



Emergency Medical Directors Association of California, Inc. ▣

January 7, 2009

National Transportation Safety Board
Ms. Lorenda Ward
Hearing Officer
490 L'Enfant Plaza East, SW
Washington, DC 20594

Re: NTSB Hearing on Safety of Helicopter Emergency Medical Services (HEMS) Operations

Dear National Transportation Safety Board,

This statement is provided to you on behalf of the thirty-one local Emergency Medical Services agency medical directors representing the 58 counties that make up the state of California. We understand that in a hearing scheduled for February 3 – 6, 2009, the NTSB will be considering input regarding helicopter EMS (HEMS) operations and safety. As the medical directors for the state of California, we do have significant concerns and input that we would like the NTSB to consider.

First of all, the EMDAC medical directors recognize the integral role that HEMS plays in the delivery of expedient and high quality prehospital and interfacility medical care and transport of patients who require their services and the partnership they share with the ground EMS providers, the local hospitals, and the local EMS agencies. At the same time, we also recognize there is a significant and very real risk posed to the HEMS crew members, their patients, and the public by the very utilization of the HEMS services. We also recognize that in nearly every state, HEMS medical operations do not fall under the oversight or regulation of any established EMS governing body: state, regional or local. Every other aspect, however, of prehospital care, including dispatch, policies and procedures regarding adult and pediatric patients, trauma care, disaster services, destination decisions, quality assurance and training do fall under the purview of the local EMS medical director and local EMS agency. In the state of California, for example, an operational or safety issue involving a HEMS provider falls to the FAA first, if the issue involves flight or pilot safety, and then to the HEMS company safety division for all other issues. Decisions regarding patient treatment protocols, training and oversight for a HEMS operator often do not involve input from the local EMS medical director that is charged with the responsibility of EMS oversight for the very region in which the HEMS is operating.

Evidence-based research studies that center on patient outcomes when HEMS is utilized suggest only to slightly improvement in patient outcomes, most involving cases when advanced techniques are performed to maintain an airway. That would lead one to conclude that most HEMS utilizations result in no significant improvement in patient outcomes. If a sensible and rational approach to HEMS utilization could be developed by the unbiased and non-conflicted EMS medical directors who write policy for these types of decisions for ground transport already, then unnecessary flights would be reduced which would immediately decrease risk to the crews and the public at large.

California has been among the nation's leaders in addressing some of these issues. Over a year ago, an Air Medical Task Force (AMTF) composed of local EMS medical directors and administrators, HEMS medical directors and administrators, hospital representatives, and state EMS representatives was convened to try to work through some of the very issues the NTSB will be addressing in this

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hearing. For your consideration, outlined below are evidence-based and practical solutions that the EMS medical directors for the people of California offer regarding HEMS operations:

1. **Except for the authority of the FAA, all HEMS operations MUST be regulated by oversight from the state and local EMS systems.**
California SB (Senate Bill) 1411 chaptered in January now permits the state EMS authority some control over the nonmedical aspects of HEMS operations (outside of FAA's purview)
2. **Local EMS medical directors representing regional and county EMS systems (there are 31 in California) have the best working knowledge of their local area's needs and resources. Those EMS medical directors should provide the objective input into policies regarding HEMS dispatch and utilization, as well as treatment and destination decisions.**
3. **A standardized risk/benefit analysis should be an integral part of all HEMS utilizations, whether pre-hospital, interfacility, or donor network related.**
4. **Clearly defined medical necessity, defined by objective measures and best practices, should dictate HEMS utilization**
5. **We urge the the FAA to fully implement the prior recommendations that came out of the January 2006 special report on EMS operations**
6. **We urge the NTSB to mandate flight safety and medical needs assessments through gathering of data for medical flights including elements such as time of day, weather factors, type of call, type of LZ, number of patients, and destination.**

In conclusion, we thank the NTSB for addressing this vital topic. It is our hope that these hearings will result in significant improvements in HEMS operational safety through the strong leadership of the NTSB in partnership with supportive organizations such as EMDAC. EMDAC will proudly provide any additional input should the NTSB require more information.

Sincerely,

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