

TRI-TOWN Emergency Medical Service

Monthly Director's Report

for the Month of

August 2015



Municipal Ambulance Service

for the Towns of

Pembroke & Allenstown



Prepared By: *Christopher Gamache, Director*

September 2, 2015



PREFACE

Tri-Town Emergency Medical Service was started on January 1, 2013 by an Inter-Municipal Agreement between the towns of Allentown 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 September 2, 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 September 9, 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.nhemsis.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 EMS Responses / Request for EMS Services102
- Total Number of Patient's Transported63
 - Transports to Concord Hospital56 (89%)
 - Transports to Catholic Medical Center (CMC)1 (2%)
 - Transports to Elliot Hospital6 (9%)
 - Transports to Other Hospital0 (0%)
- Total Number of EMS Runs Where Mutual Aid was Received4
 - Concord Fire Department2
 - Epsom Fire Department2
 - Hooksett Fire Department0
 - Other EMS Agency0
- Total Number of Patient's Refusing Transport to the Emergency Department24
- Total Number of EMS Responses that Resulted in Another Disposition15

SECTION 2: EMS RUN DATA

Average Run Times:

- Reaction Time: 1m 11s (73.53% <1min)
- Response Time:5m 31s (62.75% <5min)
- On-Scene Time:17m 39s (11.76%< 10min; 45.09%< 20 min)
- Transport Time:19m 16s
- Back In Service Time:19m 52s
- Time on Task:1h 3m 29s

EMS Call Location, by Town:

- Allenstown, NH47 (46.08%)
- Pembroke, NH50 (49.02%)
- Deerfield, NH0 (0.0%)
- Manchester, NH.....0 (0.0%)
- Hooksett, NH3 (2.94%)
- Barnstead (including Center Barnstead), NH2 (1.96%)
- Epsom, NH0 (0.0%)
- Concord, NH0 (0.0%)



Times of Call

Time Period	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total	Percentage
0000 - 0300	0	2	0	0	1	0	1	4	3.92%
0300 - 0600	1	0	0	1	1	0	3	6	5.88%
0600 - 0900	1	0	1	0	1	3	2	8	7.84%
0900 - 1200	2	1	3	4	0	3	2	15	14.71%
1200 - 1500	3	4	6	2	3	1	3	22	21.57%
1500 - 1800	3	4	4	1	3	3	2	20	19.61%
1800 - 2100	3	4	1	2	1	3	2	16	15.69%
2100 - 2400	2	0	2	0	2	1	4	11	10.78%
Unknown	0	0	0	0	0	0	0	0	0.00%
Total	15	15	17	10	12	14	19	102	100%

Runs by Dispatch Reason

<u>Dispatch Reason</u>	<u># of Times</u>	<u>% of Times</u>
Abdominal Pain	2	1.96%
Assault	2	1.96%
Back Pain (Non-Traumatic / Non-Recent Trauma)	2	1.96%
Breathing Problem	13	12.75%
Chest Pain	6	5.88%
Diabetic Problem	1	0.98%
Fall Victim	8	7.84%
Fire Standby	2	1.96%
Hemorrhage / Laceration	2	1.96%
Lift Assist / Invalid Assist	1	0.98%
Medical Alarm	1	0.98%
Motorized Vehicle Crash (Auto / Truck / ATV / Etc).	19	18.63%
Other	5	4.90%
Overdose	2	1.96%
Pain	5	4.90%
Pregnancy / Childbirth	1	0.98%
Psychiatric / Behavioral Problems	6	5.88%
Seizure / Convulsions	2	1.96%
Sick Person	10	9.80%
Standby	2	1.96%
Stroke / CVA	1	0.98%
Traumatic Injury	1	0.98%
Unconscious / Fainting	5	4.90%
Unknown Problem / Man Down	3	2.94%
Unknown	0	0.00%
Total	102	100%

Procedure Administered

<u>Procedure Name</u>	<u>#</u>	<u>%</u>
Assessment: Orthostatic Vital Signs	1	0.98%
Assessment: Patient Assessment	39	38.24%
Cardiac: 12 Lead ECG Obtained	22	21.57%
Cardiac: 12/15/18 Lead ECG-Transmitted	3	2.94%
Cardiac: ECG Monitoring	27	26.47%
Movement: Cervical Collar Applied for Stabilization	3	2.94%
Movement: Extrication of Patient	1	0.98%
Movement: via Extrication Device (Full-Length)	1	0.98%
Musculoskeletal: Spinal Assessment	1	0.98%
Musculoskeletal: Spinal Motion Restriction (With C-Collar)	7	6.86%
Musculoskeletal: Splinting (Traction)	1	0.98%
Respiratory: ETCO2 Digital Capnography	1	0.98%
Soft Tissue: General Wound Care	2	1.96%
Vascular: IV Catheterization (External Jugular Vein)	1	0.98%
Vascular: IV Catheterization (Extremity Vein)	58	56.86%
None	41	40.20%

