D.C. Act 19-682). D.C. Law 19-168, the Fiscal Year 2013 Budget Support Act of 2012, effective September 20, 2012, exempted pay periods 1 and 2 of calendar year 2013 from the overtime restrictions. Pay period 1 begins December 16, 2012, and ends December 29, 2012. On February 5, 2013, the D.C. Council issued an emergency resolution (Resolution 20-32 "Fire and Emergency Medical Services Department Inaugural Overtime Clarification Emergency Declaration Resolution of 2013") amending D.C. Code § 5-405(h) to refer to pay periods 2 and 3 to allow FEMS members to be paid for overtime worked, as the Office of the Chief Financial Officer was disallowing overtime payments that the Council intended to permit. The original law and the emergency resolution both exempt pay period 2, which included December 31, 2012, from the overtime restrictions.

(*Source*: Journal entry written at 8:00 a.m.)

Approximately 7:00 a.m.: As the shift changes, FEMS mandates a holdover of 27 dual- and single-role providers from the previous shift.
(*Source*: TeleStaff data)

Approximately 11:40 a.m.: Reportedly, Officer 1 verbally informs his/her superior, Officer 2, of the impending staffing shortages after a routine staff meeting. Officer 2 denied receiving this notice until approximately 4:30 p.m.
(*Source*: interview)

Approximately 4:30 p.m.: Officer 2 reports he was informed about the pending staffing shortages.
(*Source*: interview)

4:44 p.m.: Officer 1 emails Officer 2 that at 7:00 p.m., FEMS will experience staffing shortages significant enough to take three EMS supervisor units,[33] five medic units, and seven ambulances out of service (OOS). Officer 2 acknowledges receipt of this email at 5:45 p.m.
(*Source*: FEMS emails)

6:05 p.m.: Officer 1 emails the FEMS Chief requesting that he lift overtime restrictions. He requests a response before day shift members leave work at 7:00 p.m. and make other plans based on believing they were not eligible to work overtime.
(*Source*: FEMS email)

6:25 p.m.: The FEMS Chief responds to the 6:05 p.m. email, stating, "No." Some time between 6:25 p.m. and 7:33 p.m., the Chief reverses this decision.
(*Source*: FEMS email)

Reportedly, at some point in the evening, the FEMS Chief contacted the Deputy Mayor for Public Safety and Justice, who received permission from the Mayor and D.C. Council to lift FEMS's overtime restrictions, which would have been unnecessary had FEMS recognized that the statutory restrictions did not apply during this period.

Approximately 7:00 p.m.: Because the 27 members held over from the previous day's shift cannot continue working more than 36 straight hours, due to overtime restrictions, and because 11 of the 27 single-role members assigned to work from 7:00 p.m. on December 31,

[33] Each EMS supervisor unit is a Sport Utility Vehicle staffed by one EMS Captain to provide direct supervision regarding medical incidents. EMS supervisors also serve as paramedics as needed.

	2012, through 7:00 a.m. on January 1, 2013, took leave for various reasons, multiple absences cannot be filled. (*Source*: interview and data from TeleStaff)
7:33 p.m.:	Officer 1 announces via an email to all officers on duty that the overtime restrictions had been lifted. A journal entry at that time states, "Any member who is at (36) hrs. that wants to work tonight shall be called to work (12) hrs. overtime. Also, any member who has worked overtime today and is willing to stay (48) hrs. straight can work (12) hrs. OT [overtime] tonight. The following units @ this hour are [in] need of staffing [lists 5 medic units and 7 ambulances] and the order above will only take place one time on this date 12-31-12." Officer 1 urges officers on duty to call members and ask them to work. (*Source*: FEMS email and FEMS journal entry)
8:00 p.m.	Officer 1 announces to all battalion managers that "EALs [Emergency Annual Leave] are not to be granted." (*Source*: FEMS journal entry)
10:12 p.m.	Officer 1 informs Officer 2 via email that FEMS was able to reinstate some apparatus. At midnight, however, five ambulances and five medic units remain out of service. (*Source*: FEMS email)

Most Vehicles Taken Out of Service on New Year's Eve Were EMS Units

Twelve of 13 vehicles removed from service due to staffing shortages on New Year's Eve were EMS units; only one, Truck 15, was a fire-related vehicle. (See Appendix 5 for excerpts from journal entries regarding units taken out of service.) A senior officer stated that despite the fact that 81 percent of FEMS incidents are EMS matters, both FEMS management and the union are resistant to taking fire apparatus out of service. He/she attributes most of the union's resistance to political concerns, such as firefighters' fear that taking firefighting apparatuses out of service may threaten firefighters' job security. He/she added that the staffing problems experienced last New Year's Eve have caused him/her to rethink how FEMS handles staffing and resources in this type of situation.

Several interviewees stated that many years ago, several fatal fires occurred after FEMS had removed nearby fire apparatus from service.[34] Consequently, FEMS officers are now reluctant to do this. One interviewee explained that taking truck or engine companies out of

[34] According to a *Washington City Paper* article, several small children died during the 1970s in fires near firehouses that had been closed due to budget shortfalls, and two fatal fires occurred in 1996 and 1995 when the nearest fire apparatus was out of service due to rotating closures to save money. *See* Julie Wakefield, "Burn Baby Burn," *Washington City Paper* http://www.washingtoncitypaper.com/articles/10980/burn-baby-burn (last visited Aug. 14, 2013).

service would diminish FEMS's first responder capacity. These units are often the first to arrive on medical calls because EMS transport units may not be available.

New Year's Eve Emergency Response Times Did Not Comply with Agency Performance Standards

FEMS provided the OIG team with response time performance data from 7:00 p.m. December 31, 2012, until 7:00 a.m. January 1, 2013. As shown in Table 2 below, the department did not meet its response time standards during this period and fell below its FY 2012 performance.

Table 2. FEMS Response Times, New Year's Eve 2012[35]

Key Performance Indicator Description	FY 2012 and FY 2013 Targets	FY 2012 Actual Performance	Performance 7:00 p.m. December 31, 2012 – 6:59 a.m. January 1, 2013
Percentage of critical medical calls with first EMT arriving within 6 minutes 30 seconds dispatch to scene.	90%	84.4%	76.0%
Average response time of first-arriving EMT to critical medical calls.	<5 minutes	04:38	05:26
Percent of critical medical calls with first paramedic arriving within 8 minutes, dispatch to scene.	90%	80.6%	65.7%
Average response time of first-arriving paramedic to critical medical calls.	<6 minutes	06:01	06:59
Percentage of critical medical calls with first transport unit arriving within 12 minutes, dispatch to scene.	90%	89.1%	61.1%
Average response time of first-arriving transport unit to critical medical calls.	<9 minutes	07:18	11:03

Officers stated that having transport units out of service on New Year's Eve lengthened response times because the remaining units in service often had to travel farther to calls that closer transport units would have handled had they been in service. Additionally, truck and engine companies often waited longer than usual at the scene of an incident for a transport unit to arrive. This resulted in fewer truck and engine companies being available to respond to new calls.

[35] Table 2 reflects the percentages of incidents meeting response time standards and average response times in minutes and seconds.

Transport Unit Shortages Delayed Medical Assistance to Citizens

The team used event chronologies and audio recordings from OUC related to incidents on New Year's Eve to analyze the circumstances of three EMS responses with transport unit delays. The first incident involved the transport of a cardiac arrest patient. The second was the delayed arrival of a transport unit for a shooting victim. The third incident involved the transport of a stabbing victim by a PEC instead of a transport unit.

Cardiac Arrest Patient in Southeast. No transport units were available to respond to a cardiac arrest patient when a 911 call was made at 1:25 a.m. FEMS Basic 1[36] and a Prince George's County, Maryland medic unit eventually were dispatched, with Basic 1 arriving before the Prince George's County unit. OUC dispatched Basic 1 from a location 5.8 miles away from the incident. Basic 1 arrived at the scene 13 minutes and 29 seconds later, which was 28 minutes and 55 seconds after OUC dispatched the first responding units, Truck 17 and Engine 10. Basic 1 began transporting the patient to Howard University Hospital at 2:05 a.m., arriving at 2:26 a.m.

1:25 a.m.: OUC receives a 911 call for an unconscious patient having trouble breathing.

1:26 a.m.: OUC dispatches Truck 17 and Engine 10, which is a PEC. No transport units are available. The Computer Aided Dispatch (CAD) system recommends dispatching Ambulance 18, but a citizen had flagged down this unit for assistance with another incident.

1:28 a.m.: The OUC call-taker notes that cardiopulmonary resuscitation (CPR) is in progress.

1:35 a.m.: Truck 17 arrives at the scene 8 minutes and 38 seconds after dispatch, which is longer than the FEMS standard of 6 minutes and 30 seconds for the arrival of the first EMT on a critical medical call.

1:37 a.m.: Engine 10 arrives at the scene 10 minutes and 48 seconds after dispatch, which is longer than the FEMS standard of 8 minutes and 30 seconds for the arrival of the first paramedic on a critical medical call.

1:40 a.m.: The OUC dispatcher notes that Truck 17 has CPR in progress and requests an EMS supervisor unit.

1:41 a.m.: OUC dispatches EMS Supervisor 3.

Time unclear: Engine 10 requests an ambulance, and the dispatcher states that one is not available.

[36] The term "Basic" refers to an ambulance that is usually a medic unit, but has been downgraded because it does not have a paramedic to provide ALS. FEMS refers to a transport unit that is originally intended to provide only BLS services as an "Ambulance."

1:42 a.m.: OUC dispatches Basic 1 transport unit, which is 5.8 miles away from the incident.

1:45 a.m.: OUC notes that a Prince George's medic unit is en route. An FEMS officer explained to the team that OUC requested assistance from Prince George's County when no FEMS transport units were available, although OUC dispatched Basic 1 when it became available.

1:55 a.m.: Basic 1 arrives 13 minutes and 29 seconds after it was dispatched, which was 28 minutes and 55 seconds after the first responding units (Truck 17 and Engine 10) were dispatched. This response time exceeds the FEMS standard of 12 minutes for the arrival of the first transport unit for a critical medical call. OUC tells the Prince George's medic unit that it is no longer needed.

1:56 a.m.: EMS Supervisor 3 arrives.

2:05 a.m.: Basic 1 leaves to transport the patient to the hospital.

2:11 a.m.: An officer notes that there are 16 incidents where FEMS units at the scene are awaiting transport units.

2:26 a.m.: Basic 1 arrives at Howard University Hospital, 1 hour and 1 minute after the 911 call.

