

Spring 2013



## EXPERIENCE. CONFIDENCE. LIFENET OF NEW YORK.

**An accredited critical care transport company with over 20 years of experience in serving the Greater New York Area.**

Beginning from two hospital owned-and-operated helicopter programs in eastern New York (Albany MedFlight and Westchester Medical Center's STATFlight), LifeNet of New York has developed into a statewide Program offering critical care transport. Each LifeNet of New York aircraft is staffed 24 hours per day and 7 days per week with a critical care nurse, critical care paramedic and a pilot. The crews remain with the aircraft at their strategically placed bases in order to offer expeditious access to patients requiring our services from both the pre-hospital and interfacility environments.

LifeNet of New York is owned and operated by Air Methods Corporation out of Englewood, Colorado. Air Methods Corporation has grown to be the most experienced operator of the air medical industry within the United States and has allowed its successes to support the fundamental tenant of, "Air Methods is dedicated to air medical transport, focusing on quality of care to patients and safety in aviation." Having nationwide resources as expansive as LifeNet of New York and Air Methods do, our Program and Company have been able to offer services during times of natural  
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### **Commitment**

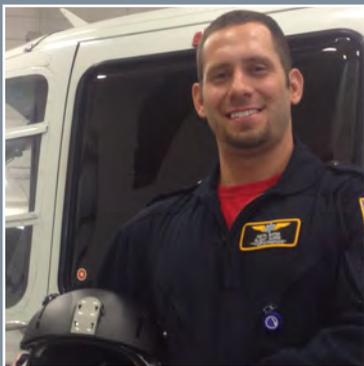
Each of our crew members are committed to providing the highest level of care to each of your patients.

# THE CREWS



**Danielle Denney**

Coming to LifeNet in 2012, Danielle brings 17 years of EMS experience to The Program. Her first introduction to the air medical industry was with the M.A.S.T. Program out of Ft. Drum and she has worked hard to make it a reality of her own. At home she has twin boys and is married to a career firefighter.



**Keith Bates**

Keith comes to LifeNet with ED, ICU, & flight experience, which has taught him the benefits of air medical transport and its ability to care for more than just trauma patients. One of his greatest memories was when he got to meet his idol, NY Ranger Henrik Lundqvist during a meet-and-greet while on the Rangers' medical team.

## Requesting LifeNet of New York

LifeNet of New York provides accredited critical care transport for patients in the prehospital and interfacility settings. Making the request for a patient that has been identified needing the services of LifeNet has been made as simple as possible because we understand there is a lot to manage during these times. To further assist you and the patient requiring transport, we work to have each of our aircraft launched within 10 minutes of the mission being accepted by the pilot on duty at the closest, available base.

From the prehospital setting, we ask that you make the request through your dispatch center who will then interface with our communication specialists. There are counties and regions within the Greater Syracuse Area who enroll in The Clearinghouse acting as the intermediary, but the other dispatch centers can call AirCom directly at 1.800.HEL.EVAC (435.3822). Our goal is to be able to offer the most appropriate services in the timeliest of manners and because of this philosophy we have built two different types of requests for prehospital patients.

A **“Response”** request will initiate the sequence of getting the closest available aircraft to you and your patient. Any provider in the prehospital setting (EMS, fire, or law) can request air medical services but it has been found that collaboration works best during this process. Once the request has been made it needs to be relayed to the fire department so they can establish the landing zone. Setting the landing zone up as close to the patient’s location is most ideal and all of our aircraft require 100 feet by 100 feet on a flat, level surface free of overhead obstructions. The aircraft can land in snow, grass, and hay but 6 inches is the maximum depth of the ground cover to avoid puncturing the underside of the aircraft.

A **“Standby”** is the second type of request which will identify the closest aircraft to the scene and dedicate that crew until on-scene providers can determine if air medical services are needed. If the scene is greater than 25 nautical miles from the aircraft, the crew will Auto-Launch to minimize the time it takes if the request is made into a **Response**. When a **Standby** request is made, a second call is needed

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# PART OF YOUR TEAM



## Education

LifeNet of New York is excited and always willing to work with your agencies during training exercises or help with educational opportunities.

