

Fire and Emergency Medical Services Department FY2018

FY2018 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.

FY18 Top Accomplishments

What is the accomplishment that your agency wants to highlight?	How did this accomplishment impact residents of DC?	How did this accomplishment impact your agency?
The Department improved and expanded Mass Casualty Incident (MCI) plans. Training will be delivered to department members beginning in November of 2018 (as Module 10 of the EMS Training curriculum) and should be completed by January 31, 2019.	Improved response preparedness for the sorting of patients at events involving large numbers of injured persons helps secure the safety of the residents of DC.	Improved operational procedures for mass casualty incidents.
The Nurse Triage Line (NTL) was launched at the Office of Unified Communications (OUC) on April 19, 2018. To increase eligible calls and referrals, specific NTL response codes were added and OUC call takers continue to collaborate with on-site nurses to become more comfortable with the types of calls being triaged.	The Nurse Triage Line (NTL) provides secondary medical evaluations for "low acuity" patients who call 911 for assistance. The NTL then refers eligible patients to neighborhood community or urgent care clinics and provides transportation to Medicaid and DC Alliance patients. Patients who have received services from the NTL are getting better, faster, and more appropriate health care than they would be if they went to an emergency room for a non-emergency condition.	The Department is monitoring the program to determine impact. So far the impact is positive for the patients but there has been little impact on the Department's non-emergency call volume. In FY 19, the Department hopes to expand the program to have more impact on call volume.
The Department partnered with the Office of Unified Communications (OUC) to launch Criteria Based Dispatch system.	Improved dispatching accuracy and the increased effectiveness of triage of medical patients preserves EMS resources for DC residents with life threatening emergencies.	Improved utilization of fire and emergency medical response resources.

2018 Strategic Objectives

Objective Number	Strategic Objective

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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.**

2018 Key Performance Indicators

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	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	200	77	79	64	83	303	Unmet	The Department has taken many policy and training steps to improve driver safety. It is a long-standing culture issue that we will continue to work to resolve in FY 2019.
Number of FEMS personnel injured while at work	Quarterly	300	81	61	99	104	345	Unmet	Although we did not meet our FY 2018 goal we have observed considerable progress compared to FY 2017. Work to update policies and practices with regards to employee safety and risk reduction continue.
Number of labor/management partnership meetings scheduled and attended by executive managers	Quarterly	24	16	12	12	8	48	Met	
2 - Ensure that our facilities, vehicles, equipment and processes remain capable of supporting service delivery requirements. (3 Measures)									
Percent of time fire ladder trucks in the FEMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work	Quarterly	25%	40%	40.8%	40.2%	39.9%	40.2%	Unmet	We have made some progress since FY 2017 and expect that recent ladder upgrades will give us more opportunity to improve. Additional trucks will arrive in FY 2019.
Percent of time ambulances in the FEMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work	Quarterly	25%	27.5%	25.4%	30.6%	32.1%	29%	Unmet	In Quarter 4 of FY 2018 we observed an increase in downtime because of our focus on fire apparatus, but we were pleased to report that we did meet our goal in Quarter 2, earlier in the year. Through the purchase of additional ambulances and improved

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
									staffing resources, we expect to see further progress.
Percent of time fire engines in the FEMS emergency vehicle fleet were unavailable for daily operation because of maintenance or repair work	Quarterly	25%	38%	33.2%	30.4%	32.2%	33.4%	Unmet	Although we fell short of the target for this KPI, we have made some progress in the last half of the fiscal year and expect that our recent engine purchases will help meet our goal.
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	300,000	26,843	39,937	40,076	40,467	147,323	Unmet	This KPI will be evaluated in FY 2018 to find more effective ways to measure website effectiveness.
4 - Deliver timely, high quality and effective services to better serve the needs of our community. (28 Measures)									
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	Quarterly	50%	23.2%	23.3%	23.2%	22%	22.9%	Unmet	While the goal was not met, we continue to show upward progress on this KPI since FY 2016. Barriers include limitations in hospital capacity and efficient patient flow through hospitals and high call volume.
Percent of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for cardiac arrest patients	Quarterly	95%	90.3%	93%	91.8%	94.9%	92.7%	Nearly Met	We observed negligible changes in results in FY 2018 but expect to improve in FY 2019 due to a new CQI program that gives feedback to providers on every cardiac arrest.
Percent 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%	50%	55%	44%	55.4%	51.1%	Unmet	We have determined that this goal is not based on national standards. We have an initiative in FY 2019 to come up with a new goal/standard.
Percent of higher priority EMS calls when a FEMS transport unit arrived in 9 minutes or less	Quarterly	90%	83.1%	83.1%	83.1%	82.4%	82.9%	Nearly Met	The Department continues to see gradual improvement in this area. Improving "turnout times" will drive further improvement. Call volume that exceeds the national standard for many engine companies continues to be a barrier.
Percent of EMS CQI cases reviewed indicating timely, appropriate and successful	Quarterly	95%	83.5%	85.1%	81.4%	85.1%	83.7%	Unmet	Primarily due to trauma scene times, in which we have determined that our goal is not based on national standards. We have an initiative in FY

