



# **FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT**

## **FY 2023 PERFORMANCE ACCOUNTABILITY REPORT**

**JANUARY 16, 2024**

# CONTENTS

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<b>Contents</b>	<b>2</b>
<b>1 Fire and Emergency Medical Services Department</b>	<b>3</b>
<b>2 2023 Accomplishments</b>	<b>4</b>
<b>3 2023 Objectives</b>	<b>6</b>
<b>4 2023 Operations</b>	<b>7</b>
<b>5 2023 Strategic Initiatives</b>	<b>9</b>
<b>6 2023 Key Performance Indicators and Workload Measures</b>	<b>14</b>

# 1 FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT

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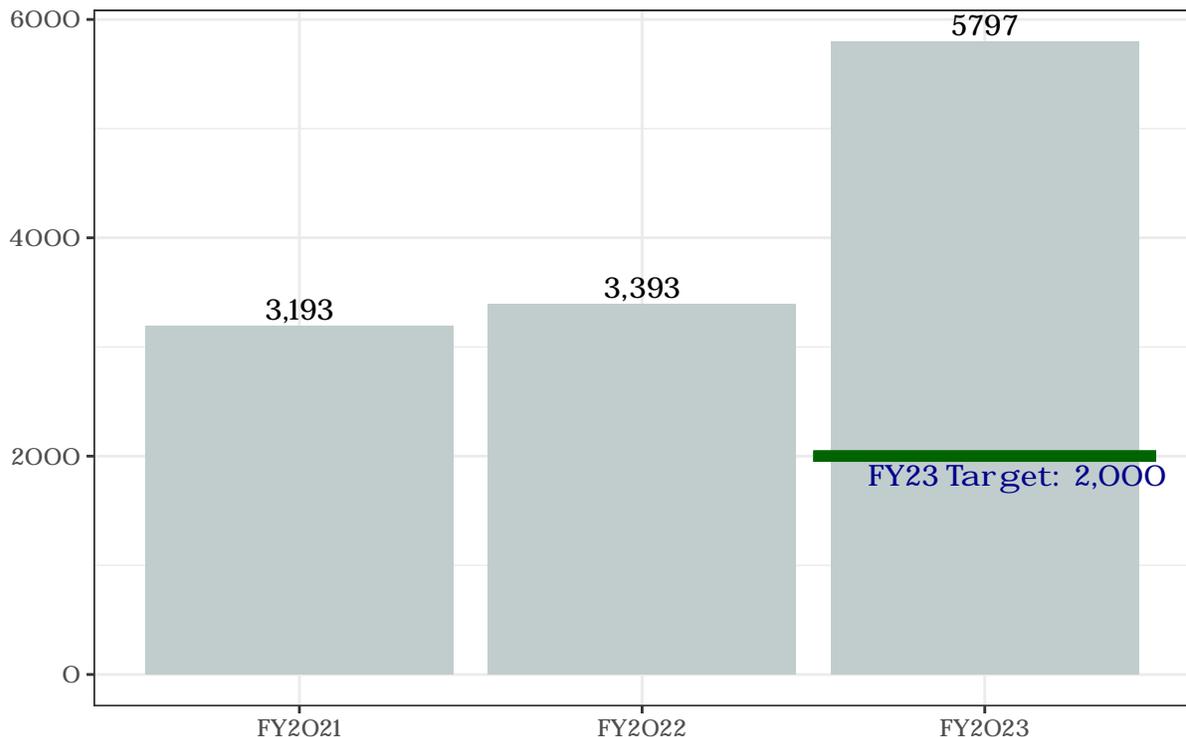
*Mission:* The mission of the Fire and Emergency Medical Services Department (FEMS) is to preserve life and promote health and safety through excellent pre-hospital treatment and transportation, fire prevention, fire suppression, rescue activities, and homeland security awareness.