Please contact your closest base for more details.



## Requesting LifeNet of New York (continued)

to either cancel the aircraft or have it respond. Please remember that the aircraft will remain dedicated to the incident until we hear back from the units on scene.

Similar to **Responses**, a **Standby** request can be made by any prehospital provider in addition to the dispatch centers. LifeNet has been able to successfully work with 911 PSAPs to develop automatic standby procedures based upon the EMD triage. Prehospital providers have found this very helpful so they can focus on the other immediate needs during their response in the beginning phases of an incident. Either type of request can be cancelled with no financial obligation at any time prior to the flight crew making patient contact, but we ask that the highest level of EMS care that will be transporting the patient to the hospital is the one to make the cancellation request. A cancellation can be made in the same way the request was.

When a patient requires critical care transport from one hospital to another, a representative from the referring facility can call 1.800.HEL.EVAC (435.3822). With just a small amount of initial information (age, weight, intended receiving facility, and presenting condition) our communication specialists will identify the closest, available aircraft and launch them to the referring facility. Simultaneously AirCom will gather more information from the

### Attention to Details.

requestor, so there is no time delay. Sometimes the referring facility encounters difficulty in gaining acceptance from the intended receiving facilities. Because of this, LifeNet of New York responds regardless of patient acceptance at the time of the request. Our intentions in doing this allows the time gaps to be minimized, assistance in patient care, as well our ability to help find an accepting facility.

LifeNet of New York and Air Methods Corporation strive to be your "Partner of Choice." We are dedicated to air medical transport, focusing on quality of care to patients and safety in aviation. In order to offer the accredited caliber of critical care to each of our patients we do bill for services. At no time is the patient's ability to pay or financial state taken into consideration during the request or patient care. Our focus, just as yours, is to get the patient the best level of care needed for their presenting conditions. After the patient reaches their intended destination, we have a highly experienced team of Patient Billing Services representatives that look at each individual transport. LifeNet of New York offers more than just a fast mode of transportation to the receiving facility. Literature shows that there is a direct, beneficial correlation in decreased lengths of stays in hospitals when they have rapid access to critical care services.

AIRCRAFT CAPABILITIES	STAFFING	PATIENTS	RANGE	SAFETY
	Each aircraft is staffed with a critical care nurse, critical care paramedic, and pilot.	One patient is transported per each aircraft to allow greatest focus of care. Capabilities of care include medical, trauma, OB, neurologic, pediatric, and surgical.	Our standard response areas are 150 nautical miles within the United States. Further distances can be accommodated as needed.	Aircraft are equipped with night vision goggles for every crew member, satellite tracking, and advanced avionics.

# Air Medical Transport: A Cost Structure Overview

Whether it's rushing multiple victims from an accident scene or transferring a heart patient to an advanced care facility, there are medical emergencies every day that call for the speed and superior care of an air ambulance transport. LifeNet of New York is proud to provide this extremely valuable service to your community through its parent company Air Methods, which serves thousands of communities across the country with the most experienced crews and safest aircraft available.

A 2012 in-depth Johns Hopkins' study published in the *Journal of the American Medical Association* found that air medical services greatly increased a patient's likelihood of survival compared to ground medical services. This groundbreaking study highlights what is at the heart of our mission – saving lives. When dispatched, air medical teams are focused solely on the lifesaving care and transport of the patient. Individuals who have been transported because of critical illness or injuries sometimes are surprised by the charges when the bill arrives, but it is important to realize that Air Methods transports based on medical necessity-- not on the patient's ability to pay. Patients and healthcare providers can be assured the charges are both reasonable and necessary to support this vital lifesaving service to the community.

