1. Committee Purpose and Responsibilities

1.1. The Air Medical Committee is responsible for affecting and supporting safe air medical operations and high-quality clinical care provided by air medical transport and transfer services in TSA-E. The Air Medical Committee will provide guidance in the development and review of hospital and pre-hospital assessment tools, regional plans and treatment guidelines, and the committee SOP. This committee will also provide interface with other NCTTRAC committees, the Texas Association of Air Medical Service (TAAMS), and the Governor's EMS and Trauma Advisory Council (GETAC).

1.2. Support safety as a priority and augment safety cultures for all air medical programs

1.3. Create and/or maintain collaborative relationships to facilitate optimal excellent clinical care, quality improvement, and safe patient transport

1.4. Establish and/or provide support in the development and implementation of standards, guidelines, protocols, and tools to improve air medical operations

1.5. Create best practices through shared quality improvement data and processes

1.6. Review the helipads/heliports within NCTTRAC TSA-E and recommend guidelines for safe operations and communication

1.7. Develop standards and procedures for the purpose and function of the Air Medical Committee

1.8. Develop evidence-based pre-hospital guidelines for TSA - E

1.9. Organize, support, and/or coordinate community-based education for pre-hospital providers

1.10. Create a broad stakeholder representation working to provide an opportunity to share resources leading to the development, operation, and evaluation of safe air medical service efforts within the 19 counties served

2. Sub-Committees and Work Groups

2.1. Subcommittees must be approved in conjunction with a change to the NCTTRAC Bylaws. Workgroups may be established at the discretion of the Chair of the Board of Directors and will operate in due consideration of NCTTRAC Bylaws and this SOP. Current subcommittees and workgroups include:

2.1.1. Air Medical Capability Matrix Work Group is tasked with using the concept/model introduced at GETAC Air Medical Committee to meet the needs of TSA-E as approved by the NCTTRAC Air Medical Committee.

3. Committee Chair/Chair Elect Responsibilities

3.1. Chair

3.1.1. The Committee Chair serves as the principal liaison between the committee and the Board of Directors with responsibilities that include, but are not limited, to:

3.1.1.1. Knowledge of the Bylaws.

3.1.1.2. Scheduling meetings.

3.1.1.3. Meeting agenda and notes.

3.1.1.4. Providing committee report to the Board of Directors.

3.1.1.5. Annual review of Air Medical Plans, Guidelines, committee SOP, and SPI indicators.

3.1.1.6. Provide or arrange for knowledge and dissemination of appropriate

liaison group activities to committee members and the Board of Directors.

3.1.2. The Chair must be a documented representative of a NCTTRAC member in good standing as defined in the NCTTRAC Membership and Participation SOP.

3.1.3. The Chair will serve a one-year term of office, beginning at the start of the Fiscal year, and be succeeded by the Chair Elect at the end of the Fiscal Year.

3.1.4. The Chair may only vote in the event of a tie; however, the Chair's organization may assign an appropriately documented voting delegate to fill their committee core group position during the Chair's term.

3.2. Chair Elect

3.2.1. The Committee Chair Elect assists the Chair with committee functions and assumes the Chair responsibilities for committee activity and meeting management in the temporary absence of the Chair. The Chair Elect may serve in lieu of the Air Medical Chair for Board of Directors responsibilities.

3.2.2. The Chair Elect must be a documented representative of a NCTTRAC member in good standing as defined in the NCTTRAC Membership and Participation SOP.

3.2.3. The Chair Elect automatically ascends to the Chair position at the end of the current Chair's term or if the Chair position is otherwise vacated.

3.2.4. The Chair Elect position will be voted on by the Air Medical Committee annually or when the incumbent has vacated this position.

4. Committee Medical Director

4.1. The Committee Medical Director/Co-Medical Director is responsible for participating directly with their service line committee, establishing, and maintaining a standing coordination method with their service line peers and availability for coordinating with other committees' Medical Directors to recommend a minimum standard of care for providers participating in the trauma, acute, emergency healthcare and disaster response systems of TSA-E

4.2. The Air Medical Committee Medical Director/Co-Medical Director provides current physician insight and involvement in support of the Air Medical Committee and its responsibilities, including:

4.2.1. Identifying and assessing regional performance improvement standards, formulating strategies, and making recommendations to the committee to ensure that the best possible standards of healthcare can be met within TSA-E.

4.2.2. Active partnership in the coordination and support of the following service line committee products (see Appendix A for Coordination Flowchart):

4.2.2.1. Service Line Regional Plans

4.2.2.2. Guidelines

4.2.2.3. Texas Department of State Health Services (DSHS) Rules Reviews

4.3. The Committee Medical Director and/or Co-Medical Director must be a currently employed or contracted physician providing medical direction for a regional air medical service provider.

