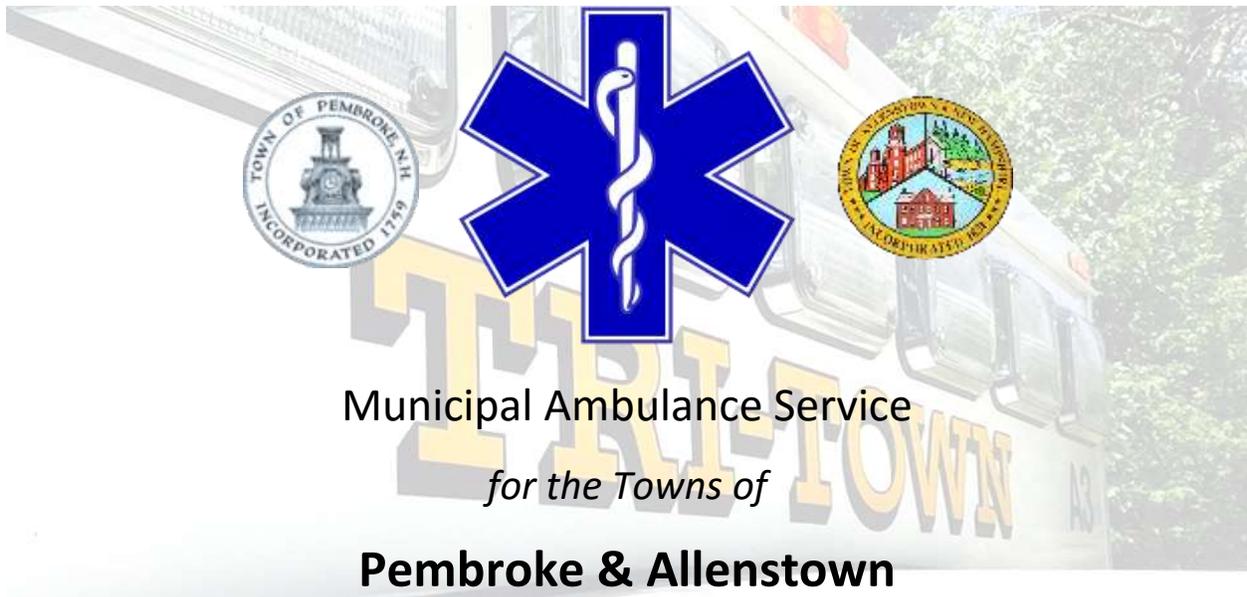


# TRI-TOWN Emergency Medical Service

## Monthly Director's Report

*for the Month of*

*May 2016*



Municipal Ambulance Service

*for the Towns of*

**Pembroke & Allenstown**



Prepared By: *Christopher Gamache, Director*

June 5, 2016



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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 Allenstown 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 are the two towns, but also 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 with an around the clock, fully staffed ambulance, at the Paramedic level. 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 to answer call for help.

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## REPORT INTRODUCTION

This report was generated on June 5, 2016 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 available for discussion at the Monthly Meeting of the Tri-Town EMS Board of Directors on Wednesday June 8, 2016. 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.nhtemsis.org](http://www.nhtemsis.org), where Tri-Town EMS documents all EMS related incidents 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 Hirsch. 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 .....101  
     May 2015.....118
- Total Number of Patient’s Transported .....77  
     May 2015.....74
  - Transports to Concord Hospital .....59 (76.6%)
  - Transports to Catholic Medical Center (CMC) .....4 (5.2%)
  - Transports to Elliot Hospital .....14 (18.2%)
  - Transports to Other Hospital .....0 (0%)
- Total Number of EMS Runs Where Mutual Aid was Received .....7  
     May 2015.....9
  - Concord Fire Department .....3
  - Epsom Fire Department .....4
  - Hooksett Fire Department .....0
  - Other EMS Agency .....0
- Total Number of Patient’s Refusing Transport to the Emergency Department .....14
- Total Number of EMS Responses that Resulted in Another Disposition .....10

**SECTION 2: EMS RUN DATA**

**Average Run Times:**

- Reaction Time: ..... 0m 57s (76% <1min)
- Response Time: .....4m 4s (63% <5min)
- On-Scene Time: .....17m 1s (10%< 10min; 59%< 20 min)
- Transport Time:.....18m 27s
- Back In Service Time: .....19m 35s
- Time on Task: .....1h 0m 57s