Gunshot Victim in Southeast. No transport units were initially available to respond to a gunshot victim. OUC subsequently dispatched Medic 31 from a location 9.4 miles from the scene of the incident; it arrived 21 minutes and 48 seconds after OUC had dispatched the first responding FEMS vehicle.

4:23 a.m.: A caller informs OUC that a male was shot. The caller is unsure if the victim is conscious or breathing, but the caller indicates that the victim is lying on a porch and bleeding significantly. OUC dispatches Truck 8. No transport units are available.

4:27 a.m.: Truck 8 arrives on the scene 3 minutes and 12 seconds after being dispatched.

4:27 a.m.: OUC dispatches Engine 25, which is a PEC. OUC notes that the patient was shot in the left arm.

4:29 a.m.: OUC dispatches Medic 31, which is 9.4 miles away from the incident, 5 minutes and 27 seconds after it had dispatched the first responding vehicle.

4:31 a.m.: Engine 25 arrives at the scene 3 minutes and 52 seconds after OUC dispatched it and 7 minutes and 46 seconds after OUC dispatched the first arriving vehicle.

4:51 a.m.: Medic 31 arrives at the scene 21 minutes and 48 seconds after OUC dispatched it and 27 minutes and 15 seconds after OUC dispatched the first responding vehicle. This response time exceeds the FEMS standard of 12 minutes for the arrival of the first transport unit for a critical medical call.

5:11 a.m.: Medic 31 leaves to transport the patient to the hospital.

5:33 a.m.: Medic 31 arrives at the hospital 1 hour and 10 minutes after the 911 call.

Stabbing Victim in Northeast. The following timeline shows the sequence of events leading to a PEC transporting a stabbing victim to a hospital due to the lack of an available transport unit. FEMS officers explained that the patient required life-saving treatment and could not wait for a transport unit to arrive.

3:09 a.m.: A resident calls 911 because a stranger on her porch may be unconscious. OUC dispatches Engine 30, a PEC. No transport units are available.

3:18 a.m.: The resident calls 911 again to report that the man left her porch and is bleeding. At the end of this 2-minute call, the caller states that she sees a fire truck and the man is walking in front of it.

3:21 a.m.: The CAD system records that Engine 30 arrived, 12 minutes and 10 seconds after OUC dispatched it, which is longer than the FEMS standard of 6 minutes and 30 seconds for the arrival of the first EMT on a critical medical call and longer than the FEMS standard of 8 minutes and 30 seconds for the arrival of the first paramedic.

3:25 a.m.: Engine 30 contacts the dispatcher to request a transport unit. The dispatcher states that no units are available, but he/she will contact Prince George's County. Engine 30 states that it will transport the patient in the fire engine to a hospital.

Management Inaction, Inefficiencies Slowed Response to Staffing Shortage.[37]

Lack of Foresight and Preparation. Several FEMS officers opined that FEMS officers should have identified the potential staffing shortage prior to New Year's Eve and taken actions to address it. Officers stated that, in the past, Battalion Chiefs and their aides would ask members before a major holiday whether they planned to work their scheduled shifts to identify how many absences to expect and to encourage members to be available to work overtime. However, this kind of preparation did not take place prior to New Year's Eve 2012. The OIG team believes that anticipating high call-out volumes during holidays suggests there is a culture of absenteeism within FEMS where managers routinely expect high levels of unscheduled leave use.

Ineffective Use of Automated Staffing System. TeleStaff is a software program that automates much of the FEMS scheduling process and helps officers ensure "appropriate staffing" for any "shift or event including leave requests, overtime, training or emergency

[37] **FEMS's December 2013 Response, as Received:** *The Agency has taken steps to ensure that the incidents that occurred on December 31, 2012 and January 1, 2013 do not occur again. The agency has suspended the use of the Minor Illness Program (MIP) on holidays and prior to major public assembly events. During the suspension of MIP usage, members are required to report to the Police and Fire Clinic or to an urgent care facility. This has reduced the use of the Minor Illness Program prior to holidays.*

situations." [38] When a member requests leave, either he/she or a supervisor enters the request into TeleStaff. TeleStaff then automatically attempts to fill the vacancy created by that absence by first determining whether anyone currently on duty can fill the position.[39] If no members on duty are available, TeleStaff automatically searches the list of off-duty members who have designated themselves as available for overtime by signing up in TeleStaff up to 14 days in advance. Approximately 2 hours before a shift starts, the TeleStaff program automatically contacts willing, eligible off-duty members via phone, text, and/or email in an order based upon which members have received the fewest overtime opportunities. The first member to accept the overtime request gets the overtime opportunity.

Despite TeleStaff's significant automated capabilities, human intervention is required frequently during the various shifts to manage individual problems such as injuries or illness or sudden absence call outs that demand quick, timely assignment decisions. The primary FEMS officer dedicated to operating TeleStaff and managing staffing levels works Monday through Friday from 5:00 a.m. to 1:00 p.m. After 1:00 p.m. on weekdays or anytime on weekends, however, no one is assigned to serve as a dedicated TeleStaff operator. During those hours, FEMS uses Operations Division officers as temporary replacements to manage the TeleStaff desk while performing other duties. As a result, a replacement may have to leave the TeleStaff desk unmanned for hours to respond to an emergency call.

A senior officer stated that he/she believed the lack of a dedicated TeleStaff operator on duty after 1:00 p.m. on December 30, 2012, hindered FEMS's ability to find replacement workers on New Year's Eve. Because so many members called in sick between 1:00 p.m. on December 30 and 5:00 a.m. on December 31, the primary TeleStaff operator already had a backlog of absences to fill upon arriving at work at 5:00 a.m. When many members call in sick this late, the task of filling absences called in between 5:00 a.m. and 7:00 a.m. becomes more difficult for TeleStaff operators. An interviewee opined that having a dedicated operator would have allowed FEMS to address absences as they arose, rather than many hours later, and would have increased the likelihood that the appropriate senior officers would have been aware of the staffing shortages earlier in the day. Earlier notice to senior officers would have allowed a quicker and more effective response to the shortages and, the OIG team believes, helped reduce the number of emergency units taken out of service due to the lack of personnel. The FEMS Chief stated that he agrees that TeleStaff should be covered 24 hours daily.

Interviewees stated that the lack of comprehensive procedures is a "challenge" for TeleStaff operators, who do not know who, when, or how to notify FEMS senior officers in the event of a potential staff shortage, like that on December 31, 2012. The FEMS Chief agrees, and noted that explicit procedures need to be written on responding to both staffing shortages and TeleStaff outages.

[38] FEMS TeleStaff/WebStaff Tutorial and User's Guide PowerPoint presentation.

[39] To account for members taking leave, FEMS schedules more people to work in each platoon than the minimum necessary to operate all of the apparatuses. Consequently, TeleStaff is often able to fill vacancies due to sick leave by simply shifting members around from one firehouse to another. Staffing vacancies occur when the number of members taking leave is greater than the number of "extra" members whom FEMS has already scheduled to work.

No Suspension of the MIP Privilege. An FEMS officer stated that the FEMS Chief can suspend the use of MIPs, if necessary, and has done so when a high call-out was expected.[40] The FEMS Chief, however, stated that he did not suspend MIPs on December 31, 2012, because he was not aware that staffing would be such a problem until it was too late. An MPD senior officer explained that the MPD Chief routinely suspends its MIP equivalent (optional sick days) in advance of major holidays when it expects a high call out by members. This officer added that MPD has not encountered the high call out like FEMS experienced on New Year' Eve.

Recommendations:

(1) That the FEMS Chief develop: 1) a policy and procedure to ensure in advance adequate staffing for holidays and other days when experience shows that FEMS should anticipate a significant number of absences; and 2) contingency plans for staffing shortages should they occur.

Agree **X** Disagree _____

FEMS's December 2013 Response, as Received:

The agency, as stated earlier, suspends the use of the Minor Illness Program prior to holidays, or special events.

OIG Comment: **The OIG acknowledges FEMS's update that MIPs are suspended prior to holidays and special events. However, the OIG stands by the recommendation as written and requests documentation of stated policies and procedures and contingency plans once implemented.**

(2) That the FEMS Chief and his subordinate officers develop a more collaborative and effective system and procedures for communicating with each other about staffing and other operational information vital to carrying out Operations Division emergency services successfully.

Agree **X** Disagree _____

FEMS's December 2013 Response, as Received:

The agency receives a daily count from:
(a) Telestaff managers regarding the use of leave,
(b) Police and Fire Clinic supervisor regarding the number of people on light duty,
(c) Operational Deputy Chief's office regarding the number of paramedic units available.

OIG Comment: **FEMS's actions appear to meet the intent of the recommendation, in part. The OIG recognizes that FEMS has implemented reporting mechanisms and encourages**

[40] FEMS suspended MIPs during the Inauguration in 2013. During June and July 2013, FEMS began suspending MIPs nearly every week due to staffing shortages.

FEMS to foster an environment that promotes open communication between senior and subordinate officers.

(3) That the FEMS Chief consider assigning non-Operations Division employees to operate TeleStaff 24 hours per day, 7 days per week. They should be trained sufficiently, and written procedures for operating the TeleStaff system should be issued.

Agree **X** Disagree _____

FEMS's December 2013 Response, as Received:

This recommendation will be considered.

(4) That the FEMS Chief develop and implement positive strategies aimed at promoting good attendance and reducing absenteeism.

Agree **X** Disagree _____

FEMS's December 2013 Response, as Received:

This recommendation will be considered.

FINDINGS AND RECOMMENDATIONS

1. The Operations Division has too few members to meet operational demands consistently.[41]

FEMS documents containing staffing data show different numbers for the total number of positions and vacancies in the Operations Division. According to the team's analysis of the budget document Schedule A, dated July 8, 2013, FEMS had 1,862 total positions in the Operations Division, including 1,724 filled positions, 102 vacant positions, and 36 frozen positions.[42] In contrast, the FEMS department roster, dated July 24, 2013, states that the Operations Division had 1,913 total positions: 1,707 filled positions and 206 vacant positions. FEMS personnel responsible for the Schedule A and the roster could not explain the significant difference in the number of vacant positions, except to note that the roster is based on the number of members per engine and truck company established by the previous FEMS Chief rather than the budget.

A 2013 FEMS staffing analysis concluded that the Operations Division requires a total of 1,768 members to provide adequate coverage for each shift after taking into account leave use, which is more than the numbers of filled positions in the Operations Division listed in the department roster and the Schedule A.

a. Paramedic staffing is significantly deficient.

