

# TRI-TOWN Emergency Medical Service

## Monthly Director's Report

*for the Month of*

*October 2015*



**Municipal Ambulance Service**

*for the Towns of*

**Pembroke & Allenstown**



Prepared By: *Christopher Gamache, Director*

November 12, 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 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.

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## REPORT INTRODUCTION

This report was generated on November 12, 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 November 18, 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.nhtems.org](http://www.nhtems.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 .....	87
October 2014.....	89
• Total Number of Patient's Transported .....	56
October 2014.....	68
○ Transports to Concord Hospital .....	48 (86%)
○ Transports to Catholic Medical Center (CMC) .....	4 (7%)
○ Transports to Elliot Hospital .....	4 (7%)
○ Transports to Other Hospital .....	0 (0%)
• Total Number of EMS Runs Where Mutual Aid was Received .....	7
October 2014.....	3
○ Concord Fire Department .....	3
○ Epsom Fire Department .....	2
○ Hooksett Fire Department .....	2
○ Other EMS Agency .....	0
• Total Number of Patient's Refusing Transport to the Emergency Department .....	21
• Total Number of EMS Responses that Resulted in Another Disposition .....	10

## SECTION 2: EMS RUN DATA

### Average Run Times:

• Reaction Time: .....	0m 55s (82.76% <1min)
• Response Time: .....	5m 0s (64.37% <5min)
• On-Scene Time: .....	19m 25s (6.9% < 10min; 50.58% < 20 min)
• Transport Time: .....	20m 23s
• Back In Service Time: .....	19m 29s
• Time on Task: .....	1h 5m 12s

### EMS Call Location, by Town:

• Allenstown, NH .....	35 (40.23%)
October 2014.....	30
• Pembroke, NH .....	44 (50.57%)
October 2014.....	50
• Deerfield, NH .....	0 (0.0%)
• Manchester, NH.....	0 (0.0%)
• Hooksett, NH .....	4 (4.60%)
• Barnstead (including Center Barnstead), NH .....	0 (0.0%)
• Epsom, NH .....	3 (3.45%)
• Concord, NH .....	0 (0.0%)
• Chichester, NH .....	1 (1.15%)
• Loudon, NH .....	0 (0.0%)



### Times of Call

Time Period	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total	Percentage
0000 - 0300	0	0	2	0	1	0	1	4	4.60%
0300 - 0600	0	2	0	0	1	2	2	7	8.05%
0600 - 0900	1	1	4	1	4	1	2	14	16.09%
0900 - 1200	2	2	1	0	1	3	2	11	12.64%
1200 - 1500	0	3	6	0	3	4	4	20	22.99%
1500 - 1800	2	2	2	0	2	5	1	14	16.09%
1800 - 2100	3	1	2	1	1	0	1	9	10.34%
2100 - 2400	1	0	2	3	1	1	0	8	9.20%
Unknown	0	0	0	0	0	0	0	0	0.00%
Total	9	11	19	5	14	16	13	87	100%

### Runs by Dispatch Reason

Dispatch Reason	# of Times	% of Times
Abdominal Pain	1	1.15%
Altered Mental Status	2	2.30%
Auto vs. Pedestrian	1	1.15%
Back Pain (Non-Traumatic / Non-Recent Trauma)	3	3.45%
Breathing Problem	15	17.24%
Cardiac Arrest	1	1.15%
Chest Pain	4	4.60%
CO Poisoning / Hazmat	1	1.15%
Diabetic Problem	6	6.90%
Fall Victim	6	6.90%
Fire Standby	1	1.15%
Hemorrhage / Laceration	1	1.15%
Lift Assist / Invalid Assist	1	1.15%
Machine/equipment Injury	1	1.15%
Medical Alarm	6	6.90%
Motorized Vehicle Crash (Auto / Truck / ATV / Etc).	9	10.34%
Other	2	2.30%
Overdose	1	1.15%
Psychiatric / Behavioral Problems	2	2.30%
Sick Person	11	12.64%
Standby	2	2.30%
Stroke / CVA	4	4.60%
Traumatic Injury	1	1.15%
Unconscious / Fainting	4	4.60%
Unknown Problem / Man Down	1	1.15%
Unknown	0	0.00%
Total	87	100%

### Procedure Administered

Procedure Name	#	%
Assessment: Patient Assessment	32	36.78%
Cardiac: 12 Lead ECG Obtained	24	27.59%
Cardiac: CPR (Manual)	1	1.15%
Cardiac: CPR (Mechanical Device)	1	1.15%
Cardiac: Defibrillation (Manual)	4	4.60%
Cardiac: ECG Monitoring	23	26.44%
Musculoskeletal: Spinal Assessment	1	1.15%
Musculoskeletal: Spinal Motion Restriction (With C-Collar)	1	1.15%
Respiratory: Bagged Ventilations (via Mask)	1	1.15%
Respiratory: Bagged Ventilations (via Tube)	1	1.15%
Respiratory: CPAP	2	2.30%
Respiratory: ETCO2 Colorimetric Detection	1	1.15%
Respiratory: ETCO2 Digital Capnography	2	2.30%
Respiratory: Intubation (Orotracheal)	2	2.30%
Vascular: IntraOsseous Insertion	2	2.30%
Vascular: IV Catheter Removal	1	1.15%
Vascular: IV Catheterization (Extremity Vein)	57	65.52%
None	29	33.33%

