

TRI-TOWN Emergency Medical Service

Monthly Director's Report

for the Month of

November 2015



Prepared By: *Christopher Gamache, Director*

December 3, 2015



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 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.

REPORT INTRODUCTION

This report was generated on December 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 December 9, 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.nhtemsis.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 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 Services83
 November 2014.....79
- Total Number of Patient’s Transported57
 November 2014.....59
 - Transports to Concord Hospital48 (84%)
 - Transports to Catholic Medical Center (CMC)5 (9%)
 - Transports to Elliot Hospital4 (7%)
 - Transports to Other Hospital0 (0%)
- Total Number of EMS Runs Where Mutual Aid was Received8
 October 2014.....5
 - Concord Fire Department4
 - Epsom Fire Department2
 - Hooksett Fire Department2
 - Other EMS Agency0
- Total Number of Patient’s Refusing Transport to the Emergency Department12
- Total Number of EMS Responses that Resulted in Another Disposition14

SECTION 2: EMS RUN DATA

Average Run Times:

- Reaction Time: 1m 4s (72.29% <1min)
- Response Time:4m 42s (65.6% <5min)
- On-Scene Time:17m 7s (8.43%< 10min; 54.21%< 20 min)
- Transport Time:18m 57s
- Back In Service Time:19m 21s
- Time on Task:1h 1m 34s

EMS Call Location, by Town:

- Allenstown, NH33 (39.76%)
 November 2014.....29
- Pembroke, NH43 (51.81%)
 November 2014.....43
- Deerfield, NH0 (0.0%)
- Manchester, NH.....0 (0.0%)
- Hooksett, NH6 (7.23%)
- Barnstead (including Center Barnstead), NH0 (0.0%)
- Epsom, NH0 (0.0%)
- Concord, NH0 (0.0%)
- Chichester, NH0 (0.0%)
- Loudon, NH1 (1.2%)



Times of Call

Time Period	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total	Percentage
0000 - 0300	1	0	1	3	0	0	3	8	9.64%
0300 - 0600	0	0	1	0	0	0	0	1	1.20%
0600 - 0900	3	2	0	1	1	3	1	11	13.25%
0900 - 1200	3	6	3	3	0	0	3	18	21.69%
1200 - 1500	4	4	2	0	1	2	2	15	18.07%
1500 - 1800	2	2	2	1	1	2	3	13	15.66%
1800 - 2100	0	4	1	2	1	1	1	10	12.05%
2100 - 2400	0	2	1	0	0	2	2	7	8.43%
Unknown	0	0	0	0	0	0	0	0	0.00%
Total	13	20	11	10	4	10	15	83	100%

Runs by Dispatch Reason

Dispatch Reason	# of Times	% of Times
Abdominal Pain	4	4.82%
Assault	1	1.20%
Back Pain (Non-Traumatic / Non-Recent Trauma)	2	2.41%
Breathing Problem	10	12.05%
Cardiac Arrest	3	3.61%
Chest Pain	8	9.64%
CO Poisoning / Hazmat	1	1.20%
Diabetic Problem	3	3.61%
Fall Victim	9	10.84%
Fire Standby	1	1.20%
Headache	1	1.20%
Lift Assist / Invalid Assist	2	2.41%
Medical Alarm	1	1.20%
Motorized Vehicle Crash (Auto /Truck / ATV / Etc).	5	6.02%
Other	2	2.41%
Overdose	4	4.82%
Pain	1	1.20%
Psychiatric / Behavioral Problems	4	4.82%
Seizure / Convulsions	3	3.61%
Sick Person	10	12.05%
Stroke / CVA	1	1.20%
Traumatic Injury	1	1.20%
Unconscious / Fainting	5	6.02%
Unknown Problem / Man Down	1	1.20%
Unknown	0	0.00%
Total	83	100%



Procedure Administered

Procedure Name	#	%
Assessment: Patient Assessment	29	34.94%
Cardiac: 12 Lead ECG Obtained	29	34.94%
Cardiac: 12/15/18 Lead ECG-Transmitted	2	2.41%
Cardiac: CPR (Manual)	1	1.20%
Cardiac: CPR (Mechanical Device)	1	1.20%
Cardiac: Defibrillation (Manual)	1	1.20%
Cardiac: ECG Monitoring	25	30.12%
Movement: Cervical Collar Applied for Stabilization	2	2.41%
Movement: Extrication of Patient	1	1.20%
Musculoskeletal: Spinal Assessment	2	2.41%
Musculoskeletal: Spinal Motion Restriction (With C-Collar)	3	3.61%
Respiratory: Bagged Ventilations (via Tube)	1	1.20%
Respiratory: CPAP	1	1.20%
Respiratory: ETCO2 Colorimetric Detection	1	1.20%
Respiratory: ETCO2 Digital Capnography	3	3.61%
Respiratory: Intubation (Orotracheal)	1	1.20%
Respiratory: Mouth-to-Mask/Mouth Ventilation	1	1.20%
Soft Tissue: General Wound Care	1	1.20%
Vascular: IntraOsseous Insertion	1	1.20%
Vascular: IV Catheterization (Extremity Vein)	51	61.45%
None	31	37.35%

