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Forum

January/February 2021 Forum



AAMS

New Future

The AAMS Board of Directors met at the end of 2020 to spend 2 days discussing the future direction of the Association of Air Medical Services and our membership value proposition. The outcome was a new vision, mission, and key priorities that we firmly believe support the transport medicine industry providers and crews. We are excited to share these priorities with you in this forum.

Vision

High-quality transport medicine accessible to all

Mission

Advancing the art and science of transport medicine through advocacy, education, and research ensuring high-quality, life-saving care to patients and communities worldwide.

AAMS KEY PRIORITIES

Voice of Transport Medicine

Provide a collaborative, unified voice to enhance advocacy and awareness of medical transport's role in healthcare.

1. Develop an active voice by collecting, analyzing, and communicating reliable data and information about the transport medicine industry
2. Be the leading resource for reliable medical transport data, information, and policy

Member Engagement & Experience

Engage members by providing a strong value proposition through volunteer opportunities, educational programs, and content. Create a member experience with a defined member journey for both individuals and corporations.

1. Create an innovative member engagement strategy that measures volunteer involvement
2. Create an innovative member engagement strategy that measures organizational awareness
3. Reach healthy and stable levels of membership by meeting the changing needs of our environment through advocacy and education

Quality Outcomes

Advance our members in their efforts to improve patient outcomes, business sustainability, and patient and provider safety by acting as a conduit for best practices

1. Develop a multifaceted online library with resources that support all transport medicine professionals

Knowledge Impact

Create and deliver innovative programs that nurture and positively impact transport medicine services, professionals, and the patients they serve

1. Grow and measure attendance across all AAMS programs
2. Engage attendees through surveys and focus groups to improve the quality of the programs AAMS provides and identify future AAMS content areas
3. Create a content strategy that provides new and innovative programs that support all transport medicine services and professionals

We hope you'll visit our newly remodeled website, www.aams.org, to read the full strategic plan and engage in the opportunities we are offering to our member companies and the individuals who serve them. Thank you again for your continued support

and we look forward to seeing you and your teams in person in the future.

Cameron Curtis, President & CEO
Deborah Boudreaux, AAMS Chairman and Region IV Director
Teddy Bear Transport, Cooks Children Medical Center

AMPA

Moving the Work Forward

As this momentous year of 2020 draws to a close as I write this column, AMPA finds itself facing some transitions—some routine and others more profound.

On the more routine end of the scale is the transition at the end of Dr. Brendan Berry's term as president of AMPA. Over the past 2 years he has helped lead the organization through what has proven to be unprecedented times for all of us, and his level-headed and pragmatic leadership has helped the organization to weather the storm of COVID. We are extremely grateful to Dr. Berry for all that he has done for AMPA, and I am quickly realizing that I have some big shoes to fill.

On the more profound end of the transition spectrum is the very well-deserved retirement of Pat Petersen as the executive director of AMPA. She has been our guiding force, our North Star (if you will) who has helped lead our organization through the innumerable challenges since the very beginning. It would not be an understatement to say that Pat has been the heart and soul of this organization, and her retirement is nothing short of profound. She has earned it, however, and we are eternally grateful for everything that she has done for AMPA as we try to navigate a world we knew would come someday. Fortunately for all of us, she is but an email or phone call away to help us answer all the questions that inevitably come up. Please join me in thanking Pat for

her years of service to AMPA and all that she has done for us.

Fortunately, we will have the able expertise of our new executive director, Cate Langley, on board as of November 1 to help guide AMPA through the next phase of our history. Cate has extensive experience working with a variety of organizations, and we look forward to working with her as she starts to take the reins of managing AMPA, although I will guess that she, too, will feel like she has some big shoes to fill. So far, it has been smooth sailing and AMPA will be well cared for with her on board. She can be reached at info@ampa.org.

Despite all these transitions, we must plow forward with our work. The relentless pressures of the COVID pandemic have not allowed us any respite from the challenges of chronic vigilance fatigue that Dr. Berry spoke of in the last AMPA column. I am writing this column on Veterans Day, 2020; and here in Wisconsin where I practice, we are seeing record numbers of COVID patients who are sicker and need more support as we transport and care for them.

One area where we are moving forward with our work is the various committees within the organization, which Dr. Berry and others on the AMPA board had sought to reinvigorate. Much in the same way that flight crews sit and debrief about cases (formally or informally) or simply tell stories about their recent flights, this age-old process helps us to deal with difficult cases or to bounce them off someone else to see if they would have done the same thing. We've all done it, and it can be extremely beneficial to help us navigate the world we find ourselves in.

