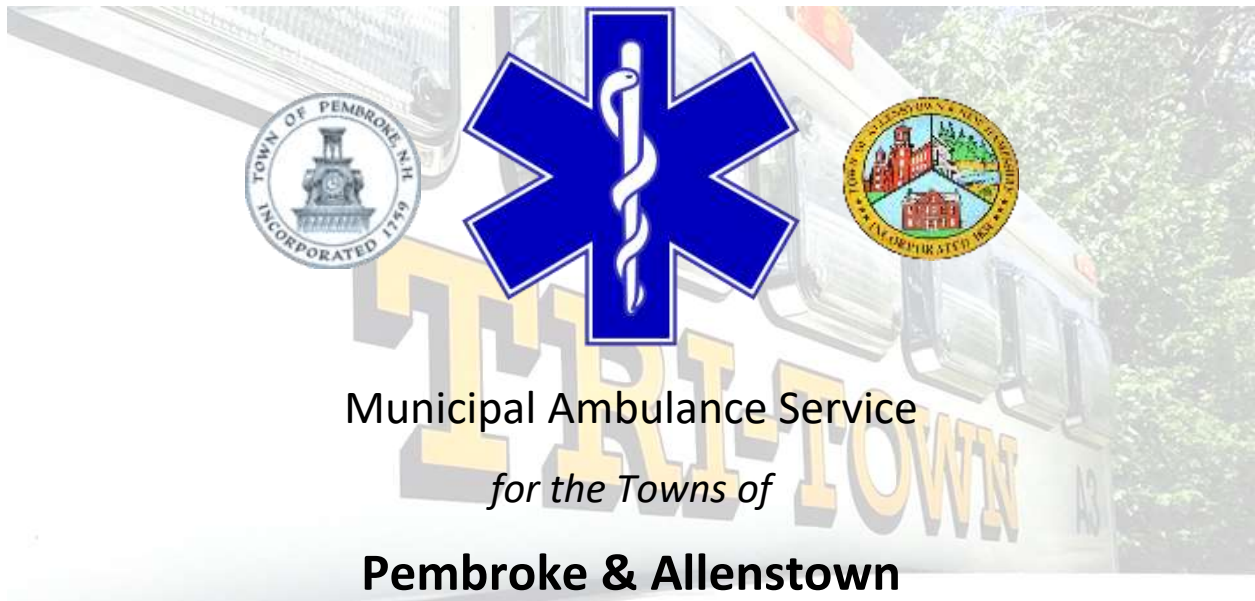


**TRI-TOWN Emergency Medical Service**

**Monthly Director's Report**

*for the Month of*

***December 2016***



**Municipal Ambulance Service**

*for the Towns of*

**Pembroke & Allenstown**



Prepared By: *Christopher Gamache, Director*

January 11, 2017



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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 January 11, 2017 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 January 11, 2017. 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 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 .....73  
December 2015.....96
- Total Number of Patient’s Transported .....52 (71.23%)  
December 2015.....57
  - Transports to Concord Hospital ..... 40 (76.9%)
  - Transports to Catholic Medical Center (CMC) ..... 7 (13.46%)
  - Transports to Elliot Hospital ..... 5 (9.61%)
  - Transports to Other Hospital ..... 0 (0%)
- Total Number of EMS Runs Where Mutual Aid was Received .....3  
December 2015.....8
  - Concord Fire Department .....3
  - Epsom Fire Department .....0
  - Hooksett Fire Department .....0
  - Other EMS Agency .....0
- Total Number of Patient’s Refusing Transport to the Emergency Department .....12
- Total Number of EMS Responses that Resulted in Another Disposition ..... 9

**SECTION 2: EMS RUN DATA**

**Average Run Times:**

- Reaction Time: ..... 0m 43s
- Response Time: ..... 5m 34s
- On-Scene Time: ..... 21m 53s
- Transport Time: ..... 19m 57s
- Back In Service Time: ..... 18m 37s
- Time on Task: ..... 1h 6m 45s

**EMS Call Location, by Town:**

- Allenstown, NH .....34 (46.6%)  
November 2015.....46
- Pembroke, NH .....34 (46.6%)  
November 2015.....47
- Hooksett, NH .....3 (4.1%)
- Barnstead, NH .....0 (0.0%)
- Deerfield, NH .....0 (0%)
- Epsom, NH .....1 (1.4%)
- Concord, NH .....1 (1.4%)



