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The medical transport industry draws upon the most talented and skilled healthcare

providers the medical world has to offer. Caring for the critically sick and injured in an environment as confined, unpredictable, and stressful as a ground or air ambulance requires a high level of clinical training, competency, physical fitness, confidence, and courage that are the hallmark of medical transport personnel. Add to that the tasks of accounting for and maintaining all the life-sustaining medical equipment, supplies, and ambulances...well, the complexities of transport operations can make any Medical Director's head spin.

Organizations whose scope of service includes specialty care transport teams have additional responsibilities of ensuring that these high-risk patients receive specialized resources, planning, training, and attention to operational details. The NAAMTA Global accreditation provides necessary standards for transporting a variety of specialty care patients. This includes patients requiring:

- Advanced Respiratory Support (i.e., complex ventilatory support, inhaled Nitric Oxide, Heliox, compressed medical air, liquid ventilation, etc.)
- Complex Cardiac Circulatory Support (i.e., IABP, ventricular assist devices, ECMO, etc.)
- Level III / IV High-Risk Maternal-Fetal Specialty Care
- Level III / IV High-Risk Neonatal Specialty Care

The NAAMTA Standards are designed to ensure that high-risk patients requiring medical transport have their care provided by physicians and medical crews with specialized knowledge, skills, and applicable medical equipment. Ambulance operators are obligated to establish policies, define clinical job descriptions and qualifications, verify physician and transport crew clinical competency, and utilize safety equipment and medical supplies applicable to the patient population that ensures the patient receives the appropriate specialty care before and throughout the transport.

Let's take a look at the following components required for specialty care transports.

- Medical Direction
- Quality and Utilization Management
- Medical Transport Crews
- Medical Equipment and Ambulance Configuration



#### **MEDICAL DIRECTION**

Physicians directing the care are required to have medical certification and clinical practice experience specific to the subspecialty scope of service. The organization's executive Medical Director is usually certified in Emergency Medicine, Internal Medicine, or Family Medicine. The Medical Director develops and administers the organization's general medical policies, off-line patient care guidelines, infection control, and online medical control of most adult and some pediatric patients.

Specialty care transports require that respective specialty-certified and experienced physicians provide consultation and medical control of patient care before and during transport. For example, a high-risk neonatal patient requires medical control by a board-certified neonatologist; patients requiring advanced respiratory support require a physician certified and experienced in the management of complex mechanical ventilation and inhaled specialty medical gases (i.e., Nitric Oxide, Heliox, etc.). High-risk OB patient requires the involvement of a perinatologist.

The involvement of a specialty care physician needs to be documented as part of the transport request intake process and patient care management record.

#### MEDICAL TRANSPORT CREWS

The qualifications and expertise of the specialty transport team cannot be overstated. Just as an adult ECMO patient should not be cared for by crewmembers whose training and experience have been limited to clinical competency at an ALS level of care, neonatal and pediatric patients require transport crews educated and experienced in the distinct anatomic, physiologic, and pathophysiologic disease processes of this unique patient population.

Ensuring that medical crews have the necessary cognitive and psychomotor skills to care for specialty care patients begins with outlining the scope of practice license, requisite high-level specialty training, experience, and competency expectations in the organization's job descriptions for medical personnel. The NAAMTA Global Standards detail specific crew configurations and individual crewmember qualifications and credentials required for specialty care transport. In many instances, specialty care transports require additional medical personnel with special expertise needed to provide necessary patient care.

Mechanisms and procedures must be in place to ensure medical crew training and competency are maintained continuously. This includes a didactic specialty knowledge base, hands-on skills competency, and ongoing clinical experience caring for patients requiring respective specialty care. Comprehensive policies need to be in place that ensures verification of applicant credentials and expert experience, and a thorough program for new-hire indoctrination, specialty-team training, and monitoring of ongoing competency. All specialty care training also needs to be documented and records maintained.



### MEDICAL EQUIPMENT AND AMBULANCE CONFIGURATION

In addition to standard transport equipment, supplies, and ambulance configuration, specialty care patients require additional medical equipment, supplies, and ambulance provisions. Special attention is needed regarding:

- The very nature of a specialty transport may necessitate a change in the mode of transport to ensure necessary space needed for additional equipment and full access to providing required patient care, including the potential for 2 patient transport
- Stretcher position and patient restraint of the OB that allows for en route delivery of the newborn (if necessary); positioning of neonatal incubators and other equipment that provides full access to monitors, equipment, and patient
- Age-appropriate pediatric and/or neonatal restraints
- Age-appropriate medical equipment and supplies consistent with current standards of patient specialty care therapies and modalities
- Specialty ambulance equipped with compressed medical air for the neonatal patient
- Additional compressed medical gas canisters for the care of patients requiring advanced respiratory/ventilatory support (i.e., inhaled Nitric Oxide, Helium-Oxygen, heated and humidified gases for neonates, etc.)
- ECMO, IABP, neonatal incubators, and other specialty equipment demand careful scrutiny to ensure secure storage and restraint tie-down
- Adjustments in loading and unloading of the specialty care patient and equipment to avoid mishandling and equipment incidents
- Adequate ground ambulance vehicles capable of conducting a specialty care transfer.

## **QUALITY & UTILIZATION MANAGEMENT**

Throughout the accreditation auditing process, organizations are carefully and thoroughly evaluated to ensure all aspects of specialty care transports are being conducted in compliance with the NAAMTA standards and applicable regulatory requirements. Organizational policies and procedures should develop and frequently evaluate their administration of:

- Out-sourced specialty team contracts, safety training, and transport logistical coordination
- Appropriate documentation of information pertinent to specialty transport during call intake
- Specialty patient care protocols are developed and reviewed annually by specialty care physician certified in the applicable subspecialty (protocols need to reflect the approval signature of the specialty physician)
- Inclusion of an appropriate specialty care physician as part of the patient specialty care utilization review process; the utilization review form should reflect the name of the specialty physician consulted
- Review of job descriptions for medical control physician(s) and medical crew and verification of applicant qualifications necessary for specific specialty care transports
- Tracking and verification of medical crew training, ongoing clinical experience, and hands-on skills competencies for specific specialty care.