

To whom it may concern,

The intent of this letter is to convey a formal recommendation of revision to Section C, Subsections 10 and 19 in the current proposal relating to air medical transport.

In 7.25.5.15 (Section C, Subsection 10) the proposed changes would establish the reviewing body for enforcement within a committee created from the Regional Trauma Advisory Committee (ReTrAC). Regular process improvement (PI) review is valuable and necessary to maintaining high reliability organizations that are working to best serve the communities of New Mexico. However, it is my opinion that there is a better review committee for the process described in this subsection as the ReTrAC is more broadly focused on trauma throughout the continuum of care rather than in the air medical environment. In addition to the broad focus, the regionalization of the ReTrAC is less ideal than a committee with a statewide focus. With the intricacies of the air medical field and the benefit of a statewide committee in mind, it is my recommendation that a PI committee (PIC) comprised of members of the Air Medical Transport Advisory Committee (AMTAC), not ReTrAC, be the body of review for recommendations made to the bureau relating to the grounds for denial and suspension. This review and recommendation process falls well within the capabilities of the AMTAC as a specialized statewide committee for air medical transport.

In 7.25.5.15 (Section C, Subsection 19, a) the proposed grounds for denial are quite subjective. There are many factors involved in providing times to a scene that may or may not be taken into consideration by a committee that is not familiar with processes related to air medical transport. Stabilization of critically ill or injured patients is the primary objective of any quality flight service. The time it takes to respond to a scene and the stabilization of a patient on that scene should be reviewed in a case-by-case basis just as the flight crew should be performing a risk/benefit analysis for each patient and flight. Again, in 7.25.5.15 (Section C, Subsection 19, b), the subjectivity based on the understanding of or involvement in the air medical field could lead to negative outcomes for services if recommendations are made without valuable context that would be provided by an AMTAC PIC.

It would be reasonable and prudent for the PIC from AMTAC to provide information and feedback with the Trauma Performance Improvement Committee (TPIC) and/or ReTrAC as a means of information sharing between groups. However, I suggest that the recommendation for review to the Bureau should come from the AMTAC PIC. In reviewing the already submitted letters posted in public comment I support the proposed revised language from Scott Maxwell of Trans Aero MedEvac.

Regards,

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