

AGENDA
FLOYD COUNTY EMERGENCY MEDICAL SERVICES, INC.
MARCH 9, 2021

1. 1:00 P.M. Meeting called to order – Board Room, County Administration Building.
2. Approval of minutes of [June 11, 2019](#) and [October 8, 2019](#).
3. Mr. Phillip Belcher, EMS Operations Manager – Presentation and update of information regarding Emergency Medical Services.
4. Adjournment.

**FLOYD COUNTY EMERGENCY MEDICAL SERVICES, INC.
JUNE 11, 2019**

At a meeting of the Floyd County Emergency Medical Services, Inc., Board of Directors, held on Tuesday, June 11, 2019 at 8:00 a.m. in the Board Room of the County Administration Building thereof;

PRESENT: Lauren D. Yoder, President; Joe D. Turman, Vice President; Jerry W. Boothe, W. Justin Coleman and Linda DeVito Kuchenbuch, Board Members; Terri W. Morris, County Administrator; Cynthia Ryan, Assistant County Administrator.

The President called the meeting to order at 8:00 a.m.

Agenda Item 2. – Approval of minutes of June 13, 2017.

On a motion of Ms. Kuchenbuch, seconded by Mr. Turman, it was resolved to approve the minutes of June 13, 2017 as amended to reflect Mr. Lauren Yoder as the current President.

- Mr. Boothe – abstain, not present at meeting
- Mr. Coleman – abstain, not present at meeting
- Mr. Kuchenbuch – yes
- Mr. Turman – yes
- Mr. Yoder – yes

Agenda Item 3. – Discussion of proposed FY20 budget.

Ms. Morris stated that the department head request came in at \$1,071,991. The Board of Supervisors got the FY20 budget down to \$1,060,425.

Discussion was held on individual line items that changed from the current fiscal year to the budget for FY20.

On a motion of Board Member Boothe, seconded by Board Member Kuchenbuch, and unanimously carried, it was resolved to approve the Emergency Medical Services (EMS) department portion of the FY20 budget as presented:

- Mr. Boothe – yes
- Mr. Coleman – yes
- Mr. Kuchenbuch – yes
- Mr. Turman – yes
- Mr. Yoder – yes

On a motion of Board Member Kuchenbuch, seconded by Board Member Coleman, and unanimously carried, it was resolved to approve the EMS department schedule for work times as presented effective July 1, 2019.

- Mr. Boothe – yes
- Mr. Coleman – yes
- Mr. Kuchenbuch – yes

Mr. Turman – yes
Mr. Yoder – yes

Mr. Boothe suggested that this Board meet each quarter and Ms. Morris and the EMS department head come in and bring the Board up to date on issues in EMS.

Mr. Yoder suggested meeting three times a year in January, June and October and asked Ms. Morris to set something up for about 15 minutes in October either before or after a regular Board of Supervisors meeting.

On a motion of Ms. Kuchenbuch, seconded by Mr. Turman, and unanimously carried it was resolved to adjourn.

Mr. Boothe – yes
Mr. Coleman – yes
Mr. Kuchenbuch – yes
Mr. Turman – yes
Mr. Yoder – yes

Terri W. Morris, County Administrator

Lauren D. Yoder, President, Floyd County Emergency Medical Services, Inc.

FLOYD COUNTY EMERGENCY MEDICAL SERVICES, INC.
OCTOBER 8, 2019

At a meeting of the Floyd County Emergency Medical Services, Inc., Board of Directors, held on Tuesday, October 8, 2019 at 1:00 p.m. in the Board Room of the County Administration Building thereof;

PRESENT: Lauren D. Yoder, President; Joe D. Turman, Vice President; Jerry W. Boothe, W. Justin Coleman and Linda DeVito Kuchenbuch, Board Members; Terri W. Morris, County Administrator; Cynthia Ryan, Assistant County Administrator.

The President called the meeting to order at 1:00 p.m.

Agenda Item 2. – Mr. Phillip Belcher, EMS Chief Operations Manager – Presentation and update of information regarding Emergency Medical Services (EMS).