A D.C. Council Committee on the Judiciary and Public Safety report dated June 28, 2013, stated that the Committee was frustrated with FEMS's lack of transparency regarding its goals for paramedic staffing and its current paramedic staffing.[43] According to a July 2011 internal report that an FEMS committee submitted to the Chief, FEMS requires 350 firefighter/paramedics with EMT-Paramedic certification. The previous Chief also set this number as a goal to make all 33 engine companies PECs. In March 2013, an FEMS representative stated that the department did not have a policy or other formal document with a goal for the number of paramedics needed.

At the request of the OIG in April 2013, an FEMS interviewee calculated that FEMS requires 228 paramedics in the Operations Division to staff all current paramedic positions (21 paramedics on PECs, 14 paramedics on medic units, 7 EMS supervisors, and 2 Emergency Liaison Officers) after accounting for leave use. Another FEMS interviewee calculated that

[41] **FEMS's December 2013 Response, as Received:** *Prior to the ruling by the Public Employees Relations Board (PERB), the department had already begun recruiting single role paramedics and as of this submission have hired and trained sixteen (16) new paramedics. Nine (9) are already assigned to units and seven (7) who were hired on December 2, 2013 are in training. As indicated earlier, the PERB ruling will allow the redistribution of personnel over three shifts instead of four, increasing the number of available paramedics and firefighters per shift. The agency is preparing to send as many as twenty-seven employees to paramedic school at Prince Georges Community College while at the same time working with the University of the District of Columbia to develop a paramedic training program in the District of Columbia.*

[42] The July 8, 2013, Schedule A states that all of FEMS has 2,150 total positions, including 1,971 filled positions, 132 vacancies, and 47 frozen positions. The Schedule A includes positions outside of the Operations Division under the category "Field Operations," and some Operations Division positions under other categories, such as "Fire Prevention and Education." The team used the locations of positions (e.g., Special Operations) listed in Schedule A to determine which were part of the Operations Division. An interviewee explained that the frozen positions were included in FEMS's budget, but FEMS decided to use the funds for these positions to meet other agency needs.

[43] COUNCIL OF THE DISTRICT OF COLUMBIA, COMMITTEE ON THE JUDICIARY AND PUBLIC SAFETY, REPORT ON PR 20-160, THE FEMS AMBULANCE REDEPLOYMENT DISAPPROVAL RESOLUTION OF 2013 15 (June 28, 2013).

FEMS requires 272 paramedics to staff these Operations Division positions after accounting for leave use. Both interviewees stated that these calculations reflected their opinions rather than official department positions.

To determine the current number of paramedics and where they are stationed, the team reviewed FEMS's list of certified paramedics and the department roster of all members. When the roster and the list of certified paramedics contained different information on the same individual, the team contacted FEMS officers and reviewed information in TeleStaff.

The team's analysis of the department's list of certified paramedics found that, as of May 10, 2013, FEMS had 231 paramedics, with 198 assigned to the Operations Division.[44] The total for the Operations Division is approximately 13 to 27 percent less than the number of paramedics needed according to either of the staffing analyses from FEMS interviewees. FEMS had an additional 25 paramedics assigned or detailed to other Divisions like the Training Academy; 4 paramedics on long-term leave; 2 paramedics assigned to administrative duties because they had submitted their resignations; and 2 paramedics awaiting disciplinary action.

In addition, 12 single-role members have paramedic certifications but cannot serve as independent paramedics until completion of a mentoring period that averages 4 months.[45] In September 2013, an officer stated he/she was unable to estimate when members would complete this process because of the following factors: 1) issues regarding members' ability to function independently; 2) members removed from mentoring to provide minimum staffing in the Operations Division; and 3) members unavailable for mentoring due to other training,[46] limited duty status, details to other divisions, and leave use.

b. Overall hiring has not kept pace with attrition from January 2011 to September 2013.

The department has had more dual-role members leave than it has hired. From January 2011 through January 2013, 175 dual-role members left FEMS, 98 cadets and recruits began training to become firefighter/EMTs,[47] and 25 completed training and became firefighter/EMTs during this period.[48]

The FEMS Chief stated that a challenge for him is the uncertainty regarding whether the department will transition to a three-shift model, which is pending an arbitration hearing scheduled for November 2013 in the collective bargaining process with the District's Office of Labor Relations. He fears that if FEMS hires more members to fill the vacancies in the current four-platoon structure and then transitions to a three-platoon structure, the department will have hired too many members. It will then take longer for the department to reach the desired number of members through attrition, and may result in layoffs.

[44] Thirteen of these paramedics in the Operations Division are also fire officers or apparatus drivers.
[45] These members have EMT-Intermediate/99 certifications, which allow them to function as paramedics in the District, although EMT-Paramedic certification has more stringent requirements. One single-role EMT-Intermediate/99 has been released to serve as an independent ALS provider in the Operations Division.
[46] Five members are attending a course to obtain EMT-Paramedic certification. The National Registry of Emergency Medical Technicians plans to phase out the EMT-Intermediate/99 certification, which eventually will require all paramedics to obtain EMT-Paramedic certification to continue to function as paramedics.
[47] This included two recruits hired in 2012 who had paramedic certifications.
[48] As of January 2013, 65 cadets and recruits were still attending the Training Academy.

According to FEMS data, the department lost 243 dual-role members from January 2011 through September 2013.[49]

Table 3. FEMS Dual-Role Members' Monthly Attrition January 2011-September 2013[50]

CY	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	**Total**
2011	7	2	7	7	5	5	9	8	6	8	5	22	**91**
2012	8	5	5	7	3	8	6	9	7	9	4	13	**84**
2013 (Jan.-Sept.)	10	4	9	7	9	12	2	9	6				**68**

In addition, the OIG team is concerned that FEMS has not hired enough paramedics, either dual- or single-role, to keep pace with the number of those resigning. According to a June 28, 2013, D.C. Council report, in the past 2 years, FEMS has hired only two recruits with paramedic certifications and has re-hired three paramedic/firefighters who previously worked for FEMS.[51] This report also criticized FEMS for not establishing a training program to assist existing members to become paramedics.[52] An FEMS officer opined that FEMS has shown a lack of planning to replace paramedics who retire and resign. That deficiency is especially problematic because members require lengthy training to obtain paramedic certification. At the conclusion of the OIG team's fieldwork in August 2013, FEMS hired eight single-role paramedics.[53]

FEMS appears to have difficulty obtaining accurate data regarding paramedic attrition. It reported to the D.C. Council in February 2013 that 18 paramedics had left FEMS in CYs 2011 and 2012. In March 2013, however, the department reported to the Council that 36 paramedics had left FEMS in CYs 2011 and 2012. Interviewees stated that the information FEMS provided to the Council in February and March 2013 undercounted the number of paramedics who had left FEMS and was inaccurate because it was based on faulty position classifications that FEMS human resources personnel had entered into the PeopleSoft human resources computer system.[54]

[49] FEMS listed the following types of separations for these 243 dual-role members: 130 retirements (including 1 early retirement), 69 resignations, 18 disability retirements, 3 separations during probation/trial period, 5 end of temporary employment (4 fire cadets and 1 firefighter/EMT), 15 other/unknown reasons (including 8 fire cadets), 2 deaths, and 1 termination with pay.

[50] Information shown in this table differs from information in FEMS's *Response to Questions Asked by the Committee for "Fiscal Year 2012 and 2013 Performance Oversight,"* dated February 4, 2013, in part because information provided to the Council showed no separations for January 2011 through September 2011. *See* page 32.

[51] COUNCIL OF THE DISTRICT OF COLUMBIA, COMMITTEE ON THE JUDICIARY AND PUBLIC SAFETY, REPORT ON PR 20-160, THE "FEMS AMBULANCE REDEPLOYMENT DISAPPROVAL RESOLUTION OF 2013" 14 (June 28, 2013).

[52] *Id.* at 15.

[53] In April 2013, FEMS requested and received a variation from DCHR to DPM rules governing the hiring of firefighter/EMTs and firefighter/paramedics to permit the department to hire single-role members. This variation was extended through September 2014.

[54] PeopleSoft "provide[s] District employees and [Department of Human Resources] staff paperless recruitment and payroll processing tools . . . ." *See* http://dcop.washingtondc.gov/dcop/cwp/view,A,3,Q,640706.asp (last viewed May 16, 2013).

c. Little data collected on reasons for resignations.

The team attempted to obtain data related to why members are resigning. According to FEMS's Special Order 2013-7, dated February 1, 2013, officers and members who resign are to provide 1-month notice in writing of this intent and shall participate in an exit interview and provide written responses to questions posed by FEMS's Human Resources staff. According to information received from FEMS's Human Resources Division, although 28 members resigned and 54 members retired in 2012, only one member completed a written exit questionnaire. In June 2013, an interviewee stated that FEMS has not been conducting in-person exit interviews, and members decline to complete exit questionnaires. He/she added that some members stated that they were reluctant to state in a written questionnaire why they were leaving the department for fear that answering honestly would eliminate the possibility of the department re-hiring them in the future.

Many interviewees opined that members are leaving FEMS due to concerns about the work environment and because some senior officers do not value and support them. One senior officer stated that many members from the Operations Division informed him/her that they were resigning after learning that FEMS was proposing a transition to a three-platoon system with a shift change.

Senior officers, officers, and paramedics cited the following reasons given in informal conversations by paramedics for leaving FEMS:

- *Involuntary shift holdovers.* Due to staffing shortages, FEMS frequently requires firefighter/paramedics to work 36 consecutive hours by mandating that they work overtime for 12 additional hours after their scheduled 24-hour shift.

- *Heavy workload*. Paramedics are responding daily to a high number of EMS calls and often are unable to take breaks during their shifts. The staffing shortages result in frequent downgrades of ALS units to BLS units, leaving fewer paramedics to respond to the same number of calls.

- *Higher pay and better benefits elsewhere*. Many paramedics have opportunities to leave FEMS for jobs in other jurisdictions that reportedly offer better compensation. In addition, Montgomery County, MD, for example, counts newly hired paramedics' years of service at D.C. FEMS towards eligibility for retirement benefits.

- *Retention issues for those hired from out of state*. An FEMS senior officer observed that paramedics who come from out of state to work in the District tend to return to their home state due to workload demands in the District. He/she believes it is better to hire paramedics from the Washington Metropolitan area because FEMS is more likely to retain them. Two officers, however, opined that paramedics from out of state were leaving because of FEMS's negative work environment.

