



**FY 2015 PERFORMANCE PLAN  
Fire and Emergency Medical Services Department**

**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.

**PERFORMANCE PLAN DIVISIONS**

- Operations Bureau
- Emergency Medical Services Bureau
- Services Bureau
- Fire Prevention and Investigations Division
- Office of Communications
- Office of the Fire and EMS Chief

**AGENCY WORKLOAD MEASURES**

<b>Measures</b>	<b>FY 2012 Actual</b>	<b>FY 2013 Actual</b>	<b>FY 2014 YTD<sup>1</sup></b>
Number of emergency incident responses	167,939	167,335	131,340
Number of EMS incident responses	137,643	137,512	107,153
Number of EMS patient transports	103,381	102,385	80,151
Number of EMS quality case reviews	9,169		N/A
Number of Street Calls patient contacts	349	183	253
EMS patient transport revenue (in millions)	\$17.9 million	\$27.5 million	\$20.3 million
Number of fire and other incident responses	30,296	29,823	24,187
Number of structural fires <sup>(see footnote 20)</sup>	801	907	750
Number of other fires <sup>(see footnote 20)</sup>	376	463	318
Number of fires classified as arson <sup>2</sup>	249	273	150

<sup>1</sup> Data is current as of June 30, 2014.

<sup>2</sup> This measure is tabulated from Fire Investigator Uniform Crime Reporting (UCR) data. According to the 2004 FBI UCR Handbook, “arson” is a property crime defined as “any willful or malicious burning or attempting to burn, with or without intent to defraud, a dwelling house, public building, motor vehicle or aircraft, personal property of another, etc.” “Arson” includes “structural,” “mobile” and “other” property classifications.



<b>Measures</b>	<b>FY 2012 Actual</b>	<b>FY 2013 Actual</b>	<b>FY 2014 YTD<sup>1</sup></b>
Number of arson arrests <sup>3</sup>	18	29	25
Number of fire code violations observed	12,933	12,445	14,230
Number of fire code complaints investigated	694	505	459
Fire Marshal fee and permit revenue	\$496,275	\$479,996	\$411,258

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<sup>3</sup> Arson arrests may not be associated with arson offenses that occur during the same fiscal year. For example, a subject may be arrested in FY 2014 for an arson offense that occurred in FY 2013. As such, this workload measure may not match the arson fire clearance rate reported for a fiscal year. Instead, it represents the number of arson arrests reported during the current fiscal year.



## *Operations Bureau*

### **SUMMARY OF SERVICES**

The Operations Bureau is responsible for providing emergency medical services (EMS), fire suppression, hazardous materials response, technical rescue and homeland security preparedness services to protect lives and property in the District of Columbia.<sup>4</sup>

**OBJECTIVE 1: Help sick and injured patients by providing pre-hospital emergency medical care and ambulance transport.**

**INITIATIVE 1.1: Implement an EMS performance improvement initiative for reducing emergency incident “on-scene time” for “major trauma patients” to 10 minutes or less (Age-Friendly DC Goal: Domain # 9).** During FY 2015, the Department will implement an EMS performance improvement initiative to reduce the time spent at emergency incident scenes (on-scene time) by ambulances. This initiative will focus on reducing the time taken by ambulance crews to assess, load and begin transporting patients suffering from major traumatic injuries to Level I Trauma Center hospitals. EMS performance improvement initiatives of this type improve patient outcomes by reducing morbidity and mortality associated with pre-hospital patient care. **Completion Date: September, 2015.**

**OBJECTIVE 2: Safeguard lives and property by controlling and extinguishing fires.**

**INITIATIVE 2.1: Implement a fire risk identification program for residential multifamily buildings.** During FY 2015, the Department will implement a company level fire risk identification program to recognize conditions contributing to excessive fire loads in residential multifamily buildings. Named “TMSID,” this program will focus on recognition of compulsive hoarding conditions (Too-Much-Stuff IDentification) which may significantly increase fire loads, delaying victim rescue and fire extinguishment. Company level fire risk identification programs reduce the risk of death, injury or property damage caused by fires. **Completion Date: September, 2015.**

