TRI-TOWN Emergency Medical Service Monthly Director's Report

for the Month of





Prepared By: *Christopher Gamache, Director*May 4, 2015





PREFACE

Tri-Town Emergency Medical Service was started on January 1, 2013 by an Inter-Municipal Agreement between the towns of Allenstown and Pembroke, New Hampshire. The service is managed by the Service Director and Paramedic, Christopher Gamache with oversight by the Tri-Town EMS Board of Directors that is comprised of the Town Administrator and Fire Chief from both towns as well as a member from each community and a Tri-Town EMS employee representative. Tri-Town EMS' primary service area is the two towns, but will provides mutual aid to the Towns of Hooksett, Deerfield, Epsom, Chichester, Bow, the City of Concord, and where ever and whenever requested to do so. Tri-Town EMS is proud to be one of a few ambulance services within the Capital Area that provides its service area with 24/7 paramedic coverage. The service is making great strides to provide those we serve with the highest quality medical care coupled with up-to-date EMS equipment. Our staff is ready and available around the clock to answer call for help.

REPORT INTRODUCTION

This report was generated on May 4, 2015 by the Service's Director, Christopher Gamache, and represents the EMS activity of the Tri-Town EMS, current projects, operational concerns and performance projections. The content of this report shall be presented at the Monthly Meeting of the Joint Board on Wednesday May 13, 2015. This document contains data that was derived from the New Hampshire Department of Safety, Bureau of Emergency Medical Service patient care reporting web site, www.nhtemsis.org, where Tri-Town EMS documents all EMS related calls that are dispatched by Concord Fire Alarm. Additionally, this document contains data from the agency's billing contractor, ComStar.

Tri-Town EMS has a Medical Resource Hospital Agreement (MRHA) with Concord Hospital. This agreement entitles the agency to function under the medical oversight of the hospital's Medical Director, Dr. David Hirsh. As part of the MRHA, Tri-Town EMS has a Control Substance agreement with Concord Hospital, these two agreements afford TTEMS the ability to have Paramedic level medications and Controlled Substances.



SECTION 1: EMERGENCY MEDICAL SERVICE (EMS) ACTIVITY:

| • Total Number of Patient's Transported | Transports to Concord Hospital | 6 |
|---|--|------|
| ○ Transports to Catholic Medical Center (CMC) | Transports to Catholic Medical Center (CMC) | 6 |
| Transports to Elliot Hospital | Transports to Elliot Hospital | 6 |
| ○ Transports to Other Hospital | o Transports to Other Hospital | 6 |
| Total Number of EMS Runs Where Mutual Aid was Received | · | |
| O Concord Fire Department | Total No. of the C. C. CANCO Decreased and the control of the Cont | |
| ○ Epsom Fire Department .0 ○ Hooksett Fire Department .1 ○ Other EMS Agency .0 ● Total Number of Patient's Refusing Transport to the Emergency Department | Total Number of EMS Runs Where Mutual Aid was Received | |
| Other EMS Agency | o Concord Fire Department5 | |
| O Other EMS Agency | o Epsom Fire Department0 | |
| Total Number of Patient's Refusing Transport to the Emergency Department15 Total Number of EMS Responses that Resulted in Another Disposition | O Hooksett Fire Department | |
| • Total Number of EMS Responses that Resulted in Another Disposition | Other EMS Agency | 4- |
| SECTION 2: EMS RUN DATA Average Run Times: 1m 26s (57.9% <1min) | Total Number of Patient's Refusing Transport to the Emergency Department | 15 |
| Average Run Times: Reaction Time: | Total Number of EMS Responses that Resulted in Another Disposition | 6 |
| Average Run Times: Reaction Time: | SECTION 2: EMS PLIN DATA | |
| Reaction Time: | SECTION 2. EIVIS NON DATA | |
| Response Time: | Average Run Times: | |
| On-Scene Time: | • Reaction Time: | in) |
| Transport Time: | Response Time:4m 7s (77.63% < 5r | nin) |
| Back In Service Time: | On-Scene Time:19m 51s (5.26%< 10min; 50%< 20 mir | 1) |
| EMS Call Location, by Town: | | |
| Allenstown, NH | | |
| Allenstown, NH | | |
| Pembroke, NH | EMS Call Location, by Town: | |
| • Deerfield, NH | Allenstown, NH30 (39) | 47%) |
| | Pembroke, NH | 89%) |
| • Manchester, NH0 (0%) | • Deerfield, NH | |
| | • Manchester, NH | |
| Hooksett, NH | • Hooksett, NH2 (2.63 | %) |
| • Epsom, NH0 (1.22%) | • Epsom, NH | :%) |
| 0 (00) | • Concord, NH | |