**EMS Call Location, by Town:**

- Allenstown, NH .....50 (49%)  
     May 2015.....30
- Pembroke, NH .....45 (45%)  
     May 2015.....70
- Hooksett, NH .....6 (6%)
- Concord, NH .....0 (0%)
- Epsom, NH .....0 (0%)



## Times of Call

Time Period	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total	Percentage
0000 - 0300	1	2	0	0	0	1	2	6	6.00%
0300 - 0600	3	1	1	1	1	0	0	7	7.00%
0600 - 0900	3	3	2	0	2	0	0	10	10.00%
0900 - 1200	3	1	3	3	2	2	1	15	15.00%
1200 - 1500	2	3	5	1	2	1	1	15	15.00%
1500 - 1800	6	9	2	0	1	2	2	22	22.00%
1800 - 2100	2	1	2	0	2	3	3	13	13.00%
2100 - 2400	0	1	0	4	0	3	4	12	12.00%
Unknown	0	0	0	0	0	0	0	0	0.00%
<b>Total</b>	<b>20</b>	<b>21</b>	<b>15</b>	<b>9</b>	<b>10</b>	<b>12</b>	<b>13</b>	<b>100</b>	<b>100%</b>

## Runs by Dispatch Reason

Dispatch Reason	# of Times	% of Times
Abdominal Pain	7	7.00%
Altered Mental Status	1	1.00%
Assault	3	3.00%
Back Pain (Non-Traumatic / Non-Recent Trauma)	4	4.00%
Breathing Problem	12	12.00%
Chest Pain	8	8.00%
CO Poisoning / Hazmat	1	1.00%
Diabetic Problem	2	2.00%
Fall Victim	11	11.00%
Fire Standby	1	1.00%
Heart Problems	1	1.00%
Hemorrhage / Laceration	2	2.00%
Medical Alarm	3	3.00%
Motorized Vehicle Crash (Auto / Truck / ATV / Etc).	4	4.00%
Other	5	5.00%
Overdose	4	4.00%
Pain	2	2.00%
Psychiatric / Behavioral Problems	6	6.00%
Seizure / Convulsions	4	4.00%
Sick Person	8	8.00%
Stroke / CVA	5	5.00%
Traumatic Injury	1	1.00%
Unconscious / Fainting	4	4.00%
Unknown Problem / Man Down	1	1.00%
Unknown	0	0.00%
<b>Total</b>	<b>100</b>	<b>100%</b>

## Procedure Administered

Procedure Name	#	%
Assessment: Patient Assessment	41	41.00%
Cardiac: 12 Lead ECG Obtained	27	27.00%
Cardiac: 12/15/18 Lead ECG-Transmitted	12	12.00%
Cardiac: CPR (Manual)	1	1.00%
Cardiac: CPR (Mechanical Device)	1	1.00%
Cardiac: Defibrillation (AED)	2	2.00%
Cardiac: Defibrillation (Manual)	1	1.00%
Cardiac: ECG Monitoring	34	34.00%
Movement: Cervical Collar Applied for Stabilization	1	1.00%
Musculoskeletal: Spinal Assessment	2	2.00%
Musculoskeletal: Spinal Motion Restriction (With C-Collar)	3	3.00%
Musculoskeletal: Spinal Precautions Withheld Per Assessment Criteria	2	2.00%
Musculoskeletal: Splinting (General)	4	4.00%
Musculoskeletal: Splinting (Traction)	1	1.00%
Respiratory: Bagged Ventilations (via Mask)	1	1.00%
Respiratory: CPAP	3	3.00%
Respiratory: ETCO2 Digital Capnography	3	3.00%
Respiratory: Intubation (Orotracheal)	1	1.00%
Respiratory: NPA Insertion	1	1.00%
Respiratory: SGA Insertion (King / Single Lumen)	1	1.00%
Soft Tissue: General Wound Care	1	1.00%
Soft Tissue: Occlusive Dressing Application	1	1.00%
Vascular: IntraOsseous Insertion	1	1.00%
Vascular: IV Catheterization (Extremity Vein)	71	71.00%
None	30	30.00%

## Medication Administered

Medication Name	#	%
Aspirin (ASA)	9	9.00%
Diltiazem (Cardizem)	2	2.00%
DuoNeb (0.5 Atrovent/3.0 Albuterol)	2	2.00%
Epinephrine 1:1,000	1	1.00%
Epinephrine 1:10,000	1	1.00%
Fentanyl	7	7.00%
Hydromorphone (Dilaudid)	1	1.00%
Ibuprofen (Advil, Motrin)	1	1.00%
Ketorolac (Toradol)	1	1.00%
Naloxone (Narcan)	4	4.00%
Nitroglycerin	5	5.00%
Nitropaste (Transdermal Nitroglycerin Ointment)	1	1.00%
Normal Saline	33	33.00%
Ondansetron (Zofran)	9	9.00%
Oxygen	9	9.00%
Oxygen by Nasal Cannula	2	2.00%
Prochlorperazine (Compazine)	2	2.00%
None	52	52.00%