4.4. The Committee Medical Director and/or Co-Medical Director must be a documented representative of a NCTTRAC member in good standing as defined in the NCTTRAC Membership and Participation SOP.
4.5. The Committee Medical Director/Co-Medical Director position will be voted on by the Air Medical Committee annually, with each Fiscal Year, or if otherwise vacated.
4.6. The Committee Medical Director/Co-Medical Director should be prepared, with NCTTRAC staff assistance, to facilitate a peer group of Air Medical Directors (by email or meeting) in support of Air Medical Committee efforts as appropriate.
4.7. The Air Medical Committee Medical Director/Co-Medical Director will be seated as a voting representative on the NCTTRAC Medical Directors Committee.
4.8. The Air Medical Committee will establish a Co-Medical Director position, who meets the same criteria above, to assist as desired.
4.9. The Air Medical Committee has elected not to establish a Co-Medical Director position for the current fiscal year.

5. Committee Representation

5.1. In accordance with NCTTRAC Bylaws Article IX, there is a voting core group identified within the Air Medical Committee.
5.2. Represented organizations/agencies provide Air Medical services in TSA-E and maintain NCTTRAC Membership in good standing.
5.3. The core group of the Air Medical Committee shall be comprised of primary or delegated representatives from air medical NCTTRAC Member organizations in good standing.
 5.3.1. The identified core group will be composed of the following Air Medical service providers in TSA-E:
  5.3.1.1. Air Evac Lifeteam
  5.3.1.2. CareFlite Air
  5.3.1.3. Children's Medical Center Dallas Transport
  5.3.1.4. Cook Children's Teddy Bear Transport
  5.3.1.5. Medical City Dallas
  5.3.1.6. PHI Air Medical
5.4. Quorum: A quorum is a simple majority (50% or more) of the documented and eligible Air Medical Committee representatives that are physically or virtually present and participating in a meeting.
5.5. Voting: The Chair shall manage voting issues in accordance with existing NCTTRAC bylaws and procedures. Appropriately eligible and documented Air Medical Committee representatives shall exercise the right to vote on Air Medical Committee matters, as necessary. While the Chair will generally facilitate routine activity by consensus, non-routine, or electronic voting activity will normally be facilitated and documented by supporting staff.
5.6. The Air Medical Committee Leadership Group may convene on an ad hoc basis to represent the committee in matters necessary to maintain contractual compliance, execute deliverables, and/or endorse emergency, off-cycle purchases for regional benefit. Actions taken will be reported at the next scheduled committee meeting.

6. Committee Attendance

6.1. While attendance is highly encouraged in support of meaningful participation, there are no specific attendance requirements at committee level.

7. Committee Active Participation

7.1. While there are no committee unique Active Participation requirements, the overarching attendance and data submission expectations identified in the NCTTRAC Membership & Participation SOP are key for both EMS Air and Ground Member organizations to recognize and adhere to, including, but not limited to:

7.1.1. Each member hospital/agency must meet concurrent year State data submission requirements.

7.1.2. Each member hospital/agency must attend a minimum of six (6) NCTTRAC-sponsored meetings over the span of at least three (3) out of four (4) quarters within the NCTTRAC fiscal year.

7.2. There are no other committee specific or unique active participation requirements.

8. Procedures (Meeting, Agenda and Notes)

8.1. The EMS Committee shall perform its responsibilities in an organized approach utilizing the following procedures:

8.1.1. The date, time and location of all scheduled meetings will be posted at least 10 days in advance on the NCTTRAC website calendar.

8.1.2. Additions, deletions and or alterations to the scheduled meeting date, time or location will be sent electronically.

8.1.3. The committee will meet at least quarterly

8.1.4. All meetings are held as open meetings

8.1.5. Agendas will be provided and be prepared by the Committee Chair.

8.1.6. A sign in sheet will be provided at each meeting.

8.1.7. Each meeting will have notes documented.

8.2. Agendas and notes will be forwarded to NCTTRAC office and administrative staff within 20 days after the meeting. The attendance will be turned in at the end of the meeting.

8.3. Copies of meeting agendas and notes will be available on the NCTTRAC website.

9. Committee Liaisons

9.1. Governor's EMS and Trauma Advisory Council (GETAC) Air Medical Committee

9.2. Texas EMS Association (TEMSA)

9.3. Texas Emergency Nurses Association

9.4. Dallas Fort Worth Hospital Council Foundation (DFWHCF)

9.5. Texas EMS Trauma & Acute Care Foundation (TETAF)

9.6. Texas Association of Air Medical Services (TAAMS)

10. Standing Committee Obligations

10.1. Annual Update of Committee SOP

10.2. Annual Review of Regional Plans & Guidelines

10.2.1. ACS Triage and Transport Guidelines

- 10.2.2. Stroke Triage and Transport Guidelines
- 10.2.3. Trauma Triage and Transport Guidelines

10.3. DSHS Rules and/or contractual deliverables
10.4. GETAC Strategic Plan objectives and strategies, as applicable
10.5. Aircraft Utilization and Systems Performance Review

- 10.5.1. Aircraft Utilization Guidelines (See Appendix B attached)
- 10.5.2. Air Medical Critical Care Transport Capability Matrix Data Dictionary (See Appendix C attached)

11. Projected Committee Goals, Objectives, Strategies, Projects

11.1. Complete quarterly review of SPI
11.2. Complete annual review of Air Medical Guidelines
11.3. Complete annual review of State and Regional Air Medical Disaster Plans
11.4. Review Air Medical Capability Matrix effectiveness and assess educational needs
11.5. NCTTRAC's "Accountability Scorecard" spreadsheet will be used to document commitments and progress with associated efforts.

