



November 2018



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. Nicolas Larochelle. 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 January 3, 2019, 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.





SUMMARY

During the month of November 2018, the Service concentrated on getting applicants through the application process and orienting new employees. Also during the month, Ambulance 3 and Ambulance 8 required mechanical work. As the Service Director I presented the 2019 budget to both Municipal Budget Committees and answered their questions. Lastly, it was announced by Concord Hospital that Dr. Larochelle was no longer the EMS Medical Director as he took a position as the Emergency Department's Medical Director. Dr. Rix will be the hospital's EMS Medical Director.



AMBULANCE 8

Ambulance 8 failed to start on November 6th. It was determined the Auto-Eject, or electrical outlet on the side of the ambulance used to run electrical equipment while the ambulance is not running has failed. PL Custom was contacted to replace the outlet. The outlet was replaced.

The ambulance went beyond its normal mileage for preventative maintenance as Ambulance 3 had major engine problems.



AMBULANCE 3

While on a call, the crew reports Ambulance 3 lacking power and making noises. The ambulance was sent to Grappone Ford to be evaluated. It was determined that #3 cylinder had dropped a valve and the associated mechanics were damaged beyond repair. Furthermore, damage to the cylinder lining and piston occurred. The engine would need to be replaced. The board approved the engine replacement at an estimated cost of \$25,600.



EQUIPMENT

- The Zoll Portable Vent arrived
- The Service ordered a Lucas 3 Mechanical CPR Device with service agreement.



STAFFING

The Service hired a total of three employees between October and November. One (1) EMT, one (1) AEMT and one (1) Paramedic. All three are Per Diems. Two (2) of the three (3) completed their orientation requirements during the months of November and December.

The Service will pursue additional applications until the roster is between 28 and 30 employees to decrease the likelihood of a repeat staffing issue as seen in the summer and fall of 2018. Also, some of the employees who do weekend coverage now, will most likely not be as available come the summer of 2019.

During the month of November, to address a future concern pertaining to seniority, it was decided that seniority would be based upon actual service rendered to Tri-Town EMS since January 1st, 2013 (when Tri-Town EMS started operations). This is the fairest way to address seniority issues when comparing full time, part time and per diem staff. This was discussed with the Pembroke Town Administrator, David Jodoin and he recommended changing the term from "Seniority" to "Service Credit". A spreadsheet was created which logged every employee's hours who have, or had worked for Tri-Town EMS and is maintained each pay period.



VEHICLE MAINTENANCE

AMBULANCE 3 (79A3):

- Mileage – 87,720
 - Engine Component Failure – Engine Being Replaced

AMBULANCE 8 (79A8):

- Mileage – 39,283
 - Auto Eject Replaced



QUALITY ASSURANCE

- Staff reminded to obtain insurance information at the time of the call.
- Few staff were reminded to appropriately document procedures and medications administered.
- Performance Improvement Plan was completed by the applicable employee.
- The Service is doing its best to support Kyle Haas during his paramedic education. He has been running calls within his scope of practice and his documentation of such calls has been exemplary.

<u>AVER. %</u>	<u>IV</u>	<u>IO</u>	<u>ETT w/ Bougie</u>	<u>ETT</u>	<u>King SGA</u>	<u>CPAP</u>	<u>Chest Decomp.</u>
Nov '18	74%	100%	--	--	--	100%	--
12 Month	67%	89%	100%	41%	100%	100%	--



EMS EDUCATION

- November's NCCP training was on CHF and ACS; instructed by Michelle Gamache, BSN from Concord Hospital. (2 hours) 9/24 employees attended.
- Journal of Emergency Medical Service (JEMS) article – "Pediatric Extremity Hemorrhage & Tourniquet Use" (0.25 hours). 11/24 completed the article.
- EMS World article – "*Spinal Cord Injury & Neurological Shock*" (0.25). 11/24 employees completed the article.
- Monthly Skills Training – 11/24 completed the training.
- Monthly Shift Training – "*Concord Hospital Stroke Time-Out*" (.25 hours). 11/24 completed the training.
- Employees are currently working on the EMS in the Warm Zone Operations, on-line training program. 20/23 employees have completed the training.
- On-Line Zoll Ventilator Training



STAFFING

During the month of November 2018, two (2) employees were added to the Service's roster. One (1) Advanced EMT and one (1) Paramedic, both are Per Diem. The current staffing for the service is as follows:

FULL TIME	4	Paramedics					4
PART TIME	1	Paramedics	1	AEMTs	0	EMTs	2
PER DIEM	3	Paramedics	8	AEMTs	7	EMTs	18
TOTAL	10	Paramedics	9	AEMTs	7	EMTS	24



CORRESPONDANCE WITH OTHER HEALTHCARE & PUBLIC SAFETY AGENCIES

During NOVEMBER 2018, Tri-Town EMS was in contact with the following Healthcare and Public Safety Agencies to better serve individuals and our community.