**OBJECTIVE 3: Safeguard lives and property by preparing for and responding to natural disasters or other catastrophic events.**

**INITIATIVE 3.1: Improve “mass casualty” incident response preparedness.** During FY 2015, the Department will improve “mass casualty” incident response preparedness by updating standard operating guidelines and equipment inventories, along with patient tracking procedures. This will include “mass casualty” response and management training provided to select operational employees and supervisors. Improving “mass casualty” incident preparedness increases first responder safety, strengthens emergency management effectiveness and assists in bringing potentially catastrophic events to rapid conclusion. **Completion Date: September, 2015.**

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<sup>4</sup> The EMS Bureau is responsible for the continuous quality improvement (CQI) of EMS patient care delivered by the Operations Bureau.



**INITIATIVE 3.2: Improve aircraft firefighting, rescue and flammable liquid fire extinguishment capabilities.** During FY 2015, the Department will improve aircraft firefighting, rescue and flammable liquid fire extinguishment capabilities by updating standard operating guidelines and equipment standards, along with improving foam storage and deployment capabilities. This will include specialized training provided to select operational employees and supervisors which will require annual recertification. Improving aircraft firefighting, rescue and flammable liquid fire extinguishment capabilities increases first responder safety, strengthens dignitary protection activities and assists in bringing potentially catastrophic events to rapid conclusion.

**Completion Date: September, 2015.**



## KEY PERFORMANCE INDICATORS – Operations Bureau

Measures	FY 2013 Actual	FY 2014 Target	FY 2014 YTD <sup>5</sup>	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Percent of critical medical calls with first EMT arriving within 6 minutes 30 seconds dispatch to scene <sup>6</sup>	87.91%	90%	93.70%	90%	90%	90%
Average response time of first arriving EMT to critical medical calls	4.43	< 5m	3.94	< 5m	< 5m	< 5m
Percent of critical medical calls with first paramedic arriving within 8 minutes, dispatch to scene <sup>6</sup>	81.51%	90%	88.68%	90%	90%	90%
Average response time of first arriving paramedic to critical medical calls <sup>7</sup>	5.90	< 6m	5.16	< 6m	< 6m	< 6m
Percent of critical medical calls with first transport unit arriving within 12 minutes, dispatch to scene	89.92%	90%	93.12%	90%	90%	90%
Average response time of first arriving transport unit to critical medical calls	7.05	< 9m	6.39	< 9m	< 9m	< 9m
Percent of hospital drop times 30 minutes or less	23.52%	50%	17.66%	50%	50%	50%
Average hospital drop time	42.48	< 30m	45.47	< 30m	< 30m	< 30m
Percent of structure fire calls with first fire truck arriving within 6 minutes, 30 seconds dispatch to scene <sup>6</sup>	97.48%	90%	98.55%	90%	90%	90%
Average response time of first arriving fire truck to structure fire calls	2.60	< 4m	2.48	< 4m	< 4m	< 4m

<sup>5</sup> Data is current as of June 30, 2014.

<sup>6</sup> National Fire Protection Association (NFPA) measure. “Response time” sums the measures of call “turnout time” (NFPA 1710, section 3.3.53.8) and “travel time” (NFPA 1710, section 3.3.53.7) as defined by NFPA 1710, section 4.1.2.1.

<sup>7</sup> International City/County Management Association (ICMA) comparative measure (October, 2008).



## *Emergency Medical Services Bureau*

### **SUMMARY OF SERVICES**

The Emergency Medical Services (EMS) Bureau is responsible for management of out-of-hospital emergency medical care and preventive healthcare services to improve the quality of life in the District of Columbia.

