



October 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 November 28, 2018, 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 October 2018, the Service continued to struggle with staffing due to a significant amount of Per Diem staff not putting in availability.
- Service is currently looking to hire more Per Diem staff and is pursuing 5 applications
- Ambulance 3 was sent to Grappone Ford to because of an oil leak.
- There were two details in October.
- Ambulance 8 has an on-going vibration issue which is being looked into be PL Custom.



STAFFING

Over the last few months, the Service has seen a decreased in the amount of availability being provided by the Per Diem staff. Typically a decrease is noticed in the summer months and returns to normal in the fall. This was not the case this year with Per Diem employees who have not put in availability or have provided limit availability stating job changes or schooling as a major reason to not having the time to give to the Service.

The Service advertised with the State's List Service for Per Diem staff. Currently, there are 5 applications being pursued. The goal is to hire 5-8 more Per Diem employees.



AMBULANCE 3

Ambulance 3 was sent to Grappone Ford to discover the source of the oil leak. This was the ambulance that recently had major repair work done in the engine compartment. The ambulance was returned with no determination as to the source of the leak. It was recommended to drive the ambulance around and return it to Grappone to see if the source of the leak will declare itself.



AMBULANCE 8

Ambulance 8 has a vibration which is an on-going issue and is being researched by PL Custom. Two probable causes are the Liquid Spring Suspension System or an issue with the Ford Drive Line Components. Our ambulance is not the only one in the areas that is having this issue.

PL Custom stopped by the station and changed out the auto ejector (electrical outlet). Earlier in the month it was reported there was issues with the ambulance not charging when plugged int.



AMBULANCE BILLING

The Service recommends 12 accounts to be written off with reasons being, Previously Accepted Hardship (3), Beyond the Filing Period for Medicaid (1), Medicare Co-Pay for Resident (7), Homeless (1). The value requested to be written off is \$2,496.82



VEHICLE MAINTENANCE

AMBULANCE 3 (79A3):

- Mileage – 87,672
- Sent to Grappone Ford because of an oil leak, source not found.

AMBULANCE 8 (79A8):

- Mileage – 37,637
- Auto Eject Replaced.
- Replaced brakes, lube and filter service



QUALITY ASSURANCE

No Report Available. The Service have been working with the Bureau of EMS to resolve data retrieval issues.



EMS EDUCATION

- September's NCCP training was on Pediatric Cardiac Arrest. (2.5 hours) 6/23 employees attended.
- Journal of Emergency Medical Service (JEMS) article – “Airway, Breathing or Consequences: Use your tools & trust the technology” (0.25 hours). 11/23 completed the article.
- EMS World article – “*Not in her head: part 3, The letter A*” (0.25). 12/23 employees completed the article.
- Monthly Skills Training – “Elliot Hospital Trauma Care”, 6/23 completed the training.
- Monthly Shift Training – “*Applicable License Level*” (.25 hours). 8/23 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.



STAFFING

During the month of October 2018, there were two (2) resignations by Per Diem EMT's and one (1) application of a Per Diem EMT. There are currently two (2) application of which the Service is pursuing. The current staffing for the service is as follows:

FULL TIME	4	Paramedics					4
PART TIME	1	Paramedics	1	AEMTs	1	EMTs	3
PER DIEM	2	Paramedics	9	AEMTs	4	EMTs	15
TOTAL	7	Paramedics	10	AEMTs	5	EMTs	22



CORRESPONDANCE WITH OTHER HEALTHCARE & PUBLIC SAFETY AGENCIES

No report.



ADMINISTRATION

- Allenstown Town Administrator Derik Goodine
- Pembroke Town Administrator David Jodoin
- Allenstown Fire Chief Chief Shawn Murray
- 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