1. ALLENSTOWN FIRE DEPARTMENT

- Paul St. Germaine is the new Fire Chief for Allenstown*
- Chief St. Germaine reprogrammed most of the Service's Radios.*

2. CONCORD HOSPITAL

- Set up a new paramedic to be able to obtain medications and controlled substances.
- Course announcements

3. *NEW HAMPSHIRE BUREAU OF EMS*
 - a. Medical Control Board Meeting
4. *SUBSTANCE ABUSE DISORDER / CONTINUUM OF CARE (SuD/CoC) WORK GROUP*
 - a. Meeting on November 30th.



ADMINISTRATION

- Allenstown Town Administrator Derik Goodine
- Pembroke Town Administrator David Jodoin
- Allenstown Fire Chief Chief Paul St. Germaine
- Pembroke Fire Chief Chief Harold Paulsen
- Allenstown Public Representative Michael O'Mara
- Pembroke Public Representative Robert "Bob" Bourque
- Tri-Town EMS Employee Representative Hearshell VanLuven, NRP, FTO
- Tri-Town EMS Director Christopher Gamache, BS, NRP
- Tri-Town EMS Assistant Director Stephanie Locke, NRP, I/C





EMS INCIDENT DATA

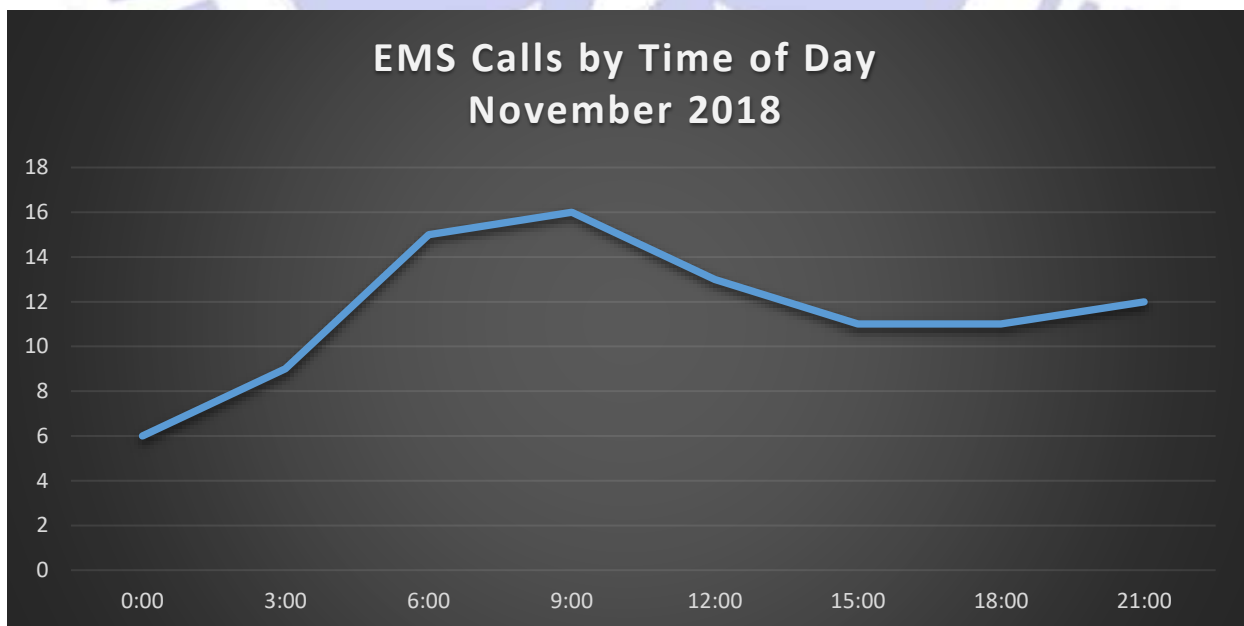
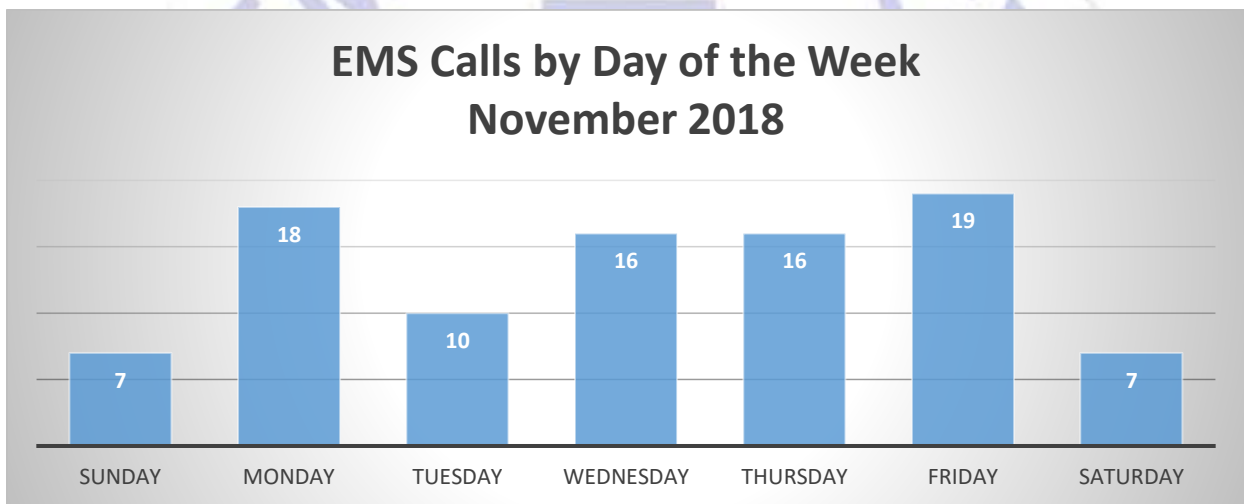
TOTAL Number of INCIDENTS	93 (November 2017 – 99)
Allenstown.....	31 (33.4%) (November 2017 - 46)
Pembroke	58 (62.4%) (November 2017 – 51)
Barnstead	0
Bow	0
Chichester	0
Concord	1
Deerfield	0
Epsom	1
Hooksett	2
Pittsfield	0
INCIDENTS Handled by Tri-Town EMS	83 (November 2017 -91) (89.3%)
Mutual Aid RECEIVED from other Departments	10 (November 2017 – 8) (10.7%)
Bow Fire Department	0
Concord Fire Department	5
Epsom Fire Department	2
Hooksett Fire Department	2
Other	0
Mutual Aid GIVEN to other COMMUNITIES	4 (November 2017 - 2) (4.3%)
TOTAL Number of PATIENTS TRANSPORTED to the HOSPITAL ...	60 (November 2017 - 68) (64.6%)
Catholic Medical Center (CMC)	2 (3.4%)
Concord Hospital	53 (88.4%)
Elliot Hospital	5 (8.2%)
Average REACTION Time (Dispatch to Responding).....	53 Seconds
Average RESPONSE Time (Dispatch to On-Scene)	5 Minutes 20 Seconds
Average ON-SCENE Time	18 Minutes 37 Seconds
Average TRANSPORT Time	20 Minutes 22 Seconds
Average AT HOSPITAL Time	20 Minutes 50 Seconds
Average CALL LENGTH Time (Dispatch to In-Service)	1 Hour 6 Minutes 2 Seconds



