# Testimony of Caswell F. Holloway Deputy Mayor for Operations, City of New York Before the City Council Committees on Fire & Criminal Justice Services and Public Safety (June 21, 2013)

Good morning Chairpersons Crowley and Vallone and members of the City Council Committees on Fire and Criminal Justice Services and Public Safety. I am Cas Holloway, Deputy Mayor for Operations. I am joined today by Bruce Gaskey, Director of the Mayor's Office of Citywide Emergency Communications (OCEC); Chief of the NYPD Communications Section Charles Dowd; FDNY Chief of Communications Robert Boyce; and the City's Chief Analytics Officer, Mike Flowers. Thank you for the opportunity today to testify on New York City's ongoing efforts to upgrade and enhance the City's emergency 911 system, and on proposed legislation regarding the reporting of certain response times.

Public Safety is Mayor Bloomberg's top priority—and the foundation upon which any successful City rests. And New York City is the safest big City in America thanks to the dedication of the tens of thousands of police officers, firefighters, Emergency Medical Technicians and 9-1-1 call takers and dispatchers who respond to 30,000 9-1-1 calls every day, more than half of which result in the dispatching of a police officer, fire company, ambulance, or a combination of the three somewhere within the five boroughs.

Success in this sense means that people want to live and work in New York City, and by that measure, we are doing better than ever. The 9-1-1 call-taking and dispatch system is the foundation of public safety for New Yorkers who are injured, or are the victim of a crime, or who find themselves involved in a fire. That's because without them, our first responders would not—and could not—know where they needed to go. The nearly 1800 men and women who take calls, send out resources, conduct medical triage and send an ambulance have stressful jobs that require complete dedication. I want to particularly single out the 1100 NYPD 911 call takers who are truly on the front line of emergency response in New York City. They handle 30,000 calls every day—more when extraordinary events happen—and over the past two years, as we have transitioned from antiquated, end-of-life technology to new, modern 9-1-1 technology infrastructure, these dedicated City workers have ensured that the system has continued to run, at the same time that they have been training to transition to new technology that will better serve them and 8.4 million New Yorkers.

The critical need for a modern, state-of-the-art 9-1-1 system is particularly evident when events like the recent, tragic death of Ariel Russo—a four year old girl walking with her grandmother—happen. On behalf of the City, I would like to send my condolences to the family of Ariel who was killed by an unlicensed driver who had fled from police on the morning of June 4. Reckless criminal behavior caused this tragic death, but a critical question is whether the City's emergency response was as fast as it could have been, and if not, why not. We are conducting a full investigation to answer that question, and you have my commitment on behalf of the Mayor that we will report the result of that investigation and what, if any steps we will take to address any issues with the emergency response to this incident, and I am sorry for your loss.

New York City's 911 emergency response system is the largest in the country. The overhaul and upgrade of New York City's emergency 911 system through the Emergency Communications Transformation Program (ECTP) is the top public safety information technology program undertaken by the Bloomberg Administration. No one takes the effectiveness and reliability of the City's emergency response system more seriously than the Mayor. ECTP is the first substantial effort to modernize the 911 system since it was created in 1968.

That overhaul is under way—but a few facts are clear. Response times to life-safety emergencies in New York City have been dropping steadily for the last few years and have never been better. That includes fire responses. The evidence is not just in the time on the stopwatch—which I will go through in detail—but in the fact that fire fatalities are at an all time low, as are large, multiple alarm fires. That's because FDNY is getting there and containing fires faster than ever.

Those outstanding results are attributable to the outstanding work of the men and women of the FDNY, and the technology upgrades and call-process changes that we have invested hundreds of millions of dollars to make since 2004. The bottom line is that the new 9-1-1 technology systems that are in place are faster and more stable than ever—and have capabilities that enable call takers to locate emergencies more quickly and, as I will show, measure response times more accurately than ever before. And we are not done.

Before getting into the heart of my presentation I'd like to point out two things. First, after my testimony, you will hear testimony from a number of other people. Some, which you may have read about in the press will make totally baseless assertions about response times or parts of response times and what they were at certain points in time. They will likely claim that the "old" system was faster, or that the administration has been "under-reporting" response times. These claims are simply not true. As I will show, the City has consistently measured and reported response times using a methodology that has been essentially unchanged since 1977, when the MMR first reported them.

Moreover, in many cases, the people making them have never taken a 911 call or dispatched resources to an emergency. And while they may be, or have been emergency responders and served the City well, they are not qualified or in a position to speak authoritatively on response time measurement and reporting. So I ask the committees to consider the source of the information you will hear and read. I also ask that you consider the motivation of parties testifying today. Many of the false or misleading claims you will hear—which have been deliberately misreported in certain press outlets—have nothing to do with public safety, but are being used as a scare tactic to protect union jobs; even if that means keeping slower, inefficient systems and processes in place.

Soon after Mayor Bloomberg took office, it became clear that although the City had one single number to call for emergency assistance, the architectural backbone and infrastructure of the 911 system was incredibly antiquated and rapidly deteriorating. New York City's emergency response system was strained by increasing call volume and obsolete technologies that were becoming more and more difficult to maintain. Behind the single "9-1-1" number there were three completely separate and highly dispersed operations being managed in silos by the three first responder services – NYPD, FDNY and EMS. The September 11, 2001 terrorist attacks and

the 2003 blackout further highlighted serious operational and technical vulnerabilities of the 911 system. As a result, the Administration decided to prioritize the wholesale replacement of the 911 system and infrastructure with the creation of ECTP in 2004.

# 911 EMERGENCY RESPONSE SYSTEM

June 21, 2013

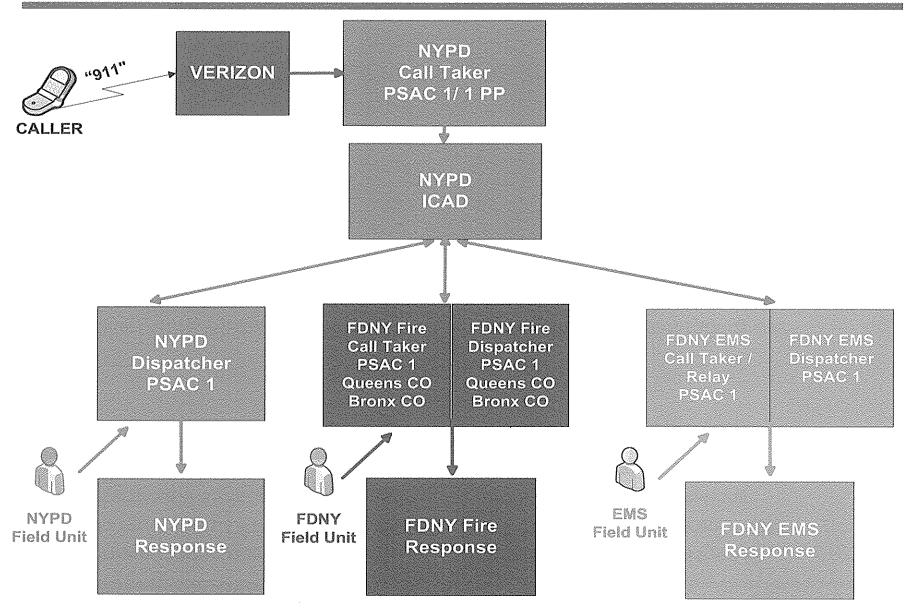


### Overview

Testimony, with slideshow accompaniment will cover three topics:

- 1. Overview of the 911 call-taking process and the Emergency Communications Transformation Program (ECTP)
  - a) Co-location
  - b) Technology Overhaul
  - c) Redundancy/Next Generation 911
- 2. Overview of Pre-release dispatch & Unified Call-taking (UCT)
- 3. CPR Report, Review & Recommendations
  - a) Response Times
  - b) Other Technology
  - c) Call-taking Process
- 4. Conclusions & Questions

### 911 Process

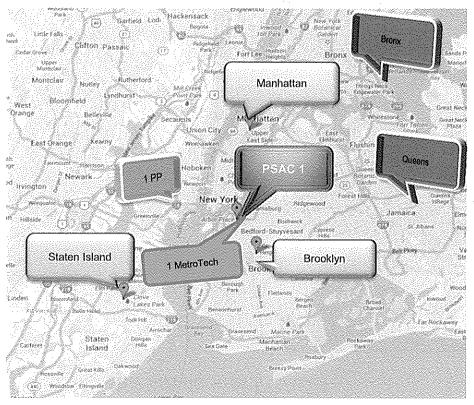


### **Emergency Communications Transformation Program (ECTP)**

NYC operates the largest 9-1-1 emergency communications system in the US, receiving more than 12 million calls per year. The 9/11 terrorist attacks and 2003 blackout exposed serious weaknesses in 9-1-1 infrastructure and operations.

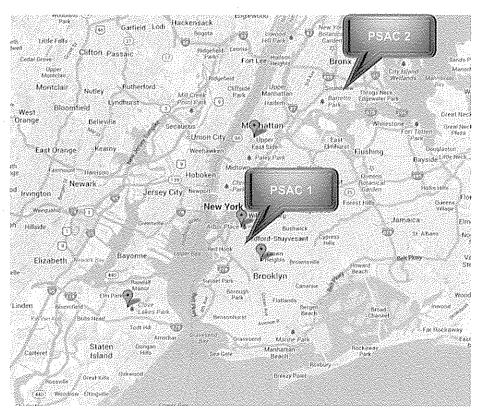
Mayor Bloomberg initiated ECTP in 2004 to modernize the City's emergency call-taking and dispatch operations.

