

DRAFT - BREMSS Air-Medical Plan – DRAFT**Purpose:**

The purpose of the BREMSS aeromedical plan is to assure that any aeromedical scene response within BREMSS follows the ADPH/OEMS&T protocols, is safe for the patient, crew, and ground EMS. The plan also causes any request for a scene response to a trauma or medical emergency to be coordinated through ATCC to always assure the closest available aircraft responds.

Standards:

ADPH/OEMS&T protocols regarding Aeromedical scene responses are considered the standard of performance for this plan. The pilot of the responding aircraft will always have the choice and responsibility of flight turn down due to any flight, scene, crew, or patient safety issue.

Any occurrence which is reported to BREMSS as non-compliant to the standard of performance, closest aircraft not responded, coordination/request for aeromedical scene call not placed through ATCC, or aeromedical not requested for a critical patient when overall time savings between air and ground is substantial will be considered a QA issue.

Time is the primary benefit of aeromedical transportation. Overall time savings are to be considered based upon the following formula or the actual transport times if available:

- A. The time the patient is ready for transport and a ground or air transport is available at the scene or can arrive.
- B. The number of statute miles to the chosen hospital from the scene.
- C. Ground transport rate $\frac{3}{4}$ mile/minute
- D. Air transport rate 2 miles/minute
- E. If air requested from scene – five minutes added to travel time to allow for aircraft/crew readiness for response.
- F. If ground transport at scene and patient ready for transport an additional ten minutes added to air response time for time at scene to prepare patient for air transport.
- G. If the air transport can/does meet the ground ambulance at a landing zone or location closer to the destination hospital, that location will be used for the number of miles to the scene and hospital.
- H. In an instance which the air transport can access the patient and a ground transport can not, the time (estimated) to reach and extract the patient will be used in the formula and added to ground transport time.

Example:

- Scene is twenty (20) miles from the hospital
- Ground transport is available at the scene when the aircraft is called
- Patient will be ready for transport within fifteen (15) minutes of the call for air transport
- Patient is a trauma system patient

Attachment 2

Ground: 20 miles X .75 = 15 minutes transport time
Patient ready for transport = 15 minutes at scene
Overall time to hospital = 30 minutes

Air: 40 miles X .5 = 20 minutes response and transport time
(10 minutes each way)
Scene time = 10 minutes
Crew readiness time = 5 minutes
Overall time to hospital = 20 (RT) + 10 (ST) + 5 (CRT) – 10 (patient
Readiness time) = 25 minutes

If the difference between a ground or air transport and the patient is a trauma, stroke, or STEMI system patient or the patient's condition is considered critical (based upon the patient's vital signs at the scene) then the time savings by air should exceed fifteen (15) minutes.

QA/QI Process:

The RAC QA/QI committee will consider any issues concerning the BREMSS aeromedical plan. The RAC QA/QI committee may close the issue or may choose to send to the ADPH/OEMS&T for their consideration. Reports of QA issues will also be made to the MDAC, RAC & ADPH-OEMS&T.