IAFCCP

Is Perfection the Enemy?

Voltaire, the French philosopher and writer, is often credited with popularizing the Italian aphorism that "perfect is the enemy of the good." The point of this saying is that absolute perfection is often impossible, and by trying to achieve it, we sacrifice an enormous amount of time and resources. The central idea of the "Cult of the Imperfect" is that perfection is impossible in human affairs and that the closer to perfection you come, the more difficult it becomes to make even small improvements. For example, Paul Nation's 2001 finding from *Learning Vocabulary in Another Language* concludes that knowing 2000 words is generally enough to be 80% fluent in a foreign language, but to achieve 90% fluency, you need to almost double the vocabulary knowledge.

Danielle Ofri, from the NYU School of Medicine, wrote an insightful article in September 2014, "The Tyranny of Perfection," that dealt with problems of the pursuit of perfection in medicine. She also touched on the subject during her TED Talk on medical errors and Just Culture. Essentially, clinicians in an environment with a focus on perfection often suffer from high stress, burnout, and even loss of empathy. Additionally, when clinicians are expected to be perfect, it can create a situation wherein they feel compelled to be less than truthful. If you've been in medicine long enough, you're familiar with the stereotypical situation where another provider admits to only 1 or 2 intubation attempts, but you know it was far more than that.

Maggie Mahar and Danielle Ofri (and others) have researched and written that expecting health care providers to be perfect only tempts them to cover up or omit mistakes. This results in not only the potential for bad outcomes but also distorted statistics that can affect our understanding of true ability, expectations, and what training is needed. I'll be the first one to admit that I'm not 100% successful on my first intubation attempts, and I would never believe any clinician who told me they got every intubation on the first attempt—would you?

The increasing ease with which we can collect performance data and quality indicators has increased over the past decade. This has been a boon for our ability to identify areas of clinical performance that require more training and practice and establish better goals. Unfortunately, this capability has also created situations where the expectations of these indicators are for perfection instead of what may be more realistic.

I'm not advocating for being just "good enough" or mediocrity, but rather that we should keep our expectations grounded in reality and embrace a Just Culture. It is noble to desire near-perfection and we should continue to work toward it through training, practice, and pursuit of incremental improvements. However, we should always keep in mind that true perfection is realistically impossible and focusing only on perfection is counterproductive. After all, there's a reason it is called the *practice* of medicine.

Kelly Edwards, President

NEMSPA

Pressure Relief

A few words for our medical crewmembers:

A flight request came across the radio. The young, newly hired pilot checked the online weather report for the route and, finding numbers that looked good enough, accepted the flight. As the crew walked outside, they looked up at a low ominous ceiling. The nurse looked at the pilot and back at the sky. She could read his mind: he had accepted the flight, and he was having second thoughts. But he had just said that the weather was good and that they could go. In an even, friendly voice she said, "It's OK to change your mind. If you don't think the weather is good enough, we don't have to go. There won't be any trouble."

He spoke into his radio, "Communications, this is Lifeflight-One-Seven. We are unable to respond due to local weather."

If you are a HEMS crewmember, be advised: Your pilot may be under pressure. It's a normal fact of life, and he or she is not the only one who feels it. Medical crewmembers are under pressure, too, but pressures on the pilot can affect everyone on board, whereas decisions by other crewmembers generally impact patients.

The pressures I am considering here aren't the run-of-the-mill personal things like overdue bills, broken faucets, sick kids, or angry exes. I am writing about systemic pressure that can affect a pilot's judgment during the course of a transport. Pilots react to pressures to demonstrate the skills required to get the job done, to keep everyone happy, to correctly answer questions, and to never make a

mistake. But making mistakes is human. Airbus recently produced an excellent video detailing a pilot under pressure and the real life catastrophe that nearly occurred. It's called "That Others May Live," and you can view it at https://www.youtube.com/watch?v=EMxuO77mdQo.

