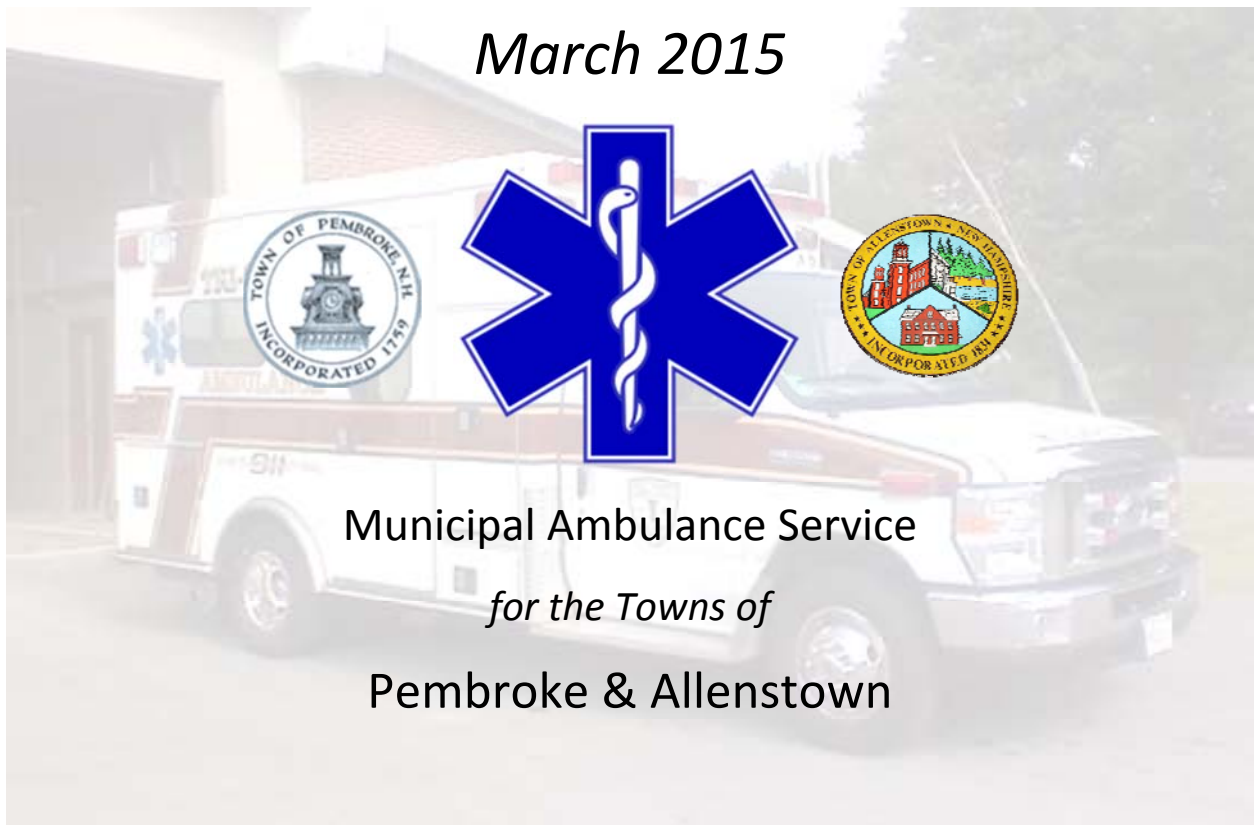


TRI-TOWN Emergency Medical Service

## Monthly Director's Report

*for the Month of*

*March 2015*



Prepared By: *Christopher Gamache, Director*

April 7, 2015



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## 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.

