

# 2022 SCAC Awards Program

This application is for:

J. Mitchell Graham Memorial Award

**Project Title**

Crisis as Opportunity: How Anderson County Emergency Medical Services Unified and Reinvented Itself During the Covid-19 Pandemic

**County/Counties**

Anderson County

**Staff Contact**

Jon Caime

**Job Title**

Special Projects Manager

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Anderson, SC, 29622

**Please provide a summary of your entry (no more than 100 words) to be used in a handout for the awards competition and included in press releases/publications. You may either type the summary in the text box or upload it as an attachment below.**

During the Covid-19 pandemic, Anderson County Council boldly voted to overhaul and unify its EMS system from top to bottom. Despite unprecedented challenges, Anderson County EMS stood up a brand new two-tier, paramedic-driven system of emergency prehospital care, debuting the new system only 45 days after Council had voted to create it. Within weeks, response times sharply decreased and by January 2022, response time goals—defined as 9 minutes, 59 seconds or less—were being met 95% of the time versus 65% under the old system, an accomplishment unprecedented in emergency care in the history of Anderson County.

**Presentations may include more than one speaker; however, each speaker should be aware that the 10-minute time limit is strictly enforced. Please list the name, title, and e-mail address of each speaker:**

Name	Title	Email
Ray Graham	Councilman	rgraham@andersoncountysc.org
Jon Caime	Special Projects Manager	wjcaime@andersoncountysc.org
Steve Kelly	EMS Director	askelly@andersoncountysc.org
Don McCown	Deputy EMS Director	dmccown@andersoncountysc.org

**To submit these attachments online, please upload Microsoft Word or PDF documents below.**



Crisis as Opportunity—How Anderson County ...



Supporting Materials.pdf

**Please check boxes for attachments you will submit as part of your application**

A concise Project Description to explain the purpose and significance of the entry (up to eight pages). Please follow the prescribed naming convention for your Project Description file.

Any additional materials needed to support your application (up to five pages).



## **CRISIS AS OPPORTUNITY:**

### **How Anderson County Emergency Medical Services Unified and Reinvented Itself During the Covid-19 Pandemic**



2022 J. Mitchell Graham Award Submission  
South Carolina Association of Counties  
Anderson County Government



April 20, 2022

South Carolina Association of Counties  
Attn: J. Mitchell Graham Award Judges Panel  
1919 Thurmond Mall  
Columbia, SC 29201

*Submitted electronically*

To the Panel of Judges:

On behalf of Anderson County Council, County staff, and our partners in emergency medical response in Anderson County, it is my honor to write this letter of transmittal for Anderson County's submission to the South Carolina Association of Counties' 2022 J. Mitchell Graham Awards Competition.

I could not be prouder of the subject of this award application. The way our county not only responded to the once-in-a-century crisis of the global Covid-19 pandemic—but in the midst of it, in only a matter of months, conceived and implemented the most significant and successful reform of emergency medical services in Anderson County history—is nothing short of remarkable. Not since the advent of 911, which occurred over the course of many years, has the face of emergency medical response changed so much in Anderson County, and never before has it changed so quickly and with so much success.

I am glad for the opportunity we have through the South Carolina Association of Counties to share the story of this groundbreaking achievement in our county, and, again, I am proud to submit this application on our county's behalf. We all appreciate your consideration.

Sincerely,

Tommy Dunn, Chairman  
Anderson County Council

Page 1

**Tommy Dunn**  
Chairman, District 5

**John B. Wright, Jr.**  
Council District 1

**Ray Graham**  
Council District 3

**Cindy Wilson**  
Council District 7

**Brett Sanders**  
V. Chairman, District 4

**Glenn Davis**  
Council District 2

**Jimmy Davis**  
Council District 6

**Renee Watts**  
Clerk to Council

**ANDERSON COUNTY**  
SOUTH CAROLINA

**Rusty Burns** | County Administrator  
rburns@andersoncountysc.org



## **Project Title**

Crisis as Opportunity: How Anderson County Emergency Medical Services Unified and Reinvented Itself During the Covid-19 Pandemic

### **Brief Summary of Project (100 Words)**

During the Covid-19 pandemic, Anderson County Council boldly voted to overhaul and unify its EMS system from top to bottom. Despite unprecedented challenges, Anderson County EMS stood up a brand new two-tier, paramedic-driven system of emergency prehospital care, debuting the new system only 45 days after Council had voted to create it. Within weeks, response times sharply decreased and by January 2022, response time goals—defined as 9 minutes, 59 seconds or less—were being met 95% of the time versus 65% under the old system, an accomplishment unprecedented in emergency care in the history of Anderson County.