In much the same way, we want to provide a structure for AMPA physicians, whether they are medical directors or clinical flight physicians (or both), to bounce ideas or concerns off peers to see what others are doing or have done, especially in this unprecedented time of COVID. For example, one of the first committees to start having meetings this summer was the Flight Physician Committee chaired by Dr. Frank Tift of the University of Tennessee-Chattanooga. Their discussion group included very timely queries regarding protocols on the transport of COVID+ patients on NIPPV. A lively discussion resulted, with various viewpoints in a matter of hours. We hope that this will be a go-to resource for AMPA members to discuss ideas or questions in a timely fashion.

The other 2 committees that are being re-launched are the Standards and Research Committee, chaired by the legendary Dr. P.S. Martin from West Virginia University, and the Education and Practice Committee, chaired by Dr. Mike O'Brien from Mercy

Flight of Western New York. Our intent is to make these committees pertinent, useful, and above all timely for the AMPA membership. Interest in these committees can be directed to the info@ampa.org email noted above.

Take care, stay safe, and I look forward to the day we can all meet in person again.

Ryan Wubben, President

ASTNA Moving Forward in 2021 and Celebrating ASTNA's 40th Anniversary

It goes without saying that 2020 was...interesting. In my neck of the woods, COVID cases have skyrocketed and everyone is having to do their part, regardless of their title. Transport teams are backfilling ICUs and EDs, academic faculty are being recruited to crosstrain in the hospitals, and those who have retired are jumping back into the workforce. As we continue to move forward in these unprecedented times, uncertainty looms. Fear for the health and safety of ourselves, our loved ones, and those we care for is ever-present on our minds.

One simple yet poignant phrase that helps me keep going and that I repeatedly tell myself is, "This too shall pass." As transport providers, we are resilient, strong-willed, and determined to overcome whatever we are dealt. I am so proud of my colleagues in all aspects of health care that are fighting the good fight and continue to help fight this worsening pandemic. Take a moment each day to take a deep breath, refocus, and keep yourselves healthy and sane!

Although this pandemic has impacted us in many negative ways, it has not stopped us from working hard to be the best care providers we can be! A big thanks to all those who presented and participated in the first ever virtual Air Medical Transport Conference! Without quality, evidence-based education, we would not be the successful care providers we are today. It's a vital component of our work, and we thank you all for continuing to hone and perfect your knowledge base and skills.

To keep that momentum going, ASTNA is looking forward to seeing as many faces as possible at Critical Care Transport Medicine Conference in Orange Beach in March! ASTNA is also happy to debut our new online Pediatric Advanced Transport Course (PATC) this year! We also continue to provide in-person courses for both TPATC and PATC, and we look forward to introducing CCATC (Critical Care Advanced Transport Course) in the near future. Coming soon... Critical Care Transport Core Curriculum, 2nd Edition! Watch for this update coming out fall of 2021.

On another exciting note, we are thrilled to spend 2021 celebrating ASTNA's 40th anniversary with you!

I'm continually in awe of the resilience and dedication of those in the transport work. Keep your chin up, take it a day at a time, and stay safe! We'll get through this together!

Josh Wall, President

IAFCCP We Can Do This Together

As I embark on this adventure as the president of the International Association of Flight and Critical Care Paramedics, I am humbled by the opportunity and wonder where it will take me. While we will work on the execution of our updated strategic plan to strengthen the association, we also will focus on continued collaboration with our partner associations. I personally hope to bring even more emphasis to peer support teams and resources for our industry.

In 2019, the MedEvac Foundation International partnered with ASTNA and the IAFCCP and created the "Taking Care of Our Own" tour. Through this, we were able to touch so many people. From those tour stops we contacted someone from almost every venue who had reached out for help. We found resources for those who requested assistance and, in some cases, found funding to aid them in getting the help they needed. The responses from those people floored me. Twice I was told that we had saved their life. How do you respond to that? It begs the question of how many more are out there.

When I give my talk, I cite a statistic that says approximately 37% of EMS clinicians have considered suicide. Think about that number. I tell the audience to look to their left and then their right and note that 1 of those 3 persons has considered suicide. This is simply not acceptable. We need to do more. I can anecdotally state that the vast majority of people do not trust their employee assistance programs. We are spending money on resources and programs that aren't trusted and therefore do not work.

I beg the industry to do better to take care of their own. We will have to be creative in some instances to provide regions with resources, but it can be done. It should be done. COVID-19 has slowed us down and AAMS answered with online events (*thank you, AAMS*), but it's time to get back after it. Our society may not be ready for in-person events, but some serious discussions need to begin. Waiting only allows for people to slip through our fingers. I invite you to reach out and be part of this. We can do this together.

Phil Ward, President

NEMSPA

Be Prepared; No Flight is Routine

Last December, 2 of my sons completed and earned their Eagle Scout while I was earning qualifications for a new position. I spent a lot of time working remotely to help them prepare, well before the COVID drive to telecommuting became so popular. The Boy Scout motto, “Be Prepared,” was on my mind when I met up for dinner with pilot I flew with early in my career. We talked about an experience we had during a ferry flight from Fort Hood, Texas, to Summit, Delaware, in an old CH-47D. I learned 2 very important lessons on that flight that I have never forgotten and emphasized them when teaching other pilots because, as one of my friends recently posted, “No flight is routine.”

