

TRI-TOWN Emergency Medical Service

Monthly Director's Report

for the Month of

July 2015



Municipal Ambulance Service

for the Towns of

Pembroke & Allenstown



Prepared By: *Christopher Gamache, Director*

August 7, 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 August 7, 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 August 12, 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 EMS Responses / Request for EMS Services75
- Total Number of Patient's Transported50
 - Transports to Concord Hospital38 (76%)
 - Transports to Catholic Medical Center (CMC)3 (6%)
 - Transports to Elliot Hospital9 (18%)
 - Transports to Other Hospital0 (0%)
- Total Number of EMS Runs Where Mutual Aid was Received6
 - Concord Fire Department4
 - Epsom Fire Department1
 - Hooksett Fire Department1
 - Other EMS Agency0
- Total Number of Patient's Refusing Transport to the Emergency Department16
- Total Number of EMS Responses that Resulted in Another Disposition7

SECTION 2: EMS RUN DATA

Average Run Times:

- Reaction Time: 1m 25s (66.67% <1min)
- Response Time:4m 53s (64% <5min)
- On-Scene Time:17m 59s (6.67%< 10min; 53.34%< 20 min)
- Transport Time:18m 45s
- Back In Service Time:21m 26s
- Time on Task:1h 6m 45s

EMS Call Location, by Town:

- Allenstown, NH31 (41.34%)
- Pembroke, NH37 (49.33%)
- Deerfield, NH1 (1.33%)
- Manchester, NH.....0 (0.0%)
- Hooksett, NH6 (8.0%)
- Epsom, NH0 (0.0%)
- Concord, NH0 (0.85%)



Times of Call

Time Period	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total	Percentage
0000 - 0300	0	1	2	2	0	1	0	6	8.00%
0300 - 0600	1	2	0	0	0	0	0	3	4.00%
0600 - 0900	1	0	3	0	0	0	2	6	8.00%
0900 - 1200	0	2	5	1	2	3	0	13	17.33%
1200 - 1500	2	2	4	2	0	5	1	16	21.33%
1500 - 1800	1	2	1	3	3	1	0	11	14.67%
1800 - 2100	2	0	1	2	3	0	2	10	13.33%
2100 - 2400	0	3	3	1	0	3	0	10	13.33%
Unknown	0	0	0	0	0	0	0	0	0.00%
Total	7	12	19	11	8	13	5	75	100%

Runs by Dispatch Reason

<u>Dispatch Reason</u>	<u># of Times</u>	<u>% of Times</u>
Abdominal Pain	3	4.00%
Assault	2	2.67%
Breathing Problem	8	10.67%
Cardiac Arrest	2	2.67%
Chest Pain	4	5.33%
Choking	1	1.33%
Diabetic Problem	2	2.67%
Fall Victim	7	9.33%
Heart Problems	1	1.33%
Hemorrhage / Laceration	2	2.67%
Lift Assist / Invalid Assist	1	1.33%
Medical Alarm	1	1.33%
Motorized Vehicle Crash (Auto / Truck / ATV / Etc).	11	14.67%
Other	4	5.33%
Overdose	4	5.33%
Pain	4	5.33%
Respiratory Arrest	1	1.33%
Seizure / Convulsions	2	2.67%
Sick Person	10	13.33%
Stroke / CVA	1	1.33%
Unconscious / Fainting	2	2.67%
Unknown Problem / Man Down	2	2.67%
Unknown	0	0.00%
Total	75	100%

Procedure Administered

Procedure Name	#	%
Assessment: Patient Assessment	26	34.67%
Cardiac: 12 Lead ECG Obtained	21	28.00%
Cardiac: 12/15/18 Lead ECG-Transmitted	3	4.00%
Cardiac: CPR (Manual)	2	2.67%
Cardiac: CPR (Mechanical Device)	2	2.67%
Cardiac: Defibrillation (AED)	1	1.33%
Cardiac: Defibrillation (Manual)	6	8.00%
Cardiac: ECG Monitoring	23	30.67%
General: Patient Cooling (Cold Pack or Global)	3	4.00%
General: Patient Warming (Hot Pack or Global)	1	1.33%
Movement: Cervical Collar Applied for Stabilization	2	2.67%
Musculoskeletal: Spinal Motion Restriction (With C-Collar)	3	4.00%
Musculoskeletal: Spinal Precautions Withheld Per Assessment Criteria	1	1.33%
Musculoskeletal: Splinting (Traction)	1	1.33%
OB: Childbirth	1	1.33%
Respiratory: Bagged Ventilations (via Mask)	3	4.00%
Respiratory: CPAP	1	1.33%
Respiratory: ETCO2 Colorimetric Detection	1	1.33%
Respiratory: ETCO2 Digital Capnography	1	1.33%
Respiratory: Intubation (Orotracheal)	4	5.33%
Respiratory: SGA Insertion (King / Single Lumen)	1	1.33%
Respiratory: Suction Airway	2	2.67%
Vascular: IntraOsseous Insertion	5	6.67%
Vascular: IV Catheterization (Extremity Vein)	43	57.33%
None	26	34.67%

