

**TRI-TOWN Emergency Medical Service**

**Monthly Director's Report**

*for the Month of*

*September 2015*



**Municipal Ambulance Service**

*for the Towns of*

**Pembroke & Allenstown**



Prepared By: *Christopher Gamache, Director*

October 3, 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 October 3, 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 October 14, 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 .....85
- Total Number of Patient’s Transported .....51
  - Transports to Concord Hospital .....40 (78.4%)
  - Transports to Catholic Medical Center (CMC) .....6 (11.8%)
  - Transports to Elliot Hospital .....5 (9.8%)
  - Transports to Other Hospital .....0 (0%)
- Total Number of EMS Runs Where Mutual Aid was Received .....4
  - Concord Fire Department .....3
  - Epsom Fire Department .....1
  - Hooksett Fire Department .....0
  - 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 .....14

**SECTION 2: EMS RUN DATA**

**Average Run Times:**

- Reaction Time: ..... 0m 51s (78.82% <1min)
- Response Time: .....4m 32s (63.53% <5min)
- On-Scene Time: .....19m 49s (1.18%< 10min; 41.18%< 20 min)
- Transport Time: .....17m 40s
- Back In Service Time: .....21m 17s
- Time on Task: .....1h 4m 9s

**EMS Call Location, by Town:**

- Allenstown, NH .....27 (31.76%)
- Pembroke, NH .....53 (62.35%)
- Deerfield, NH .....0 (0.0%)
- Manchester, NH.....0 (0.0%)
- Hooksett, NH .....4 (4.71%)
- Barnstead (including Center Barnstead), NH .....0 (0.0%)
- Epsom, NH .....0 (0.0%)
- Concord, NH .....0 (0.0%)
- Loudon, NH .....Wrong Dispatch Location.....1 (1.18%)



### Times of Call

Time Period	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total	Percentage
0000 - 0300	0	1	0	0	0	1	3	5	5.88%
0300 - 0600	1	0	1	0	0	0	1	3	3.53%
0600 - 0900	0	1	2	1	1	0	1	6	7.06%
0900 - 1200	1	3	0	4	2	0	0	10	11.76%
1200 - 1500	2	1	4	6	2	1	4	20	23.53%
1500 - 1800	2	0	2	3	0	0	2	9	10.59%
1800 - 2100	2	1	4	3	2	1	1	14	16.47%
2100 - 2400	4	3	4	2	3	1	0	17	20.00%
Unknown	0	0	0	1	0	0	0	1	1.18%
<b>Total</b>	<b>12</b>	<b>10</b>	<b>17</b>	<b>20</b>	<b>10</b>	<b>4</b>	<b>12</b>	<b>85</b>	<b>100%</b>

### Runs by Dispatch Reason

Dispatch Reason	# of Times	% of Times
Abdominal Pain	3	3.53%
Anaphylactic / Allergic Reaction	2	2.35%
Animal Bite	1	1.18%
Assault	2	2.35%
Breathing Problem	9	10.59%
Cardiac Arrest	1	1.18%
Chest Pain	11	12.94%
Diabetic Problem	2	2.35%
Fall Victim	8	9.41%
HAZMAT Standby	1	1.18%
Heart Problems	1	1.18%
Hemorrhage / Laceration	1	1.18%
Ingestion / Poisoning	1	1.18%
Lift Assist / Invalid Assist	4	4.71%
Medical Alarm	6	7.06%
Motorized Vehicle Crash (Auto / Truck / ATV / Etc).	6	7.06%
Not Recorded	1	1.18%
Other	2	2.35%
Overdose	4	4.71%
Pain	2	2.35%
Psychiatric / Behavioral Problems	4	4.71%
Seizure / Convulsions	1	1.18%
Sick Person	7	8.24%
Stroke / CVA	2	2.35%
Unconscious / Fainting	3	3.53%
Unknown	0	0.00%
<b>Total</b>	<b>85</b>	<b>100%</b>



### Procedure Administered

Procedure Name	#	%
Assessment: Patient Assessment	35	41.18%
Cardiac: 12 Lead ECG Obtained	35	41.18%
Cardiac: 12/15/18 Lead ECG-Transmitted	6	7.06%
Cardiac: CPR (Manual)	1	1.18%
Cardiac: CPR (Mechanical Device)	2	2.35%
Cardiac: ECG Monitoring	32	37.65%
Cardiac: Vagal Maneuver	1	1.18%
General: Restraint Applied (Physical)	1	1.18%
Movement: Cervical Collar Applied for Stabilization	1	1.18%
Movement: Extrication of Patient	1	1.18%
Movement: via Extrication Device (Full-Length)	1	1.18%
Musculoskeletal: Spinal Assessment	3	3.53%
Musculoskeletal: Spinal Motion Restriction (With C-Collar)	4	4.71%
Musculoskeletal: Spinal Precautions Withheld Per Assessment Criteria	2	2.35%
Respiratory: Airway Opened	1	1.18%
Respiratory: Bagged Ventilations (via Mask)	2	2.35%
Respiratory: CPAP	1	1.18%
Respiratory: ET/CO2 Digital Capnography	1	1.18%
Respiratory: Intubation (Orotracheal Using Bougie Device)	1	1.18%
Respiratory: Intubation (Orotracheal)	2	2.35%
Respiratory: NPA Insertion	1	1.18%
Respiratory: OPA Insertion	2	2.35%
Respiratory: Suction Airway	1	1.18%
Soft Tissue: General Wound Care	1	1.18%
Vascular: IntraOsseous Insertion	1	1.18%
Vascular: IV Catheterization (External Jugular Vein)	1	1.18%
Vascular: IV Catheterization (Extremity Vein)	61	71.76%
None	34	40.00%

