

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 862

SUBJECT: EMS AIRCRAFT UTILIZATION & QUALITY IMPROVEMENT

PURPOSE:

To identify consistent and appropriate criteria when requesting an EMS aircraft for assistance with patient care and transport.

To ensure that the best interest of the patient is priority when determining appropriate care and timely transport of patients via EMS Aircraft.

To provide guidelines for specific considerations for a Quality Improvement program for EMS Aircraft.

AUTHORITY:

California Health & Safety Code, Division 2.5, Sections: 1797.218, 1797.220, 1798.2, 1798.170, and 1798.172, 1798.200, 1798.206,

California Code of Regulations, Title 22, Division 9, Chapter 8, Sections 100276 – 100306

California Code of Regulations, Title 22, Chapter 12, Section 100400, 100402.

Prehospital EMS Aircraft Guidelines, EMSA Document #144, December 2010

POLICY:

UTILIZATION

Utilization is the decision to dispatch air resources and whether to use those resources to transport.

- A. It is important that EMS personnel utilize consistent and appropriate criteria when requesting an EMS aircraft for assistance with patient care and transport.
- B. When utilizing prehospital EMS aircraft, a patient being transported by EMS aircraft should be critically ill and /or injured (life or limb). Special circumstances related to a particular area will drive decisions related to prehospital EMS aircraft utilization.

Effective Date: 12/01/2011

Date last Reviewed / Revised: 06/11

Next Review Date: 06/2014

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Approved:

SIGNATURE ON FILE
S-SV EMS Medical Director

SIGNATURE ON FILE
S-SV EMS Regional Executive Director

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- C. The use of prehospital EMS aircraft should provide a significant reduction in arrival time to a receiving facility capable of providing definitive care, including designated specialty care centers. If the total estimated receiving facility arrival time for prehospital EMS aircraft exceeds the ground ambulance use, air transport should not be used.
- D. Utilization of prehospital EMS aircraft should be considered in the following situations:
 - 1. Patients who meet trauma triage criteria
 - 2. Time critical medical patients
 - 3. MCI
 - 4. The patient is inaccessible by any other means
 - 5. Utilization of existing ground transport services threatens to overwhelm the local EMS system
- E. Time savings will be influenced by a number of factors, including but not limited to, a patient's condition, the type of aircraft and current environmental conditions.
- F. Utilization should be based upon time closest / most appropriate level of care.
- G. The decision to cancel a responding air medical resource is at the discretion of the Incident Commander. The decision should be made collaboratively with the on scene medical personnel, after assessing the scene location and patient needs.
- H. The pilot shall have the final authority in decisions to continue or cancel the response. The pilot in command may dictate the need to deviate from destination policy.
- I. EMS aircraft transportation should not be used for the following patients:
 - 1. CPR in progress
 - 2. Patient(s) contaminated by hazardous materials that cannot be completely decontaminated prior to transport
 - 3. Patient(s) who are potentially violent or have behavioral emergencies. However, a patient may be transported at the discretion of the flight crew.

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QUALITY IMPROVEMENT

- A. The provider QI program should be designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care and safety of the transport service provided.
- B. EMS air providers are to develop and implement a QI program in cooperation with other EMS system participants as defined in California Code of Regulations, Title 22, Division 9, Chapter 12.
- C. Quality improvement programs should include indicators which cover the items listed in California Code of Regulations, Division 9, Chapter 12 of the Emergency Medical Services System Quality Improvement Program, which include, but are not limited to, the following:
 - 1. Personnel
 - 2. Equipment and Supplies
 - 3. Documentation and Communication
 - 4. Clinical Care and Patient Outcome
 - 5. Skills Maintenance / Competency
 - 6. Transportation / Facilities
 - 7. Public Education and Prevention
 - 8. Risk Management
- D. The QI program should be in accordance with the Emergency Medical Services System Quality Improvement Program Model Guidelines and shall be approved by the authorizing / local EMS agency.
- E. QI indicators should be tracked and trended to determine compliance with their established thresholds as well as reviewed for potential issues.
- F. Participation between the authorizing / local EMS agency and the provider's EMS QI Program is encouraged. This may include, but not limited to, making available mutually agreed upon relevant records for program monitoring and evaluation.
- G. Develop, in cooperation with appropriate personnel / agencies, a performance improvement action plan for the air medical provider when the EMS QI Program identifies a need for improvement. If the area identified as needing improvement

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includes system clinical issues, collaboration is required with the provider medical director and the authorizing / local EMS agency medical director or his / her designee.

- H. The QI Program should be reviewed annually for appropriateness to the operation of the EMS aircraft provider. A summary of this review is to be provided to the authorizing / local EMS agency. The summary should include how the air medical provider's EMS QI Program addressed the program indicators.
- I. A copy of the entire QI Program will be submitted to the authorizing / local EMS agency every five years for review.

CROSS REFERENCES:

Prehospital Care Policy Manual

Prehospital EMS Aircraft Guidelines, EMSA # 144

California Statewide CQI Plan Template

EMS System QI Program Model Guidelines, EMSA #166

EMS Prehospital Aircraft Operations Protocol, Reference No. 450