Our mission was fairly straightforward, compared to the complexity of the flights conducted in Iraq over the previous 15 months. We were confident in our ability to execute the mission safely. I was the PI (SIC) for the flight and had prepared IFR plans for the route, but the plan was to fly VFR. We arrived at an FBO on our route of flight, with ceilings dropping, and during refueling a line of heavy rain showers passed over the field. When refueling was complete, we prepared to depart, and I offered the suggestion to execute the IFR route with the expectation that we would not be able to continue VFR to our next destination. We had received a legal weather brief by the Air Force and had updated it during the stop. The PIC made the determination to proceed VFR, and we departed. During our climb to our planned cruise altitude, it became apparent we would not be able to continue, and after narrowly avoiding going IIMC, returned to the airfield.

Having prepared previously, I was able to jump out of the helicopter, call on a cell phone, and receive our IFR clearance. We briefed the departure plan and departed prior to our clearance void time. While on the departure, we entered IMC conditions. As we entered the clouds, the PIC became spatially disoriented and commanded the aircraft into a nose high attitude and began a left bank with speed rapidly decreasing. In the particular aircraft we were flying, airspeed became unreliable at below 40 knots. While providing aircraft attitude and airspeed updates, it became apparent the PIC was not correcting fast enough to prevent airspeed from

decaying to an unsafe speed, at which point entering IMC and an unusual attitude would become almost impossible to recover from. After a second challenge to correct the aircraft attitude and speed, I had to provide corrective inputs to prevent the continuation of the troubling trend of our airspeed and attitude. My inputs allowed the aircraft to arrest and counter the decaying airspeed, resulting in a return a normal climb airspeed and to reorient the aircraft to a wings level attitude.

After the aircraft was stabilized and the PIC was reoriented, he retained control of the aircraft; we were able to contact the departure controller and continue the flight under IFR without further incident. By no means am I trying to say I saved the flight and crew or that the PIC was wrong. At subsequent points in my career, I, like most pilots, have made decisions as a PIC that I look back on and in retrospect would have made different decisions. I have been IIMC 3 times and had other experiences that, despite all the information at the time and making deliberate decisions, led me to a position which I had not planned to be in. What I hope to share is what this experience taught me. Those lessons are applicable to both pilots and our medical crew.

The first lesson is Be Prepared to say NO

We like to say, “3 to go; 1 to say no.” We need to embrace the value provided from the input and questions of our medical crew. Because I was junior and less experienced than the PIC, I failed to be an advocate for my own safety and that of the other crewmembers. I remember distinctly being frustrated that the decision was made to proceed initially VFR. Saying no does not have to be the default answer when we don’t have a clear picture. We had updated our weather brief but could have taken the time ask what another pilot mentor calls “clarifying questions.” When we are unsure of weather or other factors affecting a flight, we must take the time to ensure we have accurate and relevant information to make the right call when we accept or decline flights. If the medical crew voice concern or seem apprehensive about a flight, ask questions to make sure that they share the same understanding of what factors are affecting decisions relating to a particular flight. Sometimes getting the crew buy-

in for flights involves some level of education, especially with newer or less experienced crewmembers. Remember, we operate as crews. We should all be on board and on the same sheet of music when it comes to flights.

The second lesson is Prepare for the Unexpected

We were expecting to fly VFR. We were not expecting decreasing ceilings. The PIC was not expecting IMC conditions on the first attempted departure, nor becoming spatially disoriented on the second once entering the clouds. I was not expecting to have to override the controls of a more experienced pilot. I am grateful that the preparation we had done allowed us to have a successful outcome in this situation. We could have done much more prior to the mission to be set up to potentially have avoided the situation in the first place.

I took this lesson and applied it when teaching and leading other aircrews. I advocated for tough training that pushed crews to prepare for IIMC situations but also Degraded Visual Environments (DVE), such as brownout/whiteout conditions. In the fixed-wing community, they include in every takeoff briefing how engine failure emergencies will be handled during the various portions in the takeoff sequence. In the rotary-wing community, we should be briefing for every approach and departure, go around and escapes routes. When there is a clear understanding by all crewmembers of what the plan is, crew resource management allows the crew to respond to these situations as a team, greatly minimizing the risk associated when unexpected events are encountered during flights.

I am grateful for the Boy Scout motto I learned as a boy and watching my sons achieve their Eagle Rank as well. It’s my hope that we will all strive to “be prepared” when executing flights. Preparation and constant work to improve crew resource management within our HEMS communities will help us ensure that Everyone Goes Home when the unexpected happens. Because no flight is routine, ensuring crew communication and safety is a part of every flight should be our routine.

Christopher Henson, Secretary