

# EMERGENCY MEDICAL SERVICES COUNCIL

*City of Alexandria, Virginia*



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To: Kerry Donley, Vice Mayor  
Frank Fannon, Alexandria City Councilman

CC: Alexandria Emergency Medical Services Council Members

From: Pamela Copley, Chair  
Alexandria Emergency Medical Services Council

## Urgent City Council Attention Required

Dear Vice Mayor Donley and Councilman Fannon:

It was good seeing you both at the Opening Party of Inova Alexandria Hospital's Emergency Department extension. And I am delighted that you are taking an interest in the welfare of Alexandria's premier Emergency Medical Service.

When the City of Alexandria professionalized its Emergency Medical Response Services 33 years ago, it was the first such professional service in the country. Many other cities soon followed Alexandria to professionalize their Emergency Medical Services. Prior to this, there were private ambulance services, and firefighters who could perform first aid and CPR. We have come a long way since then. Alexandria, with its award-winning Emergency Medical Service (EMS), is known throughout the US, and particularly the greater Washington Metropolitan region, for its single-role Advanced Life Support (ALS) providers. Our paramedics operate to the *highest advanced medical protocols* in the US for two reasons: 1) the advanced medical training from Alexandria's Operational Medical Director, Dr. James Vafier, under whose medical license our medics operate; and 2) because we have single-role ALS providers. This means that they are not dual-role firefighter/medics who are only medics part-time.

I have heard a number of times during the Strategic Planning Committee, *Goal No. 6, The Safety and Security of the Citizens, Businesses and Visitors of Alexandria*, of which I am a member, "we need to lower the expectations of our Citizens". This

lowering of expectations of city services to taxpayers may apply in some circumstances. But surely not in first-responder, life-saving measures.

A plan appears to be underway in the Fire/EMS Department which, if implemented, would forever effect Alexandria's ability to save the lives of the sick and injured. It is misnomered as the Firefighter-Paramedic Enhancement Program. The Program plans appear to be well underway, but the details have been kept from the Emergency Medical Services Council, the City Council, the Strategic Planning Committee, the Paramedics, and the Citizens who will be directly effected. Communications within the Fire/EMS Department have been so lacking, and information exchange so rare within the department, that our EMS department, which was already short several medics, has just lost a stellar EMS Supervisor, and other medics' resignations are in the pipeline. There are no medic-only classes planned for 2010. This is because the Program which is planned would end our single-role Advanced Life Support system and replace it with (dual-role) firefighter/medics: in other words, part-time medics who will no longer be trained in advance medical protocols or as Advanced Life Support providers.

A similar Program has been put in place in Fairfax County, Montgomery County, Arlington County and elsewhere, and in every jurisdiction in which it has been introduced, the abilities and standards of life-saving have diminished. Just ask our Emergency Department physicians at Inova Alexandria Hospital. They are acutely aware of the difference in life-saving standards between the City of Alexandria and elsewhere. Just ask the Fire/EMS personnel in those jurisdictions. Many of them came to Alexandria to flee that system.

The City of Alexandria currently has a shortage of ambulances and the Advanced Life Support providers to man them. As the population grows, and more buildings are built to ever-stringent building codes to house the growing population, the demand will increasingly be for Emergency Medical Services in contrast to the demand for Fire Trucks. Even now, more than two-thirds of all 911 calls to Fire/EMS in Alexandria are for EMS. This will increase.

Because of our shortage of ambulances and the paramedics to man them, usually by mid-day, 911 EMS calls in Alexandria are *daily* being answered first by fire trucks, followed by the later ambulance. The fire trucks cannot transport a sick or injured patient, nor provide the advanced care, technology or medication needed. Daily, City of Alexandria EMS 911 calls are answered by ambulances from Washington Airports Authority, Fairfax County, Arlington County, etc.

The growing City of Alexandria needs to address the current ambulance and Advanced Life Support (ALS) provider manpower shortage. We need to hang on to our

current, well-trained paramedics. Budget restrictions are a real problem, but plans should be considered to address current and future equipment and training needs when budget restrictions loosen.

Among other things, we need to urgently schedule medic-only training classes, we need to communicate to our current award-winning medics that their jobs as single-role emergency medical providers are secure, and that they will not be moved to firefighter/medics - and that is if they can pass the rigorous physical tests (which will eliminate the possibility of job retention for many of our paramedics, both women and men).

There are no shortages of Paramedic candidates for Alexandria. Our City's reputation for single-role, Advanced Life Support providers, using Advanced Medical Protocols, and a 42-hour work-week, attracts candidates from all over the US.

How important is it to the City of Alexandria to maintain its award-winning sole-provider, Advanced Life Support EMS capability? Here is a case in point:

Dr. James Augustine recently resigned as Medical Director for DC Fire and EMS, stating health reasons. Yesterday's *Washington Times* (December 9, 2009, page A13) had an article which reported that the District and Dr. Augustine, personally, were being sued for \$17-million in a wrongful death case. The case was previously covered in the newspaper: A 39-year-old man with chest pain who was not transported to the hospital for his chest pain and was found dead in his bed six hours later. The allegation against Dr. Augustine is that he knew, or should have known, that the paramedic's skills were not up to par. The paramedic involved in this incident was a firefighter/medic. This underscores the importance of a strong Quality Improvement process, rigorous oversight, and intimate involvement of the Medical Director in EMS activities. The medical director must be involved if incidents such as this are to be avoided.

Currently, the sweeping changes planned for Alexandria's Emergency Medical Service (EMS) have been discussed, planned, and put in to action without consulting our Medical Director Dr. James Vafier. Rumor and innuendo is all the medics have heard. They are insecure about the future of their jobs. Their morale is low. The Medical Director and the EMS Council have been unable to get a forthright answer to any of our questions about the plans underway.

I ask the City Council of Alexandria to please see that medic-only training is maintained, that we do not convert our system of sole-role, Advanced Life Support providers to part-time medic status, and that we plan for the future growth and needs of Alexandria's Citizens, Businesses and Visitors.