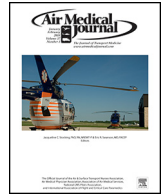




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## Forum

**ASTNA****There Is No “I” in Team, But There Is a “U” in Volunteer**

It's hard to believe we are moving into 2018! I hope the end of 2017 was a happy time for everyone. As we move into this new year, I want to thank everyone for being a part of the Air & Surface Transport Nurses Association. This professional organization relies on the volunteer efforts of the members to complete all the tasks needed to continue being a successful, forward-thinking organization.

As I was considering the topic for this article, I ran a search through an online library and a web search to see what it meant to be a volunteer in the U.S. What I found was an overall theme of people caring about a common goal, enough to give of themselves to achieve that goal (I know it will distress my Tennessee friends, but none of the articles referred to a football team in orange). These articles referred to volunteer fire departments, first responders, hospital auxiliary members, little league coaches, etc. These individuals choose to give freely of themselves in order to improve someone else's life or complete a worthy goal.

ASTNA's current volunteers are clinical experts completing educational offerings, maintaining seats on the board of directors, approving continuing education credits, literary experts completing publications for ASTNA, individuals manning the booth at multiple conferences, etc. These are professionals working beside you daily to care for the sickest patients of all ages while volunteering additional hours to ASTNA in order to advance the transport industry. These volunteers work long hours to complete projects while being rewarded with only an extra line on a resume and a pat on the back from volunteer peers.

As the ASTNA president, I would like to thank EVERYONE for volunteering your time and energy to be a part of an organization working toward creating a safer, clinically

excellent transport industry. I would also like to challenge every member to join this amazing group of volunteers. Please take a moment to review the ASTNA website and let us know what goal you would like to help us complete in 2018!

*Tina Johnson, President*

**IAFCCP****Remembering the Past, Evaluating the Future**

It is truly humbling to have been elected as the president of the International Association of Flight and Critical Care Paramedics for the 2017–2018 term. I would be remiss if I failed to express my gratitude to those who have held this office before. I follow in the footsteps of some stellar clinicians and educators and will do my utmost to ensure that, as this year's caretaker, I leave the association in at least as good if not better condition than I have found it. Additionally, I am truly appreciative of the hardworking members of the board of directors, the executive director, the state delegates, and the individual members of the association for the time, effort, and care that are routinely devoted not only to the organization but to the profession as a whole.

We are quickly moving toward a new era as paramedics. Currently, the US Department of Transportation, in collaboration with the National Association of State EMS Officials, has commissioned 2 subject matter expert panels. The first, of which I am fortunate to be a member, is the EMS 2018 Scope of Practice Revision Committee. The second is the EMS 2050 group, which seeks to guide the future of EMS for the next 30-odd years.

There was a considerable amount of pushback when the first draft of the potential rules changes was released for a public comment period. Please do not misunderstand—public interaction with policymakers is good and the exact purpose

for the public comment period. I strongly encourage our membership to be proactive and vocal. The focus, however, was somewhat limited to the fact that intubation had again been listed as a potential area for discussion. This produced an outcry from paramedics across the country, some even going so far as to collect several thousand signatures on a [change.org](http://change.org) petition.

While I agree with the continued necessity of endotracheal intubation in the toolkit, a potentially larger opportunity was missed. We as paramedics must endeavor to rise above the pure technician role. We must stop defining ourselves through the collection of procedures that we are allowed to perform. In fact, it could be argued that procedures should be a process of exclusion versus inclusion. Indeed, we as a profession must move from the realm of technician and into the world of clinicians. In order to truly make this happen, we as the paramedical profession must place increased value in academic preparation coupled with cognitive and experiential education.

As with any process in life, the “because we've always done it that way” approach is never a viable reason for doing anything. There was a time and place when a person could become a physician through a simple apprenticeship. Those times are past. The medical profession saw value in standardization and academic preparation, and now one must complete undergraduate studies, 4 years of medical school, and an internship year, at the minimum, to be licensed to practice medicine. Likewise, diploma nurses are largely a thing of the past.

We as paramedics must be willing to embrace change and recognize that, for the good of the profession and the good of the patients that we serve, the threshold of entry into the profession must be increased. To that end, I would propose that we require a minimum of an associate's degree within

the next 5 years and a minimum of a bachelor's degree within the next 10. Of course, all individuals who currently hold paramedic licensure would be grandfathered. This would bring the United States in line with the UK and Australian model.

Change is seldom easy. We must eventually come to grips with the fact that change, however painful, is often necessary.

*Aaron W. Byrd, President*

**NEMSPA  
Adding Value to CHAMPS**

The air medical transport community in general is a leading example of an

industry continuously engaged in the process of self-evaluation and improvement. Nearly every patient transport operation is subject to an after-action review of what went right and what could have been done better. For many (perhaps most) provider organizations, this is a formal process that uses a written guideline to examine the crew's performance with respect to the specific processes, protocols, and policies that apply to the 2 domains of care involved in every patient transport: flight safety and clinical care. Other than minor variations between air medical providers, these formal practices are much the same for nearly all organizations.

