



ALLENSTOWN & PEMBROKE
TRI-TOWN
Emergency Medical Service
Paramedic Ambulance Service



Monthly Director's Report
for the month of
January 2017



PREFACE

Tri-Town Emergency Medical Service was created in June of 2012 and began operation in January of 2013. Prior to that date the Tri-Town Volunteer Emergency Ambulance Service was a non-profit entity that once provided ambulance service to the Towns of Allenstown, Hooksett and Pembroke. The Town of Hooksett now provides ambulance services through its fire department.

Under New Hampshire RSA 53-A, the Towns of Allenstown and Pembroke entered into an inter-municipal agreement to create a public entity to provide ambulance service for both communities. A Board of Directors is the governing body for the Service in accordance with this agreement. The ambulance is housed at the Pembroke Safety Center. The Service is staffed 24 hours per day, 7 days per week at the *Paramedic* Level. The cost of the Service is partially subsidized by funding provided from each town on a percentage basis in accordance with the provisions of the agreement. The Service also bills patients through a third party billing firm making up the remainder of the revenues that pay for the cost of operations.

Tri-Town EMS utilizes Concord Hospital as its Medical Resource Hospital and provides Emergency Medical Care under the coordination and guidance of Dr. David Hirsch. As part of the Medical Resource Hospital Agreement (MRH), Tri-Town EMS receives many of the medications and supplies the Service needs from Concord Hospital.

This report was created on February 7, 2017, by the Service Director, Christopher Gamache BS, NRP. This document contains data that was obtained from the New Hampshire Department of Safety, Bureau of Emergency Medical Service patient care reporting website, www.NHTEMSIS.org/elite, where all patient records for the Service are maintained. Tri-Town EMS is dispatched by Concord Fire Alarm who maintains all the times associated with the Service's EMS Incidents. Financial data has been provided by the Town of Pembroke and by ComStar Ambulance Billing.



SECTION 1: EMERGENCY MEDICAL SERVICE (EMS) ACTIVITY:

1.1 Total Number of EMS Incidents / Request for Services:	101
January 2016:	86
Allenstown, NH:	39 39%
January 2016:	36
Pembroke, NH:	61 60%
January 2016:	43
Barnstead, NH (Incl. Center Barnstead):	0
Bow, NH:	0
Concord, NH:	1 1%
Deerfield, NH:	0
Epsom, NH:	0
Hooksett, NH:	0
Manchester, NH:	0
1.2 Total Number of EMS Incidents Assigned to Tri-Town EMS:	91 91%
1.3 Total Number of EMS Incidents where Mutual Aid was GIVEN:	1
1.4 Total Number of EMS Incidents where Mutual Aid was RECEIVED:	10 9%
January 2016:	5
Concord Fire Department:	3
Epsom Fire Department:	3
Hooksett Fire Department:	4
DHART (Air Medical Transport):	0
Other EMS Agency:	0
1.5 Total Number of Patients Transported to the Hospital:	60 59%
Catholic Medical Center (CMC), Manchester, NH	4 7%
Concord Hospital, Concord, NH	48 79%
Elliot Hospital, Manchester, NH	8 14%
1.6 Number of Patients who Refused Transport to the Emergency Department:	16
1.7 Total Number of EMS Responses that Resulted in Another Disposition:	25

SECTION 2: EMS RUN DATA:

2.1 Average Reaction Time:	0:59
2.2 Average Response Time:	4:38
2.3 Average On-Scene Time:	20:36
2.4 Average Transport Time:	18:52
2.5 Average Time the Ambulance was Unavailable at the Hospital:	17:42
2.6 Average Total Time On Task: (Tone to Back in Service or Available)	1:02:47



2.7 TIMES OF CALLS (Time of Day & Day of the Week)

(TIME)	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
0000-0259	3	1	1	0	0	0	1
0300-0559	1	0	3	1	2	0	0
0600-0859	2	0	3	1	1	1	0
0900-1159	3	2	6	2	1	2	0
1200-1459	2	4	7	1	0	3	1
1500-1759	2	2	2	4	2	3	3
1800-2059	3	2	3	0	5	0	1
2100-2359	2	1	1	0	1	4	0
TOTALS:	18	12	26	9	12	13	6

