Medevac Advisory Committee 2009-2012 Strategic Plan

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Medevac Advisory Committee
2009-2012 Strategic Plan

Background

The Office of Emergency Medical Services (OEMS) is housed within the Virginia Department of Health. The mission of OEMS is to reduce death and disability resulting from sudden or serious injury and illness in the Commonwealth through planning and development of a comprehensive, coordinated statewide emergency medical services system. OEMS provides technical assistance and support to enable the emergency medical services (EMS) community provide the highest quality emergency medical care possible to those in need.

One of the primary OEMS responsibilities is to establish a "statewide air medical evacuation system" commonly use the term Medevac. [1] Medevac refers to Virginia's air medical evacuation system and/or licensed EMS agencies that provide air medical services. Medevac services are currently provided by both nonprofit and for-profit organizations in Virginia.

The State Medevac Committee is a standing committee of the EMS Advisory Board. The role of the EMS Advisory Board and its standing subcommittees is to provide advice and counsel regarding methods and procedures for planning, developing, and maintaining a statewide emergency medical services system to the OEMS and the State Board of Health.

Planning Process

The OEMS Director and Chair of the Medevac Advisory Committee invited members of the Virginia Medevac Community to participate in the planning process. The intent of the planning process was to clarify the role and expectations of the Committee and to develop consensus on the desired Medevac system for the Commonwealth. The process also was designed to identify and prioritize strategies for Committee focused effort.

Planning sessions were held in October 2008 and January 2009. Participants included representatives from OEMS, the Virginia State Police, private sector air transport providers, hospitals, and emergency personnel. Sessions were facilitated by the Performance Management Group (PMG) at Virginia Commonwealth University. PMG staff provided a content-neutral perspective to discussions while helping to ensure that participants remained focused and productive in achieving their planning goals.

[1] Code of Virginia § 32.1-111.3

The Critical Mission of the Medevac Advisory Committee

The Medevac Advisory Committee provides expert guidance to the OEMS Advisory Board regarding appropriate standards and recommendations to promote a high quality and safe Medevac system for Virginia

Commitment and Values of Committee Members and Partners

- High quality patient care
- Safe operations
- Collaborative approach to decision-making
- Comprehensive system view
- Efficient operations
- Fair representation of all providers and interest groups
- Consensus-based decisions to the greatest possible degree
- Continuous process improvement based on documented outcomes

Vision for the Future

The following provides an overview of the desired characteristics of Virginia's Medevac system:

Appropriate Management and Regulation of the Statewide System
Controlled growth will create a system that provides services to all areas of the state. Knowledgeable oversight and regulation will be provided at the state level to ensure quality control.

Comprehensive Safety Program
Statewide safety standards will be in place and a comprehensive safety program will provided training and education programs for all service providers and organizations that depend on their services.

Consistent and Appropriate Use of Resources
Statewide standards will guide Medevac service utilization using established trauma triage guidelines.

Centralized Dispatch System
The centralized dispatch system will be able to monitor resource availability and consistently determine and dispatch the closest available aircraft.

Common Tactical Communications System
Standardized communication systems will be in place that seamlessly link aircraft, medical facilities and emergency responders.

Information Resources for Risk Management
A state network of SWOS stations will provide a comprehensive weather information system to support uniform risk assessment and dispatch.

Standardized Performance Improvement Program
A comprehensive quality improvement system will be in place to document and share best practices and track air medical services information for evaluation and planning purposes.

Critical Existing Strengths and Weaknesses

Weaknesses	Strengths
▪ Segmentation ▪ Lack of clear and defined goals and strategies ▪ Working under multiple regulatory bodies ▪ Rehashing of same problems ▪ Not enough "teeth" to regulations ▪ Lack of step-wise systematic approach to problem solving	▪ Focus on quality and safety among providers ▪ Willingness to meet and talk to identify and fix issues ▪ Strong players with passion ▪ Adequate resources to provide services ▪ Shared desire to achieve system improvements ▪ Desire to govern ourselves rather than being dictated to ▪ Broad wealth of knowledge and experience among service providers ▪ Commitment from state to provide resources

