



The importance of being accredited

Eagle Air Med speaks out against mandatory accreditation

Lawyers for US-based Eagle Air Med have filed a complaint in the federal district court challenging the authority of the State of Colorado to regulate the company. The lawsuit asks the court to prohibit the State from requiring air ambulance operators to be accredited by the Commission on Accreditation of Medical Transport Services CAMTS. David Craik looks at the background to the case and implications for the industry

On 4 October last year, an Eagle Air Med crew left Chinle in Arizona, US. According to the Utah-based company, the aeroplane was destined for Alamosa in Colorado with the aim of picking up a patient. Less than an hour later it was clear that the plane had run into trouble. The Communications Centre had begun emergency procedures and had made a number of attempts to locate the aircraft. Eagle Air Med said its administrators were soon notified of the missing plane. The company contacted the Federal Aviation Administration (FAA), National Transportation Safety Board (NTSB), and Search and Rescue. Eagle Air Med said it then suspended all flight activities for

safety purposes until further notice.

The plane had crashed that evening in the San Juan Mountains in southwestern Colorado, killing all three medical workers on board. Eagle Air Med said that the dead men were pilot Ric Miller, flight paramedic Dana Dedman and flight nurse Ronnie Helton Jr.

Legislation

Colorado requires all air ambulance providers in the state to be licensed. This includes helicopters and fixed-wing aircraft transporting patients. They have to publish response times, be inspected for annual licence renewals and have higher pilot experience standards. The licences are issued by the Department of Public Health and Environment in Denver, and the Commission on Accreditation of Medical Transport Systems (CAMTS) ensures that the companies in Colorado conform to national standards. Other similar structures are in place in states including Utah, Washington, Nevada, Rhode Island, Michigan and Maryland.

Eagle Air Med, which operates a base in Alamosa and three in Arizona, is accredited by CAMTS. However, following the accident, their position is

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presently being investigated and their accreditation is pending a final decision. The regulator has said that it does not make an automatic decision to rescind an accreditation following a crash. It is keen to find out how the affected air medical provider responds to an incident.

Eagle's latest response came in March this year when it filed a complaint in a federal district court challenging the State of Colorado's authority to regulate the company. Its argument is that the Federal Aviation Act and the FAA, which sets out legal standards for every air medical provider, pre-empt state regulations on aviation safety. The lawsuit also challenges the requirement to be accredited by CAMTS. Eagle Air Med added that it spends \$50,000 per year on keeping up its CAMTS accreditation.

Debate

The lawsuit has opened a large debate in the sector. Some contributors to website forums believe that states are creating a monopoly for CAMTS without allowing other accreditation agencies to prove that they are as safe. Can states regulate above the requirements of the FAA? Should individual states be able to set their own aviation standards?

Others have derided Eagle Air Med, saying that if they are not happy with the rules in Colorado they should go elsewhere. There is also general agreement that some form of regulation is needed in the industry so the public can feel safe in the service the sector provides.

Eagle Air Med defends its safety procedures vehemently. It says its pilots receive detailed training upon initial hire and then annually, on weather flying, local terrain, and aeronautical decision making. Pilots, they say, also attend annual simulator training and receive check-rides from an FAA Approved Check Airman every six months. In addition, each morning, weather is evaluated by all crews through briefings, and the pilots evaluate weather immediately prior to each flight.

Before the accident in October, Eagle Air Med stresses, the company had 'never experienced a fatal accident in its history of providing air medical services'. However, Eagle Air Med does have some history when it comes to accidents and accreditation. Regulator CAMTS withdrew its accreditation of Eagle Air Med back in 2002. At the time it was reported that Eileen Frazer, executive director of CAMTS, had identified nine accidents and incidents that had not been reported by Eagle Air Med. "We asked them to list all the incidents and accidents over the last five years, and that was not done," Frazer said at the time.

Eagle Air Med challenged the decision of CAMTS to withdraw its accreditation. It secured a preliminary injunction at federal court in Salt Lake City, which meant that it was still able to fly. In November 2003, US District Judge Dale Kimball ruled that Eagle Air Med had previously failed to report accidents and incidents involving its planes to CAMTS. Kimball added that CAMTS had been correct in withdrawing the accreditation. Eagle Air Med only regained its accreditation with CAMTS in July 2004.

Another air medical provider to have serious issue with state accreditation is Missouri - based Air Evac Lifeteam, one of the nation's biggest operators. When the states of Missouri and Oklahoma made it clear that they wanted to have legislation similar to that of Colorado and the other states previously mentioned, Air Evac Lifeteam was having none of it. It reportedly did not want a single standard for a state licence, i.e. provided solely through CAMTS.

Questions raised

However, as time passes and reports of air med crashes continue, the CAMTS accreditation is becoming more and more important, because more and more states are becoming keen to enter the regulatory field. This pattern, and Eagle's lawsuit, raises some interesting questions about the regulation of air medical providers both in the US and elsewhere. Is it a good thing for states or governments to enforce

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accreditation for air ambulance providers? Is a requirement to be accredited with a particular body such as CAMTS too restrictive?