2.8 INCIDENT by DISPATCH REASONS

Incident Complaints Reported by Dispatch	Number of Incidents
Breathing Problem (6)	15
Chest Pain (Non-Traumatic) (10)	11
MVC / Transportation Incident (29)	11
Falls (17)	9
Unconscious / Syncope (31)	9
Sick Person (26)	7
Medical Alarm (32)	5
Psychiatric / Behavioral / Suicide Attempt (25)	4
Altered Mental Status (26)	3
Cardiac Arrest / Death (9)	3
Lift / Invalid Assist)	2
No Other Appropriate Choice	2
Overdose / Misuse of Meds / Poisoning (23)	2
Standby	2
Stroke / CVA / TIA (28)	2
Unknown Problem / Person Down (32)	2
Abdominal Pain (1)	1
Allergic Reaction / Sting / Bites (2)	1
Back Pain (Non-Traumatic) (5)	1
Heart Problems / AICD (19)	1
Hemorrhage / Laceration / Bleeding (21)	1
Seizure (12)	1
Walkin (EMS Related)	1



2.9 PROCEDURES PERFORMED by EMS PERSONNEL

<u>Procedure Name</u>	<u># of Times Procedure Performed</u>
Vascular: IV / Extremity Vein Catheterization	52
Cardiac: 12-Lead ECG	30
Cardiac: 4-Lead / Defib Pads ECG Monitoring	22
Assessment: Patient Assessment	16
Respiratory: ETCO2 Digital Capnography	2
Respiratory: ETT/Intubation (Orotracheal)	2
C-Collar	2
Assessment: Stroke Exam	1
Movement via Extrication Device	1
Ortho: Splinting (General)	1
Respiratory: CPAP	1
Vascular: IO / Intraosseous Cannulation	1

2.10 MEDICATIONS ADMINISTERED BY EMS PERSONNEL

<u>Medication Name</u>	<u># of Times Medication was Administered</u>
Normal Saline	14
Nitroglycerin	12
DuoNeb / Ipratropium Bromide w/ Albuterol	8
Epinephrine 1:10,000	7
Fentanyl	7
Ondansetron / Zofran	7
Oxygen	7
Aspirin	4
Naloxone / Narcan	3
Albuterol	2
Sodium Bicarbonate	2
Dextrose 10% in Water (D10)	1
Dextrose / Oral Glucose	1
Diltiazem / Cardizem	1
Midazolam / Versed	1
Prochlorperazine	1



SECTION 3: TRI-TOWN EMS PERSONNEL:

During the Month of January 2017, one (1) Per Diem Emergency Medical Technician was hired and one (1) Per Diem Paramedic resigned. There is currently two employees in the orientation process. The current staffing level is as follows:

3.1	Full Time Employees:	4	Paramedics				4	
3.2	Part Time Employees:	1	Paramedic	2	AEMT	2	EMT	5
3.3	Per Diem Employees:	3	Paramedics	7	AEMT	5	EMT	15
3.4	TOTAL WORK FORCE:	8	Paramedics	9	AEMT	7	EMT	24

3.5 Director's Hours – (24 hours on Ambulance, 16 hours for Administrative per week)

Amb. Hours:	125	Admin Hours:	78	Hol. / Paid Time Off:	8	Details	0
Required:	96	Required:	64	Available:	16		

3.6 Injury Report: ☒ No Injuries to Report

Number of Lost Time Incidents: 0 Number of Lost Time Hours: 0

Complaint Number: N/A Incident Type: N/A

Complaint Number: N/A Incident Type: N/A

Complaint Number: N/A Incident Type: N/A

SECTION 4: EQUIPMENT:

4.1 New Equipment Purchased: ☐ No Equipment Purchases

1. McGrath Video Laryngoscope - Equipment - 2006-42152-74000 Cost: \$2,509.70
2. ALS/12-Lead Rhythm Generator - Line 2006-42152-32000 - Training & Certification Cost: \$796.05
3. Motorola APX 4000 Portable Radio w/accessories (4 total) - PO 12-001 (2016) Cost: \$8,864.14
4. Motorola Minitor VI Pagers (6 total) - PO 12-001 (2016) Cost: \$2,593.40
5. Motorola APX 6500 Mobile Radio - Ambulance 8 - PO 12-001 (2016) Cost: \$3,541.22
6. SVR-250 Mobile Repeater - Ambulance 8 Equipment - Line 2006-42152-44000 - Ambulance & Life Pack Lease/Purchase Cost: \$3,691.85

4.2 Equipment Maintenance: ☒ No Equipment Maintenance to Report

1. Equipment Name:
Maintenance Item:
2. Equipment Name:
Maintenance Item:



4.3 Durable Medical Equipment (DME) Failure

☒ No Failures to Report

1. DME Name:

Failure Date:

Failure Description:

Failure Reported To: ☐ Manufacturer ☐ Chairman of the BOD ☐ Medical Director

☐ NH EMS ☐ Federal Agency ☐ No Reporting Required

DME Disposition: ☐ Repaired ☐ Replaced ☐ Disposed ☐ Completed ☐ Pending

2. DME Name:

Failure Date:

Failure Description:

Failure Reported To: ☐ Manufacturer ☐ Chairman of the BOD ☐ Medical Director

☐ NH EMS ☐ Federal Agency ☐ No Reporting Required

DME Disposition: ☐ Repaired ☐ Replaced ☐ Disposed ☐ Completed ☐ Pending

SECTION 5: CORRESPONDENCE WITH OTHER HEALTHCARE & PUBLIC SAFETY AGENCIES

1. ALLENSTOWN FIRE DEPT. / Town of.

1. Allenstown Fire Department will provide Tri-Town EMS with a radio to be used in the patient compartment of the new ambulance.
2. Active shooter drill meeting on January 30th. Service was advised of the recent grant for equipment for EMS services operating (or potentially) in the warm zone of an active shooter event. The Service has Concord Fire Department's active shoot plan and the State's plan. Tri-Town and Allenstown are to formalize a plan in coordination with PD and the Town of Pembroke. Active Shoot exercise planned for fall of 2017.

2. CONCORD HOSPITAL

1. Met with Dr. Hirsch and new EMS Manager, Craig Clough. Discussed Service goals and resource hospital expectations.
2. ISTAT lab devices for point of care testing for numerous lab results was discussed and the potential paths to take to be compliant with federal and state regulations. Topic was also brought up at the last medical control board meeting.
3. Concord Hospital and the New Hampshire Fire Academy is hosting Bob Page who will be speaking about 12-Leads and Capnography on May 15th-



- 16th at the New Hampshire Fire Academy.
3. *CAPITAL AREA MUTUAL AID COMPACT*
 1. Attended annual dinner/meeting on January 19th.
 4. *CAPITAL AREA PUBLIC HEALTH NETWORK*
 1. Attended CAPHN meeting on January 11th at Concord Fire Department, Training Room. Presentation by representative of 211.
 5. *NEW HAMPSHIRE BUREAU of EMERGENCY MEDICAL SERVICES*
 1. Medical Control Board Meeting.
 2. Advised the Bureau of roster changes to the Service.
 6. *Substance Use Disorder / Continuum of Care (SUD/CoC) Workgroup*
 1. Group met on 1/30/17. Representatives from Riverbend, DCYF, counselors, Concord Hospital and other groups who work with addiction and mental health disorders. Because of the unique position of EMS, the group was interested in the goals I had on behalf of the EMS community. The goals 1. Providing EMS and patient's with alternatives beside transport to the ED or a refusal, 2. A means to get help to the patient in-lieu-of transportation, 3. A long term plan for the patient to maintain help and 4. Development of an algorithm to guide EMS in the decision making process to best serve psychiatric and substance abuse disorder patients. The group expressed support for the goals for EMS. This was the introduction meeting intended to address patients with mental illness and addiction.
 7. *NH Homeland Security and Emergency Management*
 1. Discussed the Service's EMS in the Warm Zone Application, ensuring the application was all set.