Mr. Belcher discussed information regarding EMS operations:

- 1) If you look at the ESO call reports Myra [Grim, Emergency Services Billing Coordinator] provided, it looks like we flew 16 people out in a helicopter from January until last week.
- 2) If you add up Transported Lights/Siren, Transported No Lights/Siren, and Transported No Lights/Siren Upgraded; we transported 721 patients.
- 3) We have dealt with 1,213 calls and some of those were for multiple patients.
- 4) I won't comment on the Rescue side because I work for the paid personnel.

Mr. Coleman – Where is the transported by helicopter?

Mr. Belcher – That is Patient Treated/Transferred to Another EMS Professional. I would have to go back and look at each record to see if we transferred to Roanoke County or Montgomery County, but that is not likely. When it says that for us, it is usually helicopter.

Mr. Coleman – Does the software take into account if you upgrade or downgrade treatment?

Mr. Belcher – Yes. They don't have much listed under the volunteer for that. I don't know if they didn't use that option when they filled out the report or not. They have 137 calls in total; Transport Lights/Siren was 4, Transport No Lights/Siren was 17, Patient Treated/Transferred to Another EMS Professional was more than likely a BLS unit that volunteer transferred to EMS or a helicopter. A lot of times the volunteer side will respond in a personal vehicle to a call and wait for us to get there. They do a cancellation report which shows up here, but they have not pulled a truck out of the station.

Mr. Yoder – I look at transport numbers as the key to patient care.

Mr. Coleman – That means some of these numbers can be duplicates because the volunteers would share the same numbers you have.

Mr. Belcher – Not with the transported numbers.

Mr. Boothe – The number of calls might have some duplicates but not in the transport numbers.

Mr. Yoder – If I am a volunteer in Check and a call goes for an accident and I am the only one who can respond, it is not a bad thing that they respond in a personal vehicle to help.

Mr. Belcher – At least you have some boots on the ground and the person can tell you what you have. I wish we had more of it. I'm not complaining about it.

Ms. Kuchenbuch – You have on here Transported No Lights/Siren?

Mr. Belcher – We typically transport heart attacks or something really bad with lights and siren. A lot of times if we get there and we have controlled the situation and gotten their blood pressure down or they are stable, we don't run lights and siren. We go normal traffic to the hospital. That is the majority of what we do. It is a lot safer to transport that way.

Mr. Boothe – Is the nursing home using private ambulances as much as possible now?

Mr. Belcher – Not as much as possible, no. In the last few months we've had several nursing home calls. Some are emergencies like when they fall and split their head open and call 911. We have some and the paperwork just says critical labs and it is just elevated above what they say is normal. I think they use that as an excuse sometimes to get them out of there and not call the transport service.

Mr. Boothe – I'm not trying to discourage calls where it is needed, but we have always had problems there. For a while they kind of backed off and were using a private transport or private ambulance service.

Mr. Belcher – They do. Once in a while I have to go over and talk to them when there are new personnel. It seems to get better for a while and then it gets right back into it again. But I don't discourage anyone from calling 911. In Floyd we run 911 calls. I joked with someone that maybe we need to set up our own transport service and have 1 truck dedicated to transports. Joking, but not joking because it could be a source of revenue for us. It could back up as a 911 truck too.

Ms. Kuchenbuch – Cancelled on Scene No Patient Found, you had 10 in June.

Mr. Belcher – Yes. A lot of times you get called out to a wreck and the person has disappeared.

- 5) A current issue is staffing needs. I am constantly unable to fill open shifts. This has left multiple times during the month when there is only a single ambulance to cover the County. I strive as a personal goal to not have this happen, but it seems to be happening more and more. I come in and cover when I can.

