Public Safety Committee Agenda

Committee Members:

The Honorable Ray Graham, Chairman
The Honorable Craig Wooten
The Honorable Jimmy Davis

Thursday, July 2, 2020 at 8:00 a.m.

Historic Courthouse-2nd Floor Conference Room

1. **Call to Order:** Honorable Ray Graham
2. **Invocation and Pledge of Allegiance:** Honorable Jimmy Davis
3. **Approval of Public Safety Minutes:**
   a. December 16, 2019
   b. January 24, 2020
   c. February 12, 2020
4. **EMS items** Mr. Steve Kelly
5. **Radio approval for West Pelzer:** Mr. Mark Williamson
6. **Discussion concerning radios:** Mr. Mark Williamson
7. **Citizen Comments:**
8. **Adjournment:**

ANDERSON COUNTY
SOUTH CAROLINA
Rusty Burns | County Administrator
rburns@andersoncountysc.org

PO Box 8002, Anderson, South Carolina 29622-8002 | www.andersoncountysc.org

State of South Carolina)

County of Anderson)

ANDERSON COUNTY COUNCIL

PUBLIC SAFETY MEETING

DECEMBER 16, 2019

IN ATTENDANCE:
RAY GRAHAM, CHAIRMAN
TOMMY DUNN (sitting in for Craig Wooten)
JIMMY DAVIS

ALSO PRESENT:
RUSTY BURNS
LEON HARMON
LACEY CROEGAERT

RAY GRAHAM: ... meeting to order. This is in reference to our Public Safety Committee Meeting for Monday, December 16, 2019 at 12:00 p.m. At this time we'll call the meeting to order. I'm going to ask Honorable Council Member Jimmy Davis if he'll lead us in the invocation and pledge of allegiance.

INVOCATION AND PLEDGE OF ALLEGIANCE BY JIMMY DAVIS

TOMMY DUNN: Mr. Chairman, if we may, just for the record, Craig Wooten is out of town and couldn't make it today. I'll be filling in for him. Appreciate it.

RAY GRAHAM: Thank you, Chairman Dunn.

At this time I'm going to ask EMS Director Steve Kelly if you'll step up to the mic. This meeting is basically in reference to an appeal matter through Medshore. Steve, if you don't mind, if you'll just come up and just kind of brief council on where we are and what you've done as far as levying the fine. And then I'm going to, naturally, give them an opportunity to speak, as well.

STEVE KELLY: (Inaudible)

RAY GRAHAM: Basically just where we're at as far as today as far as what the fine is and, you know, why was the fine put in place.

STEVE KELLY: Okay. The providers in Anderson County, we have two different type contracts. Medshore was put under what we refer to as a performance base (inaudible).

TOMMY DUNN: Hang on just a minute. Can y'all hear back there? You picking him up, Lacey? Rusty, have him come over to this mic over here, see if it ain't better than that one.

Thank you, Steve.

STEVE KELLY: Is that better? Anderson County has two types of EMS contracts. The one at Medshore, for the city, what we refer to as Zone 9, is considered a performance-based contract where they're not governed by a certain number of trucks at any given time. They're more of a performance base, which I believe the stipulations on that contract was requirement to answer every 911 call within that zone. Like I said, that was August of 2018 when it was signed. At the end of every month, I get a report of the calls that Medshore did not physically transport. I usually sit down with Josh and review those calls.

This is not a hard numbers. I'm just using this for an example. If there were twenty calls that I

had, I would print those calls out. May exclude some of them because of errors straight off the bat. Whatever I had left over I normally forwarded to Josh Shore in a hard copy form. And then he got with whoever at Medshore. I think normally it was Rob pulled the computer data to further evaluate the calls to see if they were truly missed or if there were any more errors or just see what played into it. So for most of the months that we reviewed those calls, we brought the -- brought a findings back to Public Safety Committee. We normally sat down with Medshore, met, reviewed everything. And I guess at the end of the day, most everyone that we reviewed, they just -- we evaluate it for changes that could be made and attempted to make some changes to alleviate it from happening in the future.

But since we're, I guess, a good ways into the contract now, the last Public Safety meeting that was had, we discussed levying fines for October. Back and forth with Josh, talking with him, and I think we ended up with four that we were going to fine with.

RAY GRAHAM: With these four, I assume y'all have done went through the vent process as far as ensuring that there was no viable reason on why the four calls were missed?

STEVE KELLY: If you go by the contract it says that any call that Medshore does not transport in their ambulance is a fineable offense. We were very lenient on the -- applying that. We allowed exception if they responded to anything whatsoever. If they responded to a supervisor; anything that assisted whatsoever in the care of that patient. So it's definitely not something we set out just to hammer them with to make an example or anything like that.

RAY GRAHAM: On the four calls that was missed, before you levied the fine, did Mr. Shore give you any information as far as what those four calls were missed for and also I know in the past ---

STEVE KELLY: Every one of them ---

RAY GRAHAM: --- in my communication with everybody in the loop on the emails, there's normally some type of a plan put in place to basically try to improve. And at the end of the day that's what we try to do each month. Was there anything back on these four calls in particular?