**OBJECTIVE 1: Help sick and injured patients by providing pre-hospital and out-of-hospital healthcare services.**

**INITIATIVE 1.1: Implement a community health improvement program to identify District residents “at risk” of hypertension and diabetes (Age-Friendly DC Goal: Domain # 8).** During FY 2015, the Department will implement a community health improvement program to identify District residents “at risk” for cardiovascular disease and diabetes. This program will focus on providing blood pressure and blood glucose checks at barber shops, ANC meetings and other public events attended by Department personnel through a partnership involving District hospitals, local businesses and community volunteers. Community health improvement programs of this type assist District residents in identifying undiagnosed health problems, reduce risk of “sudden death” and promote community wellness. **Completion Date: September, 2015.**

**OBJECTIVE 2: Continuously improve the quality of out-of-hospital medical care provided by Department personnel.**

**INITIATIVE 2.1: Improve compliance with medical treatment protocol for patients presenting with chest pain.** During FY 2015, the Department will focus EMS Continuous Quality Improvement (CQI) efforts on improving compliance with medical treatment protocol for patients presenting with chest pain. This will include reviewing the medical treatment provided to a patient by Department personnel, determining if a patient was transported to an appropriate receiving hospital, followed by informative and supportive feedback to Department personnel making patient care decisions. Effective EMS CQI efforts improve patient care, increase employee competence and reduce liability risk exposure. **Completion Date: September, 2015.**



## KEY PERFORMANCE INDICATORS – EMS Bureau

Measures	FY 2013 Actual	FY 2014 Target	FY 2014 YTD <sup>8</sup>	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Percent decrease in 911 usage by Street Calls patients in a cohort <sup>9</sup>	24.04%	50%	12.27% <sup>10</sup>	50%	50%	50%
Percent of patients in cardiac arrest that arrive at a hospital with a pulse after resuscitative care was initiated. <sup>7,11</sup>	N/A	25%	19.4%	25%	25%	25%
Percent of patients with signs or symptoms of stroke that are transported to designated stroke center hospitals. <sup>12</sup>	N/A	N/A	N/A	90%	90%	90%
Percent of patients surveyed indicating they were “satisfied” or “very satisfied” with Fire and EMS services during an EMS call. <sup>7</sup>	91.76%	90%	92.82%	90%	90%	90%

<sup>8</sup> Data is current as of June 30, 2014.

<sup>9</sup> A “cohort” is a group of patients tracked over the period of one year by the Street Calls Program.

<sup>10</sup> The group of patients tracked in the FY 2014 “cohort” is not the same group of patients tracked in the FY 2013 “cohort.” The number of patients in the original cohort declined after individuals were removed from the program. The FY 2014 “cohort” tracks a new group of patients with the most number of ambulance transports and ambulance crew contacts as identified by the Street Calls Program at the end of FY 2013. As such, the FY 2014 YTD and FY 2013 measures are not comparable.

<sup>11</sup> Cardiac arrest patients (with suspected cardiac etiologies) who sustained return of spontaneous circulation (ROSC) in out-of-hospital settings and maintained a heartbeat until arriving at a hospital after prolonged resuscitative care was initiated. This measure is tabulated from electronic patient care report (ePCR) data. This measure was changed beginning in FY 2015.

<sup>12</sup> Patients with signs or symptoms of stroke (correctly identified by Cincinnati Pre-hospital Stroke Scale and blood glucose measurements) arriving at designated stroke center hospitals. This measure is tabulated from ePCR data. This is a new measure beginning in FY 2015.



## *Services Bureau*

### **SUMMARY OF SERVICES**

The Services Bureau is responsible for administering employee training, human resources, employee safety and wellness, information technology/emergency communications, purchasing, property, logistics and fleet management services to support the Department's operational capacity for all-hazards protection.<sup>13</sup>

#### **OBJECTIVE 1: Train and develop the Department's workforce.**

**INITIATIVE 1.1: Complete incident "size-up" awareness training for operational employees.** During FY 2015, the Department will complete incident "size-up" awareness training for operational employees to assist with the early identification of technical rescue emergencies, special hazards and the need for requesting additional resources. Operational employees successfully completing training will be issued a "Site Operations" certification. Operational employees who can identify and manage technical rescue emergencies improve first responder safety, strengthen emergency management effectiveness and assist in bringing potentially catastrophic events to rapid conclusion. **Completion Date: September, 2015.**

