

TRI-TOWN Emergency Medical Service

Monthly Director's Report

for the Month of

January 2015



Prepared By: *Christopher Gamache, Director*

February 6, 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 February 6, 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 February 11, 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 Services98
- Total Number of Patient's Transported67 (68.37%)
 - Transports to Concord Hospital52 (77.6%)
 - Transports to Catholic Medical Center (CMC)5 (7.5%)
 - Transports to Elliot Hospital10 (14.9%)
 - Transports to Other Hospital0
- Total Number of EMS Runs Where Mutual Aid was Received
 - Concord Fire Department
 - Epsom Fire Department
 - Hooksett Fire Department
 - Other EMS Agency0
- Total Number of Patient's Refusing Transport to the Emergency Department21
- Total Number of EMS Responses that Resulted in Another Disposition10

SECTION 2: EMS RUN DATA

Average Run Times:

- Reaction Time: 1m 17s (58% <1min)
- Response Time: 4m 55s (67% <5min)
- On-Scene Time: 18m 53s (13%< 10min; 48%< 20 min)
- Transport Time:18m 53s
- Back In Service Time:17m 42s

EMS Call Location, by Town:

- Allenstown, NH36 (36%)
- Pembroke, NH56 (56%)
- Deerfield, NH1 (1%)
- Manchester, NH.....1 (1%)
- Hooksett, NH6 (6%)

Times of Call

Time Period	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total	Percentage
0000 - 0300	1	2	1	1	0	1	1	7	7.00%
0300 - 0600	3	1	0	2	0	2	0	8	8.00%
0600 - 0900	1	0	2	4	2	2	0	11	11.00%
0900 - 1200	3	2	3	8	2	2	3	23	23.00%
1200 - 1500	0	1	1	5	1	1	2	11	11.00%
1500 - 1800	4	0	3	2	2	2	0	13	13.00%
1800 - 2100	1	1	3	2	3	2	2	14	14.00%
2100 - 2400	1	3	3	1	3	0	2	13	13.00%
Unknown	0	0	0	0	0	0	0	0	0.00%
Total	14	10	16	25	13	12	10	100	100%

Runs by Dispatch Reason

Dispatch Reason	# of Times	% of Times
Abdominal Pain	4	4.00%
Altered Mental Status	2	2.00%
Breathing Problem	23	23.00%
Cardiac Arrest	3	3.00%
Chest Pain	10	10.00%
CO Poisoning / Hazmat	5	5.00%
Diabetic Problem	1	1.00%
Fall Victim	9	9.00%
Fire Standby	1	1.00%
Hemorrhage / Laceration	1	1.00%
Medical Alarm	1	1.00%
Motorized Vehicle Crash (Auto / Truck / ATV / Etc).	7	7.00%
Other	5	5.00%
Overdose	3	3.00%
Pain	3	3.00%
Psychiatric / Behavioral Problems	3	3.00%
Seizure / Convulsions	2	2.00%
Sick Person	7	7.00%
Stroke / CVA	1	1.00%
Traumatic Injury	1	1.00%
Unconscious / Fainting	5	5.00%
Unknown Problem / Man Down	3	3.00%
Unknown	0	0.00%
Total	100	100%

Procedure Administered

Procedure Name	#	%
Assessment: Orthostatic Vital Signs	2	2.00%
Assessment: Patient Assessment	44	44.00%
Cardiac: 12 Lead ECG Obtained	27	23.00%
Cardiac: 12/15/18 Lead ECG-Transmitted	1	1.00%
Cardiac: CPR (Manual)	1	1.00%
Cardiac: CPR (Mechanical Device)	1	1.00%
Cardiac: ECG Monitoring	38	38.00%
Movement: Extrication of Patient	1	1.00%
Movement: via Extrication Device (Full-Length)	1	1.00%
Musculoskeletal: Spinal Immobilization	3	3.00%
Musculoskeletal: Spinal Motion Restriction	1	1.00%
Musculoskeletal: Splinting (General)	2	2.00%
Musculoskeletal: Splinting (Traction)	1	1.00%
Respiratory: Bagged Ventilations (via Mask)	1	1.00%
Respiratory: Bagged Ventilations (via Tube)	1	1.00%
Respiratory: CPAP	2	2.00%
Respiratory: ETCO2 Digital Capnography	6	6.00%
Respiratory: Intubation (Orotracheal)	1	1.00%
Respiratory: NPA Insertion	1	1.00%
Respiratory: SGA Insertion (Combitube / Double Lumen)	1	1.00%
Soft Tissue: General Wound Care	2	2.00%
Vascular: IntraOsseous Insertion	1	1.00%
Vascular: IV Catheterization (Extremity Vein)	62	52.00%
None	35	35.00%