- *Limited career advancement*. Paramedics at FEMS reportedly have fewer opportunities for career advancement than paramedics in other jurisdictions.

- *Quality assurance (QA) process.* Some paramedics perceive FEMS's QA process for evaluating the medical care they provide as focused on blame rather than being constructive. An interviewee stated that remedial training as a result of the QA process is not adequate or targeted to the area needing improvement.

- *Inadequate continuing education for paramedics.* Interviewees were concerned that FEMS's continuing education program for paramedics consists of rudimentary courses, some of which FEMS only offers online, that do not advance paramedics' skills.

Recommendations:

(1) That the FEMS Chief develop a formal plan to recruit aggressively and quickly hire a sufficient number of certified paramedics to fill all vacant positions and fully staff all ALS units. He should submit this plan to the Inspector General within 30 days.

Agree _____ Disagree **X**

FEMS's December 2013 Response, as Received:

The agency has already begun hiring paramedics and has a standing opportunity. We may not need to hire any additional paramedics upon successful completion of the workforce changes, completion of the training program by our interested members and the hiring of (9) additional paramedics.

OIG Comment: **FEMS's full response to this report is included at Appendix 6, and it notes that the workforce changes referenced above entail transitioning to a three-shift work schedule. FEMS did not report when the transition would be complete, and the OIG is concerned that FEMS may continue experiencing paramedic shortages for a significant period prior to this transition. The OIG notes that training existing employees as paramedics will assist in meeting future, but not current, ALS needs as the expected time to complete the Prince George's Community College paramedic certificate program is 21 months.[55]**

The OIG encourages FEMS to: 1) identify and document the number of paramedics needed to staff fully all ALS units after accounting for leave use, both under its current schedule and the planned schedule; and 2) hire additional paramedics if needed. The OIG also encourages FEMS to document the methodology used for this assessment.

(2) That the FEMS Chief expeditiously fill all firefighter/EMT vacancies.

Agree **X** Disagree _____

[55] *See* http://www.pgcc.edu/About_PGCC/Gainful_Employment/Emergency_Medical_Technician-Paramedic.aspx (last visited Dec. 12, 2013).

FEMS's December 2013 Response, as Received:

Vacancies will be filled upon implementation of the new work schedule.

OIG Comment: **As previously noted, FEMS did not state when it would transition to a three-shift work schedule, and the OIG is concerned that FEMS staffing shortages will persist for an undetermined period of time.**

(3) That the FEMS Chief ensure that FEMS maintains complete and accurate data regarding staffing and vacancies.

Agree **X** Disagree _____

(4) That the FEMS Chief strengthen efforts to obtain information on why members resign and implement strategies to address the causes of high attrition rates.

Agree **X** Disagree _____

2. Staffing shortages lead to vehicles placed out of service and downgrades of ALS units.[56]

The OIG team analyzed CAD data from OUC to determine how many medic units, ambulances, engine companies, truck companies, and EMS supervisor units had been listed as out of service for lack of staff for more than 4 hours between July 1 and August 15, 2013.[57] On 25 days during this 46-day period, FEMS experienced 49 such instances, totaling 461 hours, as shown in Table 4 on the following page. On August 13, 2013, specifically, FEMS placed six units out of service for more than 4 hours, including two ambulances, two engines, and two EMS supervisor units.

[56] **FEMS's December 2013 Response, as Received:** *The agency produces two separate reports, daily (beginning in March 2013) that reflect the availability of units, out of service incidents, and duration of out of service time.*

[57] The team selected this period because an interviewee reported that FEMS had to take units out of service.

Table 4. Units Out of Service
July 1, 2013-August 15, 2013

Date	Units and Time Out of Service
July 4	Medic 19 (9 hours), EMS Supervisor 3 (10 hours)
July 8	Ambulance 25 (8 hours), Ambulance 26 (7 hours)
July 9	EMS Supervisor 7 (10 hours)
July 12	Ambulance 27 (11 hours), Basic 27[58] (13 hours), Engine 28 (11 hours), EMS 6 (12 hours)
July 13	EMS 6 (12 hours)
July 14	Medic 1 (12 hours)
July 15	Basic 19 (5 hours)
July 18	Engine 28 (12 hours)
July 20	Medic 27 (10 hours)
July 22	Medic 2 (6 hours)
July 25	Basic 30 (10 hours)
July 26	Ambulance 19 (5 hours), Engine 9 (PEC) (5 hours), Engine 28 (8 hours)
July 28	EMS Supervisor 4 (4 hours)
July 29	EMS Supervisor 7 (12 hours)
August 3	EMS Supervisor 7 (13 hours)
August 4	Medic 27 (5 hours)
August 5	Medic 2 (4 hours)
August 6	Ambulance 27 (11 hours), EMS Supervisor 2 (12 hours), EMS Supervisor 7 (12 hours)
August 8	Ambulance 27 (4 hours), Ambulance 28 (10 hours), Engine 7 (PEC) (10 hours)

[58] A basic unit is a medic unit that has been downgraded. FEMS also has 25 ambulances regularly scheduled to operate as BLS units.

Date	Units and Time Out of Service
August 9	Medic 31 (11 hours), Engine 32 (PEC) (14 hours)
August 10	Ambulance 3 (22 hours), Ambulance 23 (7 hours), EMS 7 (20 hours)
August 12	Basic 19 (5 hours)
August 13	Ambulance 12 (15 hours), Ambulance 32 (4 hours), Engine 28 (14 hours), Engine 32 (4 hours), EMS Supervisor 6 (12 hours), EMS Supervisor 7 (11 hours)
August 14	Truck 10 (6 hours), EMS Supervisor 2 (12 hours)
August 15	Ambulance 3 (5 hours), Engine 28 (8 hours)

Interviewees noted that the shortage of paramedics[59] decreases FEMS's capacity to provide ALS services and also may result in delays in patients receiving ALS care. When paramedics are not available to staff ALS units, the department must downgrade them to BLS units, and the remaining units must expand their coverage to compensate.

According to information that FEMS provided to the D.C. Council based on CAD data, between October 2012 and April 2013, FEMS downgraded an average of 3.6 medic units and 0.4 PECs per 12-hour shift. The team also analyzed 1 week of FEMS's *Resource Operations Activities Daily Worksheets* (*Daily Worksheets*) dated July 7-13, 2013, to determine how many of FEMS's 14 medic units and 21 PECs were downgraded. The results are contained in Table 5 on the following page.

[59] Interviewees attributed this paramedic shortage to current paramedic vacancies as well as high sick leave usage by single-role paramedics.

Table 5. Number of Medic Units and PECs Downgraded July 7, 2013 – July 13, 2013[60]

Date	Number of Medic Units Downgraded During A.M. Shift	Number of Medic Units Downgraded During P.M. Shift	Number of PECs Downgraded During A.M. Shift	Number of PECs Downgraded During P.M. Shift
July 7	5	5	0	0
July 9	7	6	0	0
July 10	7	6	0	0
July 12	11	7	1	4
July 13	9	8	1	5
Average	**7.8**	**6.4**	**0.4**	**1.8**

The OIG team found that the CAD-based data used to determine how many units FEMS had taken out of service and how many ALS units FEMS had downgraded often conflicts with FEMS *Daily Worksheets.* Specifically, the OIG team reviewed *Daily Worksheets* for July 7, 9, 10, 12, and 13, 2013, and found discrepancies between these reports and CAD data that OUC provided to the OIG team. For example, the *Daily Worksheet* for July 12, 2013, shows Ambulance 23 as being out of service for both the a.m. and p.m. shifts due to staffing, but the CAD data does not list Ambulance 23 as being out of service for staffing at all.

CAD data from a report submitted to the D.C. Council related to ALS downgrades that occurred between April 17 and April 30, 2013,[61] also differed from data found in *Daily Worksheets* for the same range of dates. Whereas the Council report showed FEMS as downgrading an average of 3.3 medic units on p.m. shifts, the data from the *Daily Worksheet* showed FEMS as downgrading 5.7 medic units. In fact, the two data sources contained a different number of downgraded PECs and medic units for over half of the shifts the team reviewed. FEMS's report to the D.C. Council states that it may undercount the number of downgrades due to CAD data limitations, like failing to count units that FEMS had downgraded at the beginning of a shift, but later reinstated because a paramedic arrived later in the shift. The team also questions the accuracy of the *Daily Worksheets.* On a daily basis, Battalion Fire Chiefs (BFC) manually enter downgrade information into these reports, but the data is not saved in and retrievable from a central database, and FEMS was unable to provide a *Daily Worksheet* for July 8, 2013, or a complete one from July 11, 2013. An officer stated that these *Daily Worksheets* do not list units that were downgraded for less than 12 hours.

[60] The OIG team did not include data from July 8, 2013, or July 11, 2013, because FEMS was unable to provide a complete report from either date.
[61] FEMS was unable to provide *Daily Worksheets* for April 21 and 23, 2013. Consequently, the team did not include these days in its analysis.

An FEMS officer expressed concerns that FEMS risks not being able to respond effectively to a large-scale emergency due to staffing shortages because it is barely able to meet the demands of its usual call volume.

Recommendation:

That the FEMS Chief ensure that FEMS maintains complete and accurate data regarding downgraded units and units out of service to monitor FEMS's ability to provide comprehensive fire and EMS services.

Agree **X** Disagree _____

3. Excessive reliance on overtime to compensate for absences and vacant positions continues.

FEMS continues to use excessive overtime to fill absences despite overtime restrictions placed upon the department by the D.C. Council.

In FY 2010, FEMS received significant media attention when 25 firefighters earned a total of more than a million dollars in overtime, and one firefighter earned nearly $100,000 in overtime pay for 2 consecutive years.[62] That year, the Department had an approved overtime budget of $7 million, but spent over $11.9 million in overtime-related costs.[63]

In April 2010, the then-Chairman of the D.C. Council's Committee on the Judiciary and Public Safety stated that the former FEMS Chief "failed to manage overtime and allowed its abuse or misuse" and "chose[] not to adopt strategies that would reduce costs." Consequently, the Council passed the FEMS Overtime Limitation Amendment Act of 2010 (Overtime Act) as part of the Fiscal Year 2011 Budget Support Act of 2010 to curb excessive overtime spending.