STEVE KELLY: Let's see, August, September, October, Josh always responded back with a brief paragraph of each call. And he did the same for October. And then the four that we held accountable

on the fines, there were no resources responded whatsoever and an ambulance had to respond from out of the county or elsewhere in the county, into the city. Not from a posting location or anything like that.

RAY GRAHAM: Thank you, sir.

Does any other council members have any questions for Steve before ... Thank you, Steve.

Greg, who is going to speak on y'all's behalf? Are y'all going to do it jointly? By all means, whoever you need just come on up and let's -- I mean because I guess in a sense we're trying to be formal here, but I mean we're all business partners and we're just trying to figure out what's the best route to go.

GREG SHORE: Well, I appreciate the committee listening to my appeal request. I know that we met on October the 9th and I think Tommy chaired that sub-committee meeting, and then we met again on October the 17th with you, Ray, talking about the issues.

Most of these issues that were discussed were staffing issues that we presented to you that there is a terrible shortage of paramedics and that we had asked to possibly staff the units at a BLS level with ALS QRVs to chase these units until we could help take care of the alleviation of the shortage.

And we are seeing improvements on the shortage because we've offered two raises. We gave a six percent raise to our employees in September and we just recently gave them another percentage. I don't want to say the number because I'm not sure. Dick, do you know the number of the current raise that they're getting? Three percent? So a total of nine percent since we first started talking about the paramedic shortage.

My concern, and I guess I take it personally because I ended up going to the hospital this weekend over this issue and spent the night in the ER over my blood pressure not being able to get under control. Went through a CT scan, spinal tap and a couple of other things because this really just bothers me. I thought that we had an understanding that until we could fix the staffing issues and the dispatch issues that we would review the calls that we missed, but that we would wait and not fine us until we had all this under control.

The six thousand dollar fine is a lot of money to us, but what it's going to affect, when you look at the calls that we run, we average an APC, an average patient charge, of two hundred and fifty-five dollars a call. If you take what we charge our customer and

what our net result collection is, and we said that, you know, two hundred and fifty-five dollars is what we collect. Of a seven hundred dollar ambulance bill, a lot of patients don't have insurance so we don't collect anything. Some people have private insurance and it pays a hundred percent. Medicaid pays a fraction of our costs. But it's two hundred and fifty-five dollars per call that we make revenue. Plus the subsidy that the county gives us. But yet the fine is fifteen hundred dollars, plus we lose the two hundred and fifty-five dollars that we would have got if we would have been able to make the call, which we certainly want to do.

So when we look at the monetary costs of this, it's quite expensive. But what concerns me is that we're going to have to make adjustments to that. In November we gave nine hours to promote public safety in our community. Those hours will have to go away so that we, you know, budget the money for the fines. We also had nine special events in the month of November that were donated to the community. We're going to have to look at ways to get funding for those standbys because this is not something that we budgeted.

I mean I started serving Anderson County in 1987 when we lost our rescue squad, and I've been covering the county for thirty-two years. You know, if we aren't following the contract then we should be penalized, but there are stipulations that are kind of, you know, beyond our control. And I really look at Anderson County as a system. I have seven other rescue squads that partner with us to serve the community. And these four calls that we missed were still answered. An ambulance arrived at the scene. Last month we had a ninety-two percent compliance of being at the scene of 911 calls. Ninety-two percent with nine minutes and fifty-nine seconds response time. Our employees are short, I think, right now seventeen positions. So our other employees are back filling these shifts. They're tired, they're worn out, but they're still performing at a high level. We have over two hundred and fifty employees here in Anderson that serve our community. We've just provided a five dollar shift differential for the weekends because the weekends was when we were having trouble finding coverage and a lot of our employees like to take their days off, their paid time off on the weekends because that's what they do.

But in October we responded to two thousand five hundred and thirty 911 calls. We transported fourteen hundred and seventy-three of them. In November our

call volume was down considerably. We responded to two thousand two hundred and thirty-four transport requests and transported twelve hundred and eighty-one. So we're seeing our call volume falling off, which has really kind of been a blessing because with us being short it's helped us to, you know, capture more calls.

But I just, you know, I just felt like -- I was kind of blind-sided when I saw the fines because I thought we had met and said, hey, we're working toward those. We're going to meet regularly with Steve Kelly to constantly monitor our progress. We donated an ambulance to the career center over at District 2, 3 and -- 3, 4 and 5 for their EMT program because we're working hard to make sure that we have more EMTs certified and trained. We're working feverishly, but yet we got hit with a fine. And we're going to pay the fine if it's not -- if we can't appeal it. That's part of doing business. But it's going to certainly suffer with our non-profits that depend on us to donate services to them.

And that's my biggest concern is we've got to channel this money to a different path and that, I think, is what upset me so bad that I ended up in the ER Saturday morning at two a.m.

RAY GRAHAM: I'm going to hit on a couple of things. As far as, you know, the good and service that you, along with the other providers, has provided Anderson County for years, I mean, there's no question the value that that has brought. And there's no question the service attitude that each and every one of you has given this county. So that has absolutely nothing to do with this here.