### **Benefit/Importance of Project**

#### **1. Why was this project undertaken?**

There are two primary and interdependent reasons Anderson County Council decided in July of last year the time was right to reform the County's emergency medical services from top to bottom.

First, for years, the focus and investment Council had made in EMS were, in effect, band-aids at best due to the decentralized, byzantine structure of the now-former EMS system. In its earliest days, the EMS system in Anderson County relied upon several volunteer rescue squads for EMS alongside one private provider. Approximately twenty years ago, the volunteer "squads" transitioned to private EMS providers that used a County subsidy as a primary source of revenue to finance operations. Over time, two of the "squads" ceased operations following financial problems, and in early 2021, Anderson County was subsidizing seven private EMS agencies, each responsible for responding to emergency calls in their respective geographic "zones." Under this system, it was difficult for Anderson County to make significant changes (e.g. re-locating stations for better strategic geographic coverage, addition of resources in certain areas) to improve coverage, response times, and patient outcomes because all changes had to be implemented through independent private providers over which the County did not exert direct control. Moreover, because there were several independent agencies under the now-former system, there were endemic inconsistencies and inefficiencies across the system: training practices, standards of patient care, diverse organizational structures and management practices, and standard operating procedures all differed greatly from provider to provider. In daily practice, this resulted in widespread confusion among our citizens and stakeholders over what to expect when calling 911 to request emergency assistance. Territorial disputes among the providers were also frequent, distracting, and bad for morale.



Second, when the Covid-19 pandemic began, Anderson County saw an associated 40% increase in calls to our County's 911 Center. Because our response times and performance were already sub-par and had been for years due to institutional, structural, and organizational deficiencies detailed above, County Council decided that with the increased calls and no apparent end to the pandemic in sight, the time to enact a change was now. We could not afford to wait any longer.

## **2. What is the significance of this project to your community as a whole? How does it relate in importance to the other problems in your community?**

It would be difficult to overstate the significance of this endeavor to every citizen in our county and to every other facet of life in our county.

The primary objective Anderson County Council had in reforming our EMS system was, of course, to provide the best delivery of emergency medical services possible, and Council knew that, as a county, we were nowhere close to where we wanted to be and nowhere close to providing the level of service of which we were capable (more details in question #4 below). Because of the improvements to EMS in our county, lives will be saved, and that is what makes this project most significant.

So, too, it is not hyperbole to say that this drastic change for the better in our EMS system will continue to have ripple effects far beyond excellent EMS care, including on the general quality of life for the citizens of Anderson County. Our county's success in economic development and industrial recruitment is well-known with more than 200 manufacturers representing more than 20 nations having operations located in Anderson County. The fact that we now have a cutting-edge, industry gold-standard EMS system will only enhance Anderson County's current and future efforts to bring further investment and jobs to Anderson County. Anderson County is also now a preeminent national and international destination in the Southeast for tournament and recreational water sports—and for students seeking a world-class university education—and we believe our new EMS system gives all of our efforts to promote Anderson County in these arenas a significant boost. People want to live in a community that has excellent healthcare, and the significant strides we are making in EMS care are making Anderson County an even better place to live for current citizens and a more attractive destination for people who live elsewhere to come here to vacation, visit, or retire.

## **3. How much of the county's population is benefited by the project? In what specific ways are different groups of citizens within the county better off than before?**

Anderson County's rapid improvement in EMS response times benefits 100% of the more than 200,000 people who live in Anderson County, as well as the tens of thousands of tourists and visitors who come to Anderson County each year. Anderson County spans more than 750 square miles and is largely rural. Our rural residents stand to benefit even more than the average person here: with the elimination of "zone" coverage, the system is more nimble and able to reposition resources strategically, improving coverage and response times in areas to which some in our



county previously referred as “outlying areas.” Our goal with the new EMS system is that there are no so-called “outlying areas.” There is now one system for everyone with one standard of care, and the goal is to provide the quickest, best care possible.

**4. What degree of success did the project attain? What major objectives were achieved? Provide data where possible.**

Like other county EMS systems, our goal was and is to respond—to be on the scene of—priority 1 EMS calls (e.g. heart attacks, strokes, other life threatening injuries) within 9 minutes, 59 seconds of the 911 call coming in. Our goal was and is to respond in less than 10 minutes at least 90% of the time because we understand that response time has a profound effect on the health outcomes of patients in distress.

Under the old system, there was never a time on record that we were meeting this benchmark countywide. There were 7 different providers, 7 different chiefs, 7 different management philosophies, 7 different medical concepts, and Anderson County had very little control over the individual agencies and the quality of service each agency provided. Data from the last year under the old system showed our rate of response-time compliance system-wide consistently hovering at 60-65% at best with some providers dipping as low as 56%.