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

During the month of May 2016, one Per Diem EMT was hired by the service. The current staffing of Tri-Town EMS:

- Full Time Employees (3- Paramedics).....3
- Part Time Employees (1-Paramedics, 2-AEMT, 2-EMT).....5
- Per Diem Employees (6-Paramedics, 5-AEMT, 6-EMT).....17
- TOTAL WORK FORCE .....25

**SECTION 4: EQUIPMENT**

- (1) Sagar Traction Splint was returned to the service and was found to be inoperable. The splint was replaced.
- Training Mannequin upper pallet is dislodge and the screw is stripped out. Manufacturer to be notified.

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

*Allenstown:* 1) Emergency Recovery Plan Committee. 2) Public Health Official reached out to Tri-Town requesting assistance for a regional Narcan/Opiate public education session in Concord. Tri-Town was unable to assist, but advised the official to let the service know in the future as the Service’s capabilities are increasing (CPR, CPR Supplies and retaining used Narcan Packages/Syringes)

*Capital Area Mutual Compact:* Attended the meeting at the Hooksett Fire Department. Update on dispatch equipment was discussed. New Dispatcher at Concord Fire Alarm. The old vehicle the Cap Area 1 used is available for purchase by member communities first. Regional Trainings were mentioned.

*Concord Hospital:* 1) Received a verbal complaint by the Medical Director, complaint was investigated and was unfounded, final disposition of the complaint to Concord Hospital still pending. 2) Coordinated with Concord Hospital Professional Development for CPR Instructor Course for three (3) of the full time staff. While at the course, a member of Concord Hospital reached out to Tri-Town and offered her assistance with any community CPR function the Service puts on. 3) Clinical Concern was brought to the attention of the Medical Director, PIP was implemented.

*Hooksett Fire Department:* Sent a welcome letter to Chief Burkush.

*New Hampshire Bureau of Emergency Medical Service:* 1) Received approval by the Bureau to perform Surgical Cricothyrotomy. 2) Correspondence from the Bureau to the Service pertaining to a confidential provider issue. 3) Attended the Medical Control Board Meeting – NH FS&T received bids for a new ambulance to be used for training purposes as well as information on a new ALS Mannequin that can be used by services, NH Law to re-define “Patient”, EMS in the warm zone online course, IC relicensing, future of EMS Regions, NHEMSIS Elite is going live June 1<sup>st</sup>, ongoing topic of drug diversion, Protocol Updates: Cardiac Arrest, CHF, Abuse, Capnography, restraints, burns, tourniquets and drownings. 4) NH TEMSIS – ELITE Course for Service Leaders & for Providers was attended by Service Administration held at the Hampton Fire Department on May 13<sup>th</sup>, 2016.



## SECTION 6: REVENUE AND EXPENDITURES

Revenues: Ambulance Billing: \$25,258.87  
Detail Coverage: \$480.00 (State 9 Racing)

Legal Document Request: \$0.00  
Paramedic Intercept: \$0.00

**Total: \$25,738.87**

Expenses:

- The service paid \$854.69 for supplies and oxygen for the month of May.
- OVERTIME: 15 hours, \$439.13

## SECTION 7: QUALITY ASSURANCE / QUALITY IMPROVEMENT SUMMARY

- 1 EMS Incidents were reviewed with the providers for Quality Assurance purposes and a performance improvement plan was proposed, sent to the medical director for approval, received approval and implemented.
- EKG need to be attached to PCR's when the procedure is performed.
- Several Employees failed to enter transport mileage on their PCR's.
- May's Training(s):
  - JEMS Article: Observing Pain: PAINAD scale offers alternative to assessing pain in the dementia patient
  - EMS World Article: Six Considerations for Assessment & Management of Homeless Patients
  - NCCP Training: Endocrine & Immunological Emergencies by Stephanie Locke
  - Primex Provided Training (On-Line) was continued in May.
  - ELITE training was attended by the Director and Assistant Director.
  - Three (3) full time employees attended CPR Instructor training Course at Concord Hospital.
  - 1 on 1 training was given to some employees covering past trainings topics.
  - Monthly Skills Training on ALS Mannequin.
- June's NCCP training will be at the New Hampshire Fire Academy, Co-Sponsored by Tri-Town EMS and will be on Rapid Sequence Intubation (RSI) Assistant.
- Recommendations:
  - Storage needed for training aids
  - Update Orientation Manual
  - Update and implement competencies in 2016
  - Refresher training on infusion pumps.

