

Montana Air Medical Activation Guideline Considerations

Introduction

Literature demonstrates that prompt treatment and transport to appropriate facilities can improve outcomes in patients with time sensitive diseases such as trauma, stroke and acute myocardial infarction. Use of air medical services can decrease mortality and morbidity of critically ill or injured patients. In particular, air medical services can provide transport of patients in rural areas who can benefit by timely access to specialty services not available locally.

The emergency transportation of patients by air is one important adjunct to out-of-hospital and inter-facility emergency care. Air medical transport typically is a consideration for scene evacuation of critically injured trauma victims or for the inter-facility transfer of high-acuity patients to tertiary hospitals. The appropriate activation and effective utilization of air medical transport services is an important consideration for emergency care systems.

Purpose of the Montana Air Medical Activation Guidelines

The purpose of the Montana Air Medical Activation Guidelines is to provide guidance for development of standardized approaches for ground emergency medical service providers to decide whether or not to request a scene response by an air medical transport provider. As there cannot be a single document developed to meet the needs for every situation, the Montana air activation guidance is provided as the foundation for local decisions about implementation of air activation criteria.

In certain scenarios, the patient cannot be fully stabilized at a local facility or there are no local facilities in close proximity to the scene. Such patients should be considered a candidate for air medical transport to an appropriate facility. The specific criteria listed in the guidelines are not intended to be a comprehensive listing, but rather an indication of the decisions for whether or not air medical response may be appropriate.

General Indications for Air Medical Transport

There are numerous scenarios when it may be beneficial to activate air medical transport. However, several factors should be considered when evaluating the need for activating air medical transport. As outlined in the guidelines:

- The decision for mode of transport for both field and inter-facility transfer patients is based on the premise that the time to definitive care and quality of care are critical to achieving optimal outcomes
- Factors of distance, injury severity, road conditions, weather and traffic patterns must be considered when choosing between air or ground transport. The skill level of the transport team must also be considered
- The potential benefit to the patient should outweigh the risks associated with air transport

Additional considerations include:

- Does the patient require critical care during response/transport, which is not available with ground transport options?
- Is the patient located in an area that is inaccessible to ground transport?
- What are the current and predicted weather situations along the response and transport route?

- Would use of local ground transport leave the local area without adequate emergency medical services coverage?
- Does the patient meet “Trauma Team Activation” criteria as set by local facilities or Montana Field Decision/Trauma Team Activation Criteria?
- Is the patient medically unstable or critically ill/injured and time to definitive care by ground exceeds air medical transport time?
- Is the scene greater than 30 minutes from the hospital or is ground ambulance response not available or will be delayed?
- Does the patient’s needs exceed local EMS or health care facility capabilities?
- What are the capabilities of available transport modalities and what level of care does the patient require?
- Could the critically ill or injured patient compromise the capabilities of the local EMS service or hospital
- Does the patient require specialized medical treatment not available at a local facility - (cardiac catheterization, stroke center, trauma care, etc)?
- Will the number of patients overwhelm local EMS and/or hospital resources?

Guidance:

- a. Patients requiring critical interventions should be provided those interventions in the most expeditious manner possible.
- b. Patients who are stable should be transported in a manner that best addresses the needs of the patient and the system.
- c. Patients with critical injuries or illnesses resulting in unstable vital signs may require transport by the quickest available modality, with a transport team that has the appropriate level of care capabilities, or to a medical facility capable of providing definitive care.
- d. Patients with critical injuries or illnesses should be transported by a team that can provide intra-transport critical care services.
- e. Patients who require high-level care during transport, but do not have time-critical illness or injury, may be candidates for ground critical care transport if such service is available and logistically feasible.

Implementation

A coalition of the local healthcare facility staff and medical providers, each EMS provider , air medical services and all first responder organizations (fire departments, law enforcement agencies, etc.) should work together to develop air medical transport activation criteria.

Air medical activation should be initiated by persons with training in the pre-hospital care of injured patients and knowledge of available air medical transport services/capabilities. In most situations, activation should be initiated by the local EMS agency, but trained first responders can also provide early activation in some situations. Cancellation of air medical response should only be implemented by EMS.

Helicopter dispatch can be implemented simultaneously with the ground unit or during or at some point after the 911 call when indications of air medical transport become evident.

Helicopter to scene response should take less time (>20 minutes time savings) then it takes to travel by ground to the closest appropriate facility. If this is not the case, strong consideration should be given to activating the

helicopter from the scene and meeting at the local hospital. Decisions to stage at the scene or enroute and wait for air medical rendezvous should be made in conjunction with local medical control.

Access to air medical transport services should assure prompt dispatch of a helicopter when appropriate while discouraging dispatch when it's not necessary or unsafe to do so.