In the span of 45 days from the time Council voted to unify our EMS system, Anderson County *doubled* the average number of medical resources on the road from 14-16.5 ambulances under the old system to more than 36 medical resources over a 24-hour period currently. Under the new system, only a few months in, we are already exceeding our goal of 90% of less-than-10-minutes benchmark response. We believe this affirms the bold action our Council took to improve EMS.

**Project Effort/Difficulty**

**1. What did your county have to do to accomplish its objectives? If your county worked with another local government or consultant, how was the work divided?**

Anderson County Council voted in mid-July 2021 to dismantle the former EMS system in which Anderson County contracted with and subsidized 7 private EMS providers to provide EMS response in 7 geographic “zones” throughout the County. Prior to the vote, Anderson County facilitated a Request for Proposals (RFP) process to allow all current and outside providers the opportunity to submit a bid to provide ambulance service to Anderson County. A three-member County staff committee evaluated the proposals and made a recommendation to County Council, which Council approved in the July 2021 vote.

Immediately following the vote, Anderson County developed and began implementation of a detailed plan that would place the responsibility for EMS quality of care, response time compliance, medical community involvement, medical oversight, and hiring of paramedics squarely on the shoulders of the County.



Through the RFP process, Anderson County decided to reform the existing EMS system framework, replacing it with a two-tier response system, using Paramedic “Quick Response Vehicles” under the direct control of Anderson County EMS for priority 1 life-threatening calls and one countywide private ambulance contractor for ambulance transports.

Anderson County EMS designed the new system to place a trained emergency responder on scene of a life-threatening emergency within 10 minutes of a 911 call. The new system doubled the emergency response capability in the County and allowed paramedics to be dispatched only to critical life-threatening emergencies.

Placing paramedics in “Quick Response Vehicles” instead of in ambulances, as Anderson County’s former system did (and most EMS systems do), allowed Anderson County to attract paramedics to a system in which they would only be called upon for the most critical emergency calls. This new EMS system design also allowed for increasing overall coverage for the County, increasing from 14-16.5 ambulances staffed per day to more than 17 ambulances plus 14 paramedic Quick Response Vehicles staffed per day covering the County.

In addition to the increased number of EMS resources on the road in every 24-hour period, the new EMS system allowed 911 Center operators to better triage responses and send the most appropriate resource to each request instead of sending the same resources to every call regardless of whether the call was life-threatening or not. This triage process reduces the number of light-and-siren responses, the stress of emergency responders, and it lessens the potential for accidents on the road.

The final component of the new system involves the wider medical community in Anderson County in EMS/prehospital medical care. In the past, the local hospital and various medical agencies in the County have not been involved in the County EMS system. Under the new Anderson County EMS system, the local hospital and its Emergency Department is not simply a destination for ambulances. Rather, it is involved in system design from the ground up, contributes a substantial amount financially, and partners with the County for medical oversight of the quality of care delivered by paramedics in the community. This was a significant and crucial element in the overall project to reinvent how emergency medical services and prehospital care are delivered and integrated in the overall medical system in Anderson County.

## **2. What challenges occurred during the project? Were there any community concerns?**

This project to unify, reform, and reinvent Anderson County EMS arguably faced greater challenges than any other initiative in the history of Anderson County, particularly given the short period of time in which the County accomplished its implementation and especially given that it occurred in the middle of a once-in-a-century global pandemic.

At the beginning of this project, there was a historic shortage of paramedic personnel in the County. There were sharply increased deaths taking place due to drug overdoses and drug-related incidents. The Covid-19 pandemic had overwhelmed and overcrowded the AnMed Health emergency





department. The hospital was at its maximum capacity, and citizens were turning to EMS resources for their individual medical needs because they did not want to risk going to the hospital. Calls to the County's 911 center had increased by 40%.

Beyond the challenges associated with multiple ongoing public health crises, Anderson County Council was also met with tremendous resistance from various community members and public safety agencies who opposed consolidating operations that had been traditionally, going back decades, the responsibility of several community-based "rescue squads" and private providers throughout the County. There was also a need to educate and reassure the average citizen, as well as municipal and community leaders, that the new EMS system would be able to deliver on the promises that were made during the proposals and that their particular area would not be somehow overlooked or be left without the service they deserve. Anderson County held a number of community meetings to advise Anderson County citizens that EMTs could handle 90% of the medical problems that are the reason for 911 calls and that highly-trained paramedics would be available for the most serious, life-threatening calls. Thanks to a robust effort to educate the community on the nuts and bolts of the new system, including that the new system increases the number of responders—and the benefits we were already seeing in response times—the system is now well-received, and the importance of the system changes are now largely accepted in the community.