Medication Administered

Medication Name	#	%
Acetaminophen (Tylenol)	1	1.00%
Albuterol Sulfate	8	5.00%
Aspirin (ASA)	5	5.00%
Atropine Sulfate	1	1.00%
Dextrose 50% (D50)	2	2.00%
Diltiazem (Cardizem)	4	2.00%
DuoNeb (0.5 Atrovent/3.0 Albuterol)	6	6.00%
Fentanyl	5	2.00%
Ipratropium Bromide (Atrovent)	4	4.00%
Methylprednisolone (Solu-Medrol)	5	5.00%
Midazolam (Versed)	1	1.00%
Morphine Sulfate	2	1.00%
Naloxone (Narcan)	3	1.00%
Nitroglycerin	7	4.00%
Nitroglycerin Drip	2	1.00%
Normal Saline	21	20.00%
Ondansetron (Zofran)	11	9.00%
Oxygen	9	9.00%
Oxygen (non-rebreather mask)	5	4.00%
Oxygen by Nasal Cannula	12	11.00%
Oxygen by Positive Pressure Device	1	1.00%
None	57	57.00%

SECTION 3: TRI-TOWN EMS PERSONNEL:

During the month of January 2015, there were no employees added or removed from the roster. The current staffing of Tri-Town EMS:

• Full Time Employees2
• Part Time Employees7
• Per Diem Employees19
• TOTAL WORK FORCE28

SECTION 3: EQUIPMENT

- In January, Tri-Town EMS placed into service two Life Pak 15 Cardiac Monitor/Defibrillators. The devices can monitor a patient's heart rhythm, perform 12-Lead EKG and transmit it to the receiving facility, function as an AED, defibrillate, externally pace a person's, synchronize cardioversion, take blood pressures at set intervals, monitor a person's oxygen saturation and displace the applicable wave form, monitor end-tidal Carbon Dioxide and give the applicable wave form, detect and monitor Carbon Monoxide and monitor a person's temperature.
- Also in January, the service took delivery of six (6) Carbon Monoxide (CO) Detectors which are used to alert the ambulance crew of CO in the air.
- The service is waiting on the delivery of two (2) Panasonic Toughpads for documenting EMS Calls.

SECTION 4: COORESPONDANCE WITH OTHER HEALTHCARE AGENGIES

New Hampshire EMS: Attended the bi-monthly Medical Control Board Meeting at the New Hampshire Fire Academy on January 15th. On the agenda were changes to many of the pediatric protocols. The MCB updated everyone on Community Paramedicine (Integrated Mobile Healthcare), Current Legislation on blue lights on the rear of ambulances, Narcan Updates, Expanding EMS License Level to Police, Expanding EMS Ethics to match those of Nursing, Drug Diversion Updates, QA initiatives, etc.

Elliot Hospital: Clinical Complaint Received from the Elliot Hospital Medical Director. Incident has been investigated, but is not closed as of yet.

Concord Hospital: Clinical Complaint Received from the EMS Coordinator. Incident has been investigated, but is not closed as of yet. Additionally, Tri-Town EMS is working with Concord Hospital to host an MCI training and subsequent drill to test different MCI triage tools.

Allenstown Fire Department: Response time inquiry. Incident has been investigated and has been closed.

SECTION 5: REVENUE AND EXPENDITURES

Revenues: Ambulance Billing: \$27,045.95 Legal Document Request: \$25.00 Total: \$27,070.95

Expenses:

- The service paid off the last ambulance in January, now Tri-Town EMS owns all of its equipment.
- The service took delivery of some items that were ordered in 2014 but were backordered and were unanticipated expenses for 2015.
- Also, the service purchased 4 lockable cabinets to control the flow of supplies after it was discovered the supply usage did not match what reasonable would be used on calls.
- All staff was given a raise on January 4, 2015. Unless an employee was over the rates indicated below, all staff were brought up to the following rates:
 - EMT: \$12.50/hr
 - AEMT: \$13.50/hr
 - Paramedic: \$18.00/hr

SECTION 6: DIRECTOR RECOMMENDATIONS/COMMENTS

- Address the issue of the TTVEAS and Equipment/Files that are unattended in the fire station.
- Tri-Town EMS put the second ambulance in service during the Blizzard on January 26th into the 27th.
- Had three (3) patients/family members contact the station in January, inquiring about how to handle insurance checks they have received from Blue Cross / Anthem.

SECTION 7: VEHICLE MAINTENANCE

- Ambulance 2: Oil change, Preventative Maintenance and Medication Infusion Pump Pole Added.
- Ambulance 3: Rear Tires Replaced, Rear Brakes Replaced. On another date, A3 had a failure of the front passenger tire require road side assistance. Both front Tires were replaced.

SECTION 8: TRI TOWN EMERGENCY MEDICAL SERVICE LEADERSHIP

- Chairman of the Joint Board & Allentown Town Administrator: Shaun Mulholland
- Pembroke Town Administrator: David Jodoin
- Allentown Fire Chief: Dana Pendergast
- Pembroke Fire Chief: Harold Paulsen
- Allentown Member-At-Large: Veronica "Paige" Lorenz
- Pembroke Member-At-Large: Robert "Bob" Bourque
- Tri-Town EMS Employee Member: Stephanie Locke, NREMT
- Tri-Town EMS Director: Christopher Gamache BS, NREMT



02/06/2014

Christopher Gamache - Director

Date