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## Finance Committee Summary

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Wednesday, April 1, 2009

1:30 p.m.

3<sup>rd</sup> Floor Council Conference Room

**Committee Members Present:** Faatz, Chair; Boigon, Vice-Chair; Brown, Hancock, Lehmann  
**Other Council Present:** Garcia, Linkhart, Nevitt, Robb

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*Agenda:*

- 1) *Emergency Medical Response – Recommendations Report*

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### 1) **Emergency Medical Response – Recommendations Report:**

#### Committee Action

Katherine Archuleta, Denver International Airport/DIA-Mayor's Office, stated by the end of April there will be language proposed to change the current operating agreement with Denver Health to reflect the process and standards that will be used to measure compliance to NFPA for EMS. Council should see an ordinance and draft bill for their approval at that time. Councilmembers must provide input for contract changes to Shaun Sullivan, City Attorney's Office or Darlene Ebert, Legal Counsel for Denver Health, as soon as possible.

The entire working team will be scheduled back to Committee in August to provide an update on the EMS improvements and if they are on their way to meet the November 2009 goal. Councilmember Hancock requested that roles and responsibilities of all agencies including DIA for EMS be included in the August update.

#### Committee Discussion

Councilmember Faatz stated that today's discussion is follow up to multiple meetings related to the EMS response services - meeting National Fire Protection Association/NFPA standards, recommendations for standards, and City options for amending the current contract with Denver Health & Hospital Authority (DHHA). She allowed Mr. Robert Petre, President of IAFF Local #3634 Denver Paramedics, to comment on the findings and to provide his perspective on the top three things that need to be considered to resolve the EMS response issues. Mr. Petre thanked the Councilwoman for the opportunity to speak noting that he was a paramedic for 24 years before his current position as President of the Paramedic Union. He added that there are currently 40 members of this local. Mr. Petre outlined his response as follows:

- Accountability and transparency – noting that he was not part of the working group and that city staff has not provided any written materials for his review;
- Getting vehicles to scenes and appropriate staffing (2:2 ratio for advanced life support/ALS and basic life support/BLS); and

- Don't allow arbitrary exceptions in measuring the standards – don't extend timeframes, begin with NFPA standards.

Councilmember Hancock noted that he was disappointed that Mr. Petre was not given access to the information after he was assured that Mr. Petre would. He encouraged Denver Health and the working group to break down silos of communication and to work collaboratively to make positive safety changes to the City's EMS system. Ms. Archuleta said this process is taking a broader look at all communication connections and breakdowns and DIA, the union, and others will be making adjustments to processes to get to NFPA compliance.

Councilmember Faatz asked Mr. Denis Berckefeldt, representative of the Auditor, to state the Auditor's position for the record (see attached letter). Mr. Berckefeldt said their office concurs with the comments of Mr. Petre and added the following:

- It is important to adhere to the standards that are set and the exceptions should be tightened;
- Would like to see how Denver Health intends on meeting standards if they do not have sufficient personnel to staff vehicles;
- If there are any third-party contracts, the Auditor's Office would like to review them;
- He stressed that ambulance times are not the only way to measure performance; and
- The ongoing reporting mechanism should be timely and should reflect consequences for non-compliance.

Katherine Archuleta, Denver International Airport/DIA-Mayor's Office, stated that since the Auditor's report was completed in December 2008, a working group has been convened to assess issues and has begun to make immediate improvements to the EMS system, to identify the new standard with the least cost while improving clinical care. Throughout the months of testing the LEAN process was used to identify duplications (seconds lost) and efficiencies. The NFPA standards were originally adopted in 2004. The NFPA standards measure EMS from the time a call is taken to the time a unit arrives at the scene (encompasses 7 steps identified in the attached report on page 3). Whereas EMS industry standards utilize a total response time measurement of 8 minutes 59 seconds at 90% compliance, until recently, Denver clocked response times from the time the call was dispatched for EMS, not from when the call was taken. The Auditor's findings showed 911 calls answered in < 15 seconds at 82% compliance, but actual EMS responses added times of 10:29 minutes for BLS and 15:48 minutes for ALS, response times beyond the approved standards. As a result of the LEAN process, immediate steps were taken to increase compliance to appropriate response times as follows:

- Response times for all agencies will begin from the 911 pickup call to arrive on scene and all agencies will report collectively from that initial point of contact;
- All agencies involved will utilize a common set of terms;
- Exclusions/exceptions are identified, will be accounted for, and reported quarterly;
- Better coordination of call taking and streamlining of "nature" codes – not having two people seated to switch calls, primarily between police and EMS calls; which includes two call taking systems that will be implemented between April through June – Pro QA and Single Call-Taker;
- Denver Fire Dept. (DFD) will continue to monitor response performance and have asked for clarification regarding "exceptions" from NFPA;
- DFD will continue to monitor any impact to response times from automatic aid from surrounding municipalities; and
- Denver Health will work on retention and recruitment strategies for paramedics and will implement a two paramedic staffing model (one paramedic and one EMT).

