The Advantage

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Message from the Executive Director

Making a Difference

I have to admit that NAAMTA has been very busy in establishing itself as one of the premier accreditation services available to medical transport operators. Here are some of the things that have happened since middle of last year.

Most of the states that have previously mandated accreditation now recognize NAAMTA accreditation for its transport services. We also have the verbal of one of our federal partners that a rule change is in draft format.

We have attended conferences at: EMS World Nashville, AMTC Nashville, NASEMSO Cleveland, HAI Orlando, ITIC in Venice, Italy and the IAG conference in Milan, Italy.

2014 saw the reaccreditation of 4 of our original members. We added one new member, and we have received 9 new membership registrations. Through our marketing efforts we also have 5 new verbal commitments.

We have rolled out the NAAMTA Learning Center. It has been in BETA test most of last year. It is now ready for use by our members. There have been over 12,000 courses taken on the NAAMTA Learning Center. Over 700 employees have been enrolled in various courses.

We are more than ¾ of the way through revising our standards, making them easier to understand as well as providing the expectations and the evidence base for each standard.

We passed our ISO audit with NOT A SINGLE non-conformity, and we have been told that we are on the cutting edge as one of the companies that have gone completely paperless.

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Team NAAMTA and the Alliance

Our auditors and registrar use us as examples of how to run a true paperless ISO 9001:2008 organization. The international exposure has been slow, but positive. We have one new registration from a hospital based program in South Africa. Several other global organizations have shown interest, and we are now negotiating with them to join our Alliance.

I am sure that there is much more that has happened since the last newsletter. These are the high points. We have strengthened our HIPPA position; SMS classes; and also, we are very close to unveiling our virtual classroom environment. We have been in over 23 States speaking NAAMTA processes. State and federal officials now know who we are - insurance companies are asking for our Bios weekly. We are working on money saving partnerships with various vendors, these savings will be passed on to our members. The more I think the longer the list becomes.

Sometime ago I wrote "I believe that the medical transport industry still has the integrity to monitor itself through volunteered accreditation." I believe this now more than ever. Our continuous compliance program, although not perfect, is well established. All company quarterly reports are submitted to NAAMTA; we are seeing huge growth not only in the reporting but then in the correction of what is being reported. "When performance is measured, performance improves. When performance is measured and then reported back, the rate of improvement accelerates."

Seeing where organizations are the weakest seems to be repaired by the next report—we hardly ever have to make a suggestion. I can honestly say that our members are self- auditing.

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They are finding ways to improve their own processes --- even employees that never see the high level side of accreditation are seeing the effects. I am amazed at the commitment of our members.

2015 is shaping up to be a huge year for NAAMTA accomplishments. I am happy for our progress and thankful for the industry's support.

Roylen "Griff" Griffin
Executive Director

Watch for the excitement!

Asking Questions

Nancy Purcell
Medical Administrator

One of the elements of being involved with NAAMTA that I enjoy the most is the opportunity to visit with many people in the medical transport industry from around the world. You guys are the best! As I speak with program directors, flight nurses, medics, dispatchers, and pilots, one thing has become crystal clear to me. Programs want to make a difference with their opinions and they want to do things right (okay, two things). Along with this, they want NAAMTA to do it right.

So how do WE, "do it right?" First, we have to be willing to be examined—by ourselves as well as others. On the surface this appears to be an intimidating task. However, this is really a positive opportunity to re-evaluate. Anyone familiar with health care algorithms knows that one of the most reoccurring steps is asking a question. Just look at an algorithm for doing CPR. First question, "Is the patient responsive/conscious?" Then a task is implemented. Then another question, "Is the patient breathing?" Depending on the answer, another task is performed. Once, that is initiated, the questions repeat again, and again.

Providing the service of accreditation is no different. We must constantly be asking ourselves questions. The challenge before us is not in asking questions, but in asking ourselves the *right* questions. Depending on the question and how we respond to it will define if we "do accreditation right." Over the past months, we have been privileged to participate with several programs in "doing it right"—Reva, Jet ICU, Eagle III, Hawaii Life Flight, Guardian Flight, Eagle Air Med, Classic Lifeguard and Aeromed, just to name a few. As we move forward with new programs, we at NAAMTA are even more committed to continuing to the quality management process of "doing it right."

FAA Rule Changes for the Year

Adam Orgill
Aviation Administrator

On February 21, 2014, the FAA issued a sweeping final rule that requires helicopter air ambulances to have stricter flight rules and procedures, improved communications and training, and additional on-board safety equipment, stemming from the rule proposed in October 2010.

The rule is now final and specific regulations will be rolled out during each of the next four years starting in 2015. The first group of regulations, taking effect on April 22, 2015, include changes to weather minimums, drug and alcohol testing, passenger briefings, approved life preservers, initial and recurrent training, safe cruising altitude, and preflight risk analysis. The full rule making document is found here: http://www.faa.gov/regulations_policies/rulemaking/recently_published/media/2120-AJ53.pdf

NAAMTA has reviewed the rule changes, and we are encouraged by the steps that have been taken and believe they will result in positive benefits relating to safety and patient care. I would like to focus on one of the new rules that is taking effect next year and offer a compliance solution.