The Overtime Act,[64] effective for FYs 2011, 2012, and 2013, limits overtime by:

- prohibiting FEMS members from working more than 204 hours in 2 consecutive pay periods (which limits each member to 36 hours of overtime over 4 weeks after working 168 hours of regular time),[65] and
- prohibiting FEMS members and officers from earning overtime compensation in a pay period after he/she has taken sick leave during that same pay period.[66]

[62] *See* http://voices.washingtonpost.com/debonis/2011/01/demorning_debonis_jan_4_2010.html (last visited Oct. 17, 2013).
[63] COUNCIL OF THE DISTRICT OF COLUMBIA COMMITTEE ON THE JUDICIARY, REPORT AND RECOMMENDATIONS OF THE COMMITTEE ON THE JUDICIARY ON THE FISCAL YEAR 2012 BUDGET AND CORRESPONDING BUDGET SUPPORT ACT, 24 (May 11, 2011).
[64] Codified in D.C. Code § 5-405 (Supp. 2011).
[65] Officers at the rank of Battalion Fire Chief and above in the Firefighting Division may not work receive overtime compensation for work in excess of 48 hours per week. *See* D.C. Code § 1-611.03 (f)(2)(B).
[66] D.C. Code § 5-405(f)-(g).

The Overtime Act's restrictions have not curbed FEMS's excessive use of overtime. According to a June 2013 Council report, and as shown in Table 6, FEMS exceeded its overtime budget significantly in FY 2011 and FY 2012, despite the restrictions.[67]

Table 6. Overtime Spending for FY 2011 and FY 2012

Fiscal Year	Projected Overtime Budget	Actual Overtime Spending	Variance
2011	$4,002,000	$5,357,000	($1,355,000)
2012	$3,325,000	$6,546,000	($3,221,000)

According to the same report, FEMS had already overspent its FY 2013 budget by over $2 million as of May 13, 2013, with over 4 months remaining in the fiscal year. Although FEMS says it has complied with the restrictions in the Overtime Act regarding individual limits on working overtime, it continues to exceed its overtime budget significantly.

FEMS's failure to staff its vacant positions fully (206 vacancies according to the July 24, 2013, department roster previously cited on page 26 of this report) and to address increasing absence rates has created a routine reliance on inordinate overtime during each shift to replace absent members. In addition, FEMS officers complain that the D.C. Council's overtime restrictions limit their ability to manage staffing problems using overtime because they reduce the number of members eligible to volunteer for the significant amount of overtime hours required. They note that restrictions on the number of overtime hours individuals can work have shortened the list of paramedics willing and eligible to work overtime, which increases the likelihood of having to downgrade ALS units. Officers stated repeatedly that prior to the overtime restrictions, they were able to fill absences, but the restrictions have made that task increasingly difficult. Officers told the OIG team that near the end of a 4-week period, the list of volunteers who are both willing and eligible to work overtime[68] under the Overtime Act is significantly shorter because many members have either taken sick leave within that period or have already worked the maximum 204 hours.

[67] COUNCIL OF THE DISTRICT OF COLUMBIA COMMITTEE ON THE JUDICIARY AND PUBLIC SAFETY, REPORT ON PR 20-160, THE "FEMS AMBULANCE REDEPLOYMENT DISAPPROVAL RESOLUTION OF 2013" 19 (June 28, 2013).

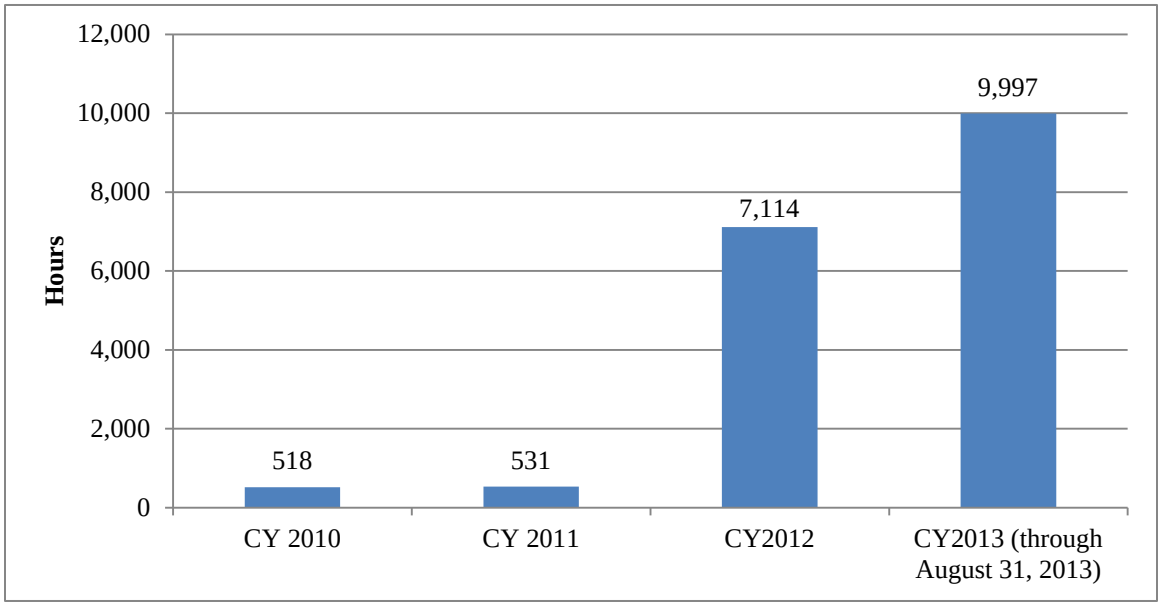
[68] In addition to the overtime restrictions, an FEMS officer attributed this reduction in the overtime list to Special Order 2013-46, issued on May 17, 2013. This order, entitled, *Expectation for Employees who Status Themselves as Available to Work Overtime*, states:

> Employees who make themselves available to work overtime in TeleStaff are viewed by the Department as committed to work overtime; in other words, an employee who commits to work overtime is expected to work if called. Any employee who subsequently de-commits (i.e., statuses himself as unavailable to work overtime) will be required to submit a Special Report, whether or not that employee is called to work overtime.

The Order allows exceptions to this rule when employees de-commit well in advance of the potential overtime shift or when they remove themselves from the list to avoid violating the restrictions in the Overtime Act. Members have become reluctant to even volunteer for overtime to avoid having to complete this report.

Because fewer willing members are eligible to work overtime, FEMS has begun holding members 12 hours past their regular 24-hour tours of duty, requiring them to work 36 consecutive hours.[69] Chart 3 below shows the dramatic increase in members held over mandatorily during CY 2010 to CY 2013.

Chart 3. Hours of Mandatory Overtime Worked



In August 2013 alone, members worked 2,334 hours of mandatory overtime, more than twice as many hours worked in all of CY 2010 and CY 2011 combined. This practice often allows FEMS to operate at full strength for the first 12 hours of a shift (from 7:00 a.m. to 7:00 p.m.), but it does not solve the staffing problem for the second 12 hours of a shift (from 7:00 p.m. to 7:00 a.m.) because the held-over members cannot exceed their FEMS-imposed 36-hour-straight limit.[70] A senior officer stated that when the department cannot use overtime to replace absent members, FEMS addresses the staffing shortage by downgrading units from ALS to BLS or taking units out of service.

Overtime hours worked by members at various special events in the District outside of their scheduled shifts, including Nationals baseball games and marathons, count toward their 36-hour overtime allotment. This further reduces the number of members who are eligible to work overtime on emergency operations. A senior officer stated that FEMS has requested that the Council exclude these special events from the Overtime Act's restrictions because event organizers reimburse FEMS for these expenses, but the Council has not yet approved this request.

[69] In addition to the Council's restrictions, for safety reasons, FEMS prohibits Firefighting Division, dual-role members from working more than 36 consecutive hours and single-role members of an EMS crew from working more than 14 consecutive hours, unless the needs of the Department dictate otherwise.

[70] FEMS's trouble finding members to work overtime for the second 12 hours of a shift was evident on December 31, 2012, as the staffing shortages and consequent shut down of apparatuses did not occur until after 7:00 p.m. that evening.

The team notes that the current FEMS Chief is continuing the practice of unbudgeted overtime spending rather than adopting a hiring strategy that would increase staffing levels to a point that would decrease reliance on mandatory and voluntary overtime. FEMS has had a net loss of members that leaves officers routinely scrambling to fill the vacancies created as a result of the loss.

Recommendations:

1. That the FEMS Chief develop a formal plan to decrease FEMS's reliance on overtime, particularly mandatory overtime, to levels commensurate with the D.C. Council's budget allocations and that do not violate the Overtime Act. He should submit this plan to the Inspector General and the D.C. Council within 30 days.

   Agree **X** Disagree _____

FEMS December 2013 Response, as Received:

It is expected that the schedule change will address many of the overtime issues facing the agency.

OIG Comment: **As previously noted, FEMS did not state when it would transition to a three-shift work schedule, and the OIG is concerned that reliance on overtime will persist for an undetermined period of time.**

2. That the FEMS Chief communicate with the Mayor and D.C. Council to consider excluding reimbursable special events from the restrictions in the Overtime Act.

   Agree **X** Disagree _____

APPENDICES

APPENDICES

Appendix 1: List of Findings and Recommendations

Appendix 2: Issues Regarding Transport Unit Availability

Appendix 3: Descriptions of Select FEMS Apparatus Cited in Report

Appendix 4: Leave Protocols of Other Public Safety Agencies

Appendix 5: Journal Entries for Vehicles Taken Out of Service on New Year's Eve

Appendix 6: December 11, 2013, Letter from FEMS to OIG

APPENDIX 1

List of Findings and Recommendations Presented in this Report

Review of Events December 31, 2012, and January 1, 2013

(1) That the FEMS Chief develop: 1) a policy and procedure to ensure in advance adequate staffing for holidays and other days when experience shows that FEMS should anticipate a significant number of absences; and 2) contingency plans for staffing shortages should they occur.

(2) That the FEMS Chief and his subordinate officers develop a more collaborative and effective system and procedures for communicating with each other about staffing and other operational information vital to carrying out Operations Division emergency services successfully.

(3) That the FEMS Chief consider assigning non-Operations Division employees to operate TeleStaff 24 hours per day, 7 days per week. They should be trained sufficiently, and written procedures for operating the TeleStaff system should be issued.

(4) That the FEMS Chief develop and implement positive strategies aimed at promoting good attendance and reducing absenteeism.

1. <u>The Operations Division has too few members to meet operational demands consistently.</u>

(1) That the FEMS Chief develop a formal plan to recruit aggressively and quickly hire a sufficient number of certified paramedics to fill all vacant positions and fully staff all ALS units. He should submit this plan to the Inspector General within 30 days.