#### **OBJECTIVE 2: Administer human resources for the Department's workforce.**

**INITIATIVE 2.1: Establish a database application to more quickly resolve employee pay discrepancy issues.** During FY 2015, the Department, working with the Office of the Chief Technology Officer (OCTO), will establish a database application to more quickly resolve employee pay discrepancy issues. This will include database entry fields establishing the date a pay discrepancy was identified, processed, endorsed and approved or denied. Establishing a database application to more quickly resolve employee pay discrepancy issues increases the speed and efficiency of resolving apparent pay problems, while improving employee satisfaction. **Completion Date: September, 2015.**

#### **OBJECTIVE 3: Monitor and improve employee safety and wellness.**

**INITIATIVE 3.1: Implement a DWI safety awareness program for operational employees.** During FY 2015, the Department will complete DWI awareness training of operational employees for assisting with understanding the risks, penalties and consequences of driving while impaired when off duty. Awareness and risk reduction programs promote good health, improve employee safety and reinforce positive workplace behaviors. **Completion Date: September, 2015.**

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<sup>13</sup> The Services Bureau is responsible for the management of essential functions that support Department operations and cross multiple budget programs and activities on Table FB0-4.





**OBJECTIVE 4: Manage buildings and other properties owned by the Department.**

**INITIATIVE 4.1: Complete installation of replacement windows at Engine Companies 5 and 21.** During FY 2015, the Department will complete installation of historically relevant and energy efficient replacement windows at Engine Companies 5 and 21. This initiative supports Mayor Gray's Sustainable DC Plan by using innovative design and technology in buildings and neighborhoods to create vibrant, resilient urban environments, and attractive places to live, work, and play.

**Completion Date: September, 2015.**

**OBJECTIVE 5: Manage emergency apparatus and other vehicles owned by the Department.**

**INITIATIVE 5.1: Increase accountability for vehicle parts by improving parts room management functions.** During FY 2015, the Department will increase accountability of vehicle parts by improving parts room management functions including staffing, logistics, information technology and physical security controls designed to increase employee productivity and minimize older vehicle parts obsolescence. Increased accountability for vehicle parts by improving parts room management functions helps maximize shop throughput, improves cost tracking and minimizes vehicle downtime.

**Completion Date: September, 2015.**

**OBJECTIVE 6: Support decision making, communication and resource management by using information technology.**

**INITIATIVE 6.1: Replace existing FRMS software application.** During FY 2015, the Department will replace the existing Fire Records Management System (FRMS) software application with a more robust, user friendly application providing better integration with the Department's current electronic patient care report (ePCR) software application. The new FRMS will include expanded reporting modules and offer better connectivity for mobile users, including Fire Inspectors. Replacing the existing FRMS software application will allow the Department to meet National Fire Incident Reporting System (NFIRS) standards required by the United States Fire Administration (USFA).

**Completion Date: September, 2015.**



## KEY PERFORMANCE INDICATORS – Services Bureau

Measures	FY 2013 Actual	FY 2014 Target	FY 2014 YTD <sup>14</sup>	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Number of department vehicles involved in accidents during emergency incident responses <sup>15</sup>	85	< 100	117	< 100	< 100	< 100
Number of department personnel injured during emergency incident operations <sup>16</sup>	307	< 175		< 175	< 175	< 175
Number of fire stations completing planned major repairs or complete renovation	0	1		1	1	1
Percent of ambulance fleet unavailable for daily operation <sup>17</sup>	N/A	N/A	N/A	20%	20%	20%
Percent of fire engine fleet unavailable for daily operation <sup>17</sup>	N/A	N/A	N/A	30%	25%	20%
Percent of fire ladder truck fleet unavailable for daily operation <sup>17</sup>	N/A	N/A	N/A	33%	28%	23%

<sup>14</sup> Data is current as of June 30, 2014

<sup>15</sup> Accidents include vehicle “collisions” (an emergency vehicle striking another vehicle) or “incidents” (an emergency vehicle striking a stationary object) that occurred while an emergency vehicle was responding to a call or transporting a patient. This measure is tabulated from vehicle accident investigation form data completed by safety officers.