12. System Performance Improvement (SPI)

12.1. The Committee will support Air Medical SPI responsibility by establishing a standing meeting agenda item and corresponding accountability (e.g., appoint individual facilitator or workgroup).
12.2. At minimum, the Committee will review, evaluate, and report Air Medical EMResource utilization and make recommendations to the Executive Committee of the Board of Directors for appropriate designation/accreditation of hospitals related to initial or changes to designation/accreditation as requested/required by the Department of State Health Services (DSHS).
12.3. Prior to submitting an SPI event, the referring/requesting agency is expected to first contact the involved agencies/facilities in an attempt to satisfactorily resolve the issue or concern. Only after appropriate attempts have been made to satisfactorily resolve an SPI event should the referring/requesting agency formally submit an SPI event notification/request via the NCTTRAC secured ticket system.
12.4. Air Medical Closed SPI functions support detailed reviews of Performance Improvement (PI) Indicators and referred PI events as afforded by Texas Statute and Rule.

- 12.4.1. Representation:
  - 12.4.1.1. Air Medical Committee Chair
  - 12.4.1.2. Air Medical Committee Chair Elect
  - 12.4.1.3. Air Medical Committee Medical Director
  - 12.4.1.4. Two volunteer Air Medical Committee representatives, (as needed)
- 12.4.2. Closed SPI function participants will sign a confidentiality statement prior to the start of each closed meeting.
- 12.4.3. Meeting notes, attendance rosters, and supporting documents of Closed SPI functions must be provided to NCTTRAC staff within 48 hours following each meeting to be secured as a confidential record of committee activities.

12.5. SPI Products
  12.5.1. Air Medical SPI Indicators
  12.5.2. Air Medical SPI Cover Letter (See Appendix D attached)

12.6. SPI Indicators
  12.6.1. Air Medical Services will provide a **launch location of the aircraft responding**
  12.6.2. Air Medical Providers participating in the NCTTRAC are operating **on EMResource tracking map updating and refreshing the aircraft current positions** at least every 3minutes.
  12.6.3. **ETE** (flight time only) will not exceed **5 minutes past time given**
  12.6.4. **ETA** (clock time arrival given to include lift time) will not exceed **5 minutes past time given**
  12.6.5. Air Medical Services **scene times should not exceed 20 minutes** (does not include specialty teams)
  12.6.6. Air Medical Services **inter-facility transfer times should not exceed 40 minutes** (does not include specialty teams)
  12.6.7. First attempt tracheal tube (TT) success should be reported using Ground and Air Medical Quality Transport *Ground and Air Medical qUality Transport* (GAMUT) data and definitions
  12.6.8. Blood Glucose check for AMS should be reported using GAMUT data and definitions
  12.6.9. Provide air medical transport response for inter-facility trauma patients within 60 minutes of the time of the request
  12.6.10. Provide air medical transport response for inter-facility transfers for level 1 stroke patients within 30 minutes and 60 minutes for level 2 stroke patients from time of the request

13. Injury and Illness Prevention / Public Education

13.1. The Committee will support Air Medical Injury/Illness Prevention and Public Education responsibility by establishing a standing meeting agenda item and corresponding accountability (e.g., appoint individual facilitator, workgroup or sub-committee).
13.2. Focus on injury prevention and education of the public health needs.
13.3. Create a broad stakeholder representation working to provide an opportunity to share resources leading to the development, operation, and evaluation of public education and injury/illness prevention efforts within TSA-E.
13.4. Base decisions on current Air Medical trends and data, facts and assessment of programs and presented educational opportunities.
13.5. Organize; support and/or coordinate community evidenced based education and injury/ illness prevention programs.
13.6. Recommend/support prevention priorities for TSA-E according to the injury/illness, geographic location, cost, and outcome.
13.7. Serve as a resource to identify prevention programs, events and other prevention resources available in TSA-E to members and community members.
13.8. Establish Ad Hoc Task Forces, as necessary, to address specific issues.

14. Professional Development

14.1. The Committee will support Air Medical Professional Development responsibility for all levels of providers by establishing a standing meeting agenda item and corresponding accountability (e.g., appoint individual facilitator or workgroup).

14.2. At minimum, the Committee will:

14.2.1. Participate in the development of the Annual NCTTRAC Needs Assessment.

14.2.2. Sponsor at least two classes annually based on needs assessment results.

15. Unobligated Budget Requests

15.1. Recommendations from the Air Medical Committees, coordinated through the Finance Committee, seeking approval from the Board of Directors for financial backing and execution authority in support of related initiatives, projects, and/or education efforts within TSA-E.

