

TRI-TOWN Emergency Medical Service

Monthly Director's Report

for the Month of

December 2015



Municipal Ambulance Service

for the Towns of

Pembroke & Allenstown



Prepared By: *Christopher Gamache, Director*

January 4, 2016



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.

REPORT INTRODUCTION

This report was generated on January 4, 2016 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 January 13, 2016. 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 Hirsch. 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 Services96
December 2014.....91
- Total Number of Patient's Transported77
December 2014.....63
 - Transports to Concord Hospital69 (90%)
 - Transports to Catholic Medical Center (CMC)3 (4%)
 - Transports to Elliot Hospital5 (6%)
 - Transports to Other Hospital0 (0%)
- Total Number of EMS Runs Where Mutual Aid was Received8
December 2014.....4
 - Concord Fire Department5
 - Epsom Fire Department3
 - Hooksett Fire Department0
 - Other EMS Agency0
- Total Number of Patient's Refusing Transport to the Emergency Department13
- Total Number of EMS Responses that Resulted in Another Disposition6

SECTION 2: EMS RUN DATA

Average Run Times:

- Reaction Time: 1m 0s (72.73% <1min)
- Response Time:4m 59s (58.59% <5min)
- On-Scene Time:16m 53s (11.11%< 10min; 62.63%< 20 min)
- Transport Time:17m 54s
- Back In Service Time:17m 59s
- Time on Task:0h 58m 45s

EMS Call Location, by Town:

- Allenstown, NH46 (48.0%)
December 2014.....32
- Pembroke, NH47 (49.0%)
December 2014.....51
- Deerfield, NH0 (0.0%)
- Manchester, NH.....0 (0.0%)
- Hooksett, NH2 (2.0%)
- Barnstead (including Center Barnstead), NH0 (0.0%)
- Epsom, NH1 (1.0%)
- Concord, NH0 (0.0%)
- Chichester, NH0 (0.0%)
- Loudon, NH0 (0.0%)



Times of Call

Time Period	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total	Percentage
0000 - 0300	1	1	0	1	0	1	0	4	4.04%
0300 - 0600	2	0	2	1	1	1	1	8	8.08%
0600 - 0900	1	1	0	2	4	1	1	10	10.10%
0900 - 1200	5	5	5	3	3	2	2	25	25.25%
1200 - 1500	2	3	1	3	2	1	1	13	13.13%
1500 - 1800	2	2	3	4	4	1	0	16	16.16%
1800 - 2100	0	1	6	3	0	0	3	13	13.13%
2100 - 2400	1	0	0	2	2	2	3	10	10.10%
Unknown	0	0	0	0	0	0	0	0	0.00%
Total	14	13	17	19	16	9	11	99	100%

Runs by Dispatch Reason

Dispatch Reason	# of Times	% of Times
Abdominal Pain	2	2.02%
Anaphylactic / Allergic Reaction	1	1.01%
Assault	2	2.02%
Back Pain (Non-Traumatic / Non-Recent Trauma)	3	3.03%
Breathing Problem	14	14.14%
Burns	2	2.02%
Cardiac Arrest	1	1.01%
Chest Pain	13	13.13%
Diabetic Problem	4	4.04%
Fall Victim	8	8.08%
Heart Problems	1	1.01%
Lift Assist / Invalid Assist	1	1.01%
Medical Alarm	2	2.02%
Motorized Vehicle Crash (Auto / Truck / ATV / Etc).	10	10.10%
Other	6	6.06%
Overdose	5	5.05%
Psychiatric / Behavioral Problems	2	2.02%
Seizure / Convulsions	2	2.02%
Sick Person	11	11.11%
Stroke / CVA	1	1.01%
Unconscious / Fainting	4	4.04%
Unknown Problem / Man Down	4	4.04%
Unknown	0	0.00%
Total	99	100%



Procedure Administered

Procedure Name	#	%
Assessment: Patient Assessment	46	46.46%
Cardiac: 12 Lead ECG Obtained	44	44.44%
Cardiac: 12/15/18 Lead ECG-Transmitted	9	9.09%
Cardiac: CPR (Manual)	1	1.01%
Cardiac: CPR (Mechanical Device)	1	1.01%
Cardiac: Defibrillation (Manual)	1	1.01%
Cardiac: ECG Monitoring	36	36.36%
Movement: Cervical Collar Applied for Stabilization	2	2.02%
Movement: Extrication of Patient	1	1.01%
Movement: via Extrication Device (Full-Length)	1	1.01%
Musculoskeletal: Spinal Motion Restriction (With C-Collar)	5	5.05%
Musculoskeletal: Spinal Precautions Withheld Per Assessment Criteria	2	2.02%
Musculoskeletal: Splinting (General)	3	3.03%
Respiratory: Airway Opened	1	1.01%
Respiratory: Bagged Ventilations (via Mask)	3	3.03%
Respiratory: Bagged Ventilations (via Tube)	1	1.01%
Respiratory: ETCO2 Digital Capnography	5	5.05%
Respiratory: Intubation (Orotracheal)	2	2.02%
Respiratory: NPA Insertion	1	1.01%
Respiratory: Suction Airway	5	5.05%
Soft Tissue: General Wound Care	1	1.01%
Vascular: IntraOsseous Insertion	1	1.01%
Vascular: IV Catheterization (Extremity Vein)	68	68.69%
None	28	28.28%