Strategies for Action

Action Strategies			
Regulation and Oversight of HEMS Services	**Establish Centralized Dispatch System**	**Establish Statewide Air/Ground Safety Standards**	**Establish Utilization Standards**
▪ Revise and implement statewide air medical regulations ▪ Better define licensure requirements for air medical agencies (base location) ▪ Develop a system of application for new HEMS base development with state Medevac Committee input ▪ Establish certificate of need process ▪ Pass legislation that gives the state complete regulatory oversight ▪ Establish response areas ▪ Develop a standard process to address Medevac issues ▪ Develop criteria for an ongoing process improvement program	▪ Create a team to benchmark existing centralized dispatch systems and report out to the Medevac Committee ▪ Establish a work group to write initial role and expectations of a centralized dispatch ▪ Create centralized dispatch for all entities ▪ Develop a system to track the availability of the closest, most appropriate air resources ▪ Identify minimum required information to be passed when requesting air resources	▪ Identify and adopt universal safety standards ▪ Implement a weather safe system ▪ Establish air (HEMS) safety protocols and provide universal education ▪ Standardize safety practices (air and ground) ▪ Promulgate standard landing zone standards for use by all air providers ▪ Develop and mandate participation in minimum state established safety standards as appropriate ▪ Standardize air communicator training ▪ Develop a formal recommendation for consistent use of air-to-air communication (§123.025) ▪ Established standard safety program ▪ Create statewide Hospital AWOS system	▪ Develop air medical guidelines for appropriate utilization and provide education for the end user ▪ Standardize a utilization review tool ▪ Establish statewide air medical triage guidelines ▪ Develop air medical triage guidelines for utilization

Proposed Action Strategy Implementation Steps

The following tables provide draft work plans for the next 12 to 18 months:

Regulation and Oversight of HEMS Services	
What	**Who**
1. Identify regulatory standards in other states	OEMS, Medevac, Ad-Hoc Committee
2. Support Federal legislation to allow states to regulate air medical services	OEMS & individual program representatives
3. Incorporate voluntary standards by state Medevac Committee into state EMS regulations	Medevac Committee, OEMS, EMS Advisory Board
4. Review and revise existing & proposed EMS regulations governing HEMS	Ad-Hoc participants, Medevac Committee, OEMS
5. Utilize and identify data elements needed from EMS registry to enhance HEMS planning, coordination and oversight	OEMS, Ad-Hoc participants, Medevac Committee

Establish Centralized Dispatch System	
What	**Who**
1. Conduct research to determine what other systems/states utilize for HEMS dispatch and determine pros/cons/applicability in Virginia	Ad-Hoc committee
2. Create a business plan to include costs related to: software (including maintenance), staffing and sustainability	Ad-Hoc committee
3. Determine/identity potential funding streams	Ad-Hoc committee
4. Create plan based on items 1-3 with timeline	Ad-Hoc committee

Establish Utilization Standards	
What	**Who**
1. Collect method for utilization review (30 days)	Representatives from each agency
2. Schedule meeting to compare and contrast different methods and to develop preliminary template	Representatives from each agency
3. Meet with trauma / medical directors committee / CC committee to present template for buy in	Representatives from each agency
4. Review 2008 trauma CTR data and develop benchmarks	
5. Develop EMS education program and final version of template – implement	
6. Write and deliver impact report to appropriate agencies	
7. Develop and deliver symposium presentation	

Establish Statewide Air/Ground Safety Standards	
What	**Who**
1. Evaluate hospital AWOS stations (1) Assessment of current location of H & AWOS. Expense of AWOS. 2 months (2) Determine GAPS & acceptable distances. 1 month (3) Funding and requirements	Subcommittee, OEMS, VHHA Subcommittee VDH, VHHA, FAA, OEMS, VA Aviation
2. WEATHERSAFE design and launch (1) System design (process, use, etc.). 2 months (2) System test. 1 month (3) In place and used. 4th month	Sub-committee Medevac group

Establish Statewide Air/Ground Safety Standards	
What	**Who**
3. Develop universal safety standards.	
(1) Research current practices. 6 months	Sub-committee
a. Virginia Best Practices	
b. FAR (other ?)	
c. CAMTS	
d. Benchmark	
e. Other?	
(2) Develop training. 6 months	
a. Medevac community	Sub-committee
b. External	