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
treatment for Level 1 Criteria Trauma patients									2019 to come up with a new goal/standard.
Percent of high-rise structure fire calls when a first alarm assignment arrived in 11 minutes 30 seconds or less	Quarterly	90%	80%	73.9%	75.9%	58.3%	73.4%	Unmet	FY 2017 was the first year this data was reported. Although we observed a decrease in this category, our FY 2019 focus on "turnout times" to drive further improvement should help us move closer to our goal. Call volume that exceeds the national standard for many engine companies continues to be a barrier.
Percent of residential structure fires without a working smoke alarm	Quarterly	1%	12.2%	6.9%	13.5%	14.7%	11.8%	Unmet	FY 2017 was the first year of reporting this KPI. A baseline has been established and we have adjusted our goal for FY 2019.
Number of participants who attended FEMS "hands only" CPR/AED familiarization training program events	Quarterly	25,000	4986	3829	3290	4780	16,885	Unmet	Because the Department has trained over 50,000 residents and visitors we could have reached a plateau (with our goal of 25,000). We will continue to prioritize this training in FY 2019 and are very pleased to have observed success with increased participation rates.
Percent of patients who experienced a sudden cardiac arrest, witnessed by a bystander, with CPR performed by a bystander	Quarterly	50%	31.7%	38%	50.8%	52.8%	42.9%	Unmet	Although we fell short of our goal of 50% for the fiscal year, we have seen promising results in FY 2018 on this KPI in Quarters 3 and 4. In other related Utstein categories, we exceed the national average. 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 2019.
Percent of patients who survived to hospital discharge after experiencing a sudden cardiac arrest witnessed by a bystander	Quarterly	15%	11.7%	14.1%	14.8%	5.7%	11.8%	Unmet	After increasing the target for this KPI in FY 2017, we continue to focus our efforts to improve in this category through continued emphasis on EMS training for providers, Hands on Hearts training for citizens, and registration for the Pulse Point

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
									application. Of note the Utstein Report survival rates improved in this category for four years in a row (Cardiac Etiology). In other related Utstein categories, we exceed the national average.
Percent of "structural" arson fires cleared by arrest or exceptional means	Quarterly	25%	13%	21.4%	23.1%	14.3%	18%	Unmet	After coming very close to meeting our goal for this KPI in FY 2017, the Department observed a drop in arson fires cleared in FY 2018. It should be noted that we are still showing an improvement over previous results in FY 2016.
Percent of higher priority EMS calls when a first responding EMT arrived in 5 minutes or less	Quarterly	90%	62.6%	60.7%	62.9%	60.5%	61.7%	Unmet	A focus of the Department in FY 2019 will be to improve "turnout times" to drive further improvement. Call volume that exceeds the national standard for many engine companies continues to be a barrier.
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	Quarterly	90%	52.1%	49.8%	52.5%	50.5%	51.2%	Unmet	A focus of the Department in FY 2019 will be to improve "turnout times" to drive further improvement. Call volume that exceeds the national standard for many engine companies continues to be a barrier.
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	Quarterly	90%	65.9%	65.1%	67.3%	66.2%	66.1%	Unmet	A focus of the Department in FY 2019 will be to improve "turnout times" to drive further improvement. Call volume that exceeds the national standard for many engine companies continues to be a barrier.
Percent of structure fire calls when a first responding fire engine arrived in 5 minutes 20 seconds or less	Quarterly	90%	97.2%	97.2%	94.1%	92.2%	95.2%	Met	
	Quarterly	200	17	19	130	34	200	Met	

