



## Association of Air Medical Services

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# How To Choose A Fixed Wing Provider

AAMS Fixed Wing Special Interest Group (SIG) ▪ Fixed Wing Resource Guide ▪ © April 2010

*The object of this questionnaire is to provide you with a comprehensive list of questions that will allow you to obtain valid information when selecting a fixed wing air medical provider.*

### **FIXED WING AIR MEDICAL PROFILE**

Does the service use its own aircraft and flight personnel?

Is the service a Broker?

Is the service a member of the Association of Air Medical Services? (Ask for a copy of their Membership certificate.)

Does the service have a dedicated communications center?

Does the service provide bedside to bedside care with its own medical staff?

What are the total charges for service and is it all inclusive? i.e. Are ground ambulance charges included?

Does the service have malpractice insurance for the air medical personnel and appropriate insurance for the aircraft? (Ask if documentation is available and ask for copies if desired.)

Does the service coordinate every aspect of the transport including air and ground transportation and communication with the appropriate referring/receiving facilities?

Does the service have a quality assurance/improvement plan?

What is the program's service area? (Regional, National, International)

Can family members travel with the patient at no extra cost?

Is the service available 24 hours/day?

What is the average lift off time for an emergency transport?

Is the service accredited by the Commission on Accreditation of Medical Transport Systems (CAMTS)? (Ask for a copy of their certificate)

### **AIR MEDICAL CLINICAL PROFILE**

Does the service have a medical director? (If not, call someone else.)

Do the air medical personnel have communication capability with the medical director throughout the flight? (radio, phone)

Is the service licensed by their state? (Not all states have an air ambulance licensure.)

What level of care does the service provide? (Basic Life Support (BLS), Advanced Life Support (ALS), Critical Care, Specialty Care)

Does the service use its own medical personnel?

What number of medical personnel will be on board for the flight? (Minimum of 2.)

Is the medical team appropriate for the patient's condition?

Are they appropriately certified and licensed?

Does the medical team have training specific to the flight environment? i.e. flight physiology?

What standard medical equipment, medications, and supplies are carried? (Minimally should be Advanced Life Support.)

Does the service have written patient care guidelines, procedures and protocols that may be performed by the air medical personnel?

Does the service complete a transport record documenting clinical care during transport?

Does the receiving facility obtain a copy?

### **AVIATION PROFILE**

Is the aircraft multi-engine and pressurized?

Are IFR (Interment Flight Rules) utilized at all times during patient transport? (see below)

Is there a cabin altimeter in view of the medical personnel?

Is the service utilizing an aircraft that is being operated under a valid FAA Part 135 air taxi operating certificate with air ambulance operations specifications? (Ask for a copy of that page, Part 135, section A024, if there is doubt.)

Do the pilots meet the minimum qualifications as recommended in the glossary? (see below)

Does the aircraft have an electric inverter for the operation of medical equipment?

Does the service have two separate oxygen and suction systems self contained and isolated from aircraft systems within the aircraft?

## **GLOSSARY**

### **AAMS**

An international trade association representing air medical providers.

### **Air Ambulance Operations Specifications**

Issued by the Federal Aviation Administration, this document outlines the policies and the procedures the air medical operator will follow in conducting air ambulance operations.

### **ALS**

An Advanced Life Support patient can be expected to require the care that can be provided by two medical personnel, one of which must be an EMT-Paramedic.

### **BLS**

A Basic Life Support patient can be expected to require the care that can be provided by two medical personnel, one of which must be an EMT-Basic.

### **BROKER**

An Air Ambulance broker is a party that arranges for a sale of services between a buyer and a seller of those services. The client/patient is the buyer that utilizes an Air Ambulance service, the seller.

### **CAMTS**

Commission on Accreditation of Medical Transport Systems, an organization that accredits air medical providers.

### **Cabin Altimeter**

Allows air medical personnel to monitor altitude changes that may affect patient condition.

### **Critical Care**

A Critical Care patient can be expected to require the care that can be provided by two medical personnel, one of which must be a registered nurse or physician.

### **Electric Inverter**

Allows "plug in" equipment to be utilized within the aircraft.

### **FAA Part 135 Air Taxi Operating Certificate**

Issued by the Federal Aviation Administration, this certificate indicates the operator has been approved to charge for transportation.

### **IFR**

Instrument Flight Rules – IFR exists when the pilot, due to meteorological conditions or darkness, is utilizing instrumentation as the sole reference for maintaining flight. During IFR flight the aircraft is in constant contact with Air Traffic Control.

### **Medical Director**

The Air Medical Director shall be a licensed physician experienced in care consistent with the program mission statement. This physician is ultimately responsible for supervising and evaluating the quality of patient care provided by the air medical personnel, determining the duty readiness of the same, and determining the appropriate transport of patients according to patient acuity and scope of practice of the air medical personnel by the air medical service.

**Minimum Pilot Qualification**

The pilot must have successfully completed an approved flight safety training program, or be factory trained and have 25 hours in the specific type of aircraft before flying as a pilot in command on patient missions.

The pilot must possess a commercial airplane license with 500 multi-engine hours, as well as a minimum of 2,000 flight hours as pilot in command, and airline transport rating is encouraged.

If flying IFR, an airplane multi-engine land instrument rating, with a minimum of 250 hours of instrument flying time to include no more than 125 hours of simulated time and 100 night hours are required.

**Multi-Engine**

Indicates the aircraft has more than one engine.

**Pressurized**

A pressurized aircraft allows the cabin altitude to be maintained at or below 8,000 feet. This can be important for managing the patient's condition.

**Quality Assurance/Improvement**

A formal, systematic process which evaluates patient care and program operations.

**Specialty Care**

A Specialty Care patient can be expected to require the care that can be provided by two medical personnel, one of which must be a registered nurse or physician.