SECTION 6: FINANCIALS

6.1	REVENUES		
6.1.1	Ambulance Billing (Based on ComStar Reports)		\$19,499.05
6.1.2	Details		\$0.00
6.1.3	Paramedic Intercept		\$0.00
6.1.4	Administrative Fees (PCR requests, etc)		\$45.00
6.1.5	Educational Charges (CPR, EMS related courses)		\$0.00
6.1.6	Town of Allenstown Payment		\$0.00
6.1.7	Town of Pembroke Payment		\$0.00
6.1.8	Donations		\$250.00
6.1.9	TOTAL REVENUE for MONTH		\$19,794.05
6.1.10	NOTES:		

6.2	EXPENSES		
6.2.1	Payroll #1	Employee Compensation	\$15,680.06
6.2.2	Payroll #2	Employee Compensation	\$14,042.31
6.2.3	Payroll #3	Employee Compensation	\$0.00
6.2.4	Over Time		\$2,049.67
6.2.5	EMS Supplies		\$570.70
6.2.6	Equipment		\$1,182.43
6.2.7	Office Expenses	Phone, Copier, Supplies, etc.	\$47.99
6.2.8	Insurances	Health, Dental, Disability, Life, W/C, Unemployment & Liability	\$28,876.78
6.2.9	Fuel		\$445.02
6.2.10	Veh. Maintenance		\$1,188.79
6.2.11	Uniforms		\$543.00
6.2.12	OTHER		\$1,634.95
6.2.13	TOTAL EXPENSES for MONTH		\$66,261.70
6.2.14	NOTES:	<i>Exclude final ambulance payment of \$185,991.99</i>	

6.3	AMBULANCE BILLING SUMMARY for the MONTH			
	Payer	# of Transports	Gross Charges	Adjusted Charges
6.3.1	Medicare	33	\$35,350.00	\$16,997.89
6.3.2	Medicaid	5	\$7,010.00	\$972.40
6.3.3	BC/BS, Anthem	4	\$4,490.00	\$4,490.00
6.3.4	Cigna	2	\$2,240.00	\$2,240.00
6.3.5	Other Comm. Ins	11	\$13,830.00	\$13,830.00
6.3.6	Self Pay, No Ins.	5	\$5,690.00	\$5,690.00
6.3.7	TOTALS	60	\$68,610.00	\$44,200.29
	<i>Medicare Allowable Rates: BLSE: \$372.49 ALS1E: \$442.34 ALS2E: \$640.22 Mileage: \$10.79</i>			
	<i>NH Medicaid Rates: BLS: \$145.00 ALS: \$175 Mileage: \$2.60</i>			
	<i>Tri-Town EMS Rates: BLS: \$750.00 ALS1: \$1,000.00 ALS2: \$1,250.00 Mileage: \$20.00</i>			
	NOTES:	All charges are subject to adjustment as payer information is confirmed and contractual obligations are applied.		



SECTION 7: QUALITY ASSURANCE/QUALITY IMPROVEMENT & TRAINING

7.1	TRAINING REPORT				
7.1.1	JEMS Monthly Article	“Shocking Double” 0.25cr	EMPLOYEE PARTICIPATION	11/23	
7.1.2	EMS World Article	“A Guide to Automatic Pharmacology” 0.5cr	EMPLOYEE PARTICIPATION	11/23	
7.1.3	MONTHLY SKILLS	Completed – 10/23; Partial Complete – 1/23			
7.1.4	MONTHLY SHIFT TRAINING	“Documentation” 0.5cr	EMPLOYEE PARTICIPATION	10/23	
7.1.5	NCCP TRAINING	“Cardiac Arrest” 2cr; “VAD” 0.5cr Presented By: Dr. David Hirsch & Batt. Chief Aaron McIntire	EMPLOYEE PARTICIPATION	12/23	
7.1.6	NEXT NCCP TRAINING	“Post Resuscitation Care” 2cr	By: Hearshell VanLuven, NRP	February 21, 2017 at the Allentown Fire Station, 1830	
7.1.7	ORIENTATION	Two (2) employees are in their 40 hour orientation and ride time.			