Appendices follow:

Appendix A – Aircraft Utilization Guidelines

Appendix B – Air Medical Critical Care Transport Capability Matrix Data Dictionary

Appendix C – Aircraft Utilization and Systems Performance Review SPI Request Cover Letter

I. Background

The North Central Texas Trauma Regional Advisory Council (NCTTRAC) is an organization designed to facilitate the development, implementation, and operation of a comprehensive trauma care system based on accepted standards of care to decrease morbidity and mortality. The Air Medical Committee for the North Central Texas Trauma Regional Advisory Council is a standing committee that provides recommendations and guidance for air medical operations in the Trauma Service Area - E (TSA-E). It is the mission of the Air Medical Committee to promote safe, ethical, and high-quality patient care during air medical transport for the citizens of Texas.

The purpose of a Regional Advisory Council (RAC) is to develop, implement, and monitor a regional emergency medical service trauma system plan within a TSA. A RAC is an organized group of healthcare entities and other concerned citizens who have an interest in improving and organizing trauma care within a specified Trauma Service Area. RAC membership may include hospitals, physicians, nurses, EMS providers, rehabilitation facilities, dispatchers, as well as other community groups. Regional Advisory Council objectives are to reduce the incidence of trauma through education, data collection and analysis and performance improvement. This is accomplished by providing educational programs and conducting performance improvement efforts that provide guidance and motive to reduce trauma incidents and improve outcomes.

II. Purpose

The purpose of this document is to:

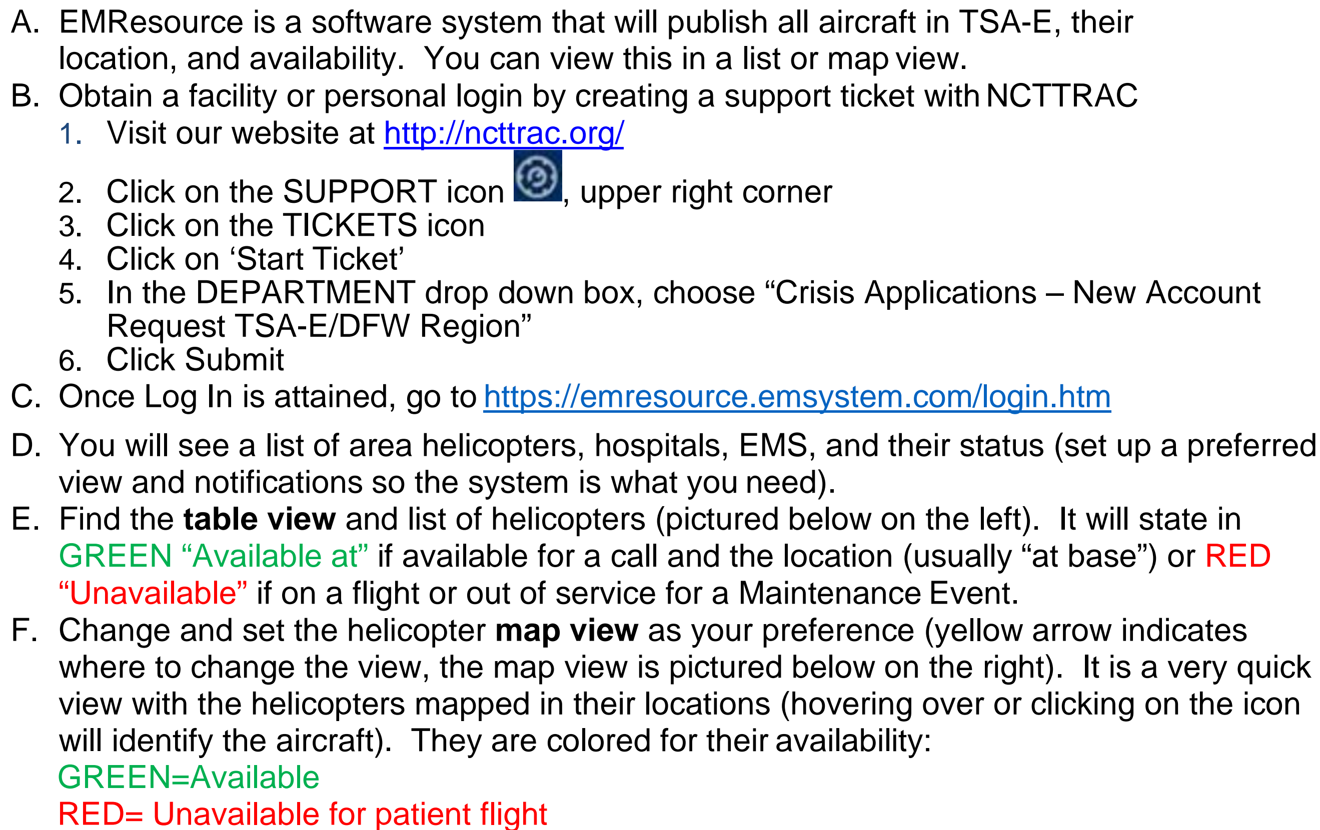
A. Define the system established by the TSA-E Air Medical programs to assist EMS ground providers and facilitate requesting the closest appropriate aircraft
B. Describe the review request process and specific indicators for systems performance improvement
C. Improve patient care, collaboration, and foster a community partnership for all stakeholders within the RAC

III. Desired Outcomes

The desired outcome is to request the closest appropriate aircraft and integrate air medical providers into the NCTTRAC System Performance Improvement (SPI) process. The goal of the NCTTRAC SPI process is to reduce morbidity and mortality in TSA-E by identifying educational needs and opportunities for improvement in patient care and system processes while preserving and promoting the interworking relationships and collaboration among emergency healthcare providers. For this reason, the NCTTRAC SPI process should only be engaged after collegial attempts have been made to resolve patient care issues or concerns by and between the respective emergency healthcare providers.