### Medication Administered

Medication Name	#	%
Acetaminophen (Tylenol)	1	1.15%
Albuterol Sulfate	2	2.30%
Amiodorone (Cordarone)	1	1.15%
Aspirin (ASA)	4	4.60%
Dextrose 10% (D10)	4	4.60%
Diltiazem (Cardizem)	1	1.15%
DuoNeb (0.5 Atrovent/3.0 Albuterol)	4	4.60%
Epinephrine 1:10,000	2	2.30%
Fentanyl	6	6.90%
Glucose (Oral)	2	2.30%
Hydromorphone (Dilaudid)	2	2.30%
Ketorolac (Toradol)	1	1.15%
Methylprednisolone (Solu-Medrol)	2	2.30%
Midazolam (Versed)	1	1.15%
Naloxone (Narcan)	2	2.30%
Nitroglycerin	2	2.30%
Normal Saline	20	22.99%
Ondansetron (Zofran)	9	10.34%
Oxygen	8	9.20%
Oxygen (non-rebreather mask)	1	1.15%
Oxygen by Mask	1	1.15%
Oxygen by Nasal Cannula	11	12.64%
None	41	47.13%





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

During the month of October 2015, the service accepted the resignation of a Per Diem Paramedic. 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 (7-Paramedics, 7-AEMT, 4-EMT).....	18
• TOTAL WORK FORCE .....	27

### SECTION 4: EQUIPMENT

- New Thermometers were purchased for the ambulances, Welch Allyn.
- Pediatric Traction Splints were purchased for both ambulances with one (1) spare.

### SECTION 5: COORESPONDENCE WITH OTHER HEALTHCARE AGENCIES

*Concord Hospital:* Tri-Town EMS met with Concord Hospital to discuss protocol clarification, Cricothyrotomy training (service provided), Rapid Sequence Intubation (RSI) – looked at Concord Hospital providing a RSI assistant course and the possibility of TRI-TOWN EMS providing this service in the future, permission for the service to purchase Levophed and Decadron, the process for the service to get lactate meter, the process for the service to be able to access central lines, and the Moore Medical form was updated with Dr. Hirsch’s name and approval.

*Concord Fire Alarm:* Tri-Town EMS met with Concord Fire Alarm on Friday October 16<sup>th</sup>. Topics discussed were Mutual Aid and how it works with Tri-Town EMS; process and ability to page Tri-Town administration and other staff for non-call related purposes to include call-back; sending text messages to the ambulance for call location and times; Tri-Town getting a “No-Response” for calls in Allenstown and inquiring about the equipment Tri-Town would need to have an Mobile Data Terminal (MDT) in the primary ambulance.

### SECTION 6: REVENUE AND EXPENDITURES

Revenues: Ambulance Billing: \$30,908.31      Legal Document Request: \$50.00

Detail Coverage: \$600.00 (Billed)

**Total: \$31,558.31**

Expenses:

- The service paid \$2,402.67 for supplies and oxygen for the month of October.
- OVERTIME: 9.5 hours, \$265.50

### SECTION 7: QUALITY ASSURANCE / QUALITY IMPROVEMENT SUMMARY

- Individual employees were notified of the need to place trauma patients on the Cardiac Monitor and to document when they do.
- As part of the QA process, the following are items that employee(s) were notified about:
  - Employees are forgetting to document insurance information and mileage.

- Some fields in PCR's are not being completely filled out.
- 12-Leads and Face Sheets need to be scanned and added to the PCR.
- Ambulance check sheets are not being completely filled out.
- Several Critically Ill or Injured patient's in October with good, accurate and aggressive care being provided.
- Medication and Control Substance logs are being appropriately filled out by the Paramedics.
- Recommendation for Service Improvement (By the Assistant Director)
  - 12-Lead Class
  - Documentation Class
  - Obtain an ALS Mannequin
  - Have employees' complete equipment and procedural competencies.
- October Training(s):
  - Finished Advanced Provider's Training with Medication Administration.
  - Director and Assistant Director attended the Concord Hospital Paramedic Refresher course.

#### SECTION 8: DIRECTOR'S COMMENTS & RECOMMENDATIONS

- Currently the service's full time employee is working on a medication reference chart for the ambulance, updating the map books, sorted and filed documents from TTVEAS, Facebook updates, and does a monthly check on all ambulance supplies to ensure they are in date.
- Assistant Director is signed up for an ICS-300 class in November
- Director and Assistant Director are signed up for NHFS&T Instructor I Course in November.
- Budget Meetings.
- Hazardous Mitigation Committee.

#### SECTION 9: VEHICLE MAINTENANCE

- Ambulance 2: MILEAGE: 75,807
- Ambulance 3: MILEAGE: 60,952

#### SECTION 10: 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
- Tri-Town EMS Assistant Director: Stephanie Locke, NREMT-P



11/12/2015

Christopher Gamache - Director

Date

