

State Medevac Committee
Medevac Summit
January 9, 2009
Marriott West Richmond

Summary of Accomplishments

Prepared by the Performance Management Group
at Virginia Commonwealth University

2nd Medevac Summit Summary of Accomplishments

Members of Virginia's Medevac community were invited by the Office of Emergency Medical Services (OEMS) and the Medevac Committee to participate in a second planning meeting on January 9, 2009 in Richmond. The primary intent of this meeting was to follow-up on achievements made at the October 3, 2008 meeting in Charlottesville by identifying and prioritizing action strategies. This report provides a summary of the significant accomplishments that were achieved.

Participants were asked to complete four tasks:

1. Review and discuss the significance of outcomes achieved during the October 3 planning session
2. Clarify and prioritize October 3rd input on strengths and weaknesses
3. Identify and prioritize strategies for action
4. Outline steps to be taken during the next 12-18 months to implement high priority action strategies

Prioritized Strengths and Weaknesses

Participants reviewed and worked in small groups to identify the most important strengths and weaknesses of the current statewide Medevac system. Items are rank-ordered with the number of times cited among the work group in parenthesis.

| Weaknesses | Strengths |
|---|---|
| <ul style="list-style-type: none"> (4) Segmentation (4) Lack of clear and defined goals and strategies (3) Working under multiple regulatory bodies (2) Rehashing of same problems (2) Not enough "teeth" to regulations (2) Lack of step-wise systematic approach to problem solving <ul style="list-style-type: none"> ▪ Educational deficiency of EMS providers regarding proper utilization of air medical services ▪ Incongruent missions ▪ Lack of proper utilization ▪ Multiple agenda items ▪ No defined end points ▪ Reluctance to give up identity and/or territory ▪ Silos | <ul style="list-style-type: none"> (5) Focus on quality and safety among providers (3) Willingness to meet and talk to identify and fix issues (3) Strong players with passion (2) Adequate resources to provide services (2) Shared desire to achieve system improvements (2) Desire to govern ourselves rather than being dictated to (2) Broad wealth of knowledge and experience among service providers <ul style="list-style-type: none"> ▪ Commitment from state to provide resources |

Strategies for Action

Participants worked in small groups to identify priority actions. Group ideas were combined and sorted into similar categories of achievement that resulted in four action strategies.

| Action Strategies | | | |
|--|--|---|--|
| Regulation and Oversight of HEMS Services | Establish Centralized Dispatch System | Establish Statewide Air/Ground Safety Standards | Establish Utilization Standards |
| <ul style="list-style-type: none"> ▪ 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 | <ul style="list-style-type: none"> ▪ 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 | <ul style="list-style-type: none"> ▪ 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 | <ul style="list-style-type: none"> ▪ 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

| 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. 4 th month | Sub-committee Medevac group |