### **3. What were the nature and extent of the county government's efforts to alleviate the problem(s)? How difficult was it to accomplish the project's goals and/or objectives?**

In Anderson County, the EMS Director reports directly to the County Administrator, who, of course, reports directly to County Council. From the beginning, this was a project strongly driven and supported at every stage by the direct involvement of Anderson County Council and all County departments that fall under the County Administrator. All elected and appointed countywide and municipal officials also partnered to drive and support this project.

The unification and reinvention of Anderson County EMS that has taken place over the past several months is one of, if not the most, complex endeavors Anderson County Government has ever undertaken. Upon the conclusion of the RFP process, Anderson County Council established a 45-day time frame for preparing the new system and phasing out the old one.

Anderson County EMS immediately began establishing a brand new department of paramedics, which, all by itself, was a tremendous feat amid a severe shortage of paramedics in the community. Anderson County had to purchase vehicles, equipment, establish new, strategically-located EMS stations throughout the County, fully staff the new paramedics department, overcome myriad other logistical and technological challenges in order to begin operations on time with the private provider tasked with countywide ambulance transport service.

### **4. Was financing the project an obstacle? Were there any unusual factors inherent in financing the project?**



Restructuring and re-allocating the finances of all EMS in Anderson County in only 45 days, as Council directed, was certainly a significant, complex undertaking with many obstacles that could have derailed the project if not for the extraordinary level of teamwork and cooperation among all concerned partners. The provision of EMS had become so expensive due to rising costs nationwide and due to the inefficiency of the old system, that although a great majority of overall financing was available from money already budgeted for EMS by Anderson County Council, the entire financial framework for the system had to be re-imagined.

An unusual and innovative element of this project involved the County securing additional financing through a new partnership with AnMed Health. This additional revenue helped defray the new system's associated capital costs associated with new QRVs and other start-up costs.

Through a combination of already budgeted and re-allocated County EMS money, new money from the AnMed Health-Anderson County partnership, and new efficiencies due to consolidation of operations from several agencies into one unified system, we expect there to be a net decrease in overall costs in the new EMS system for this fiscal year. Again, the positive coordination of all stakeholders made this possible: what could have been a difficult and messy financial restructuring became instead a case study in excellent financial management and cooperation among diverse community partners.

**5. Did any agencies, citizen groups, or other organizations assist your county with this project? Did their participation pose any particular challenges or offer any unique contributions or benefits?**

From the beginning, Anderson County EMS had the full backing of County Council and Administrator, the County's fleet maintenance department, several Volunteer Fire Departments, and AnMed Health Medical Center, among many other stakeholders. Once the members of Anderson County Council made the decision to unify EMS in the County, nearly every County department and affiliated agency played a part in standing up the system in only 45 days. The volunteer fire departments immediately provided new stations for the County EMS quick-response vehicles (QRVs). AnMed Health Medical Center, the only hospital in the County and site of the Emergency Department, was a crucial partner, helping design the system, contributing financially, providing medical oversight and medical supplies, and committing to a long-term partnership in improving patient outcomes both in prehospital care now, and, in the future, through tele-health, community paramedicine, and home health care. The positive working relationship the County has with so many community stakeholders made possible an unusual level of cooperation and partnership in this complex, unique, innovative project of reforming and reinventing EMS in Anderson County.

**6. Are there any unresolved problems or other goals left to tackle?**

Although Anderson County Council is very much pleased with where we are with our new EMS system, we are working hard to refine even further our technological workflows for processing



performance evaluation data related to response times, patient outcomes, and other measures of productivity and excellence. At the time of writing, we are currently creating and hiring for a new Continuous Quality Improvement Coordinator position within Anderson County EMS, the purpose of which will be to ensure on a daily, weekly, and monthly basis that we are able, reliably and efficiently, to set and meet benchmarks for the system.

## **Project Originality/Innovation**

### **1. Justify the uniqueness of this project. What makes it different from other projects designed to achieve the same objective?**

In the EMS field, most projects that seek to improve response times or patient care tend to focus on finding more financial resources for a pre-existing framework of emergency response. This project, in contrast, involved building a brand new system from the ground up in only 45 using a novel implementation of an innovative, cutting edge two-tier EMS response system.

Most EMS systems—particularly ones like the now-former Anderson County EMS system, which grew out of former volunteer-driven “rescue squads” that responded within certain geographic “zones” within the county—depend upon a one-size-fits-all “lights and siren” response to every call requesting emergency assistance. Over the past few decades, as EMS has become more and more professionalized, the systems that largely adhered to the old model—except replacing the volunteers with professional paid employees—have become inefficient and costly with poor response times and poor patient outcomes. There are other counties that contract with one provider for all EMS countywide, and there are other counties that run all EMS, including non-emergency transport, under the auspices of the county government. We believe that our two-tier model, which allows the most highly-trained EMS personnel—veteran paramedics—to respond only to priority 1, or life-threatening, calls, is a unique model that will stand the test of time.