### Time of Calls (Time of Day & Day of the Week)

(TIME)	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
0000-0259	2	0	1	1	1	0	1
0300-0559	0	2	1	0	3	0	2
0600-0859	2	2	1	1	1	1	2
0900-1159	0	1	2	1	3	2	2
1200-1459	2	3	1	0	4	2	0
1500-1759	1	2	0	1	4	1	0
1800-2059	1	1	0	1	1	2	2
2100-2359	2	0	3	1	1	0	2
<b>TOTALS:</b>	<b>10</b>	<b>11</b>	<b>9</b>	<b>6</b>	<b>18</b>	<b>8</b>	<b>11</b>

### Incidents by Dispatch Reasons

Incident Complaints Reported by Dispatch	Number of Incidents	Percentage of Total Incidents
Chest Pain (Non-Traumatic) (10)	11	15.07%
Breathing Problems (6)	8	10.96%
Falls (17)	8	10.96%
Sick Person (26)	7	9.59%
Overdose / Misuse of Meds / Poisoning (23)	6	8.22%
MVC / Transportation Incident (23)	4	5.48%
Medical Alarm (32)	3	4.11%
No Other Appropriate Choice	3	4.11%
Stroke / CVA / TIA (28)	3	4.11%
Abdominal Pain / Problem (1)	2	2.74%
Back Pain (Non-Traumatic) (5)	2	2.74%
Diabetic Problem (13)	2	2.74%
Unconscious / Syncope	2	2.74%
Allergic Reaction / Stings / Bites (2)	1	1.37%
Altered Mental Status (26)	1	1.37%
Burns / Explosion (7)	1	1.37%
Cardiac Arrest / Death (9)	1	1.37%
Chocking (11)	1	1.37%
Dizziness (26)	1	1.37%
Eye Problem / Injury (16)	1	1.37%
Intercept	1	1.37%
Pain (26)	1	1.37%
Seizure (12)	1	1.37%
Standby	1	1.37%
Unknown Problem / Person Down (32)	1	1.37%



### Procedures Performed By EMS Personnel

<u>Procedure Name</u>	<u># of Times Procedure Performed</u>	<u>Percent of Incidents Procedures Performed (%)</u>
Vascular: IV/Extremity Vein Catheterization	41	28.28%
12-Lead ECG	28	19.31%
Patient Assessment	14	9.66%
Cardiac Monitoring (4-Lead ECG)	13	8.97%
etCO2 Digital Capnography	4	2.76%
Stroke Assessment	2	1.38%
CPR (Manual)	2	1.38%
Splinting (General)	2	1.38%
CPR (Mechanical Device)	1	0.69%
Cervical Collar	1	0.69%
BVM Ventilations (via Endotracheal Tube)	1	0.69%
CPAP	1	0.69%
Endotracheal Intubation	1	0.69%
Suction Airway	1	0.69%
General Wound Care	1	0.69%
Intraosseous Cannulation (I.O.)	1	0.69%
Venous Catheter (I.V.) Removal	1	0.69%

### Medications Administered by EMS Personnel

<u>Medication Name</u>	<u># of Times Medication Administered</u>	<u>Percentage of Incidents Medications Administered</u>
Normal Saline	16	12.50%
Ondansetron (Zofran)	11	8.59%
Naloxone (Narcan)	10	7.81%
Nitroglycerin	9	7.03%
Aspirin	7	5.47%
Oxygen	7	5.47%
Epinephrine 1:10,000	6	4.69%
Dextrose / Oral Glucose	5	3.91%
DuoNeb (Ipratropium Bromide & Albuterol)	5	3.91%
Fentanyl	3	2.34%
Glucose	2	1.56%
Sodium Bicarbonate	2	1.56%
Adenosine (Adenocard)	1	0.78%



Dextrose 10% (D10)	1	0.78%
Diltiazem (Cardizem)	1	0.78%
Hydromorphone / Dilaudid	1	0.78%
Ketorolac / Toradol	1	0.78%
Metaclopramide (Reglan)	1	0.78%
Epinephrine Infusion	1	0.78%

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

During the month of December 2016, Tri-Town EMS hired a Per Diem EMT. The new hire will start Orientation after the start of the new year. The current staffing of Tri-Town EMS:

• Full Time Employees (4- Paramedics).....	4
• Part Time Employees (1-Paramedics, 2-AEMT, 2-EMT).....	5
• Per Diem Employees (4-Paramedics, 7-AEMT, 4-EMT).....	15
• TOTAL WORK FORCE .....	24

**SECTION 4: EQUIPMENT**

- Stryker Stair Chair was ordered to be placed on the new ambulance.
- Two (2) Ferno Scoop Stretchers were order to be place on the new ambulance.
- Two (2) AED trainers were ordered.
- Malfunctioned AED trainer was replaced by the manufacturer.
- Service took delivery of two (2) SurfacePRO Tablets and placed them into service.