## The rising costs of air medical services

Air medical services are expensive, yet they are also an essential part of the healthcare delivery system. The high cost of services is undoubtedly related to healthcare and aviation being among the most highly regulated industries in the country. Liability and medical malpractice insurance costs Air Methods millions of dollars each year. Unlike some air medical providers, Air Methods programs are not supported locally by specific air medical taxes.

Additionally, there are other contributing factors that must be considered regarding the rising costs in the air medical industry.

## The price of readiness

Our mission requires our air and medical professionals to be ready to respond around the clock each and every day. Although each flight can consume thousands of dollars of variable cost (fuel, maintenance, and parts depreciation), because these services are provided 24 hours a day

throughout the year and must be available at a moment's notice, much of the cost of providing these services is in the capacity to respond and not the actual cost of the individual flight. All the expenses of a multi-million dollar aircraft and the crew waiting for calls every hour of every day are divided between a very few calls per day, resulting in what seem like high charges for each call.

Each air medical flight crew consists of three highly-trained professionals including a pilot, flight nurse, and flight paramedic. Today, hundreds of thousands of people nationwide are living healthy, active lives, and enjoying time with family and friends because of the high-quality assessment, triage, and treatment they received from Air Methods' medical personnel. As some of the best in the air medical business today, our crews have an enormous obligation to our patients and their families-- not only to assess the nature and extent of a patient's illness and injury and prioritize care needed, but also to assure safety remains the highest priority throughout the transport process.

Our pilots must be qualified to fly in the most extreme circumstances faced in the helicopter industry, with higher minimum hours than other operators and a training program that goes above federal regulations. In addition, each program must be supported with mechanics, communications specialists, and office/administrative staff.

Air Methods takes great pride in having one of the most modern fleets in the air medical industry today. As the most experienced air medical operator, we have an obligation to use our leadership position responsibly to encourage safety improvements within the air medical community. We not only support safety concepts and the value, but have demonstrated the commitment during the past six years by investing more than \$100 million in advancing and incorporating safety programs and technologies into our operations such as night vision goggles; terrain avoidance warning systems; satellite navigation, weather, and tracking systems.

## Reimbursement rates and coverage

Insurance companies are slow (and have little incentive) to recognize the changes our industry is facing. The "Reasonable and Customary" numbers utilized by some

insurance companies are often outdated and inaccurate. Some insurance plans have "caps" or limits on ambulance coverage or exclude it altogether as a non-covered service. This allows the insurance company to sell their policies for a reduced cost and puts high out-of-pocket costs squarely on the patient's shoulders.

Our charges are comparable at more than 100 locations in which we operate throughout the country. Constant attention to reimbursement and collection of accounts allows us to operate these programs and keep them available when needed by patients. Air Methods does not check credit records or ability to pay prior to transport; safe transport to the proper facility is the main priority. Annually, Air Methods absorbs the costs for those patients who have no ability to pay.

Despite what may seem to be high charges, after deducting our expenses, we end up with very modest profits by business standards. We must have some profit to exist, but more importantly we use this income to support substantial compliance with industry accreditation standards.

## Increased access and market saturation

Over the past decade, the amount of air medical aircraft has more than doubled from over 400 in 2000 to over 900 today. While there is no arguing with the fact that air medical saves lives, the question on the table is whether increased access to this services drives up costs to the patients. Inevitably, increased availability of medical aircraft within the air medical space is leading to a decline in flight volumes per base. Given that there are few exclusivity agreements/public private partnerships for air medical services in states and/or counties, overcapacity has driven up costs across the industry.

In summary, an expensive bill for a lifesaving service cannot be looked at in a vacuum. A more complete view is needed, which includes the scope of substantial fixed costs, reimbursement realities, and market saturation, among other factors. Regardless of these challenges and complexities, LifeNet of New York and Air Methods will continue to focus on providing the highest quality in patient care and aviation safety.

## Program Overview (Continued)

disaster while still being able to support our local service areas.