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

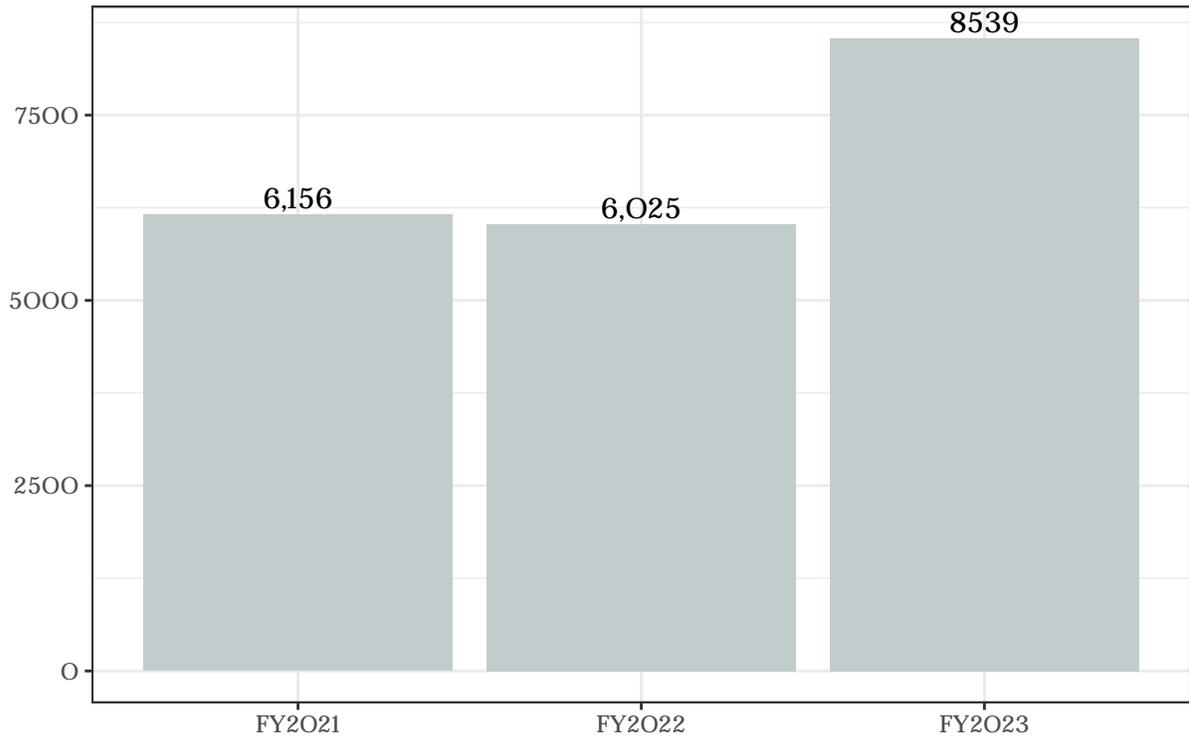
## 2 2023 ACCOMPLISHMENTS

Accomplishment	Impact on Agency	Impact on Residents
Implemented Staffing/Training improvements o New classes of recruits have significantly improved Training Academy throughput	Increasing Training Academy throughput to fill in staffing helps to attain the appropriate staffing factor goal, addresses unit availability and decreases overtime (mandatory and voluntary).	Increasing Training Academy throughput to fill in staffing impacts patient care and outcomes and addresses unit availability.
Deployed Harm Reduction Opioid Teams o Established Opioid Response Teams to focus on harm reduction efforts. o Teams consist of four EMTs or paramedics paired with two Community Outreach Specialists (COS).	Teams will have access to real-time notifications when first responders are on an opioid-related use incident within the District.	Teams complete follow-up visits to scenes to provide Narcan kits and education, including referrals to city resources capable of providing long-term help.
Created new programs to improve patient care and increase resource availability - Opening of Stabilization/Sobering Center, Resuscitation Quality Improvement Efforts, Whole blood programs, HLO (Hospital Liaison) Pilot program	The opening of the Stabilization/Sobering Center will help to increase EMS unit availability.	The opening of the Stabilization/Sobering Center, resuscitation quality improvements, hospital liaison efforts and whole blood programs are all critical components for increased unit availability and improved patient outcomes.

Number home fire safety/smoke alarm installation visits completed for District residents



Number of “highest priority” (very time-sensitive) EMS incidents



### 3 2023 OBJECTIVES

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#### Strategic Objective

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Embrace a supportive work environment focused on creating a safe, competent and professional workforce team.

Ensure that our facilities, vehicles, equipment and processes remain capable of supporting service delivery requirements.

Build collaborative relationships within our community to improve service delivery.

Deliver timely, high quality and effective services to better serve the needs of our community.

Create and maintain a highly efficient, transparent, and responsive District government.