Veteran paramedics are the bedrock of our new system, and in an environment where there is a severe paramedic shortage, we believe this system puts us at a great advantage to hire and retain paramedics because they are able to do what they became paramedics to do: save lives. They are not called upon to treat non-life-threatening emergencies or to handle non-emergency ambulance transports because these calls are directed to our contract countywide private provider. Because of this, the most urgent, life-threatening calls receive the undivided attention of the best-trained and most experienced paramedics we have. We believe this makes our system unique, and we believe we are uniquely positioned to continue the early success of our new EMS system far into the future.

### **2. Do you know of any other similar programs in South Carolina? If so, how is your program different?**

Anderson County’s new EMS system is the first of its kind in South Carolina. Although there are systems that include “Quick Response Vehicles,” or QRVs, in their EMS fleet, there is no other county in South Carolina, at this time, that has a full-fledged two-tier EMS system that sends



paramedics to every life-threatening call. Anderson County would be pleased to share our experiences with any other county in South Carolina that is looking for ways to improve EMS. We know how challenging it is, and we believe strongly in this model. We would be honored to share what we have learned during the implementation of this project over the past few months, and we are learning more every day.

### **3. What innovations were required in accomplishing your objectives?**

Anderson County Council and staff believe the new Anderson County EMS system, which is the subject of this award application, to be a first of its kind, novel implementation of the two-tier emergency medical services delivery model. The two-tier concept itself, as described above in question #1, is innovative. It is most common in the Northeastern United States, but it is still in the minority even there. Anderson County is the first county in South Carolina to use a version of it. Moreover, the new EMS system in Anderson County innovates even further upon the two-tier framework in its novel inclusion of our local hospital system—AnMed Health. When County Council voted to change our EMS system, AnMed became involved financially, in system design from the ground up, and in medical control, supplies, and oversight. This innovative public-private partnership, which integrates our wider medical infrastructure and community into an already-innovative, cutting edge two-tier concept, enables a level of hand-in-glove coordination across our county’s emergency services that many of us would have considered impossible this time last year.

