

NEMSPA

CHAMPS Hits the Streets

In previous issues of the Forum, we have made mention of the Cultural Health Assessment and Mitigation Program for Safety (CHAMPS). The CHAMPS survey of the safety cultures of air medical provider organizations was designed and written by representatives from a wide range of roles in the air medical transport industry. Consultants in the early stages of the development included leaders from most of the professional associations that participate in this Forum.

In addition to NEMSPA and the other core associations in the air medical community, guidance was provided by specialists in the assessment of organizational behavior and by a professional with experience in survey design. A third-party entity was then contracted to administer the survey and to ensure the confidentiality of all participants and the data collected. The survey administrator will also generate the reports that will be provided to participating organizations.

The CHAMPS survey has now been officially launched, and the first 20+ participating air medical provider organizations are completing the enrollment process. Air medical providers that have not yet enrolled in CHAMPS can do so via the NEMSPA website at champs.nemspa.org.

The CHAMPS survey is designed to measure the cultural health of participating organizations in order to identify any areas where improvements may be needed. The survey measures cultural health in each of the following areas.

1. Employee commitment to safety
2. Program commitment to safety
3. Safety-assurance Protocols
4. Pressures to fly
5. Just Culture
6. Internal infrastructure
7. External infrastructure
8. Effective communications

Participating organizations will receive a de-identified analysis of their team members' responses that will break down the average scores for the various functional domains of their organization. The domains include pilots, medical crewmembers, communications specialists, maintenance personnel, and management. Larger organizations with separate regions or bases that

have a separate management structure have an option to receive breakout reports to evaluate the safety culture of those separate teams.

In addition to providing participants with an internal evaluation of their safety culture, the reports for each organization will also show how they compare with the aggregate scores for all participating air medical providers across the nation. In fact, the official launch of the survey has been on hold until at least 20 air medical providers enrolled to ensure a sufficient national aggregate to provide a meaningful comparison with each individual organization. As the survey moves forward and the total number of participating organizations increases, NEMSPA expects that the growing aggregate will serve as a benchmark for evaluating organizational safety culture for the nationwide air medical transport community. Early participants in the CHAMPS survey will not be penalized for their early participation because additional periodic reports comparing their own scores with the growing national aggregate will be available without additional cost.

The basic cost of the survey for an organization is less than a single tank of Jet-A1 fuel for the most modest helicopter typically used by air medical providers. Managers are expected to use the results of the survey to identify and mitigate risks that may be associated with problems in their safety culture. If they do this effectively, then the ROI on the modest investment in the CHAMPS survey may be huge when considering the costs associated with even a minor preventable accident. Most important is the effect that we feel the widespread use of CHAMPS may have in mitigating the root causes associated with the majority of the preventable accidents that occur in air medical transport operations.

The survey data for any participating air medical provider are accessible only to the designated data custodians of that organization. As the survey moves forward, widespread trends that may emerge from the national aggregate data may be shared with the air medical community via appropriate channels, including *Air Medical Journal*. Details and online enrollment are available at champs.nemspa.org.

William Winn, General Manager

AAMS

“No Matter How Long the Winter, Spring is Sure to Follow”

First, let me offer a hearty welcome to spring! For many of us, the warmer temperatures could not come soon enough this year, and now that the snow days are behind us, work continues in earnest on a variety of fronts.

As many of you open the pages to enjoy this issue of *Air Medical Journal*, I will be in Shanghai, China, speaking to an international delegation about how helicopter emergency medical services operate in the United States and how they integrate with the communities and hospitals they serve.

Next up, I'd like to touch a bit on the **Air Medical Medicare Bill—H.R. 822**. As the health care landscape continues to change to regionalized trauma care, EMS helicopters now provide access to definitive care for roughly 82 million Americans. The Medicare Air Ambulance Fee Schedule has never been based on costs, and our operational costs have grown exponentially faster than inflationary updates, causing a fundamental imbalance in the Fee Schedule. Further, private insurance and other government programs increasingly index their reimbursement rates to Medicare, which adds to the financial burden.

H.R. 822, introduced in the House in February, makes the following common sense changes to the Air Ambulance Fee Schedule:

- Develops a system to collect data regarding the operational costs of a typical air ambulance base
- Provides for an independent government analysis of the collected data
- Establishes the reporting of industry-consensus clinical quality measures
- Provides reasonable immediate, but temporary, relief to providers while the data collection and analysis occur

Please lend your voice in support of H.R. 822 and help us keep up the momentum started at our February Fly-In and continued at the AAMS Spring Conference in March. We've made it easy, and have several different ways you can show your support.

- Make a quick phone call to your representative. We have your talking points ready at www.aams.org.
- Email or fax a letter. Again, visit www.aams.org for a sample letter that you can very easily personalize and send in.
- Light up your rep's Twitter feed with a photo or 2 of your program and add our designated hashtags: #SupportHR822, #82MillionAmericans, #WhenYouNeedItMost. Yes, you can visit www.aams.org for tips on social media support as well.

Finally, AAMS is preparing to host our annual Safety Management Training Academy (SMTA) June 8- 12. Our industry is well aware that safety training and technologies are constantly evolving. The SMTA is truly an exceptional opportunity for participants to receive up-to-the-minute safety education that teaches the integrations of safety across the entire enterprise of medical transportation. With special emphasis on safety management systems, patient safety, aviation/vehicle operational safety, and workplace safety, the curriculum is designed for students with a wide variety of professional backgrounds. Our most recent scholarship winner, Stacy Fiscus, accepted a position with new program Haiti Air Ambulance earlier this year. Stacy, a paramedic by trade, had this to say about the program: “What SMTA taught me certainly helped my day-to-day operations in the States, but now that I work in Haiti, it's a whole new ballgame. I am able to pass on to our Haitian employees proper safety methods while flying and mold them from the beginning of their career, which is a pretty cool thing.”

In an effort to make safety education more accessible, the SMTA is held in varying locations. This year, we are bringing the program to centrally located Columbus, Ohio. Please consider sending an individual from your organization. Safety is paramount to our day-to-day operations on so many levels. Let the SMTA help your team!

Wishing you a wonderful and safe summer,
Martin Arkus, Chairman

AMPA

Signal 30

Recently I stumbled upon a video on the Internet entitled “Signal 30.” The film, a fairly graphic safety video from 1959, takes its name from the radio code used by the Ohio State Highway Patrol for a fatal traffic collision. Originally intended to give new licensees an unedited glimpse of the hazards of careless driving, the film provides a first-hand look at emergency services during this era.

With each scene comes a new story of the individuals depicted in each segment. No effort was made to protect the identity of those involved. Indeed, HIPAA did not exist to protect patient privacy in 1959, although these victims could hardly be called patients.

What is most striking to me about this video is 1 major fact: those who were seriously injured received

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