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## 4 2023 OPERATIONS

Operation Title	Operation Description
<b>Embrace a supportive work environment focused on creating a safe, competent and professional workforce team.</b>	
Personnel: Daily Service	Attract, recruit and retain high performing and diverse workforce team members.
Training And Employee Development: Daily Service	Train and develop our workforce team members to become competent professionals.
Training And Employee Development: Daily Service	Train and develop our workforce team members to become professional leaders.
Performance Management: Daily Service	Continually strengthen our organizational culture to value community involvement and public service by our workforce team members.
Risk Management: Daily Service	Continually strengthen our organizational culture to improve the safety and health of our workforce team members.
Performance Management: Daily Service	Continually strengthen our organizational culture to recognize and appreciate the contributions made by our workforce team members.
Performance Management: Daily Service	Continually strengthen our labor/management partnership to collaboratively achieve organizational success.
<b>Ensure that our facilities, vehicles, equipment and processes remain capable of supporting service delivery requirements.</b>	
Property Management: Daily Service	Ensure that our buildings and facilities meet acceptable health, occupational, living and working requirements.
Field Infrastructure: Daily Service	Ensure that our emergency vehicles are reliably maintained, safely repaired and available for use.
Inventory Management: Daily Service	Ensure that our tools, equipment and supplies are reliably maintained, safely repaired and available for use.
Information Technology: Daily Service	Continually leverage technology to support our service delivery requirements.
Performance Management: Daily Service	Continually optimize resources to support our service delivery requirements.
Agency Financial Operations: Daily Service	Ensure that all resources supporting our service delivery requirements are fiscally sustainable.
<b>Build collaborative relationships within our community to improve service delivery.</b>	
Community Trust: Daily Service	Build and improve community trust by sharing information with the public and media.
Public Outreach: Daily Service	Build and improve relationships within our community to better understand service delivery expectations.
Performance Management: Daily Service	Build and improve relationships with other District agencies to better integrate services for our customers.
Performance Management: Daily Service	Build and improve relationships within the region to better share resources with our partners.
<b>Deliver timely, high quality and effective services to better serve the needs of our community.</b>	
Emergency Medical Services Operations: Daily Service	Compassionately care for our sick and injured patients.
Emergency Medical Services Operations: Daily Service	Improve services for our patients with time sensitive illnesses and injuries.
Public Outreach: Daily Service	Improve health safety awareness in our community through public outreach and education.
Fire/Rescue Operations: Daily Service	Quickly control and extinguish fires.

(continued)

Operation Title	Operation Description
Special Operations: Daily Service	Rescue victims of fires and other emergencies.
Homeland Security: Daily Service	Prepare for natural disasters or other catastrophic events that may take place in our community.
Inspections: Daily Service	Reduce threats to the lives and property of our community residents by preventing fires.
Investigations: Daily Service	Reduce threats to the lives and property of our community residents by investigating the cause and origin of fires.
Public Outreach: Daily Service	Improve fire safety awareness in our community through public outreach and education.
State Safety Oversight Program: Daily Service	Reduce threats to lives and property in our community by providing safety and security oversight of the District Streetcar System.
Performance Management: Daily Service	Improve the timeliness of our services by monitoring and evaluating response time measures.
Performance Management: Daily Service	Improve the quality of our services by monitoring and evaluating the professional competence of our workforce team members.
Performance Management: Daily Service	Continually use information and analytics to guide decision making for improving our services.
Emergency Medical Services Operations: Daily Service	Identify alternatives for patients who routinely use our services for access to healthcare.
Performance Management: Daily Service	Build and improve public confidence in our services by exceeding customer expectations.

## 5 2023 STRATEGIC INITIATIVES

In FY 2023, Fire and Emergency Medical Services Department had 9 Strategic Initiatives and completed 88.89%.

Title	Description	Update
Patient Pain Interventions	In FY 2023, the Department will utilize various improvement techniques to better record an injured patient's pain scale and to more reliably achieve pain relief. Improvement will be assessed through the use of the National EMS Quality Alliance Compass 2.0 measures (Trauma-01 (Pain Documentation) and Trauma-03 (Pain Reduction)) and the evaluation of documented mechanical and pharmaceutical means.	Completed to date: Complete In FY 2023, the Department continued to deploy and monitor the performance of pain management techniques and strategies. The new protocol has been deployed and further evaluation is ongoing.
Harm Reduction Opioid Teams	"During FY 2023, the Department will create a total of four Opioid Response Teams in collaboration with the Department of Behavioral Health (DBH). The program will consist of four Fire and EMS employees and four grant-funded full-time equivalent (FTE) employees who are trained in harm reduction. The teams will have access to real-time notifications when first responders are on an opioid-related use incident within the District and complete follow-up visits to scenes (within twenty minutes) to provide Narcan kits and education on harm reduction, including referrals to city resources capable of providing long-term help.	Completed to date: Complete In FY 2023, the Department established the planned Opioid Response Teams to focus on harm reduction efforts. The teams complete follow-up visits to scenes to provide Narcan kits and education, including referrals to city resources capable of providing long-term help.