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## REPORT INTRODUCTION

This report was generated on April 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 April 8, 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](http://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 Services .....82
- Total Number of Patient's Transported .....60
  - Transports to Concord Hospital .....50 (83%)
  - Transports to Catholic Medical Center (CMC) .....4 (7%)
  - Transports to Elliot Hospital .....10 (10%)
  - Transports to Other Hospital .....0
- Total Number of EMS Runs Where Mutual Aid was Received .....7
  - Concord Fire Department .....4
  - Epsom Fire Department .....1
  - Hooksett Fire Department .....2
  - Other EMS Agency .....0
- Total Number of Patient's Refusing Transport to the Emergency Department .....13
- Total Number of EMS Responses that Resulted in Another Disposition .....9

## SECTION 2: EMS RUN DATA

### Average Run Times:

- Reaction Time: ..... 1m 2s (69.5% <1min)
- Response Time: ..... 9m 29s (65% <5min)
- On-Scene Time: .....18m 42s (9.76%< 10min; 46.35%< 20 min)
- Transport Time: .....19m 6s
- Back In Service Time: .....17m 25s

### EMS Call Location, by Town:

- Allenstown, NH .....38 (46.34%)
- Pembroke, NH .....40 (48.78%)
- Deerfield, NH .....0 (0%)
- Manchester, NH.....0 (0%)
- Hooksett, NH .....3 (3.66%)
- Epsom, NH .....1 (1.22%)
- Concord, NH .....0 (0%)

### Times of Call

Time Period	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total	Percentage
0000 - 0300	0	1	0	0	0	2	2	5	6.10%
0300 - 0600	0	0	0	0	2	0	0	2	2.44%
0600 - 0900	2	1	1	0	3	1	0	8	9.76%
0900 - 1200	3	3	2	2	2	2	0	14	17.07%
1200 - 1500	5	1	3	1	1	2	3	16	19.51%
1500 - 1800	3	2	3	2	2	3	0	15	18.29%
1800 - 2100	0	4	1	1	1	1	4	12	14.63%
2100 - 2400	1	2	2	0	1	2	2	10	12.20%
Unknown	0	0	0	0	0	0	0	0	0.00%
<b>Total</b>	<b>14</b>	<b>14</b>	<b>12</b>	<b>6</b>	<b>12</b>	<b>13</b>	<b>11</b>	<b>82</b>	<b>100%</b>

### Runs by Dispatch Reason

Dispatch Reason	# of Times	% of Times
Abdominal Pain	3	3.66%
Anaphylactic / Allergic Reaction	1	1.22%
Back Pain (Non-Traumatic / Non-Recent Trauma)	1	1.22%
Breathing Problem	15	18.29%
Chest Pain	8	9.76%
CO Poisoning / Hazmat	1	1.22%
Diabetic Problem	4	4.88%
Fall Victim	6	7.32%
Fire Standby	2	2.44%
Headache	1	1.22%
Heart Problems	1	1.22%
Hemorrhage / Laceration	2	2.44%
Lift Assist / Invalid Assist	1	1.22%
Medical Alarm	3	3.66%
Motorized Vehicle Crash (Auto / Truck / ATV / Etc).	3	3.66%
Other	3	3.66%
Overdose	2	2.44%
Pain	3	3.66%
Pregnancy / Childbirth	1	1.22%
Psychiatric / Behavioral Problems	3	3.66%
Sick Person	9	10.98%
Stroke / CVA	3	3.66%
Traumatic Injury	1	1.22%
Unconscious / Fainting	5	6.10%
Unknown	0	0.00%
<b>Total</b>	<b>82</b>	<b>100%</b>

### Procedure Administered

Procedure Name	#	%
Assessment: Orthostatic Vital Signs	4	2.44%
Assessment: Patient Assessment	70	40.24%
Cardiac: 12 Lead ECG Obtained	48	28.05%
Cardiac: 12/15/18 Lead ECG-Transmitted	2	1.22%
Cardiac: ECG Monitoring	60	36.59%
General: Patient Cooling (Cold Pack or Global)	4	1.22%
Movement: Cervical Collar Applied for Stabilization	2	1.22%
Musculoskeletal: Spinal Assessment	2	1.22%
Respiratory: Airway Opened	2	1.22%
Respiratory: Bagged Ventilations (via Mask)	2	1.22%
Respiratory: CPAP	2	1.22%
Respiratory: ETCO2 Digital Capnography	8	4.88%
Respiratory: NPA Insertion	2	1.22%
Respiratory: Ventilator Care and Adjustment	2	1.22%
Soft Tissue: General Wound Care	4	2.44%
Vascular: IntraOsseous Insertion	2	1.22%
Vascular: IV Catheterization (Extremity Vein)	123	58.54%
None	28	34.15%