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
Number of fire safety education presentations completed for pre-school/kindergarten age children									
Number home fire safety/smoke alarm installation visits completed for District residents	Quarterly	2000	240	377	712	1017	2346	Met	
Percent of residential structure fires where flame spread was confined to the room or structure of origin	Quarterly	95%	95.9%	95.7%	98.6%	96.9%	96.7%	Met	
Percent of residential structure fires where flame spread was confined to the room of origin	Quarterly	80%	81%	77.5%	77.4%	86.2%	80.2%	Met	
Percent of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for suspected STEMI patients	Quarterly	95%	100%	100%	100%	100%	100%	Met	
Percent of EMS CQI cases reviewed indicating timely, appropriate and successful treatment for suspected stroke patients	Quarterly	95%	100%	99.8%	99.5%	96.4%	99%	Met	
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	Quarterly	1%	0.4%	0.4%	0.4%	0.4%	0.4%	Met	
Percent of patients with suspected cardiac etiology who survived to hospital discharge after experiencing a	Quarterly	30%	38.5%	40%	50%	27.3%	40%	Met	

Measure	Freq	Target	Q1	Q2	Q3	Q4	FY2018	KPI Status	Explanation
sudden cardiac arrest witnessed by a bystander with an initial rhythm of ventricular fibrillation									
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	Quarterly	10%	5%	4.5%	4.2%	4.1%	4.5%	Met	
Number of civilian fire fatalities	Quarterly	10	2	1	1	0	4	Met	
Percent of patients surveyed who indicated they "agreed" or "strongly agreed" that FEMS personnel acted courteous and respectful during an EMS call	Quarterly	95%	96.7%	93.8%	95.9%	93.4%	95.2%	Met	
Percent of patients surveyed who indicated they were "satisfied" or "very satisfied" with the services they received during an EMS call	Quarterly	95%	96.5%	95.4%	94.2%	95.5%	95.4%	Met	
Percent of structure fire calls when a first alarm assignment arrived in 9 minutes 20 seconds or less	Quarterly	90%	94.8%	92.3%	91.7%	89.3%	92.2%	Met	

**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.

2018 Workload Measures

Measure	Freq	Q1	Q2	Q3	Q4	FY 2018
2 - Agency Financial Operations (2 Measures)						
EMS patient transport revenue	Quarterly	6,258,242	5,742,924	5,469,504	5,227,730	22,698,400
Fire Prevention fee and permit revenue	Quarterly	173,815	104,025	150,238	134,055	562,133
4 - Emergency Medical Services Operations (7 Measures)						
Number of EMS incidents.	Quarterly	39,910	38,726	42,163	47,303	168,102
Number of FEMS patient transports	Quarterly	12,951	12,619	13,398	14,354	53,322
Number of "higher priority" (time-sensitive) EMS incidents	Quarterly	17,954	17,833	14,111	14,390	64,288
Number of "highest priority" (very time-sensitive) EMS incidents	Quarterly	1310	1282	1193	1247	5032
Number of "lower priority" (not time-sensitive) EMS incidents	Quarterly	20,646	19,611	26,859	31,666	98,782
Number of individually identified patients who were transported 10 or more times during a 12 month period by an FEMS transport unit	Quarterly	166	144	141	139	590
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	2653	2293	2140	2080	9166
4 - Fire/Rescue Operations (5 Measures)						
Number of fire incidents	Quarterly	9221	9741	7838	8271	35,071
Number of "structure fire" incidents	Quarterly	647	681	663	633	2624
Number of "structure fires" extinguished	Quarterly	221	213	162	153	749
Number of "residential structure fires" extinguished	Quarterly	195	187	146	130	658
Number of "other fires" extinguished	Quarterly	229	285	448	441	1403
4 - Inspections (3 Measures)						
Number of occupancies inspected	Quarterly	2933	2281	3086	3302	11,602
Number of fire code violations observed	Quarterly	2747	3403	4682	3829	14,661
Number of fire code complaints investigated	Quarterly	116	104	109	73	402
4 - Investigations (2 Measures)						
Number of fires classified as "arson"	Quarterly	50	51	42	59	202
Number of "arson" arrests	Quarterly	5	10	3	4	22

Measure	Freq	Q1	Q2	Q3	Q4	FY 2018
4 - Performance Management (1 Measure)						
Number of emergency incidents	Quarterly	49,388	48,727	51,595	57,782	207,492

