

### 7. EMERGENCY MEDICAL SERVICES

#### Overview

The continued dynamic evolution of health care has prompted the development of this section on Emergency Medical Services (EMS). The mission of EMS is to promote the health and well-being of all District of Columbia residents by ensuring public access to health services, assisting in the development of public and community prevention education initiatives, and supporting the continued development of EMS systems and the profession.

The Office of Emergency Health and Medical Services (OEHMS) for the District of Columbia supports the concept of community-based health management, in which it has an integral role. The following objectives coincide with the EMS Agenda for the Future as represented by 14 identified attributes. EMS, as an integrated part of the health care system, will improve the community's health while remaining the public's emergency medical safety net.

The overall goal for the District of Columbia is to have an EMS system that is fully integrated with the District's overall health delivery system as well as with those of the greater metropolitan Washington region. The system will have the ability to identify and modify the risk leading to illness and injury, provide acute illness and injury follow-up, and contribute both to the treatment of chronic conditions and to community health monitoring. This EMS system will be integrated with other health care providers and public health and safety agencies, and it will strive for a more appropriate use of limited health care resources.

#### 2010 Objectives for the District

##### 7-1. Develop a Clear Standard Specifying the Qualifications, Credentials, and Duties Required to Render EMS in the District of Columbia.

###### 7-1.1. Documentation of the Qualifications, Credentials, and Duties for all EMS Personnel

Develop a document that describes in detail the qualifications, credentials, and duties for all EMS personnel, including medical directors, emergency medical technicians paramedics (EMT/P), emergency medical technician intermediates (EMT/IP), emergency medical technician basic (EMT/B) first responders, medical dispatchers and call takers. (Developmental.)

###### 7-1.2. Assured Presence in All Emergency 911 Units of Personnel with Advanced Life Support Capability

Ensure that all emergency 911 transport units have personnel with advanced life support capability as defined by the Department of Health (DOH). (Baseline: As of 1999, 35 percent of transport units include advanced life support capability.)

###### 7-1.3. Response Times in Conformity with National Standards for Critical and Noncritical Patients

Ensure that response times (from the time the call was received by dispatch to the time EMS arrives at the scene) will meet the 90th percentile of 8 minutes for critical patients and 16 min-



### 7-3. Development of MOU with Participating Jurisdictions

#### 7-3.1. Development of a Memo of Understanding with COG on the Limitations of Liability Coverage

In conjunction with the Metropolitan Council of Governments (MCOG), develop a Memorandum of Understanding (MOU) describing the limitations of liability coverage and EMS Medical Protocols across jurisdictional lines.

#### 7-3.2. Validation of the Liability MOU

Obtain executive signatures on the Liability MOU from 90 percent of participating jurisdictions. (Developmental.)

### 7-4. Define and Development EMS Role in the Community

#### 7-4.1. Public Education Programs

Promote wellness, health, and injury prevention within the community through public education programs and other initiatives.

#### 7-4.2. Role of EMS in Public Health

Define and expand the role of EMS in public health. (Developmental.)

##### *Strategies:*

- EMS will be involved in community health monitoring activities.
- Continue to support and participate in "Safe Communities" programs.
- Facilitate the collaboration of community resources and agen-

cies to determine public education needs.

- Support injury and disease prevention initiatives that are developed and implemented by EMS agencies.
- Create opportunities for EMS agencies and providers to develop health awareness, health promotion and injury prevention programs.
- Promote and facilitate integration of EMS with other health care providers and services dealing with health promotion and injury prevention.
- Introduce and facilitate EMS relationships with other health care professionals and institutions.
- Ensure that Automated External Defibrillators (AED) will be accessible in accordance with the current national standards approved by the DOH.

#### 7-4.3. Promotion of EMS Research on Public Health Issues

Support and promote EMS research on public health issues.

##### *Strategies:*

- Allocate federal and District funds for EMS research.
- Develop academic institutional commitments to EMS-related research. (Developmental.)
- Promote and support the involvement of all those who want to participate in EMS research. (Developmental.)

### 7-5. Revise and update the existing legislation regarding public and private ambulance services

#### *Strategies:*

- Continue to track current District and federally proposed legislation involving EMS.
- Promulgate federal and District legislation involving financial support for EMS Systems.
- Enhance the abilities of the District's EMS lead agencies to provide technical assistance.
- Authorize EMS agencies to act on the public's behalf through the DOH when the availability of quality EMS to the entire residential population is threatened.

### 7-6. Establish in the DOH Office of Emergency Health and Medical Services (OEHMS) an Enforcement Division

#### *Strategies:*

- Establish periodic ambulance inspections.
- Issue violations, fines, and sanctions to companies and individual pre-hospital providers that are in noncompliance.

### 7-7. Continue participation in the development and update of the District of Columbia Emergency Operations Plan for response to current and new threats to the District and surrounding jurisdictions.

#### *Strategies:*

- Revise and update the Mass Casualty Incident (MCI) plan.
- Augment local and regional resources in times of greatest need.
- Provide backup support to local and regional areas.
- Incorporate, as essential to the MCI plan, the basics of rapid medical response, medical evacuation, and community networks of health care resources.