- 6) There is a shortage of ALS providers in the area and that is due to classes not being provided in the region. The last I heard the only classes being held were EMT-A. That is the way a lot of this is changing now. They have done away with the training of an EMT-Intermediate and you are just going to have EMT-Basic and EMT-Advanced and a Paramedic. I think we will eventually have to start utilizing EMT-As and run a chase car to keep up with demand. It seems like Intermediates are all fading away and going back to EMT-A or up to Paramedic. Right now the State of Virginia recognizes EMT-Intermediate and Paramedic basically do the same job except a few things on children. But I think that will eventually change. It is nothing we really need to be worried about right now, but I wanted to make you aware of changes coming down from the EMS Council Office and the Office of EMS in Virginia. It used to be you would have classes to transition to Paramedic, but they are not doing that right now. Jefferson College of Health Sciences combined with Radford University and that is not an option right now to go and get a paramedic so there are not as many paramedics coming out as there was. I think that will impact us one day since we are a rural community. You can still be called ALS if you are Advanced but a lot of cardiac patients we have in this area, they won't be able to do anything with them. Those have to have an Intermediate or Paramedic to be able to respond to help that person. We run a lot of chest pain calls and heart attack calls in this area.
- 7) The new schedule we went to most everybody seems to like, but we do have a couple it really doesn't work for because of other obligations. They can work a 12-hour day shift but the night shifts do not work for them. But all in all, everyone loves the new scheduling. We first arranged this schedule for 16 full time people working 40 hours a week. The numbers worked out good with filling in with part-time people. I have 16 full-time people. But by going to 36 hours per week instead of 40 that cuts into the time and leaves a space for 1½ more full-time people to fill in and make the schedule work. A reason we are having a problem filling the schedule now is because 1 is out on maternity leave. She is due back toward the end of the month. One provider quit Floyd County EMS. Another full-time person has been out continuously due to health reasons. When an employee suddenly calls out, I don't have anybody to come fill the shifts. Most of our employees work other EMS jobs. We've told all of our full-time people when they were hired that Floyd has to come first.

Ms. Morris – We were going to try a system where if someone called out we would have an on call system that they would have to come in. But so many of them have a second job, that didn't work either.

Mr. Belcher – One of my employees gave up the scheduling as of October 1. We have two people who will help with that instead of just one and it should make it a little easier. We have had quite a bit of trouble getting these shifts covered. I am working with Ms. Morris and Ms. Ryan to find some answers with the least amount of cost, but one possibility is looking to hire more full-time people to be able to make this work. Of course that is up to you. It is just one of the options.

Mr. Boothe – With the salary scale that we did on the County side, how does that put us compared to others in this area?

Ms. Morris – I think we are still considerably lower.

Mr. Belcher – I think when we did it we were right up there with them, but some areas are competing to get more people. I was told this week that AMR out of Roanoke was going to hire a lot of providers. They have taken on a place over in the Roanoke area and their pay is pretty good. Henry County has the same issue with Martinsville and Public Safety and one of them went over \$40,000 for EMT-Intermediate and Paramedic just to get the people. It will hurt us more here. So far we are keeping our head above water, but we don't have a surplus. I think our long transport time attracts people. If you are really interested in being a good Paramedic or Intermediate, you use your skills between here and the hospital. That attracts some, but for some they can't handle the stress.

- 8) There are 2 or 3 things I wanted to mention on equipment needs. 12 lead cardiac monitor for the 3rd run ambulance. There have been numerous times when we've had to use the 3rd run truck when the other 2 were out. The only 12 lead monitor we have is an older one that is hard to use and not as efficient to use as the ones on the other 2 trucks. A new monitor is in the \$35,000+ range. Rescue got grants to pay for some of theirs back a few years ago. I think all of their trucks are sitting at the station with these new monitors on them and they hardly ever get used. I talked to Jason [Schumann] and he was going to see if we could take one off the 2nd run truck and put on our 3rd run truck. As of right now that has not been approved. That would help us out and we wouldn't have to spend the money.
- 9) Medic 1, which is the 2015 F-450, has between 115,000-120,000 miles on it now. The new 2017 has 63,000-65,000 miles on it now. I think this year when we look at budget and the equipment committee meets we need to think really hard about getting a new truck. I would like to move Medic 1 over to where the 2011 F-450 is now and get that truck out of the mix and keep the 2015 that has the load system on it.

Ms. Morris – The equipment committee had that would come up next year in our recommendations. It is on the radar but that doesn't mean you are going to get it.

Mr. Boothe – Are we starting to have maintenance issues with these beyond normal wear?

