

Fire and Emergency Medical Services Department FY2017

FY2017 Performance Accountability Report

The Performance Accountability Report (PAR) measures each agency's performance for the fiscal year against the agency's performance plan and includes major accomplishments, updates on initiatives, and key performance indicators (KPIs).

Mission

The mission of the Fire and Emergency Medical Services Department (F&EMS) is to promote safety and health through excellent pre-hospital medical care, fire suppression, hazardous materials response, technical rescue, homeland security preparedness and fire prevention and education in the District of Columbia.

Summary of Services

F&EMS 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. F&EMS is the lead first-response agency for managing consequences resulting from natural disasters or other catastrophic events impacting the national capital region.

FY17 Top Accomplishments

Accomplishment	Impact on Agency	Impact on Residents
Increased availability of ambulance fleet through additional staffing resources and advanced training and use of predictive scheduling and maintenance. Program Support Positions were filled and fleet mechanics within the department received Automotive Service Excellence (ASE) testing and sent to Emergency Vehicle Technician (EVT) School.	Ambulance availability "up time," or the percentage of time an ambulance is not being repaired and is available for service, increased to near the Department's goal of 75%. In addition, a dedicated service lane for preventative maintenance and inspections became operational.	Providers are better able to serve DC residents by being provided the resources to allow them to focus on their mission to provide safe, fast, and effective response to residents. Having fleet apparatus in good, working condition is critical to achieve this goal.
Reform of EMS delivery services continued with a new third party ambulance service contract and additional, improved training. Under the leadership of the Medical Director a revised approach to required continuing medical education (CME) was implemented.	4-hour blocks of rotating topical EMS training content replaced the traditional 36-hour biannual training with content that meets recertification requirements while providing flexibility to address critical and urgent topics. Also new quarterly Paramedic Ground Rounds training sessions were implemented and a partnership with Children's National Medical Center was created for pediatric-focused training.	DC residents benefit from being served by providers who receive regular and effective training both to be given the best continuing medical education available, and to practice their skills.
Fire prevention educational outreach and fire inspection activities at senior citizen living facilities, buildings, and nursing homes. Out of a total of 82 existing senior facilities, 75 (91 percent) were inspected. In addition, 39 facilities received comprehensive fire safety educational programs that included electrical and home heating fire prevention, escape planning in case of fire, and smoke alarm/carbon monoxide alarm maintenance.	This initiative created stronger relationships and positively impacted the Department's public image with senior citizen communities. Also supported were the operational activities of reducing threats to the lives and property of our community residents by preventing fires and improving fire safety awareness in our community through public outreach and education.	Increased knowledge of fire prevention and safety and performing fire inspection activities for the District's senior residents reduces the risk of harm to lives and property.

2017 Strategic Objectives

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

2017 Key Performance Indicators

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY 2017	KPI Status	Explanation
1 - Embrace a supportive work environment focused on creating a safe, competent and professional workforce team. (3 Measures)									
Number of FEMS operated vehicles involved in accidents.	Quarterly	400	73	63	81	59	276	Met	
Number of FEMS personnel injured while at work.	Quarterly	300	88	92	106	102	388	Unmet	To allow for meeting the goal of 300 or less we are updating policies and practices with regards to employee safety and risk reduction.
Number of labor/management partnership meetings scheduled and attended by executive managers.	Quarterly	24	29	21	19	19	88	Met	
2 - Ensure that our facilities, vehicles, equipment and processes remain capable of supporting service delivery requirements. (3 Measures)									
Percentage of time ambulances in the FEMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work.	Quarterly	25%	27%	24.4%	29.9%	29.7%	27.8%	Unmet	Increased availability of ambulance fleet has been observed through the purchase of additional ambulances, improved staffing resources, and advanced training and use of predictive scheduling and maintenance. It is anticipated that the goal will be met in FY 2018.
Percentage of time fire engines in	Quarterly	25%	34.9%	32.8%	38.2%	37.2%	35.7%	Unmet	The Department is

the FEMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work.									currently awaiting the arrival (anticipated 2nd Quarter of FY 2018) of several new engines that have already been purchased. This will increase engine availability and better allow the department to meet our KPI goal.
Percentage of time fire ladder trucks in the FEMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work.	Quarterly	25%	42.7%	44%	43.7%	40.4%	42.7%	Unmet	Ladder truck availability was a challenge in FY 2017 due to extensive off-site repairs needed by authorized manufacturer repair facilities. These repairs were mandated by the re-certification process. Currently scheduled preventative maintenance will prevent these type of repairs from being required in the future.

3 - Build collaborative relationships within our community to improve service delivery. (1 Measure)

Number of times the FEMS web site was visited to access service, program or performance measurement content.	Quarterly	180000	50619	52712	50881	83751	237963	Met	
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4 - Deliver timely, high quality and effective services to better serve the needs of our community. (28 Measures)

Number of participants who attended FEMS "hands only" CPR/AED familiarization training program events.	Quarterly	10000	3489	6024	6915	10531	26959	Met	
Number of fire safety education presentations completed for pre-school/kindergarten age children.	Quarterly	200	10	27	41	32	110	Unmet	To more aggressively tackle this critical indicator the target was increased by 33 percent in FY 2017. Although showing improvement, there will be more focus to meet this goal in FY 2018.
Number home fire safety/smoke alarm installation visits completed for District residents.	Quarterly	1250	248	423	530	539	1740	Met	
Percentage of patients who survived	Quarterly	15%	9.2%	19.3%	9.4%	16.4%	13.1%	Unmet	The target for this KPI

to hospital discharge after experiencing a sudden cardiac arrest witnessed by a bystander.									was increased in FY 2017 because we met the goal in FY 2016. We continued to see improvement in FY 2017 and the Utstein Report survival rates have improved three years in a row (Cardiac Etiology). With continued emphasis on EMS training for providers, Hands on Hearts training for citizens, and registration for the Pulse Point application, the Department will be better positioned to meet this goal in FY 2018.
Percentage of patients with suspected cardiac etiology who survived to hospital discharge after experiencing a sudden cardiac arrest witnessed by a bystander with an initial rhythm of ventricular fibrillation.	Quarterly	30%	26.3%	29.4%	25%	28.6%	27.3%	Nearly Met	Although this KPI target was not met, the Utstein Report survival rates have improved three years in a row (Cardiac Etiology). With continued emphasis on EMS training for providers, Hands on Hearts training for citizens, and registration for the Pulse Point application, the Department will be better positioned to meet this goal in FY 2018.
Percentage of Level 1 Criteria Trauma patients transported in 10 minutes or less after a first responding EMT or Paramedic arrived at an EMS call.	Quarterly	95%	61%	35%	48%	58%	50.5%	Unmet	FY 2017 was the first year that this KPI was measured. The Department is focused on improving in this area and will do so with continued training of providers.
Percentage of all patients who were individually identified as being transported 10 or more times during a 12 month period by an FEMS transport unit.	Quarterly	1%	0.8%	0.7%	0.5%	0.5%	0.6%	Met	
Percentage of all patient transports for patients individually identified as	Quarterly	10%	9.1%	7.5%	5.9%	5.5%	7.2%	Met	