### **ECTP Co-location**



#### **Call-Taking and Dispatch Before:**

- NYPD: One Police Plaza until 1995
- NYPD: 1st floor of PSAC 1 until Dec. 2012
- FDNY: 5 Stand-alone Borough Communications Offices
- EMS: 1 MetroTech



### Call-Taking and Dispatch After:

- 2 Load-Sharing, Fully Redundant Sites:
  - PSAC 1: Brooklyn (Full Floor)
  - PSAC 2: Bronx (under construction)

### Co-location

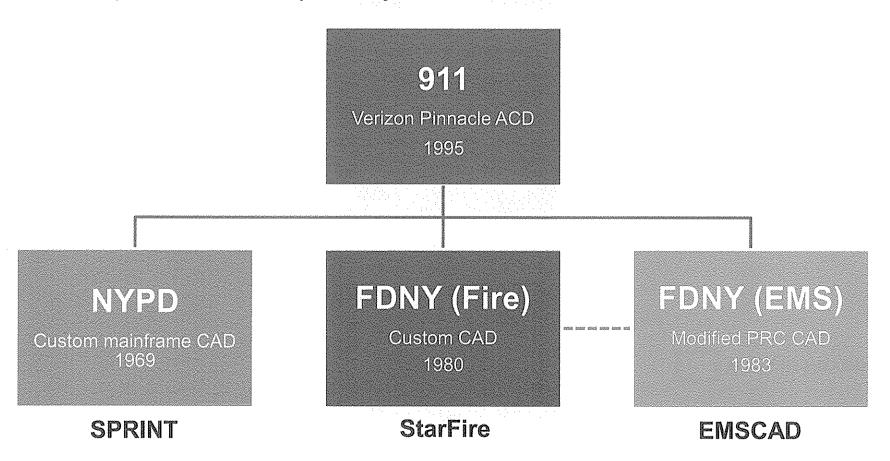
- 2009: Brooklyn, Staten Island, and Manhattan Fire Calltaking and Dispatch
   Operations relocated from borough offices to 3rd floor of PSAC 1
- 2010: EMD Calltaking and Dispatch Operations relocated from 1 MTC to 3rd floor of PSAC 1
- December 2011: PD and FD Calltaking and Dispatch Operations co-locate on the 3rd floor of PSAC 1



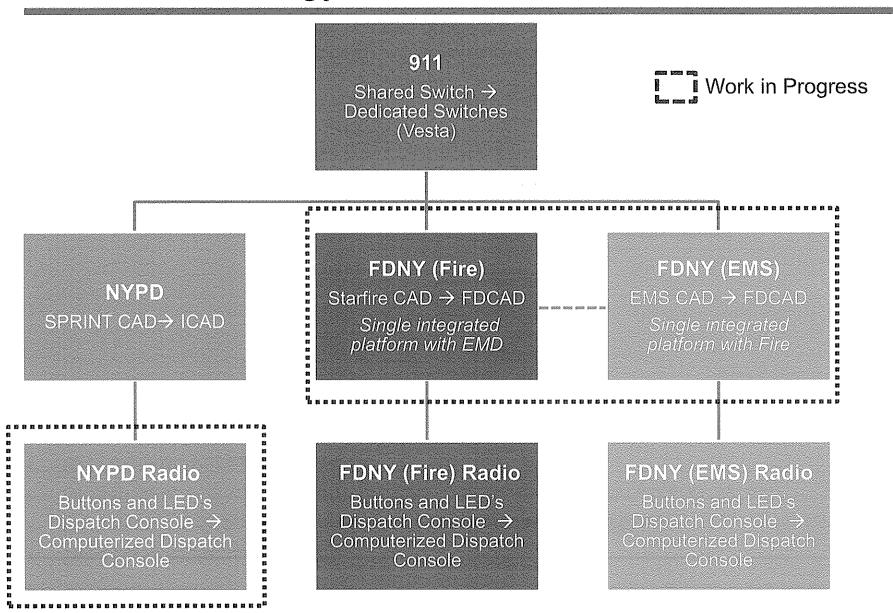
3rd Floor PSAC 1

# 2004 Technology State

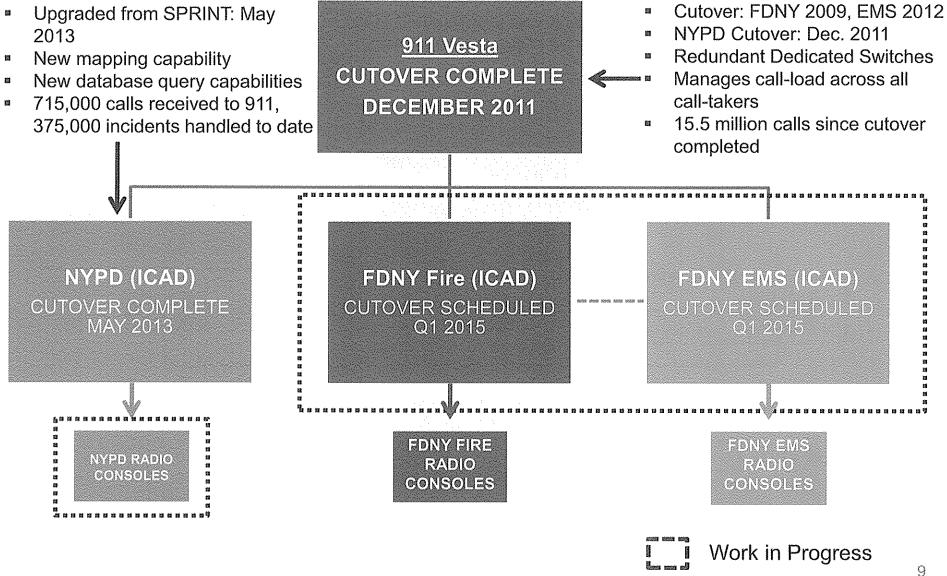
- Telephony systems end of life
- CAD systems decades old with limited functionality and features
- Limited data sharing between agencies (Data link between SPRINT and EMS CAD only)
- Very limited redundancy/diversity



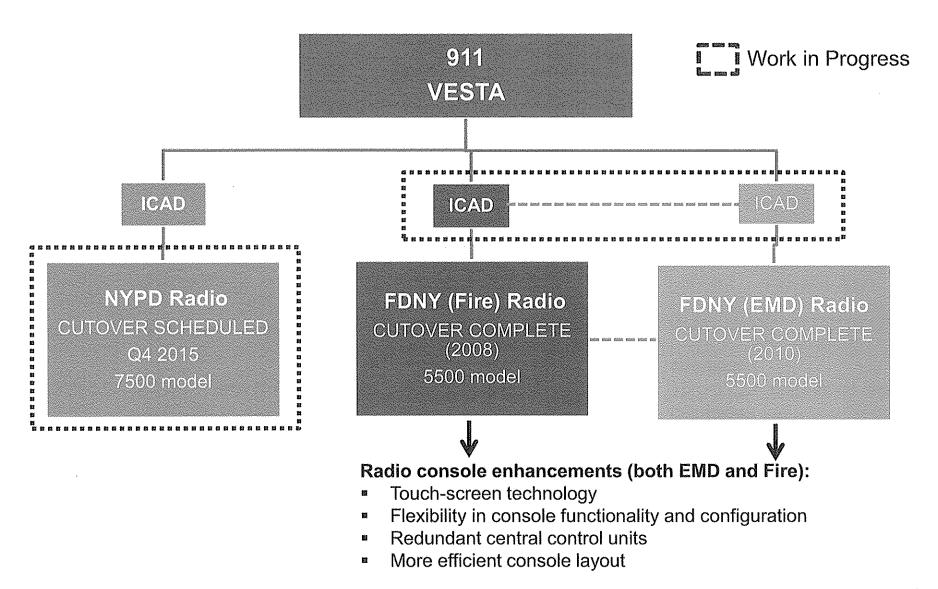
# ECTP Technology Plan - 2004



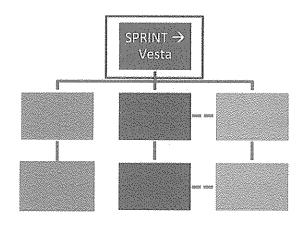
# Technology Status 2013 (1 of 2)



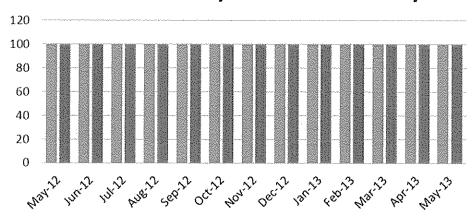
# ECTP Technology Status 2013 (2 of 2)



# Technology Performance 2013 – Vesta



### 911 Call Delivery and ALI Availability



■ Ali Delivery

#### Availability:

- Verizon 911 System Availability: The total amount of time the 911 system was available and operating 24/7/365. At all times 9-1-1 call delivery and ALI availability was uninterrupted.
- <u>Vesta Workstation Availability:</u> The total number of 911 call taking workstations that were available and operating 24/7/365, as a percentage of all workstations (TOTAL WORKSTATION NUMBER)
- System Interface Uptime: The total amount of time the Vesta interface was available to NYPD SPRINT, NYPD ICAD (since May 29-2013), EMSCAD, and Starfire and operating 24/7/365.
- Hurricane Sandy Availability: System reached it's highest hourly call-volume ever 20,000 calls per hour and received more calls during one-24 hour period (3pm 10/29 and 3pm 10/30) than 9/11 and 2003 Blackout.
  - 911 system properly queued all calls without issue

12 Months- 100.00%

■ 911 Call Delivery

18 Months- 100.00%

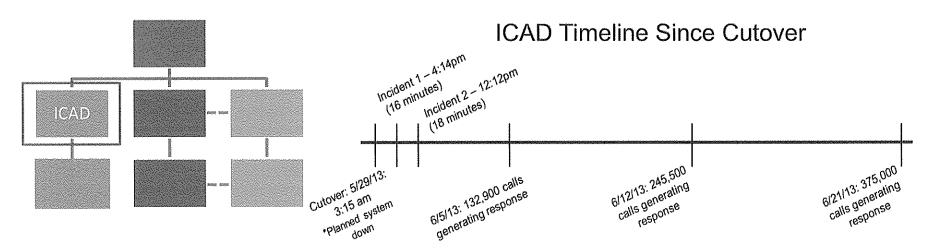
12 Months - 99.99%

18 Months- 99.99%

12 Months- 100.00%

18 Months- 100.00%

### Technology Performance 2013 – NYPD ICAD



#### Statistics:

- ICAD System Availability: The total amount of time the 911 system was available and operating 24/7/365
- System Interface Uptime: The total amount of time the ICAD interface was available to Fire and EMD CAD operating 24/7/365, as a whole number percentage
- Total Incidents Processed: Percentage of incidents processed through ICAD since cutover. Calculated as incidents processed via ICAD/total number of incidents.
- Planned Maintenance: Under ICAD, no need to take system down for routine maintenance
  - Old SPRINT system used a paper back-up system 1 hour every other week, or 26 hours per year. This totaled about 13,000 calls handled successfully via paper slips a year.