Launch #DCFire-SAFE Fire Campaign	<p>During FY 2023, the Department will launch a new marquee fire safety marketing campaign (#DCFireSAFE) that will target children and seniors. Department wide branding, educational literature, the production of supporting audio/visual materials and dedicated social media channels will be created. This will be a joint effort by the Media &amp; Community Relations Division and the education arm of the Fire Prevention Division.</p>	<p>Completed to date: Complete          In FY 2023, the Department began using social media (Twitter) to promote the #DCFireSAFE campaign. Efforts have been ongoing and in FY 2024 areas of the campaign will be expanded.</p>
Safety Vision and Reporting System	<p>During FY 2023, a comprehensive health and safety vision for the Department will be developed using a self-assessment of NFPA 1500 (National Fire Protection Association Standard on Fire Department Occupational Safety, Health, and Wellness Program) as a tool. The Risk Management Division will develop a reporting system in accordance with NFPA 1500 to begin tracking near misses. A near miss is defined as a potential hazard or incident in which no personal injury was sustained, but where, given a slight shift in time or position, damage or injury easily could have occurred.</p>	<p>Completed to date: Complete          In FY 2023, the Department completed the self assessment and developed the "Near Miss" reporting system. During the 4th quarter the reporting system policy and the respiratory protection plan were sent for publication.</p>
New Intranet for Employees	<p>During FY 2023, the Department will improve internal communications with a multi-faceted approach to keep the workforce informed on issues of critical, time-sensitive importance. This will include a new comprehensive, dynamic intranet and increased use of video and other electronic communications. The initiative will also highlight the Mayor's public safety agenda and the Department's role, and share practical applications of the Fire and EMS Chief's vision and agenda.</p>	<p>Completed to date: Complete          In FY 2023, the Department launched the new intranet which continues to be updated on a weekly basis. The new and frequently refreshed content has drawn praise from employees and will be used moving forward in the effort to improve internal communications.</p>

Telestaff/PeopleSoft Assessment During FY 2023, the Department will evaluate the feasibility of an initiative to integrate PeopleSoft and Telestaff (the Department's internal scheduling program). The goal will be to allow for bidirectional exchange of information between the two systems. This effort would provide (1) more accurate reporting of time and attendance; (2) better equalization of overtime distribution; (3) more detailed recordkeeping of leave usage reporting; and (4) better visibility for all managers to improve management of leave.

Completed to date: Complete  
In FY 2023, the Department completed the evaluation to integrate PeopleSoft and Telestaff and continued testing to incorporate the two programs and to conduct a live user example prior to implementation.

New Command Positions During FY 2023, the Department will create new command positions to staff the Fire Operations Center 24 hours a day, seven days a week. This will allow improved situational awareness and the ability to manage resources in real time, including immediately during large scale emergencies. IT enhancements will support these efforts at the battalion and command officer level through improved fire house based technology. Safety and EMS Battalion Chiefs will be further supported with new sergeant aide positions.

Completed to date: Complete  
In FY 2023, the Department created new command positions to staff the Fire Operations Center 24 hours a day, seven days a week to improve situational awareness.

Update Metro SOG's and Manual	<p>During FY 2023, the Department will update the Washington Metropolitan Area Transit Authority's (WMATA) METRO Standard Operating Guidelines (SOG's) and Emergency Service Manual which are used for rail emergencies. The focus will be on improved operational discipline, incident command, and resource deployment. The National Fire Protection Association's (NFPA) 1561 (Standard on Emergency Services Incident Management and Command Safety) will be used to expand incident management procedures compliant with the National Incident Management System (NIMS). Training of members will follow final approval of new manual and guidelines.</p>	<p>Completed to date: Complete  In FY 2023, the Department completed the new Metro Standard Operating Guidelines (SOG's) and the new Emergency Services Manual. The plan for training is ongoing.</p>
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Health Risk  
Reductions  
for 911

During FY 2023, the Department will develop strategies for the reduction of certain health risks that impact the use of 911, out-of-hospital resources, or whose outcome can be better managed out of the hospital or prior to arrival at the hospital. Gaps between emergency and preventative care have already been identified in some communities and internal and external stakeholders will be engaged to identify areas needing improvement including those involving pain management, cardiac arrest, behavioral health, and blunt force trauma. An in-depth analysis will be conducted of call volume trends with a geographic focus on chief complaint dispatch discrepancies. Once strategies are developed, a future education and awareness initiative will be used to better promote EMS prevention efforts focused on neighborhoods, community relations, and schools.