2018 Strategic Initiatives

Title	Description	Complete to Date	Status Update	Explanation
EMERGENCY MEDICAL SERVICES OPERATIONS (2 Strategic initiatives)				
Improve and Expand Mass Casualty Incident Plans	During FY 2018, the Department will improve Mass Casualty Incident (MCI) response preparedness by updating existing procedures to incorporate the "SALT" (Sort, Assess, Lifesaving Interventions, Treatment/ Transport) Triage Model into the daily operational plan. Included will be a more comprehensive plan for the sorting of patients at events involving large numbers of injured persons. Training on the new procedures will be provided for members utilizing a classroom environment and by performing practical skills exercises.	75-99%	The EMS Mass Casualty Incident (MCI) plan has been approved by the DC Department of Health (DOH) and training will be delivered to department members beginning in November of 2018 (as Module 10 of the EMS Training curriculum) and should be completed by January 31, 2019.	Implementation of this initiative will continue into FY 2018. The Department anticipates completion by January 31, 2019.
Implement Nurse Triage Line.	During FY 2018, the Department will launch a Nurse Triage Line (NTL) at the Office of Unified Communications (OUC) to provide secondary medical evaluations for "low acuity" patients who call 911 for assistance. The NTL will have the ability to refer patients to non-emergency health care sites when appropriate and to offer transportation options. This effort follows recommendations made by the Integrated Healthcare Collaborative (IHC).	Complete	The Nurse Triage Line (NTL) was launched at the Office of Unified Communications (OUC) on April 19, 2018. To increase eligible calls and referrals, specific NTL response codes were added and OUC call takers continue to collaborate with on-site nurses to become more comfortable with the types of calls being triaged.	
INFORMATION TECHNOLOGY (1 Strategic Initiative)				
Launch Criteria Based Dispatch system in partnership with OUC.	During FY 2018, the Department will partner with the Office of Unified Communications (OUC) to implement "Criteria Based" dispatching to improve the overall dispatch process with the goals of increased accuracy, more effective triage of medical patients, and more efficient utilization of fire and emergency medical response resources.	Complete	Along with the Nurse Triage Line (NTL) launch, the Department implemented the Criteria Based Dispatch System (CBD) with the new Fire and EMS protocols on April 19th, 2018. Together with the Office of Unified Communications (OUC) we are monitoring the effectiveness of CBD with NTL calls and the impact this has on the availability of units in high peak times. A statistically significant decrease in ALS	

Title	Description	Complete to Date	Status Update	Explanation
			dispatches has so far been observed and we are seeing ALS dispatches occur with more accuracy.	
PERFORMANCE MANAGEMENT (4 Strategic initiatives)				
Decrease "turnout times" measures at the Battalion and Company level.	During FY 2018, the Department will improve 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.	75-99%	Reporting and real time monitoring capabilities are being incorporated in the development of the First Watch program that will provide for increased data analysis capabilities.	Reporting and real time monitoring capabilities are being incorporated in the development of the First Watch program that will provide for increased data analysis capabilities.
Enhance Patient Outcome Measurement utilizing CRISP.	During FY 2018, the Department will utilize hospital outcome data from the Chesapeake Regional Information System for our Patients (CRISP) to guide pre-hospital care decision making. The data will provide useful information concerning patient experiences within the hospital, allowing for the review and comparison of assessments made by FEMS field providers. This information will then be utilized to facilitate appropriate provider training by targeting specific areas of need.	Complete	During the third quarter of FY 2018, the Department's Continuous Quality Control (CQI) group began using the Chesapeake Regional Information System (CRISP) system as a part of the evaluation of patient care. Dialogue continues with CRISP about how to maximize use of the system.	
Launch Pulsepoint mobile application campaign in partnership with OUC.	During FY 2018, the Department will partner with the Office of Unified Communications (OUC) to launch a public campaign to support enrollment in the Pulsepoint mobile application. This application can alert potential bystanders about a nearby victim of Sudden Cardiac Arrest (SCA) and can transmit the closest location of an Automated External Defibrillator (AED) to that person, facilitating bystander aid in Cardiopulmonary Resuscitation (CPR) before the arrival of Department personnel.	Complete	The Department has a total of 3,440 Pulsepoint followers with approximately half of those shown as having been "CPR Alert enabled." Since the launch of the campaign we have continued to promote the initiative using social media and also in conjunction with our "Hands on Hearts" CPR events. Over the next few months, we will launch new strategies to increase registration, including targeting DC government employees (including DPR employees); taxi drivers; apartment building owners and residents; hospital and health care workers; university students; and Council members and staff.	
Implement "After Action" policy for Firefighters	During FY 2018, the Department will create an "After Action Policy" outlining the requirements for review of Department responses to large-scale	Complete	NO FURTHER UPDATES	