To Date: 100.00%

To Date: 100.00%

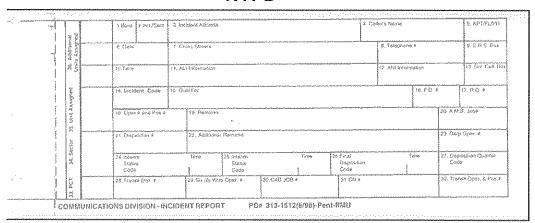
To Date: 99.80%

# Sample Paper Slip for Back-Up Protocol

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HEIGHT/SIZE/CONSTRUCTION				
TIME RECEIVED 0	7:45		CONTROL	

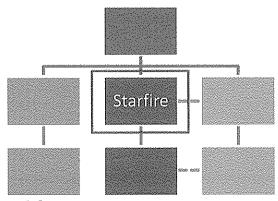
#### **NYPD**



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#### **FDNY EMS**

### Technology Performance 2013 - FDNY Starfire



#### Timeline:

- Implemented in 1980
- Major changes to add Mobile Data Terminals (MDTs) and EMS/Fire Link were made in 1992
- Hardware upgrade in 2007
- UCT implemented in 2008

#### Problems:

- System runs on end-of-life software base that makes it difficult to find resources to support it
- Limited number of Starfire terminals (96 total)
  - 90 in PSAC 1; 6 in FDNY HQ, Press Office, FDOC, Chief of Communications Office
- Uses the old mainframe for alarm assignment functionality
- Unable to track all fire units

#### Statistics:

- Starfire Availability: Total amount of time Starfire was available and operating
- Sprint Interface to Starfire: Total amount of time the Sprint interface was available to Starfire
- Antiquated Technology: Over 30 servers, 96 Application terminals supporting 300 ATS devices in 250 firehouses and 450 Mobile Data Terminals
- Planned Maintenance: Occurs weekly during low call-volume time and results in planned but short outages. Usually there are software changes ready to go every week so these updates are generally combined into one event. Paper back-up system is used.

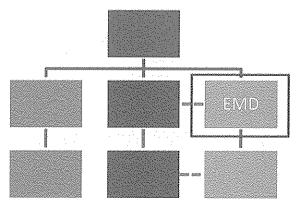
12 Months-99.98%

18 Months- 99.97%

12 Months-99.94%

18 Months- 99.94%

### Technology Performance 2013 – EMS CAD



#### Timeline:

- The first version of EMS CAD went live in 1983.
- Mobile Data Terminals (MDTs) were added to the system in 1989
- Automated Vehicle Locator (AVL) went into full production in 2006

#### Problems:

- System runs on antiquated hardware and software platforms
- Difficult to find knowledgeable support resource
- Need for capacity increase based on volume during Sandy

#### Statistics:

- EMS CAD Availability: Total amount of time EMS CAD was available and operating 24/7/365.
- Sprint interface to EMS CAD: Total amount of time Sprint was available to EMS CAD
- **EMS CAD interface to Starfire**: Total amount of time EMS CAD interface was available to Starfire.
- Planned Maintenance: EMS CAD is brought down for routine maintenance periodically for system level functions like backups and pushing data to other servers to application level functions like logging on units at tour changes. During this time, EMS goes to paper back-up slip system.

12 Months- 99.98%

18 Months- 99.98%

12 Months- 99.99%

18 Months- 99.99%

12 Months-99.99%

18 Months - 99.98%

### 2013 PSAC1 Technology

Today, the NYPD, FDNY Fire and FDNY EMS are all benefiting from enhanced and upgraded technologies:

- 9-1-1 Verizon DMS Switches
- VESTA Computerized Telephony
- Upgraded Nice Digital Logging & Recording System
- Evans Motorized Ergonomic Public Safety Workstations

In addition, each agency is using the following technologies:

<u>NYPD</u>	FDNY Fire	FDNY EMS
• ICAD	<ul> <li>Starfire CAD Upgrades</li> </ul>	■ EMS CAD
<ul> <li>Centracom2         <ul> <li>Radio Consoles</li> </ul> </li> <li>Audio/Visual via Large Screen</li></ul>	<ul> <li>ERS/Voice Alarm: Modernized Citywide Network System</li> <li>Audio/Visual Data Walls</li> <li>Automatic Vehicle Location</li> <li>Upgraded Radio Consoles</li> <li>Upgraded UHF Radio System</li> </ul>	<ul> <li>Automatic Vehicle Location System</li> <li>Audio/Visual Data Walls</li> <li>Upgraded Radio Consoles</li> </ul>

### **Technology Conclusions**

- A wholesale replacement of the 911 system technologies was absolutely necessary.
- Created an opportunity to co-locate, invest in real redundancy, and establish the infrastructure and institutional framework necessary to improve the quality of emergency response and reduce response times for NYPD, FDNY and EMS.
- As of 2013, 4 of 7 critical systems have been fully replaced. All have more capability and are more reliable than the systems they replaced.
- The new 911 Vesta system has processed more than 15 million calls since NYPD cutover.
- The new NYPD ICAD system has processed more than 715,000 calls and dispatched more than 345,000 responses (99.8%) since cutover.
- Completing the technology transformation remains a top priority for the Bloomberg Administration and should be a top priority for our successors.
- We will continue to strategically introduce further public safety improvements
  - Common street files
  - Mapping improvements
  - More critical information available for first responders
  - Next generation 911 which will provide the ability to receive text message and other media
  - Improved performance measurements
  - Upgraded Radio systems
  - Phonetic Indexing to provide enhanced ability to review and monitor 911 calls

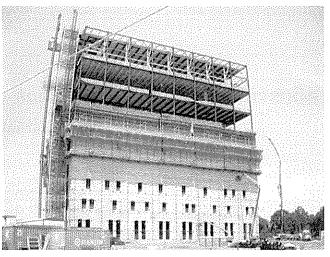
# Redundancy - PSAC 2 (Bronx)

#### **Key Dates:**

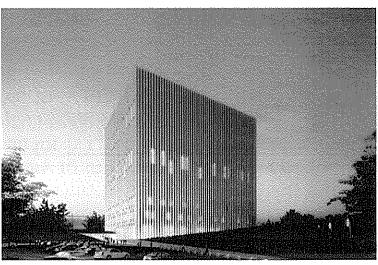
- Topping-out: March 21, 2013
- Installation of call-taking technology: begins Q3 2014

### **Operational Benefits:**

- PSAC 1 and PSAC 2 will be "loadsharing"
  - Facilities will operate
     simultaneously, each sharing the
     daily call and dispatch volume
  - Each PSAC will have full capacity to handle 100% of 911 call volume and dispatch operations if necessary
- Ability to relocate operations to either PSAC in the event of a localized incident or to allow critical work to be performed in PSAC with reduced risk to citywide emergency communications
- Provide true redundancy and diversity

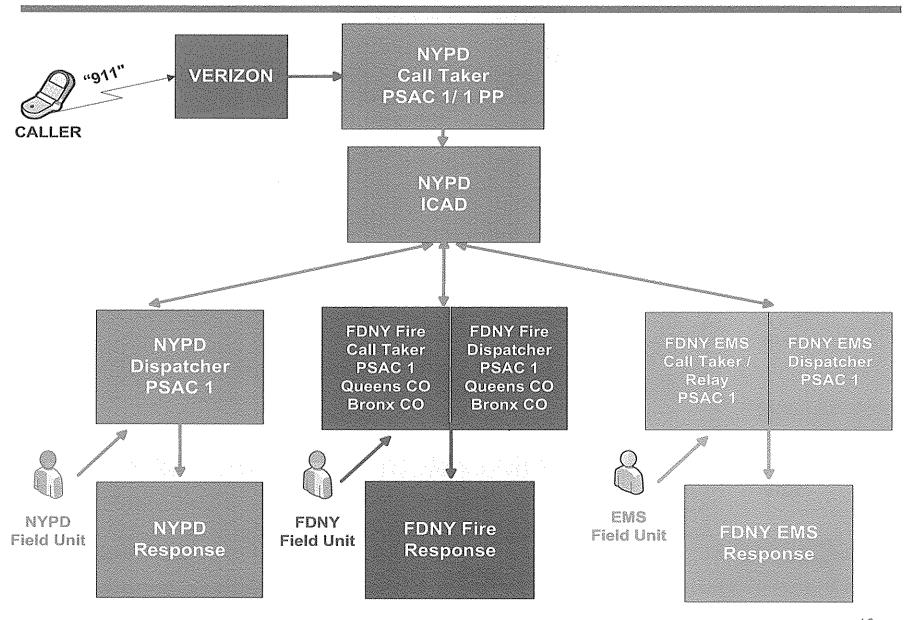


Topping-out ceremony: PSAC 2 (3/21/13)