being transported 10 or more times during a 12 month period by an FEMS transport unit.									
Percentage of patients who experienced a sudden cardiac arrest, witnessed by a bystander, with CPR performed by a bystander.	Quarterly	60%	43.1%	35.1%	42.4%	29.5%	38.1%	Unmet	The goal was increased from 40% to 60% in FY 2017. Utstein Report survival rates have improved three years in a row (Cardiac Etiology). With continued emphasis on Hands on Hearts training for citizens and registration for the Pulse Point application, the Department will be better positioned to meet this goal in FY 2018.
Percentage of residential structure fires where flame spread was confined to the room of origin.	Quarterly	80%	82.5%	74.8%	85.1%	80.4%	81%	Met	
Percentage of residential structure fires where flame spread was confined to the room or structure of origin.	Quarterly	95%	99.2%	94.5%	96.9%	94.4%	96.2%	Met	
Number of civilian fire fatalities.	Quarterly	10	1	2	1	0	4	Met	
Percentage of "structural" arson fires cleared by arrest or exceptional means.	Quarterly	25%	15%	15.3%	42.8%	25%	24.5%	Nearly Met	No clear barriers observed;
Percentage of residential structure fires without a working smoke alarm.	Quarterly	1%	5.5%	12.8%	13.5%	11.7%	10.9%	Unmet	FY 2017 was the first year of reporting this KPI. Now that a baseline has been established, some adjustment will likely be made to the goal in order to be more realistic.
Percentage of higher priority EMS calls when a first responding EMT arrived in 5 minutes or less.	Quarterly	90%	64.6%	62.7%	63.3%	62.7%	63.3%	Unmet	Some positive increase has been observed since FY 2016. Moving forward a major focus of the Department will be to focus on improving "turnout times" to drive further improvement. Higher call volume has been a barrier.
Percentage of higher priority EMS	Quarterly	90%	51.6%	50.2%	51%	49.5%	50.6%	Unmet	Moving forward a

calls when a first responding EMT arrived in 5 minutes or less and a Paramedic arrived in 9 minutes or less.									major focus of the Department is to focus on improving "turnout times" to drive improvement. Higher call volume has been a barrier.
Percentage of highest priority EMS calls when a first responding EMT arrived in 5 minutes or less and two Paramedics arrived in 9 minutes or less.	Quarterly	90%	60%	63.1%	65.1%	66.3%	63.7%	Unmet	Some positive increase has been observed since FY 2016. Moving forward a major focus of the Department will be to focus on improving "turnout times" to drive further improvement. Higher call volume has been a barrier.
Percentage of higher priority EMS calls when a FEMS transport unit arrived in 9 minutes or less.	Quarterly	90%	82.4%	81.7%	80.9%	82.7%	81.9%	Nearly Met	Considerable improvement observed since FY 2016. Higher call volume has been a barrier.
Percentage of EMS patient transport calls when a FEMS transport unit returned to service in 30 minutes or less after arriving at a hospital with a patient.	Quarterly	50%	20.6%	22.3%	18.8%	18.6%	20.1%	Unmet	While the goal was not met, considerable progress was made in FY 2017. There will be continued focus on this effort in FY 2018. Barriers include limitations in hospital capacity and efficient patient flow through hospitals and high call volume.
Percentage of structure fire calls when a first responding fire engine arrived in 5 minutes 20 seconds or less.	Quarterly	90%	97.5%	96.5%	95.6%	96.7%	96.6%	Met	
Percentage of structure fire calls when a first alarm assignment arrived in 9 minutes 20 seconds or less.	Quarterly	90%	94.7%	96.7%	94.5%	93.8%	95%	Met	
Percentage of high-rise structure fire calls when a first alarm assignment arrived in 11 minutes 30 seconds or less.	Quarterly	90%	Waiting on Data	Waiting on Data	Waiting on Data	78.5%	78.5%	Unmet	Access to data sources for high-rise structure buildings to report this KPI have only recently been available so FY 2017 was the first year the data was reported. Moving forward a major focus of the