Completed to date: 25-49%  
In FY 2023, the Department's analysis of call volume trends and data analysis was not fully realized however the Department began to engage communities in risk reduction and preventative care through the "Beat the Streets Campaign".  
TBD

## 6 2023 KEY PERFORMANCE INDICATORS AND WORKLOAD MEASURES

### Key Performance Indicators

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
<b>Embrace a supportive work environment focused on creating a safe, competent and professional workforce team.</b>											
Number of FEMS operated vehicles involved in collisions	Down is Better	245	260	70	74	74	64	282	230	Unmet	Due to the return of near-normal traffic conditions in the district we have continued to see a steady increase in the number of non-preventable collisions, however we managed to decrease our number of collisions as the FY 2023 progressed. In addition, we developed a reporting system in accordance with NFPA 1500 to begin tracking near misses. We will continue to train, educate, and enforce policy and standards in an effort to reduce overall collisions in FY 2024 and meet our first goal of 230.
Number of FEMS personnel injured while at work	Down is Better	329	332	68	79	107	93	347	300	Unmet	The Department has revamped and improved accident reduction training and we expect to see a downward trend in injuries in the near future. We also have developed a reporting system in accordance with NFPA 1500 to begin tracking near misses. A near miss is defined as a potential hazard or incident in which no personal injury was sustained, but where, given a slight shift in time or position, damage or injury easily could have occurred.

Key Performance Indicators (continued)

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
Number of labor/management partnership meetings scheduled and attended by executive managers	Up is Better	66	67	24	20	18	14	76	36	Met	
<b>Ensure that our facilities, vehicles, equipment and processes remain capable of supporting service delivery requirements.</b>											
Percent of time ambulances in the FEMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work	Down is Better	24.1%	30.6%	32.1%	37.3%	34.8%	42.8%	36.7%	25%	Unmet	Vendor issues regarding labor problems, parts availability, inflation, and supply chain delays have contributed to a substantial downturn in unit availability. Nevertheless, we continue to believe that maintaining our fire apparatus purchases on our replacement schedule, as well as efficiency improvements made at our Apparatus Division will eventually pay dividends and help us mitigate these issues to meet our goal moving forward.
Percent of time fire engines in the FEMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work	Down is Better	24.5%	33.5%	32.9%	39%	36.2%	43%	37.8%	25%	Unmet	Vendor issues regarding labor problems, parts availability, inflation, and supply chain delays have contributed to a substantial downturn in unit availability. Nevertheless, we continue to believe that maintaining our fire apparatus purchases on our replacement schedule, as well as efficiency improvements made at our Apparatus Division will eventually pay dividends and help us mitigate these issues to meet our goal moving forward.

Key Performance Indicators (continued)

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
Percent of time fire ladder trucks in the FEMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work	Down is Better	29%	36.1%	35.3%	36.1%	41.4%	48.6%	40.3%	25%	Unmet	Vendor issues regarding labor problems, parts availability, inflation, and supply chain delays have contributed to a substantial downturn in unit availability. Nevertheless, we continue to believe that maintaining our fire apparatus purchases on our replacement schedule, as well as efficiency improvements made at our Apparatus Division will eventually pay dividends and help us mitigate these issues to meet our goal moving forward.
<b>Deliver timely, high quality and effective services to better serve the needs of our community.</b>											
Number of fire safety education presentations completed for pre-school/kindergarten age children	Up is Better	22	268	118	69	120	102	409	200	Met	
Number home fire safety/smoke alarm installation visits completed for District residents	Up is Better	3,193	3,393	1,300	1,187	2,325	985	5797	2,000	Met	
Number of civilian fire fatalities	Down is Better	12	9	2	3	2	0	7	10	Met	
Percent of "structural" arson fires cleared by arrest or exceptional means	Up is Better	18.3%	25.3%	47%	17.2%	26.3%	42.1%	33.1%	25%	Met	
Percent of residential structure fires without a working smoke alarm	Down is Better	13.2%	8.3%	17.4%	12.8%	13.1%	6.5%	12.4%	8%	Unmet	Although we fell just short of meeting our target in FY 2023, it is clear that our efforts to install smoke alarms is paying benefits. We have improved this measure since FY 2020.
Percent of residential structure fires where flame spread was confined to the room of origin	Up is Better	82%	82.7%	83.8%	No data available	No data available	No data available	83.8%	80%	Met	