### Comparable National 2010 Objectives

In the federal HEALTHY PEOPLE 2010 PLAN, under *Goal 1: Improve access to comprehensive, high-quality health care services*, comparable Emergency Health Care Services 2010 objectives are the following:

- 1-10** Delay or difficulty in getting emergency care; and
- 1-11** Rapid prehospital emergency care.



<b>FOCUS AREA: 7. EMERGENCY MEDICAL SERVICES</b>		
<b>Summary of Healthy People Objectives, Baseline Data, and 2010 Goals</b>		
<b>OBJECTIVE</b>	<b>BASELINE</b>	<b>2010 GOAL</b>
<p><b>7-1.1.</b> Develop a document that describes in detail the qualifications, credentials, and duties of all emergency medical service (EMS) personnel, including medical directors, emergency medical technicians/paramedics (EMT/P), emergency medical technicians/intermediates (EMT/IP), emergency medical technicians/basic (EMT/B), first responders, and medical dispatchers and call takers.</p>	<p>Developmental.</p>	<p>Document developed and in use that describes in detail the qualifications, credentials, and duties for all EMS personnel.</p>
<p><b>7-1.2.</b> Ensure that all emergency 911 transport units have personnel with advanced life support capability as defined by the Department of Health (DOH).</p>	<p>As of 1999, 35% of transport units include advanced life support capability.</p>	<p>All emergency 911 transport units have personnel with advanced life support capability as defined by the DOH.</p>
<p><b>7-1.3.</b> Ensure that response times (from the time the call was received by dispatch to the time EMS arrives at the scene) will meet the 90th percentile of 8 minutes for critical patients and 16 minutes for noncritical patients, based on the Medical Priority Dispatch System (MPDS).</p>	<p>As of 1999, response times for 911 calls for critical patients in the 90th percentile equal 10.21 minutes based on the MPDS.</p>	<p>Response times meet the 90th percentile of 8 minutes for critical patients and 16 minutes for noncritical patients.</p>

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## IMPROVE ACCESS TO QUALITY HEALTH CARE SERVICES

<b>FOCUS AREA: 7. EMERGENCY MEDICAL SERVICES (continued)</b> <b>Summary of Healthy People Objectives, Baseline Data, and 2010 Goals</b>		
<b>OBJECTIVE</b>	<b>BASELINE</b>	<b>2010 GOAL</b>
<b>7-2.2.</b> Develop legislation requiring all licensed ambulance services to report the established comprehensive data set to the Executive Director of the Office of Emergency Health and Medical Services (OEHMS) in the DOH by January 1, 2002.	Developmental.	Legislation is in effect.
<b>7-2.3.</b> Establish a District of Columbia Trauma Registry that captures all relevant data on utilization, levels of uncompensated trauma care, and indicators of the quality of trauma care.	Developmental.	Trauma Registry is established.
<b>7-3.1.</b> In conjunction with the Metropolitan Council of Governments (MCOG), develop a Memorandum of Understanding (MOU) describing the limitations of liability coverage and EMS protocols across jurisdictional lines.	Developmental.	Comprehensive data set in use in the District.

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<b>FOCUS AREA: 7. EMERGENCY MEDICAL SERVICES (continued)</b> <b>Summary of Healthy People Objectives, Baseline Data, and 2010 Goals</b>		
OBJECTIVE	BASELINE	2010 GOAL
<b>7-3.2.</b> Obtain executive signatures on the Liability Memorandum of Understanding (MOU) from 90% of participating jurisdictions.	Developmental.	Executive signatures on the Liability MOU from 90% of the participating institutions.
<b>7-4.1.</b> Promote wellness, health, and injury prevention within the community through public education programs and other initiatives.	Developmental.	Public education programs and other initiatives are in place in the community.
<b>7-4.2.</b> Define and expand the role of EMS in public health.	Developmental.	The role of EMS in public health has been expanded.
<b>7-4.3.</b> Support and promote EMS research on public health issues.	Developmental.	EMS research in public Health issues is promoted.
<b>7-5.</b> Revise and update existing legislation regarding public and private ambulance services relating to its delivery of effective EMS and transport between facilities.	Developmental.	Existing legislation has been revised and updated.

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## IMPROVE ACCESS TO QUALITY HEALTH CARE SERVICES

<b>FOCUS AREA: 7. EMERGENCY MEDICAL SERVICES (continued)</b> <b>Summary of Healthy People Objectives, Baseline Data, and 2010 Goals</b>		
<b>OBJECTIVE</b>	<b>BASELINE</b>	<b>2010 GOAL</b>
<b>7-6.</b> Establish in the DOH OEHMS an Enforcement division legislatively to ensure compliance with the DOH-specified EMS rules and regulations.	Developmental.	An Enforcement Division of the OEHMS is in place.
<b>7-7.</b> Continue participation in the development and update of the District's Emergency Operations Plan for response to current and new threats to the District and surrounding jurisdictions.	Developmental.	The District's Emergency Operations Plan is in effect.