

# AEROMEDICAL SOCIETY OF AUSTRALASIA

## Standards for Aeromedical Services

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# ASA STRATEGIC PURPOSE

1. Promote the aeromedical profession within Australasia
2. The authoritative, independent aeromedical peak body in Australasia
3. Promote Best Practice in aeromedical services
  - 3.1 Developing & promulgating standards for aeromedical services
  - 3.2 Facilitate a peer review process for ASA member services
  - 3.3 Promote research in aeromedical practice
4. Provide a forum for the exchange of aeromedical information



# 3. PROMOTE BEST PRACTICE IN AEROMEDICAL SERVICES

**What does this mean?**

## **SAI Global definition**

*The organisation has excellent comparisons with external organisations in most areas. Results indicate that this is a sustainable role model organisation. Widespread evidence that the organisation is learning continuously through review and improvement.*

## **Compliance**

*This would seem to be the minimum requirement?*



**SAI GLOBAL**



# 3.1 DEVELOPING & PROMULGATING STANDARDS FOR AEROMEDICAL SERVICES

In 2014, ASA established a Standards Committee to ensure that the quality of aeromedical services in Australia & New Zealand promoted safety, consistency and were patient focused.

To ensure that the Standards provide a framework for clinical Best Practice, they were aligned to the 10 National Safety & Quality Health Service Standards (NSQHSS) developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC).



# 3.1 DEVELOPING & PROMULGATING STANDARDS FOR AEROMEDICAL SERVICES

The ASA Standards for Aeromedical Services are evolving and always open to peer review.

Our key stakeholders such as CASA, health providers, clinical colleges and aeromedical experts have all been provided ongoing opportunity to provide input.

The current version contains the aeromedical sector agreed standards for pilots, crew, aircraft and essential equipment.

The desired outcome of the ASA Standards is the promotion of national consistency, Best Practice, quality, risk management and ensuring crew and patient safety remains paramount.



# BACK TO BEST PRACTICE

## Where are we now?

If we are to achieve Best Practice we need evidence of other aeromedical standards such as;

- European Aeromedical Institute (EURAMI)
- Commission on Accreditation of Medical Transport Systems (CAMTS) (USA)

We need to ensure the ASA Standards at least meet the standards of other aeromedical standards (compliance) or we have evidence that we are continuously learning through review and improvement (Best Practice)



# WHY IS THIS SO IMPORTANT?

A quick look at Google you will find statements such as:

- The worlds largest aeromedical provider
- Aeromedical specialists
- The highest standard of aeromedical services
- The finest care
- Highly trained teams with state of the art equipment
- We will get you there fast!

**They are just Buzz Words with no evidence of Best Practice.**

**Some of these organisations do not have assets or clinical staff!**



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WE'RE  
EXPERTS!**



# WHAT SHOULD STANDARDS LOOK LIKE?

## 1. Mission, Vision & Values

## 2. Capability Statement

- Organisational Governance
- Clinical Governance

## 3. Clinical Capability

- Clinical personnel
- Medical passengers
- Clinical education
- Clinical audit
- Clinical documentation
- Clinical KPI's

## 4. Partnering with Consumers

- Consumer Engagement
- Confidentiality
- Informed consent

## 5. Safety, Quality & Risk

- Health & Safety
- Human Factors (CRM)
- Safety Management Systems (SMS)
- Risk Management
- Quality Improvement
- Complaint Management
- Reportable events management

# WHAT SHOULD STANDARDS LOOK LIKE?

## 6. Operations

- Operational Information
- Operational Management & Coordination
- Aircraft Operations (RW & FW)
- Pilot in Command
- Air Crew (non-clinical) (FW & RW)
- RW Rescue
- Winch Operator
- Air Observation

## 7. Aeromedical Equipment

- Availability & suitability
- Preparedness
- Equipment certification
- Stretchers – (loading & unloading)
- Suction
- Monitoring (between your ears)
- Medical power
- Medical gases

# WHAT SHOULD STANDARDS LOOK LIKE?

## 8. Service Communication

- Clinical triage (including support)
- Response (including KPI's)
- Coordination (logistics, IHT & Retrieval, Rescue)
- Communication (redundancy)
- Resources (Human & IT)

## 9. Heliports & Airstrips

- Predetermined or nominated
- Adhoc
- Roadside
- NOTAM

## 10. Uniforms

- Appropriate or Fit for Purpose
- RW Rescue requirements
- RW requirements
- FW requirements

## 11. Patient Cabin & Equipment

- Patient compartment
- Cabin environment
- Restraint
- Stretcher systems
- Aeromedical specification

# SHOULD WE HAVE A RATING SYSTEM?



Millennium Hotel – Queenstown New Zealand



**What are we waiting for?**

