IAFCCP

Stay Tuned

The heat of summer is upon us, and our board has completed its summer meeting. At these in-person meetings we delve deeply into topics that interest our critical care and flight paramedic members and strategize how our organization can contribute to, or affect change of, such topics as:

- Changes being proposed by the Commission on Accreditation of Medical Transport Services
- How the new Federal Aviation Administration helicopter EMS Final Rule will affect our membership
- Model guidelines for EMS
- Reciprocity for military paramedics
- Model interstate paramedic licensure
- State and federal legislative actions that affect our membership
- Better representation of, and support for, ground critical care paramedics
- More involvement internationally through our international representative
- And many more topics

Discussions on these topics, and any actions we are able to take, are reflected in the minutes of our meetings, which are posted on our Web site. Our monthly conference calls allow us to present updates on how we are proceeding on these initiatives and bring up new initiatives. The minutes from these meetings are also posted on our site. Upcoming items our organization feels are important also are posted there and/or on our Facebook page. The point of this is that, if you ever wonder what your board

is doing, all you have to do is click on our webpage and find out. If you aren't already following us on Facebook, please "Like" us. Help drive our meeting agendas and let us know what topics are of interest to you.

Now that it's summer, it is also time to vote to fill the upcoming vacancies on the board. The ballot of candidates has been solidified, and we're looking to you to tell us who should serve. Who do you want representing you beginning in September? Last year we had a great voting turnout but know we can do much better. Our membership continues to increase, and we look to you to voice your opinions. We also look to you to get involved. We need spirited and knowledgeable members to take up leadership positions locally, regionally, and on the board. If you'd like more information on how you can get plugged in, contact us via our Web site or Facebook.

Another great opportunity to find out about us and the organization is to meet us face to face at AMTC! AMTC is right around the corner, and discounted registration fees will be vanishing very soon, so don't delay getting your registration in. The IAFCCP will again host a member reception on Monday evening and a member luncheon on Tuesday. Each will have a little something special to go along with it, so watch for notices on time and location so you'll be sure not to miss either.

Keep up with all that is happening and all that is important by visiting our Web site at www.iafccp.org.

Richard Childress. President

NEMSPA

There is No Silver Bullet, but What About the Gun?

In many articles and commentary on the troubling safety record of helicopter air medical transport operations across the years, authors and analysts have shared a common theme: there is no silver bullet. That is not to say that there has been any lack of opinions or suggestions regarding what the most effective mitigation might be. So far, a list of the top contenders would include the following:

- 1. Two pilots
- 2. Helicopter terrain awareness/warning systems (H-TAWS)

- 3. Flight data monitoring (FDM) (aka, Big Brother)
- 4. Higher weather minima (A-021)
- 5. Operating under instrument flight rules (IFR), which assumes an *infrastructure* to support low-level instrument flight
- 6. Increased federal oversight
- 7. Air medical resource management (AMRM)
- 8. Enhanced HEMS-specific pilot training
- 9. Standardized safety management systems (SMS)

Each of the mitigations on this list has its merits. The range of different types of recommendations is indicative

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of the complex nature of the air medical system in which we all operate. To address all of the potential links in the potential accident chain for an HEMS accident, a suite of all of these suggestions (and a few others not listed) would be needed. But, even if all of these bullets were loaded into the same gun and aimed at the causes of accidents, they could not stop an accident if there was a malfunction in the operation of the gun itself.

I believe that the gun symbolizes the Culture of each specific air medical provider organization. The Culture (capital-"C") of an organization refers to the *shared* philosophies, attitudes, styles of relating, and channels of communication throughout the organization. It includes a somewhat shallow authority gradient between management and aircrews and between pilots and other crewmembers. It also includes the essential features of a Just Culture, including a nonpunitive response to honest mistakes and a collaborative approach to systems analysis and improvement.

The importance of Culture derives from the fact that no suite of safety strategies will stand up to the risks inherent in flight operations if the supporting organizational culture has weaknesses. The first step in building a strong culture is to assess the quality and identify any problem areas in the current culture. In the parlance of Lean process improvement, we need to understand the *current state*. Measuring the current state is the goal of NEMSPA's Cultural Health Assessment and Mitigation Program for Safety, better known as the CHAMPS Survey.

NEMSPA is finishing the final preparations needed to field the CHAMPS Survey to provide a means for air medical providers to rate specific features of their safety culture and to compare those features with the aggregate ratings for all participating programs nationwide. Details on the survey are on the NEMSPA Web site at www.nemspa.org.

William Winn, General Manager

AAMS

Remembering Nina Merrill

Greetings, members of the air medical and critical care ground medical transport industry.

As of this writing, I've just returned from AAMS' Medical Transport Leadership Institute (MTLI), where this year's graduate school topics included servant leadership, understanding legal issues, delivering world-class service, and unlocking motivation at Work. Once again, MTLI prepared and invigorated our new crop of certified medical transport executives (CMTEs) and reinvigorated our current CMTEs to return home and tackle our industry's issues. What a great way to renew and recharge with fellow critical care transport leaders while participating in a program that strengthens and expands our knowledge base!

I remain in awe of the number of leaders that our industry cultivates and maintains. If you haven't yet earned your CMTE, it's time to consider enrolling in next year's classes; it's a great way to expand your industry knowledge, whether you come from the administrative side, the aviation side, or the clinical side.

MTLI is a regular component of my continuing education to grow as a leader to successfully represent all of the varied voices out there as your AAMS Board Chair. Congratulations to the 2014 CMTEs, and a huge thank you to the MTLI Board of Regents! The Regents are all AAMS volunteers who have put their vast industry knowledge to use, especially in 2014 by revamping the second year case review to create a capstone simulation that all attendees were able to use immediately when they returned to their respective organizations.

As I was enjoying the graduate classes, I found myself reflecting on how I got started in this business. When I

began as a young paramedic at Med Flight in Omaha with Rocky Mountain Helicopters, I just wanted a well-paying position through which I could help people. What started out as a great job soon became a life-long passion.

I've often wondered what the trailblazers of the industry imagined when they decided to form ASHBEAMS, the predecessor of AAMS. One of those trailblazers was Nina Merrill. She was president-elect of ASHBEAMS in 1985 before she became the organization's first executive director that same year. She held that position until 1996, at which point AAMS moved from California to Alexandria, Virginia. For the record, I didn't know Ms. Merrill, but I imagine it must have been a pretty exciting time.

Being a leader and shepherding the new association through its growing pains, while trying to represent the members' viewpoints is never easy, but it does start with a vision. I am sure you have heard the stories of Nina operating the association out of the trunk of her car. She supported changes, even when she didn't agree with some of the new ideas, like adding the first fixed-wing program headed at the University of Alabama at Birmingham to an association that, up until then, represented only hospital-based rotary-wing programs. That was a big change for the better, as today fixed-wing providers are a valuable and critical part of the of the AAMS membership.

In addition to her role with AAMS, Ms. Merrill provided leadership and direction to 4 allied organizations that AAMS managed under contract. Those included the National EMS Pilots Association, the National Flight Paramedics Association, the National Association of Air Medical Communication Specialists, and the Commission for the Accreditation of Air Medical Services.

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