(2) That the FEMS Chief expeditiously fill all firefighter/EMT vacancies.

(3) That the FEMS Chief ensure that FEMS maintains complete and accurate data regarding staffing and vacancies.

(4) That the FEMS Chief strengthen efforts to obtain information on why members resign and implement strategies to address the causes of high attrition rates.

2. <u>Staffing shortages lead to vehicles placed out of service and downgrades of ALS units.</u>

That the FEMS Chief ensure that FEMS maintains complete and accurate data regarding downgraded units and units out of service to monitor FEMS's ability to provide comprehensive fire and EMS services.

3. Excessive reliance on overtime to compensate for absences and vacant positions continues.

(1) That the FEMS Chief develop a formal plan to decrease FEMS's reliance on overtime, particularly mandatory overtime, to levels commensurate with the D.C. Council's budget allocations and that do not violate the Overtime Act. He should submit this plan to the Inspector General and the D.C. Council within 30 days.

(2) That the FEMS Chief communicate with the Mayor and D.C. Council to consider excluding reimbursable special events from the restrictions in the Overtime Act.

APPENDIX 2

Issues Regarding Transport Unit Availability

The OIG team learned of additional issues that affect the availability of transport units in addition to the staffing concerns that are the focus of this report. The OIG team recommends that FEMS management review the following matters and consider strategies that may improve the availability of transport units.

a. FEMS does not have sufficient transport units for its call volume.

Although EMS patient transports have increased 22 percent from 2009 to 2012, FEMS continues to deploy 39 transport units per day as it has since 2009.[71] An officer opined that FEMS has difficulty responding to its current call volume because the department has not placed additional units in service in 8 years,[72] even though call volume has increased and the District's population has grown. Interviewees stated that FEMS sometimes has no transport units available to respond to calls. According to a memorandum from an officer, in July 2012, a truck company responded to a young child having a seizure, and no transport units were available. Consequently, the child's parents transported him in their car accompanied by a firefighter/EMT.

Based on an analysis of call volume and response times, the FEMS Chief proposed a transport unit redeployment plan to attempt to better match the number of units in service to its call volume at different times of the day. An interviewee explained that the proposed plan would tailor the deployment of FEMS's existing resources to its call volume patterns. The redeployment plan would also increase the total number of transport units in staggered shifts to a peak of 45 (20 medic units and 25 ambulances) from 1:00 p.m. to 7:00 p.m., when call volume is highest, but provide 25 ambulances and no medic units from 1:00 a.m. to 7:00 a.m.[73] Paramedics, however, would be available at night on PECs and as EMS supervisors. Union officials testified that the redeployment plan would jeopardize the ability of the department to respond to disasters at night, while an FEMS representative stated that FEMS could call personnel to staff the 20 medic units at night in the event of a disaster.

The D.C. Council Committee on the Judiciary and Public Safety rejected the redeployment proposal, in part because FEMS had not determined how many transport units are required based on current and projected demands for service and population. The Committee stated that it does not oppose a peak staffing redeployment plan, but the Committee did not have confidence that FEMS has enough ambulances[74] or paramedics to implement the plan.

[71] COUNCIL OF THE DISTRICT OF COLUMBIA, COMMITTEE ON THE JUDICIARY AND PUBLIC SAFETY, REPORT ON PR 20-160, THE "FEMS AMBULANCE REDEPLOYMENT DISAPPROVAL RESOLUTION OF 2013" 8 (June 28, 2013).
[72] Although FEMS has acquired refurbished ambulances, it has not increased the number of transport units deployed.
[73] FEMS currently schedules 14 medic units and 25 ambulances at all times.
[74] In July 2013, FEMS contracted with an external vendor to assess its fleet, which is to include recommending the correct size and composition of FEMS's fleet.

b. Concerns remain regarding the functionality of frontline and reserve transport units.

OIG Management Alert Report 13-I-002, *Deficiencies Observed in the Repair and Readiness of Reserve Vehicles*, issued February 19, 2013, described numerous reserve EMS units as being out of service on particular days in CY 2012.[75] FEMS's inventory of its fleet on April 26, 2013, found that only 56 out of 96 ambulances were functional. As of September 6, 2013, FEMS reported that it had received 4 refurbished ambulances and expected to receive 2 additional refurbished ambulances and 24 new ambulances. FEMS has implemented some protocols addressing the issues described in the MAR in an effort to ensure that an adequate number of reserve ambulances are available,[76] but an FEMS officer stated that the department has not consistently abided by these new measures.

c. Extended drop times at hospitals delay transport unit availability.

Extended drop times, when FEMS members are at a hospital waiting for hospital staff to take responsibility for a patient, reduce transport unit availability. For FY 2012, FEMS met its performance goal of drop times of 30 minutes or less only 30 percent of the time and averaged 38 minutes and 46 seconds of drop time per incident.[77] The Centers for Medicare & Medicaid Services attribute long drop times to hospitals routinely delaying EMS staff from transferring patients from their ambulance stretchers to a hospital bed or gurney.[78] This requires EMS staff to monitor patients for extended periods. An FEMS interviewee stated that drop times have not improved significantly since 2008. Although drop times are largely outside FEMS's control, the department has taken measures to improve them, such as having a senior official contact a hospital administrator for assistance when FEMS experiences significant wait times.

d. FEMS requirement to respond to and transport citizens with non-emergencies reduces units available for critical medical calls.

Although it is not statutorily required, FEMS's Patient Bill of Rights[79] requires FEMS to respond to any 911 call seeking EMS assistance and transport any requesting individual to a hospital even for non-critical matters. One interviewee described an incident when FEMS transported a caller to a hospital to obtain Tylenol because her braids were too tight. Interviewees opined that FEMS may incur liability if it refuses transport for patients. Consequently, FEMS does not refuse transport based on the severity of the presenting symptoms.

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[75] For further information on this Management Alert Report (MAR), *see* http://app.oig.dc.gov/news/view2.asp?url=release10%2FMAR+13%2DI%2D002%2Epdf&mode=iande&archived=0&month=00000&agency=0.

[76] For example, FEMS has retained a fleet manager to assess all of its fleet and make recommendations for improvement. FEMS has also implemented a protocol requiring that four reserve ambulances be available and stocked with emergency-related supplies at all times.

[77] *See* http://oca.dc.gov/sites/default/files/dc/sites/oca/publication/attachments/FEMS13.pdf (page 4)(last visited May 31, 2013).

[78] THE CENTERS FOR MEDICARE & MEDICAID SERVICES, U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES, "EMTALA – 'Parking' of Emergency Medical Services Patients in Hospitals" 1 (Jul. 13, 2006).

[79] FEMS's Patient Bill of Rights states that FEMS "will never refuse to transport you and we will never use any method to discourage you from receiving medical treatment or transportation."

According to an FEMS officer, this practice stresses FEMS resources because citizens frequently call unnecessarily and treat FEMS as their primary source of medical care when they do not have health insurance.[80] Transporting individuals with minor medical concerns may result in fewer units available for true emergencies.

FEMS lacks a contingency plan to reserve transport units for critical calls when few units are available. An officer stated that FEMS and OUC are attempting to implement a priority system to preserve transport units for critical calls. Under this system, when FEMS has few available transport units, OUC will not dispatch transport units to non-emergency calls until more transport units are available, although it will dispatch FEMS first responder units immediately to these calls.[81]

e. FEMS protocols lack clear timeframes for relief of transport unit crews.

On March 5, 2013, one transport unit received permission to go out of service for relief at 6:34 p.m. to allow it to return to its station near the end of the crew's shift; however, no FEMS transport units were available to assist a police officer struck by a vehicle. FEMS does not specify when transport unit crews may be relieved of duty. Memorandum 2007-60, *Transport Unit Relief Policy,* dated March 7, 2007, states that the Emergency Liaison Officer may direct transports units to be relieved of duty when nearing the end of their shift, but it does not clarify how long before a shift's conclusion and under what circumstances they may be relieved. Consequently, each of the four platoons addresses this timing differently, with some requiring transport units to stay to the end of a shift and others allowing units to request relief before the end of their tour of duty provided they are not currently responding to an incident.

f. Interviewees expressed concerns about OUC dispatching.

The team reviewed an FEMS analysis of CAD data that identified transport units that had become available but were not dispatched to a cardiac arrest patient on January 1, 2013, as well as a later incident of a fire engine transporting a patient. An FEMS officer stated that sometimes when more than one call is awaiting a transport unit, OUC does not always dispatch the next available transport unit to the most critical call. An FEMS interviewee stated that the OUC dispatcher may have been too busy with multiple calls on January 1, 2013, to best determine where to send limited FEMS transport units. He/she opined that allowing a computer system rather than a human dispatcher to select and dispatch units in the CAD system would speed dispatching. Other interviewees opined that human judgment in dispatching is needed.

According to an FEMS officer, FEMS no longer conducts quality assurance of OUC dispatching. Consequently, FEMS lacks assurance that dispatchers are following FEMS dispatching protocols.

[80] FEMS is attempting to alleviate some of this unnecessary burden with its "Street Calls" program that provides intensive case management to District residents who call 911 on a routine basis for non-emergency reasons and are considered chronic callers. This program has been effective in reducing the number of non-emergency calls to 911.
[81] FEMS's Chief issued a protocol on March 8, 2013, stating that Emergency Liaison Officers must email senior FEMS officers when the number of FEMS's available transport units drops to five. The senior officers will assist in getting transport units back in service as quickly as possible.

g. FEMS and OUC appear to lack clear protocols for requesting aid from other jurisdictions.

FEMS does not have a policy indicating under what circumstances mutual aid (i.e., assistance from other jurisdictions) should be requested for medical calls, such as when FEMS does not have a transport unit available. OUC managers and FEMS officers provided conflicting descriptions of the authorization process for mutual aid requests, such as whether the OUC dispatch supervisor has the authority to request mutual aid or whether a Deputy Fire Chief must grant permission for such requests. An OUC memorandum *OUC notification to DC FEMS concerning availability of medical transport units*, dated March 7, 2013, states that if OUC attempts and fails to contact the FEMS Deputy Fire Chief of Operations, the Assistant Fire Chief of Operations, and the Medical Director, and no transport units are available, an OUC supervisor shall immediately request mutual aid from the closest jurisdiction to an incident. Although this memorandum addresses instances where no transport units are available, it does not address other medical situations that may require mutual aid, such as when the only available FEMS transport units are a significant distance away from an incident or when FEMS does not have a paramedic available nearby. The OIG team is concerned that the lack of clear written guidelines regarding mutual aid requests may contribute to delayed emergency responses.