However, there is a set of less formal factors present in every organization that can either enhance or undermine the quality and efficacy of all activities associated with flight safety and clinical care. Those factors make up the safety culture of each organization. The safety culture is a complex system that has a real effect on the quality of communication, collaboration, compliance, reporting, and quality improvement.

In the first quarter of 2016, the National EMS Pilots Association launched the CHAMPS survey for all US air medical provider organizations. CHAMPS stands for Cultural Health Assessment and Mitigation Program for Safety. The title may seem a little awkward but describes the intent and the end results of the survey.

Or, at least it is descriptive now. We believe the survey does a good job of assessing the current condition of a safety culture, but the reports provided with the first wave of 2016 surveys summarized an organization's survey data in terms of the response averages made to the survey questions. The use of average responses in the reports left questions hanging about the actual range of responses selected along the 5-point Likert scale used in the survey. Programs need to know about the number, locations, and functional positions of outliers when it comes to behaviors that could have a direct result on the safety or quality of patient transfer operations. The CHAMPS survey was conceived to provide information in a manner designed to protect the anonymity of every survey respondent, but the details in the data that could point to areas of increased risk were not sufficiently highlighted in the survey reports as they were originally formatted.

So NEMSPA has now redesigned the CHAMPS survey reports in a manner that facilitates identifying and mitigating specific areas that need attention in an organization's safety culture. The results of all future administrations of the CHAMPS survey will be provided via a web-based application named Qlik Sense, which is designed for the detailed evaluation of any kind of interrelated business data. Each program that subscribes to take the survey designates specific data custodians who will be the only persons who can access the Qlik Sense app containing the results of their program's surveys. For purposes of comparison, each report still includes the aggregate responses of all surveys completed by all programs nationwide.

The figure (Fig. 1) is for a non-existent organization made from a random sampling of that aggregate nationwide data. It does not represent any actual provider organization, but it could, if those

Q18	In my program, everyone communicates effectively to promote safe transports.
Q19	In my program, we regularly discuss ways to prevent errors or accidents.
Q22	My program communicates effectively with other programs in our service area.
Q25	All safety issues are openly shared in a timely manner with coworkers for educational purposes.
Q28	My program communicates effectively with first responders.
Q46	Our flight crews identify and discuss any questionable circumstances before making a decision to accept a flight.
- Q44	I believe there are times when flight crew members should accept or continue flights under questionable circumstances.
Q45	I respect individuals who are willing to turn down or abort flights in questionable circumstances.
Q13	In my program's service area, there is adequate weather reporting to help us make informed decisions about accepting or declining flights.
- Q17	In my program, we do not receive the necessary training to safely conduct transports
- Q24	I will be disciplined for unintentional errors or mistakes.
- Q26	It is common for members of my team to hide safety issues.
- Q04	My program provides team members financial incentives for accepting flights.
- Q09	Concerns about low patient volumes influence decisions about accepting flights.
- Q12	Managers receive financial incentives for accepting flights or for increasing transport volumes.
- Q27	I am less likely to abort or suggest aborting a flight the closer we get to the destination.
- Q48	Members of my program will accept or continue flights in questionable circumstances because of competition amongst our own flight teams.
- Q49	Members of my program will accept or continue flights in questionable circumstances because of competition with other programs within our service area.
- Q50	I have felt pressure from managers to accept flights in questionable circumstances.
Q51	My program does not allow pressure to transport patients to influence our decisions about accepting flights in questionable circumstances.
Q52	I do not feel pressure to accept or continue flights in questionable circumstances for any reason.
Q08	Individuals and teams are positively recognized for making safe decisions in turning down or aborting flights.
Q16	My program's expectation regarding response times for patient transport is safe
- Q21	My program takes unnecessary risks when accepting or continuing flights.
Q23	We have a process that allows members of my program to report safety issues, concerns, or errors without fear of penalty.
Q31	Over the past 12 months, rate the overall effectiveness of your current safety program.
Q47	Team members who express concerns about accepting a flight in questionable circumstances are supported.
Q05	In addition to defined weather minimums, my program has a written and distributed procedure that defines when a flight should be aborted.
Q06	I know and understand what is contained in our written policies and procedures.
Q14	My colleagues consistently follow our written policies and procedures.
Q53	Our risk assessment process is effective in reducing the possibility that a flight team will accept flights into questionable circumstances.
Q54	The operational control system used by our program is effective in providing aviation management oversight in flight team decision making.

**Figure 1.** Redesigned CHAMPS survey reports—random sampling of a non-existent organization made from aggregate data.

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