Medication Administered

Medication Name	#	%
Albuterol Sulfate	3	3.61%
Aspirin (ASA)	7	8.43%
DuoNeb (0.5 Atrovent/3.0 Albuterol)	4	4.82%
Epinephrine 1:10,000	1	1.20%
Fentanyl	8	9.64%
Hydromorphone (Dilaudid)	2	2.41%
Ipratropium Bromide (Atrovent)	2	2.41%
Ketorolac (Toradol)	2	2.41%
Methylprednisolone (Solu-Medrol)	3	3.61%
Midazolam (Versed)	1	1.20%
Nitroglycerin	7	8.43%
Nitropaste (Transdermal Nitroglycerin Ointment)	1	1.20%
Normal Saline	22	26.51%
Ondansetron (Zofran)	8	9.64%
Oxygen	7	8.43%
Oxygen (non-rebreather mask)	1	1.20%
Oxygen by Nasal Cannula	3	3.61%
None	50	60.24%



SECTION 3: TRI-TOWN EMS PERSONNEL:

During the month of November 2015, the service removed a Per Diem Paramedic from the roster. During the months of October and November, the service received 4 applications or letters of interest for employment. The Service will reach out to the applicants and set up interviews this month. The applicants are EMT's and AEMT's. 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 (6-Paramedics, 7-AEMT, 4-EMT).....17
- TOTAL WORK FORCE26

SECTION 4: EQUIPMENT

- Service purchased water cooler bases for the station.
- Service purchased one (1) McGrath Video Laryngoscope from Physio-Control. Most of the cost of this device was covered by credits the Service had with Physio-Control.
- Board of Directors approved the PO for the purchase of an ALS Skills Mannequin. Purchase of the mannequin is to be delayed until mid/late December to ensure adequate funds in the 2015 budget.
- The Service's CO detectors that on deployed on service bags and equipment were calibrated with the assistance of Allenstown Fire Department.
- For connectivity purposes and to decrease steps needed to transmit data for the Service's cardiac monitors to the PCR tablets, the Service is looking to replace the mini WiFi devices with air cards.

SECTION 5: CORESPONDENCE WITH OTHER HEALTHCARE AGENGIES

Concord Hospital: Dr. Hirsch, Concord Hospital Medical Director approved the service's Cricothyrotomy training to be used as an on-going refresher for Cricothyrotomy but not as the initial training. Concord Hospital will provide the initial training.

Capital Area Chiefs Meeting: (November 19) Assistant Director Locke attended the meeting.

Allentown Fire Department: Met with FF. Evan to go over the latest NCCP requirements of the National Registry of Emergency Medical Technicians. There are on-going discussion pertaining to Tri-Town EMS involving Allenstown FD in a training program designed to meets the NCCP requirements for EMS providers.

Hooksett Fire Department: Met with a representative of Hooksett Fire Department to go over the latest NCCP requirements of the National Registry of Emergency Medical Technicians.

Medical Control Board Meeting: (November 19) Assistant Director Locke attended the bi-monthly meeting of the Medical Control Board Meeting. The main item of discussion was the use of mechanical chest compression devices and the implementation of "Pit Crew CPR". The changes to the NH EMS Patient Care Protocols are that EMS providers are to consider delaying the deployment of the device for 8 minutes while manual CPR is being performed. The use of BVM respirations is also to be considered



for delay and passive oxygenation with a Non-Rebreather may be performed. The concept of Pit Crew CPR is to be implemented with focus on quality CPR for the first 8 minutes of the resuscitation. Services who are proficient in the deployment of a mechanical device may still deploy the device quickly as long as there is no substantial delay in initiating or performing chest compressions.

American Ambulance Service: (November 19) Director Gamache attended a seminar on Crew Resource Management presented by Scott Schuler. Major theme of the seminar was ensuring medical providers of all levels have the ability to stop unsafe acts. Approximately 440,000 deaths occur each year from preventable medical errors. The healthcare system is looking at ways to decrease this number and EMS is play a part in reducing medical errors.

