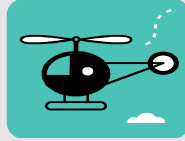


Air Medical Transport Task Force



Main Task Force Minutes

April 10, 2007

Attendees: Lisa Abeloe, RN, Joe Barger, Neal Cline, Roy Cox, Mitch Dattillo, Robert Donovan, Lisa Epps, Tim Ernst, Perry Esquer, Temple Fletcher, Joseph Foley, Mike Giannini, Christian Giller, Erich Goetz, Rachael Hanks-Saphore, Virginia Hastings, Robert Hesse, Tom Hornsby, Linda Kirkbride, Colleen Kuhn, David Magnino, Gary McCalla, MD, David Nevins, Graham Pierce, Eric Rudnick, MD, Sean Russell, Tom Short, Glenn Smith, Jacqueline Stocking, Gary Tamkin, MD, John Telmos, Margaret Tole, RN, Reza Vaezazizi, MD

EMSA Staff:

Bonnie Sinz, RN, Tonya Hines, Johnathan Jones, RN

CAMTS Presentation – Patty Corbett, Associate Director, Transport Program

- Requirements of Part 135 - Pilot flight time and weather –CAMT Standards
- CAMT standards are higher standards than FAA
- 2000 hours vs. 1000 hours for pilot flight time
- Data from Pilots Assn determined pilot flight time
- For CAMT Certification – Key areas include: safety, quality, patient care, quantifiable area
- One single item would not disqualify a provider from certification (e.g., pilot flight time)
- States should seek deemed status vs. accreditation
- No competitors in US who accredits for air transport
- There are international competitors
- CAMTS does not recommend a provider become accredited but seek deemed status

Task Force Re-Direction or Recommitment

Discussion

- Need mutual goal/respect/understanding
- Concept or mission: Create a safe coordinated system, deliver quality patient care in a timely transit
- Need goals reestablished, refocus
- Need to consensus, compromise (we all are not going to get everything we want)
- Need mutual understanding of what we mean (i.e., safety, coordination)
- Need common language (difference in aviation safety and medical safety)
- Is it an improvement to where the patient is – patient care

Group Goals (from previous meetings)

- Create statewide standards and guidelines for medical transportation within EMS System
- Provide recommendations for regulations revisions, if necessary.

Key Points

- Look at the process, make a decision, deliver a product
- Most important – quality patient care

Group Governance

- Started with Air Medical Summit
- EMSA created Air Medical Transport Task Force to: give state guidance on how to coordinate a statewide effort dealing with air transport issues which could consist of guidelines to help us stop being so fragmented and come together to develop common goals on air transport
- Task force will guide in developing a product for consideration
- EMSA will provide guidance on work products (guidelines)
- Groups will provide feedback to each other
- Work products may be guidelines, some regulations identified in document
- EMSA administration will review to determine if work product will be guidelines or regulations
- If regulatory changes are needed, EMSA will
- When approved by EMSA Administration, send out for public comment
- After comments are received they are documented for review
- Task force meets to review and make changes
- Prepare revised product for next comment period
- Make changes, product submitted for final review by EMSA staff then Commission may approve after total consensus

Status Report from Group II

(Medical Control, Professional Roles, QI, Education)

- Role of flight nurse
- Ask letter from BRN restating zero conflict with H&S code 1797.56 & BRN Nursing regulations.
- LEMSA authorization to approve RN to function as flight nurse Medical Director conflict of interest – should be included in the final task force product
- Cross jurisdictional service
- Air provider data set

- QI – utilization review needed
- Flight medic – SOP Standard
- Education – Needs work
- Utilization review

Status Report from Group I (Operations)

(Access, Communication, Destination, Dispatch, Safety)

- Landing Zone (LZ) work product – comments recorded from Group II (suggested obtaining comments from National Park (security))
- Communication standards – hospital connection
- Guidance to dispatch (work product) – missing QI element & medical oversight
- EMSAAC task force to review task force concerns (cross over of aircraft)
- Destination guidance to be defined by region
- Need MOU (interagency); discuss jurisdiction

Conclusions

The leads from Group I and Group II presented to the task force the issues discussed during the break-out sessions. Minutes for each group to be distributed.

Next Meetings:

Group I will meet May 14, 2008 in San Diego.

Group II will meet May 15, 2008 in Ontario.

The next Full Task Force Meeting will be on June 18, 2008 in Southern California. Location to be determined.