

Privatizing medical flights does not harm service

CRAIG SKONBERG AND PENNY TRIGGS

THERE have been several negative articles in this paper recently about the privatizing of Manitoba's air ambulance services. It seems there is a fear this move would cause deterioration in the quality and safety of air medical services in our province. Though much has been said, there have been few facts and little background provided. This leaves one with the impression that Manitoba's privately operated, commercial providers are incapable of providing a similar service. This is not the case.

Statistics published in the RFP for the privatization of air ambulance services (July 2018) show that between April 1, 2016, and March 31, 2017, there were 7,478 air ambulance flights in Manitoba — 451 of those were performed by the Manitoba government advanced Lifeflight program and 455 were stable patient transports performed by Government Air's scheduled southern air ambulance. The remaining 6,555 medevacs were performed by private commercial air ambulances licensed by the province of Manitoba.

Manitoba legislation sets the standards for both the provincial critical care transport service (Lifeflight) and the privately licensed basic air ambulances. The legislation regulates the type of aircraft; medical configuration of the cabin; pilot qualifications; medical attendant qualification; medical director requirement; policies and procedures for air medical operators; and what medical equipment and supplies are allowed to be carried on the aircraft.

The aviation component of all air operators in Canada is regulated by Transport Canada. These regulations include the aircraft; maintenance; qualifications and training of aircraft maintenance engineers; qualifications and training of pilots; operational policies of the airline; communications and flight monitoring of all aircraft operations; and operational processes involved.

In addition, Transport Canada sets the minimum licensing requirements for commercial pilots. The province of Manitoba has enhanced these requirements for all air ambulance pilots, so any pilot licensed as an air ambulance pilot, whether flying for Lifeflight or a private operator, in Manitoba exceeds the minimum requirements set by Transport Canada.

One comment in the articles submitted to the paper referred to the shortage of pilots in Canada. This is true, but this has impacted all air carriers, including air ambulance providers in both the private and provincial system.

Response times were identified as another issue in past articles. Anecdotal reports from service users indicate that they wait much longer for the Lifeflight service than they do for the private air ambulances. Lifeflight delays include waiting for physicians, delays at shift change and, occasionally, staffing problems. It is quite likely that response times would improve once the service is privatized.

Another issue highlighted was that a private air ambulance will not be able to fly a jet into all the same airports the government has been able to. This is a red herring. Lifeflight is allowed to operate under a different set of Transport Canada rules. They do not have to comply with the same safety regulations that prevent a private air ambulance operator from accessing shorter gravel runways with a jet.

This has nothing to do with the ability of the pilots or aircraft, only that the private operator must follow a stricter set of safety standards than Lifeflight. A turboprop, such as a King Air 200 flown by many private operators, can access these strips and would arrive in most of the communities within five to 10 minutes of the jet's projected time of arrival.

All the communities currently serviced by air ambulance will continue to be serviced. The private air ambulance operators currently access all the communities and will continue to do so. The

2018 RFP requires that all proponents identify options for servicing all communities, including those runways that Lifeflight's jet is unable to access.

Another article makes reference to "ill-equipped" aircraft provided by private air ambulances. Private operators are currently only allowed to operate at a "basic" ambulance level. They are strictly limited by provincial legislation as to what they can carry. Once the contract is awarded, the medical equipment and supplies carried by the critical care provider will be equivalent to what is currently on the Lifeflight planes.

As for the air medical personnel on the aircraft, the current plan under the RFP document is that the existing Lifeflight critical care nurses will continue to respond to critical care transport requests on the privately operated advanced air ambulances. As a result, the quality of air medical provider will be the same.

As for physicians on the flights, the need for transport physicians is controversial. In Canada, physicians are rarely part of transport teams. In fact, Manitoba is the only jurisdiction in Canada that has continued to routinely provide a physician as part of the critical care team.

The platform for the transport, the aircraft, is what is proposed to change and the requirements for that aircraft are robust.

We are disappointed that private air ambulances have been characterized as unsafe. This is not only inaccurate, it does not acknowledge the thousands of flights — including air medical transports — performed safely by private air carriers in Manitoba each year.

In fact, private ambulances provide safe, quality air medical services successfully throughout North America.

Craig Skonberg is president of the Manitoba Aviation Council; Penny Triggs is an air medical consultant with the Manitoba Aviation Council.