



Nashua, NH

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

*For the Period between:*

*February 01, 2015 through February 28, 2015*





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 30<sup>th</sup>, 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: 776**

**Section II.M.2.b: Number of Patients transported: 622**

**Section II.M.2.c: Number of Patients receiving Advance Life Support (ALS): 344**

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

UNK PROBLEM/OTHER CODE NOT APP	101
BREATHING PROBLEMS	61
NO PRIORITY SYMPTOMS/SICK PERSON	59
ABNORMAL BREATHING	44
UNKN STATUS/OTHER CODES N APPL	44
UNKN STATUS/OTHER CODES NOT AP	31
NOT DANGEROUS BODY AREA	27
UNWELL/ILL	24
ABDOMINAL PAIN	18
POSSIBLY DANGEROUS BODY AREA	18
SUICIDAL AND ALERT	15
FAINTING EPISODE/ALERT>35	14
INJURIES	14
BACK PAIN NON TRAUMATIC	12
POSSIBLY DANGEROUS HEMORRHAGE	12
UNKN/OTHER CODES NOT APPLY	12
OTHER PAIN	10
UNCONS/EFFECTIVE BREATHING	9
UNKN STAT/OTHER CODES NOT APPL	8
BREATHING NORMALLY <35	6
NO SEIZING NOW/BREATHING EFFEC	6
DIABETIC PROBLEM/ALERT	5
MEDICAL ALARM NOTIF(NO PT INFO	5
NOT BREATHING AT ALL	4
SERIOUS HEMORRHAGE	4
ALTERED LEVEL OF CONSCIOUSNESS	4
ACUITY UNKOWN	3





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CARDIAC HX	3
CONVULSIONS / SEIZURES	3
EFFECT BREATH NOT VERIFIED<35	3
EMERGENCY AMBULANCE TRANSPORT	3
NOT ALERT	3
OVERDOSE W/OUT PRIORITY SYMPTO	3
VOMITING	3
BP ABNORMAL (BLOOD PRESSURE)	2
BREATHING NORMALLY >35	2
CONTINUOUS/MULTIPLE SEIZURES	2
DIFF SPEAKING BETWEEN BREATHS	2
DIZZINESS/VERTIGO	2
GENERAL WEAKNESS	2
NOT DANGEROUS HEMORRHAGE	2
SEIZURE/BREATHING NOT VERIFIED	2
UNKN STATUS/OTHER CODE NOT APP	2
1ST TRIMESTER/MISCARRIAGE/HEMO	1
2ND TRI/HEMORRHAGE OR MISCARRI	1
ACUTE HEART PROBLEM OR MI	1
ACUTE SEVERE PAIN	1
BACK PAIN NON RECENT (>6)	1
BLOOD THINNERS	1
CHANGING COLOR	1
DIABETIC PROBLEM/ABNORMAL BEHA	1
DIFF BREATHING	1
DIFF BREATHING OR SWALLOWING	1
EMERGENT RESPONSE REQUESTED	1
FIRE/BURNS	1
FIRING OF A.I.C.D.	1
HEART ATTACK OR ANGINA HX	1
HEART PROBLEMS/ABNORMAL BREATH	1
LABOR (DELIVERY NOT IMMINENT>5	1
NEW ONSET IMMOBILITY	1
NO DIFF BREATHING OR SWALLOWIN	1
NON REC>6HRS/INJ W/O PRIOR SYM	1
NOT DANGEROUS/ON GRND OR FLOOR	1
NUMBNESS,PARALYSIS,MOVEMENT PR	1
OTHER HAZARDS	1
PUBLIC ASST/NO INJ OR PRIOR SY	1
SPEECH PROBLEMS	1
SUSPECTED AORTIC ANEURYSM >_50	1
UNCON-AGONA/INEFFECTIVE BREATH	1
UNCONSCIOUS OR ARREST	1
UNKN STAGE/VIOLENT AND WEAPONS	1
UNKN/MEDICATION	1