Mr. Belcher – Mainly brakes and tires right now. I have had to replace a tie-rod in on Medic 1 which is the 2015 F-450. It is wearing the tires really fast. We try to keep them serviced every 5,000 miles.

- 10) I found a new child restraint system that mounts on the stretcher. Some of the ambulances have the ones that fold down in the seat. This one actually attaches to the stretcher. It fits from neo-nates on up. It costs a little under \$1,000 for each of the 3 stretchers. When transporting a child it is what we ought to have. Some children will not let you put them into something like that and want mom to hold them. I don't like to do that, but sometimes you don't have a lot of choice. Mom would be able to stay beside them instead of holding the child in her lap.

- 11) We love the Lucas devices and powerlift stretchers. That was money well spent for EMS.
- 12) People are less willing to pick up extra shifts due to the fact that they get compensatory time instead of actual pay for overtime to help with their own financial obligations. Most people in EMS work more than 1 job to meet those obligations. This leads us to having to hire additional employees to fill our schedule. They love to have the compensatory time if they need off, but we are dealing with people who have small children, a lot are younger people. They need dollars more so than they need to time off.

Mr. Coleman – It doesn't help you when you are trying to cover a schedule that you can't cover already.

Mr. Belcher – A lot use their compensatory time to work somewhere else. It just doesn't balance out for them. I try to talk to my employees and I listen. I have 32 employees, with 16 being full-time and 16 being part-time. Some of the part-time only fill 1 24-hour shift a month and that is enough to keep them in the loop. Most work in EMS somewhere else or as a nurse or something like that. Those people are important to us to give our full-time employees time off. I've had numerous people tell me that if they could get dollars they would come in and work shifts. By now most people have a lot of compensatory time anyway. They can't really take it off and have people replace them unless they work it out among themselves. I've talked to Ms. Morris and Ms. Ryan about this and trying to find ways to have the shifts be covered and not having to spend so much money. It will be up to you to decide how this plays into my staffing needs.

Mr. Boothe – Do you think if we went to paid time instead of compensation time that these employees might be apt to have just the 1 job with us instead of having 2? Do you think that is a possibility?

Mr. Belcher – In some cases I would say that is possible, but others work almost full time hours at other stations so I don't think it would apply to all. I do think it would help more full-time people. Part-time people will pick up hours if they can, but some of them work other full-time jobs and they can't. The full-time staff we have, if they saw a shift where they could make dollars I think they would do it. It may not solve the whole problem but I think it would help.

Ms. Ryan – One other thing is when a person leaves our employment we have to pay off all the compensatory time. Sometimes that has built up to a huge amount so we are having huge payouts all at once. If we were paying as we went along, it would make it more even.

Mr. Boothe – You would be paying out the same amount but over a longer period of time instead all at one time.

Ms. Ryan – We have to report to the auditors every year our payroll liability for unpaid sick, annual, and compensatory time. Our unpaid liability is going up and up.

Mr. Coleman – Does the County have a policy on the amount of leave that can be accrued before paying?

Ms. Ryan – For sick and annual leave we have a limit on how much can be carried over. For compensatory time it is sort of unlimited except that we try to keep it under 240 hours because of the Fair Labor Standard Act, but some of them...

Mr. Boothe – ...are getting close...

Ms. Morris – ...or going over.

Mr. Phillip – Some of my staff work for Radford City and they explained to me that they get paid twice a month. The first paycheck is their regular salary. The next paycheck is regular salary plus overtime. Overtime is only paid once a month. I think they have fire staff too and they work overtime every month as part of their regular schedule.

Mr. Boothe – What would be the advantage of having it paid that way?

Mr. Belcher – I don't know if it would help as far as the payouts or not as far as you are concerned.

Ms. Morris – We don't want to do payroll twice a month.

Ms. Ryan – I could see us when leave slips are turned in, the next month we are paying out leave from the month before, but doing it as part of the regular payroll.

Mr. Boothe – The way we are set up I can't see any advantage of doing it twice a month.

Mr. Belcher – The twice a month is not important to me that is just how they worked theirs.

Ms. Morris – They are probably set up where they already pay twice a month.

