



Nashua, NH

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City of Nashua, NH
Monthly 9-1-1 Ambulance Activity
Report

For the Period between:

June 01, 2014 through June 30, 2014





This report contains the data and information required by the City of Nashua, New Hampshire (hereafter Nashua) 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 (hereafter EMS) provided to Nashua by the three primary response ambulances required under the agreement. The contents of this report contain no protected health information (PHI) or patient identifiable data.

This report is compiled utilizing data from the Nashua's CAD program (IMC) 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: 840

Section II.M.2.b: Number of Patients transported: 683

Section II.M.2.c: Number of Patients receiving Advance Life Support (ALS): 343

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

SICK/UNKNOWN ALS CRITERIA MET	119
BREATHING DIFFICULTIES ALS	68
FALL/ACCIDENT ALS CRITERIA MET	57
CARDIAC DISORDER ALS CRITERIA	56
UNCONCIOUS/SYNCOPE/UNRESP ALS	36
SEIZURES ALS CRITERIA MET	35
MOTOR VEHICLE ACCIDENT ALS	32
TRAUMA W/INJURY ALS CRITERIA	29
EMOTIONALLY DISTRESSED ALS	27
OVERDOSE ALS CRITERIA MET	17
CVA (STROKE) ALS CRITERIA	15
BLEEDING (NON-TRAUMATIC) ALS	9
ALLERGIC REACTION ALS CRITERIA	8
ABDOMINAL PAIN ALS CRITERIA	7
CARDIAC / RESPIRATORY ARREST	6
DIABETIC ALS CRITERIA MET	5
BACK PAIN ALS CRITERIA MET	4
TRAUMA W/INJURY BLS CRITERIA	4
MEDFLIGHT HELIPAD TRANSPORT	3
SICK/UNKNOWN BLS CRITERIA MET	3
ALS EMERGENCY	2
BLEEDING (NON-TRAUMATIC) BLS	2
FALL/ACCIDENT BLS CRITERIA MET	2
GYNECOLOGY/MISCARRIAGE ALS	2
HEADACHE ALS CRITERIA MET	2
NEUROLOGICAL/HEAD INJURIES ALS	2
ABDOMINAL PAIN BLS CRITERIA	2





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BACK PAIN BLS CRITERIA MET	1
BREATHING DIFF NON-EMERGENT	1
CHOKING PATIENT ALS CRITERIA	1
EMOTIONALLY DISTRESSED BLS EME	1
ENVIRONMENTAL EMERGENCIES ALS	1
FIRE STAND BY	1
OVERDOSE BLS CRITERIA MET	1
SICK/UNKNOWN NON-EMERGENT	1

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

Number of Patient Refusals or false alarms: 157

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

Average Response Time: 0:04:40

Average Time On-Scene: 0:14:00

Average Transport Time: 0:07:29

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:	93%

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

None for the reporting period.

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

6/13/2014	MUTUAL OUT	14-13136	TO MERRIMACK
6/19/2014	MUTUAL OUT	14-13767	TO MERRIMACK
6/26/2014	MUTUAL OUT	14-14491	TO MERRIMACK





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

6/2/2014	MUTUAL IN	14-12003	MERRIMACK
6/6/2014	MUTUAL IN	14-12466	HUDSON
6/14/2014	MUTUAL IN	14-13248	HUDSON
6/17/2014	MUTUAL IN	14-13588	HUDSON
6/18/2014	MUTUAL IN	14-13671	HUDSON
6/18/2014	MUTUAL IN	14-13695	HUDSON
6/27/2014	MUTUAL IN	14-14620	HUDSON
6/28/2014	MUTUAL IN	14-14676	HUDSON
6/29/2014	MUTUAL IN	14-14777	HOLLIS

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

NATIONAL GOVERNMENT SERVICES, INC	323
UNKNOWN AT TIME OF SERVICE	130
MERIDIAN HEALTH PLAN	50
ANTHEM BC/BS	47
WELLSENSE	23
NHHF - NH HEALTHY FAMILIES	17
CARELINK CIGNA	14
HARVARD PILGRIM HEALTH CARE	13
OTHER (LESS THAN 10)	25

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 to Kerran Vigroux.



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

7 –

DATE	VMRS CODE	PART NUMBER/MECHANIC	DESCRIPTION	TYP	ERS/QTY
061614	072-008-000	AEV202LT	LATCH W\O LOCK	RPL	1.0
061614	072-008-000	0019885652 AlexS	HANDLELATCH TYPE	RPL	1.2
			THE LEFT REAR DOOR WOULD NOT OPEN. I PULLED THE DOOR PANEL	**	
			AND FOUND THE LATCH WAS BUSTED. I INSTALLED A NEW LATCH AND	**	
			VERIFIED THE OPERATION OF THE DOOR	**	

8 – none

9 – none

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

- Any customer concerns brought to the attention of AMR were resolved to the satisfaction of the customer.
- For the month of June 2014 AMR ambulances responded to 11 calls with additional non-dedicated AMR ambulances beyond what is required by our agreement.
- AMR has successfully completed the off-site review portion its re-accreditation process with the Commission on Accreditation of Ambulance Services. We are awaiting an on-site evaluation date.
- AMR crews participated in the below listed community events this month:

6/4 - Mass Casualty Drill at Nashua FD - Tabletop

6/17 – Public education - When to call 911 w/ Stroke St. Joes assisting at Coliseum for elderly community

6/17 - Hosted CERT team cookout at Nashua Station

6/25 -Regional EVOC (safe driving) competition in Springfield, MA

6/26 - Elder wrap meetings