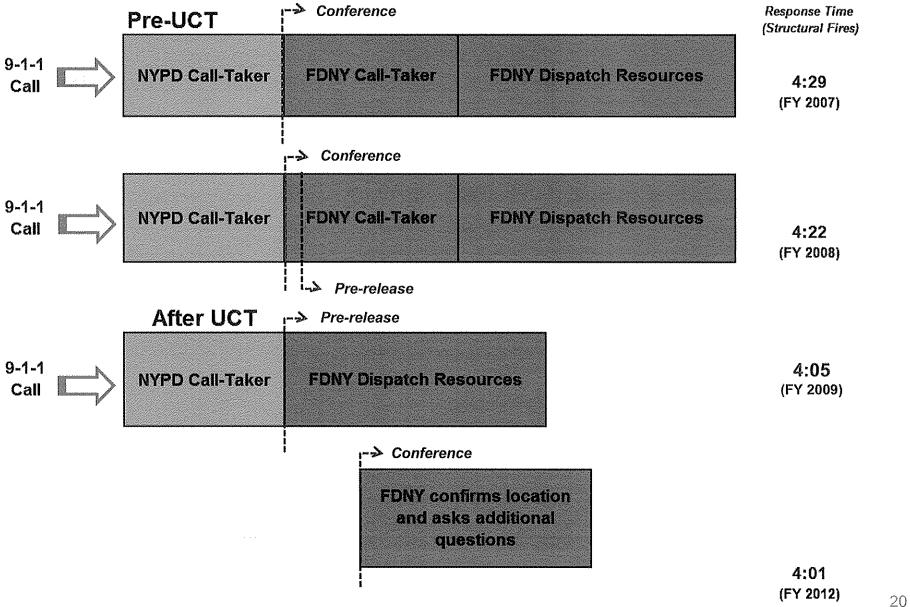


Final Rendering of PSAC 2

### 911 Process



### Unified Call-Taking (UCT) and Pre-Release Process



### 911 CPR COMMITTEE PROCESS

- May 1, 2012: Winbourne Consulting releases 911 Call Processing Review (CPR) Final Report
  - Reviewed NYC's 911 operations including call-taking and dispatch functions, workflow processes and supporting technology systems.
- June 5, 2012: Kick-off of 911 CPR Committee Review (City Hall)
  - Agency Commissioners assigned operational and technical support experts (NYPD, FDNY, DOITT, OCEC, DCP)
  - 4 Work Groups met regularly from June 2012 -January 2013:
    - Performance and Metrics
    - 911 Call Process Protocols
    - Data and Technology
    - Training and Quality Assurance
- October 29, 2012: Hurricane Sandy hit New York City
  - Review of 911's performance during high-volume events included in this process

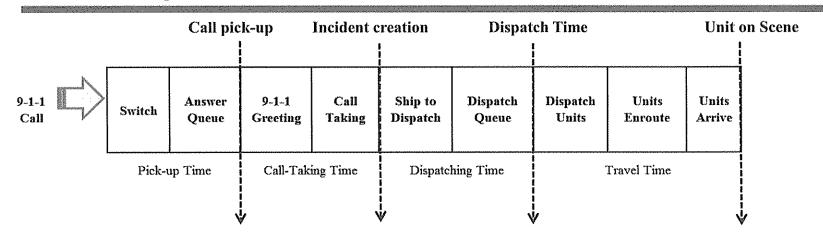
### 911 CPR COMMITTEE RECOMMENDATIONS

- Comprehensive review of CPR Report recommendations
- Two primary goals of the 911 system guided the work:
  - Ensure that first responders get to emergency calls as quickly as possible
  - Deploy the appropriate first responders to the correct location
- Committee developed over 20 recommendations on emergency response operations and systems
- Next Step: Report is being finalized and will be released by the end of the summer

### KEY COMMITTEE RECOMMENDATIONS

- End-to-End Response Time Reporting
- Standardization of Citywide Geofile: CSCL (Citywide Street Center Line)
- Refinement of Call-taker Questioning
- Standardization of Guide and Flip Cards across NYPD, FDNY, EMS
- Public Awareness Campaign on the use of 911
- Develop unified protocols for high-volume events (NYPD/FDNY)
- Coordinate and foster use of technology
- Improve training and quality assurance

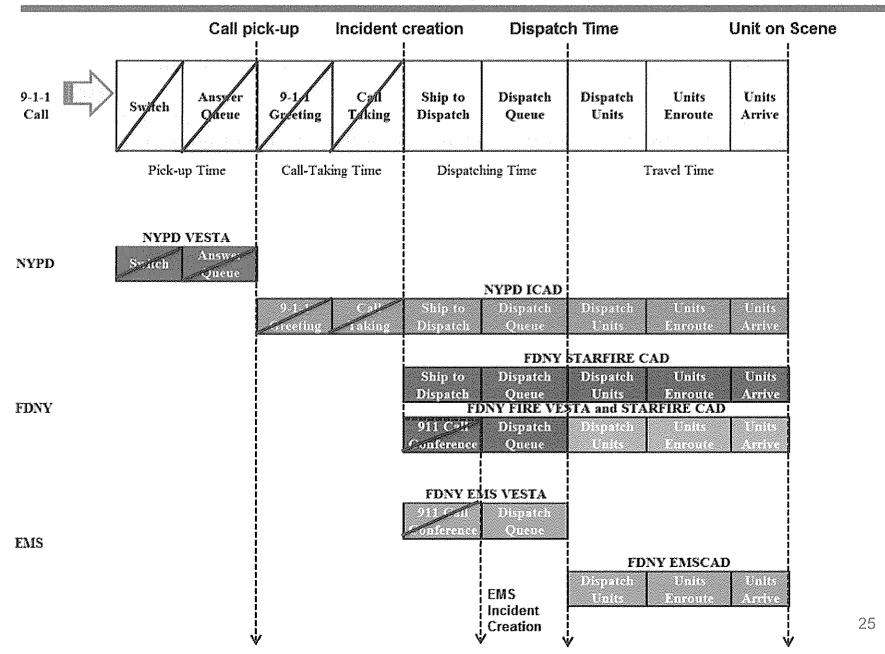
### Anatomy of a 911 Call and MMR Context



	Ageney			July-Oet	
				PMMR	
NYPD (Critical Crime				4:42	
FDNY (Structural Fire	<b>9</b> \$)		ing the first of the second of	4:08	
EMS (Life-Threatening	ng Medical Emei	rgencies)		6:31	

- NYPD, FDNY Fire and FDNY EMS had three different definitions of "Response Time" (RT):
- NYPD, FDNY FIRE And FDNY EMS had disparate systems that inhibited measurement of end-end metrics
- NYPD SPRINT timestamps limited to the minute without capturing seconds.

# MMR Response Time Segment Measurement



# End-to-End Response Time (E2E)

- Goal: Develop a consistent, cross-agency measure of response time that incorporates every segment of a 911 call.
- 2. **Methodology**: Collected and analyzed all 911 data for a single week
  - 911 call routes from caller to Verizon to NYPD and FDNY
  - Multiple data systems and data points a total of up to 5 systems and up to 71 data elements for each call, depending on whether the incident is a police response, a fire or a medical emergency
  - Linked 911 incident throughout all systems and data points, allowing us to measure each incident from placement of call to arrival on-scene of first responders.
  - Worked closely with OCEC, Verizon, NYPD and FDNY to understand reality behind the data to ensure correct interpretation and develop common definitions for response times.

#### 3. New Measurement

- E2E response time measures, per incident, the instant that a caller dials 911 to the time that an emergency responders arrive on scene.
- Captures the average speed it takes a call-taker to answer a call, which we previously did not record.
- 4. Adopt Full Measure and Recalibration: MMR will integrate the new End-to-end reporting, broken down by incident category

# Comparison: End-to-End and MMR

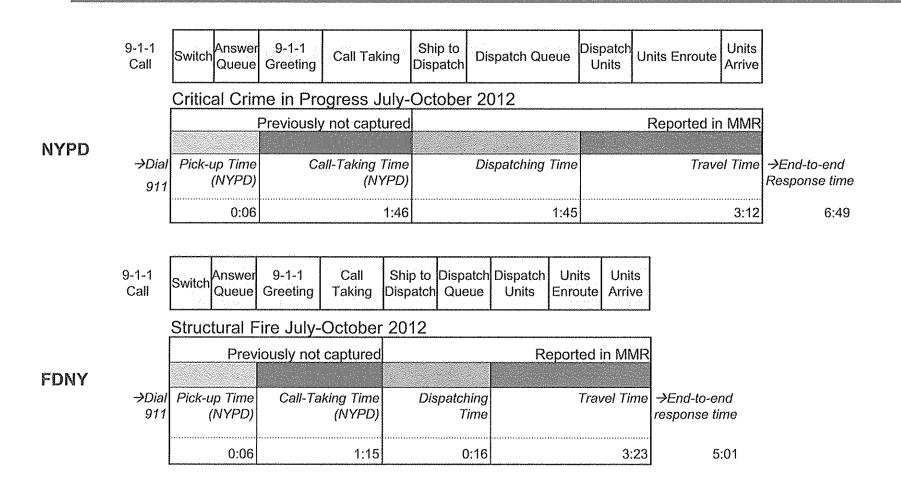
### July-October 2012

Service	Category	MMR Response Time	E2E Response Time	Difference
NYPD	Critical Crimes in Progress	4:42	6:49	2:07
FDNY	Structural Fires	4:08	5:01	0:53
EMS	Life-Threatening Medical	6:31	9:20	2:49

