

TRI-TOWN Emergency Medical Service

## Monthly Director's Report

*for the Month of*

*February 2015*



Municipal Ambulance Service

*for the Towns of*

Pembroke & Allenstown



Prepared By: *Christopher Gamache, Director*

March 11, 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 March 11, 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 March 11, 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 .....63
- Total Number of Patient’s Transported .....38
  - Transports to Concord Hospital .....37 (97.4%)
  - Transports to Catholic Medical Center (CMC) .....0 (0%)
  - Transports to Elliot Hospital .....1 (2.6%)
  - Transports to Other Hospital .....0
- Total Number of EMS Runs Where Mutual Aid was Received .....N/A
  - Concord Fire Department .....N/A
  - Epsom Fire Department .....N/A
  - Hooksett Fire Department .....N/A
  - Other EMS Agency .....N/A
- Total Number of Patient’s Refusing Transport to the Emergency Department .....14
- Total Number of EMS Responses that Resulted in Another Disposition .....11

**SECTION 2: EMS RUN DATA**

**Average Run Times:**

- Reaction Time: ..... 1m 30s (57.14% <1min)
- Response Time: ..... 4m 59s (65% <5min)
- On-Scene Time: .....18m 46s (12.7%< 10min; 44.45%< 20 min)
- Transport Time: .....21m 6s
- Back In Service Time: .....16m 55s

**EMS Call Location, by Town:**

- Allenstown, NH .....21 (33%)
- Pembroke, NH .....39 (61.9%)
- Deerfield, NH .....0 (0%)
- Manchester, NH.....0 (0%)
- Hooksett, NH .....1 (1.59%)
- Epsom, NH .....1 (1.59%)
- Concord, NH .....1 (1.59%)

### Times of Call

Time Period	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total	Percentage
0000 - 0300	1	1	0	1	2	0	0	5	7.94%
0300 - 0600	0	0	2	1	1	1	1	6	9.52%
0600 - 0900	0	0	0	1	2	2	0	5	7.94%
0900 - 1200	3	2	0	2	4	1	0	12	19.05%
1200 - 1500	0	2	0	2	4	0	4	12	19.05%
1500 - 1800	1	2	0	0	1	1	1	6	9.52%
1800 - 2100	0	1	0	0	3	2	2	8	12.70%
2100 - 2400	1	0	4	1	1	1	1	9	14.29%
Unknown	0	0	0	0	0	0	0	0	0.00%
<b>Total</b>	<b>6</b>	<b>8</b>	<b>6</b>	<b>8</b>	<b>18</b>	<b>8</b>	<b>9</b>	<b>63</b>	<b>100%</b>

### Runs by Dispatch Reason

Dispatch Reason	# of Times	% of Times
Abdominal Pain	1	1.59%
Back Pain (Non-Traumatic / Non-Recent Trauma)	1	1.59%
Breathing Problem	10	15.87%
Chest Pain	2	3.17%
CO Poisoning / Hazmat	3	4.76%
Fall Victim	7	11.11%
Fire Standby	1	1.59%
Hemorrhage / Laceration	1	1.59%
Ingestion / Poisoning	1	1.59%
Medical Alarm	1	1.59%
Motorized Vehicle Crash (Auto /Truck / ATV / Etc).	5	7.94%
Other	2	3.17%
Overdose	3	4.76%
Pain	2	3.17%
Psychiatric / Behavioral Problems	2	3.17%
Seizure / Convulsions	4	6.35%
Sick Person	9	14.29%
Traumatic Injury	1	1.59%
Unconscious / Fainting	5	7.94%
Unknown Problem / Man Down	2	3.17%
Unknown	0	0.00%
<b>Total</b>	<b>63</b>	<b>100%</b>

### Procedure Administered

Procedure Name	#	%
Assessment: Orthostatic Vital Signs	4	3.17%
Assessment: Patient Assessment	60	46.03%
Cardiac: 12 Lead ECG Obtained	28	19.05%
Cardiac: CPR (Manual)	2	1.59%
Cardiac: CPR (Mechanical Device)	2	1.59%
Cardiac: ECG Monitoring	42	31.75%
Movement: Cervical Collar Applied for Stabilization	6	4.76%
Musculoskeletal: Spinal Motion Restriction	2	1.59%
Respiratory: Airway Opened	2	1.59%
Respiratory: Bagged Ventilations (via Mask)	2	1.59%
Respiratory: Bagged Ventilations (via Tube)	2	1.59%
Respiratory: CPAP	5	3.17%
Respiratory: ETCO2 Digital Capnography	7	4.76%
Respiratory: Intubation (Orotracheal Using Bougie Device)	2	1.59%
Respiratory: Mouth-to-Mask/Mouth Ventilation	2	1.59%
Respiratory: Suction Airway	2	1.59%
Soft Tissue: General Wound Care	2	1.59%
Vascular: IV Catheterization (Extremity Vein)	74	47.62%
None	25	39.68%