### Medication Administered

Medication Name	#	%
Acetaminophen (Tylenol)	1	1.18%
Adenosine	1	1.18%
Albuterol Sulfate	4	4.71%
Aspirin (ASA)	10	11.76%
Calcium Chloride	1	1.18%
Dextrose 10% (D10)	2	2.35%
Diltiazem (Cardizem)	1	1.18%
Diphenhydramine (Benadryl)	1	1.18%
Dopamine	1	1.18%
Epi-Pen Adult	1	1.18%
Epinephrine 1:10,000	1	1.18%
Fentanyl	2	2.35%
Glucose (Oral)	1	1.18%
Haloperidol (Haldol)	1	1.18%
Ipratropium Bromide (Atrovent)	1	1.18%
Ketorolac (Toradol)	1	1.18%
Methylprednisolone (Solu-Medrol)	1	1.18%
Midazolam (Versed)	1	1.18%
Morphine Sulfate	3	3.53%
Naloxone (Narcan)	3	3.53%
Nitroglycerin	7	8.24%



Normal Saline	21	24.71%
Ondansetron (Zofran)	7	8.24%
Oxygen	9	10.59%
Oxygen (non-rebreather mask)	1	1.18%
Oxygen by Nasal Cannula	7	8.24%
Oxygen by Nebulizer	1	1.18%
Oxygen by Positive Pressure Device	1	1.18%
Sodium Bicarbonate	1	1.18%
None	43	50.59%

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

During the month of September 2015, the service hired a per diem Emergency Medical Technician. 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 (8-Paramedics, 7-AEMT, 4-EMT).....	19
• TOTAL WORK FORCE .....	28

**SECTION 4: EQUIPMENT**

- No Equipment concerns in September 2015

**SECTION 5: CORESPONDENCE WITH OTHER HEALTHCARE AGENCIES**

*New Hampshire EMS:* Attended the medical control board meeting. Topics discussed were; Ambulance Simulator, State Trauma Registry, state sponsored PHTLS Courses, TEMSIS updates and EMS data and retrieval, NCCP, transitioning EMT-I to AEMT – 1<sup>st</sup> deadline is March 31, 2016 and is effecting 291 providers, recommendations to the Board of Pharmacy, continued discussion on overdoses, Primary Impression on TEMSIS will be changed to Primary Diagnosis and a discussion on signing off patients who received Narcan.

*Concord Hospital:* Michelle Gamache of Concord Hospital gave a class on Dilaudid to Tri-Town EMS Paramedics, which was required for Tri-Town EMS to have Dilaudid in the control substance box. Also contacted Sue Prentiss, EMS Manager to set a meeting up between Concord Hospital and Tri-Town EMS to discuss Cricothyrotomy training and ongoing competencies, RSI (Rapid Sequence Intubation) assistant course and the steps Tri-Town EMS would have to take to be able to do RSI, run reports and to hear the concerns Concord Hospital has with Tri-Town. Also Concord Hospital requested Tri-Town EMS to talk about the 16 year old cardiac arrest at the upcoming Pediatric EMS rounds at the New Hampshire Fire Academy.

*Manchester/Boston Regional Airport:* The service attended a table top exercise with other areas fire, EMS and police departments at a regular planning event to prepare for a disaster at the airport. A full scale exercise is scheduled for next year.



**SECTION 6: REVENUE AND EXPENDITURES**

Revenues: Ambulance Billing: \$23,472.99      Legal Document Request: \$0.00  
Detail Coverage: \$320.00 (received)  
**Total: \$23,792.99**

Expenses:

- The service paid \$698.72 for supplies and oxygen for the month of September.
- OVERTIME: 39 hours, \$1,205.22

**SECTION 7: DIRECTOR RECOMMENDATIONS/COMMENTS**

- Dilaudid training was completed in September, fulfilling Tri-Town’s obligation to train the paramedic staff. Concord Hospital will be scheduling the replacement of Morphine with Dilaudid in October.
- Pre-collection notices were sent out to the residence of Pembroke who have outstanding balances with Tri-Town and ComStar has exhausted all attempts to collect on the account.
- During the month of September, one per diem employee was upgraded to Paramedic and one per diem employee was brought on and went through orientation.
- Regatta meeting for event in October
- Hazardous Mitigation Committee.

**SECTION 8: VEHICLE MAINTENANCE**

- Ambulance 2: MILEAGE: 75,740
- Ambulance 3: MILEAGE: 59,337

**SECTION 9: TRI TOWN EMERGENCY MEDICAL SERVICE LEADERSHIP**

- Chairman of the Board of Directors & Allentown Town Administrator:      Shaun Mulholland
- Pembroke Town Administrator:      David Jodoin
- Allentown Fire Chief:      Dana Pendergast
- Pembroke Fire Chief:      Harold Paulsen
- Allentown 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



10/03/2015

Christopher Gamache - Director

Date