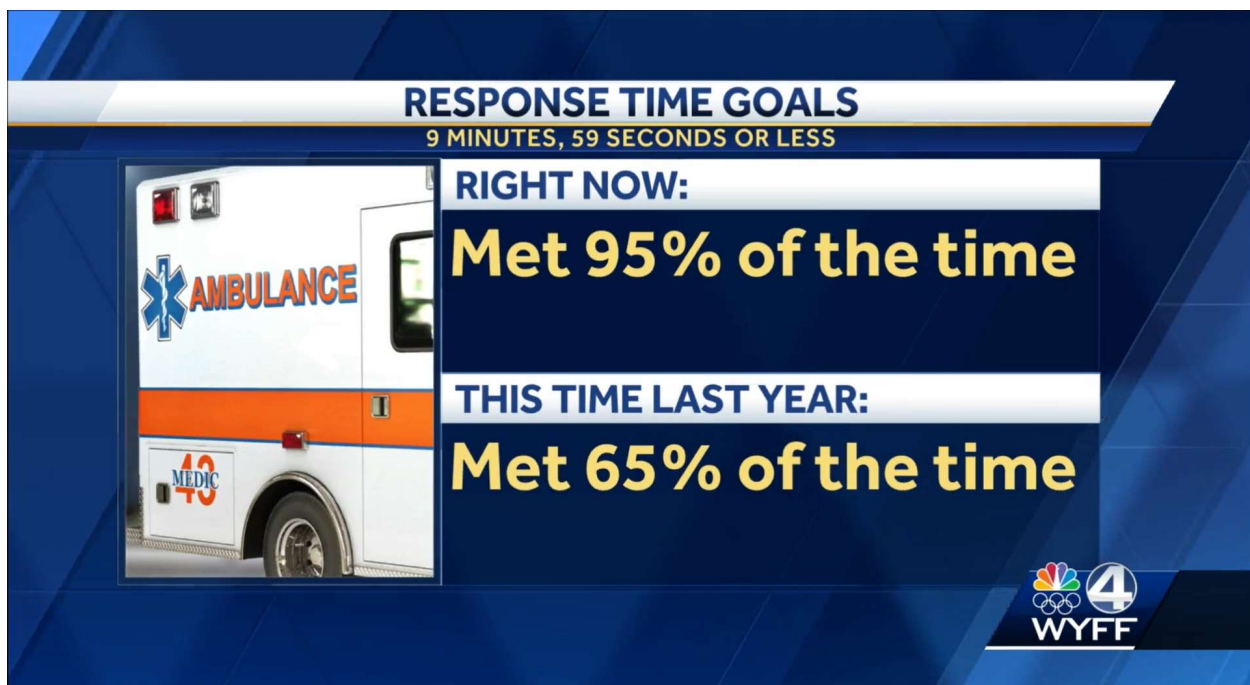
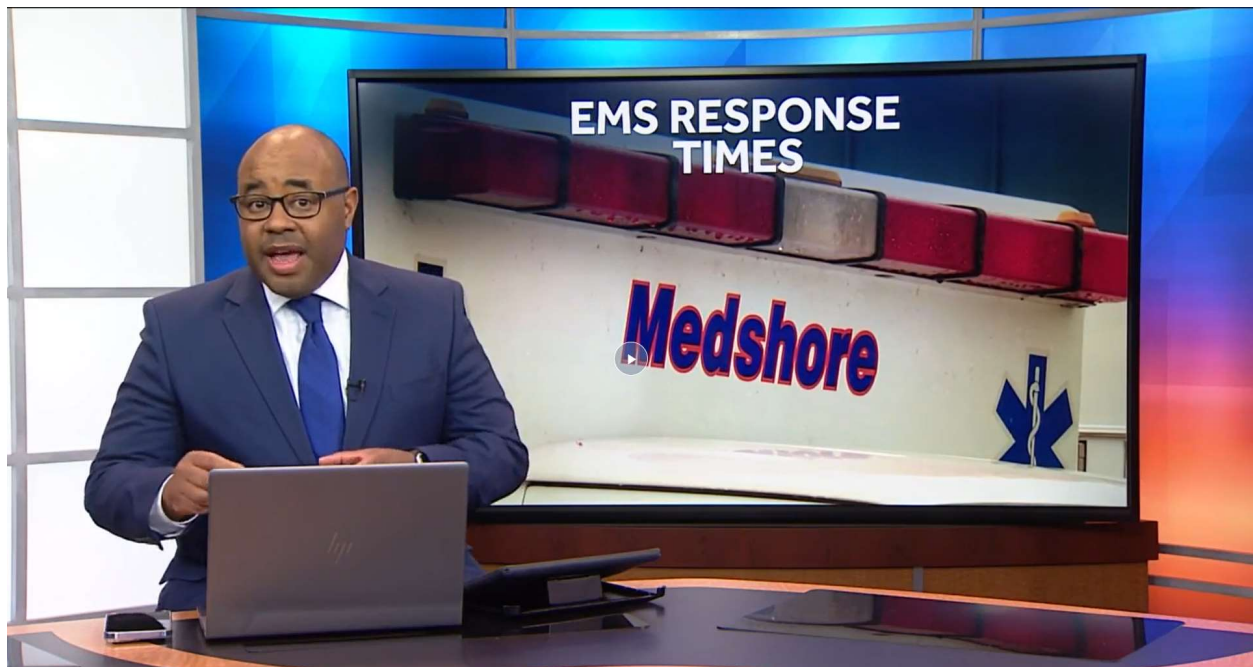
Although we are pleased with our progress in the new system so far, we are not resting on our laurels. We are currently introducing further technological integrations across our systems that we believe will make it more feasible for us not only to measure performance related to EMS response times but to measure our strengths and weaknesses in patient care, which will facilitate decision-making to improve outcomes for patients whom our EMS system serves.

### **4. Who provided the creativity and imagination in your project?**

Although standing up this new EMS system would have been impossible without the support and cooperation of many individuals and organizations, the system is the “brainchild” of EMS Director Steven Kelly and Deputy Director Don McCown, both of whom have worked in many different roles within the Anderson County EMS system for decades. Mr. Kelly and Mr. McCown extensively researched models for county EMS across the country, particularly two-tier EMS systems that, while not seen in South Carolina and still rare even in the northeastern United States where they are more common, are beginning to be seen as a new model of efficiency and effectiveness for twenty-first century prehospital emergency care. Mr. Kelly and Mr. McCown took what they learned from looking at other jurisdictions and adapted it to the local environment in a way we do not believe has been seen anywhere else. They brought their creative and imaginative vision for the future of EMS in Anderson County before Anderson County Council Public Safety Committee Chairman Ray Graham, and then to the full County Council, who then championed the idea that has now become a dramatically successful reality here.