Each clinical crew member brought on with LifeNet of New York is required to have a minimum of 3–5 years significant experience within their areas of credentialing. On patient flights and during routine trainings, each discipline is capable of performing all tasks of the other's. This transparency allows two fully-trained, critical care providers to give each patient the highest caliber of care while offering their past experiences to overcome any obstacle. Clinical crew members are brought through both a Company and Program orientation to educate them on the expansive catalog of treatment modalities needed to care for any type of patient that may be encountered. Our education does not stop after the initial orientation. Throughout the year crew members



are required to participate in recurrent trainings because of the high-acuity nature of what we are expected to do on every flight.

In addition to the comprehensive knowledge base, LifeNet of New York offers an on-board formulary of almost 80 different medications, invasive monitoring, critical care mechanical ventilation, equipment to perform definitive airway management, surgical procedures, obstetrical dopplers, therapeutic hypothermia supplies, and the cyanide toxicity antidote. Our aircraft are licensed with the State of New York as ambulances and are expected to adhere to a modified Part 800 equipment list as well.



## THE CREWS



### Ashley Stallings

Ashley moved to Upstate New York 4.5 years ago from Arizona with years of PICU and ED experience. Although she does not miss the Arizona summer it is taking some time getting used to the North Country winters. In her off time, Ashley enjoys participating in road races and snowboarding... yes, they had snow in Arizona.



### Kiersten Barry

Having been a paramedic for 13 years, Kiersten is welcomed to LifeNet with solid experience. As a CIC Kiersten spends time working with paramedic students to mentor them into stellar providers. During the winter months Kiersten racks up hundreds of miles on her skis. Initially coming from the Albany area, Kiersten is well-known throughout the Upstate and North Country regions.

# RAPID SEQUENCE INTUBATION

**An insight to just one of our many clinical abilities - By Sarah Elaine LaDuca, Flight Nurse**

Airway management is the fundamental priority of patient care and often accounts for one of the most difficult clinical dilemmas. The single best way to successfully manage an airway is to anticipate the need for advanced airway management and act appropriately prior to any sentinel events.

Rapid sequence intubation, or RSI, was developed in order to protect the patient's airway during the intubation process. It is assumed that when intubation is indicated in the field the patient will undoubtedly have a full stomach. RSI is designed in such a way to protect the airway from potential aspiration of the gastric contents.

There are multiple rudimentary indications for initial airway management. These include apnea, airway obstruction, ineffective intrinsic airway protection, respiratory insufficiency, foreign body obstruction, metabolic acidosis, and respiratory failure. Other reasons to consider are the clinicians' anticipation of airway compromise at any time during patient

care and transport as well as hemodynamic instability. Hemodynamic instability in this instance would include any form of shock (hypovolemic, obstructive, neurogenic or cardiogenic) -- essentially anytime there is an imbalance between oxygen supply and demand. When respiratory efficiency declines this is the cardinal sign that the patient needs rapid and effective assistance. With intubation achieved, the use of an external ventilator can meet increased oxygen demands while providing direct airway access and assessment through continuous monitoring.

Execution of proper RSI requires four things: Preoxygenation with 100% oxygen, administration of a predetermined induction dose (sedative to induce unconsciousness), the use of a neuromuscular blockade (paralytic) and a team with the technical skills to perform the intervention.



**To make a difference.**

Staff members of LifeNet of New York have extensive training in the technical performance of the procedure and require exceptional critical thinking skills. Every aircraft in the Program has two experienced crew members at all times. This team can provide RSI as indicated on any patient regardless of size, weight, or age with resources of appropriate medications and tools brought on every patient flight. In addition to the crew's capability, every aircraft is equipped with a cutting-edge critical care ventilator that can provide paramount ventilatory support to every patient.

## **Potsdam** **LifeNet 7-9**

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150 Hatch Road  
Potsdam, New York 13676

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[www.lifenetny.com](http://www.lifenetny.com)

 [facebook.com/lifenetny](https://facebook.com/lifenetny)

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## **Watertown** **LifeNet 7-10**

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NYS 12F - 22608 Airport Drive  
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