A. Concerns regarding the air medical service(s) may include: safety, patient care, dispatching, or membership services.
B. The Air Medical Committee recommends that the evaluation of appropriate use of a helicopter rest with the requesting organization.
C. Performance improvement may include, educational initiatives, process improvement plans and/or recommendations from the NCTTRAC and/or GETAC Air Medical Committees.

IV. Process to Locate, Request, Communicate, and Improve Air Medical Services



A. EMResource is a software system that will publish all aircraft in TSA-E, their location, and availability. You can view this in a list or map view.

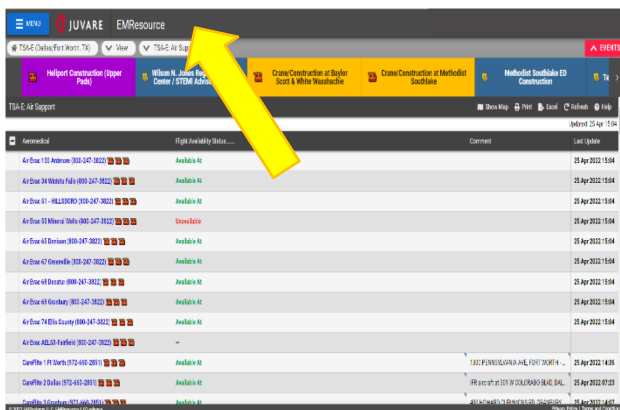
B. Obtain a facility or personal login by creating a support ticket with NCTTRAC
   1. Visit our website at http://ncttrac.org/
   2. Click on the SUPPORT icon, upper right corner
   3. Click on the TICKETS icon
   4. Click on 'Start Ticket'
   5. In the DEPARTMENT drop down box, choose "Crisis Applications – New Account Request TSA-E/DFW Region"
   6. Click Submit

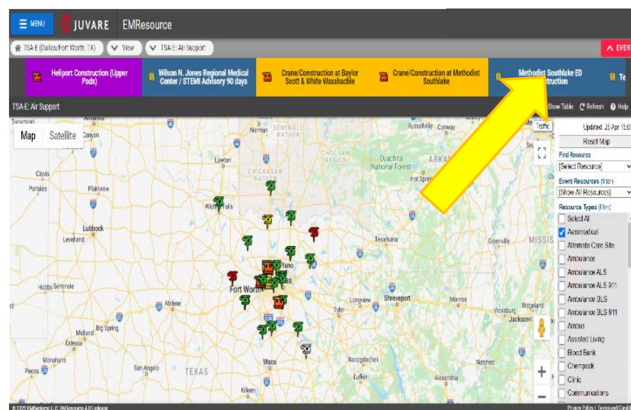
C. Once Log In is attained, go to https://emresource.emsystem.com/login.htm

D. You will see a list of area helicopters, hospitals, EMS, and their status (set up a preferred view and notifications so the system is what you need).

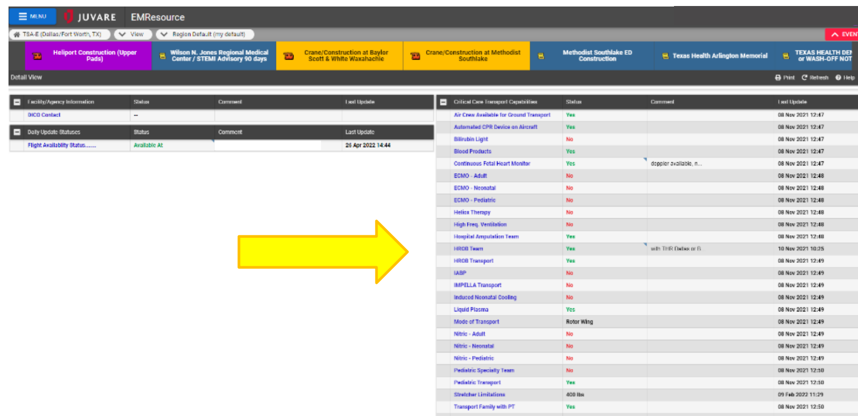
E. Find the **table view** and list of helicopters (pictured below on the left). It will state in GREEN "Available at" if available for a call and the location (usually "at base") or RED "Unavailable" if on a flight or out of service for a Maintenance Event.

