

PROPOSED FICEMS RESPONSE TO NTSB RECOMMENDATIONS A-09-102 & A-09-103

Develop national guidelines for the use and availability of helicopter emergency medical transport by regional, state, and local authorities during emergency medical response system planning. (A-09-102)

Develop national guidelines for the selection of appropriate emergency transportation modes for urgent care. (A-09-103)

Background

The decision whether to use a ground or air ambulance for the transport of an ill or injured patient must simultaneously weigh such issues as the scientific evidence for the clinical efficacy of the transport mode, the distance and terrain over which the patient must be transported, EMS system resource needs and local weather conditions. In order to develop national guidelines for selecting appropriate modes of emergency transport, it is necessary to first gain a clear understanding of the relative clinical benefits of ground versus aeromedical transport.

Overview of Proposed Strategy

The Federal Interagency Committee on Emergency Medical Services (FICEMS) proposes to develop national guidelines for the emergent transport of traumatically injured patients from the scene of injury as the first step in establishing broader national guidelines that will eventually include recommendations for the transport of patients with medical emergencies and for inter-facility transports. As a first step, FICEMS proposes to develop and implement evidence-based clinical guidelines for the helicopter transport of injured patients at the State level. By initially focusing on trauma, FICEMS will develop guidelines to cover a significant subset segment of the patients potentially requiring air ambulance and will gain important information about any barriers that may exist to the implementation to emergency transport guidelines at the State level. Once the evidence-based guidelines for helicopter transport of injured patients have been developed, input will be solicited from national stakeholder organizations, administrators from rural and urban EMS systems, field providers and from patient care representatives to develop national guidelines for the use of helicopters by regional, state and local EMS agencies. These efforts will be funded through a cooperative agreement funded by the National Highway Traffic Safety Administration (NHTSA) in FY09 and an inter-agency agreement between the Centers for Disease Control and Prevention (CDC) planned for FY10.

Specifics of Proposed Strategy

1. Evidence-based clinical guidelines for the helicopter transport of injured patients will be developed by a multidisciplinary advisory panel through a cooperative agreement with Children's National Medical Center (CNMC). The project, funded by NHTSA, was awarded to CNMC in response to a competitive FY09 RFA to pilot test the National Evidence-based Guideline Model Process. The guidelines, which will cover adults and children, are expected to be completed by the summer of 2010.
2. An inter-agency agreement between the Centers for Disease Control and Prevention (CDC) and NHTSA will be signed in FY10 to develop national mode of transport guidelines. This effort will build upon the CDC's successful efforts to revise and implement the Field Trauma Triage Decision Scheme, utilizing many of the same expert panelists, augmented with representatives from the HEMS stakeholder community. Using the evidence-based guidelines developed by the CNMC project, this panel will develop and vet proposed national guidelines for the selection of appropriate mode emergency transportation for urgent care in fulfillment of the NTSB recommendation A-09-103.
3. Using the evidence-based guidelines developed in the first phase of their project, the CNMC investigators will also develop, implement and evaluate a helicopter transport protocol for the State of Maryland. The final report for the study will be submitted in September 2011.
4. The second phase of the CDC-NHTSA inter-agency agreement will develop national planning guidelines for the use and availability of helicopter transport of injured patients by regional, state, and local EMS agencies. This effort will be informed, in part, by the results of the CNMC evidence-based clinical guidelines and draft Maryland State protocol, as well as by input from national HEMS stakeholder organizations in order to develop guidelines for issues including public safety answering point coordination/dispatch of HEMS, coordination with emergency response organizations, regional EMS system coordination and transport across State lines.
5. While the national planning guidelines for trauma transport are being developed, FICEMS will explore funding mechanisms to adapt the emergency planning transport guidelines and related protocols to other medical emergencies.
6. It is the intent of FICEMS to provide the NTSB with a written update on the emergency transport guidelines development process twice yearly.