

AAMS

Federal Rule on HEMS Safety and the Great American Safety Drive

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

This past February, the FAA posted the long-awaited Final Rule on HEMS Safety titled “Helicopter Air Ambulance, Commercial Helicopter, and Part 91 Helicopter Operations.” Conceptually, the rule contains a number of important safety enhancements, most of which the industry is already voluntarily pursuing. We hope this rule will bring clarity to the regulatory landscape and aid the industry’s efforts to implement those enhancements.

AAMS is hard at work, in partnership with HAI and AMOA, to review, comment on, and address some of the technicalities and potential unintended consequences of the language in the Rule. While we review the Final Rule and how it may affect your daily operations, and as the industry works together toward compliance, I also want to focus on a few upcoming events that are directly related to safety and great opportunities for the community to get involved, independent of the regulatory arena.

First, AAMS will hold our 5th annual Safety Management Training Academy (SMTA) in early June. For those unfamiliar with this continuing education opportunity, the SMTA compiles the best safety-related training and tailors it specifically for our community. The academy provides formal continuing education for individuals seeking to improve their understanding of safety systems theory and the application of that theory to the practice of medical transportation. The SMTA continues to evolve. This year you can expect to see a few new faces on the faculty team, as well as a special focus on the pillars of an effective Safety Management

System—safety policy, risk management, safety promotion, and safety assurance. The AAMS staff is also investigating a certification for SMTA to debut in 2015, which will be retroactive to all graduates since the Academy’s inception in 2010.

Also of note, AAMS and the MedEvac Foundation are supporting a new event this year, one I personally intend to support, the Great American Safety Drive. The drive is an idea that started from conversations between Howard Ragsdale, senior VP of business development at Air Methods; Rod Crane, president/CEO at MedFlight of Ohio; Temple Fletcher, program director of Care Flight in Reno, NV; and other AAMS members. This cross-country adventure will highlight our industry’s commitment to safety. On May 31, Howard’s vintage Corvette will depart from California to begin a journey across the United States en route to Hilton Head, SC. There are many planned stops along the way, during which program host locations will convene safety events with participation from local air and ground medical transport providers, who will be invited to attend.

AAMS and the MedEvac Foundation are seeking both individual and corporate support of the drive in our effort to raise at least \$100,000, earmarked specifically for safety research, education, and programs such as Vision Zero and the Survivors Network. You can visit AAMS (www.aams.org) or the MedEvac Foundation (www.medevacfoundation.org) to learn more about the drive, schedule, and location of the safety events, and how you can help.

Martin Arkus, Chairman

AMPA

AMPA’s Mission: Advancing Air & Ground Critical Care Transport Medicine

Mission: The Air Medical Physician Association is an *international* organization committed to *patient-focused, quality* critical care transport medicine (CCTM) by promoting *excellence in medical direction, research, education, safety, leadership, and collaboration*.

I think that the business world has soured many of us on the term *mission*. It’s a term that administrators in three-piece suits, huddled away in boardrooms, love to

use as they conjure euphemisms for their actual goal, which is making as much money as possible. This is unfortunate, because it’s inherently a truly great word. I prefer to think of the term *mission* in the way that we use it in CCTM (eg, “Mike Abernethy has more than 4000 flight missions under his belt”), referring to our righteous responsibility to retrieve a critically ill patient and do everything we can to maximize her outcome. So now that

we've moved beyond any negative connotations the term may have held for us, please do me a favor: reread AMPA's mission statement above (the italics are mine), and ask yourself, how are we doing?

International: AMPA's membership is 15% international. We have members from 26 nations and 6 continents. We have a dedicated international board seat to ensure the organization's leadership maintains an international focus. As I like to remind folks, neither A in AMPA stands for America. Our members have flown the AMPA flag at CCTM conferences in Europe, Asia, and Australia. We are developing a committee to increase our international presence, and if you are interested in helping with that effort, regardless of where you live, please contact me.