## Supporting Materials



<https://www.wyff4.com/article/updated-unified-ems-system-anderson-county-records-record-response-times/38944618#>



**FOR IMMEDIATE RELEASE**

Media Contact: Rusty Burns  
(864) 260-4031

**County Council Announces Record EMS Response Times**  
*Public Safety Committee Receives Update Detailing Unprecedented Numbers*

**Anderson County, S.C. (January 31, 2022)** – At its meeting earlier today, the Anderson County Council Public Safety Committee received an update on the new unified EMS system in Anderson County, and the record response times are unprecedented.


Only four months in, the new system is 100% staffed and response time goals—defined as 9 minutes, 59 seconds or less—are now being met 95% of the time on priority 1 calls compared with 65% this time last year. Staff noted this progress has been made in the middle of a pandemic and despite a 40% increase in the number of calls for service coming into 911.

Public Safety Committee Chairman Ray Graham, who represents Belton, Starr, Iva and parts of Honea Path on County Council, said, “When we made the changes to unify the system a few months ago, I do not think any of us could have imagined we would see such significant improvement in such a short period of time. I could not be more proud of our first responders and what they are doing every day to save lives in Anderson County.”

Chairman Graham continued, “Although I am pleased with where we are, I am looking forward to continuing work with our community partners towards even better continuity of care, better quality of care, and, ultimately, better patient outcomes for all of us, throughout our healthcare system. Response times are just one piece, and our goal is to have the best healthcare system we possibly can.”

The update on record EMS response times follows continued focus and investment County Council has been making in EMS countywide over the past several years.

###



<b>Tommy Dunn</b> Chairman, District 5	<b>John Wright, Jr.</b> Council District 1	<b>Ray Graham</b> Council District 3	<b>Cindy Wilson</b> Council District 7	<b>Rusty Burns</b> County Administrator
<b>Brett Sanders</b> V. Chairman, District 4	<b>Glenn Davis</b> Council District 2	<b>Jimmy Davis</b> Council District 6	<b>Renee D. Watts</b> Clerk to Council	

PO Box 8002 Anderson, South Carolina 29622-8002 | [www.andersoncountysc.org](http://www.andersoncountysc.org)

<https://www.andersoncountysc.org/county-council-announces-record-ems-response-times/>



## Anderson Observer

news from people you trust

### AnMed Joins Countywide EMS System for Faster Response Times

TUESDAY, SEPTEMBER 14, 2021 AT 1:18PM

#### Observer Reports

Anderson County's united EMS system is working with AnMed to improve response time countywide through the use of Quick Response Vehicles (QRV).

A multidisciplinary team of physicians from AnMed Health will collaborate with the county's EMS workers to provide medical oversight for the program, which will include 14 vehicles strategically placed throughout the 780 square miles of Anderson County.

"Partnerships like these are central to AnMed Health's long-standing promise of addressing community health 'together,'" said William Kenley, AnMed Health CEO. "By collaborating with EMS we will ensure that life-saving care begins sooner for those in all parts of our county."

In addition to improving the QRV program itself, closer collaboration between AnMed Health and Anderson County will ensure that EMS protocols are well-integrated with those at the hospital, leading to more coordinated care and better overall health outcomes.

"The partnership between the county and AnMed Health provides seamless health care from the time a 911 call is received all the way to the patient's care at the hospital," said Anderson County Administrator Rusty Burns.

The QRV program ensures that emergency medical personnel arrive quickly to begin life-saving treatment, particularly in outlying areas of the county. The vehicles are operated by Advance Life Support certified paramedics and carry the same equipment as an ambulance in all areas throughout the county.

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<http://andersonobserver.com/news/2021/9/14/anmed-joins-countywide-ems-system-for-faster-response-times.html>

## Anderson Observer

news from people you trust

### County Pleased with Initial Response Rates of Countywide EMS

MONDAY, JANUARY 31, 2022 AT 2:31PM

#### Greg Wilson/Anderson Observer

Four months after it was launched, Anderson County's countywide EMS system seems to be meeting goals.

County Council's Public Safety Committee announced Monday that the new system is fully staffed and response time goals are being met 95 percent of the time. The acceptable times for response are defined as 9 minutes, 59 seconds or less on critical calls. Prior to the new system, the collective system across the county's acceptable response rate is 65 percent.

Only four months in, the new system is 100% staffed and response time goals—defined as 9 minutes, 59 seconds or less—are now being met 95% of the time on priority 1 calls compared with 65% this time last year. Staff noted this progress has been made in the middle of a pandemic and despite a 40% increase in the number of calls for service coming into 911.

County officials are pleased with the numbers during a time of increased calls due to the pandemic.

"When we made the changes to unify the system a few months ago, I do not think any of us could have imagined we would see such significant improvement in such a short period of time," said Public Safety Committee Chairman Ray Graham. I could not be more proud of our first responders and what they are doing every day to save lives in Anderson County."