**SECTION 5: COORESPONDENCE WITH OTHER PUBLIC SAFTEY / HEALTHCARE AGENGIES**

*Boston Children’s Hospital:* Dr. Straehla reached out to Tri-Town EMS, at the request of a family, for the possibility of the assisting in the home treatment of a terminally ill child.

*Concord Fire Department:* 1) Met with Deputy Chief Sean Toomey about Tri-Town EMS’ role in the City of Concord Mutual Aid.

*Concord Hospital:* 1) Dr. David Hirsch met with the Service at the station to discuss EMS Operations.

*Capital Area Mutual Aid Compact:* Coordinating mutual aid agreements between Tri-Town EMS and eight (8) communities, with Chief Gilbert of the mutual aid compact, as he indicated he doesn’t feel a global agreement between Tri-Town EMS and the Capital Area Mutual Aid Compact is possible.

*Capital Area Public Health Network:* Attended the meeting; P.O.D.s and Sheltering were the major topics for the meeting. Opiate problem and Citizen Corp were also mentioned.

*PEMBROKE FIRE DEPARTMENT:* Looking to set up CPR course(s) for their staff.

*PEMBROKE POLICE DEPARTMENT:* Confidential Business.



## SECTION 6: REVENUE AND EXPENDITURES

### Revenues:

Ambulance Billing: \$42,599.00 Legal Document Request: \$0.00  
Detail Coverage: \$0.00 CPR Course: \$100.00 (received) Paramedic Intercept: \$0.00  
**Total: \$42,599.00**

### Expenses:

- The service paid \$720.68 for supplies and oxygen for the month of December.
- Payroll 12/8/16: \$16,612.90
- Payroll 12/22/16: \$15,287.82
- OVERTIME: 45.5 hours, \$1,370.25

## SECTION 7: QUALITY ASSURANCE / QUALITY IMPROVEMENT SUMMARY

- EMS crews are continued to be reminded to enter cardiac and 12-leads as a procedure and to attach a tracing with their patient care reports. With the new tablets having arrived, the Service coordinated with ImageTrend and Physio Control to be able to transfer the data from the monitor to the tablet and import it into the PCR. This should improve the compliance with having ECG(4-Lead & 12-Lead) as part of the PCR.
- EMS Crews are continuously reminded obtain Social Security Numbers and insurance information OR add the reason why in the narrative.
- Chris Gamache, Dan Fitzgerald, Edward Higgins, and Irina Higgins responded to a Cardiac Arrest in Allenstown and successfully resuscitated the patient. Aggressive post-resuscitation care was provided which allowed the patient to be further treated in the hospital. Patient ultimately expired a week later in the hospital.
- November's Training(s):
  - JEMS Article: Special K or Special Situations: A Review of Ketamine for Prehospital Use. – 10/23 employees completed the training.
  - EMS World Article: Getting the Most from your Physical & History Part 4: The Acute Abdomen – 10/23 employees completed the training.
  - NCCP Training: Ventilation - Course by Christopher Gamache BS, NRP. – 9/23 employees attended the training and a total of 15 people were in attendance.
  - Monthly Skills: 10 employees completed all skills training, 0 partially completed the skills training and 13 employees did not complete the skills training.
  - All employees have completed EMS in the Warm Zone and High Performance CPR.
- January's NCCP training will be at the Pembroke Public Safety Center on January 10<sup>th</sup> with the topic being Cardiac Arrest and LVAD by Dr. David Hirsch and Battalion Chief Aaron McIntire of Concord Fire Department.
- Finalize the FTO Program.
- Shift trainings to start in January.



- Recommendation to hold two (2) skills days in 2017 for employees to schedule time to come in to complete competencies.