F. Change and set the helicopter **map view** as your preference (yellow arrow indicates where to change the view, the map view is pictured below on the right). It is a very quick view with the helicopters mapped in their locations (hovering over or clicking on the icon will identify the aircraft). They are colored for their availability:
   GREEN=Available
   RED= Unavailable for patient flight





All aircraft in your area can be viewed and you will be able to identify the closest available aircraft to your location and call the appropriate provider.
The Critical Care Transport (CCT) Capability Matrix within EMResource shares information about each agency's aircraft capabilities and can be viewed by clicking on an individual aircraft.



Radio communication for Ground to Air, will occur utilizing the preferred contact method and channel as designated by the requesting ground agency, either at the time of the activation or through prearranged channel designation with the Air Provider. In the event of a disaster or MCI situation, the Texas Statewide Interoperability Channel Plan should be implemented. This plan states that radio communication from Ground to Air, authorized by the Texas Government Code and regulated by the FCC, is to be performed on radio channel VMED 28. (see below)

Label	**Receive**	**Transmit**	**Station Class**	**CTCSS RX /TX**	**Use**
VMED28	155.3400	155.3400	FBT / MO	CSQ / 156.7	Tactical Channel

G. **Air Medical Indicators** to be referred to the Air Medical SPI Focus Group **if not met**:

1. Air Medical Services will provide a **launch location of the aircraft responding**
2. Air Medical Providers participating in the NCTTRAC are operating **on EMResource tracking map**, **updating and refreshing the aircraft current positions** at least every 3 minutes.
3. **ETE** (flight time only) will not exceed **5 minutes past time given**
4. **ETA** (clock time arrival given to include lift time) will not exceed **5 minutes past time given** (ETA is preferred over ETE by the GETAC Air Medical and Specialty Care Transport Committee)
5. Air Medical Services **scene times should not exceed 20 minutes** (does not include specialty teams)
6. Air Medical Services **inter-facility transfer times should not exceed 40 minutes** (does not include specialty teams)
7. First attempt tracheal tube (TT) success should be reported using Ground and

Air Medical Quality Transport *Ground and Air Medical qUality Transport* (GAMUT) data and definitions

8. Blood Glucose check for AMS should be reported using GAMUT data and definitions
9. Provide air medical transport response for inter-facility trauma patients within 60 minutes from the time of the request
10. Provide air medical transport response for inter-facility transfers for level 1 stroke patients within 30 minutes and 60 minutes for level 2 stroke patients from time of the request.

H. If a performance **indicator falls outside** of the above parameters and remains unresolved despite appropriate attempts among the involved providers, the event **may be referred to the NCTTRAC Air Medical SPI function group** for review and action

I. The process for reporting a concern or submitting a referral to the Air Medical SPI function group is detailed below:

1. Go to https://www.ncttrac.org/
2. On the bottom right select Create A Helpdesk Ticket
3. Start a Ticket
4. Choose "Member – SPI Referral Form Request"
5. Then fill in the necessary fields. Be as specific as possible to allow for a sufficient review.

The NCTTRAC Air Medical Committee was tasked by the GETAC Air Medical and Specialty Care Transport to create a CCT Capability Matrix to implement within EMResource for the purpose of sharing information about the capabilities of each agency's aircraft within the region. The CCT Capability Matrix Data Dictionary provides standard definitions of each status to be implemented in EMResource to assist agencies in requesting critical care transportation services.

1. **Air Crew Available for Ground Transport**: Describes if air crew is available for ground transport.
   - **Yes**: Air crew is available for ground transport.
   - **No**: Air crew is not available for ground transport.
2. **Automated CPR Device on Aircraft**: Describes if there is an automated CPR device on an aircraft
   - **Yes**: There is an automated CPR device on this aircraft.
   - **No**: There is not an automated CPR device on this aircraft.
3. **Bilirubin Light**: Describes whether this unit can provide Bilirubin Light as a form of phototherapy to neonatal patients.
   - **Yes**: This unit can provide bilirubin light as a form of phototherapy to neonatal patients.
   - **No**: This unit does not provide bilirubin light as a form of phototherapy to neonatal patients.
4. **Blood Products**: Describes an aircraft's ability to provide blood products.
   - **Yes**: This unit is capable of providing blood products.
   - **No**: This unit is not capable of providing blood products.
5. **Continuous Fetal Heart Monitor**: Describes an aircraft's ability to provide continuous fetal heart monitoring. (not doppler, actual EFM)
   - **Yes**: This unit is capable of providing continuous fetal heart monitoring.
   - **No**: This unit is not capable of providing continuous fetal heart monitoring.
6. **ECMO – Adult**: Describes an aircraft's ability to transport adult ECMO patients.
   - **Yes**: This unit is capable of transporting adult ECMO patients.
   - **No**: This unit is not capable of transporting adult ECMO patients.
7. **ECMO – Pediatric**: Describes an aircraft's ability to transport pediatric ECMO patients.
   - **Yes**: This unit is capable of transporting pediatric ECMO patients.
   - **No**: This unit is not capable of transporting pediatric ECMO patients.
8. **ECMO – Neonatal**: Describes an aircraft's ability to transport neonatal ECMO patients.
   - **Yes**: This unit is capable of transporting Neonatal ECMO patients.
   - **No**: This unit is not capable of transporting Neonatal ECMO patients.
9. **Heliox Therapy**: Describes an aircraft's ability to provide HELIOX Therapy.
   - **Yes**: This unit is capable of providing HELIOX Therapy.
   - **No**: This unit is not capable of providing HELIOX Therapy.
10. **High Freq. Ventilation**: Describes an aircraft's ability to provide high-frequency ventilations to pediatric & neonatal patients.
    - **Yes**: This unit is capable of providing high-frequency ventilation to pediatric and neonatal patients.
    - **No**: This unit is not capable of providing high-frequency ventilations to pediatric and neonatal patients.
11. **HROB Team**: Describes if an aircraft has a specialty High Risk OB Team.
    - **Yes**: This unit has a high-risk OB specialty team.
    - **No**: This unit does not have a high-risk OB specialty team.