<sup>16</sup> Employee injuries that occurred during a fire or EMS call. This measure is tabulated from employee injury investigation form data completed by safety officers.

<sup>17</sup> Unusable vehicle hours, divided by total vehicle hours, for all vehicles within a classification. This measure is tabulated from FASTER Fleet Management System data. Unusable vehicle hours are the number of hours a vehicle was reported to be unavailable for use after arriving at the Apparatus Division or other location for maintenance or repair. Total vehicle hours are all hours within the reporting time period, multiplied by the number of vehicles within a classification. The number of vehicles and total vehicle hours for a classification may change on a quarterly basis as vehicles are removed or added to the vehicle fleet inventory. This is a new measure beginning in FY 2015.



## *Fire Prevention and Investigations Division*

### **SUMMARY OF SERVICES**

The Fire Prevention and Investigations Division is responsible for community risk reduction through public education, code enforcement, fire safety engineering and investigating the origin, cause and circumstances of all fires and explosions.<sup>18</sup>

#### **OBJECTIVE 1: Reduce threats to lives and property by preventing fires before they happen.**

**INITIATIVE 1.1: Implement a comprehensive fire inspection program of high rise buildings to improve fire safety.** During FY 2015, the Department will implement a comprehensive high rise building fire safety inspection program for buildings five (5) stories or greater to inspect and evaluate fire and life safety systems required by District of Columbia Fire Code. Named “Rise Up,” the program will focus on fire protection and notification systems, including smoke control and building egress components. Comprehensive fire safety inspection programs of high rise buildings with large occupancy loads reduce the risk of death, injury or property damage caused by fires.  
**Completion Date: September, 2015.**

#### **OBJECTIVE 2: Investigate to determine the cause and origin of fires.**

**INITIATIVE 2.1: Implement a Fire Investigations performance improvement initiative to increase the closure rate of arson cases.** During FY 2015, the Department will implement a Fire Investigations performance improvement initiative to increase the closure rate of arson cases by expanding the number of Armed Fire Investigators working in the Fire Investigations Unit (FIU). This will include the selection, training and credentialing of at least three (3) additional Armed Fire Investigators. Fire Investigation performance improvement initiatives of this type reduce the risk of death, injury or property damage caused by fires associated with criminal offenses.  
**Completion Date: September, 2015.**

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<sup>18</sup> The Fire Prevention and Investigations Division is responsible for activities associated with Table FB0-4, “Fire Prevention and Education” (2000).



## KEY PERFORMANCE INDICATORS – Fire Prevention and Investigations Division

Measures	FY 2013 Actual	FY 2014 Target	FY 2014 YTD <sup>19</sup>	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Number of residential structure fires per 1,000 residential structures <sup>7,20</sup>	4.83	< 4	3.87	< 4	< 4	< 4
Number of residential structure fires per 1,000 population <sup>7,20</sup>	1.23	< 1	0.97	< 1	< 1	< 1
Percent of residential structure fires contained to the room of origin. <sup>7,20,21</sup>	80.65%	> 80%	82.32%	> 80%	> 80%	> 80%
Percent of residential structure fires contained to the structure of origin. <sup>7,20,21</sup>	15.61%	< 20%	14.31%	< 20%	< 20%	< 20%
Total combined commercial and industrial structure fire incidents per 1,000 commercial and industrial structures <sup>7,20</sup>	3.75	< 15	3.64	< 15	< 15	< 15
End-of-fiscal year percent change in number of structural fires <sup>20</sup>	12.11%	-5%	N/A	-5%	-5%	-5%
End-of-fiscal year number of civilian fire fatalities <sup>22</sup>	8	≤ 5	8	≤ 5	≤ 5	≤ 5
End-of-fiscal year number of civilian fire injuries <sup>22</sup>	71	≤ 50	63	≤ 50	≤ 50	≤ 50
End-of-fiscal year percent of arson fires cleared by arrest or exceptional means <sup>23</sup>	10.62%	> 25%	14.73%	> 25%	> 25%	> 25%
Total arson fires per 10,000 population <sup>23</sup>	4.33	< 2	2.32	< 2	< 2	< 2

<sup>19</sup> Data is current as of June 30, 2014.