Along with a personal direction towards you or your staff, you know, the entire provider, as far as you guys, I mean that is -- in no part has anything to do with this. We do still have some issues and I think we have made a lot of great progress. I'm with you. We've still got an issue on shortages. And I see Chief Sutherland out there. I don't know if there's any other providers from -- in the county, as well, but I mean, you know, every one of those are fighting the same battle. And at some point we've got to figure out, you know, what are we going to do to move forward? How are we going to ensure that our county is served? I know one time, and I don't remember the date, but you guys were out of town and I know I spoke with Dick and Steve on the phone. It was a Friday night because I was actually at my business, and we had to an issue inside the city with coverage.

And that was a major concern. And I'm not trying to pull up different issues, but I mean I guess at the end of the day, and by all means I want my fellow council members to speak their mind, as well, but at the end of the day what I want to see is every month we move forward.

GREG SHORE: We've got a dozen ---

RAY GRAHAM: I think we continue doing that.

GREG SHORE: We've got a dozen paramedics across the country that work for Priority that have agreed to come and help us cover shifts. But the state has been slow to get them reciprocity so that they can practice in our state. So that's been an issue. But, you know, we're pulling every stop that we can to take care of the staffing. And this is not going to be fixed in a few months. It's going to probably take a year or two before we see the paramedics -- enough paramedics to meet the demand in the upstate.

Greenville County, they had the same issue and they were told that there was going to be a massive walkout with their workforce and they quickly ponied up enough money to avoid that. But that's what we're having to do right now is throw money at it. And of course, you know, that's a short band-aid to it, but we've got a long term problem that we've got to fix. And that's finding young people that are interested in our profession. And we're working hard to mentor these kids that are in high school, but it's just not going to happen overnight. We're struggling and, you know, I guess the fines are, you know, are necessary probably from the standpoint, but it's going to cause us to shift things that we do for our community and the service we do to cover these fines. Because they'll probably continue to happen.

We back up the rescue squads and I know they're going to have to back us up. It's part of the system. That's why we need to be shifting ambulances halfway to different areas when we're level zero in Iva or Belton or Pendleton or Anderson or whatever the case may be. We need to make those shifts.

And I had hoped that that would work when we moved our dispatch center out there. But what turned out to be a different story or different pathway is that we sent a dispatcher out there twenty-four/seven and there was so much workload there that we had to send a second dispatcher. And then after the second one got there they said we're going to have to put a third one. And corporate said, we can't send, you know,

that many FTEs out there to handle what one person should be able to handle. So it was integration with our CAD system, so it meant that our dispatchers were having to input all this information in there several different ways and it just created an issue that we had to pull our dispatchers back until we can get the integration to the system because I believe that will work. I think that our response times were better when we were there. That's my gut feeling. I haven't seen the actual numbers, but I was really pleased last month when we weren't in dispatch we had a ninety-two percent compliance in Anderson.

But my concern is that, you know, we'll have to pay the fines, but it's going to divert money that we were donating to these non-profits, and I'll tell you who we provided service to this past month. We did a public safety show and tell event with 5K children at Midway Elementary School; we partnered with the Anderson Special Needs Disability Board for EMS coverage for the Spooktacular 5-K run; we provided service for the Veterans Day parade coverage; a football game at old McCants stadium; the Gobbler 5-K run at the Anderson Mall; and also in November we sent nine hours of EMS coverage for Anderson County to support community education and citizens' safety.

You know, those are things that we donate to the community because we have the prosperity to do that. But with the raises that we're having to give, the overtime we're having to pay, the travel expense of bringing paramedics from other states to come and help us cover it is going to cost us more money.

And we did ask the Public Safety Committee to look at letting us get an increase in our rates. That only helps the private insurance. It's not going to help Medicare, Medicaid and those that have no insurance. But it will give us a small increase to help us absorb these costs that we're doing on the increases.

RAY GRAHAM: As far as November, Steve, have you looked at November's costs? Have y'all already hashed out as far as what it's looking like? Okay. So I mean I don't want to speculate on where we're going to be at in November without you and Josh have already actually communicated and walked through that plan.

GREG SHORE: But I want to make it clear because I see that the media is here. I just want to make sure that they know that there has been no patient that didn't receive an ambulance. These four calls that we checked out -- and there were more. There were about twenty, I think, total, but of those

twenty there was a closer ambulance that was from another provider that dispatch decided to send because they were closer. And that's what we agreed, if we have the closest ambulance, we want to send the closest unit. We should never be squabbling or fighting over that. That should be, let's think about the patient first. There were a couple of calls where our ambulances were in other districts answering calls so we got exempt from those.

RAY GRAHAM: Right.

GREG SHORE: But, you know, we look at them. We vet those things out. And if I feel like that our system is not meeting the needs of the county, then I'm going to tell you, you know, we're inadequate. But we're not. We're meeting the standards.