									Department will be to focus on improving "turnout times" to drive further improvement. Higher call volume has been a barrier.
Percentage of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for Level 1 Criteria Trauma patients.	Quarterly	95%	86.7%	74.4%	82.5%	85.9%	82.3%	Unmet	Through CQI oversight and reinforcement efforts the Department is focused on improving in this area and recognizes there is additional work that must be done.
Percentage of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for cardiac arrest patients.	Quarterly	95%	93%	94%	95%	93%	93.8%	Nearly Met	FY 2017 was the first year that this KPI was measured. Through CQI oversight and reinforcement efforts the Department is focused on improving in this area.
Percentage of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for suspected STEMI patients.	Quarterly	95%	100%	97.9%	100%	100%	99.7%	Met	
Percentage of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for suspected stroke patients.	Quarterly	95%	94.9%	97.7%	93.3%	100%	96.7%	Met	
Percentage of patients surveyed who indicated they "agreed" or "strongly agreed" that FEMS personnel acted courteous and respectful during an EMS call.	Quarterly	95%	95%	93.8%	93.1%	93.7%	93.6%	Nearly Met	While the goal was not met, progress was made in FY 2017. Continued emphasis on excellent patient assessment should lead to improvement in FY 2018.
Percentage of patients surveyed who indicated they were "satisfied" or "very satisfied" with the services they received during an EMS call.	Quarterly	95%	91.3%	97.5%	92.9%	92.9%	93.4%	Nearly Met	While the goal was not met, progress was made in FY 2017. Continued emphasis on excellent patient assessment should lead to improvement in FY 2018.

We've revisited a project to standardize District wide measures for the Objective "Create and maintain a highly efficient, transparent and responsive District government." New measures will be tracked in FY18 and FY19 and published starting in the FY19 Performance Plan.

Measure	Freq	Q1	Q2	Q3	Q4	FY 2017
2 - Ensure that all resources supporting our service delivery requirements are fiscally sustainable. (2 Measures)						
EMS patient transport revenue.	Quarterly	9952316.1	5619787.3	6090780.7	4725291.3	26388175
Fire Prevention fee and permit revenue.	Quarterly	127160	93568	128755	136015	485498
4 - Compassionately care for our sick and injured patients. (2 Measures)						
Number of EMS incidents.	Quarterly	40536	40003	42155	42998	165692
Number of FEMS patient transports.	Quarterly	13983	13726	13890	13479	55078
4 - Identify alternatives for patients who routinely use our services for access to healthcare. (3 Measures)						
Number of "lower priority" (not time-sensitive) EMS incidents.	Quarterly	19921	19377	20637	21184	81119
Number of individually identified patients who were transported 10 or more times during a 12 month period by an FEMS transport unit.	Quarterly	404	309	205	197	1115
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.	Quarterly	7340	5182	3479	3255	19256
4 - Improve services for our patients with time sensitive illnesses and injuries. (2 Measures)						
Number of "higher priority" (time-sensitive) EMS incidents.	Quarterly	19239	19284	20082	20337	78942
Number of "highest priority" (very time-sensitive) EMS incidents.	Quarterly	1376	1342	1436	1477	5631
4 - Improve the timeliness of our services by monitoring and evaluating response time measures. (1 Measure)						
Number of emergency incidents.	Quarterly	49269	48258	50994	52883	201404
4 - Quickly control and extinguish fires. (5 Measures)						
Number of fire incidents.	Quarterly	8489	8029	8523	9611	34652
Number of "structure fire" incidents.	Quarterly	685	638	545	525	2393
Number of "structure fires" extinguished.	Quarterly	172	165	177	165	679
Number of "residential structure fires" extinguished.	Quarterly	126	127	161	143	557
Number of "other fires" extinguished.	Quarterly	227	178	328	405	1138
4 - Reduce threats to the lives and property of our community residents by investigating the cause and origin of fires. (2 Measures)						
Number of fires classified as "arson."	Quarterly	54	59	63	52	228
Number of "arson" arrests.	Quarterly	8	9	11	4	32
4 - Reduce threats to the lives and property of our community residents by preventing fires. (3 Measures)						
Number of occupancies inspected.	Quarterly	2280	2514	3621	3766	12181
Number of fire code violations observed.	Quarterly	2883	3358	4772	3875	14888