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

Number of Patient Refusals or false alarms: 154

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

Average Response Time: 0:05:16

Average Time On-Scene: 0:15:45

Average Transport Time: 0:09:09

**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:**

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:**

2/7/2015	MUTUAL OUT	15-2503	HUDSON
2/25/2015	MUTUAL OUT	15-3722	HUDSON

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

2/2/2015	MUTUAL IN	15-2128	HUDSON	51 MIN
2/3/2015	MUTUAL IN	15-2168	HUDSON	27 MIN
2/4/2015	MUTUAL IN	15-2299	HUDSON	16 MIN
2/5/2015	MUTUAL IN	15-2338	HOLLIS	42 MIN
2/5/2015	MUTUAL IN	15-2351	HUDSON	46 MIN
2/6/2015	MUTUAL IN	15-2461	MERRIMACK	32 MIN
2/11/2015	MUTUAL IN	15-2729	HUDSON	29 MIN
2/14/2015	MUTUAL IN	15-2960	HUDSON	24 MIN
2/21/2015	MUTUAL IN	15-3467	HUDSON	20 MIN
2/25/2015	MUTUAL IN	15-3695	HUDSON	24 MIN





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

NATIONAL GOVERNMENT SERVICES, INC	322
UNKNOWN AT TIME OF SERVICE	80
WELLSENSE	47
ANTHEM BC/BS	37
NH HEALTHY FAMILIES	33
HARVARD PILGRIM HEALTH CARE	21
OTHER (LESS THAN 10)	71

**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- none for the reporting period**

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DATE	VMRS CODE	PART NUMBER/MECHANIC	DESCRIPTION	TYP	HRS/QTY
020215	045-000-000	AGSF-22F1	SPARK PLUGS	RPR	10.0
020215	045-000-000	DG-508	COIL	RPR	1.0
020215	045-000-000	0019885652 AlexS	Engine	RPR	2.0
			COMPLAINT OF RUNNING ROUGH/BUCKING.		**
			PO304-CYL#4 MISFIRE DETECTED.		**
			REPLACED ALL TEN SPARK PLUGS AND #4 IGNITION COIL.		**
			TEST DROVE AND VERIFIED THE REPAIR.		**





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DATE	VMRS CODE	PART NUMBER/MECHANIC	DESCRIPTION	TYP	HRS/QTY
020515	066-002-000	FL-820-S	OIL FILTER	PM	1.0
020515	066-002-000	7L3Z-6A666-A	PCV VALVE	PM	1.0
020515	066-002-000	FA-1632	AIR FILTER	PM	1.0
020515	066-002-000	H13	BULB 08 NEWER	PM	1.0
020515	066-002-000	AGSF-22F1	SPARK PLUGS	PM	10.0
020515	066-002-000	X05W30BSP	OIL	PM	7.0
020515	066-002-000	LT225/75R16 LTX	TIRE	PM	2.0
020515	066-002-000	0019885652 AlexS	PM B INSPECTION	PM	10.0
:	:	OIL CHANGE.	:	:	**
:	:	INSTALLED A NEW AIR FILTER AND PCV VALVE.	:	:	**
:	:	MOUNTED AND BALANCED TWO NEW FRONT TIRES.	:	:	**
:	:	INSTALLED A NEW PASSENGERS SIDE HEADLIGHT BULB.	:	:	**
:	:	REPLACED BOTH EXPIRED FIRE EXTINGUISHERS.	:	:	**
:	:	STRETCHER AND STAIR CHAIR INSPECTION.	:	:	**
:	:	PLACED VINYL PATCHES ON CRACKS IN THE COT MATTRESS.	:	:	**
:	:	REPLACED ONE LED DOME LIGHT ASY IN THE PATIENT COMPARTMENT.	:	:	**
:	:	REPLACED ALL TEN SPARK PLUGS.	:	:	**
:	:	COMPLETE PMI.	:	:	**
:	:	COMPLETE NEW HAMPSHIRE STATE INSPECTION.	:	:	**
:	:	TEST DRIVE.	:	:	**

**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 February 2015 AMR ambulances responded to 28 calls with additional non-dedicated AMR ambulances beyond what is required by our agreement.
- The annual required independent financial audit is being finalized and will be delivered by the end of March.
- The third annual activity report has been completed.
- February continued to be a challenging weather month yielding greater than normal volume and longer call times due to weather and snow bank challenges. It also limited the ability to perform community outreach activities.
- AMR crews participated in the below listed community events this month:

Elder Wrap meeting