You know, I had asked the council to recognize our employees because they just got re-accredited about three months ago. And that never happened. I mean I'm just taking it personal. I feel like that you're just trying to kick us while we're down. And I mean we're not down; we're just struggling with personnel -- certified personnel. I mean I could put non-certifieds on the road, but that's not, you know, what we need to be doing.

RAY GRAHAM: That's definitely not the case. And I mean I guess in a sense ---

GREG SHORE: Well, I'm glad to hear that because I kind of felt that way.

RAY GRAHAM: Because when I first got on council, each and every one of the people that was involved in EMS realizes, we were at a point where our system was failing. And we have reworked it. Are we where we need to be? Absolutely not.

GREG SHORE: Going in the right direction.

RAY GRAHAM: This here, this here, this process right here today, along with the steps that each -- that your service, along with the other providers, are continuing to provide our county on a daily basis and continue to improve and continue putting their brains together and their ideas on how can we make it better, the entire system, is what is continuing moving this program forward. We're still not where we need to be and we realize that. But I mean we're not failing because we realize we need to continue moving forward.

GREG SHORE: Well, I've been serving the county since 1976 and I've been your 911 provider for thirty-two years. And I'm the junior provider.

All the other rescue squads have been here since the sixties. And they started out with volunteers. And of course volunteerism got tough there twenty years ago and council realized it and started subsidizing the providers so that they could put paid staff on it. So we have improved. And there's a lot more improvement. But I just feel like that we need a little bit more time before we start getting penalized financially for these missed calls.

RAY GRAHAM: So what -- and naturally this is not my call. This will definitely be council's. But what do you recommend? As far as on this fine today, naturally we're going to have to go into Executive Session and speak with our concerns on this. But what do you recommend? I mean where do you see the benefit as far as moving forward? Because at the end of the day I'm comfortable in saying our Director Steve, who I've got a hundred percent faith in, ---

GREG SHORE: I do, too.

RAY GRAHAM: --- along with our Public Safety Committee, our direction is to move the county forward whether we're dealing with law enforcement or in this case dealing with EMS, the Public Safety's direction is to move it forward. It's not to levy a fine on anyone. In fact, my question is, what are we going to do with the fine money? It needs to be some good brought out of that money if we do initiate the fine.

GREG SHORE: Well, I hope you give it to non-profits because we're going to have to start charging them for services and maybe they can pay us for that.

RAY GRAHAM: But what do you recommend that we're going to move forward, or what can you tell me we're going to move forward if we did not do the fine?

GREG SHORE: Our recommendation is just like we talked about at our sub-committee meetings, that we continue to meet with you and continue to monitor the progress that we're having with the shortage, with response times, and we're meeting with Steve, I think, is it every two weeks? Meeting with Steve every two weeks so that we can review these before the end of the month because there are, like I say, two thousand calls to go through; not all of -- the majority of them meet the criteria of the response time. What we're looking at is the ones that fall out of that and the ones that we just weren't available because we were on other calls.

But I think we need to continue to monitor this and report back to the council on our progress. Are we making headway or are we taking steps back? That's what we talked about in October when we met two times, and that's what surprised me with the fine. I thought we were going to continue to meet and continue to monitor it and see, you know, what direction we're heading in.

I think we're heading in a positive direction. But ...

JIMMY DAVIS: Mr. Shore.

GREG SHORE: Yes.

JIMMY DAVIS: Medshore agreed to the fifteen hundred dollars in the contract; correct, per call?

GREG SHORE: Yes, sir.

JIMMY DAVIS: At what point did you think that that fifteen hundred dollar fine per missed call once all the calls have been qualified, at what point did you think that the county would levy that fine against Medshore?

GREG SHORE: If someone did not receive an ambulance.

JIMMY DAVIS: I'm talking about when -- you keep saying that you thought the understanding was that we would give you time to get appropriate personnel numbers or whatever. But I mean at some point in time we had to have some type of time frame in our mind of when that levy would start taking place. That's my question.

GREG SHORE: I'm really thinking that it's going to take us six months to twelve months to get our staffing stabilized from the shortage of paramedics. And that's looking at what's currently in paramedic class. We're sponsoring several paramedics with Tri-County Tech's program they just started up. And the Upstate EMS Council. We have three programs in the upstate or in our catchment area, and that's Greenville Tech, Upstate EMS Council, and Tri-County Tech. I serve on the Upstate EMS Council board. Josh serves on the Tri-County Tech board. So we're monitoring those programs so that we know, you know, how many paramedics they're going to be able to produce. But you have other agencies that are vying for these paramedics. So it really comes down to who's going to pay the most or, you know, it's almost like a bidding war now that we've got ourselves into. But you know, it's going to take a while for this to stabilize. And then ---

RAY GRAHAM: Go ahead, Mr. Whipple.

DICK WHIPPLE: If I could just add briefly about that ---

RAY GRAHAM: If you could, introduce yourself. I'm not sure if the other council members are ---

DICK WHIPPLE: That's fine. I'm Dick Whipple. I'm the Vice President of Operations and Special Projects for Priority Ambulance. But if I may add a little bit to that question.