Number of fire code complaints investigated.	Quarterly	44	52	110	100	306
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2017 Strategic Initiatives

Title	Description	Complete to Date	Status Update	Explanation
EMERGENCY MEDICAL SERVICES OPERATIONS (3 Strategic initiatives)				
Reduce demand for EMS by diverting repeat or non-emergency patients.	During FY 2017, the Department will plan, and contingent on funding, will begin implementation of the recommendations of the Integrated Healthcare Collaborative. These recommendations include strategies to educate and divert low acuity 911 callers to alternative transportation, and to connect them to non-emergency comprehensive primary care.	50-74%	During FY 2017, the Department began preparing for the implementation of the Integrated Healthcare Collaborative (IHC) recommendations. Planning commenced with the Department's partner District government agencies, community clinics, and Managed Care Organizations (MCOs). The Mayor proposed and the Council approved funding for this implementation to take place in FY 2018.	The Department has spent several months in FY 2017 planning to ensure robust and seamless implementation of the IHC recommendations. Funding begins in FY 2018.
Increase dispatching and resource allocation efficiency.	During FY 2017, in partnership with the Office of Unified Communications, the Department will continue to review and revise its dispatch protocols so that the right resource is dispatched to the right patient at the right time. The ultimate goal is to preserve resources by decreasing the number of units that currently respond to low-level, non-critical calls, and to preserve ALS resources for only the most critical calls.	Complete	During FY 2017, under the leadership of the Medical Director and Assistant Medical Director, the Department submitted revised protocols to the Office of Unified Communications (OUC). These revisions were implemented. The Department also reclassified "person down" calls from ALS to BLS. Preliminary analysis shows that both changes resulted in savings of ALS resources. The Department also recommended to the OUC that the dispatch system be changed to Criteria Based Dispatch in FY 2018 and the OUC is implementing this change.	
Continue reform of EMS delivery services with new third party ambulance service contract and additional, improved training.	During FY 2017, the Department will award a contract for long term third party ambulance service for low-level, non-critical medical calls. Additionally, the volume and quality of firefighter, emergency medical technician and paramedic training will be increased by moving from biannual classroom "cramming sessions" for re-certification to regular team-based sessions that are CQI-informed and emphasize hands-on skills. FEMS will also work to partner with universities and hospitals to provide more effective training.	Complete	During FY 2017, the Department was awarded a modified Third-Party ambulance contract and under the leadership of the Medical Director a revised approach to required continuing medical education (CME) was implemented. The revised training uses 4-hour blocks of rotating topical content, replacing the traditional 36-hour biannual block of CME. The new content also meets recertification requirements while providing flexibility to address critical and urgent topics. New Paramedic Grand Rounds sessions, company-based training sessions, and a partnership with Children's National Medical Center providing pediatric rotations for ALS providers are also being implemented.	
FIELD INFRASTRUCTURE (2 Strategic initiatives)				

Increase availability of fleet apparatus through additional staffing resources and advanced training and use of predictive scheduling and maintenance.	During FY 2017, the Department will apply predictive approaches and utilize advanced preventative maintenance techniques to increase fleet apparatus availability. Workforce teams will increase the utilization of the FASTER management software and receive enhanced certifications and training on scheduling, tracking, and reporting on fleet readiness and maintenance. Additional staff will be acquired by filling existing vacancies and a “dedicated” service lane will be created exclusively for preventative maintenance and inspections.	Complete	During FY 2017, the Department implemented a dedicated service lane for preventative maintenance and inspections of fleet apparatus. Availability for maintenance purposes has increased and fleet mechanics are continuing to receive Emergency Vehicle Technician (EVT) and American Service Excellence (ASE) training and certifications as well as training on vehicle engines and transmissions from the Original Equipment Manufacturer (OEM).	
Improve and upgrade the Department’s Fleet.	During FY 2017, the Department will purchase 31 vehicles, including 16 ambulances, 6 fire engine trucks, 3 ladder trucks, 1 rescue squad, and 5 command vehicles.	50-74%	During FY 2017, the Department procured through purchase order seven ambulances, one fire engine truck, and three ladder trucks. In addition to this, two Hazmat units and one air unit were also procured. This Initiative has been moved forward to be fully implemented in FY 2018.	Multiple procurement challenges delayed the full implementation of this initiative. Completion anticipated in FY 2018.