# End-to-End Response Times

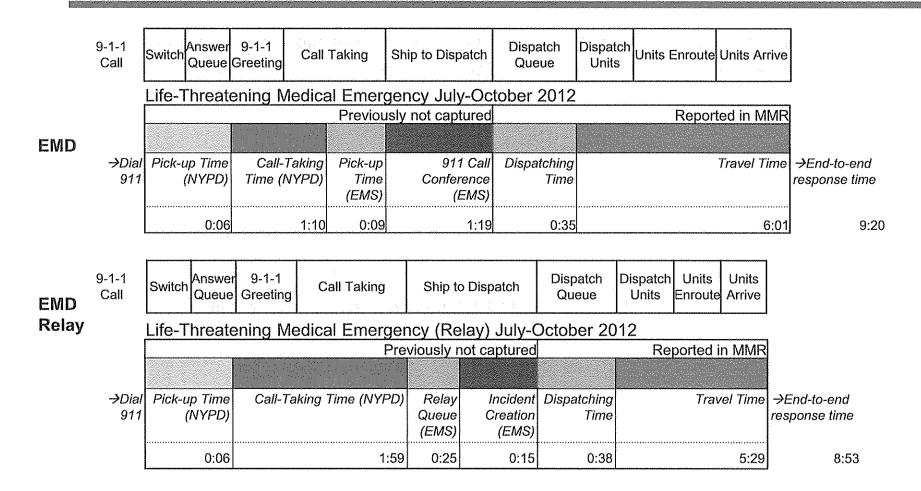
	Final Incident Type	Segment/Details
FDNY EMD	Life Threatening Medical Emergencies	Segment 1-3 (Cardiac arrest, choke, anaphylactic shock, major burn, etc.)
FDNY EMD	Non-Life Threatening Medical Emergencies	Segment 4-8 (Drug overdose, sick, pain, etc.)
FDNY EMD - Relay	Life Threatening Medical Emergencies	Segment 1-3 (Cardiac arrest, choke, anaphylactic shock, major burn, etc.)
FDNY EMD - Relay	Non-Life Threatening Medical Emergencies	Segment 4-8 (Drug overdose, sick, pain, etc.)
FDNY Starfire	Structural Fires	Commercial building, residential building, public building, vacant building
FDNY Starfire	Non-Structural Fires	Brush fire, auto fire, transit system fire, etc.
FDNY Starfire	Medical Emergencies	Segment 1-3 (Cardiac arrest, choke, anaphylactic shock, major burn, etc.)
FDNY Starfire	Non-Medical Emergencies	Clogged incinerator, odor, vehicle accident, etc.
NYPD	Critical Crime in Progress	Shots fired, Assist police officer, robbery, burglary, larceny from person, assault w/knife, assault w/weapon, unusual incident
NYPD	Serious Crime in Progress	Auto theft, other larceny, other assault, roving band
NYPD	Non-Critical Crime in Progress	Other crimes in progress

### End-to-End Breakdown



Each segment of 911-sourced emergency incidents will now be broken down and measured by time, allowing NYC to identify good practices that should be made routine and areas requiring improvement

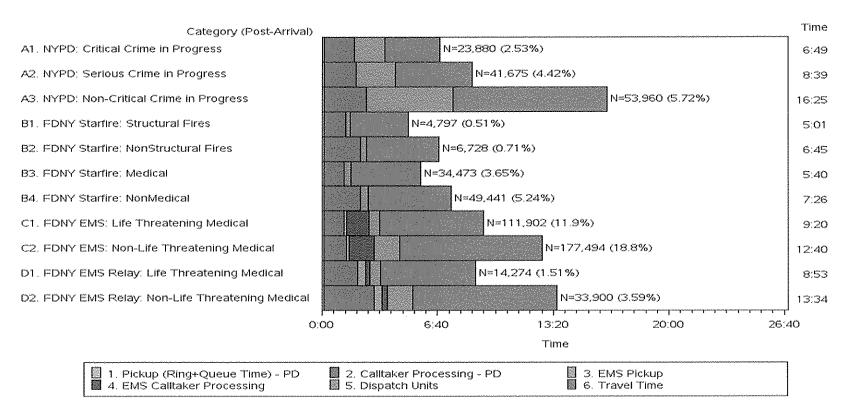
### End-to-End Breakdown - Cont.



When a job is sent to EMD through relay, it bypasses the EMD call-taker and goes straight to the EMS relay position and the incident is created.

### Comprehensive E2E Report (Prototype)

#### July-October 2012

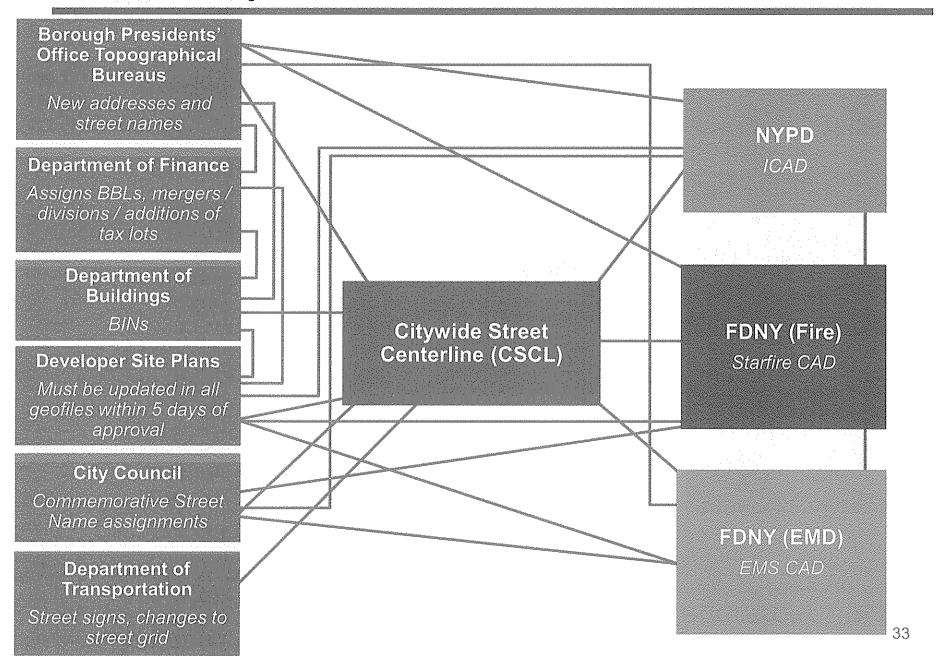


- Caller ring and queue time → PD Call-taker Pick Up and Processing → (EMS Only: Call-taker Pickup → Call-taker Processing) → Dispatch of Unit to Incident Site → Travel to Incident Site
- Emergency responses NOT sourced through 911 (e.g., fire alarms, street flags, inter-agency referrals) are not included in the 911 End-to-End Report

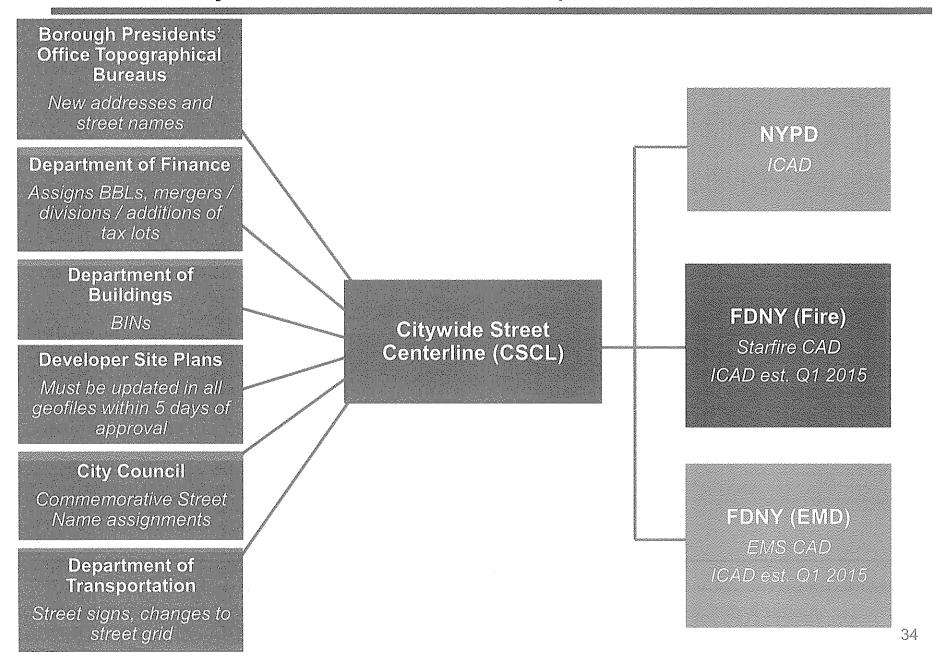
### OTHER 911 CPR COMMITTEE RECOMMENDATIONS

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- Standardization of Guide and Flip Cards across NYPD, FDNY, EMS
- Public Awareness Campaign on the use of 911
- Develop unified protocols for high-volume events (NYPD/FDNY)
- Coordinate and foster use of technology
- Improve training and quality assurance

### GeoData Systems Overview – CPR Review



## GeoData Systems Overview – Proposed Recommendation



# Refinement of Call-Taker Questioning

- The Committee recommended making and has implemented (as of September 27, 2012) the following changes:
  - Moving the call taker ID number to the end of the call
  - No longer requesting a call back number
  - Removing other questions that can be answered by current technology (i.e., the borough of the caller, unless there is confusion).
  - EMS Shortened the automatic greeting
- All personnel has been trained on these new protocols
- It is estimated that these process changes have shaved up to 15 seconds off the call process time.

# Standardization of Guide/Flip Cards

#### NEW YORK CITY POLICE DEPARTMENT COMMUNICATION SECTION CALLTAKER REFERENCE CARDS

#### RAYMOND W. KELLY Police Commissioner



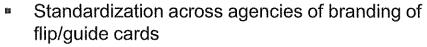
#### ASSISTANT CHIEF CHARLES DOWD

Commanding Officer
Office Of Information Technology

#### INSPECTOR RICHARD NAPOLITANO

Commanding Officer
Communication Section





- Flip/Guide card protocols will flow from one agency into the next to ensure consistency
- Movement towards digital, integrated guide cards
- Entered into ICAD
- EMS Computerized Triage pilot

#### NEW YORK CITY FIRE DEPARTMENT BUREAU OF COMMUNICATIONS FIRE DISPATCH OPERATIONS ARD REFERENCE CARDS



#### SALVATORE J. CASSANO

Fire Commissioner

#### ROBERT J. BOYCE JR.

Chief of Communications
Bureau of Communications

#### JOHN PORCELLI

Director — Fire Dispatch Operations
Bureau of Communications



#### Updated: 01/01/13



# TELEPHONE TRIAGE ALGORITHMS

New York City Fire Department Bureau of Communications Emergency Medical Dispatch Operations



#### Salvatore J. Cassano Fire Commissioner

Robert J. Boyce Jr.
Chief of Communications
Burgar of Communications

Dr. Bradley J. Kaufman Medical Director for EMD Office of Medical Affairs Michael J. Fitton Deputy Assistant Chief, EMD

#### Bureau of Communications Abdo Nahmod

Chief of Emergency Medical Service Bureau of Emergency Medical Service

These questions are designed to guide Emergency Medical Dispatchers through the process necessary to arrive at a rapid and accurate dispatch call type - not a patient diagnosis.