Medication Administered

<u>Medication Name</u>	<u>#</u>	<u>%</u>
Acetaminophen (Tylenol)	2	1.96%
Albuterol Sulfate	1	0.98%
Aspirin (ASA)	7	6.86%
Dextrose 10% (D10)	1	0.98%
DuoNeb (0.5 Atrovent/3.0 Albuterol)	4	3.92%
Fentanyl	5	4.90%
Glucose (Oral)	1	0.98%
Ipratropium Bromide (Atrovent)	1	0.98%
Ketorolac (Toradol)	3	2.94%
Midazolam (Versed)	1	0.98%
Morphine Sulfate	2	1.96%
Naloxone (Narcan)	1	0.98%
Nitroglycerin	6	5.88%
Normal Saline	24	23.53%
Ondansetron (Zofran)	8	7.84%
Oxygen	12	11.76%
Oxygen by Nasal Cannula	4	3.92%
None	62	60.78%

SECTION 3: TRI-TOWN EMS PERSONNEL:

During the month of August 2015, the service hired a per diem Emergency Medical Technician. The current staffing of Tri-Town EMS:

• Full Time Employees	(3- Paramedics).....	3
• Part Time Employees	(2-Paramedics, 2-AEMT, 2-EMT).....	6
• Per Diem Employees	(8-Paramedics, 7-AEMT, 4-EMT).....	19
• TOTAL WORK FORCE	28

SECTION 4: EQUIPMENT

- The finger readers on the ToughPad tablets is still being researched by VTI.
- Pulse Oximeter Probe for the LP 15 on A3 failed. Swapped cable out with the one on A2 and contacted Physio-Control for a replacement. Part still under warranty.
- Emsar performed work on Ambulance 3's stretcher mount. The mount was not latching when required.
- Ambulance 3 received an oil change and state inspection.
- Ambulance 2 received a state inspection and is waiting on a light switch for the patient compartment.

SECTION 5: COORESPONDENCE WITH OTHER HEALTHCARE AGENGIES

Catholic Medical Center: Received fobs to be used to enter CMC's Emergency Department. One (1) each for ambulance 2 & ambulance 3 and one for the Service Director.

Concord Hospital: Sue Prentiss, EMS Manager, has been in contact with Capital Area services about protocol trainings and upcoming continuing education. Tri-Town EMS was asked to host a training on Pain Management and Dilaudid. Tri-Town EMS agreed to host the training given by Michelle Gamache, RN of Concord Hospital. This training is required of Paramedics before Dilaudid can be added to the control substance boxes. Also a control substance documentation concern was reported to Concord Hospital.

SECTION 6: REVENUE AND EXPENDITURES

Revenues: Ambulance Billing: \$26,502.00 Legal Document Request: \$0.00

Detail Coverage: \$320.00 (billed)

Total: \$26,822.00

Expenses:

- The service paid \$1,606.17 for supplies and oxygen for the month of August. Bought EZ IO needs, \$550.00 per box of 5.
- OVERTIME: 83 hours, \$2,419.51



SECTION 7: DIRECTOR RECOMMENDATIONS/COMMENTS

- Finalized the pre-hire testing physical and other employee health issues with Concentra.
- Revising the probationary period.
- Twice in August, an ambulance was sent to Barnstead for station coverage, leaving Tri-Town's service area without immediate coverage. The second occurrence resulted in a call being turned over to mutual aid (Concord). The normal EMS mutual aid for Barnstead are fire based and as such those departments downed their ambulances to provided fire coverage to Barnstead resulting in Tri-Town being the closest ambulance.
- Tri-Town EMS Facebook page was developed by Julie Irwin.
- 2nd time this year Tri-Town EMS has exceeded 100 calls in a month.

SECTION 8: VEHICLE MAINTENANCE

- Ambulance 2: MILEAGE: 75,681
- Ambulance 3: MILEAGE: 57,811

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: Jennifer Abbot, RN
- Pembroke Member-At-Large: Robert "Bob" Bourque
- Tri-Town EMS Employee Member: Michael Kelley, BSN, NREMT-P
- Tri-Town EMS Director: Christopher Gamache BS, NREMT-P

09/03/2015

Christopher Gamache - Director

Date