One of the provisions in the contract was to transition the county here to the National Academy standards of EMD. And as we've had a recent meeting and continuous meetings about this, the current system introduces a lot of inefficiencies in the system in the way that calls are processed. It's not a judgment of the people. It's a judgment of the process that happens where ninety percent, basically, of our calls are considered priority one or life threatening. And that's unlike any system in the country.

And with the National Standard EMD process, if we were to transition into that, we could introduce a lot more efficiency in matching the right resources with the right calls, with the right response time.

We can also look at other alternative resources to stir patients to, as opposed to burdening the emergency departments or burdening the EMS systems on calls that typically neither one of us are going to be paid or are going to be very low pay calls. And it's not about the money, but it's about helping the people get to the right resource timely and more efficiently.

So right now there's a lot of system-introducing efficiencies that also burden all the providers, but burden certainly where we do the majority of the calls. Where we have extra staff, we have to staff to overcome those inefficiencies that area introduced in this system. And so that's where part of this struggle comes to.

Our capture rate is around anywhere between fifty-eight and about seventy percent it looks like. And most system are somewhere in the mid-seventies even to the mid-eighty percent on capture rate. So you can see there's a lot of calls that we're going on that we're not even transporting patients on that frankly didn't need an ambulance to start with. And so to your point about when we would start doing that, I think when we have an entire system, and looking at this from a system's perspective, that where the EMD's in place, you know, where people have the opportunity to have the staffing. I think from my perspective that would be where you're going to have a more

manageable system and more appropriately be able to respond to those. Hopefully that makes some sense.

JIMMY DAVIS: Thank you.

RAY GRAHAM: You guys got any other questions?

TOMMY DUNN: I've got a few things.

Greg, I appreciate what you've done for Anderson County. I consider you a friend. I also want to say Medshore Ambulance Service has done great for the community of Anderson County. Business is business, and that's what brought us here today. We've got to find out -- fix this. Fines is nothing. Fines ain't going to bring somebody back that died of a heart attach on the side of the road because the ambulance didn't get there on time. That's what we want to make sure. This ain't about -- we've got a bad misunderstanding if we're thinking Belton should be covering the city of Anderson because they shouldn't be. They're there to back up, but it should be no somebody having to come from Belton to answer a call in the city of Anderson. We've got a problem when that happens.

The other thing, the meeting me and you said, your son, Lieutenant Baker, Steve Kelly, I thought we had an understanding, too. I thought we had an understanding we was talking about the dispatch -- y'all having a dispatch -- central dispatch. We talked about and went over it. When I left the room, I said y'all get the nuts and bolts worked out and let's have these meetings and get something worked up. The next thing I know I'm getting an email saying y'all are pulling out of dispatch -- of central dispatch. And that's fine. That wasn't my understanding either. I thought we was going to get something worked out on that. So that's a two-way street of sort of getting blind-sided.

Lieutenant Baker, I'd like to ask you to step up to the mic and ask you a little bit. We're getting all this about our dispatch and about what -- where we're at and where we need to get. Because I don't think I understand exactly what the gentleman, Mr. Whipple, was talking about before about having a system we can prioritize a little bit better maybe than what we're doing.

DAVID BAKER: Yes, sir.

TOMMY DUNN: I don't think if a call comes in and there ain't much -- now I don't mean to make light of nothing and Mr. Kelly, you let me know -- on these four calls we're talking about, we ain't talking about somebody getting a stumped toe or run

over a finger. These were pretty major instances, from my understanding; I know one of them was.

DAVID BAKER: When I (inaudible). I can't tell you exactly right now what ---

TOMMY DUNN: Come up to the mic a little bit. Lieutenant, if you'll go ahead -- how is the prioritize and how is that coming in working on that if you'd like to speak to that since you got brought up in this.

DAVID BAKER: That's okay. I'm going to bring up a couple of conversations and I'll let Steve kind of discuss about how the -- what makes it a priority and what does not.

To make a long story short, we did have a meeting which I was called to. It was an EMS based meeting and some subject matter came up with dispatch where the EMD portion of how dispatch determines what's priority, what's not, and that kind of thing. I don't know how old that system is. My understanding is many a year ago the folks sat down and decided this was the direction we needed to go. Times have changed and it certainly needs to be updated. We had discussion about potentially updating that, which we had recent discussion again just the other day with Mr. Whipple and Josh Shore from Medshore over at the office to discuss some other things.

One of the things that kind of falls back to us is we're getting ready to transition to a new large software package at dispatch. I know that Medshore had offered their EMD to us potentially. That comes with a cost. Not necessary a cost from us to Medshore but a certification process with forty people or sixty something people at forty hours for certification. I did the math the other day; just for certification was somewhere around thirty to forty thousand dollars in salaries for forty hours for employees. That does comes at a pretty great cost to us.

One of the other costs would be to update our existing card system. And that might be a band-aid fix, but it's certainly at least something we need to look at. And I think that number was thrown out somewhere around twenty thousand. When I say a band-aid fix, it takes care of today the prioritization into the EMD which would be similar to what Medshore's system is with their process. Again, that's twenty thousand dollars we've got to find in the budget somewhere to do.