Key Performance Indicators (continued)

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
Percent of residential structure fires where flame spread was confined to the room or structure of origin	Up is Better	96.8%	98.3%	98%	No data available	No data available	No data available	98%	95%	Met	
Percent of structure fire calls when a first responding fire engine arrived in 5 minutes 20 seconds or less	Up is Better	91.8%	94.3%	93.8%	93.5%	96.5%	93.7%	94.3%	90%	Met	
Percent of structure fire calls when a first alarm assignment arrived in 9 minutes 20 seconds or less	Up is Better	85.7%	88.2%	87%	90.4%	90.6%	86.4%	88.6%	90%	Nearly Met	Although we did not quite make our stated goal, we have made considerable progress since FY 2021 with an 88.6% compliance.
Percent of high-rise structure fire calls when a first alarm assignment arrived in 11 minutes 30 seconds or less	Up is Better	63.8%	63.6%	61.3%	83.3%	44.4%	65%	62.7%	90%	Unmet	Call volume for fire engine companies continues to be a challenge. We are hopeful to see improvements in this category moving forward similar to what we accomplished with our 9 min, 20 sec or less standard for all structure fire calls.
Number of participants who attended FEMS "hands only" CPR/AED familiarization training program events	Up is Better	4,155	8,046	603	923	4,497	5,412	11,435	25,000	Unmet	In FY 2023 we are pleased that we were able to begin focusing greater efforts on CPR training and we have been able to increase our training. We will continue these efforts in FY 2024.
Percent of all patients who were individually identified as being transported 10 or more times during a 12 month period by an FEMS transport unit	Down is Better	0.5%	0.4%	0.4%	0.4%	0.5%	0.5%	0.4%	1%	Met	
Percent of all patient transports for patients individually identified as being transported 10 or more times during a 12 month period by an FEMS transport unit	Down is Better	5.1%	4.7%	4.6%	4.6%	5.1%	5.7%	5%	10%	Met	

Key Performance Indicators (continued)

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
Percent of higher priority EMS calls when a first responding EMT arrived in 5 minutes or less	Up is Better	50.6%	48.7%	46.9%	52.1%	59.6%	58.2%	54.3%	90%	Unmet	Historically high hospital drop times and the related decreased availability of AMR units have significantly eroded the Department's unit availability to levels not see since 2015. This has negatively impacted EMS response times.
Percent of higher priority EMS calls when a first responding EMT arrived in 5 minutes or less and a Paramedic arrived in 9 minutes or less	Up is Better	41.9%	40%	37.9%	44.1%	51.4%	50.1%	45.9%	90%	Unmet	Historically high hospital drop times and the related decreased availability of AMR units have significantly eroded the Department's unit availability to levels not see since 2015. This has negatively impacted EMS response times.
Percent of highest priority EMS calls when a first responding EMT arrived in 5 minutes or less and two Paramedics arrived in 9 minutes or less	Up is Better	51.9%	50.7%	48.4%	56.1%	66.5%	62.4%	59.3%	90%	Unmet	Historically high hospital drop times and the related decreased availability of AMR units have significantly eroded the Department's unit availability to levels not see since 2015. This has negatively impacted EMS response times.
Percent of higher priority EMS calls when a FEMS transport unit arrived in 9 minutes or less	Up is Better	75.1%	72.2%	69.1%	74.2%	80.9%	80.4%	76.3%	90%	Unmet	Historically high hospital drop times and the related decreased availability of AMR units have significantly eroded the Department's unit availability to levels not see since 2015. This has negatively impacted EMS response times.

Key Performance Indicators (continued)