12. **HROB Transport**: Describes whether or not an aircraft can transport high risk OB patients.
    - **Yes**: This unit is capable of transporting high-risk OB patients.
    - **No**: This unit is not capable of transporting high-risk OB patients.
13. **IABP: Describes whether or not an aircraft has the capability to transport a patient on an IABP and to properly secure the device with a designated FAA approved mount specific to the airframe.**
    - **Air Service has their own IABP**
    - **Able to transport sending facility's IABP**
        - **Teleflex**
        - **Maquet**
14. **IMPELLA Transport**: Describes an aircraft's capability of transporting patients requiring IMPELLA.
    - **Yes**: This unit is capable of transporting patients requiring IMPELLA.
    - **No**: This unit is not capable of transporting patients requiring IMPELLA.
15. **Induced Neonatal Cooling**: Describes an aircraft's capability to provide induced neonatal cooling.
    - **Yes**: This unit is capable of providing induced neonatal cooling.
    - **No**: This unit is not capable of providing induced neonatal cooling.
16. **Liquid Plasma**: Describes whether or not an aircraft carries liquid plasma.
    - **Yes**: This aircraft carries liquid plasma.
    - **No**: This aircraft does not carry liquid plasma.
17. **Mode of Transport:** Describes an aircraft's method of transport (i.e., fixed wing, rotor wing, etc.)
    - **Rotor Wing**: This unit is a rotor wing aircraft
    - **Fixed Wing:** This unit is a fixed-wing aircraft
18. **Neonatal Specialty Team**: Describes if an aircraft has a specialty neonatal team
    - **Yes**
    - **No**
19. **Nitric – Adult**: Describes whether or not this unit can provide nitric oxide for adult patients.
    - **Yes**: This unit is capable of providing nitric oxide for adult patients.
    - **No**: This unit is not capable of providing nitric oxide for adult patients.
20. **Nitric – Neonatal**: Describes whether or not this unit can provide nitric oxide for neonatal patients.
    - **Yes**: This unit is capable of providing nitric oxide for neonatal patients.
    - **No**: This unit is not capable of providing nitric oxide for neonatal patients.
21. **Nitric – Pediatric:** Describes whether or not this unit can provide nitric oxide for pediatric patients.
    - **Yes**: This unit is capable of providing nitric oxide for pediatric patients.
    - **No**: This unit is not capable of providing nitric oxide for pediatric patients.
22. **Pediatric Specialty Team:** Describes if an aircraft has a specialty pediatric team.
    - **Yes:** This unit has a pediatric specialty team.
    - **No:** This unit does not have a pediatric specialty team.
23. **Pediatric Transport:** Describes whether or not an aircraft can transport pediatric patients.
    - **Yes**: This unit is capable of transporting pediatric patients.
    - **No**: This unit is not capable of transporting pediatric patients.
24. **Stretcher Limitations**: Describes an aircraft's stretcher capabilities and limitations (weight limits). This is a text entry field.

25. **Transport Family with PT**: Describes whether or not this unit is able to transport a family member with a patient.
    - **Yes:** This unit is able to transport a family member with a patient.
    - **No:** This unit is not able to transport a family member with a patient.
26. **Transport Incarcerated Pts w/Armed Guard**: Describes an aircraft's ability to transport incarcerated patients with armed guard (armed – firearm or OC/pepper spray)
    - **Yes**: This unit is capable of transporting incarcerated patients with an armed guard.
    - **No**: This unit is not capable of transporting incarcerated patients with an armed guard.
27. **Transports Thrombolytics**: Describes whether or not an aircraft can transport thrombolytics.
    - **Yes**: This unit is capable of transporting thrombolytics.
    - **No**: This unit is not capable of transporting thrombolytics.
28. **Hospital Amputation Team**: Describes if an aircraft has the ability to mobilize an amputation team.
    - **Yes**
    - **No**

<Date>

<Recipient Name>

<Title>

<Company Name>

<Address>

Dear Sir or Madam:

This package is being provided in response to a formal concern, raised with the NCTTRAC Air Medical Committee, regarding the inconsistent process for requesting and receiving the closest, most appropriate, available aircraft to various scene locations and/or hospitals in the region. The Air Medical Committee reviewed the processes currently in place and is providing the following information and tools to facilitate the appropriate dispatching of the closest, most appropriate available aircraft. Please find attached copies of:

1) The Aircraft Utilization Tool
2) The Aircraft Utilization SPI Submission Process
3) Detailed instructions on the use of EMResource Air Medical Map

The Air Medical Committee is dedicated to the patients and organizations we serve and appreciate the opportunity for improvement. Thank you for taking your time to review the documents and forwarding them to the responsible parties that request aircraft(s) for your agency or facility. If you have any further questions or concerns, please contact the Air Medical Committee Chair.