New regulation, FAR 135.621, gives specific instructions to operators of how preflight briefings are to be conducted with medical flight crews on-board. The following items must be part of a preflight briefing (in addition to the Passenger briefing requirements in FAR 135.117(a) and (b)):

1. Physiological aspects of flight
2. Patient loading and unloading
3. Safety in and around the helicopter
4. In-flight emergency procedures
5. Emergency landing procedures
6. Emergency evacuation procedures
7. Efficient and safe pilot communications
8. Day and Night operational differences

The regulation also states that these preflight briefing items may be omitted if all medical personnel on-board have satisfactorily completed the certificate holder's FAA-approved medical personnel training program within the preceding 24 calendar months. The NAAMTA Learning Center has the ability to administer these trainings and store employee records of your program's medical personnel training. Your program will have the ability to post the necessary course materials and tests to the Learning Center where employees can login remotely and complete the trainings. Reports can then be given to your company's compliance department to verify each employee's completion.
If your program would like to utilize this tool to show compliance to this regulation, send an email request to admin@naamta.com to begin setting up your training modules.

"Monitoring and Mentoring"

Amy Arndt
Program Director

Our research has shown that the general concept of accreditation is the act of policing an organization for compliance. In most cases, the pains and anxiety we feel during an audit is the idea of failure and its repercussions. NAAMTA is working toward effecting a paradigm shift in the minds of medical transports that accreditation is an opportunity to evaluate your organization's goals and ensure your company's success.

When working a recent trade show, it was interesting to me the number of people who are surprised that the NAAMTA Standards are available as a free download to organizations. If we truly are focusing on safety and the quality of patient care, not only should programs access the Standards, but they should evaluate them to determine if they will improve their organization by applying the criteria contained therein.

The accreditation process is an evaluation to the adherence to the Standards, but understanding the purpose of each Standard is a mentoring process. As we work with your organization, our goal is share knowledge, increase understanding, and mentor organizations toward compliance and toward continuous improvement.

We provide your organization a number of reports on our findings; you receive the administrative audit report prior to a site audit as evidence of your status during the process. The final audit report provides our findings for accreditation, and once accredited the continuous compliance reports aid organizations in monitoring organizational goals.

In contemplating the intricacies for the various modes and medical scopes for transports, I realize the benefits of having open discussions and why Alliance Membership is so important to our program. As programs become accredited, they are enrolled in the NAAMTA Alliance. The collaboration of our members gives us the opportunity to discuss industry trends, new concepts in transport procedures and glean knowledge from our programs.

Our annual symposiums offer an opportunity for each of you to meet, mentor, and monitor each other. As an organization, we strive to learn. We work toward continuous improvement by extending an open policy for feedback, and we aim to teach, to reach higher levels of success and to teach what we learn to better those with whom we associate.

What is Your QMS Worth?

Shana Harris
Business Development Manager

A business without a Quality Management System is like a cell phone without a battery.

A couple weeks ago, we at NAAMTA held our second quarterly Quality Management Meeting (QMS) for 2014. This has become a time-sensitive meeting that we as a company adhere to with dutiful commitment. Our processes and procedures are chock-full of Quality Management including the NAAMTA0 Standards Manual, NAAMTA Policy and Procedure Manual and the NAAMTA Quality Manual.

Quality Management is what NAAMTA is all about. NAAMTA believes that this mechanism is the key to a successful organization. As our Mission Statement asserts: "We aspire to be the benchmark of quality management and safety practices in the medical transport industry by establishing an under-lying value system whereby standards are developed, defined, monitored, and enforced."

A Quality Management System helps evaluate business practices including scope of care, documented reviews, evaluation, and implementation of improvements for better quality of patient care and safety. As such, NAAMTA's QMS is ever in flux. It is not a static system. We are continually improving as we grow. These are certain checks and balances required for the appropriate functionality of any business.

NAAMTA requires our Alliance member programs to adhere to the same standards of excellence. Successful implementation of a Quality Management System provides confidence to customers, management and employees.

NAAMTA believes that this mechanism (QMS) is the key to a successful organization. With that being said, let us ask, "What is your QMS worth to your organization?" May I propose that it is worth the success of your organization.

Regionalization of Trauma and Emergency Medical Care

David R. Boyd, MDCM
Advisor

Region: A large, usually continuous segment of surface area, having natural or arbitrarily assigned boundaries,

Regional Emergency Medical Care and Services Systems: "organization within a large socio-geographic domain the existing and upgradable hospital facilities and transportation services to most effectively respond to medical emergencies provide initial care and efficiently transport to advanced treatment and rehabilitation". Regionalized trauma care is the primary planning and operational model.

The term Regionalization has a variety of applications in human, commercial, governmental, health and medical fields. It has been used over time to denote the availability and distribution of limited medical care capabilities to include physicians, hospitals and unique resources for specific maladies. Diseases were regionalized for public health (e.g., quarantines), social and political reasons and included infectious diseases like tuberculosis, infantile paralysis and AIDS.

With advances of clinical specialization, personal and equipment requirements prescribed new hospital services being centrally located in medical centers. Accordingly maternal and children's hospitals and specialty surgical, cardiovascular, orthopedic, cancer and organ transplantation centers emerged. In all of these situations patients in need would travel toward these services. For many conditions the velocity of this travel is not critical. But for Trauma Care it is!

Trauma is regional disease. Specific EMS response plans with recognized "vectored" transport to designated Trauma Centers must be done specifically and uniquely in each region. Utilizing a "Systems Approach" in each region, no matter how rural or vast will improve outcomes by removing the unanticipated and random "non-systems" responses.

In Illinois 1971 we focused on the injured patient and established a statewide program organized on a hierarchal system of designated hospital trauma centers within a Socio-Geographic Regional design.

This experience was integrated into the "Emergency Medical Services Systems Act of 1973", PL 93-154 and as amended in1976 and 1979. This law provided a national focus, professional leadership, grant funding and technical assistance for 304 contiguous Regional Trauma/ EMS Systems. And that remains as the basis for continuing EMSS development and sophistication today.

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