7.2 GENERAL UPDATES

7.2.1 Three (3) AED Trainers were received by the Service and are ready for use for CPR courses.

7.2.2 Monthly shift trainings began in January 2017 and the first topic was documentation.

7.2.3 Continuing Education Log has been developed and implemented. This log tracks an individual's continuing education hours and the applicable categorizes, relative to the NCCP standards.

7.3 QUALITY ASSURANCE (QA) / CONTINUOUS QUALITY IMPROVEMENT (CQI) ACTIVITIES

7.3.1 Three (3) isolated incidents were discovered during the QA process and addressed with the individual employees.

7.3.2 Trends:

7.3.2.1 ECG's need to be added to Patient Care Report

7.3.2.2 Insurance information, Social Security Numbers, or the reason why it was not obtained needs to be documented.

7.3.2.3 "Seconds" need to be documented when entering the EMS incident times.

7.3.2.1 Cardiac monitor and/or 12-lead needs to be entered as a "Procedure" in the Patient Care Report.



7.3.3 Performance Improvement Plan (PIP)

7.3.3.1 One (1) PIP remains in effect.

7.3.4 Recommendations

7.3.4.1 Hold to (2) skills days in 2017 for employees to complete all required competencies.

7.3.4.2 Initiate the Field Training Officer (FTO) program.

7.3.4.3 Finish procedure so that data on LP 15's can be synched with the Surface Pro Tablets.

7.3.4.4 Obtain ISTAT point-of-care testing device.

SECTION 8: VEHICLE MAINTENANCE

8.1	Ambulance 2 (79A2)		
	8.1.1	Mileage	80,473
	8.1.2	Preventative Maintenance	None
	8.1.3	Vehicle Repair(s)	None
8.2	Ambulance 2 (79A3)		
	8.2.1	Mileage	81,850
	8.2.2	Preventative Maintenance	Lube and Filter Service
	8.2.3	Vehicle Repair(s)	1. Oil Pressure Transmitter replaced (oil light on, loss of oil pressure on gauge). 2. #1 Cylinder Low Voltage / low firing pressure - Disconnected wire on glow plug. 3. Emergency Lights Malfunction - Disconnected wire in the switch board, blown fuse on the light controller.

SECTION 9: DIRECTOR'S COMMENTS AND RECOMMENDATIONS

9.1 Ambulance 8 will be delivered to Tri-Town EMS on February 14th. At the time of this report, the ambulance was completed and the vendor (PL Custom) was testing all the systems.

9.1.1 Registration needed – reusing plates from Ambulance 2

9.1.2 Insurance – Town of Pembroke needs the vehicle's Title Application to add the vehicle to the insurance with Primex

9.1.3 New Hampshire Bureau of Emergency Medical Service Inspection – Bureau will need the application and a copy of the Service's insurance to license Ambulance 8.



9.1.4 Communications – The radio and the mobile repeater have been purchased through Ossipee Mountain Electronics. The repeater will be charged to the ambulance line in the Service budget and the mobile radio was part of PO 12-001 for radio equipment, approved in December 2016 by the Board of Directors.

9.1.5 Stryker Stretcher has been received by the Service, and training on the new stretcher will commence as soon as a competency is developed. The Stryker stretcher will be assigned to Ambulance 8 and from this point forward, there will be no swapping of stretchers from Ambulance 8 to Ambulance 3. Ambulance 8 has the load system designed for the Stryker stretcher the Service purchased and Ambulance 3 has the charging system for the Ferno Power Stretcher. Essentially, the Stryker is only compatible with Ambulance 8 and the Ferno is compatible with Ambulance 3.