INFORMATION TECHNOLOGY (1 Strategic Initiative)

Utilize technology to enhance department emergency response performance.	During FY 2017, the Department will upgrade electronic patient care reporting applications and increase Wi-Fi coverage at stations to improve data sharing effectiveness and overall performance. Emergency vehicle hardware will be modernized to accommodate the technology upgrade and additional wireless access points will be added at stations to boost Wi-Fi connectivity.	Complete	During FY 2017, the Department completed technology upgrades in 100 apparatus units with the installation of Android tablets to enable personnel to complete ePCR data electronically. In addition wireless access points were added at Stations 1, 2, 7, 9, 7, 14, and 16 to boost Wi-Fi connectivity. Wireless access points were also added at the fleet maintenance division and warehouse locations.	
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PERFORMANCE MANAGEMENT (2 Strategic initiatives)

Enhance the evaluation of field provider performance by incorporating patient outcome data by hospitals into the assessment process.	During FY 2017, the Department will utilize data on patient outcomes from hospitals to better evaluate and improve the practice of providers in the field. The additional information will benefit the Continuous Quality Improvement process and provide for a more constructive feedback process. A regional data sharing platform will be utilized to track the assessment and management of emergency department transports.	25-49%	During FY 2017, CRISP (Chesapeake Regional Information System for our Patients) was awarded a contract to build the District Health Information Exchange (HIE) through the Department of Health Care Finance (DHCF). The Department signed a Memorandum of Agreement with CRISP to share data for the purpose of participating in the HIE and measuring patient outcomes. In FY 2018 a system will be built by which patient hospital outcome data can be easily accessible.	The Department spent several months ensuring the agreement was HIPAA compliant per the Districts compliant officer. During the second quarter of FY 2017 CRISP had competing priorities that delayed implementation.
Improve the	During FY 2017, the Department will	50-74%	During FY 2017, the Department updated	This initiative has

evaluation of "turnout times" measures at the Battalion and Company level.	improve the evaluation of emergency response times by increasing the frequency of "Turnout time" (the time between actual alarm time at response facilities and units and the beginning of travel time to incident) data analysis and availability to managers at the Battalion and Company level, with the goal of improving turnout times under the National Fire Protection Association (NFPA) Standard 1710.		operational policy by issuing Special Order No. 2016-171, clarifying expectations and requirements for meeting "Turnout Times." In addition, sample data sharing templates were created. Processes to facilitate data analysis will continue as this initiative has been moved forward to be fully implemented in FY 2018.	been transferred to FY 2018 for full implementation. Barriers to completion were competing priorities on the administrative and operational level.
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PUBLIC OUTREACH (2 Strategic initiatives)