INTRODUCTION

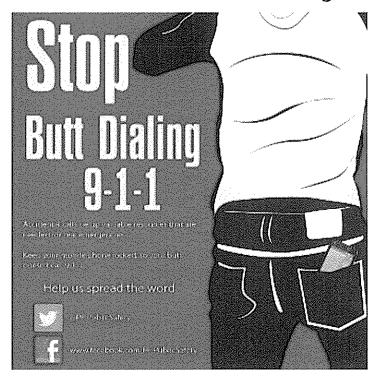
05/12

# Public Awareness Campaign

- Public awareness campaign to:
  - Reduce non-emergency calls during high-volume incidents
    - Hurricane Sandy
  - Reduce accidental dials from unlocked cell phones
  - Educate New Yorkers about other resources for non-emergencies



Metro Vancouver



Prince Edward Island

## Council Bills

- Intro 143: Requires that FDNY include call-processing time in response times and report all first-arriving units at incidents
- Intro 265: Requires the FDNY to include "to-the-patient" time in the EMS response time
- Intro 189: Requires the FDNY to include "water-on-the-fire" time in the FDNY response time

To: Committee on Public Safety \*
New York City Council
City Hall, New York, NY 10007
Friday, June 21, 2013 at 10:30 a.m.

Statement Adapted from my Letter to the Editor Re: 6/11/13 New York Daily News Cover Story--"How Safe Are We?" (http://soa.li/KIEvg2P)

From: Carol Yost, Manhattan

\_\_\_\_\_\_

The terrible delays being exposed in the revamped 911 call system must be put in context within which human lives are put at great risk because of the closing of so many hospitals in the New York City area--10 since 2006. If 4 minutes could mean the difference between life and death for a 4-year-old girl, there is growing public outrage about the loss of our hospitals, forcing ambulances to travel greater and greater distances on streets that are choked with traffic, street fairs, Con Ed repairs and construction projects? So what if the ambulance can get to an ailing or injured person in an instant (if we're lucky)? Long before we had computer glitches in the 911 call system, we've had long distances through traffic and long waits in crowded emergency rooms.

There are three times that are important here: 1) response time, from the receipt of the emergency call to the arrival of an ambulance to pick up a patient; 2) transport time, from departure of the ambulance with the patient to arrival at the hospital; 3) emergency room wait time. The last two have been greatly increased by the steady conversion of hospitals to luxury condos, as with St. Vincent's in Manhattan.

Significantly, requests by Manhattan community members for current transport times have repeatedly been refused by the FDNY and Speaker Christine Quinn. To reveal them would be to reveal the effect of the hospital losses that have been approved by Speaker Christine C. Quinn, Mayor Michael R. Bloomberg and Governor Andrew M. Cuomo. Or is it that the data on life and death access at the point of care are considered irrelevant? The people disagree.

Carol F. Yost 212 West 16th Street, #1E New York, NY 10011-6131 yostc@hotmail.com

<sup>\*</sup> Jointly with the Committee on Fire and Criminal Justice Services and the Committee on Technology

#### NEW YORK DAILY NEWS Monday, June 10, 2013, 11:53 PM by Juan Gonzalez

# How safe are New Yorkers? Shocking details emerge about the new 911 computer system

City officials say "human error," not glitches in the new 911 dispatch system, slowed the ambulance response after Ariel Russo, 4, was fatally struck by an SUV on June 4. But EMS sources and internal logs obtained by the Daily News tell a different story. "Unless they fix this system soon, public safety is being risked," said Israel Miranda, president of the union for city EMTs and paramedics.

An Emergency Medical Service worker whom city officials blame for missing a 911 call that led to a four-minute delay in getting an ambulance to a child hit by an SUV insists no such call ever came over her computer screen.

City officials say "human error" by that lone dispatcher, and not glitches in the new 911 dispatch system, slowed the ambulance response after Ariel Russo, 4, was fatally struck June 4 on the upper West Side by an unlicensed teen fleeing police.

But EMS sources and internal logs obtained by the Daily News tell a different story, raising more questions about the reliability of the two-week-old system. Some say New Yorkers could be in danger.

"Unless they fix this system soon, public safety is being risked," said Israel Miranda, president of the union for city EMTs and paramedics.

The worker at the center of the controversy, a 23-year EMS veteran, reported to work at 6:59 a.m. that day and was assigned to handle so-called relay calls. Those are direct computer transmissions from NYPD 911 operators, one of the most important jobs in the dispatch center. According to an EMS log obtained by The News, the call about the girl being struck at W. 97th St. and Amsterdam Ave. was transmitted by a 911 operator to EMS shortly after 8:15 a.m.

Ariel, who was walking to school with her grandmother, was semiconscious at the scene, according to cops who responded and were anxiously awaiting an ambulance. She died minutes later.

At 8:19 a.m., records show, the EMS veteran logged off her computer for her scheduled break and immediately handed her computer to a replacement dispatcher. The woman being faulted is adamant that she never left her computer unattended and handed her replacement a monitor with no jobs waiting, according to people who have talked with her directly.

Sources said she was given an "admonishment" a day after the fatal accident. In a written response to supervisors, she said there was never a call on her screen about a girl getting struck. She has no previous disciplinary history on the job and has been relied upon to train others in the emergency call center, sources said.

The FDNY, headed by Commissioner Salvatore Cassano, disputes her account.

"We have confirmed the call was on her screen and she did not act upon it." FDNY spokesman Frank Gribbon said.

But The News has learned that at least 40 EMS dispatchers and officers on duty that morning should have been able to spot the same overdue request for an ambulance. All such relay calls are posted and tracked on a giant, wall-mounted screen. They also appear on the individual computer terminals of all EMS dispatchers on duty, a veteran dispatcher said.

Once a call has gone unanswered for three minutes, the computer automatically highlights it in a bright, white light meant to be a warning.

"No way that everyone missed that job when it came over the system," the dispatcher said.

Gribbon acknowledged a relay call "is on other dispatch screens," but, he added, "The relay operator who failed to handle the call was assigned specifically to handle that — and all other — calls received via relay."

That dispatcher has been "relieved of handling calls received via relay," Gribbon said.

Miranda and other EMS dispatchers say they are being blamed for a computer system that has been nothing but trouble since it was launched. Computer messages between police, the EMS and the FDNY keep getting lost or delayed for minutes and even hours.

One dispatcher provided a cellphone photo from an EMS computer monitor over the weekend that showed two "relay" ambulance calls waiting to be answered — one for an hour and the other for 33 minutes.

"Do you think any of us would allow a call to remain on our screens for an hour without handling them?" the dispatcher asked. "These calls suddenly pop up from wherever they've been lost and they're already showing a long wait time."

The News has obtained police and EMS 911 logs for more than a dozen such calls that occurred Saturday and Sunday. All show show unusual gaps in the time from when an NYPD operator registered the call to when EMS received it.

On Sunday afternoon, for example, a driver ran a stop sign at 89th St. and 103rd Ave. in Queens and struck another vehicle that was carrying three people. A 911 operator recorded the first call about the accident at 4:52 p.m. The occupants reported no one was seriously injured. EMS was not notified until 7:20 p.m., 2 1/2 hours later.

"We waited nearly three hours for the ambulance," said one of the passengers, Johnny Agromonte.

Agromonte said his neck "was hurting a little," but he declined to go to a hospital. Even worse, he said, "no cops showed up until 11 p.m." to take a report. "More than four police cars just passed us during that time but they wouldn't stop."

All that Gribbon, the FDNY spokesman, would say about the incident was that it was listed as an "RMA," meaning a patient refused medical attention.

As this column reported last week, Alabama-based Intergraph Corp., the company that developed the new \$88 million computer dispatch system, has had similar problems with computer glitches and crashes in dispatch systems it designed for emergency responders in Nassau County and in San Jose, Calif.

Since the NYPD system, known as ICAD, was launched two weeks ago, there have been four incidents where all or part of the system crashed, requiring police operators to resort to writing down caller information on slips of paper and ferrying them by runners to dispatchers.

After spending more than \$2 billion on upgrading the city's 911 system, Mayor Michael Bloomberg should start listening to the workers who operate it. The failure to listen could cost lives.

Read more: http://www.nydailynews.com/new-york/juan-article-1.1368853#ixzz2WmkVTUQU

Note: 1) For space reasons, photos were removed from the text of the article. Please follow link cited above to the original publication. 2) Editorial bolding of certain portions of the text have been added to assist the presentation to the Council Hearing.

Attachment: Statement from Carol Yost to New York City Council Hearing, City Hall, June 21,2013



#### Uniformed Emergency Medical Service Officers Union, FDNY

Local 3621, DC-37, AFSCME, NYSPEC, EMSLA, AFL-CIO

#### President Vincent A. Variale

Vice President Michael A. Talletti

Secretary Treasurer Manny Ramos

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Gary Miller
Steven Goldstein
Ralph Mustillo

Administrative Staff Andy Perez Alison D'Angelone Jack Schaefer

DC-37 Representative Tracey Ziemba

# Testimony of Vincent Variale President of Local 3621 New York City Council Oversight Committee 911 EMS Communication System June 21, 2012

# Testimony of President Vincent Variale Of The Uniformed EMS Officers Union FDNY

Good Morning, Chairwoman Elizabeth Crowley, Chairman Vallone, Chairman Cabrera and distinguished members of the City Council. My name is Vincent Variale and I am president of The Uniformed EMS Officers Union, Local 3621. I represent the 500 EMS Lieutenants and Captains of the New York City Fire Department EMS Command.