Medication Administered

Medication Name	#	%
Albuterol Sulfate	5	5.05%
Aspirin (ASA)	8	8.08%
Dextrose 10% (D10)	3	3.03%
Diphenhydramine (Benadryl)	1	1.01%
DuoNeb (0.5 Atrovent/3.0 Albuterol)	5	5.05%
Epinephrine 1:1,000	1	1.01%
Epinephrine 1:10,000	1	1.01%
Fentanyl	8	8.08%
Hydromorphone (Dilaudid)	1	1.01%
Ipratropium Bromide (Atrovent)	2	2.02%
Ketorolac (Toradol)	1	1.01%
Methylprednisolone (Solu-Medrol)	1	1.01%
Midazolam (Versed)	2	2.02%
Naloxone (Narcan)	1	1.01%
Nitroglycerin	6	6.06%
Nitroglycerin Drip	1	1.01%
Normal Saline	30	30.30%
Ondansetron (Zofran)	20	20.20%
Oxygen	10	10.10%



Oxygen (non-rebreather mask)	2	2.02%
Oxygen by Mask	1	1.01%
Oxygen by Nasal Cannula	8	8.08%
Oxygen by Nebulizer	1	1.01%
Oxygen by Positive Pressure Device	2	2.02%
None	45	45.45%

SECTION 3: TRI-TOWN EMS PERSONNEL:

During the month of December 2015, there were not changes to the Tri-Town EMS Roster. There are 5 applicants that are in various phases of the application process. 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 (6-Paramedics, 7-AEMT, 4-EMT).....17
- TOTAL WORK FORCE26

SECTION 4: EQUIPMENT

- Ambulance 3 was taken Out-Of-Service at the end of the month because the stretcher was not charging. EmSar is scheduled to arrive on 1/5/16 to diagnose the problem and perform routine maintenance on the stretchers.

SECTION 5: COORESPONDENCE WITH OTHER HEALTHCARE AGENCIES

Loudon Fire Department: Loudon Fire Department was sent an invoice for a paramedic intercept perform by Tri-Town EMS in November. Deputy Chief Lake contacted Tri-Town with billing concerns and he was advised by ComStar to obtain an ALS Intercept agreement with Tri-Town before Loudon pays the invoice. The Town of Loudon had already sent the check and Deputy Chief Lake requested Tri-Town hold the check until the matter is resolved. The Service created a Paramedic Intercept agreement and was signed by the Service Director and Officials within the Town of Loudon.

Concord Hospital: Dr. Hirsch was sent a copy of the Paramedic Intercept Agreement to review. The agreement is predominantly the same as Concord Fire Department's. Dr. Hirsch stated he had some concerns with the agreement and would like to discuss them in the future. For this reason, the agreement with Loudon Fire Department expires in June of 2016. Other topic of communication for December was the Cricothyrotomy training Concord Hospital put on. The Service made it mandatory for its paramedics. From those who attended, the training was well received, and considered by be very valuable.

SECTION 6: REVENUE AND EXPENDITURES

Revenues: Ambulance Billing: \$32,197.28 Legal Document Request: \$0.00
 Detail Coverage: \$0.00 Paramedic Intercept: \$0.00
Total: \$32,197.28



Expenses:

- The service paid \$797.59 for supplies and oxygen for the month of December.
- OVERTIME: 51.75 hours, \$1,572.38

SECTION 7: QUALITY ASSURANCE / QUALITY IMPROVEMENT SUMMARY

- Documenting patient insurance information still needs to be worked on. Concord Hospital has changed their procedure for getting EMS services a patient Face Sheet.
- Working with an employee for an ongoing issue with spelling errors in their PCR.
- Trend notices for a few employees who failed to obtain patient (or authorized representative's) signature and with EMS providers not signing their PCR's.
- In 2016, the Service intends to initiate training programs for annual competencies for service equipment, monthly skills training on a training mannequin and quarterly Cricothyrotomy trainings.
- Tri-Town EMS, Pembroke Fire Department and Pembroke Police Department all need/request a CPR course.
- December Training(s):
 - JEMS Article: Wave as a window - Capnography
 - EMS World Article: Automated Chest Compression Devices
 - Mandatory Paramedic Training on Surgical Cricothyrotomy, offered by Concord Hospital. 7 of 10 service paramedics now have this prerequisite training to perform this procedure.

SECTION 8: DIRECTOR'S COMMENTS & RECOMMENDATIONS

- Director Gamache and Assistant Director Locke completed the New Hampshire Fire Academy Instructor I course.
- Budget Meeting (Pembroke Budget Committee)
- During December, the service treated and transported a patient with Norovirus. From that exposure, 7 employees contracted the illness along with at least 5 Allenstown Fire Department Personnel and, reportedly numerous ED staff at Concord Hospital contracted the virus. The service extensively cleaned the station and ambulances with bleach on numerous occasions during a week-and-a-half period as well as requested Pembroke Fire Department personnel limit their time at the station to what is absolutely necessary. The Director also followed the Center for Disease Control (CDC) recommendation for healthcare workers, and directed those who became ill to not show up for work until they have gone 48 hours without any symptoms.
- Currently the Service's Policies are being updated.
- The Service will seek to obtain formal mutual aid agreements and paramedic intercept agreements. These agreements are to be considered concurrent with the Capital Area Mutual Aid Compact and to specifically address EMS Mutual Aid as it pertains to Tri-Town EMS and the Towns of Pembroke and Allenstown.
- The Service obtained its New Hampshire Department of Safety, Bureau of Emergency Medical Services License in December and is good until December 31, 2017



SECTION 9: VEHICLE MAINTENANCE

- Ambulance 2: MILEAGE: 76,996
- Ambulance 3: MILEAGE: 63,300
- Ambulance 3 was taken out of service for due to the power stretcher not charging when in the ambulance. EmSar is scheduled on 1/5/16 to work on the problem.

SECTION 10: TRI TOWN EMERGENCY MEDICAL SERVICE LEADERSHIP

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| • 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 |
| • Tri-Town EMS Assistant Director: | Stephanie Locke, NREMT-P |