"And Although I am pleased with where we are, I am looking forward to continuing work with our community partners towards even better continuity of care, better quality of care, and, ultimately, better patient outcomes for all of us, throughout our healthcare system. Response times are just one piece, and our goal is to have the best healthcare system we possibly can."

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<http://andersonobserver.com/news/2022/1/31/county-pleased-with-initial-response-rates-of-countywide-ems.html>



<https://www.wspa.com/news/local-news/anderson-county-sees-increase-in-emergency-911-calls/>

## Independent Mail


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FOR SUBSCRIBERS LOCAL

### Busy ER, more 911 calls: Anderson County sees new paramedics reaching worst cases faster


**Sarah Sheridan**  
Anderson Independent Mail  
Published 6:01 a.m. ET Feb. 2, 2022

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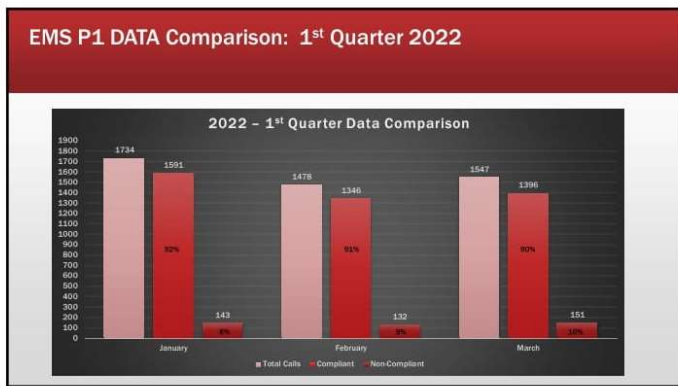
<https://www.independentmail.com/story/news/local/2022/02/02/anderson-county-new-ems-system-adjusts-covid-critical-calls/6636121001/>





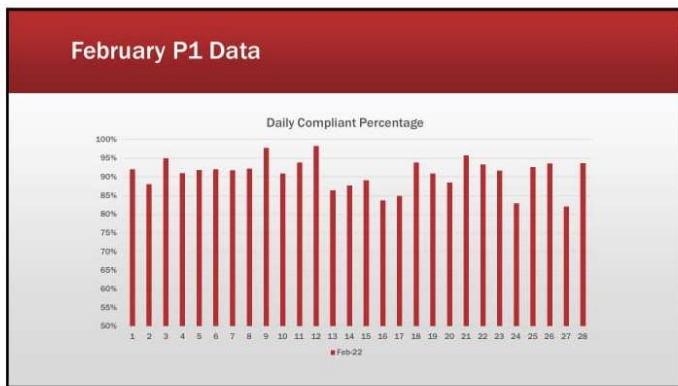
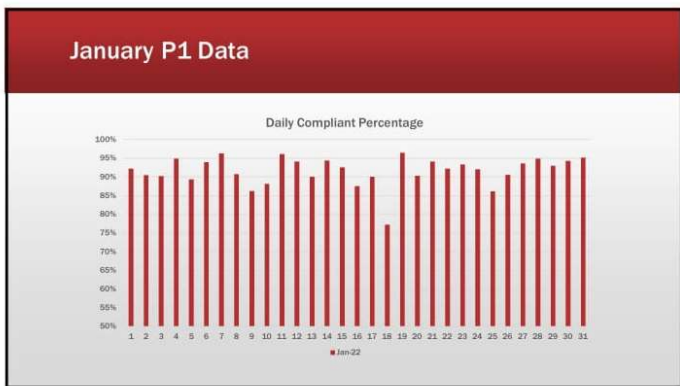
# EMS Data Analysis

REPORT PREPARED BY THE FINANCE DEPT.  
MAY 3, 2022



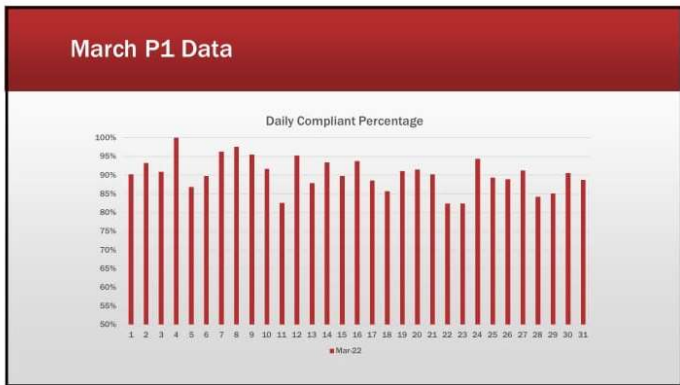
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