Managing In-Flight Medical Emergencies

MedAire

An International SOS Company

EXPERT CARE, EVERYWHERE.

Moscow

October 2018

Disclosure

- Michael Braida is full time employee with International SOS and Medical Director for MedAire Europe a company providing ground-based medical support to commercial and business aviation
- Opinions herein expressed are the authors' only and not necessarily reflect the company's position





Introduction

In-flight medical events (IFMEs) occur as a function of the number of passengers transported and the distance they fly

 $IFME = f(no \ of \ passengers \& \ distance \ flown)$

- The handling IFMEs has changed significantly since the advent of structured ground-based medical support (GBMS).
- What is the extent and impact of GBMS today?



ELEMENTS OF A MEDICAL EVENT





Passengers Carried by Country





Background

- Medical advice is a common practice in remote environments both civilian and military
- There are multiple providers in the civil aviation and maritime sectors
 - State initiatives:
 - CIRM (Centro Internazionale Radio Medico) and the European countries
 - France and SAMU
 - Private initiatives
 - Mayo Clinic
 - MedAire
 - UPMC
 - International SOS
 - Airline medical departments
 - Korean Airlines
 - KLM



Percent of coverage / per Pax traffic





Pax percent of coverage per region





Pax percent coverage per airline category







What defines a medical event?

Any health related event

When we believe a doctor is needed
When the FA (or someone else) decides so





In-flight medical events and pax carried



EXPERT CARE, **EVERYWHERE.**

MedAire.

Diversions and pax carried







Timing and procedures



Diversion/case rate per region

EXPERT CARE, EVERYWHERE.

Source: MedAire 2014





Diversion/case rate per category

EXPERT CARE, EVERYWHERE.

Source: MedAire





Two airlines comparison





Medical person on board



		Sing	gie rabie	Analysis		
Odds- and Risk-based parameters				Statistical Tests		
	Estimate	Lower	Upper		X²	2 Tailed P
Odds ratio	2,4317	2.0112	2.9402	Uncorrected	87.5370	0.00000000000
MLE Odds ratio (Mid-P)	2.4310	2.0096	2.9389	Mantel-Haenszel	87.5115	0.00000000000
Fisher-Exact		2.0006	2.9519	Corrected	86.5508	0.0000000000
Risk ratio	2.0615	1.7726	2,3974		1 Tailed P	2 Tailed P
Nisk unterence	1212120	1011/33	TOMOLE	Mid-P Exact	0.00000000000	
				Fisher-Exact	0.00000000000	0.0000000000

Source: MedAire

EXPERT CARE, EVERYWHERE.

THEFT

Diversions Chest Pain and ECG availability

- Airlines carrying ECG devices are diverting less for chest pain cases
- Cases requiring immediate diversion are also identified





Enhancing GBMS

- Crew training
 - Medical information capturing
 - Communication
 - Timing in activating GBMS
 - Incorporation into CRM joint scenarios
- Education of medical volunteers?
- Incorporation of new technologies
 - Communication
 - ECG





New Technologies – Inflight EKG











New Technologies - Telemedicine

RDT Tempus IC2

- Non-invasive blood pressure (NIBP)
- Masimo[®] SET[®] pulse oximetry (SpO₂)
- Medtronic Microstream[®] Capnometry
- 12-Lead ECG

- Handheld Bluetooth[®] enabled tympanic thermometer
- Handheld Bluetooth[®] Glucometer
- Wireless headset to communicate with GBMS
- Video cam to send live video or snapshots to the GBMS





Conclusions

- GBMS has become an established practice in commercial aviation
- Utilization varies between different service providers, airlines, airline region and type of operation
- Data suggest progressive reduction of unnecessary medical diversions
- How GBMS are utilized is associated with different diversion rates
- New Technologies can increase effectiveness of GBMS







Thank you!!