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
Percent of EMS patient transport calls when a FEMS transport unit returned to service in 30 minutes or less after arriving at a hospital with a patient	Up is Better	17.4%	11.9%	10.3%	12%	17.5%	13.9%	13.5%	50%	Unmet	Historically high hospital drop times and the related decreased availability of AMR units have significantly eroded the Department's unit availability to levels not see since 2015. This has negatively impacted EMS response times.
Percent of patients surveyed who indicated they "agreed" or "strongly agreed" that FEMS personnel acted courteous and respectful during an EMS call	Up is Better	Not Available	93.8%	91.7%	90.6%	87.2%	No data available	91%	95%	Nearly Met	Historically high hospital drop times and the related decreased availability of Third Party units have significantly eroded the Department's unit availability to levels not see since 2015. This has negatively impacted EMS response times. When this occurs, we see decreases in customer satisfaction.
Percent of patients surveyed who indicated they were "satisfied" or "very satisfied" with the services they received during an EMS call	Up is Better	Not Available	92.8%	91.8%	88.8%	89.1%	No data available	90.8%	95%	Nearly Met	Historically high hospital drop times and the related decreased availability of Third Party units have significantly eroded the Department's unit availability to levels not see since 2015. This has negatively impacted EMS response times. When this occurs, we see decreases in customer satisfaction.
Percent of EMS responses originating from a 911 request for patients who receive treatment to correct their hypoglycemia	Up is Better	68.9%	69.5%	60%	55.5%	62.1%	52.2%	56.9%	100%	Unmet	In FY 24 we will continue to monitor after the transition to a new Records Management System to ensure adequate documentation methods. We have prioritized improvement of this measure.

Key Performance Indicators (continued)

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
Percent of patients overall who experienced a sudden cardiac arrest that survived to hospital discharge	Up is Better	4.7%	5.5%	4.7%	5.7%	7.6%	10.7%	7.2%	10%	Unmet	After seeing a decrease in performance for this measure during the COVID-19 pandemic, we are pleased to observe continued progress. In FY 24, we expect to see greater progress.
Percent of patients who experienced a sudden cardiac arrest that survived to hospital discharge with an initial rhythm of ventricular fibrillation (Utstein 1, "Survival Rate")	Up is Better	23.9%	32.8%	40%	33.3%	36.4%	60%	42.4%	40%	Met	
Percent of patients with suspected cardiac etiology with an initial rhythm of ventricular fibrillation that survived to hospital discharge after experiencing a sudden cardiac arrest witnessed by a bystander other than 911 personnel and with CPR performed by a lay person (Utstein 2)	Up is Better	26.9%	34%	25%	50%	33.3%	66.7%	43.8%	50%	Unmet	After seeing a decrease in performance for this measure during the COVID-19 pandemic, we are pleased to be observing this much progress, up from 35.7% in FY22 to 43.8% (this data is based on available data at the close of the year).
Percent of patients receiving CPR from a lay person, lay person family member or lay person medical provider and excluding first responders and/or EMS personnel	Up is Better	29.4%	31.6%	26.4%	28.2%	32.5%	39.3%	31.6%	50%	Unmet	After seeing a sharp decrease in performance for this measure during the COVID-19 pandemic, we are pleased to be continuing to observe progress. In FY 24, we expect to see greater progress with more bystander CPR as we train more residents in our Hands on Hearts program.
Percentage of EMS responses originating from a 911 request for patients less than 18 years old with primary or secondary impression of respiratory distress who had a respiratory assessment.	Up is Better	83.3%	90.8%	91.7%	93.2%	95.9%	91.8%	93.2%	95%	Nearly Met	Despite a narrowly missed target for this measure, in FY 24 we will continue to monitor after the transition to a new Records Management System to ensure adequate documentation methods.

Key Performance Indicators (continued)

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
Percent of EMS responses originating from a 911 request for patients 2-18 years of age with a diagnosis of asthma who had an aerosolized beta agonist administered	Up is Better	58.7%	60.1%	57.8%	62.9%	62.6%	55.1%	60.2%	100%	Unmet	In FY 24 we will continue to monitor after the transition to a new Records Management System to ensure adequate documentation methods. We have prioritized improvement of this measure.
Percent of EMS responses originating from a 911 request for patients less than 18 years of age who received a weight-based medication and had an estimated weight in kilograms or length-based weight estimate documented during the EMS response	Up is Better	90.4%	100%	100%	100%	100%	95.8%	99.3%	100%	Nearly Met	We have prioritized improvement of this measure and expect to continue seeing improvements in FY 24.
Percent of EMS responses originating from a 911 request for patients with status epilepticus who received benzodiazepine aimed at terminating their status seizure during the EMS response	Up is Better	52.5%	40.5%	46.1%	43.1%	39.7%	28.1%	36.5%	100%	Unmet	We have prioritized improvement of this measure and expect to continue seeing improvements in FY 24.
Percent of EMS responses originating from a 911 request for patients suffering from a suspected stroke who had a stroke assessment performed during the EMS response	Up is Better	96.8%	99.2%	99.4%	99.6%	100%	100%	99.7%	100%	Nearly Met	We are pleased that we were able to increase our performance in order to practically meet our goal for this measure (99.7%).
Percent of EMS responses originating from a 911 request for patients with injury who were assessed for pain	Up is Better	11.2%	26.6%	79.3%	78%	78.2%	85.2%	80.7%	100%	Unmet	Efforts were made to understand driving factors behind the low performance of this measure that resulted in increased documentation of pain assessments for injured patients.
Percent of EMS transports originating from a 911 request for patients whose pain score was lowered during the EMS encounter	Up is Better	25.6%	22.2%	21.6%	21.2%	23.1%	100%	42.2%	50%	Unmet	We have prioritized improvement of this measure and expect to continue seeing improvements in FY 24.

