



Nashua, NH

380 West Hollis Street, Nashua, NH 03060

Business Phone: (603) 882-5330; Business Fax: (603) 598-9403

City of Nashua, NH

Monthly 9-1-1 Ambulance Activity Report

For the Period between:

January 01, 2012 through January 31, 2012



This report contains the data and information required by the City of Nashua, New Hampshire in the agreement between Nashua and American Medical Response (hereafter AMR) that was made on September 30th, 2011. The contents of this report reference the requests for Emergency Medical Services (here after EMS) provided to the community by the three primary response ambulances required by the agreement.

This report utilized data from the city's CAD program as well as AMR's data base of EMS reports generated by the contractually dedicated ambulances operating under the dispatch control of Nashua Fire Rescue.

Section II.M.2.a: Number of EMS response made: 725

Section II.M.2.b: Number of Patients transported: 591

Section II.M.2.c: Number of Patients receiving Advance Life Support (ALS): 333

Section II.M.2.d: Nature of Patient's problems (transported):

ABDOMINAL PAIN ALS CRITERIA	21
ALLERGIC REACTION ALS CRITERIA	2
ALS EMERGENCY	2
ALS INTERCEPT	1
ANIMAL BITE ALS CRITERIA	1
BACK PAIN ALS CRITERIA MET	4
BACK PAIN BLS CRITERIA MET	3
BLEEDING (NON-TRAUMATIC) ALS	17
BLEEDING (NON-TRAUMATIC) BLS	1
BREATHING DIFFICULTIES ALS	92
CARDIAC / RESPIRATORY ARREST	3
CARDIAC DISORDER ALS CRITERIA	74
CHOKING PATIENT ALS CRITERIA	1
CVA (STROKE) ALS CRITERIA	14
DIABETIC ALS CRITERIA MET	6
EMOTIONALLY DISTRESSED ALS	20
EMOTIONALLY DISTRESSED BLS EME	3
ENVIRONMENTAL EMERGENCIES ALS	1
FALL/ACCIDENT ALS CRITERIA MET	43
FALL/ACCIDENT BLS CRITERIA MET	4
GYNECOLOGY/MISCARRIAGE ALS	1
HEADACHE ALS CRITERIA MET	2
MEDFLIGHT HELIPAD TRANSPORT	3
MOTOR VEHICLE ACCIDENT ALS	31



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MOTOR VEHICLE ACCIDENT BLS	1
OVERDOSE ALS CRITERIA MET	23
PREGNANCY/CHILDBIRTH ALS	1
SICK/UNKNOWN ALS CRITERIA MET	32
SICK/UNKNOWN BLS CRITERIA MET	74
TRAUMA W/INJURY ALS CRITERIA	11
TRAUMA W/INJURY BLS CRITERIA	7
UNCONCIOUS/SYNCOPE/UNRESP ALS	1
	43

Section II.M.2.e: Number of patient refusals or false alarms:

Number of Patient Refusals or false alarms: 138

Section II.M.2.f: Average non-ALPHA response time, time on scene and transport time:

Average Response Time: 05:28
 Average Time On Scene: 17:28
 Average Transport Time: 07:52

Section II.M.2.g: An explanation of all non-ALPHA emergency responses that exceed the NFPA 1710 standard:

MINIMUM REQUIRED NFPA1710 RESPONSE STANDARD: 90%
 ACTUAL NFPA170 RESPONSE STANDARD ACHIEVED: 92%

Section II.M.2.h: Date, time, duration and reason of stand-bys:

12-633	4 WARTON RD	BUILDING FIRE
12-144	66 CHESTNUT ST	BUILDING FIRE
12-473	5 SUNBLAZE DR	BUILDING FIRE



Section II.M.2.i: Date, time, duration and receiving community of mutual aid requests for service out of Nashua:

1/1/2012	12-35	8 MINUTES	TO MERRIMACK
1/5/2012		29 MINUTES	TO HUDSON
1/28/2012	12-1924	21 MINUTES	TO HUDSON
TOTAL GIVEN	3	58 MINUTES	

Section II.M.2.j: Date, time, duration and sending community of mutual aid requests for service into Nashua:

1/1/2012	12-16	64 MINUTES	HUDSON
1/10/2012	12-664	31 MINUTES	HUDSON
1/29/2012	12-1977	17 MINUTES	HUDSON
1/29/2012	12-1978	40 MINUTES	HUDSON
TOTAL RECEIVED	4	152 MINUTES	

Section II.M.2.k: Payer class spread (Less than 10 listed under "other"):

NATIONAL HERITAGE INS CO	245
UNKNOWN AT TIME OF TRIP	148
NEW HAMPSHIRE MEDICAID	73
ANTHEM BC/BS	38
AETNA NON-HMO - NON CONTRACTED	10
HARVARD PILGRIM HEALTH CARE	10
OTHER	21



Section II.M.2.l: Number of Mechanical Failures:

There were no mechanical failures for the reporting period.