Ms. Archuleta stated that Denver Health is responsible for the entire response time for an event, but that it was critical that all agencies partner together to meet response standards. She explained that the difference between how Denver measures response times to how NFPA measures response is the reporting mechanism. NFPA measures based on intervals and the measuring tool is not always reliable. Denver's standard does not fractionate time. As a result of the study, Denver will segment the process into three measurements to monitor performance as follows: 1) call answering, 2) dispatch performance, and 3) response performance (see page 19 of the EMS report). Denver will use the City Auditor's methodologies for measuring the data and the following "exceptions" will be scrubbed from the data:

- Bad address;
- Priority change (non-life threatening to life-threatening or vice versa);
- Duplicate calls;
- Out of jurisdiction; and
- Test calls.

As indicated before, Denver Fire will continue to analyze the exceptions that impact response times. Weather is also a factor for exemptions, but less than 1.5% of all calls annually are impacted by weather conditions. Councilmember Faatz said she still feels that weather should be included in the data analysis. Tom Cribley, Paramedic Division, said that weather is not generally included in response data and is a common exclusion from response times. Generally, paramedics plan for weather by driving slower for the safety of the patient and paramedic crew. Ms. Archuleta said they could include this information in the data and added that DIA performance will be reported separately. The goals to achieve the following Denver standards are planned for compliance to NFPA by November 30, 2009 and are in conjunction with the Pro QA and Single-Call Taker Systems that will be implemented by June 2009. Staff indicated that dispatch improvements are not included in the planned timelines (see page 27 of the EMS report):

- For BLS (Denver Fire): 6:30 total at 90% reliability;
- For ALS (Denver Health Paramedics): 10:30 at 90% reliability.

#### Questions by Councilmembers:

- 1) The current Denver Health Operating Agreement does not measure compliance from the entire process - from the beginning of the initial call – will that now be addressed in an amended agreement? (Faatz) Correct, and the Mayor's office will be recommending an amendment to the current contract with Denver Health to show the approved standards and measurements to be used for reporting. The contract will outline agency responsibilities for all components of EMS. (Shaun Sullivan, City Attorney's Office, and Katherine Archuleta)
- 2) Who will be responsible for releasing the monitoring reports to the public? (Faatz) The City will work collectively in getting the information to the public. (Archuleta)
- 3) Why did it take a long time to implement the two automated call systems and how is the City going to roll out the changes? (Hancock) These were things that the Auditor's Office pointed out that the City wasn't doing right. The goal now is to make the most improvements as possible with the least amount of cost. The City hired a new Communications Center director two years ago to bring the Center up-to-date, and in 2006-2007 the communication systems were upgraded (CAD and phones). (Archuleta & Carl Simpson, 911 Director)

- 4) How will Denver Health measure demand? (Hancock) The demand is based on 911 patterns. Hours of the day, days, and mutual aid are all considered when demand is measured. The Emergency Management Office will also be a resource for this information. (Stephanie Thomas, Denver Health; James Robinson, Paramedic Division; Archuleta)
- 5) What pay comparisons have Denver Health used for setting pay for paramedics? (Faatz) Denver Health has compared pay to 10 national cities with similar EMS systems and has participated and received information from Mountain State Employers Council. DH is amenable to take into consideration other compensation sources. (Thomas)
- 6) Can the monitoring reports include bad information from the City's side on an incident report? Primarily because this information is important for the total picture of an event. (Faatz) Good suggestion, the working group will consider it as it continues its monitoring and LEAN processes. (Archuleta)
- 7) How does the Flight for Life helicopter fit into the emergency response timeframes? (Faatz) The helicopter actually takes longer than ground ambulance to get on scene because of traffic, landing capability, etc., but the exception is DIA. A recent study found that it takes 40 minutes or longer for flight response. At this time, it is not included since ground ambulance response is primary response to most events. (Dr. Chris Colwell, Denver Health)
- 8) What will happen to individuals who aren't doing what they're supposed to do throughout the EMS timelines? (Faatz) Staff will need to analyze the information to see if it is a system issue or if it is negligence from an individual and proceed with discipline, if necessary. (Dr. Gabow, Denver Health)

Councilmember Faatz said the special report filmed by Channel 7 Investigative Reporter, Tony Kovaleski, regarding this issue was eye opening and disturbing. She thanked Channel 7 and the working group for getting this critical issue to City Council and for implementing changes to EMS quickly to assure the safety of the public and compliance to NFPA standards. Dr. Gabow said the process has been a learning experience and what has come out of the process is good and very unique to what is happening in the country. They will continue to work with others to improve the EMS system.