

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

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

8                   **INVOCATION AND PLEDGE OF ALLEGIANCE BY JIMMY DAVIS**

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

13                  RAY GRAHAM:                   Thank you, Chairman  
14   Dunn.

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

23                  STEVE KELLY:                   (Inaudible)

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

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

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

35                  Thank you, Steve.

36                  STEVE KELLY:                   Is that better?  
37   Anderson County has two types of EMS contracts. The  
38   one at Medshore, for the city, what we refer to as  
39   Zone 9, is considered a performance-based contract  
40   where they're not governed by a certain number of  
41   trucks at any given time. They're more of a  
42   performance base, which I believe the stipulations on  
43   that contract was requirement to answer every 911 call  
44   within that zone. Like I said, that was August of  
45   2018 when it was signed. At the end of every month, I  
46   get a report of the calls that Medshore did not  
47   physically transport. I usually sit down with Josh  
48   and review those calls.

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

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

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

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

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

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

40 STEVE KELLY: Every one of them ---

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

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

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

5 RAY GRAHAM: Thank you, sir.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 GREG SHORE: We've got a dozen ---  
8 RAY GRAHAM: I think we continue  
9 doing that.

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

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

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

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

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

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

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

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

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

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



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

10 RAY GRAHAM: Right.

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

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

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

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

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

35 GREG SHORE: Going in the right  
36 direction.

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

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

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

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

20 GREG SHORE: I do, too.

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

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

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

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

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

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

11 JIMMY DAVIS: Mr. Shore.

12 GREG SHORE: Yes.

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

16 GREG SHORE: Yes, sir.

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

22 GREG SHORE: If someone did not  
23 receive an ambulance.

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

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

50 RAY GRAHAM: Go ahead, Mr. Whipple.

1                   DICK WHIPPLE:                   If I could just add  
2 briefly about that ---  
3                   RAY GRAHAM:                   If you could, introduce  
4 yourself. I'm not sure if the other council members  
5 are ---  
6                   DICK WHIPPLE:                   That's fine. I'm Dick  
7 Whipple. I'm the Vice President of Operations and  
8 Special Projects for Priority Ambulance. But if I may  
9 add a little bit to that question.  
10                  One of the provisions in the contract was to  
11 transition the county here to the National Academy  
12 standards of EMD. And as we've had a recent meeting  
13 and continuous meetings about this, the current system  
14 introduces a lot of inefficiencies in the system in  
15 the way that calls are processed. It's not a judgment  
16 of the people. It's a judgment of the process that  
17 happens where ninety percent, basically, of our calls  
18 are considered priority one or life threatening. And  
19 that's unlike any system in the country.  
20                  And with the National Standard EMD process, if we  
21 were to transition into that, we could introduce a lot  
22 more efficiency in matching the right resources with  
23 the right calls, with the right response time.  
24                  We can also look at other alternative resources to  
25 stir patients to, as opposed to burdening the  
26 emergency departments or burdening the EMS systems on  
27 calls that typically neither one of us are going to be  
28 paid or are going to be very low pay calls. And it's  
29 not about the money, but it's about helping the people  
30 get to the right resource timely and more efficiently.  
31                  So right now there's a lot of system-introducing  
32 efficiencies that also burden all the providers, but  
33 burden certainly where we do the majority of the  
34 calls. Where we have extra staff, we have to staff to  
35 overcome those inefficiencies that area introduced in  
36 this system. And so that's where part of this  
37 struggle comes to.  
38                  Our capture rate is around anywhere between fifty-  
39 eight and about seventy percent it looks like. And  
40 most system are somewhere in the mid-seventies even to  
41 the mid-eighty percent on capture rate. So you can  
42 see there's a lot of calls that we're going on that  
43 we're not even transporting patients on that frankly  
44 didn't need an ambulance to start with. And so to  
45 your point about when we would start doing that, I  
46 think when we have an entire system, and looking at  
47 this from a system's perspective, that where the EMD's  
48 in place, you know, where people have the opportunity  
49 to have the staffing. I think from my perspective  
50 that would be where you're going to have a more

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

3             JIMMY DAVIS:             Thank you.

4             RAY GRAHAM:             You guys got any other  
5     questions?

6             TOMMY DUNN:             I've got a few things.

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

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

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

45             DAVID BAKER:             Yes, sir.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

30           TOMMY DUNN:           Thank you.

31           DAVID BAKER:          Yes, sir.

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

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

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



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

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

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

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

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

16 RAY GRAHAM: Yes, Greg, go ahead.

17 GREG SHORE: (Inaudible) We picked  
18 the performance-based side because we peak out at like  
19 nineteen ambulances with our call volume. But when  
20 you do the static deployment and we -- let's say we do  
21 six or seven ambulances and they're just dedicated to  
22 911 calls, that costs us about thirty thousand dollars  
23 a month subsidy. And when you look at the subsidy  
24 that you pay for us, it's a lot less because we  
25 decided to do it that model to save money and keep the  
26 taxpayers' costs down. So I just wanted to let you  
27 know why we went that way. And I think Dick has a  
28 comment, too, that he wants to make.

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

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

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

48 DICK WHIPPLE: Sorry.

49 RAY GRAHAM: No, that's fine.

50 DICK WHIPPLE: I wanted to tag on to

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

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

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

19 RAY GRAHAM: Thank you.

20 Do I have a motion to go into Executive Session?

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

23 JIMMY DAVIS: I second.

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

27 **EXECUTIVE SESSION**

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

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

32 JIMMY DAVIS: Second.

33 TOMMY DUNN: --- with no action.

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

37 JIMMY DAVIS: Mr. Chair?

38 RAY GRAHAM: Go ahead, sir.

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

44 RAY GRAHAM: Do I have a second on  
45 that?

46 TOMMY DUNN: Second.

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

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

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

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

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

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

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

39 LEON HARMON: There are no citizens  
40 signed up.

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

43 TOMMY DUNN: Good. Appreciate it.

44 RAY GRAHAM: Meeting adjourned.

45

46

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