



Staffing of Air Medical Services

Position Statement of the Kansas Association of Air Medical Services

Approved by Members of Kansas AAMS

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Background

The use of helicopter emergency medical services (HEMS) has become an essential component of the health care system. While the public primarily pictures the helicopter landing at a car crash to help victims with multiple injuries, in the last decade air medical services have increasingly taken on a variety of missions. In fact, 54% of all air medical transports are hospital to hospital, 33% are scene responses, and 13% are other types (specialty/obstetric/neonatal/pediatric transport).¹ Appropriately used helicopter emergency medical services saves lives and reduces the cost of health care. It does so by minimizing the time the critically injured or ill spend out of a hospital, by bringing more medical capabilities and expertise to the patient than are normally provided by ground emergency medical services, and by quickly getting the patient to the right specialty care.² Due to decreasing services locally available, communities find access to specialty care more critical than ever. The expectation of the public is that help will be readily available when a medical emergency is experienced. The appropriate utilization of aircraft with highly skilled medical crews improves the timely access to specialist care. As time-dependent medical treatments, e.g. thrombolytic, angioplasty, or surgery for myocardial infarction or stroke, as well as induced hypothermia, are shown to improve patient outcomes; the absence of on-site specialists and specialty care in rural areas will continue to contribute to increased use of aircraft for rapid transport to lifesaving treatment at specialty hospitals.

Staffing

The crews aboard helicopter air ambulances provide more than the ALS-level medical skills and equipment found on typical ground ambulances. They bring additional skills and equipment of an intensive care unit, advanced drugs, procedures and critical care experience and training whenever they respond to a community hospital, the scene of an injury or accident, or a pre-planned rendezvous point with ground ambulance. This higher level of care is especially important in rural areas which may have few ALS ground ambulances to call upon, and even less critical care ground ambulance coverage.

¹ Frequently asked questions. Association of Air Medical Services. Available at www.aams.org. Accessed

² McGinnis K, Judge T. Air Medicine: Accessing the Future of Health Care. MedEvac Foundation International, Policy Paper. 2006 i-22

Resources are further strained when the community ambulance must make a long distance transport to a tertiary medical facility, which leaves their community without EMS service. The HEMS team generally has physician level capabilities and active involvement of Medical Directors that are responsible for supervising, evaluating and ensuring the quality of medical care provided by the air medical team.³ The majority of helicopter emergency medical services are staffed with a minimum of a specially trained critical care nurse as the primary care provider and a specially trained paramedic or other specialist caregivers to meet the needs of varying types of critically ill or injured patients. The Commission on Accreditation of Medical Transport Systems (CAMTS) in their Eighth Edition of Accreditation Standards 2010 published the following: "01.07.01 Critical Care - A critical care mission is defined as the transport of a patient, from a scene or a clinical setting, whose condition warrants care commensurate with the scope of practice of critical care transport professionals, i.e., physician or registered nurse. The medical team must, at a minimum, consist of a specially trained physician or a registered nurse as the primary care provider. Critical care missions require an additional team member, for a minimum of 2 medical attendants."⁴ The American College of Emergency Physicians endorses the following principle regarding patient care transfers: "The health and well-being of the patient must be the overriding concern when any patient transfer is considered. The patient should be transferred in a vehicle that is staffed by qualified personnel and contains appropriate equipment."⁵

Position

The Kansas Association of Air Medical Services believes that all helicopter emergency medical services should provide the highest quality of care to its patients by ensuring appropriate staffing, medical equipment and medical direction during air medical transports. Due to the size of most helicopters there is normally space for only two medical personnel aboard each aircraft. In order to ensure that that the aircraft is staffed with qualified personnel as well as allow flexibility for each mission, each Kansas AAMS program currently staffs and will continue to staff per the following guidelines. Each Kansas AAMS program will staff all critical care units with at least two medically trained persons, one of whom shall be a physician or a licensed registered nurse. Additional staffing shall be commensurate with the patient's care needs as determined by the service's medical director, e.g. Paramedic, Registered Respiratory Therapist, Nurse Practitioner, Physician's Assistant, or a second Registered Nurse, or other qualified medical personnel. In addition Kansas AAMS programs believe in hiring personnel with experience in critical, pre-hospital, emergency or specialty care to meet each programs specific mission profile, and a commitment to skill maintenance. Each program will continue to require advanced medical training, aircraft safety training and advanced certifications as approved by the program's medical director, with the goal of providing the best possible patient outcome for the severely injured or critically ill.

³ Air Medical Physician Association. Medical Direction and Medical Control of Air Medical Services. 2002. 1-2.

⁴ Commission on Accreditation of Medical Transport Systems. The Eight Edition Accreditation Standards. 2010 .1-78.

⁵ American College of Emergency Physicians (1990). Principles of appropriate patient care transfer position statement. Annual of Emergency Medicine. 19, 337.