## SECTION 8: DIRECTOR'S COMMENTS & RECOMMENDATIONS

- Wrote the proposal for employee wage and step scale. To be discussed at the June's BOD meeting.
- Ambulance Bids: Sent request to 5 manufacturers, talked with a total of 3, and received bids back from 2. Recommendation is to order the new ambulance from PL Custom.
- Developed the 2017 DRAFT budget.
- New Hampshire TEMSIS was initiated on June 1<sup>st</sup>. Preparations were taken to ready the service for the transition. ComStar was notified.
- FMLA policy: Currently being worked on, recommendation of formally stating the Service is not large enough to be bound by the Act, however, the Service will attempt to take reasonable steps

to meet the provisions of the Act and the needs of the employee, on a case-by-case basis, as long as an undue burden is not placed upon the service.

- The Service Administration organized a BBQ for EMS Week for our staff. The event was well attended, despite the weather. The staff was very appreciative of the function and effort.
- The Service provided non-dedicated coverage to the Suncook Rod & Gun Club for their fishing derbies on May 8<sup>th</sup> & 15<sup>th</sup>.

**SECTION 9: VEHICLE MAINTENANCE**

- Ambulance 2: MILEAGE: 78,250
  - Placed in service for approximately 1 week.
- Ambulance 3 (Primary): MILEAGE: 70,040
  - Oil Change, Fuel Filter Change, New Tires (and Rims), replaced interior lights that were out, changed out the last Halogen Emergency Lights with LED lights, Changed the rear upper driver's side box light to "Blue", and replaced the drip rail over the rear doors.

**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:                                         | Jeff Gryval                     |
| • 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        |

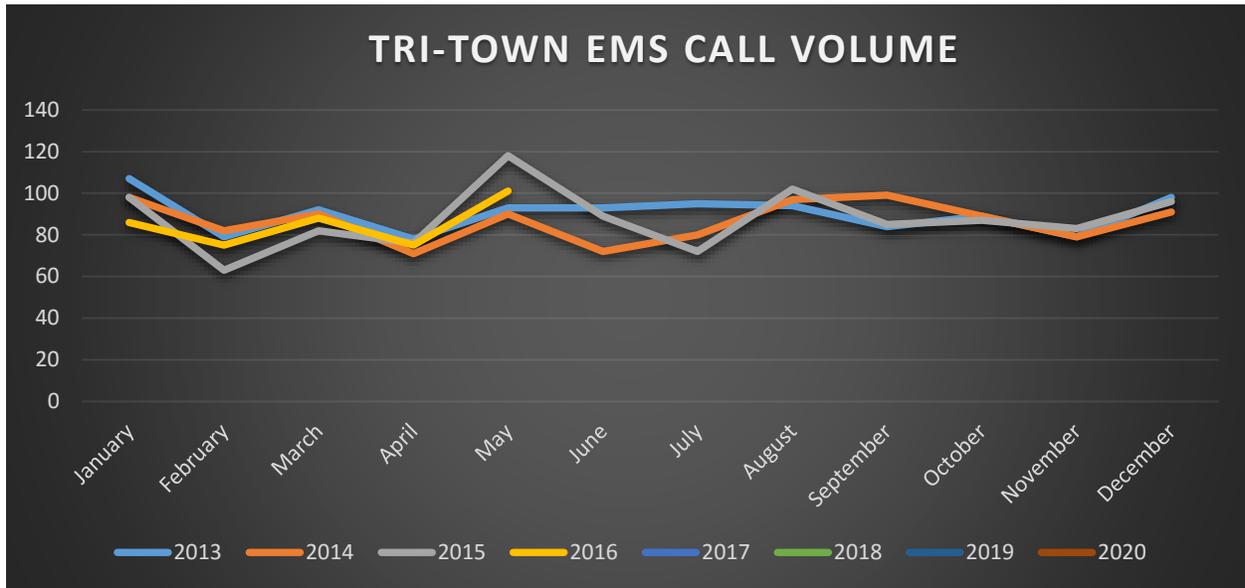


06/05/2016

Christopher Gamache - Director

Date

APPENDIX 1: 4-Year Call Volume History



APPENDIX 2: Revenue Chart