Key Performance Indicators (continued)

Measure	Directionality	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023	FY 2023 Target	Was 2023 KPI Met?	Explanation of Unmet KPI
Percent of EMS responses originating from a 911 request for patients who meet CDC criteria for trauma and are transported to a trauma center	Up is Better	79%	79.5%	79.6%	77.7%	78.7%	77.1%	78.5%	100%	Unmet	We have prioritized improvement of this measure and expect to continue seeing improvements in FY 24.
Percentage of NTL eligible patients who were triaged by NTL nurse, who responded to nurse call back within 24 hours of their call to the nurse, and who indicated they were “satisfied” or “very satisfied” with the services they received from the Right Care, Right Now Program.	Up is Better	92.3%	87.5%	94%	95%	96%	94.5%	94.9%	95%	Nearly Met	We are pleased that we were able to increase our performance on this measure in order to practically meet our goal (94.9%).

Workload Measures

Measure	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023
<b>Agency Financial Operations</b>							
Fire Prevention fee and permit revenue	\$361,139.00	\$648,840.00	\$162,742.00	\$168,480.00	\$222,945.00	\$210,750.00	\$764,917
EMS patient transport revenue	\$26,558,789.00	\$64,203,255.00	\$14,373,712.44	\$14,101,901.35	\$15,011,299.51	\$12,970,748.61	\$56,457,662
<b>Emergency Medical Services Operations</b>							
Number of EMS incidents	153,377	155,576	39,711	38,872	42,930	44,487	166,000
Number of FEMS patient transports	42,440	47,713	13,021	12,767	13,952	14,794	54,534
Number of "lower priority" (not time-sensitive) EMS incidents	96,887	98,289	25,449	24,891	28,546	29,389	108,275
Number of individually identified patients who were transported 10 or more times during a 12 month period by an FEMS transport unit	549	524	123	137	160	176	596
Number of patient transports for individually identified patients who were transported 10 or more times during a 12 month period by an FEMS transport unit	8,183	8,267	2,048	2,203	2,519	2,893	9663
Number of "higher priority" (time-sensitive) EMS incidents	50,334	51,262	12,569	12,349	11,913	12,355	49,186
Number of individuals from diverted 911 calls transported to Regional Addiction Prevention (RAP) facility	Not Available	Not Available	63	34	29	48	174
Number of Calls Diverted by the Nurse Triage Line	New in 2023	New in 2023	1,414	1,137	1,188	1,225	4964
Number of individuals from diverted 911 calls transported to Sobering Center	Not Available	Not Available	No data available	No data available	No data available	No data available	No data available
Number of "highest priority" (very time-sensitive) EMS incidents	6,156	6,025	1,693	1,632	2,471	2,743	8539
<b>Fire/Rescue Operations</b>							
Number of fire incidents	28,447	31,537	8,875	7,683	8,005	9,122	33,685
Number of "structure fire" incidents	2,627	2,679	826	763	695	710	2994
Number of "structure fires" extinguished	585	432	110	No data available	No data available	No data available	110
Number of "residential structure fires" extinguished	532	358	99	No data available	No data available	No data available	99
Number of "other fires" extinguished	1,034	889	230	No data available	No data available	No data available	230
<b>Inspections</b>							
Number of occupancies inspected	12,273	12,170	2,866	2,446	2,724	2,865	10,901
Number of fire code violations observed	23,227	20,616	6,832	7,323	6,337	6,617	27,109

Workload Measures (continued)

Measure	FY 2021	FY 2022	FY 2023 Q1	FY 2023 Q2	FY 2023 Q3	FY 2023 Q4	FY 2023
Number of fire code complaints investigated	677	694	183	230	207	320	940
<b>Investigations</b>							
Number of fires classified as "arson"	198	165	44	66	70	63	243
Number of "arson" arrests	21	14	4	3	5	4	16
<b>Performance Management</b>							
Number of emergency incidents	53,904	196,151	51,218	48,717	53,363	56,601	209,899