Increase the number of District of Columbia residents trained in "Hands only" CPR.	During FY 2017, the Department will partner with DCPS and charter schools to educate Middle and High School students in the use of Compression only ("Hands-only") CPR and the use of Automated External Defibrillators (AED).	Complete	During FY 2017, the Department collaborated with District of Columbia Public Schools (DCPS) and District of Columbia Public Charter Schools (DCPCS) to educate students in the use of "Hands-only" CPR. A total of 498 middle and high school students were trained with this initiative. Logistical and consultation support in the implementation of Hands Only CPR curricula is ongoing with DCPS and DCPCS. The Department also signed an MOU with DCPS and other partner agencies to install AEDs in every school in the District.	
Perform fire prevention and education activities at senior citizen living facilities, buildings, and nursing homes.	During FY 2017, the Department will partner with the DC Office on Aging to engage with senior citizen living facilities to perform fire prevention inspections and educational outreach. At least 10 % of the current senior buildings or nursing homes throughout the District will be inspected. Residents of these facilities will be offered comprehensive fire safety educational programs that will include electrical and home heating fire prevention, escape planning in case of fire, and smoke alarm/carbon monoxide alarm maintenance.	Complete	During FY 2017, the Department performed fire prevention educational outreach and fire inspection activities at 67 senior citizen living facilities, buildings, and nursing homes. Out of a total of 82 existing senior facilities, 75 were inspected for a 91% completion rate. In addition, 39 facilities received comprehensive fire safety educational programs that included electrical and home heating fire prevention, escape planning in case of fire, and smoke alarm/carbon monoxide alarm maintenance.	

RISK MANAGEMENT (1 Strategic Initiative)

Complete driver safety awareness training for Department personnel.	During FY 2017, the Department will complete driver safety awareness training for all operational personnel to promote and develop a safe and technically competent workforce. This includes classroom and practical training incorporating requirements described by NFPA Standard 1451 ("Standard for a Fire and Emergency Service Vehicle Operations Training Program").	50-74%	During FY 2017, the Department completed driver safety awareness training for 1,222 operational personnel, meeting 79% of the goal of training 1,548 members. The majority of training was completed during the weekends (averaging 26 members per weekend) and included classroom and practical training incorporating requirements described by NFPA Standard 1451 ("Standard for a Fire and Emergency Service Vehicle Operations Training Program").	Due to competition from seasonal classes along with space constraints the goal was not met by the end of FY 2017 and is to be completed in the beginning of FY 2018. We have adjusted the
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training goal moving forward to a more reasonable number of 1,200 members per year (200 per month).

TRAINING AND EMPLOYEE DEVELOPMENT (2 Strategic initiatives)

<p>Implement Leadership Development Plan Recommendations.</p>	<p>During FY 2017, the Department will implement the short term recommendations included in the comprehensive Leadership Development Plan created and published in FY 2016 with the goal of developing strong, innovative and diverse leaders. Recommendations include making promotional requirements more transparent and strengthening leadership training for all supervisory ranks.</p>	<p>50-74%</p>	<p>During FY 2017, the Department's Training Academy designed new "Supervisor I" classes and delivered the training to beginning level supervisors. The new curriculum encompassed many of the recommendations of the Leadership Development Plan (LDP). The first class of "Empowering Women To Lead" mentees graduated from the program. Implicit bias diversity training was delivered to the Battalion Fire Chiefs. In addition, the Training Academy delivered fire officer training to EMS supervisors.</p>	<p>Due to the additional training administered across the Department in FY 2017, along with competing priorities and other initiatives, full implementation of this effort was delayed.</p>
<p>Expose FEMS paramedics to pediatric care inside a hospital emergency department environment.</p>	<p>During FY 2017, the Department will send all paramedics for a one day shift in the Children's National Medical Center Emergency Department to study best practices and increase medical competency. This effort will include pediatric nurse triage and acute treatment of pediatric emergencies.</p>	<p>0-24%</p>	<p>During FY 2017, under the supervision of the medical staff and faculty at Children's National Medical Center (CNMC) the Department began implementing 8-hour clinical rotations (4-hours participating in asthma treatment; 4-hours assisting in pediatric triage) for all Department paramedics. The additional Pediatric care education and training is mandatory for ALS providers and is intended to broaden their knowledge base. Efforts to continue and complete training for all paramedics will continue in FY 2018.</p>	<p>The CNMC requirement of providing proof of immunity documentation for MMR, PPD, TB and Influenza was a major barrier to the completion of this initiative. Efforts will continue in FY 2018 to conduct the needed vaccinations, boosters, and proof of immunity testing.</p>