Medication Administered

Medication Name	#	%
Albuterol Sulfate	4	5.33%
Amiodorone (Cordarone)	1	1.33%
Aspirin (ASA)	1	1.33%
Dextrose 50% (D50)	2	2.67%
DuoNeb (0.5 Atrovent/3.0 Albuterol)	2	2.67%
Epinephrine 1:10,000	2	2.67%
Fentanyl	5	6.67%
Glucose (Oral)	1	1.33%
Ipratropium Bromide (Atrovent)	1	1.33%
Ketorolac (Toradol)	1	1.33%
Methylprednisolone (Solu-Medrol)	1	1.33%
Midazolam (Versed)	1	1.33%
Naloxone (Narcan)	2	2.67%
Nitroglycerin	2	2.67%
Nitroglycerin Drip	1	1.33%
Normal Saline	16	21.33%
Ondansetron (Zofran)	7	9.33%
Oxygen	2	2.67%
Oxygen (non-rebreather mask)	1	1.33%
Oxygen by Nasal Cannula	8	10.67%
Oxygen by Nebulizer	1	1.33%
Oxygen by Positive Pressure Device	1	1.33%
Sodium Bicarbonate	1	1.33%
None	45	60.00%



SECTION 3: TRI-TOWN EMS PERSONNEL:

During the month of July 2015, the service hired the full time employee who was one of the service's part time employees and two (2) per diem employees were added to the roster. 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, 3-EMT).....18
- TOTAL WORK FORCE27

SECTION 4: EQUIPMENT

- The finger readers on the ToughPad tablets is still being researched by VTI.
- The Ferno Power Stretcher failed during ambulance cleaning. The stretcher had a 2-year warrantee and was still covered. Warrantee expires this fall. The touch pads for both "Up" and "down" functions were replaced.
- The service ordered and took delivery of two Cell Phones, one for the Assistant Director and the second for the Primary Ambulance.

SECTION 5: COORESPONDENCE WITH OTHER HEALTHCARE AGENCIES

Catholic Medical Center: Discuss the National Continued Competency Program (NCCP) and what it entails (Kevin Drew ED Director). Michael Kelley, CMC's new Trauma Coordinator introduced himself and reached out to EMS services pertaining to security measures being taken by CMC. Each ambulance in the catchment area for CMC will be issued security passes to gain entry into the Emergency Department.

Concord Hospital: Sue Prentiss, EMS Manager, reached out to the Service requesting our help with information on the Lucas Device and its effectiveness in Cardiac Arrest Management. Also an issue was brought to the service attention about a missing vial of a controlled substance. The issue was a documentation error and corrected.

Capital Area Chiefs: Attended a meeting on ambulance billing. Tri-Town EMS uses ComStar, many of the Capital Area services use Concord Hospital. Concord Hospital announced that as of November, it will no longer be providing that service to area EMS services. The Capital Area is looking into negotiating as a larger group for better rates. Concord Fire Department also uses ComStar and they pay a rate of 4%. Hooksett uses ComStar and pays a rate of 5%. Tri-Town's rate is 6%. The capital area is looking at a total of three (3) vendors. The service did not see any need to attend further meets as there is no compelling reason to swap billing services at this time.

New Hampshire EMS: Medical Control Board Meeting. 1) topics on Mobile Integrated Health System (MIHS) 2) 2015 Protocol Rollout 3) Infection Control at the State Level 4) Issue with fraudulent CAT tourniquet 5) Narcan – higher doses are being required and a state Narcan report is being developed 6) State to offer EMR & EMT courses 7) TEMSIS update is coming 8) NCCP is in the process of being rolled out, providers are urged to take the self-assessment 9) Possible shortage of Epinephrine 1:10,000 by the end of August 10) BiPAP may be added to the protocols but not required – for services with equipment



to do so 11) adjusted the amount of control substances that are carried on an ambulance 12) started to review the minimum medication list 13) short presentation on Tick Borne diseases.

SECTION 6: REVENUE AND EXPENDITURES

Revenues: Ambulance Billing: \$18,294.98 Legal Document Request: \$25.00
Total: \$18,319.98

Expenses:

- The service paid \$630.64 for supplies and oxygen for the month of July.
- OVERTIME: 23.75 hours, \$728.81

SECTION 7: DIRECTOR RECOMMENDATIONS/COMMENTS

- Tri-Town EMS is currently working on the 2016 budget.
- July 29th saw the birth of a baby in Ambulance 3.
- Working on Pre-Hire Physicals, Fit for Duty Physicals, process for injury and exposure evaluation and other occupational health concerns with Concentra.
- Revising the probationary period.
- Approximately 60 letters were sent out to residents of Allenstown who had outstanding balances with Tri-Town and there was no activity on the accounts. Starting to have people contact the station with questions, concerns and resolutions. The service will be addressing Pembroke residents who are in the same situation.

SECTION 8: VEHICLE MAINTENANCE

- Ambulance 2: MILEAGE: 75,474
- Ambulance 3: MILEAGE: 55,739

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



08/07/2015

Christopher Gamache - Director

Date