### Medication Administered

Medication Name	#	%
Acetaminophen (Tylenol)	1	1.59%
Albuterol Sulfate	3	4.76%
Aspirin (ASA)	1	1.59%
Atropine Sulfate	1	1.59%
DuoNeb (0.5 Atrovent/3.0 Albuterol)	3	4.76%
Epinephrine 1:10,000	1	1.59%
Fentanyl	3	4.76%
Ipratropium Bromide (Atrovent)	2	3.17%
Nitroglycerin	2	3.17%
Normal Saline	10	15.87%
Ondansetron (Zofran)	5	7.94%
Oxygen	2	3.17%
Oxygen (non-rebreather mask)	2	3.17%
Oxygen by Blow By	1	1.59%
Oxygen by Nasal Cannula	5	7.94%
Oxygen by Nebulizer	1	1.59%
Oxygen by Positive Pressure Device	2	3.17%
None	42	66.67%

SECTION 3: TRI-TOWN EMS PERSONNEL:

During the month of February 2015, there were no employees added or removed from the roster. The current staffing of Tri-Town EMS:

- Full Time Employees .....2
- Part Time Employees .....7
- Per Diem Employees .....18
- TOTAL WORK FORCE .....27

SECTION 3: EQUIPMENT

- In February, Tri-Town EMS placed into service Low Friction Slide Sheets to be deployed on the services stretchers. These sheets are designed to assist in the movement of patients from the service’s stretcher to the hospital bed and to minimize the risk of injury to the EMS provider.
- The service is waiting on the delivery of two (2) Panasonic Toughpads for documenting EMS Calls.

SECTION 4: CORESPONDANCE WITH OTHER HEALTHCARE AGENGIES

*Elliot Hospital:* Closed a previously reported incident by the Elliot Hospital. Lack of documentation was found to be the problem

*Concord Hospital:* Closed a previously report incident by Concord Hospital. Crew exercised poor judgment with appropriate remediation. Also, Concord Hospital reached out to Tri-Town about detail for an MCI training exercise of which is to be held in Pembroke. Concord Hospital also offered Tri-Town EMS the use of their mobile SimLab on June 8<sup>th</sup>. Tri-Town EMS accepted this offer.

SECTION 5: REVENUE AND EXPENDITURES

Revenues: Ambulance Billing: \$20,810.00      Legal Document Request: \$60.00  
Paramedic Intercept: \$545.00    **Total: \$21,415.00**

Expenses:

- The service purchased a 5<sup>th</sup> supply locker to be used as a “Day Locker” that the staff has access to so that they can restock the ambulance.
- The service paid for the 2<sup>nd</sup> LP 15 Cardiac Monitor and for the Service Agreement on the 1<sup>st</sup> Cardiac Monitor.
- The service paid \$1,455.02 for supplies and oxygen for the month of February.
- OVERTIME: 29.75 hours, \$818.50 – Mostly due to call-outs and the Director’s Vacation.



**SECTION 6: DIRECTOR RECOMMENDATIONS/COMMENTS**

- Items were removed from the station without proper authorization in early February. The issue was addressed and an acceptable outcome was achieved.
- Tri-Town Volunteer Emergency Ambulance Service (TTVEAS) sent a written request that Tri-Town EMS assume custody of all their documents and store/dispose of them as defined by RSA 33-A
- All assets of TTVEAS are property of Tri-Town EMS.

**SECTION 7: VEHICLE MAINTENANCE**

- Ambulance 2: No Vehicle Maintenance Performed in February. A2 “Check Engine” light came on at the end of the month. Oxygen Regulator needs to be changed. It has been ordered and delivered. A2 is awaiting service. A2 MILEAGE: 74,606
- Ambulance 3: No Vehicle Maintenance Performed in February. A3 MILEAGE: 47,620

**SECTION 8: TRI TOWN EMERGENCY MEDICAL SERVICE LEADERSHIP**

- Chairman of the Joint Board & Allenstown Town Administrator: Shaun Mulholland
- Pembroke Town Administrator: David Jodoin
- Allenstown Fire Chief: Dana Pendergast
- Pembroke Fire Chief: Harold Paulsen
- Allenstown Member-At-Large: Veronica “Paige” Lorenz
- Pembroke Member-At-Large: Robert “Bob” Bourque
- Tri-Town EMS Employee Member: Stephanie Locke, NREMT-P
- Tri-Town EMS Director: Christopher Gamache BS, NREMT-P



03/11/2015

Christopher Gamache - Director

Date