#### SECTION 8: DIRECTOR'S COMMENTS & RECOMMENDATIONS

- The Business Reply Mail Account and all associated business with the USPS was completed. Patient Surveys to start in January 2017.
- Ambulance Billing Tracking Logs were created. This will be used by the Director to show all patient accounts starting 1/1/2017 and update with patient face sheets and ComStar reports, so that the Service knows the status of each account. A second log was created to be maintained by one of the full time employees to track mailers, Patient Privacy Notices and to send out letters to Self Pay Patients. This second log will be check at least on a monthly bases by the Service Director.
- The two (2) new tablets are set up and running. Staff is being trained on how to transfer patient data from the LP 15 to the tablet and ultimately to the patient care report.
- Tri-Town EMS is an active participant in the Capital Area Public Health Network. The states opiate problem is discussed regularly, with the Service Director expressing the concerns of Tri-Town and that of Allenstown and Pembroke. To goal is to look at what other communities are doing to address the issue and develop a meaningful program to be implemented in Allenstown and Pembroke.
- Communicating with Ossipee Mountain Electronics to order among other items, a radio and repeater for the new ambulance. This radio will be in the cab of the new ambulance and a separate radio will be used in the patient compartment. This will allow the receiving hospital to be communicated without interfering with the ability to communicate with the dispatch center. Since the Service is utilizing a radio that is not being used by the Allenstown Fire Department, there will be a cost savings as a cable is not needed to connect the cab to the patient compartment.
- Coordinated with ComStar to attend the January 2017 Board of Director's meeting to go over the billing procedures and to answer questions the members of the board may have.

#### SECTION 9: VEHICLE MAINTENANCE

- Ambulance 2: MILEAGE: 79,800
- Ambulance 3 (Primary): MILEAGE: 80,500
  - No heat in the patient compartment, most likely the Thermostat
  - Oil Pressure Transmitter was bad
  - Oil Change needed.
  - Sent to 3B for Maintenance at the end of December.



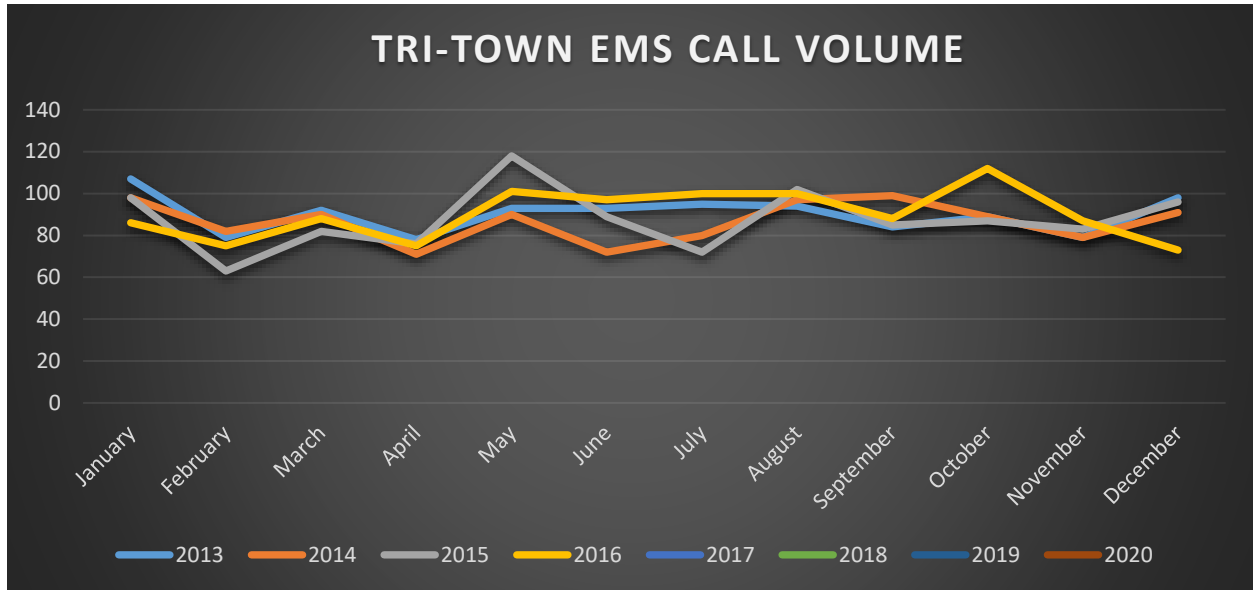


SECTION 10: TRI TOWN EMERGENCY MEDICAL SERVICE LEADERSHIP

- 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: James O' Mara
- Pembroke Member-At-Large: Robert "Bob" Bourque
- Tri-Town EMS Employee Member: Hearshell VanLuven, NRP
- Tri-Town EMS Director: Christopher Gamache BS, NRP
- Tri-Town EMS Assistant Director: Stephanie Locke, NRP, I/C



APPENDIX 1: 4-Year Call Volume History



APPENDIX 2: Revenue Chart