Section II.M.2.m: Personnel changes, levels of certification upgrades:

Spreadsheet provided separately to Kerran Vigroux.

Section II.M.2.n: Vehicle maintenance log activity:

There was no maintenance activity for the reporting period.

Section II.M.2.o: Discuss complaints or other relevant issues:

Any and customer concerns brought to the attention of AMR were resolved to the satisfaction of the patient.

For the month of January 2012 additional AMR ambulances were provided to the city beyond what is required 25 times.

Ongoing and/or relevant action items also included:

- EMT-Refreshers for Nashua Fire Rescue scheduled and still in progress. They will be completed in early February. The feedback from NFR was been very positive. AMR provided Nashua Fire Rescue with 1,536 hours of on-site refresher training programs for their members at no cost to the City as required. Nashua Police also took part in the refresher programs to a limited degree. All course material was approved by the State of NH Bureau of EMS and all participants will receive official certifications of completion required for the re-certification process. In total, 13 First Responders, 35 EMT-Basics and 15 EMT-Intermediates received refresher training.
- AMR is continuing to work with our medical control physician and medical resource hospital to monitor and address any national medication shortage issues that may arise including developing plans for alternative medications for certain protocols should that become necessary. There remains a constantly changing national shortage of several commonly supplied medications that many NH EMS units carry.



- AMR donated an automated external defibrillator and storage case to the Nashua Police Athletic League's Ash Street Community Center this month. AMR will also provide no cost training to the staff of PAL. Additional AED donations are planned for the coming months.
- AMR staff coordinated with Dartmouth Hitchcock staff to tour and plan for emergencies in the newly opened facility at Exit 8.
- AMR staff is coordinating with the staff of Keystone Hall to familiarize crews with the new facility, its capabilities and transportation needs.
- AMR is participating in the City of Nashua Community Health Assessment leadership committee.
- Delivery of MCI trailer complete. Currently being set-up and stocked. Scheduled deployment is prior to March 31, 2011.
- Completed installation of a computer terminal and software at Nashua Fire Rescue dispatch to allow NFR dispatchers to track the AMR Nashua 9-1-1 vehicles in real time for enhanced dispatching capabilities.
- On-going discussion with Nashua Fire Rescue dispatch about enhancing pre-alert procedures to increase crew notification time of an incoming call. Awaiting approval from the command staff of NFR.
- Patient satisfaction survey program began on October 1, 2011. There is sample questionnaire attached to this report. There is insignificant statistical data available at this time to provide a meaningful report. AMR currently sends 1,500 random surveys out via US Mail monthly and also lists the survey web site on all patient account statements.
- Application process for AMR Nashua CAAS accreditation began on October 10, 2011. AMR has submitted all required data for the accreditation process to proceed. The CAAS panel of commissioners next scheduled meeting is at the end of February and we expect them to vote on the disposition of our application at that time.
- AMR continues to provide community ALS ambulance coverage at community events in Nashua.
- Numerous visits were made to local community locations to introduce AMR and interact with the community.



- The process to develop, plan and perform the first of the required annual training exercises of the EMS function group will begin in late February.
- Updated certificates of insurance and a copy of AMR's renewed NH State EMS Transport license were forwarded to the City as required.
- Installation of mobile data terminals in all 9-1-1 ambulances is complete. These units now have real time GPS map finding capability as well as touch screen call information and updating capability.
- AMR will be upgrading its patient care report software to the newest version (MEDSIII) available during March and April. The latest version will provide better QI capabilities, reporting performance and other enhancements to continue to improve documentation capabilities.
- Beginning in February 2012 AMR has invited the Emergency Medical Directors and EMS Managers of both Nashua hospitals to regularly attend our monthly Nashua AMR leadership meetings. The inclusion of these key personnel is designed to increase feedback for enhanced operational system performance and clinical care.
- 2012 QI goals have been established to monitor clinical performance of AMR's caregivers. The areas of focus for 2012 are:
 - Percentage of CPAP uses verses intubation/diuretic therapy with outcomes including hospital acquired infection rates from intubation.
 - Compliance of ASA to protocol for suspected MI/chest pain
 - LUCUS 2 outcomes