TIME OF CALLS (*Time of Day & Day of the Week*)

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
0:00-2:59	0	0	2	0	0	3	1	6
3:00-5:59	2	1	1	2	1	1	1	9
6:00-8:59	1	5	2	0	2	4	1	15
9:00-11:59	0	3	1	2	3	3	4	16
12:00-14:59	2	2	1	6	2	0	0	13
15:00-17:59	0	2	1	2	3	3	0	11
18:00-20:59	1	3	0	2	3	2	0	11
21:00-23:59	1	2	2	2	2	3	0	12
TOTALS	7	18	10	16	16	19	7	93

*Excludes some Mutual Aid Received Runs





EMS INCIDENTS by DISPATCHED REASONS

<u>INCIDENT COMPLAINT REPORTED by DISPATCH (EMD CODE)</u>	<u>OCCURANCE</u>
MVC / Transportation Incident (29)	12
Chest Pain (Non-Traumatic) (10)	8
Medical Alarm (32)	8
Falls (7)	7
Sick Person (26)	7
Unconscious / Syncope (31)	7
Breathing Problems (6)	6
Psychiatric / Behavioral / Suicide Attempt (25)	6
Hemorrhage / Laceration / Bleeding (21)	5
Back Pain (Non-Traumatic) (5)	4
Stroke / CVA / TIA (28)	4
Assault (4)	3
Lift / Invalid Assist	3
Seizure (12)	2
Standby	2
Alcohol Intoxication	1
Burns / Explosion (7)	1
Carbon Monoxide / Hazmat / Inhalation / CBRN (8)	1
Choking (11)	1
Dizziness (26)	1
Head Injury (30)	1
Intercept	1
No Other Appropriate Choice	1
Pain (26)	1



PROCEDURES ADMINISTERED

<u>PROCEDURE PERFORMED</u>	<u>OCCURANCE</u>
Vascular: IV / Extremity Vein Catheterization	73
Cardiac: 12-Lead ECG Obtained	57
Cardiac: ECG Monitoring (4 Lead or Defib Pads)	47
Assessment: Patient Assessment	32
Soft Tissue: General Wound Care	3
Movement: C-Collar Applied for Stabilization	2
Respiratory: etCO2 Digital Capnography	2
Movement: Movement via Extrication Device	1
Ortho: Spinal Assessment	1
Ortho: Spinal Motion Restriction Applied (w/ C-Collar)	1
Respiratory: CPAP	1
Vascular: IO / Intraosseous Cannulation	1



MEDICATIONS ADMINISTERED

MEDICATION ADMINISTERED	OCCURANCE
Normal Saline	12
Nitroglycerine	11
Oxygen	10
Aspirin	8
Ondansetron / Zofran	6
Fentanyl	5
DuoNeb / Albuterol mixed w/ Ipratropium Bromide	2
Dextrose 10% (D10)	2
Midazolam / Versed	2
Diphenhydramine / Benadryl	1
Ketorolac / Toradol	1
Lidocaine	1
Naloxone / Narcan	1