Title	Description	Complete to Date	Status Update	Explanation
	incidents. Analyzing and reassessing incident scene actions and behaviors "in hindsight" will provide important information for improving Firefighter Safety, Training and Operations.			
PERSONNEL (1 Strategic Initiative)				
Hiring to reduce overtime.	During FY 2018, the Department will hire an additional 48 dual-role Firefighter EMT's and Firefighter Paramedics to help reduce overtime. A working group will meet on a regular basis in order to meet these hiring goals.	75-99%	The Department hired additional Firefighter Paramedic recruits and Firefighter/EMT recruits in FY 2018 over and above attrition. Bi-weekly hiring meetings continued throughout the reporting period.	In FY 2018 the Department hired additional Firefighter Paramedic recruits and Firefighter/EMT recruits to a level over and above attrition. This should alleviate overtime costs in FY 2019.
RISK MANAGEMENT (1 Strategic Initiative)				
Department review of NFPA Standard for Comprehensive Occupational Medical Programs	During FY 2018, the Department will review and incorporate the latest provisions for a comprehensive occupational medical program based on the latest National Fire Protection Agency (NFPA) standard 1582. The program includes regular medical evaluations of employees to establish a baseline for surveillance and standard evaluations following a member's exposure, illness or injury.	75-99%	The Department has continued regular medical evaluations of employees and has been tracking progress on a monthly basis. Annual Pulmonary Function Tests (PFT's) have been introduced to the annual physical battery of tests to begin in FY 2019 in accordance with the National Fire Protection Agency (NFPA) standard 1582. The O2X Wellness program continues to establish baselines for surveillance and standard physical fitness measurements.	Implementation of this initiative will continue into FY 2018. Further incorporation of version 2017 of the National Fire Protection Agency (NFPA) Standard 1582 will continue. Annual Pulmonary Function Tests (PFT's) have been introduced to the annual physical battery of tests to begin in FY 2019 in accordance with NFPA standard. The O2X Wellness program continues to establish baselines for surveillance and standard physical fitness measurements.
TRAINING AND EMPLOYEE DEVELOPMENT (3 Strategic initiatives)				
Create a comprehensive training calendar for Department personnel.	During FY 2018, the Department will develop a comprehensive training calendar of educational opportunities including those available at local and national training centers. The calendar will be updated on an annual basis and will include open enrollment schedules for at least four (4) National Fire Academy curriculums, three (3) newly developed In-Service training modules and 4 leadership seminars (to be held quarterly).	Complete	No further updates. The development of the comprehensive training calendar has allowed for better strategic planning and budgeting for the year and continuing into FY 2019.	
Provide new Fire Inspector training	During FY 2018, the Department will provide new National Fire Protection	Complete	The Department trained 1,085 members from the Operations	

Title	Description	Complete to Date	Status Update	Explanation
to Department operational personnel.	Association (NFPA) training to all operational personnel. NFPA 1031 (Standard for Professional Qualifications for Fire Inspector and Plan Examiner) will be the focus with instruction on fire hazard recognition for various building classifications, citation documentation and preparation, and the abatement process. The Office of the Fire Marshal will coordinate with Operations to develop the training and determine the delivery schedule, create the training evaluation process and report training outcomes.		Division completed the Company Fire Inspection Training Course that included instruction on fire hazard recognition for various building classifications, documentation and preparation, and the abatement process.	
Focus leadership development efforts on higher education.	During FY 2018, the Department will work to support increased membership enrollment in higher education while promoting tuition reimbursement benefits. Updates to supervisory training (Fire Officer I-IV) will continue and a set of curricula for International Fire Service Accreditation Congress (IFSAC) approval will be prepared. Quarterly leadership seminars will be instituted and open to all Department employees. This includes formalizing a supportive process for FEMS employees to earn paramedic certification through local and regional accredited educational programs.	75-99%	The Department has provided over \$90,000.00 in tuition reimbursement to members and has contracted with Maryland Fire and Rescue Institute (MFRI) for Fire Officer III training and certification. Fire Officer I & II certification training and certification is ongoing and quarterly leadership seminars have been formulated (open to all employees).	The Department completed most of this initiative in FY 2018. A formalized process for employees to earn paramedic certification has yet to be established and will be addressed in FY 2019.