In the latest incident regarding the 911 emergency communications system the Commissioner stated human error was the cause of that delay. That contention is a lie. Rather than spending time fixing the blame the Commissioner's time would be better spent fixing the problem.

The problem of calls vanishing into cyberspace is not unique to our dispatch system. The call relay issue plaques all systems currently employing ICAD. The agencies in San Jose, California and Nassau County are experiencing the same glitches that resulted in the death of the innocent 4 year old girl Ariel Russo.

In previous testimony before the City Council I outlined the failure of the Department to adequately establish contingency plans. The inept decisions and the chaos that ensues in this Department is a direct result of failed leadership. The torch of leadership failures of Chief Abdo Nahmod has now been passed onto Commissioner Cassano as witnessed by his false accusations and irresponsible public comments.

The members of The Uniformed EMS Officers Union stand with the dispatcher being falsely held responsible for the documented glitches in the 88 million dollar boundoggle known as ICAD. The overriding concern I am expressing is for the safety of our members and the lives of the people in New York City. The truth of the matter is there are major flaws in the 911 system and they need to be addressed before another innocent life is taken from us.

The Fire Commissioner and I agree on one thing. The Fire Department EMS Command is not compliant with the National, State and City regulations regarding span of control. When discussing the issue of response times the mandate of span of control is always ignored despite the fact that adequate span of control plays a major roll and has a demonstrative impact on mortality and morbidly. The Fire Department's own statistics demonstrate a 23% increase in the survival rate whenever an EMS Lieutenant or Captain is on the scene of a cardiac arrest which is predicated on adequate span of control.

The multiple millions of dollars invested in the ICAD and Unified Call Taker system might have been better invested in improving EMS response time. Prior to the implementation of these technological investments it took six minutes to drive from City hall to Battery Park. Today millions of dollars later it still takes 6 minutes. The best way to improve response times is to spend the money deploying a new unit on Maiden lane thus cutting the travel time to 3 minutes aka a 50 percent reduction in response time. Simplicity sometimes yields a better result than employing technology for the sake of employing glitchy technology.

Thank you.

## UNIFORMED

FIRE DEPARTMENT, CITY OF NEW YORK

### FIRE OFFICERS

LOCAL 854, INTERNATIONAL ASSN. OF FIREFIGHTERS, AFL-CIC

## ASSOCIATION

225 B R O A D W A Y \* N E W Y O R K, N. Y. 10007 \* S U I T E 4 0 1 T E L: (212) 293 - 9300 \* F A X: (212) 292 - 1560

TESTIMONY BY CAPTAIN ALEXANDER HAGAN, PRESIDENT
UNIFORMED FIRE OFFICERS ASSOCIATION
BEFORE CITY COUNCIL EMERGENCY MEETING ON 911 SYSTEM

My name is Eddie Boles. I am a Lieutenant in the New York City Fire Department and I am Treasurer of the Uniformed Fire Officers Association (UFOA), the superior officers of the FDNY. I'm speaking on behalf of UFOA President Al Hagan, the 2,500 Fire Officers we represent, and the taxpaying citizens we are sworn to protect.

I don't want to waste any time getting to the point. The Unified Call Taking system is a horrific failure, dangerous to the citizens of New York City and to its first responders--- Firefighters and Police Officers.

The Fire Officers of the FDNY have been filing complaints about this system since its inception. The Department acknowledged that there was many issues with the system and developed a UCT form as a method for our Officers to report problems they encountered. The UFOA has been collecting these UCT form complaints from fire units across the City for four years.

It was at least two years ago that I testified here with a stack of complaints about two feet high. The stack is now four feet high, yet very little has been done to improve the system from the end user's perspective which are our field units. It's important to note that every one of those pages was a potential death, or injury, or loss of property for someone in the city, including our Firefighters.

We now have the evidence that the City Administration was warned more than two years ago by reputable Consultants paid with taxpayer dollars. In a June 3, 2011 report to Deputy Mayor Stephen Goldsmith, the City's own Consultants, Winbourne and Costas Incorporated, wrote as follows:

"It is our finding that the current UCT process is <u>dangerous</u> to the citizens of New York City and public safety personnel."



-AFFILIATED WITH-

The Consultants went on to list 20 critical recommendations to support their findings, and ended with this devastating conclusion:

"It is our recommendation that the UCT initiative be <u>discontinued as soon as possible</u> and that NYPD and FDNY implement new (no cost) 9-1-1 call-taking and dispatching business practices that will improve both NYPD and FDNY Communications Center operations."

The record shows that the Administration rejected all findings and ordered the Consultants to produce a new assessment. In a later report, the warning that the UCT system was dangerous to the citizens and public safety personnel mysteriously disappeared. Also gone was the recommendation to scrap the system as soon as possible. However, the new version of the report, dated May 1, 2012, still contained several admonitions that serious changes were necessary.

The City Administration recently rolled out the new and allegedly improved system, only to see it crash repeatedly. Since the scathing June 3, 2011 report, the City's administration ignored these stern warnings and recommendations, and provided two more years of chaos, confusion, and unacceptable response times that ultimately culminated in the death of a four-year-old child.

Once again the official response is to blame someone else. In this case, it is the spectacle of an attempt to blame a 23-year veteran EMS operator with an impeccable record for this severely delayed response.

This city does not need any more wasteful two billion dollar projects that make the jobs of our Firefighters and Police Officers more difficult and more dangerous. The taxpayers of this City deserve an effective system to report a fire or a serious Medical Emergency which they had before UCT. Our units need an efficient dispatch system that provides them with the most accurate information, location and type of emergency. The FDNY responded to 218,000 heart attacks, strokes, asthma attacks and choking incidents last year. As the Consultant report noted, 100% of calls to the Fire Department are life-and-death calls for help. The proper dispatching of fire units is imperative to saving lives.

We have supplied the City Council with 5,000 pages of a series of reports from the Consultants Winbourne and Costas. The Consultants did the people of New York City a great public service. Too bad the Mayor's office ignored them.

My last thought for you today is this: Why is this Administration stubbornly insisting on throwing huge amounts of taxpayer money at this failed project? The City Council and the Comptroller should refuse to sanction any further waste of scarce city funds on this debacle.



GREATER NEW YORK & VICINITY \* UNION LABEL & SERVICE TRADES COUNCIL OF GREATER NEW YORK & LONG ISLAND \* NATIONAL SAFETY COUNCIL

#### Testimony of President Israel Miranda

Of

#### The Uniformed EMT's & Paramedics of The FDNY

Good morning Chairwomen Crowley, Chairman Vallone, Chairman Cabrera and distinguished committee members. My name is Israel Miranda I am the President of The Uniformed EMT's & Paramedics of The FDNY representing the 3500 members Emergency Medical Service Command. My testimony today should not be considered harsh criticism of EMS policies; it should be construed as an effort to enlighten committee members to the reality that is the result of the EMS response time matrix. I will attempt to remove the camouflage the response matrix provides to the mortality and morbidity of New York City residents as enumerated in the annual Mayor's Managerial Report.

Response times, as reported by The Bureau of EMS, are a stand alone concept that is grossly inaccurate and misleading. It is therefore essentially meaningless. The response times are inaccurate because they are gathered using a flawed methodology. The reported response times are meaningless because they are never collated to other statistics as reported in the annual Mayor's Managerial Report. When compared to stats contained in that report the response time becomes a cause of major concern and demonstrates the need for more accurate reporting and more importantly a re-direction of how & why resources are deployed. The response times, as currently reported, are politically motivated and mathematically indefensible

During 2012 the EMS response time to segment 1-3 call types was 6:30 seconds. These calls are cardiac arrest, choking and heart attacks. A response time of 6; 30 is most admirable and the dept vectors its financial as well as personnel resources toward improving it, however the time as reported it is essentially *inconsequential*.

The cardiac death rate in new York city as reported by the Bureau of Vital statistics has absolutely no relationship to this much touted response time.

The department would have you believe an exceptionally quick response time yields exceptional results. It is simply not true.

As you can see in chart 1 the ems response time is totally disjointed from the overall rate of cardiac mortality & morbidity. The cardiac death rate is totally independent from the response time.

The reason may be inaccurate reporting of the response time for these most serious of emergencies. Current response time is measured from the moment an EMS dispatcher receives the assignment and continues until the unit transmits an on scene signal when arriving in front of a given street address. However, first patient contact (and treatment initiation) may still be precious minutes away as crews often must walk winding court yards, ride high rise elevators, traverse levels of subway stairs or climb apartment building stairs. All these are environmental impediments that adversely effect a true response time. The time a caller spends with a 911 operator and a CRO is NOT included in the reported response time.

Multiple studies, dating from the 70's, have demonstrated the relationship between early per-hospital intervention and a decrease in cardiac mortality.

However, these studies are predicated on accurate response time measurement. Accurate response time measurement is not employed by the FDNY. The only truly accurate measurement of response time is derived from calculating the time between first contact with the 911 operator and the practitioner arriving at the patient's side.

Ergo in NYC the synergy between cardiac mortality and response time cannot be accurately measured and any attempted improvement is just a pig with expensive lip stick.

The stats as contained in the FDNY section of the annual Mayor's

Managerial Report also camouflage the consequences of fluctuating EMS response times to many life threatening emergences.

NYPD reports yearly homicide deaths, FDNY reports yearly Fire deaths and DOT reports yearly traffic deaths.

Those incidents, when called into 911, are usually reported as shootings, stabbings, and structure fires with people trapped, motor vehicle accidents or pedestrian involved incidents. These call types are then triaged into the broader category of 1-3.

There is no reported delineation for response times to the incidents in these categories.

If an ambulance crew reaches a gun shot victim in a reasonable amt of time that person becomes a surviving patient.

If the response time is extraordinarily long that gun shot victim becomes a homicide stat. Chart 2 clearly demonstrates the relationship between EMS response and homicide rates, yet the dept fails to accurately report the response time to these types of incidents and thus is not able to vector, on a policy basis, appropriate resources to achieve a reduction in the death rate.

