

County of Dinwiddie Board of Supervisors

MINUTES

Board Advance – February 20, 2019, 9:30 AM

Ballroom, Robert and Betty Ragsdale Community Center
201916 Old School Road, McKenney, Virginia 23872

Supervisors Present:

William D. Chavis, *Chair*
Daniel D. Lee, *Vice Chair*
Harrison A. Moody
Dr. Mark Moore
Brenda Ebron-Bonner

Election District 3
Election District 4
Election District 1
Election District 2
Election District 5

Administration Present:

W. Kevin Massengill, *County Administrator*
Anne Howerton, *Deputy County Administrator,
Finance and General Services*
Tammie Collins, *Deputy County Administrator,
Planning and Community Development*
Dennis Hale, *Chief, Fire and EMS*
Tyler Southall, *County Attorney*

1. ROLL CALL

2. WELCOME AND OVERVIEW OF ADVANCE

Mr. Massengill welcomed everyone and went over the agenda for the day, stating that he wants the meeting to be a collaborative discussion with Senior Staff. He asked the Board to reflect on their term and think about what they want to happen in their last year.

3. THE DINWIDDIE COMMUNITY – A BETTER UNDERSTANDING OF WHO WE ARE

Mr. Massengill discussed statistics that came from the Cameron Foundation Service Area Health Needs Assessment in order to better understand the community in which they serve. He discussed the demographics, social and economic factors, vulnerable populations, health factors, and population changes.

4. REVIEW OF CURRENT SERVICE DELIVERY AND OVERALL EFFECTIVENESS

Mr. Massengill asked for feedback from the Board on how they feel the region views the services and overall effectiveness of the County. When it comes to the region, Mr. Chavis stated that he hears that we are doing well and the region notices that leadership gets along with one another. Mr. Lee said that he hears positive things, and the comments that the Board works well together. Dr. Moore stated that the region wants to know how we do all that we do being fiscally prudent, keeping promises and fulfilling needs. Ms. Ebron-Bonner stated that she hears positive things and that the Board likes each other.

Mr. Massengill then asked about the citizens' perception. Mr. Chavis stated that he hears mostly positive comments from the citizens, who are generally appreciative that the Board is listening to them and fulfilling their needs. Mr. Lee shared that the amount of complaints he receives has decreased, and now the citizens seem interested in the direction the County is headed. Ms. Ebron-Bonner stated that she still receives complaints regarding drainage, however they are excited about Pizza Hut. Mr. Moody shared that he thinks that the creation of Ms. Grant's position has gone a long way to disseminate information to citizens and create a good working relationship with media and press. Dr. Moore stated that the citizens are proud of the accomplishments of the Board, especially when it comes to school funding.

Mr. Massengill also engaged the Board in conversation regarding each department as well as the County workforce as a whole. The Board had positive comments in general.

5. LUNCH

The Board recessed briefly for lunch.

6. THE DINWIDDIE OF TOMORROW – PURPOSEFUL DIRECTION

Mr. Massengill stated that he will engage in a strategic planning exercise as it will be a new term for the Board. He reviewed the critical and optimum areas of concerns from the 2013 and 2008 strategic planning sessions. He then went over some initiatives of his for 2019 which included economic development, promoting communities that connect with one another, education, citizen health and safety, the legacy project, and broadband.

7. FOCUS AREA: PHLOSOPHY AND APPROACH

A. COUNTY GROWN AND DEVELOPMENT GOALS

Ms. Collins used Google Earth to show an aerial perspective of the County's growth and potential areas of growth. Discussion was had about how to stay competitive, alternative funding streams, and aligning resources in order to position ourselves for the next step. Mr. Bassett discussed new residential development.

B. FIRE/EMS

Chief Hale provided the following presentation.

Designated Emergency Response Areas and EMS Response Plan

EMS Statistics

- ▶ 3,909 Incidents
- ▶ 4,209 Unit Responses
- ▶ 1,488 ALS Calls
 - 1,553 BLS Calls
 - 1,163 Other (Cancelled, Patient GOA, No EMS needed, Lift Assist, etc.)
- ▶ 2,365 Transports