Times of Call

| Time Period | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total | Percentage |
|-------------|--------|--------|---------|-----------|----------|--------|----------|-------|------------|
| 0000 - 0300 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | 5 | 6.58% |
| 0300 - 0600 | 1 | 1 | 2 | 0 | 2 | 0 | 1 | 7 | 9.21% |
| 0600 - 0900 | 4 | 1 | 2 | 2 | 0 | 2 | 1 | 12 | 15.79% |
| 0900 - 1200 | 3 | 3 | 1 | 2 | 3 | 0 | 2 | 14 | 18.42% |
| 1200 - 1500 | 1 | 4 | 2 | 1 | 1 | 0 | 1 | 10 | 13.16% |
| 1500 - 1800 | 2 | 0 | 1 | 7 | 0 | 0 | 1 | 11 | 14.47% |
| 1800 - 2100 | 0 | 0 | 4 | 1 | 1 | 3 | 2 | 11 | 14.47% |
| 2100 - 2400 | 1 | 2 | 0 | 3 | 0 | 0 | 0 | 6 | 7.89% |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00% |
| Total | 14 | 12 | 13 | 17 | 7 | 5 | 8 | 76 | 100% |

Runs by Dispatch Reason

| | Control (Santa | 1 |
|--|-----------------|------------|
| Dispatch Reason | # of Times | % of Times |
| Abdominal Pain | 2 | 2.63% |
| Assault | 2 | 2.63% |
| Back Pain (Non-Traumatic / Non-Recent Trauma) | 1 | 1.32% |
| Breathing Problem | 12 | 15.79% |
| Chest Pain | 7 | 9.21% |
| CO Poisoning / Hazmat | 1 | 1.32% |
| Diabetic Problem | 1 | 1.32% |
| Fall Victim | 8 | 10.53% |
| Lift Assist / Invalid Assist | 1 | 1.32% |
| Medical Alarm | 2 | 2.63% |
| Motorized Vehicle Crash (Auto /Truck / ATV / Etc). | 5 | 6.58% |
| Other | 6 | 7.89% |
| Overdose | 3 | 3.95% |
| Pregnancy / Childbirth | 1 | 1.32% |
| Psychiatric / Behavioral Problems | 2 | 2.63% |
| Respiratory Arrest | 1 | 1.32% |
| Seizure / Convulsions | 5 | 6.58% |
| Sick Person | 9 | 11.84% |
| Stroke / CVA | 3 | 3.95% |
| Unconscious / Fainting | 4 | 5.26% |
| Unknown | 0 | 0.00% |
| Total | 76 | 100% |



Procedure Administered

| Procedure Name | # | % |
|--|-----|--------|
| Assessment: Patient Assessment | 75 | 48.68% |
| Cardiac: 12 Lead ECG Obtained | 63 | 32.89% |
| Cardiac: 12/15/18 Lead ECG-Transmitted | 6 | 3.95% |
| Cardiac: CPR (Mechanical Device) | 2 | 1.32% |
| Cardiac: ECG Monitoring | 75 | 47.37% |
| General: Patient Warming (Hot Pack or Global) | 2 | 1.32% |
| Movement: Cervical Collar Applied for Stabilization | 4 | 2.63% |
| Movement: via Extrication Device (Full-Length) | 2 | 1.32% |
| Musculoskeletal: Spinal Assessment | 4 | 2.63% |
| Musculoskeletal: Spinal Motion Restriction (With C-Collar) | 8 | 5.26% |
| Musculoskeletal: Spinal Precautions Withheld Per Assessment Criteria | 2 | 1.32% |
| Musculoskeletal: Splinting (General) | 6 | 3.95% |
| Respiratory: Bagged Ventilations (via Tube) | 2 | 1.32% |
| Respiratory: CPAP | 3 | 1.32% |
| Respiratory: ETCO2 Digital Capnography | 9 | 5.26% |
| Respiratory: Intubation (Orotracheal) | 2 | 1.32% |
| Vascular: IV Catheterization (Extremity Vein) | 124 | 68.42% |
| None | 15 | 19.74% |
| | | |
| Modigation Administered | | |