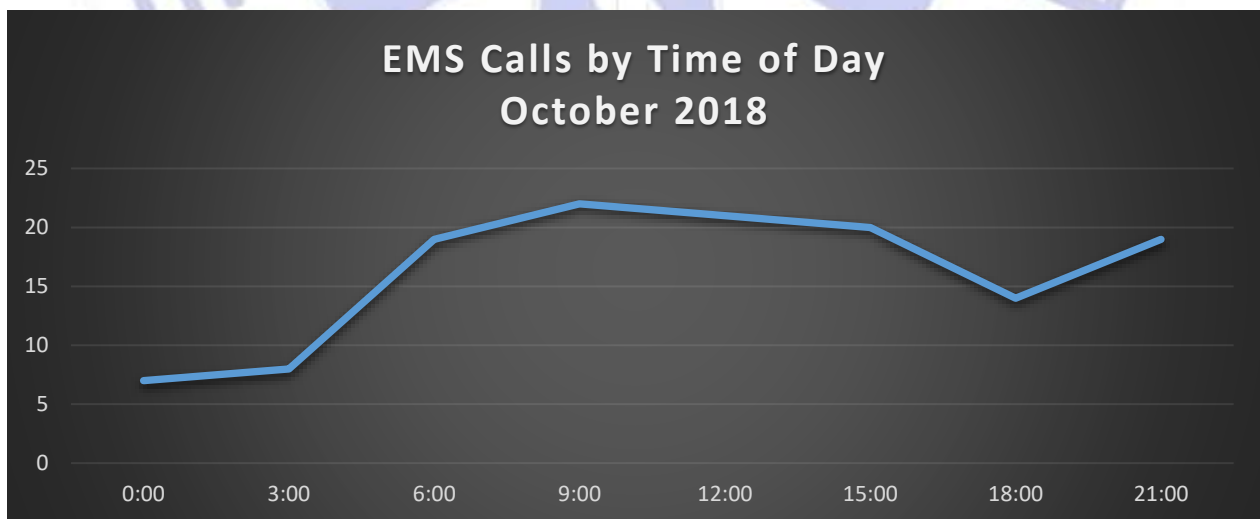
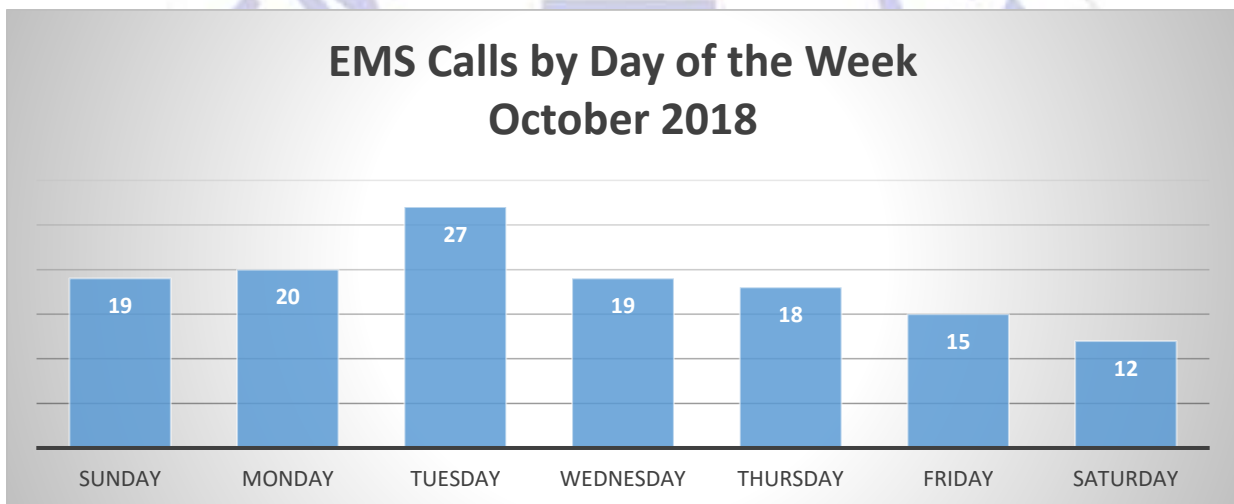
TOTAL Number of INCIDENTS	133 (October 2017 – 126)
Allenstown.....	40 (30.1%) (October 2017 - 52)
Pembroke	80 (60.0%) (October 2017 – 65)
Barnstead	0
Bow	0
Chichester	0
Concord	5
Deerfield	0
Epsom	1
Hooksett	7
Pittsfield	0
INCIDENTS Handled by Tri-Town EMS	118 (October 2017 -120) (88.8%)
Mutual Aid RECEIVED from other Departments	15 (October 2017 – 6) (11.3%)
Bow Fire Department	0
Concord Fire Department	4
Epsom Fire Department	4
Hooksett Fire Department	7
Chichester Fire Department	0
Mutual Aid GIVEN to other COMMUNITIES	13 (October 2017 - 9) (9.8%)
TOTAL Number of PATIENTS TRANSPORTED to the HOSPITAL ...	84 (October 2017 - 92) (63.2%)
Catholic Medical Center (CMC)	12 (14.3%)
Concord Hospital	68 (81.0%)
Elliot Hospital	4 (4.7%)
Average REACTION Time (Dispatch to Responding).....	37 Seconds
Average RESPONSE Time (Dispatch to On-Scene)	4 Minutes 22 Seconds
Average ON-SCENE Time	17 Minutes 47 Seconds
Average TRANSPORT Time	19 Minutes 4 Seconds
Average AT HOSPITAL Time	18 Minutes 32 Seconds
Average CALL LENGTH Time (Dispatch to In-Service)	1 Hour 2 Minutes 22 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	1	3	1	0	2	0	7
3:00-5:59	1	0	1	1	4	0	1	8
6:00-8:59	1	2	2	2	5	5	2	19
9:00-11:59	3	4	5	2	1	3	4	22
12:00-14:59	5	3	6	5	2	0	0	21
15:00-17:59	2	6	5	1	1	4	1	20
18:00-20:59	3	3	1	2	3	1	1	14
21:00-23:59	4	1	4	5	2	0	3	19
TOTALS	19	20	27	19	18	15	12	