<sup>20</sup> This measure is tabulated from National Fire Incident Reporting System (NFIRS) data, required by the United States Fire Administration (USFA). All measures in this table with ICMA references combine NFIRS “property use” codes according to ICMA “service descriptors.” Each measure is tabulated from an ICMA report available in the Department’s fire records management system (FRMS) indicating that “extinguishment” took place during a “structure fire,” combined with other FRMS reports indicating that “extinguishment” occurred during a reported fire incident. Measures comparing counts of structures use 2011 “property type” information obtained from the District’s data warehouse. Measures comparing population counts use 2012 and 2013 information obtained from the United States Census Bureau.

<sup>21</sup> “Room of origin” reflects the first level of fire containment. “Structure of origin,” reflects the second level of containment. Combining both measures equates to the effectiveness of controlling fire extension to other structures. For example, during FY 2014 (year to date), 97% of residential structure fires have been contained to the room or structure of origin.

<sup>22</sup> USFA measure.

<sup>23</sup> This measure is tabulated from Fire Investigator UCR data. According to the 2004 FBI UCR Handbook, an “arson” offense is cleared by arrest “when at least one person is (1) arrested, (2) charged with the commission of the offense, and (3) turned over to the court for prosecution (whether following arrest, court summons, or police notice).” An “arson” offense cleared by exceptional means (1) the “identity of the offender” can be “definitely established” during the investigation, (2) enough information exists to “support an arrest, charge, and turning over to the court for prosecution,” (3) “the exact location of the offender (is) known so the subject (can) be taken into custody now,” and (4) “some reason, outside law enforcement control,” exists “that precludes arresting, charging, and prosecuting the offender.” Arson fire cases may not be cleared in the same fiscal year they occur. For example, an arson fire that occurred in FY 2013 might not be cleared by an arrest until FY 2014. As such, arson fire clearance rates for previous fiscal years may be updated by new Performance Management Plans published during subsequent fiscal years. Population counts use 2012 and 2013 information obtained from the United States Census Bureau.



*Office of Communications*

**SUMMARY OF SERVICES**

The Office of Communications is responsible for transmission of public information along with coordination of public education and intervention programs to improve fire and life safety for District of Columbia residents.

**OBJECTIVE 1: Communicate information to the public and media.**

**INITIATIVE 1.1: Increase public attention of social media feeds to improve information distribution.** During FY 2015, the Department will increase public attention of social media feeds by expanding both daily and weekly transmissions of emergency incident updates and original content, including life safety and health improvement information. Wider distribution of public safety information by social media better informs District residents of Department services, improves preparedness and promotes community wellness. **Completion Date: September, 2015.**

**OBJECTIVE 2: Reduce threats to lives and property through public education and intervention programs.**

**INITIATIVE 2.1: Increase public awareness of learning CPR to reduce the risk of “sudden death” caused by cardiac arrest.** During FY 2015, the Department will increase public awareness of learning “hands only” CPR by producing a 90 second video for transmission by social media feeds and other media distribution platforms. This will include “hands only” CPR demonstrations conducted during community events attended by Department personnel. Improved public awareness of learning CPR is a “link” in the American Heart Association “chain of survival” for surviving cardiac arrest, which includes “immediate recognition of cardiac arrest and activation of 9-1-1,” “early CPR with an emphasis on chest compressions,” and “rapid defibrillation.” **Completion Date: September, 2015.**



