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To:
Stephanie Lopez

Subject: Recommended Revisions to Section C, Subsections 10 and 19

Dear Stephanie

I hope this letter finds you well. I am writing to formally recommend revisions to Section C, Subsections 10 and 19 of the current policy framework related to air medical transport.

Section C, Subsection 10 currently references compliance with RETRAC transport guidelines. While RETRAC has historically provided valuable guidance, its focus has predominantly reflected a facility-centered perspective. In contrast, the Air Medical Transport Advisory Committee (AMTAC) is uniquely positioned to develop and implement standardized, statewide protocols that prioritize patient-centered care and reflect the operational realities of air medical services. To that end, I recommend revising this subsection to reference AMTAC-developed protocols. AMTAC may collaborate with RETRAC to ensure that such policies meet the needs of both committees and the broader healthcare system they support.

Section C, Subsection 19 appears to center on RETRAC's perspective, despite the limited air medical expertise within its structure. To ensure complaints and performance concerns are evaluated appropriately, I recommend that AMTAC establish a dedicated Performance Improvement (PI) Committee. This committee would be tasked with reviewing air medical transport incidents, ensuring assessments are conducted by professionals with relevant subject matter expertise. Such a change will enhance accountability, promote continuous improvement, and support fair and informed decision-making.

Proposed Revised Language:

Section C, Subsection 10

(10) Failure of a service to comply with the Air Medical Transport Advisory Committee rotor wing response protocol, fixed/rotor wing inter-facility transportation protocol, or any other bureau protocol or patient care-related policy as outlined in these rules.

Section C, Subsection 19

(a) Intentionally providing incorrect response time information to agencies requesting a scene response;
(b) Repeated and unnecessary delays in the transport of critical patients from scene responses due to the completion of patient care tasks that are not beneficial when rapid evacuation to definitive care is essential;
(c) Incidents described in Subsections 19(a) and 19(b) shall be referred to the Performance Improvement Committee of the Air Medical Transport Advisory Committee for review. The committee shall assess each case for opportunities for improvement and determine whether referral to the bureau for potential licensure action is warranted.
(d) If a performance indicator falls outside of the acceptable parameters and remains unresolved despite appropriate efforts among the involved providers, the matter may be submitted to the Air Medical Transport Advisory Committee through the regional trauma advisory councils or the EMS Bureau for further review.

I appreciate your attention to these proposed revisions and your continued dedication to improving patient care and system effectiveness across our air medical transport infrastructure. I welcome the opportunity to discuss these suggestions further at your convenience.

Sincerely,

Scott Maxwell
Trans Aero MedEvac