APPENDIX 3

Descriptions of Select FEMS Apparatus Cited in Report

Engine Company–A fire suppression vehicle staffed and equipped to provide fire suppression and Basic Life Support (BLS)[82] services. Many of these vehicles are designated as Paramedic Engine Companies as they are staffed with paramedics to provide Advanced Life Support (ALS) services.[83]

Source: http://www.DCFD.com (last visited Nov. 4, 2013)

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

Source: http://www.DCFD.com (last visited Nov. 4, 2013)

[82] BLS includes minimal or basic treatment and vital signs monitoring.
[83] ALS medical responses include breathing tube insertion, CPR, multiple medications, or other advanced care.

Heavy Rescue Squad–A specialized vehicle used for all fire suppression services. It can provide advanced services including technical rescues, high-angle rescues, cave-in rescues, water rescues, and other special operations.

Source: http://www.DCFD.com (last visited Nov. 4, 2013)

Ambulance–This vehicle is staffed with an Emergency Medical Technician (EMT) who provides BLS.

Source: OIG team

Medic Unit–This vehicle looks similar to an ambulance. It responds to calls requiring an ALS medical response. A medic unit is staffed by both a paramedic and an EMT. This unit is designated with an "M" in front of its number.

Hazardous Material Unit–A vehicle specially equipped to handle hazardous-material incidents including poison response, radiation incidents, and terrorist incidents.

Source: http://www.DCFD.com (last visited Nov. 4, 2013)

Fireboat–A vessel that responds to incidents including fires, EMS, search and rescue, other vessels requiring emergency assistance, and hazardous materials.

Source: http://www.DCFD.com (last visited Nov. 4, 2013)

APPENDIX 4

I. Metropolitan Police Department

The OIG team compared FEMS's leave policies for dual-role members with MPD's policy for its members. The table below highlights some of the differences in these policies. This table does not compare MPD's policies to policies guiding FEMS single-role members because they follow the DPM.

Table 7. Comparison of Leave Policies for FEMS Dual-Role Members and MPD Members

Issue	FEMS Dual-Role Members	MPD Members
Current Shift Structure	Members work 24 hours, then have 72 hours off.	Members work five 8-hour shifts, then have 2 days off. MPD uses three different "shifts" to cover 24 hour-periods. Members working either day or evening shifts may rotate between the two times, but members working the midnight shift do not change.
Minor Illness Program (MIP) Privilege/ Optional Sick Leave	**MIP privilege:** Member may use up to 24 hours of sick leave without being examined by the Police and Fire Clinic (PFC). Operations Division members may only use these in one 24-hour shift. Other division members may spread these 24 hours over a maximum of 3 tours of duty. Member may only use one MIP per 4-month period each year (January-April, May-August, and September-December). All MIPs are treated the same under FEMS policies regardless of their length or purpose.	**Optional sick leave:** Member may use a maximum of 3 working days (24 hours) of chargeable sick leave at any one time without personally appearing at the PFC. Members may use optional sick leave 4 times within a 12-month period before having their privileges revoked for 6 months. After the 4th use in a 12-month period, MPD warns members that their next use within 12-months will result in immediate revocation from the program. Optional sick leave of less than 8 hours used for dental or optical appointments does not count in this calculation.

Issue	FEMS Dual-Role Members	MPD Members
Members' requirement to keep in contact with agency during sick leave period	None stated.	When a member reports being sick, whether optional or by going to the PFC, he/she must remain at his/her residence or other place he/she is staying during the extent of that leave and must provide information about where MPD can reach him/her while on leave. • If the member leaves that place for medical reasons, for any period, he/she must provide new contact information for where he/she are going, why, when he/she departed, and when he/she expects to return. • If the member leaves for other reasons, the member must get approval from a Commanding Officer and provide contact information.
Monitoring of Sick Leave Use	He/she must notify his/her Company Officer/Immediate Supervisor of the sick leave use. This Company Officer/Immediate Supervisor enters all of the appropriate information into the journal and calls the Deputy Fire Chief-OPS through the chain of command. Each tour of duty, each Battalion Fire Chief must send a list by email to the Medical Services Officer and Clinic Liaison containing the names of personnel who have called in sick to verify that the PFC has examined them. If officers suspect an illness or injury may not be legitimate, they may investigate the situation with phone calls or home visits.	MPD has time and attendance clerks who monitor members' sick leave records and inform commanding officers if any members exceed their 3 allotted uses of optional sick leave. MPD's Director of the Medical Services Station shall provide the Assistant Chief with a weekly list of members who are on sick leave or assigned to limited duty. Commanding officers must investigate and report any subordinate who appears to be feigning sickness to evade duty and then order that member to the PFC. They must also investigate members who fail to report to the PFC after 3 consecutive days of optional sick leave or use optional sick leave after having their privileges revoked.

Issue	FEMS Dual-Role Members	MPD Members
Annual Leave Periods (ALP)	Each year, FEMS announces ALPs for the entire year on or about January 1st. ALPs are set times where FEMS guarantees uniformed firefighters the ability to take annual leave. The number of ALPs granted to each member depends on how many years of service time each member has accumulated. Every year, FEMS shifts ALPs by 3 weeks. For example, if a member's ALP occurred during the week of January 1 in one year, his/her ALP will occur during the week of January 28th the following year. Through this process, members know what their assigned ALPs will be in future years. Members may not give input to officers before issuance of the schedule as to when they may need an ALP during a year. Members from Operations of the same platoon may exchange leave periods with members of the same platoon and similar rank as long as the appropriate officer approves the exchange.	Members submit annual leave applications for approval. Members must submit these requests 24 hours in advance if the leave is for 8 hours or more. MPD caps the number of members who can take annual leave at 15 percent of the members of any single command. Members who want to make definite plans and not be subject to general cancellation of annual leave may apply for committed leave. No more than five percent of the members of any command can be on committed leave at one time.

II. Municipal Fire Departments in Other Jurisdictions

Methodology

The team interviewed staff from fire departments in other jurisdictions with similar demographics and fire and safety demands, including Baltimore (MD), Fairfax County (VA), Montgomery County (MD), and New York City (NY) to compare and analyze their leave practices, shift structures, and overtime policies.

Table 8. Comparison of Leave Policies for FEMS and Other Jurisdictions

Departments	DC FEMS	Baltimore	Fairfax	Montgomery	New York City
Current shift structure	Dual-role members: work 24 hours and then have 3 days off. Single-role members work two 12-hour day shifts, then work two 12-hour night shifts, and then have 4 days off	Members work a schedule of 2 10-hour days, then 2 14-hour nights, and then receive 4 days off.	Members work 1 24-hour day, have 1 day off, work 1 day, and then have 4 days off	24 hours on/48 hours off with an additional day off every 3 weeks, which averages out to a 48-hour week.	Members work two 9-hour day shifts followed by 48 hours off, and then two 15-hour night shifts followed by 72 hours off. This repeats every 25 days
Does department have a medical clinic?	Yes Police and Fire Clinic (PFC)	Yes Public Safety Infirmary	Yes Occupational Health Center	Yes Medical Clinic	Yes Bureau of Health Services
When are members required to use the medical clinic?	Dual-role members must report to clinic when sick and prior to returning to work after an illness. If ill during non-clinic hours, they must report to urgent care at one of two District hospitals. Single-role members are not required to report to PFC when ill.	All members must report to the Public Safety Infirmary for approval to take sick leave as well as fitness for duty evaluations.	For work-related injuries, members must be referred to the Occupational Health Center by a senior officer.	Members are not required to report to the clinic if ill.	Members must be seen by the Bureau of Health Services whenever they call in sick and before they can return to work.

Departments	DC FEMS	Baltimore	Fairfax	Montgomery	New York City
Can members take sick leave without supplying a doctor's note?	Single-role members are allowed 3 consecutive sick days without submitting a doctor's note (unless on leave restriction or note is requested by agency). Dual-role members must visit the PFC when ill, except for one MIP every 4 months when no doctor's verification is needed.	Members are not allowed to take sick leave without first reporting to work. Supervisors then direct them to report to the Public Safety Infirmary.	Members are allowed to take sick leave without submitting documentation from a physician unless there is a pattern of sick leave abuse.	Members are allowed four unexcused absences a year without documentation.	Members are required to report to the Bureau of Health Services clinic when sick. They can provide a note from physician to take leave, but are required to contact the clinic at which time they are given an appointment to come into the clinic.
Can members take emergency annual leave (EAL)?	EAL is assessed on case-by-case basis and may be denied. Members are to provide documentation of the need for EAL.	Members are allowed to use EAL for unexpected events such as home flooding and fires and are not required to provide proof of the event. However, if member uses EAL to attend a funeral, an obituary or other proof is required. No limit placed on how often EAL can be used.	Members are allowed to use EAL or compensatory time for unplanned emergencies at the discretion of their officers. If an officer notices a pattern of abuse, he/she can request documentation to justify EAL requests. Members are allowed 24 hours of bereavement leave per year.	The department does not have EAL. If a family member is sick, members can use sick leave or FMLA. The department grants vacation leave for reasons such as home flooding and funerals without requiring the member to provide documentation of the event.	EAL is granted if an immediate family member is sick, to attend a funeral, and when an unplanned emergency occurs with a vehicle or home. Documentation of the need for EAL is required.
How are Annual Leave Periods (ALP) assigned?	At the start of each year, ALPs are announced for the entire year. The number of ALPs granted to a member is based on his/her years of service.	Members do not have input regarding which ALPs they want. TeleStaff automatically generates ALP assignments.	Members request ALPs at the beginning of each year through TeleStaff. ALP is granted based on seniority.	Department has an "annual leave pick members seniority system" where a designated number of leave slots are set aside and names of seniority members are picked from a hat.	The department assigns ALPs on a rotating schedule without member input.

Departments	DC FEMS	Baltimore	Fairfax	Montgomery	New York City
Are there days when the department experiences a high number of members on leave? What steps are taken?	Yes, FEMS has encountered high levels of MIP use on certain days of the year. See Chart 1 in report.	The department sees a spike in leave around holidays such as Thanksgiving, Christmas, and New Year's and in the months of July and August. The department increases staffing during those times and members' leave requests are placed in TeleStaff and are pre-approved, allowing adequate staffing at all times.	No	Yes, on major holidays such as Thanksgiving and Christmas the department experiences a spike in leave use. The department will hold the existing shift over, call members back to work, or cancel approved leave.	No
Does jurisdiction have overtime restrictions?	As mandated by the D.C. Council, overtime restrictions are currently in place. Generally, members cannot earn more than 36 hours of overtime in a 28-day cycle.	The department does not have an overtime limitation policy for its members.	Members cannot work more than 36 hours in a 48-hour period without permission from the Deputy Fire Chief.	Members can work as much overtime as they want up to 100% of their salary. They are not allowed to work 40 hours in a row.	Members cannot exceed 400 hours of overtime a year. Sometimes this cap is lifted if members are needed to work events or holidays .