Medication Administered

| Medication Name | # | % |
|-------------------------------------|----|--------|
| Albuterol Sulfate | 5 | 6.58% |
| Aspirin (ASA) | 7 | 9.21% |
| Dextrose 50% (D50) | 2 | 2.63% |
| DuoNeb (0.5 Atrovent/3.0 Albuterol) | 3 | 3.95% |
| Epinephrine 1:10,000 | 1 | 1.32% |
| Fentanyl | 5 | 6.58% |
| Glucose (Oral) | 1 | 1.32% |
| Ibuprofen (Advil, Motrin) | 1 | 1.32% |
| Ipratropium Bromide (Atrovent) | 3 | 3.95% |
| Methylprednisolone (Solu-Medrol) | 3 | 3.95% |
| Midazolam (Versed) | 1 | 1.32% |
| Morphine Sulfate | 4 | 5.26% |
| Naloxone (Narcan) | 1 | 1.32% |
| Nitroglycerin | 4 | 5.26% |
| Normal Saline | 25 | 32.89% |
| Ondansetron (Zofran) | 14 | 18.42% |
| Oxygen | 3 | 3.95% |
| Oxygen by Nasal Cannula | 7 | 9.21% |
| Sodium Bicarbonate | 1 | 1.32% |
| None | 36 | 47.37% |



SECTION 3: TRI-TOWN EMS PERSONNEL:

During the month of April 2015, there was one (1) Per Diem employee removed from the roster for lack of involvement with the service and (1) Per Diem employee who resigned. One (1) Full Time was placed on Paid Administrative Leave. The current staffing of Tri-Town EMS:

| • | Full Time Employees | 3 |
|---|---------------------|-------|
| | • • | , |
| • | Part Time Employees | |
| • | Per Diem Employees | .10 |
| • | TOTAL WORK FORCE | 21 |

SECTION 4: EQUIPMENT

- The service took delivery of two (2) Panasonic Toughpads for documenting EMS Calls.
- The service replaced the four (4) fire extinguishers for the ambulances.

SECTION 5: COORESPONDANCE WITH OTHER HEALTHCARE AGENGIES

Concord Hospital: April 9th, attended an MCI Triage Committee meeting put on by Concord Hospital. The meeting's purpose was to suggest a triage method for the Capital Area. Continuing with the METTAG system was the consensus. Data came from an MCI training and exercise held at the Pembroke Fire Station.

Concord Hospital: The service's Medical Director Dr. Hirsh and EMS Coordinator Sue Prentiss were made aware of internal inquiry pertaining to clinical issues and the action being taken by the service.

New Hampshire Bureau of EMS: (March), Representatives from Tri-Town EMS attended the March Medical Control Board Meeting. Major topics included the state's efforts with Trauma Centers; current legislation; drug diversion updates; the states struggle with Heroin and licensing law enforcement to administer Narcan; the administration of Aspirin for cardiac related chest discomfort; pushing providers to perform a stroke scale on patients with signs and symptoms of such; changes to pediatric cardiac arrest; updated the use of CPAP for pediatrics; administration of IV fluids for patients with signs and symptoms of dehydration; Bariatric Protocol; Medical Integrated Health Care updates; Cricothyrotomy preparations, Zofran for AEMTs – no changes were made, BiPAP and RSI.

SECTION 6: REVENUE AND EXPENDITURES

Revenues: Ambulance Billing: \$49,965.69 Legal Document Request: \$25.00

Total: \$49,990.69

Expenses:

- The service paid \$1,182.52 for supplies and oxygen for the month of April.
- OVERTIME: 77 hours, \$2,070.87



SECTION 7: DIRECTOR RECOMMENDATIONS/COMMENTS

- The service entered into an internal inquiry resulting in an employee being placed on paid administrative leave. This is the reason the overtime for April was significantly increased.
- The service is in the process of creating specifications for a new ambulance and is working with ambulance manufacturers to obtain pricing.
- ComStar is waiting on Tri-Town to determine the fate of 25 accounts, representing just over \$17,000. The accounts are delinquent. The board was given a recommendation for a process for the handling of delinquent accounts.

SECTION 8: VEHICLE MAINTENANCE

Ambulance 2: MILEAGE: 75,006Ambulance 3: MILEAGE: 51,389

SECTION 9: TRI TOWN EMERGENCY MEDICAL SERVICE LEADERSHIP

Chairman of the Board of Directors & Allenstown Town Administrator: Shaun Mulholland

Pembroke Town Administrator:
 David Jodoin

Allenstown Fire Chief: Dana Pendergast
 Pembroke Fire Chief: Harold Paulsen

Allenstown Member-At-Large: Veronica "Paige" Lorenz
 Pembroke Member-At-Large: Robert "Bob" Bourque

Tri-Town EMS Employee Member: VACANT

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Tri-Town EMS Director: Christopher Gamache BS, NREMTP

05/12/2015

Christopher Gamache - Director

Date