Calls by Time of Day

Time Period	Count	Percentage
00:00:00 - 00:30:00	101	2.6%
01:00:00 - 01:30:00	88	2.3%
02:00:00 - 02:30:00	74	1.9%
03:00:00 - 03:30:00	83	2.1%
04:00:00 - 04:30:00	79	2.0%
05:00:00 - 05:30:00	87	2.2%
06:00:00 - 06:30:00	110	2.8%
07:00:00 - 07:30:00	136	3.5%
08:00:00 - 08:30:00	172	4.4%
09:00:00 - 09:30:00	188	4.8%
10:00:00 - 10:30:00	187	4.8%
11:00:00 - 11:30:00	204	5.2%
12:00:00 - 12:30:00	222	5.7%
13:00:00 - 13:30:00	223	5.7%
14:00:00 - 14:30:00	287	7.3%
15:00:00 - 15:30:00	321	8.2%
16:00:00 - 16:30:00	288	7.3%
17:00:00 - 17:30:00	287	7.3%
18:00:00 - 18:30:00	222	5.7%
19:00:00 - 19:30:00	202	5.2%
20:00:00 - 20:30:00	214	5.5%
21:00:00 - 21:30:00	182	4.6%
22:00:00 - 22:30:00	177	4.5%
23:00:00 - 23:30:00	117	3.0%

Top Call By Type

1. Sick Case/General Illness
2. MVC
3. Breathing Difficulty
4. Chest Pain
5. Falls
6. Altered LOC
7. Seizure
8. Abdominal Pain
9. Trauma
10. Unknown Problem
11. Stroke
12. Cardiac Arrest
13. Diabetic Problem
14. Assault
15. Overdose/Poisoning

Patient Statistics

- ▶ 4156 PATIENTS
- ▶ 57% > THAN AGE 50
- ▶ 30% > THAN AGE 70
- ▶ 70-79 YEARS OLD IS LARGEST PATIENT SET (541)

Patient Statistics by Age

- ▶ < 1 42 1.01%
- ▶ 1 - 9 111 2.67%
- ▶ 10 - 19 213 5.13%
- ▶ 20 - 29 379 9.12%
- ▶ 30 - 39 352 8.47%
- ▶ 40 - 49 389 9.36%
- ▶ 50 - 59 511 12.30%
- ▶ 60 - 69 432 10.39%
- ▶ 70 - 79 541 13.02%
- ▶ 80 - 89 359 8.64%
- ▶ 90 - 99 100 2.41%
- ▶ 100 - 120 4 0.10%

Response Times (Ambulance)

- ▶ 911 to Dispatch 1:48
- ▶ Disp to Enroute 2:07
- ▶ Enroute to On Scene 12:38
- ▶ On Scene 21:04
- ▶ Transport 24:45 (average mileage 17.9)
- ▶ Destination Time 35:28
- ▶ Total Time 97:50 (1 hr 37 min 50 sec)

Current EMS Response Standard

- ▶ Adopted March 4, 2003 and Updated October 10, 2012

Current Plan Benchmarks

- ▶ Mobilization - 4 minutes
- ▶ Response Time - 26 minutes
- ▶ Includes no standard for dispatch of calls

Actions

- ▶ Add a dispatch standard to the plan
- ▶ Decrease mobilization standards and split the standard between day time and night time
- ▶ Consider designating a Suburban Service Area and a Rural Service Area for response times
- ▶ Bring response time standards down to reflect system performance and or system goals.
- ▶ Designate response times based on call priority
- ▶ Designate an EMS unit or Ambulance

NFPA 1720-Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations and Special Operations to the Public by Volunteer Fire Departments

- ▶ In general, 1720 provides the following benchmarks:
- ▶ **Urban Zones** with >1000 people/sq. mi. call for 15 staff to assemble an attack in 9 minutes, 90% of the time.
- ▶ **Suburban Zones** with 500-1000 people/sq. mi. call for 10 staff to assemble an attack in 10 minutes, 80% of the time.
- ▶ **Rural Zones** with <500 people/sq. mi. call for 6 staff to assemble an attack in 14 minutes, 80% of the time.
- ▶ **Remote Zones** with a travel distance =8 mi. call for 4 staff, once on scene, to assemble an attack in 2 minutes, 90% of the time.

C. OTHER MISCELLANEOUS FOCUS AREAS

As there was not enough time to effectively discuss this topic, Mr. Massengill stated that he will get with each Board member on an individual basis to discuss this.

8. ADJOURNMENT

Upon motion of Dr. Moore, seconded by Mr. Moody, the meeting was adjourned at 4:36 PM.

AYES: Mr. Lee, Ms. Ebron-Bonner, Mr. Moody, Dr. Moore, Mr. Chavis

NAYS: None

William D. Chavis
Chair

ATTEST: _____
W. Kevin Massengill
County Administrator
Clerk to the Board

/sbw