Safety: AMPA has supported financially the most rigorous scientific research ever done on the topic of HEMS safety: the OSI HEMS (Opportunities for Safety Improvement in Helicopter EMS) project, a mammoth effort led by 1 of our founding members and past presidents, Dr. Ira Blumen.

Patient-focused quality: A transport medicine program can't prove that it's efficacious without quality data. Quality data are hard to come by without standardized, best practice metrics derived from evidence and expert consensus. These metrics are exactly the end product that has resulted from 1 of our most ambitious projects to date, the AMPA Metrics Project, which I've described at length herein previously. Many of you joined us as we convened in Denver on July 22, 2013, to kick this project into gear, and we are collecting and submitting quality data through GAMUT (our Ground and Air Medical qUality Transport database—go to ampa.org to join this revolution!).

A CCTM program can't deliver patient-focused quality if it only gets called for sprained ankles and hypoglycemia. Over the past couple of years, AMPA worked together with the leadership of National Association of EMS Physicians, American Academy of Emergency Medicine, and American College of Emergency Physicians (a great example of *collaboration*) to publish the joint position statement "Appropriate and Safe Utilization of HEMS," (which you can download on ampa.org) with an accompanying joint white paper to follow. Also, AMPA members serve as leaders in several other key drivers of patient-focused quality in our community: Association of Critical Care Transport, Commission on Accreditation of Medical Transport Systems, Critical Care Transport CORE, Medevac Foundation International, and Center for Medical Transport Research.

Excellence in Medical Direction: I believe that AMPA's Core Curriculum, covered as a pre-con at Air Medical Transport Conference (AMTC) annually, is the world's premier educational event for air medical and CCTM medical directors. But the education for medical directors doesn't stop there. For those seasoned folks who

have completed all parts of the Core Curriculum, we simultaneously put on a Medical Directors' Forum pre-con annually at AMTC as well, which those who attend have found extraordinarily valuable in taking their medical direction game to the next level. AMPA's textbook, *Principles and Direction of Air Medical Transport* (the next edition of which we are working feverishly to finish), is undoubtedly the world's definitive text for folks in our line of work.

Research: In the 3 years since the inception of AMPA's Research Seed Grant, we've received on average 5 extremely high quality applications annually. We've awarded 4 \$2500 grants to date to junior researchers mentored by AMPA members on these topics: the cost effectiveness of helicopter EMS for ST-elevation myocardial infarction, the safety of air vs saline for endotracheal tube cuff inflation at altitude, the feasibility of the NICOM Cheetah for hemodynamic monitoring in CCTM, and a project that will likely turn out to be the largest characterization ever published of the care received by septic shock patients requiring interhospital transfer by CCTM. Additionally, AMPA supports MedEvac Foundation International with an annual donation, and we encourage you to do the same. And of course, AMPA is a partner organization of the *Air Medical Journal*, with several of our members in leadership roles among the editorial staff.

Education: In addition to the education of our own members through the Core Curriculum and the Forum AMTC pre-cons and our textbook, as a physician organization, AMPA takes its leadership role in the education of the entire CCTM community very seriously, especially through our efforts with AMTC and Critical Care Transport Medicine Conference (CCTMC) (and our CCTMC Procedural Anatomy Skills Lab and Ultrasound pre-cons). If you've been to CCTMC in either of the past 2 years in Austin, I'm sure you'll agree that this conference has stepped up to the next level, both in terms of size and educational quality. Working together with our colleagues in Air & Surface Transport Nurses Association and International Association of Flight and Critical Care Paramedics (more *collaboration*), we've honed a product that delivers cutting-edge, sophisticated, truly critical care education to an audience hungry to provide world-class care to the very sickest patients. This ain't the ALSTMC, folks. (Get CCTMC 2015 on your calendar now! April 20-22, 2015, Charlotte, NC.)

So, what do you think? Is AMPA living its mission? Is it the correct mission for our organization? The board and I really want your opinion on those questions. Please let me know your thoughts on how we're doing and how we can do better. If you see a way in which you could help us get there, this is your time; I'm all ears. As always, thanks so much for doing what you do, for the righteous reasons that you do it.

William Hinckley, President

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