*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)	16
Breathing Problem (6)	15
Assault (4)	8
Falls (17)	8
Sick Person (26)	7
Medical Alarm (32)	6
Overdose / Misuse of Medications / Poisoning (23)	6
Stroke / CVA / TIA (28)	6
Chest Pain (Non-Traumatic) (10)	5
Lift / Invalid Assist	5
Hemorrhage / Laceration / Bleeding (21)	4
No Other Appropriate Choice	4
Psychiatric / Behavioral / Suicide Attempt (25)	4
Seizure (12)	4
Unconscious / Syncope (31)	4
Altered Mental Status (26)	3
Back Pain (5)	3
Diabetic Problem (13)	3
Pain (26)	3
Abdominal Pain / Problem (1)	2
Heart Problem / AICD (19)	2
Traumatic Injury (30)	2
Alcohol Intoxication	1
Allergic Reaction / Stings / Bites (2)	1
Animal Bite / Attacks (3)	1
Carbon Monoxide / Hazmat / Inhalation / CBRN (8)	1
Dizziness (26)	1
Eye Problem / Injury (16)	1
Head Injury (30)	1
Nausea / Vomiting (26)	1
Walkin (EMS Related)	1
Well Person Check	1



PROCEDURES ADMINISTERED

<u>PROCEDURE PERFORMED</u>	<u>OCCURANCE</u>
Vascular: IV / Extremity Vein Catheterization	85
Cardiac: ECG Monitoring (4 Lead/Defib)	60
Cardiac: 12-Lead ECG	55
Assessment: Patient Assessment	52
Assessment: Stroke Exam	4
Movement: C-Collar Applied	2
Ortho: Spinal Motion Restriction Applied (w/ C-Collar)	1
Ortho: Spinal Motion Restriction WITHELD per protocol	1
Ortho: Splinting (General)	1
Respiratory: etCO2 Digital Capnography	1

Respiratory: NPA / Nasopharyngeal Airway Insertion	1
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MEDICATIONS ADMINISTERED

MEDICATION ADMINISTERED	OCCURANCE
Oxygen	12
Fentanyl	11
Normal Saline	11
Albuterol mixed w/ Ipratropium Bromide (DuoNeb)	8
Aspirin	8
Ondansetron / Zofran	7
Albuterol	6
Ipratropium Bromide (Atrovent)	5
Metaclopramide (Reglan)	6
Nitroglycerine	5
Naloxone (Narcan)	4
Methylprednisolone (Solu-Medrol)	3
Hydromorphone (Dilaudid)	2
Dextrose 10% in Saline (D10)	1
Dexamethasone (Decadron)	1
Dextrose / Oral Glucose	1
Diltiazem (Cardizem)	1
Magnesium Sulfate	