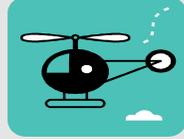


Air Medical Transport Task Force



Main Task Force Minutes

June 18, 2008 – La Canada Flintstone

Attendees: Lisa Abeloe, RN, Joe Barger, MD, Bruce Barton, Linda Brumfield, RN, Neal Cline, RN, Roy Cox, Mitch Dattillo, Robert Donovan, MD, Ross Elliott, Tim Ernst, Perry Esquer, Eric Fetherston, Temple Fletcher, Joseph Foley, Chris Giller, Erich Goetz, Jim Goldsworthy, Rachael Hanks-Saphore, RN, Virginia Hastings, Tom Hornsby, Colleen Kuhn, David Magnino, Gary McCalla, MD, David Nevins, Tony Pallitto, Pamela Steen, Graham Pierce, Vickie Pinette, Ray Ramirez, Tom Short, Karim Slate, Glenn Smith, Jacqueline Stocking, RN, Cindi Stoll, Gary Tamkin, MD, John Telmos, RN, Reza Vaezazizi, MD., John Winder

EMSA Staff:

Bonnie Sinz, RN, Tonya Thomas

Status Report from Group I



Landing Zone (LZ) Work Product

The standardized LZ Work Product is complete. Group I submitted to Group II for review and comment during the April 2008 full task force meeting. It was recommended to submit the Landing Zone Work Product to EMSA Administration for review. EMSA staff will prepare necessary documentation for submission to EMSA Administration for feedback.



Dispatch Work Product -*Discussion*

- Suggestions to develop components of a template and add general criteria for air.
- Language for general guidelines.
- Best practices for EMS – how are you doing it?
- Template guideline from Joe Barger
- What are purposes of work products?
- Overtriage and undertriage – what is relevance – should be addressed under utilization.
- How are work products approved to move forward?
- Send electronic version of dispatch work product to Group II for comments with two-week response time.

Work Products in Progress



Automatic Flight Following (AFF)

Satellite tracking has been used for years in aviation with many of the state's EMS providers currently using some type of satellite tracking system and Group I is exploring ways to improve dispatching and available status of EMS helicopters. Group I was given a presentation about the Skytracker system at a previous meeting. All private providers use some type of system by utilizing a log in process. U.S. Forest System currently utilizes a system to monitor their aircraft. With the AFF system you can see the location of every aircraft in the US; where the aircraft is located; system identifies whether wheels are up or down on the aircraft; there are toggle switches to tell whether aircraft is in or out of service, transporting, or on the ground. The system assist with tracking weather, monitors air costs, tracks fires, and works well with disasters. The cost to implement the AFF is approximately \$100,000. The state would need to secure its own web based hub for the sole purpose of tracking EMS aviation assets. EMS providers that are already using satellite tracking could have their transceiver send a signal to the state's EMS hub. This hub would then be the centralized point that all command centers would use to locate and dispatch the closest available resource. The skytracker is also a tool to assist LEMSAs.



Utilization

- Utilization write up requires further discussion by group
- Need to describe and define what scenarios aircraft should be utilized
- Continuity of care between ground and air transport

Recommended changes or additions to utilization work product

- Time consideration
- Keep definitions
- Omit timeframes
- Transfer time
- Patient contact
- Example of times
- Lift off to landing
- Touchdown
- Receiving Unit
- Transfer
- Off Load

Status Report from Group II



Multi-County Service Provider document

This concept was introduced by Rachael Hanks-Saphore and Joe Barger. The purpose of the document is to provide an option for local EMS agencies to collaborate formally and provide one central point of “medical control” approval for an air transport provider that serves multiple local EMS agencies. Concern was expressed by the group that this concept may be placed in regulations as a “shall” process. Dr. Barger explained that this would be an option for local EMS agencies that share a given air transport provider. The option allows for one local EMS agency to serve as the “classifying” agency and the Medical Director to coordinate all medical aspects of the service with the other local EMS agencies a given air transport provider serves. This option would allow a multi-jurisdictional air transport provider to only have one set of protocols/procedures and equipment list and standardize the scope of practice for the paramedics in a given “region”. This option would not affect operational issues specific to the local EMS agencies the air transport provider serves, such as dispatch and destination determination. Group II will continue detailed discussions at the breakout afternoon session to address all concerns raised by the Main Task Force:

- Language needs to encourage local EMS agency collaboration
- Check on enabling language; may be able to use intercounty agreements
- Address possible conflict with local Medical Advisory Committee activities related to air transport service.
- Reinforce this concept as “optional”
- “Culture” needs to change moving towards collaborative rather than prescriptive language in any guidelines
- Look at implementation stumbling blocks that may exist in an Exclusive Operating Area
- Focus needs to be improved patient care through continuity

A draft will be finalized for one more review by Group II (July 22nd meeting) and will then be distributed to Group I for comment.



90-Day Temporary Authorization/Accreditation Process

This document is being finalized to provide recommendations to local EMS agencies on a “temporary accreditation” process to allow air transport medical personnel to staff units outside their normally assigned response area. This would be applicable when a unit is short-staffed (i.e. sickness) that would result in a unit being out-of-service unless personnel can be brought in from another area. Difference in scope of practice between areas needs to be addressed.



Air Provider Quality Improvement

There was discussion regarding how the “product” will be incorporated into EMS QI. The document will be developed to assist local EMS agencies and air transport providers with the

development of air transport-specific QI Processes. The intent is to provide QI indicators and QI process recommendations specific to air transport utilization that could be incorporated into EMS QI activities. Share draft document with the EMSAAC QI Group for input.



Next Meeting:

Full Task Force Meeting will be in September 2008 in Northern California.

Location to be determined.