### Medication Administered

Medication Name	#	%
Acetaminophen (Tylenol)	1	1.22%
Albuterol Sulfate	10	12.20%
Aspirin (ASA)	8	9.76%
Dextrose 50% (D50)	2	2.44%
DuoNeb (0.5 Atrovent/3.0 Albuterol)	5	6.10%
Fentanyl	5	6.10%
Ipratropium Bromide (Atrovent)	7	8.54%
Magnesium Sulfate	1	1.22%
Methylprednisolone (Solu-Medrol)	5	6.10%
Naloxone (Narcan)	2	2.44%
Nitroglycerin	6	7.32%
Nitroglycerin Drip	2	2.44%
Normal Saline	26	31.71%
Ondansetron (Zofran)	9	10.98%
Oxygen	10	12.20%
Oxygen (non-rebreather mask)	1	1.22%
Oxygen by Nasal Cannula	5	6.10%
Oxygen by Nebulizer	2	2.44%
Prochlorperazine (Compazine)	1	1.22%
None	35	42.68%

### SECTION 3: TRI-TOWN EMS PERSONNEL:

During the month of March 2015, the position of Assistant Director was approved by the Service's Board of Directors and the position was filled by a current employee. There were no employees added or removed from the roster. The current staffing of Tri-Town EMS:

• Full Time Employees	.....3
• Part Time Employees	.....6
• Per Diem Employees	.....18
• TOTAL WORK FORCE	.....27

### SECTION 3: EQUIPMENT

- The service is waiting on the delivery of two (2) Panasonic Toughpads for documenting EMS Calls. (arrived on April 3, 2015)

### SECTION 4: COORESPONDANCE WITH OTHER HEALTHCARE AGENCIES

*Concord Hospital:* Concord Hospital put on a Mass Casualty Incident training and practical exercise at the Pembroke Fire Station. The function was attended by employees of Tri-Town, Loudon, Chichester and Henniker. Additionally, Concord Hospital swapped out the services Midazolam (Versed) for a higher concentration and dose. Concord Hospital was made aware of a clinical concern the service discovered during the Quality Assurance (QA) process. Subsequently the concern was fully investigated and corrective action was taken.

### SECTION 5: REVENUE AND EXPENDITURES

Revenues: Ambulance Billing: \$39,801.67      Legal Document Request: \$50.00  
**Total: \$39,851.67**

Expenses:

- The service spent \$580.98 in vehicle maintenance in March.
- The service paid \$1,164.24 for supplies and oxygen for the month of March.
- OVERTIME: 24.5 hours, \$740.99

### SECTION 6: DIRECTOR RECOMMENDATIONS/COMMENTS

- Incident occurred at Concord Hospital where an employee backed the ambulance into a pillar outside the Emergency Department entrance. The hospital was notified and the employee received remediation and observed drive time.
- Both Ambulance were inspected by New Hampshire Bureau of EMS, Ambulance 2 had two (2) deficiencies of which were already scheduled to be repaired. Ambulance 3 had no deficiencies. Both Ambulances are licensed until March 31, 2017
- Both Ambulance were registered in March.



- The Service moved into two office spaces in the fire department, giving leadership and staff needed privacy.

#### SECTION 7: VEHICLE MAINTENANCE

- Ambulance 2: Received the state safety inspection and needed the “Check Engine” light to address. The fault was cleared. A2 also needed new front brake pads. A2 MILEAGE: 74,666
- Ambulance 3: Received the state safety inspection and had no problems. A few light bulbs were replaced and the bumper was “banged” out from an incident. A3 MILEAGE: 49,100

#### SECTION 8: TRI TOWN EMERGENCY MEDICAL SERVICE LEADERSHIP

- Chairman of the Joint Board & 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: Stephanie Locke, NREMT-P
- Tri-Town EMS Director: Christopher Gamache BS, NREMT-P