The pilot in the video was preparing to abort a transport as weather worsened, when the long-awaited ambulance finally arrived at the landing zone. He felt pressure to help this patient, to avoid disappointing the ground EMS service, and to complete the transport that he had accepted. If you had been a crewmember on that aircraft, you could have been a "pressure relief valve" and said something like, "Boss, I can tell you are anxious about the weather. We can ride in with this guy in the ground ambulance, and we'll meet back at base when the weather allows you to get there. We don't have to fly this guy if the weather is really iffy." Pressure released.

In another instance, a pilot was racing a storm back to his base with 2 nurses on board. He was feeling pressure to get the aircraft and crew back home, to beat the storm. Imagine if the nurse had said something like, "Honey, that weather up front looks pretty bad." (I should mention that my wife is a flight nurse.) "Why don't we stop at this airport over here, or that hospital over there, or this field right in front of us and let this squall blow by?" Pressure released.

In yet another scenario, a pilot was attempting to stretch a fuel load. He was under pressure to avoid looking inept by having to land in a field short of his destination. If you had been on board and suggested that you could land near a road and call for an ambulance and for the fuel truck; and if you had added something like, "The company will admire you for having the courage to do the right thing," once again: pressure released.

Maybe you are under your own pressures at the same time as I am as your pilot. In addition to concerns regarding patient acuity, maybe you need to get to the daycare center, or a pick up your dinner date, or just keep a promise. In the presence of other risk factors, please consider the pressures that your pilot may be feeling, and remember that you may be the pressure relief valve needed to get everyone home safely at the end of the shift.

If any readers have had personal experiences pushing the limits due to pressures to fly, you might want to share them with others in the discussion forum on the NEMSPA website at nemspa.org.

Dan Foulds, NEMSPA Board of Directors

AAMS

MedEvac Foundation International Continues Strong Industry Support in 2015

Rather than focus solely on AAMS activities this issue, I'd like to highlight a few of the upcoming MedEvac Foundation International initiatives as we continue moving through 2015. The Foundation is the charitable arm of the Association of Air Medical Services, and such great work is underway.

First, in partnership with Bell Helicopter, the Foundation is spearheading a project designed to guide the establishment of helicopter emergency medical services (HEMS) in nations where they do not exist. This project aims to produce a set of guidelines that can be tailored to each country and then used to establish HEMS services to increase the population's access to definitive care. AAMS leadership and members will use those guidelines to educate national leaders, legislators, regulators, and business leaders on the unique and life-saving medical services provided by HEMS operations, with special focus on the clear and tangible benefits that HEMS providers bring to their nations, businesses, hospitals, and general populations.

Next, the Foundation has launched work on our second Economic Impact Study, focused exclusively on hospitals and hospital-based medical transport programs. While our initial study examined the HEMS industry's overall economic influence on local communities, this new study will examine the impacts that air medical transport and critical care ground transport programs have on the hospitals they serve. Data collection is planned from a sampling of US hospitals that are representative of different hospital specializations, such as pediatrics, oncology, cardiac, etc. AAMS hospital-based members should soon receive a request to facilitate involvement from the facilities you serve. Please help ensure a comprehensive study outcome by strongly encouraging participation from your hospitals. *As an aside, I'd like to send my gratitude to a dedicated group of volunteers assisting with this study. Thank you for donating your time and effort.*

In January, the Foundation approved grant funding for Dr. Daniel Patterson of Carolina's HealthCare System Medical Center to investigate sleep-wake patterns and real-time fatigue reduction in EMS clinicians. The medical transportation community requires that emergency care be available 24 hours a day, and shift work requires the prehospital emergency clinician to diverge from normal circadian sleep cycles and be alert when the pressure to sleep is greatest. Recent data suggest a link between sleep, fatigue, and safety in the EMS setting. This study will provide detailed, observational data to address questions regarding the relationships between shift duration, sleep/wake cycles, and behavioral alertness.

And lastly, the Foundation is gearing up for the 2nd Annual Great American Safety Drive. The 2015 Drive will