Respectfully,

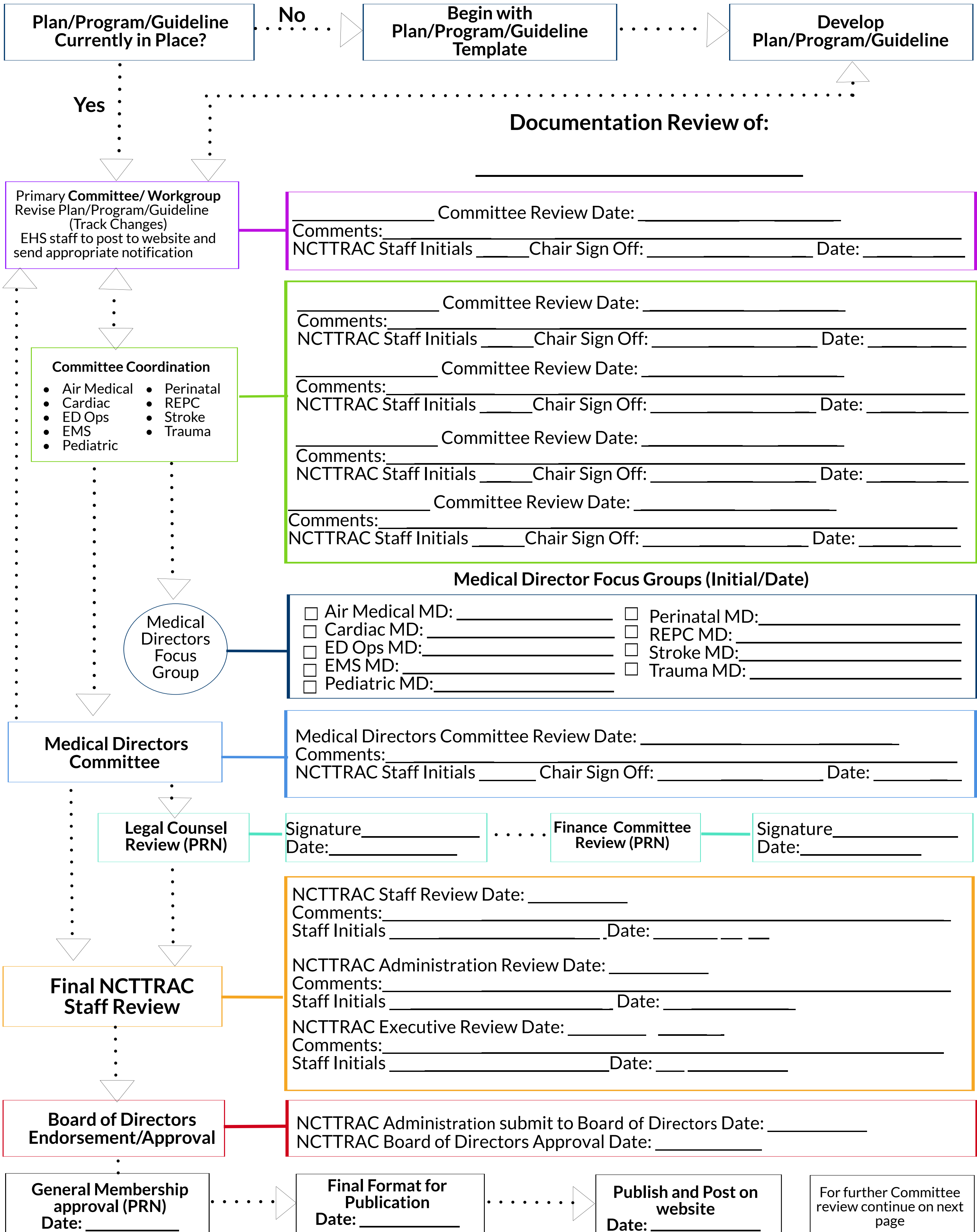
<Air Medical Committee Chair Name>

NCTTRAC

Air Medical Committee Chair

<Chair Email>

Coordination Flowchart



600 Six Flags Drive, Suite 160, Arlington, TX 76011-817.608.0390- www.ncttrac.org

Committees Continued

________________ Committee Review Date: _______________________
Comments:____
NCTTRAC Staff Initials ______Chair Sign Off: ___________________ Date: ___________

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