HOW TO IMPROVE DC'S EMERGENCY MEDICAL SERVICES:
A CONSUMER'S EXPECTATION TO PRE-HOSPITAL MEDICAL CARE

By Anne Mohnkern Renshaw
1st Vice President
DC Federation of Citizens Associations

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In the way of an introduction, my name is Anne Renshaw and I am speaking today as the 1st Vice President of the DC Federation of Citizens Associations which, for several years, has examined and commented on the workings of the DC Fire & EMS Department on behalf of its 47 member organizations throughout the city.

I myself have spent 17 years concentrating on DC FEMS as an Advisory Neighborhood Commissioners, ANC Chair and now current Chair of the Friendship Heights bi-jurisdictional Public Safety Committee. During that time, I have served under 8 DC fire chiefs, many assistant chiefs and two interim chiefs. Recently, I represented the Citizens Federation on the Fire Chief's Selection Panel. The Citizens Federation is now providing in-depth, on-going Fire & EMS coverage for its member organizations and will continue to do so, until EMS is no longer a national embarrassment.

After this task force folds its tent signaling the end of an extraordinary effort by DC officials, Fire & EMS representatives and an affected family to improve the city's beleaguered emergency medical services, the consumers of EMS (that's us) will be left as the beneficiaries of either a new, improved, revitalized EMS system or a revamped operation under the current Fire Department management. As the Citizens Federation's point of view is strictly the public's safety and as EMS reform must place the public first, let's examine three components for an improved EMS system that would include the following consumer-driven requirements.

1. Because over 75% of DC's emergency calls routed through OUC's "fire side" are medical in nature, EMS should become a THIRD SERVICE (on a par with the Fire and Police Departments). To date, the public's uncertainty about EMS has centered on the unanswered question of the efficacy and efficiency of 1) duel role-cross training, 2) paramedic engine companies, 3) one plus one staffing and 4) individuals working 24 consecutive hours. The DC Department of Health (which has, for many years, medical oversight over EMS) has not clarified; if, how, when and why it decided to approve DCF&EMS' implementation of those four concepts. Have they taxed, or streamlined, our emergency medical response system? Where is the green light? Where are the scientific studies validating any of them?

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Rather than trying to resole an old shoe, DC EMS should, once and for all, be reorganized as a separate agency. The fact that DC has successfully spun off a number of agencies such as DDOT and DMV from DPW; OUC from DC Fire Department and MPD; DOH from DHS would illustrate that the DC Government can and has separated agencies with good success. Regarding the question of EMS facilities, EMS units might be based at hospitals and other government sites, rather than within fire stations in order to eliminate lingering tensions and prevent further hostilities that have plagued the DC Fire & EMS Department since 1975 when the "civilianization" of the EMS mission was developed to stop firemen from doing a job they disliked and felt it was beneath them. The new single-role, specialized service EMS Department would have its own management, mission, personnel and budget and would focus on transforming DC EMS into that world-class entity the Mayor envisions and the public pays for and deserves.

2. The second component of an improved EMS operation would be AMBULANCES, in sufficient numbers and properly deployed to provide efficient and timely coverage to all neighborhoods. The public has said that it wants timely response to medical emergencies by ambulances, not half-million dollar fire engines or trucks. The public also demands that drivers of ambulances know the streets and alleys of the neighborhood to which they cover, as well as the shortest distance (and alternative routes) to the closest hospital. After three decades of DCFD stewardship, DC's emergency medical transport system has not been perfected and remains sub-standard and problem-plagued.

3. TRAINED, FULL-TIME MEDICAL PERSONNEL is a third important component of an improved EMS system. At present, ambulances are mostly firefighter-staffed which means that medical emergencies are handled by personnel who are *secondarily* emergency medical technicians and virtual conscripts. If the public is to have any confidence in its EMS system, the quality and dedication of its EMS personnel has to improve. EMS cannot be a subset to another career. Dual-role cross-training has not been popular with many FEMS personnel, nor has it been proven to uniformly benefit the public. Residents of and visitors to the Nation's Capital must be reassured that the city has finally transformed EMS into a full-time, dedicated, patient-centric workforce.

The Rosenbaum Task Force is positioned to make this transformation, not just restyle, DC's emergency medical service that has been marred, for many years, with performance failures. EMS needs a whole new approach, a different management team gung-ho to redesign the city's emergency medical services and with the backing of the residents who, after the Rosenbaum Task Force disbands, will ultimately be the beneficiaries.