Mr. Boothe – I can understand it in that situation.

Mr. Belcher – Ms. Morris, Ms. Ryan, and I have looked at doing some changes on the compensatory time and how we do holiday and compensatory time. I'm hoping we can put it in different categories. That is about all I have.

Mr. Yoder – We are hoping to meet quarterly so we are aware of situations and maybe we can help. The next meeting will be right before we get into our budget.

Mr. Belcher – I think in the next few years we will be looking at several changes in the Office of EMS even as far as how we do drug boxes. I understand that may be on the way out. We may have to start looking at doing our own pharmacy and keeping our own drugs. I'm going to hold off from doing that as long as I can. I'm sure they will have to give us plenty of notice to do things like that and provide a way. Carroll County has been doing it for years, but they are not in the Western Virginia EMS Council. The State has already tied in a lot of stuff from the

reporting from software agencies for us to get our agency license. I have been working with that for several months now trying to get everything like the State wants it.

Mr. Boothe – At one point in time there were more volunteers than paid staff, but it is swinging in the other direction. Just about every community in the State is having problems. I think they held back on a lot of this because it was still a volunteer. Now that it is going to paid I'm afraid you are going to see more and more changes.

Mr. Belcher – The last 50 calls we generated in ESO – 8 were taken in by a BLS provider are 21 were taken in by ALS of which 13 could have been taken in by an Advanced EMT. I think the Advanced EMT is going to be pretty important to us down the road as more Basics will become Advanced EMT. Some things need to be put in place. There won't be an Intermediate or Paramedic on the truck anymore, it will be an Advanced EMT. They will have to have a way to call on an Intermediate or Paramedic to help if there is a cardiac situation. I have statistics on how many Paramedics and Intermediates there are in the State each year. The number of Paramedics is increasing but the number of Intermediates is declining. Within 10 years it is believed the Intermediates will be phased out and most volunteer agencies will be gone in smaller, rural communities.

Mr. Coleman – I want to thank you for helping your staff receive wellness assistance in stressful situations when they need some help. There are a lot of things at the scene that people don't realize. There is a stigma that it is unprofessional to reach out for help. If we can make a safe environment, that has a lot to do if people come back to work the next day. This is a real pro emergency services Board.

Mr. Turman – How hard is it to find people to fill positions?

Mr. Belcher – It is getting harder.

Mr. Turman – At the last Community Services Board meeting, they talked about Radford University having 200 spaces in their nursing program but there were only 40 people in it. Roanoke College has 20 in their program. I wondered how that affected you in hiring paid staff.

Mr. Belcher – The last two or three times we barely had enough to hire. We have talked about going to Advanced EMT classes and letting them know we hire in Floyd County.

Ms. Morris – It is not just EMS; we have trouble filling all of our jobs.

Mr. Belcher – Thank you for what you do for us and allow us to do in EMS. We appreciate you. You have been good to us and provided some nice equipment.

Mr. Turman – There is more we would like to do but we have to juggle so many needs.

Ms. Kuchenbuch – Please let your staff know how much we support and appreciate them.

Mr. Belcher – A lot of the calls could be handled by a BLS truck and we could leave the ALS truck in the County. We can put together a BLS crew pretty quick.

Mr. Boothe – If they get to a scene and see it is more serious than first thought another crew could be dispatched if necessary.

Mr. Belcher – I'm just going to throw this out there. Depending on how much assistance we get from the volunteers in the future, if we decide to have a 3rd truck, staff it as a BLS truck. Right now the volunteer trucks have ALS on the side, but they are not. I want to say this too before I leave. There is a volunteer who comes on his own and helps us out.

Mr. Yoder – I hear from your employees how much they like you and how good you are to them. I think you are a great boss. I appreciate how you treat them. Thank you for being here with us today.

Agenda Item 3. – Adjournment.

On a motion of Mr. Boothe, seconded by Ms. Kuchenbuch, and carried, it was resolved to adjourn to a meeting to be scheduled in January.

Terri W. Morris, County Administrator

Lauren D. Yoder, President, Floyd County Emergency Medical Services, Inc.