When a citizen is struck by an automobile or cars collide a quick ems response time is of the essence. The quicker these incidents are responded to the better the patient out come. Chart 3 again demonstrates the relationship between these incidents and the response time of ems ambulances. Again the dept does not delineate these incidents and again any response adjustments are not possible as the dept cannot vector resources in order to reduce the number of fatalities.

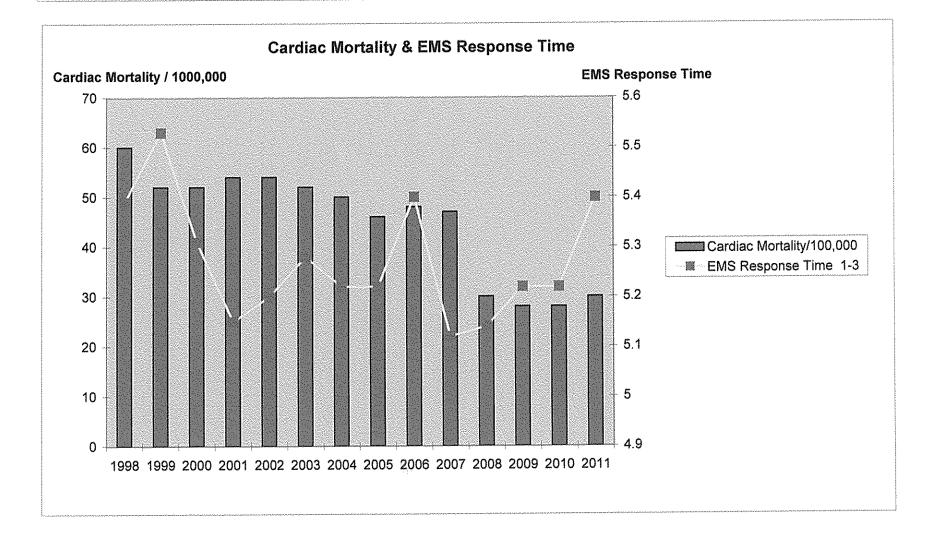
Rather then repeat what I have already testified to I would refer the committee to review chart 4 and draw the same conclusions regarding fire deaths as previously out lined with other entities.

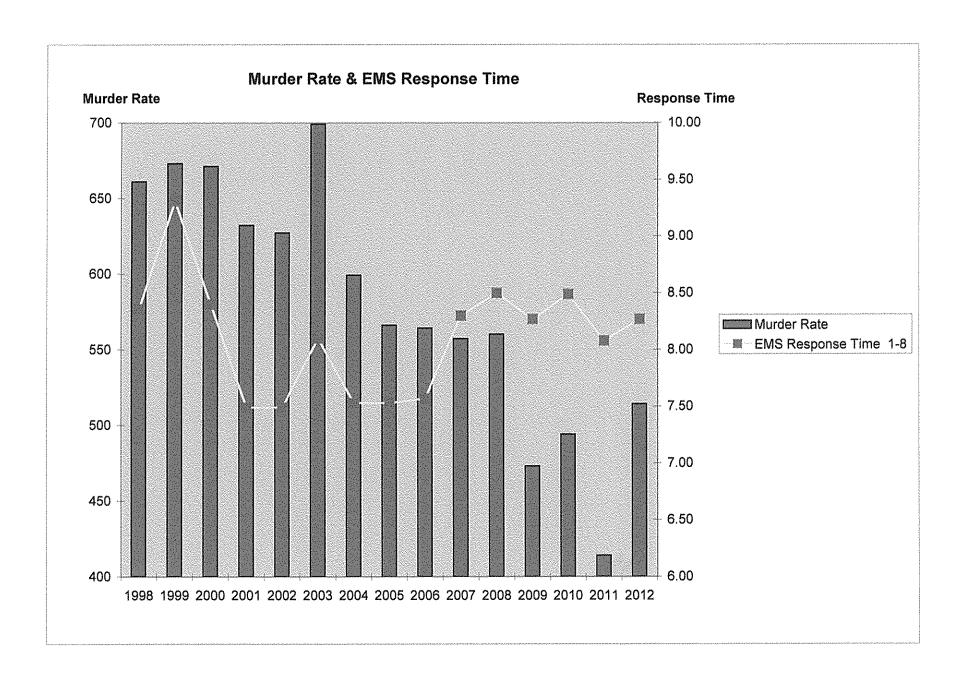
One method of achieving a lower mortality rate for the accepted performance parameters would be putting an end to what I call "triage tricks". During my last testimony before the council I spoke about the policy of call cuing. Soon after that hearing the practice was discounted only to be replaced by a new trick.

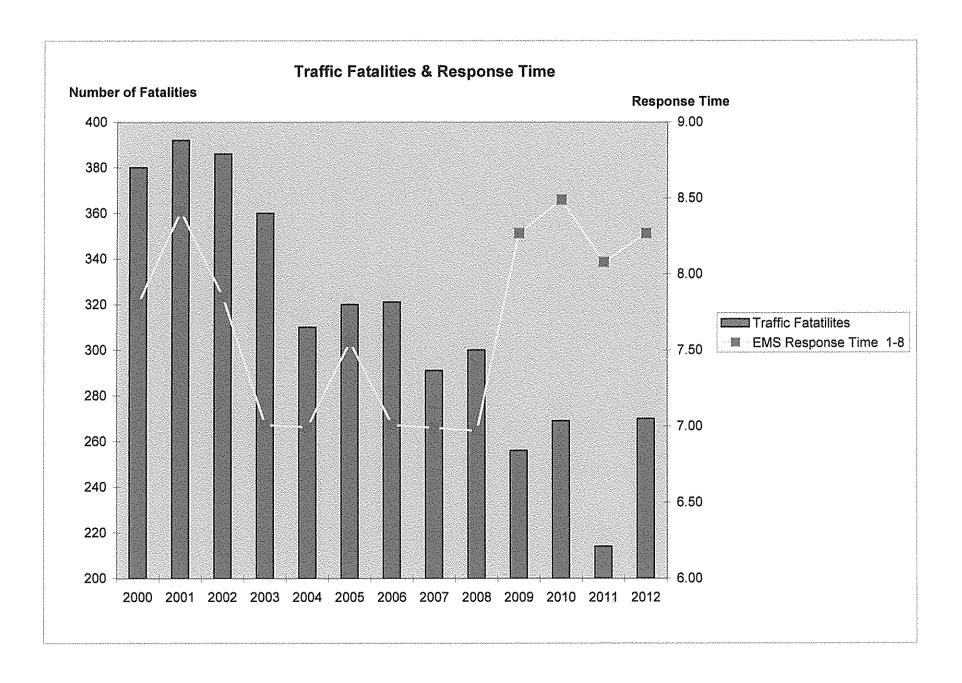
Currently any citizen that contacts EMS a second time with regard to a change in a patient's condition has that assignment re-triaged to a higher priority. The initial call is then closed out and the response time clock is restarted as if the second call was actually first notification, thus administratively reducing the reported response time for that incident.

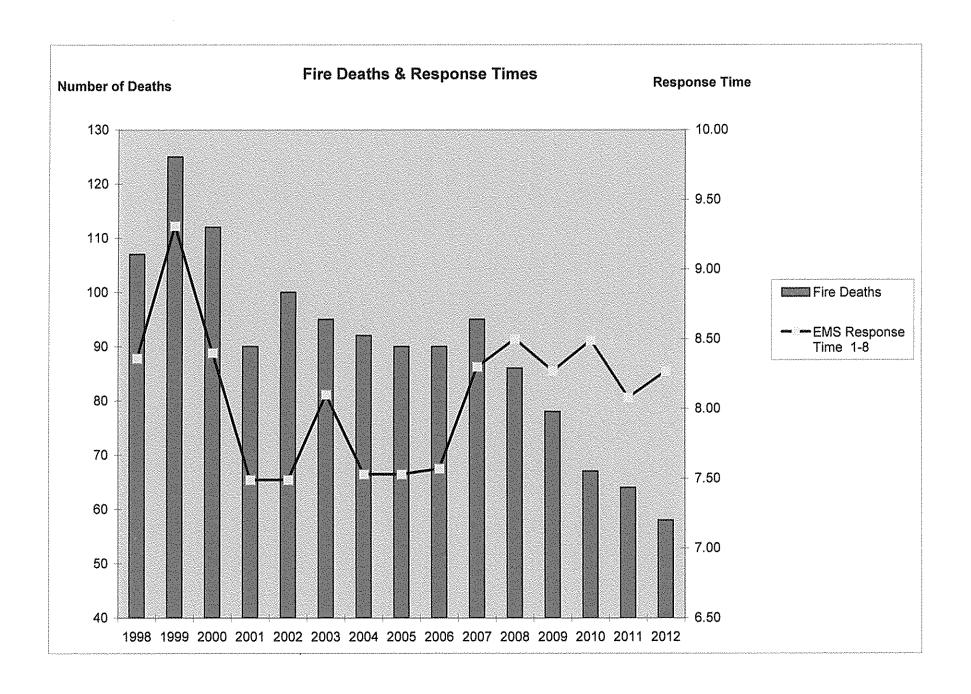
The new "I CAD" system, which the Mayor & Fire Commissioner have admitted experienced "glitches" since its start-up", have now taken to blaming dispatchers and call receiving operators for system whose design parameter should be questioned. Calls coming from 911 operators are disappearing into cyber space only to magically appear sometime later. This sequence is not unique to NYC, but is rather an operating system feature that is unique to the programming company. This "glitch" also occurs in other EMS systems such as Nassau & Suffolk County which employ the same system.

Finally if the EMS system is truly in existence as a life saving entity then step one is accurate data reporting in order to build a system that is able to significantly impact mortality & morbidity. Like when renovating an old house the first task is to repair the roof....because if you don't fix the top layer all the subsequent renovations are ruined by the water damage from the leaky roof.









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Appearance Card
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Name: John Armstrong
Address: 125 Barday St. MY MY 10007
I represent: Police Comm. Tech CPCD
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