And then what we then need is for the EMS and probably getting together with all the EMS chiefs to determine what should change within our current card

system. Yes, sir.
TOMMY DUNN: And I don't want to speak -- we've got six other council members.
DAVID BAKER: Sure.
TOMMY DUNN: If this was best, we don't want to throw good money after bad.
DAVID BAKER: Right.
TOMMY DUNN: But if twenty thousand dollars will make the system work better for the people of Anderson County, I think we could find it.
DAVID BAKER: Yes, sir.
TOMMY DUNN: But we want to make sure. Y'all need to look at some another. Y'all are the professionals. Y'all need to look at this. I'm just throwing out in the future, you know. Y'all need to get together and come up with a plan.
DAVID BAKER: Yes, sir.
TOMMY DUNN: I told y'all that day, in how it's going to work and then give us a dollar figure. And if it ain't going to be no better, we don't need to do it.
DAVID BAKER: Correct.
RAY GRAHAM: We did have a meeting this past week concerning that. And just to clarify, it's not what's best for Medshore or what's best for Belton or for Iva, it truly -- we're looking at the two options -- Becky, the Director of dispatch, you know, everybody was in that meeting, along with David, as well, and we did discuss the different options. And we are kind of -- we've got some items for people to go out and check on and basically bring a report back to determine what is best for the county.
You know, honestly I think if we get this implemented, regardless which way we go, either update what we've got or go with the other system, I think a lot of these problems that we're having not only with Priority and Medshore but with the other providers, as well, a lot of these problems that we're having with the missed calls -- and what it is, it's taxing the system on a call that probably could be a non-emergent, and it's really nothing more than a stumped toe, but yet we're having to send a medic and EMT to that call. So we are looking at those options on that.
DAVID BAKER: To give you an idea, there are some questions that are asked in those EMD cards as they're going through. One of the questions might be, are you having any trouble breathing? And obviously that triggers or changes the priority to a higher priority. So if you had a situation to where,

you know, it's not a -- I guess everybody could define traumatic event differently, but an event where the priority should be higher or not, that card makes that decision based on just breathing, asking that question, you know, with trouble breathing.

So those are some things that, you know, whether we stay with our existing system, the EMSs, along with their group and the various chiefs will have to get together to make a determination should that change and if so how should it change? What should that question be? And then we would invest our twenty-plus thousand, you know, in changing the card system to update what we currently have and are using.

Our other option, as mentioned, would be to go in with the EMD system that Medshore is currently using and then we have to look at potential funding for training and certifications and that kind of thing.

I'm going to turn it over to Steve to answer unless y'all have got another question specifically about dispatch. We did get together with them the other day about some concerns and I think we all came to the agreement that things are good. We do have still a pod area over there that could accommodate up to four if that decision is ever made for them to return. So that's there.

And I agree with Greg, I think we all agree that when they were in-house it was a lot more efficient, a lot quicker. I can't speak for his manpower issue, but I can certainly see and could tell a difference.

TOMMY DUNN: Thank you.

DAVID BAKER: Yes, sir.

STEVE KELLY: The dispatch software we keep talking about, just so we're all on the same page, there's two major types. We currently use what is called APCO. We swapped to it county-wide eight, nine years ago. It was seen at that time as a more cost-effective alternative. So they swapped to it.

The Priority dispatch that Medshore is currently using, it is the gold standard in the dispatch community. It is the best that's out there, but it is also very expensive on the initial purchase and the continuing costs as far as training and stuff like that.

So the APCO is the deck of cards we have now. That's what we have to work with. We're not going to be able to change it in the foreseeable future. That's what we had when this contract was signed. That's what we've had for seven, eight years. As David did say, we've got a data download that we're wanting to try to get pushed through in the next

couple of weeks, but honestly that's two, three months before that can even be pushed out and them having live on 911.

TOMMY DUNN: Let me just also, you're monthly reviewing all EMS providers; right? I mean this ain't picking on Priority One?

STEVE KELLY: The only one that gets this is Medshore, and that's because of what we deemed is that performance-based contract.

TOMMY DUNN: I mean, you're constantly monitoring the others though and making sure ---

STEVE KELLY: For everything that they have that they're supposed to be monitored for, such as time compliance and stuff of that nature, yes.

RAY GRAHAM: Yes, Greg, go ahead.

GREG SHORE: (Inaudible) We picked the performance-based side because we peak out at like nineteen ambulances with our call volume. But when you do the static deployment and we -- let's say we do six or seven ambulances and they're just dedicated to 911 calls, that costs us about thirty thousand dollars a month subsidy. And when you look at the subsidy that you pay for us, it's a lot less because we decided to do it that model to save money and keep the taxpayers' costs down. So I just wanted to let you know why we went that way. And I think Dick has a comment, too, that he wants to make.

RAY GRAHAM: And right now you're still comfortable with that type of contract?

