State Medevac Committee
Medevac Summit
October 3, 2008
Charlottesville Doubletree Hotel

Summary of Accomplishments

Prepared by the Performance Management Group
at Virginia Commonwealth University

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 summit meeting on October 3, 2008 in Charlottesville. The primary intent of the summit was to help establish a clear vision for a Medevac system in Virginia and to identify initial strategies for achieving that vision. This report provides a summary of the significant accomplishments that were achieved.

Participants were asked to complete four tasks:
1. Establish a vision for the desired Medevac system for Virginia
2. Clearly define the role of the Medevac Advisory Committee beyond the requirements of the State Code
3. Identify strengths and weaknesses of the current system and approach
4. Identify potential actions that could be taken to create and maintain an effective Medevac system serving the entire state

A Vision for the Future Medevac System in Virginia

- Appropriate management and regulation of a statewide system
- Comprehensive safety program
- Consistent and appropriate use of resources
- Centralized dispatch system
- Standardized performance improvement program
- Common tactical communication system
- Information resources available for risk management

Note: Additional details can be found in Table One, last page

The Critical Mission of the Medevac Committee

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

Commitment and Values of the Committee Members
- High quality patient care
- Safe operations
- Collaborative approach
- Comprehensive system view
- Efficient operations
- Fair representation
- Consensus based decisions
- Continuous process improvement based on documented outcomes

Weaknesses in the Present System and Approach

- Lack of clear and defined goals and strategies
- Fear of the unknown
- Multiple agenda items-difficult to priorities
- Segmentation (91 vs. 135)
- Reluctance to address "white elephants"
- Incongruent missions
- Reluctance to share data/information
- Time management (4 meetings/yr)
- Rehashing of same problems
- Jumping to conclusions
- Historically, not a step-wise/systematic approach to problem solving
- Current voting structure doesn't provide consensus to GAB
- Not enough "teeth" to regulations
- Reluctance to give up identity and territory/volume
- Mistrust
- Silos
- No defined end points
- Working under multiple regulatory bodies
- Unclear identity
- Against educational deficiency of EMS providers of proper utilization of air medical services
- For vested interest in outcome
- A no accountability for both ground & air providers

Strengths of the Present System and Approach

- Adequate resources to provide services
- Willingness to meet and talk together
- A focus on quality and safety among providers
- Commitment and vested interest in making sure services are available
- Shared desire to achieve system improvements
- Ability to accept responsibility for missing the mark
- Strong players with passion
- Broad wealth of knowledge and experience
- Established infrastructure
- Established interpersonal/agency relationships
- Diversity
- Commitment from State to support these services
- Desire to provide the service regardless of individual missions
- Desire to govern ourselves rather than have it dictated
- Level of quality within individual programs

- Good participation in regional EMS Councils and state Medevac Committee
- Passionate about education – locally, regionally and statewide
- Consensus that safety is paramount
- Improving relationships among programs regardless of profile
- Desire and willingness to fix our issues

Potential Actions to be Taken

Top Priorities
- Define what the Medevac system should be and conduct an annual planning meeting to:
  - review the system and committee processes
  - develop an annual plan that addresses measurable goals; accountability and consequences; and routine review
- Develop and reinforce implementation of a new trauma triage program that will provide for:
  - Air-medical triage
  - Stakeholder involvement
  - Responsible marketing of services
  - Proper and consistent utilization of resources
- Conduct an annual Safety Summit that addresses such items as:
  - PAIP/AMRM/ Risk management
  - Follow-up session with identified outcomes
- Accelerate completion of best practices
  - Set a clear timeline for completion (1 to 2 years?)
  - Get program buy-in to complete including data sharing
  - Adopt best practices
- Establish a database and clearinghouse of nonproprietary information
- Create a WeatherShare information system for the state
  - Document mission turn downs and aborts
- Make better use of technology for more efficient, streamlined communications – one-stop shopping
- Establish Committee work groups to address specific issues and establish timelines for accomplishing tasks
  - Identify problems affecting the entire system
  - Use effective problem-solving processes
  - Provide timely feedback for submitted recommendations

Additional Ideas
- Provide report on data collected every three months at Medevac Committee meetings
- Annual teambuilding events "pre-incident/prevention"
- Continuing Education programs

- Data collection/reporting structure
- Financial impact/analysis: what will projects cost?

Table One: A Vision for the Future Medevac System in Virginia

Appropriate Management & Regulation of the Statewide System	Comprehensive Safety Program	Consistent and Appropriate Use of Resources	Centralized Dispatch System	Common Tactical Communications System	Information Resources for Risk Management	Standardized Performance Improvement Program
▪ Revision of statewide air medical regulations ▪ Knowledgeable oversight for direction & decision-making ▪ Controlled growth based on needs of the Commonwealth ▪ Municipalities exercise their EMS responsibilities to the citizens ▪ A system that assures all areas of the state are covered	▪ Comprehensive Safety Program ▪ Mandatory participation in minimum state established safety standards (FAA? NTSA?) ▪ Universal safety standards ▪ Statewide safety education for all customers	▪ Evidence & outcomes based Trauma Triage system ▪ Statewide standards for air medical utilization ▪ Appropriate aircraft utilization ▪ Standard transparent utilization review ▪ Universal protocols for utilization ▪ State established air medical triage guidelines	▪ A technological advanced computer system to view availability of aircraft in the system ▪ Centralized dispatch "on scene" ▪ Statewide common dispatch center ▪ Satellite tracking transparency ▪ Integrated, efficient coordination of services ▪ Consistency in determination of closest available aircraft	▪ Standardized communication: Air to Air; Hospital; Ground to Air; First Responder ▪ Standardized communication system	▪ State network of Air Medical AWOS stations ▪ Risk assessment as per FAA ▪ Comprehensive weather-share system ▪ Communications sharing ▪ INTER-Program (weather hazards)	▪ Comprehensive statewide best practices-validated ▪ Comprehensive standard quality management ▪ Statewide air medical data reporting (not PPDR)

Note: Items in rows and columns are not listed in any order of priority.