SECTION 6: REVENUE AND EXPENDITURES

Revenues: Ambulance Billing: \$27,245.13 Legal Document Request: \$50.00 (billed)

Detail Coverage: \$0.00 Paramedic Intercept: \$800.00 (billed)

Total: \$28,095.13

Expenses:

- The service paid \$1,242.76 for supplies and oxygen for the month of November.
- OVERTIME: 39 hours, \$1,050.00

SECTION 7: QUALITY ASSURANCE / QUALITY IMPROVEMENT SUMMARY

- Error documenting Fentanyl was discovered. Appropriate paperwork was completed and sent to Concord Hospital Pharmacy, EMS Manager Sue Prentiss and Medical Director Dr. David Hirsch of Concord Hospital. No further action was required.
- Documenting patient insurance information still needs to be worked on.
- Employees who transfer data from the LP 15 to the PCR tablet, need to add the respiratory rates and add other vital signs when appropriate. QA notes are sent to applicable providers.
- Assistant Director Locke recommends the development of a minimum acceptable standard form for every competency skill, each license level has. These competencies will be an annual or sooner requirement.
- November Training(s):
 - Assistant Director Locke attended ICS 300 from November 4th through the 6th.
 - Director and Assistant Director are taking NH FS&T Instructor I Course, to be completed in December.
 - JEMS Article: Reported Sexual Assaults
 - EMS World Article: Cirrhosis and its Complications

SECTION 8: DIRECTOR'S COMMENTS & RECOMMENDATIONS

- Currently the service's full time employee is working on creating a topic list for 2016 Facebook postings, map books for the service area and researching the development of an apprentice/explorer program at Tri-Town EMS.
- Budget Meetings (Allenstown Board of Selectmen, Allenstown Budget Committee and Pembroke Board of Selectmen)
- The service will be looking to purchase three (3) portable radios in early 2016. The current radios have poor transmission capabilities and one (1) of the three has an antenna problem.



- The service will be looking to purchase two (2) Motorola Minitor VI pagers this year or early next year for the Director and Assistance Director.
- During the month of November, the service responded to three (3) cardiac arrests, one of the calls, the crew was able to get a Return Of Spontaneous Circulation (ROSC). Ultimate outcome of the patient is still yet to be determined. Pembroke Fire Department assisted on this call.

SECTION 9: VEHICLE MAINTENANCE

- Ambulance 2: MILEAGE: 76,475
- Ambulance 3: MILEAGE: 62,039
- Ambulance 3 was taken out of service for the following:
 - Replace both batteries
 - Check electrical and charging system
 - Lube Oil Change and Preventative Maintenance
 - Snow Tires were purchased and put on the ambulance

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: 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
- Tri-Town EMS Assistant Director: Stephanie Locke, NREMT-P



Christopher Gamache - Director

Date



NCCP REQUIREMENTS

NREMT

AEMT

National Requirements	Hours Required	National Requirements	Hours Required
<i>Airway & Ventilation</i>		<i>Airway & Ventilation</i>	
Ventilation	3	Ventilation	3
Oxygenation	1	Oxygenation	1
<i>Cardiovascular</i>		<i>Cardiovascular</i>	
Post-resuscitation Care	0.5	Post-resuscitation Care	0.5
Stroke	1	Stroke	1
Cardiac Arrest & V.A.D.	0.5	Cardiac Arrest & V.A.D.	0.5
Pediatric Cardiac Rate Disturbances	1	Pedi Cardiac Rate Disturbances	1
Pediatric Cardiac Arrest	2	Pediatric Cardiac Arrest	2
Acute Coronary Syndrome	1	Acute Coronary Syndrome	1
<i>Trauma</i>		<i>Trauma</i>	
CNS Injury	0.5	CNS Injury	0.5
Tourniquets	0.5	Tourniquets	0.5
Field Triage/MCI	1	Field Triage/MCI	1
<i>Medical</i>		<i>Medical</i>	
Special Healthcare Needs	1	Special Healthcare Needs	1
OB Emergencies	1	OB Emergencies	1
Psychiatric Emergencies	1.5	Psychiatric Emergencies	1.5
Endocrine (DM, DKA, Pumps, etc.)	1	Endocrine	1
Communicable Diseases	0.5	Communicable Diseases	0.5
Immunological (allergic rxn, etc.)	1	Immunological	1
<i>Operations</i>		<i>Operations</i>	
At Risk Populations	0.5	At Risk Populations	0.5
Pediatric Transport	0.5	Pediatric Transport	0.5
Affective Characteristics	0.5	Affective Characteristics	0.5
Role of Research	0.5	Role of Research	0.5
Total Hours: 20		ALS Education - Provider's Choice	5
Local Requirements	Hours Required	Total Hours: 25	
Protocol Roll out (available on NHOODLE)	1	Local Requirements	Hours Required
Documentation (available on NHOODLE)	1	Protocol Roll out (NHOODLE)	1
Advanced Spinal Assessment	1	Documentation (NHOODLE)	1
Trauma Triage/AMT, Etc.	1	Spinal Assessment (NHOODLE)	1
RSI Assistant	2	Trauma Triage/AMT, Etc.	1
Annual Safety	2	RSI Assistant	2
Pharmacology	1	Annual Safety	2
Annual Skills Competencies	1	Pharmacology	2
		Annual Skills Competencies	1.5
		Rhythm Interpretation	1
Total Hours: 10		Total Hours: 12.5	
Individual Requirements	Hours Required	Individual Requirements	Hours Required
Topics chosen by the individual provider		Topics chosen by the individual provider	
Total Hours: 10		Total Hours: 12.5	
Overall Hours: 40		Overall Hours 50	