## KEY PERFORMANCE INDICATORS – Office of Communications

Measures	FY 2013 Actual	FY 2014 Target	FY 2014 YTD <sup>24</sup>	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Number of neighborhood level fire safety presentations completed	763	500	479	500	500	500
Number of at school fire safety presentations completed	198	50	130	50	50	50
Number of neighborhood level health screenings completed	144	> 50	126	> 50	> 50	> 50
Number of smoke alarm installations	942	> 1,000	790	> 1,000	> 1,000	> 1,000
Number of car seat installations	1,059	1,500	1,257	1,500	1,500	1,500
Number of CPR program participants	1,634	> 1,000	801	> 1,000	> 1,000	> 1,000
Number of District wide automatic external defibrillator (AED) registrations <sup>25</sup>	N/A	> 100	558	> 600	> 700	> 800

<sup>24</sup> Data is current as of June 30, 2014

<sup>25</sup> Beginning in FY 2014, this measure tracks all AED devices currently registered during the reporting period. One AED registration may include more than one device. The count reflects new and re-registered devices after a four (4) year registration period expired. The FY 2013 value, as reported by the Department's FY 2013 Performance Accountability Report (PAR), could not be recalculated to reflect the change in measurement definition. As such, only the FY 2014 YTD value is shown. The projected values were also revised to reflect the change in measurement definition.



*Office of the Fire and EMS Chief*

**SUMMARY OF SERVICES**

Department management, through the Office of the Fire and EMS Chief, is responsible for Department leadership and the administration of resources to improve services and promote policies focused on public safety.

**OBJECTIVE 1: Work closely with the Executive Office of the Mayor, Deputy Mayor of Public Safety and City Administrator to meet the needs of District residents while efficiently administrating Department services.**

**INITIATIVE 1.1: Improve Homeland Security and Special Operations preparedness.** During FY 2015, the Department, working closely with the Deputy Mayor of Public Safety (DMPS) and the District's Homeland Security and Emergency Management Agency (HSEMA), will improve Homeland Security and Special Operations preparedness by more closely evaluating and aligning operational response capabilities with emerging and identified risks. Improving Homeland Security and Special Operations preparedness strengthens emergency management effectiveness and assists in bringing potentially catastrophic events to rapid conclusion.

**Completion Date: September, 2015.**

**OBJECTIVE 2: Continue to improve labor/management partnerships.**

**INITIATIVE 2.1: Improve communication and documentation skills related to the supervision and management of employees.** During FY 2015, the Department will improve supervisor communication and documentation skills as part of "officer investment" courses related to the supervision and management of employees. This will include identification of supervisor responsibilities along with how effective documentation supports management decisions. Understanding why and when supervisor documentation is required will be extensively covered. Improving communication and documentation skills related to the supervision and management of employees reduces the likelihood of grievances, decreases the number of arbitration cases and limits the risk of litigation. **Completion Date: September, 2015.**

**OBJECTIVE 3: Use strategic level planning tools to improve services and better prepare for the future.**

**INITIATIVE 3.1: Evaluate and update organizational structure to align with budget program and activity codes determined by the OCFO.** During FY 2015, the Department, working collaboratively with the Office of the Chief Financial Officer (OCFO), will evaluate and update Department organizational structure to align with budget program and activity codes for FY 2016 budget formulation. This will include recognition of an identifiable budget by major organizational division of the Department. Aligning organizational structure with budget program and activity codes allows for transparency during budget formulation, accounts for program and activity funding by organizational division and assists in determining impacts associated with budget funding decisions. **Completion Date: January, 2016.**



### KEY PERFORMANCE INDICATORS – Office of the Fire and EMS Chief

Measures	FY 2013 Actual	FY 2014 Target	FY 2014 YTD <sup>26</sup>	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Average time in days to close Mayoral customer service work flows	6	7		7	7	7
Number of community group meetings scheduled and attended by executive managers	112	> 100	105	> 100	> 100	> 100
Number of labor/management planning activity meetings scheduled and attended by executive managers	21	12	20	12	12	12

<sup>26</sup> Data is current as of June 30, 2014.