Wisconsin Helicopter Emergency Medical Services (HEMS) Utilization Guidelines

- HEMS utilization is a medical decision requiring appropriate oversight and should be integrated within regional systems of care.
- HEMS may provide a time savings benefit to patients with time-sensitive emergencies[i] in reaching hospitals that can provide interventions IF the patient can be delivered during an interventional window[ii] AND Ground Emergency Medical Services (GEMS) are not able to appropriately deliver the patient to definitive care within that interventional window.

  Examples include:
  - Injured patients meeting the State of Wisconsin Field Trauma Triage Guidelines Category 2 or 3 that are greater than 30 minutes ground travel to the closest ACS verified Level I or Level II trauma center.
    - HEMS utilization for mechanism of injury or special population alone (Category 4 or 5) lacks clear evidence of benefit. Since these are patients that may not necessarily need the resources of the highest trauma level in a region, use of HEMS should be carefully considered. Standing protocols or on-line medical consultation may offer individual guidance.
  - Patients with acute STEMI needing transportation to a regional PCI capable hospital where ground transportation exceeds an interventional window.
- HEMS may provide clinical resources to patients needing critical care services if unable to obtain critical care services by GEMS (E.g. inter-facility transfer).
- HEMS may provide a mode of transport for geographically isolated, remote patients independent of medical urgency (E.g. Island) although this mode should be carefully considered.
- HEMS may provide a resource to local GEMS systems during disasters and times of low community resources.
- HEMS have unique risks of transport including economic.
- Hospital destination and mode of transport are two separate and distinct clinical issues.
- Mode of transport decisions pose unique challenges in developing evidence based transport guidelines.

[i] A time-sensitive emergency can be defined as an acute life-threatening medical or traumatic event that requires a time critical intervention to reduce mortality and/or morbidity. Examples include major systems trauma, ST elevation myocardial infarction, or stroke.

[ii] An interventional window can be defined as the period of time from which mortality or morbidity is likely to be reduced by the administration of pharmaceutical agents, medical procedures or interventions. An interventional window should be based on available national consensus guidelines such as the American Heart Association's first medical contact or door to balloon time. The "Golden Hour" of trauma refers to the core principle of rapid intervention in trauma cases, rather than the narrow meaning of a critical one-hour time period. There is no evidence to suggest that survival rates drop off after 60 minutes.