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NCCP REQUIREMENTS

Paramedic

National Requirements	Hours Required	Individual Requirements	Hours Required
<i>Airway & Ventilation</i>		Topics chosen by the individual provider	
Ventilation	2	Total Hours:	
Capnography	1		
Advanced Airway - Perfusing Patient	1	Overall Hours 60	
<i>Cardiovascular</i>			
Post-resuscitation Care	2		
Stroke	1.5		
Ventricular Assist Device	0.5		
Pediatric Cardiac Arrest	2.5		
Congestive Heart Failure	0.5		
Cardiac Arrest	2		
Acute Coronary Syndrome	1		
<i>Trauma</i>			
CNS Injury	2		
Tourniquets	0.5		
Field Triage/MCI	1		
Fluid Resuscitation	0.5		
<i>Medical</i>			
Special Healthcare Needs	2		
OB Emergencies	1		
Psychiatric Emergencies	1		
Medication Delivery	1		
Communicable Diseases	1		
Pain Management	1		
<i>Operations</i>			
At Risk Populations	1		
Pediatric Transport	0.5		
Affective Characteristics	1		
Role of Research	1		
Crew Resource Management	1		
Culture of Safety	0.5		
Total Hours: 30			
Local Requirements	Hours Required		
Protocol Roll out (available on NHOODLE)	1		
Documentation (available on NHOODLE)	1		
Advanced Spinal Assessment (NHOODLE)	1		
Trauma Triage/AMT, Etc.	1		
RSI Training/RSI Assistant	2		
12 leads/Rhythm Interpretation	2		
Surgical Cricothyrotomy	1		
Pharmacology	2		
Annual Safety	2		
Annual Skills Competencies	2		
Total Hours:		15	

Distributive Education Maximum Hours

EMT	
National Requirements:	7
Local Requirements:	7
Individual Requirements:	10
Total Hours: 24	

AEMT	
National Requirements:	8
Local Requirements:	8
Individual Requirements:	12.5
Total Hours: 28.5	

Paramedic	
National Requirements:	10
Local Requirements:	10
Individual Requirements:	15
Total Hours: 35	

Distributive Education (DE) is defined as video review, directed studies, magazine articles, etc. where the instructor and the student are not in the same room at the same time.

Updated November 2015





Tri-Town Emergency Medical Service

247 Pembroke St, Pembroke NH 03275-0219
Emergency: 9-1-1 Bus: 485-4411 Fax: 485-5534
Serving – Allenstown - Pembroke

Tri-Town Emergency Medical Services
Board of Directors
Wednesday, 3:30¹ PM, December 9th, 2015
Pembroke Town Hall

AGENDA²

- Approve minutes of previous meeting(s).
- Approve expenditures.
- Approval of purchase orders.
- Discuss ComStar revenue report.
- Director's Report.
- Discuss status of CAG litigation.
- Annual election of officers, Chairperson, Vice-Chairperson.
- Non-Public Session in accordance with the provisions of RSA 91-A:3,II(a).

NOTICES REGARDING THE CONDUCT OF THE MEETING.

- Meetings may be electronically recorded in any manner for the purpose of preparing written minutes. A record of the meeting is available for public inspection not later than five (5) business days after the meeting, as required by RSA 91-A:2, II. Minutes are ordinarily approved at the next Regular Meeting of the Board.
- If you require accommodations under the Americans with Disabilities Act of 1990 (as amended), please contact the Director by telephone (603-485-4411) or email (unahollzsd@allenstownnh.gov).

¹ Any time noted on an agenda is approximate only, and may not reasonably create an expectation that an item will be reached at that time. Items are normally taken up in the order in which they appear unless modified by the Board.

² The Board reserves the right to hold any non-public session during the Regular Meeting, whether noted on the Agenda or not. Notice of a non-public session on an agenda is for planning purposes only. The citations to the Right-to-Know Law, set out at NH RSA 91-A, are provisional and may be revised as circumstances require.