Let's start by looking at the regulatory picture in the US. Blair Beggan, spokesman for the Association of Air Medical Services (AAMS), says there is no single 'governing body' over air medical services in the States. There are, however, 'several agencies' that may have licensing or oversight for air medical services.

For the aviation components of air medical work, programmes must adhere to rules and regulations established by the FAA. At a minimum, in order to carry a patient, a flight service must have a Part 135 certificate issued by the FAA, and be subject to periodic FAA inspections.

"Minimal standards for reimbursement and/or licensing could also be established by third-party payers, including Medicare, or by local legislation by state, county or city," adds Beggan. "Most states have minimum licensing requirements for air medical personnel and the air medical program."

AAMS itself does not get involved with regulation at state level. It concentrates its work on a federal level, working closely with the FAA and the NTSB. Air medical services may also be held to other national or regional standards. For programmes that are hospital based, if the hospital is accredited by the Joint Commission on Accreditation of Health Care Organizations or other such organisations, such as the American College of Surgeons for trauma verification, the programme must also meet those minimum standards.

But what of the CAMTS? It is an independent commission, comprised of representatives from sixteen member organisations, each representing some component of critical care medical transport. Each member brings with them a wealth of experience and knowledge in their individual fields, says Beggan. Together the commission members develop standards for all levels of medical transport, both air and

ground. These standards are shared among the sixteen member organisations for comments and suggestion. Accreditation by CAMTS is granted to those programmes that voluntarily apply and prove to the CAMTS board that they are in substantial compliance with CAMTS standards. This is done through submission of documentation as well as a site survey performed by trained CAMTS surveyors. As outlined previously, there are a handful of states that require CAMTS accreditation to operate air medical services.

Beggan says that the AAMS 'recommends that all medical transport organisations follow CAMTS standards'. However, he notes that 'medical transport organisations do not have to be CAMTS accredited to follow CAMTS standards'. There certainly seems to be some suggestion that operators such as Eagle Air Med should not be beholden to strict CAMTS accreditation in certain states.

Global picture

So what is the regulatory picture like in Europe? Does Eagle's lawsuit have any implications on the other side of the Atlantic?

Dr Michael Weinlich, president of the European Aero-Medical Institute (EURAMI), says as an organisation it ensures that aircraft used for emergency medical purposes have all the necessary licences and keep maintenance records, that the crews have the necessary trainings and licences and that the quality of the medical equipment and medical crew is according to its standards.

"As there are no fixed rules for air ambulance providers, EURAMI is trying to establish a label of quality through its accreditation process where patients and customers have a fair chance of measuring quality in air ambulance services," says Weinlich.

As in the US, such accreditation is voluntary. Weinlich is adamant that states and governments stay outside

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Michael Weinlich, EURAMI, is adamant that states and governments stay outside of the regulatory picture

of the regulatory picture. “Is state and government involvement really improving the quality of care for the patient?” he asks. “Who from these authorities would have the knowledge to do that? Private initiatives, like CAMTS and EURAMI, do a good job already.” In the UK, the job of regulation falls at the feet of the Civil Aviation Authority (CAA). It states that all air medical operators must hold an Air Operator’s Certificate (AOC) issued by the CAA. This is not a voluntary accreditation. It is compulsory. A spokesman adds: “To obtain an AOC, the operator must demonstrate high levels of safety and crew training. They will be subject to regular and ad-hoc inspections by CAA officials.” On the question of individual state or government regulation, the spokesman said that a situation akin to Eagle Air Med would not arise in the UK. “We are the one and only UK regulator,” he said. Both the FAA and CAMTS were asked to comment on these issues, but did not reply before going to press.

Cost vs benefit

Eagle Air Med’s lawsuit, however, raises another question. Namely, should providers be accredited at all? Is it worth the expense – Eagle Air Med states a CAMTS accreditation costs it \$50,000 a year – and effort? Is it in any way restrictive?

Aeromed International Critical Care Ambulance of Alaska has CAMTS accreditation. It received it in October 2005. The company describes the accreditation as ‘prestigious’ and that it represents the ‘highest standards possible for an air ambulance service’. It stresses that the accreditation places ‘priority on quality patient care and safety of the transport environment through an extensive and in-depth review by the CAMTS’. It applied for the accreditation to provide the highest standard of care to its clients, and it believes it will boost the company’s growth.

Weinlich of EURAMI also does not see any restrictions in becoming accredited to a particular body. “Accreditation is based on experience and aims to ensure a minimum standard of operational,

medical and mechanical quality,” he says. “The air ambulance business needs quality management. An accreditation from CAMTS or EURAMI is a good sales and marketing tool for the provider. It is also a way for a client to identify that an air ambulance provider

meets a certain standard.”

Weinlich says accreditation is certainly worth both the effort and expense: “Several clients only work with certified providers. The patient can also see which provider has state-of-the-art quality.”

Through quality, we can take it

that Weinlich means safety. That is the goal of every operator, regulator and patient in the US, Europe and worldwide. Eagle Air Med’s lawsuit may open the gate for increased debate on this issue to ensure we have an industry where safety is the primary priority.

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