GREG SHORE: Well, I think it's the most cost-effective contract that we could do. If you said, hey, we would rather have your ambulances dedicated to nothing but 911 calls; transports will be handled by another group of vehicles, we could do that, but the cost would be higher because you see that forty percent of the calls we go on doesn't generate a transport. And when we do transport a patient, we make two hundred and fifty-five dollars a call. So you can do the math and figure out the labor and the costs. But yeah, we could do that other path. It's just -- you know, it's got a different model of subsidy based with it.

RAY GRAHAM: Okay. Dick, I'm going to give you one other opportunity and then we're going to probably go into Executive Session. But go right ahead, please.

DICK WHIPPLE: Sorry.

RAY GRAHAM: No, that's fine.

DICK WHIPPLE: I wanted to tag on to

what David had mentioned. So we did have the meeting and I thought it was quite productive. And again, those type of meetings, I think, are really important to the progress, both from a provider perspective, but also from the county.

And we've committed as Priority Ambulance to help fund the initial training, substantially fund it, and also make available some of the software that we have by extending the licensure to make that happen if the transition to the EMD were to take place through the National Academy.

You know, the stopgap -- what I would call a stopgap measure, what they're taking about updating their system to make that more where the priorities are more stratosphied (verbatim) will definitely help. But, you know, from our position we still think that the National Academy standard is the way to go to gain the most efficiency.

RAY GRAHAM: Thank you.

Do I have a motion to go into Executive Session?

TOMMY DUNN: Motion to go into Executive Session for contractual matters.

JIMMY DAVIS: I second.

RAY GRAHAM: All in favor? At this time we're going to go into Executive Session in the conference room.

EXECUTIVE SESSION

RAY GRAHAM: We'll call the Public Safety meeting back in session. Do I have a motion?

TOMMY DUNN: I make the motion we come out of Executive Session ---

JIMMY DAVIS: Second.

TOMMY DUNN: --- with no action.

RAY GRAHAM: Have a motion by Councilman Dunn; second by Councilman Davis. All in favor. In favor a hundred percent.

JIMMY DAVIS: Mr. Chair?

RAY GRAHAM: Go ahead, sir.

JIMMY DAVIS: I would like to make a motion that we stick to the levying of a fine, but we reduce that fine from a total of six thousand dollars to two thousand dollars, which would be five hundred dollars per occurrence on four occurrences.

RAY GRAHAM: Do I have a second on that?

TOMMY DUNN: Second.

RAY GRAHAM: All in favor. Stand approved a hundred percent.

I think -- personally I think where we need to go from here is again at the end of the day we need to

figure out what we're going to do to move forward in a positive direction. I think -- I know with the holidays and everything next week, it'll probably be the first of the year. But probably the first week in January, we need to schedule a meeting and kind of look and make sure -- I know we had a lot of stuff on the table as far as this past week with dispatch, EMD, AFCO program. We need to look at those opportunities and just look at all the opportunities that's available to move the whole program forward. And this is not only for you guys, it's also for the other providers.

I assure you, this fine is not about the money; it's not about a personal issue by no means, but we've got to continue moving forward. And I think we have. I think we've came a long ways. I think we've still got a ways to go, though.

So with that being said, please reach out to me and let's get a date set up for the first week in January and let's go ahead and start trying to get -- working on some of these opportunities for improvement. I'd love to talk more about getting you guys as far as dispatch, as far as the EMD system, and truly try to put some of these issues to bed as far as that's causing us problems.

I know the manpower is a major issue, I know along with the other providers, they're having the same problems. So by all means when we have this in January, you know, it's not a closed meeting to Priority, it's a meeting for EMS. I mean, we definitely want to get all the players involved and see what can we do. Because at the end of the day you kind of rely on each other as resources. And you know, that's what's made our system work so great for so many years. We just need to continue moving forward.

At this time, Leon, have we got any citizens comments?

LEON HARMON: There are no citizens signed up.

RAY GRAHAM: At this time, council members, anything else?

TOMMY DUNN: Good. Appreciate it.

RAY GRAHAM: Meeting adjourned.

(MEETING ADJOURNED AT 12:46 P.M.)

Minutes

Public Safety Committee Meeting
Friday, January 24, 2020

The Public Safety Committee Meeting of Friday, January 24, 2020 was called to order at 12:00 pm by Chairman Ray Graham. Mr. Craig Wooten and Mr. Jimmy Davis were in attendance for the Public Safety Committee meeting. The Invocation and Pledge of Allegiance was provided by Mr. Jimmy Davis.

The following items were considered by the committee:

3. Animal Control Ordinance Revision, Lieutenant David Baker

This is a recommended amendment for Section 42-116 of the Animal Control Ordinance. The current County ordinance mimics the state law requiring charges to go to the higher court. The County needs an ordinance to utilize for a lesser offense that can provide an educational opportunity. The larger serious offenses such as willful or malicious killing, abuse, maiming, beating, disfiguring, administrating of any poison or exposure of poisonous substance to any animal or pet would still go to State level to the higher court. Amending the ordinance will allow us to handle maltreatment cases that are not geared toward physical abuse such as confining any animal or pet without sufficient food and water, adequate shelter and sanitary conditions. Amending this ordinance will allow us to educate the public and be able to give an officer the discretion. The staff recommendation is to amend the ordinance to remove and exclude some of the verbiage that automatically requires it to be sent to higher court.