APPENDIX 5

Table 9. Journal Entries for Vehicles Taken Out of Service (OOS) on New Year's Eve

Battalion	Station House	Unit	Station Address	OOS Morning	OOS Evening	Journal Entry	Time Entry	Information From Journal Entry
1	6	Ambulance 6	1300 New Jersey Avenue, N.W.			No notation vehicle was out of service.		1825: last listed incident members responded to on December 31, 2012. January 1, 2013, at 0530: members resumed duty on vehicle
1	12	Ambulance 12	2225 5th Street, N.E.		X	Yes	1845	"A12 w/ placed OOS personnel per 1st Battalion Chief"
1	14	Medic 14	4801 N. Capitol Street, N.E.		X	Yes	2025	"COD [Continuation of Duty] No relief, Manpower OOS 2 hrs. [X]1 & [X]2 M-14 #179"
1	26	Truck 15	1340 Rhode Island Avenue, N.E.	X		Yes	715	"FF [X] E-10 #4 detailed to T-15 went off on sick leave and was transported to the PFC by Amb. #26. Sgt. [X] notified the 1st BFC [Battalion Fire Chief] and placed T-15 O.O.S." Another member reported for duty on the truck approximately 5 hours later.
1	26	Ambulance 26	1340 Rhode Island Avenue, N.E.	X	X	Yes	1345	"A-26 out of service." On same day at 2250: "A-26 in service. FF [X] & FF [Y] assume Duty on A-26…" According to the Operations Deputy Fire Chief journal, A-26 was in need of staffing.
2	7	Medic 7	439 New Jersey Avenue, N.W.		X	Yes	0840	"Medic 7 was placed OOS; Paramedic [X] was relieved… "
2	8	Medic 8	1520 C Street, S.E.		X	Yes	1130	"No entry in Medic 8 journal. Following entry for Medic 8 in Engine 8 journal: "M8 placed O.O.S. for sick crew member. Member taken by B2 to the PFC for evaluation."
2	27	Ambulance 27	4201 Minnesota Avenue, N.E.		X	Yes	2000	A-27 OOS so one member can staff M-27. Per engine journal: A-27 OOS 1900 - 0700 Manpower"
2	30	Medic 30	50 49th Street, N.E.			No notation vehicle was out of service		1737: last listed incident members responded to on December 31, 2012. January 1, 2013, at 0700: members resumed duty on vehicle

Battalion	Station House	Unit	Station Address	OOS Morning	OOS Evening	Journal Entry	Time Entry	Information from Journal Entries
3	19	Medic 19	2813 Pennsylvania Avenue, S.E.			No notation vehicle was out of service		2115: last listed incident members responded to on December 31, 2012. January 1, 2013, at 0700: members resumed duty on vehicle.
3	25	Ambulance 25	Martin Luther King Jr. Avenue, S.E.		X	No notation vehicle was out of service		The only journal entry on December 31, 2012, reflects this unit was in service at 0700. January 1, 2013: unit responded to incident at 0800.
4	9	Ambulance 9	1617 U Street, N.W.		X	Yes	1900	A-9 OOS Manpower
6	1	Ambulance 1	2225 M Street, N.W.		X	Yes	2240	EMT [X] return from PFC 5 days sick leave per PFC Unit Basic 1 Remain OOS

APPENDIX 6

Vincent C. Gray
Mayor

Government of the District of Columbia
Fire and Emergency Medical Services Department
Washington, D.C. 20001

Kenneth B. Ellerbe
Fire & EMS Chief

December 11, 2013

Charles J. Willoughby, Esquire
Inspector General
Office of the Inspector General
717 - 14th Street, N.W., Fifth Floor
Washington, D.C. 20005

RE: **OIG No. 14-1-0059FB**

Dear Mr. Willoughby:

In 2011, the Fire and EMS Chief began proposing a work schedule that provided a flexible work force, capable of responding to the wide variety of calls for service the agency addresses every day. The work schedule change would allow the agency to fill every vacant seat, reduce overtime and meet the needs of the city without creating an undue financial burden on the taxpayers.

The proposed work schedule would allow the agency to distribute the 175 operational paramedics over three shifts instead of four, increasing the number of operational paramedics to 58 per shift. This proposal was initially rejected by the International Association of Firefighters-Local 36 under the claim that the issue of work schedules was a negotiable item.

The issue was presented to the Public Employees Relations Board (PERB). The PERB issued a ruling on November 26, 2013 indicating that the agency does have the authority to adjust work schedules as a matter of management's rights. The ruling by the Public Employees Relations Board (PERB) which allows management to change shifts, will enable the agency to address the personnel recommendations in this report.

The findings and recommendations in the *"Report of Special Evaluation: FEMS Fails to Address Critical Staffing Shortages,"* confirms that the agency's pursuit of a different staffing model, designed to respond to surges in the needs of the city as well as unplanned events is the correct approach.

While the agency does not object to the recommendations in the report, there are concerns regarding the use of comments and/or opinions of members of the department who may have reasons beyond the interest of this report guiding their comments. The pursuit of an alternative work schedule, which will enable the agency to be more responsive to the needs of the city, has generated considerable interest internally and externally and should not be overlooked as the agency leaders work to transform the Fire and Emergency Medical Services Department.

In response to the proposed draft, please find the following responses under the headings under which they appear:

Management Inaction, Inefficiencies Slowed Response to Staffing Shortage.

The Agency has taken steps to ensure that the incidents that occurred on December 31, 2012 and January 1, 2013 do not occur again. The agency has suspended the use of the Minor Illness Program (MIP) on holidays and prior to major public assembly events. During the suspension of MIP usage, members are required to report to the Police and Fire Clinic or to an urgent care facility. This has reduced the use of the Minor Illness Program prior to holidays.

Recommendations:

(1) That the FEMS Chief develop: 1) a policy and procedure to ensure in advance adequate staffing for holidays and other days when experience shows that FEMS should anticipate a significant number of absences; and 2) contingency plans for staffing shortages should they occur.

Agree _____X_____ Disagree _____

The agency, as stated earlier, suspends the use of the Minor Illness Program prior to holidays, or special events.

(2) That the FEMS Chief and his subordinate officers develop a more collaborative and effective system and procedures for communicating with each other about staffing and other operational information vital to carrying out Operations Division emergency services successfully.

Agree _____x_____ Disagree _____

The agency receives a daily count from:

(a) Telestaff managers regarding the use of leave,
(b) Police and Fire Clinic supervisor regarding the number of people on light duty,
(c) Operational Deputy Chief's office regarding the number of paramedic units available.

(3) That the FEMS Chief consider assigning non-Operations Division employees to operate TeleStaff 24 hours per day, 7 days per week. They should be trained sufficiently, and written procedures for operating the TeleStaff system should be issued.

Agree _____X_____ Disagree _____

This recommendation will be considered.

(4) That the FEMS Chief develop and implement positive strategies aimed at promoting good attendance and reducing absenteeism.

Agree _____X_____ Disagree _____

This recommendation will be considered.

The Operations Division has too few members to meet operational demands consistently.

Prior to the ruling by the Public Employees Relations Board (PERB), the department had already begun recruiting single role paramedics and as of this submission have hired and trained sixteen (16) new paramedics. Nine (9) are already assigned to units and seven (7) who were hired on December 2, 2013 are in training. As indicated earlier, the PERB ruling will allow the redistribution of personnel over three shifts instead of four, increasing the number of available paramedics and firefighters per shift. The agency is preparing to send as many as twenty-seven employees to paramedic school at Prince Georges Community College while at the same time working with the University of the District of Columbia to develop a paramedic training program in the District of Columbia.

Recommendations:

(1) That the FEMS Chief develop a formal plan to recruit aggressively and quickly hire a sufficient number of certified paramedics to fill all vacant positions and fully staff all ALS units. He should submit this plan to the Inspector General within 30 days.

Agree _____ Disagree _____X_____

The agency has already begun hiring paramedics and has a standing opportunity. We may not need to hire any additional paramedics upon successful completion of the workforce changes, completion of the training program by our interested members and the hiring of nine (9) additional paramedics.

(2) That the FEMS Chief expeditiously fill all firefighter/EMT vacancies.

Agree _____X_____ Disagree _____

Vacancies will be filled upon implementation of the new work schedule.

(3) That the FEMS Chief ensure that FEMS maintains complete and accurate data regarding staffing and vacancies.

Agree _____X_____ Disagree _____

(4) That the FEMS Chief strengthen efforts to obtain information on why members resign and implement strategies to address the causes of high attrition rates.

Agree _____X_____ Disagree _____

Staffing shortages lead to vehicles placed out of service and downgrades of ALS units.

The agency produces two separate reports, daily (beginning in March 2013) that reflect the availability of units, out of service incidents, and duration of out of service time.

Recommendation:

That the FEMS Chief ensure that FEMS maintains complete and accurate data regarding downgraded units and units out of service to monitor FEMS's ability to provide comprehensive fire and EMS services.

Agree _____X_____ Disagree _____

Excessive reliance on overtime to compensate for absences and vacant positions continues.

Recommendations:

1. That the FEMS Chief develop a formal plan to decrease FEMS's reliance on overtime, particularly mandatory overtime, to levels commensurate with the D.C. Council's budget allocations and that do not violate the Overtime Act. He should submit this plan to the Inspector General and the D.C. Council within 30 days.

Agree _____X_____ Disagree _____

It is expected that the schedule change will address many of the overtime issues facing the agency.

2. That the FEMS Chief communicate with the Mayor and D.C. Council to consider excluding reimbursable special events from the restrictions in the Overtime Act.

Agree _____X_____ Disagree _____

Charles J. Willoughby, Esquire
December 11, 2013 Page 5

The responses to this proposal are hereby submitted on December 11, 2013. They were originally promised on December 10, 2013; however, with the closure of government, due to inclement weather, they were delayed by one day.

Sincerely,

Kenneth B. Ellerbe
Fire/EMS Chief