9.2 Mental Illness and Addiction Project: I have been attending regular meetings with the Capital Area Public Health Network (CAPHN) to, among other reasons, seek options for our EMS providers and our patients is regards to drug addiction. These meetings have spurred other conversation and connections with other healthcare professionals and groups who have an interest in the subject. In January, the CAPHN meeting had a presentation by a representative of 211. As 211 may not be the best option for someone who is not in CRISIS, or having an acute event involving addiction, 211 offers other assistance such as contact person for drug counseling and other psychiatric assistance and transportation assistance. This resource may be valuable with assisting some of our patients to seek the help they need, when transportation is a problem. Later on in the month, a meeting of a group, known as SUD/CoC was held at Concord Hospital. The group is made up of different specialties addressing mental illness and addiction. Because of the focused goals of EMS, the group was very interested in hearing the viewpoints of EMS and what it is EMS wants to accomplish. This meeting is scheduled as a bi-monthly meeting.

9.3 Ambulance Billing:

9.3.1 I created a spreadsheet to track each EMS incident and all payments made. The spreadsheet or billing log was active 1/1/2017 and is maintained by the Service Director.

9.3.2 A second log was created and will be maintained by one of the full time employees. This log tracks 1. Reaction times, 2. Survey and HIPAA notices 3. Self Pay Patients, and 4. Patients on the Disposition Report. This log is not active yet. The Service is looking for a vendor to print the Survey and HIPAA notices.

9.3.3 Ambulance billing options is being looked at. The Service intends to request information from ComStar pertaining to hirer rates and the % of Net Billing collected from 3rd party payers. This information will be used by the Service Director to make recommendations on billing practices that are under the control of the Service, and for rate recommendations.

9.4 Mutual Aid: The final form was reviewed by the BOD Chairman of the Board and by the Services Medical Director. The Service will soon email AND mail mutual air agreement forms to eight (8) communities; Bow, Concord, Chichester, Deerfield, Epsom, Hooksett, Loudon, and



Barnstead. These are the communities of which Tri-Town has historically provided or received mutual aid from.

9.5 EMS in the Warm Zone: Allentown is planning an Active Shooter training exercise this fall. Tri-Town EMS is going to be part of this exercise and has been working to ensure our staff is ready in the event such an incident occurs. Currently we have a 100% completion rate for the "EMS in the Warm Zone" on line training. In January, the Service applied for a Homeland Security and Emergency Management (HS EM) grant to purchase two (2) sets of gear to be used by EMS in such an event.

9.6 Vial Of Life: Vial of Life packets were put together and are ready for distribution. These packets will be made available at both fire stations, and both town halls and any other location that may benefit the public. Additionally, some packets will be kept on the ambulance to hand out during calls when appropriate.

9.7 Employee Evaluations. Employee evaluations for the month of January were conducted on most employees with a January hire date. A few evaluations still need to be completed.

SECTION 10: ADMINISTRATION

- | | |
|--|------------------------------|
| • Chairman of the Board, Allentown Town Administrator: | Shaun Mulholland |
| • Pembroke Town Administrator: | David Jodoin |
| • Allentown Fire Chief: | Chief Dana Pendergast |
| • Pembroke Fire Chief: | Chief Harold Paulsen |
| • Allentown Public Member: | Michael O'Mara |
| • Pembroke Public Member: | Robert "Bob" Bourque |
| • Tri-Town EMS Employee Member: | Hearshell VanLuven, NRP |
| • Tri-Town EMS Service Director: | Christopher Gamache, BS, NRP |
| • Tri-Town EMS Assistant Director: | Stephanie Locke, I/C, NRP |

RESPECTFULLY SUBMITTED BY:



Christopher Gamache, Service Director