Mr. Craig Wooten made the motion to move this ordinance revision to full council and a second from Mr. Jimmy Davis, the committee voted unanimously to recommend to Full Council.

4. Body Camera Update, Captain Ross Brown, and Lieutenant Mike Beninger

After December 3, 2019 the financing and grant funding was obtained to purchase the cameras. The body cameras arrived at the beginning of January 2020. A train the trainer class is scheduled for Monday, January 27, 2020 with training provided by Adam Westmoreland and Mike Beninger. The trainers will train their own shifts on how to use and implement the cameras. On January 29, 2020 the Solicitors Office and Public Defenders will attend a training class and set up accounts for access. The information will be sent out as a link. After the training is complete the body cameras units will be issued. The units have sku numbers that will be put into the supply system to be tracked. There are 126 units that will be used by the specialized enforcement units, street narcotics road patrol and animal control.

5. Dispatch Update, Mr. Steve Kelly

Ms. Becky Carter, E-911 Director and staff are in the process of revising and updating the Dispatch APCO cards that are used to determine what type of emergency is occurring when a 911 call is received. This process cannot be completed while on duty requiring staff to work on their days off to complete. Once the update process is complete the cards will need to be reviewed by Becky Carter, Steve Kelly and Dr. King before implementing. Steve Kelly will bring back pricing for Priority Dispatch including the training and overtime to the Public Safety Committee.

7. December Compliance, Mr. Steve Kelly
No discussion on this item at this time

Minutes

Public Safety Committee Meeting
Friday, January 24, 2020

8. EMS PLAN 2020, Mr. Steve Kelly

In Anderson County during the night time 16 ambulances run and during the day time it fluctuates between 20-24 ambulances with 2 QRV's. We currently send the closest ambulances.
Dr. Brett Stoll stepped down and Dr. Michelle King from Anderson ER took over as the Primary Medical Control Physician. There are a new set of protocols that will be sent out by March.

Over the last 18 months the 911 compliance times have been tracked with data indicating possible recommended changes such as current placement of ambulances, and some areas with no coverage. If call volume and growth continue in the Powdersville area there may be a need to implement a 12hour ambulance in the Powdersville area. Pelzer currently runs 4 ambulances that travel on a continuous basis to the Powdersville Area.

6. EMS Fee Schedule Discussion, Mr. Steve Kelly
The Fee schedule shows what the County allows the providers to charge private insurance. The fee schedule was increased in July 2018. Steve Kelly will collect additional data and bring back to the Public Safety Committee.

9. EMD GRANT, Lieutenant David Baker

For the Financial year 2018-2019 Anderson County was awarded the Hazard Mitigation Grant from the South Carolina Emergency Management Division in the amount of $38,778. This grant funding was used to conduct a commodity closed study by a hired contractor who came to monitor the roadways and determine what chemicals and in what quantities they are traveling through Anderson County. The purpose of this study was to put together a comprehensive plan that includes what type of training is needed and what type of equipment is needed to combat and handle any potential incident with this type of hazard. There was left over funding from the supplemental grant that could be used for Hazmat training .The total amount of funding is $25,370. Anderson County will receive $13,000 for training that is specific to combatting a chlorine based chemical. The training will be conducted and hosted by Anderson County. The remainder of funding in the amount of $12,370 will go directly to the Fire Academy to be used for additional risk based, air monitoring and hazmat technician training. It is a 20% match fund grant and the salary for James McAdams can be utilized as the individual who will be responsible for reporting.

Mr. Jimmy Davis made the motion to accept this grant and a second from Craig Wooten, the committee voted unanimously to recommend to Full Council.

10. Annual Report 2019, Lieutenant David Baker

Lieutenant David Baker gave a brief summary of the 2019 Annual Report which included data from Dispatch, Animal Control, and the Sheriff's Office.

There being no further business, the Public Safety Committee meeting was adjourned at

1:09 pm.

_____, Chair

_____ Date

Minutes

Public Safety Committee Meeting
Wednesday, February 12, 2020

The Public Safety Committee Meeting of Wednesday, February 12, 2020 was called to order at 8:02 am by Chairman Ray Graham. Mr. Craig Wooten and Mr. Jimmy Davis were in attendance for the Public Safety Committee meeting. The Invocation and Pledge of Allegiance was provided by Mr. Craig Wooten.

3. Executive Session:
a. Discussion concerning Ems Contracts

Mr. Craig Wooten made the motion to go into Executive Session to discuss EMS contracts and a second from Mr. Jimmy Davis, the committee voted unanimously to go into Executive Session.

Mr. Craig Wooten made the motion to come out of Executive Session and a second from Mr. Jimmy Davis, the committee voted unanimously to come out of Executive Session with no decisions made or votes taken.

There being no further business, the Public Safety Committee meeting was adjourned at

9:30 am.

_____, Chair

_____ Date