New Hanover Regional Medical Center

DHSR received 11/12/16

Nadine Pfeiffer
Division of Health Services Regulation
North Carolina Department of Health and Human Services
2701 Mail Service Center
Raleigh, North Carolina 27699-2700
By email: DHSR.RulesCoordinator@dhhs.nc.gov

Dear Ms. Pfeiffer:

Thank you for the opportunity to comment on the proposed change to 10A NCAC 13P .0204. We appreciate that recent court opinions, specifically a 2008 opinion from the Eastern District of North Carolina's federal court, will result in changes in how air ambulance programs in our state are regulated. Nonetheless, we ask that DHSR implement additional changes to the Administrative Code that ensure a consistently high quality of care is delivered during air ambulance transport and, most of all, guarantee the safety of patients and clinical staff engaged in air transport.

AirLink, a service of New Hanover Regional Medical Center EMS, began serving Southeastern North Carolina in 2001. It has expanded to two helicopters, one based in Columbus County and another in Onslow County, which allows more comprehensive coverage of the entire region. We complete more than 800 flights annually. NHRMC is a Level II Trauma Center, one of nine in the state at that level or above.

AirLink has enjoyed a long history of safety and clinical success, winning multiple awards and becoming the first air ambulance service in the nation to be accredited by the College of American Pathology as a mobile laboratory. New Hanover Regional Medical Center EMS is the current recipient of the National Service of the Year award, given by the National Association of Emergency Medical Technicians, and the recipient of the 2016 Ground Service of the Year by the Association of Air Medical Services.

Having air ambulance systems affiliated with state trauma centers in North Carolina has served the state well. The proposed rule change will move away from this system, potentially sacrificing the highest-quality care to our patients and endangering patients and flight crews, while not expanding access, improving care or reducing cost. We believe maintaining this affiliation is essential to preserving the level of care and safety our patients and staff now enjoy.

Without coordination with our state's trauma system, which will ensure maximum accountability for training, competency and outcome measures, we have concerns about the circumstances our helicopters will be flying into. Without centralized dispatch of helicopter operations, there's no way to know where competitor helicopters are flying. The state should

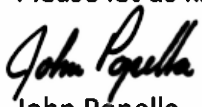
consider a centralized helicopter dispatch and flight tracking center, or at the least require sharing of satellite tracking or aircraft positioning among the state licensed air medical programs. If the rule you propose inspires for-profit operators to respond first to a scene, there ought to be some way for other responders to know who's in the area.

To maintain a standard of care for the citizens of our state, we ask that air ambulance providers be required to operate a quality assurance program that evaluates patient care and personnel performance to ensure it complies with the provider's standards of practice and regulations. Reviews should be periodic, with medical directors of air ambulance programs required to participate. The state should require documented evidence a quality assurance program is being conducted properly.

We ask that the discussion be re-opened on the proper training of air ambulance clinical staff. Personnel performing critical care transports should have advanced training and be credentialed in their field, whether its Certified Flight Nurse, Flight Paramedic, Certified Critical Care EMT-Paramedic, or others. Medical directors should be board certified or board eligible in emergency medicine or general surgery. Flights should be staffed with at least two critical care credentialed personnel, with at least one flight nurse with three years of experience caring for critically ill or injured patients and at least 4,000 hours of experience in an intensive care unit.

Safety, quality and patient access to standardized and monitored care are our primary concerns in this matter. Our request is that you set clinical standards for air ambulance staffing that are rigorous yet reasonable, that you ensure air ambulance services monitor themselves and live up to these standards, and that you ensure potential responders have the proper equipment and protocols to know who's in the air and already responding. Having air ambulance providers affiliated with state trauma centers served the purpose of safe air medical operations and transparent competition where patient outcomes are at the heart of operations. This has worked well for our patients. Today we ask that you propose further changes so that this will continue to be the case.

Please let us know if you have any questions or need further information.



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