



# **The outcome of emergency patient transported by public air ambulance service in Thailand**

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# Background

## FACTS IN EMERGENCY ROOM

- 200 MILLION OF HOSPITAL OUT PATIENTS VISIT IN THAILAND ANNUALLY

- ER ~ 35 MILLION VISITS
- EMERGENCY 28%
- URGENCY 3%



≈ 10 MILLION VISITS  
= Total estimated demand  
for EMS

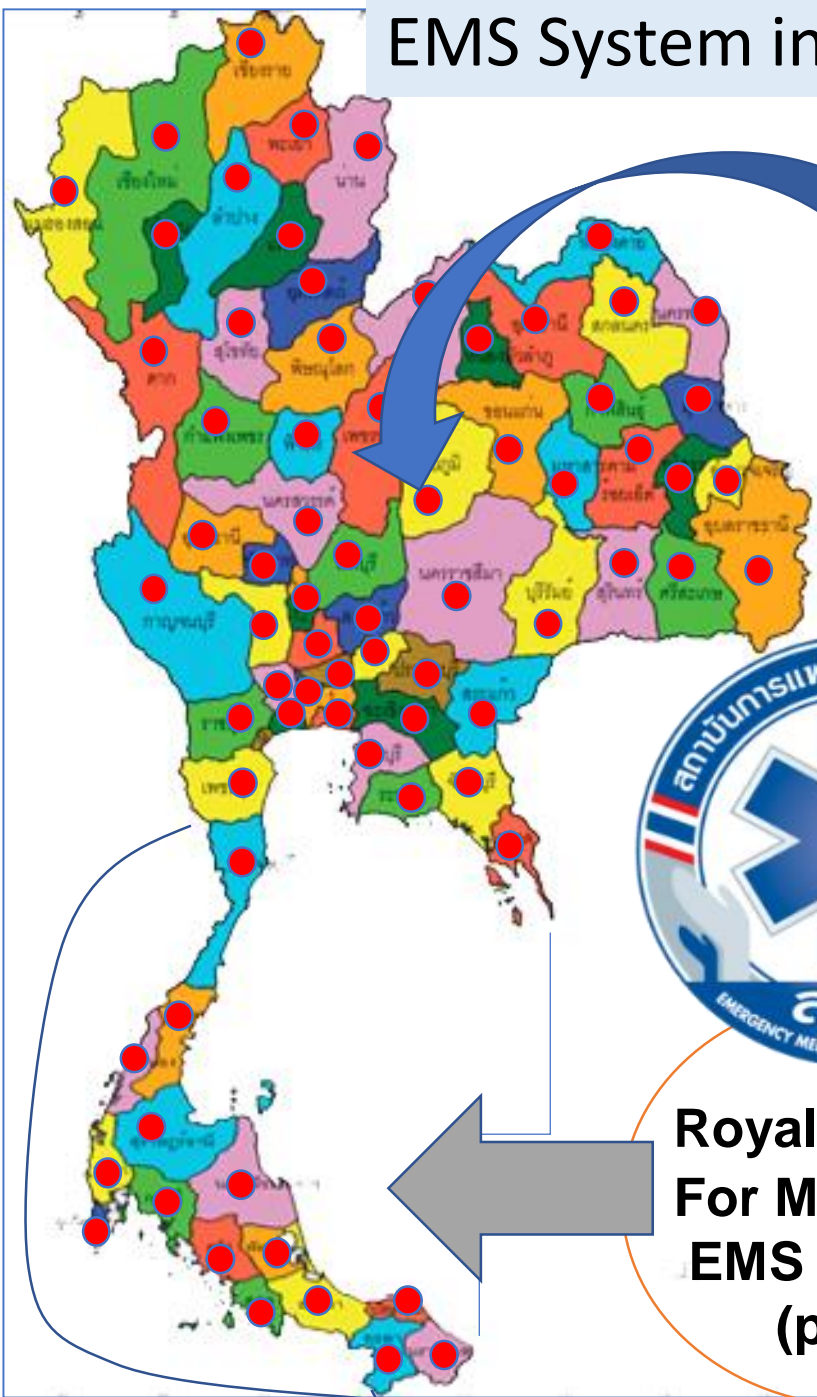
- IN 2016 NIEM PROVIDED PREHOSPITAL CARE TO
  - ~ 1,500,000 PATIENTS ( 1 M of Emergency and urgency)
  - ~ ONLY 10 % OF TOTAL REQUIREMENT

The rest ( 80- 90 %) of today still rely on friends/relatives/  
non-certified personals/bystanders

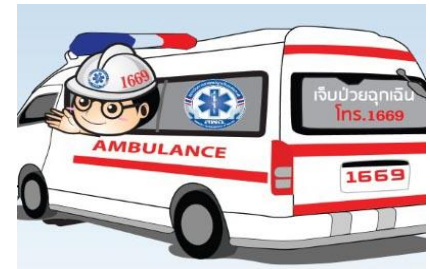
# EMS System in Thailand

**Emergency Call 1669**

**80 Call centers/ 77 provinces  
13 regions MOPH+BMA  
operation 24/7**



• Land



• Air



• Sea

**Royal Thai Navy  
For Maritime  
EMS region  
(plan)**



# Aeromedical Transport Service in Thailand

- Military aeromedical service  
RTAF, RTN, RTA, RTP
- Civil aeromedical service
  - Private aeromedical service
    - Hospital-based
    - Non-hospital-based
  - Public aeromedical service
    - Thai Sky Doctor Service

## THAI SKY DOCTOR SERVICE

- Founded in 2009 by the National Institute for Emergency Medicine.
- A public emergency aeromedical transportation service of Thailand.
- Offers Helicopter Emergency Medical Service (HEMS) and fixed wing operations for emergency patients.
- **Purpose:** Increase chances of survival for emergency patients in remote or inaccessible locations.



# THAI SKY DOCTOR SERVICE: Integration between Aircraft Providers, Medical Teams and System Administrator



**“There is very few study about Public air ambulance service in Thailand”**

**The first study is Model and policy recommendation for Thailand’s Aeromedical service ( Jitisak T. )**

**After the Thai Sky Doctor Service implemented there is no study about provision of this service.**

**This study intent to study characteristic and outcome of public air ambulance service ( Thai Sky Doctor Service ) in Thailand.**

## General Objectives

- To describe outcome of emergency patient transported by Public air ambulance service (Thai sky doctor) in Thailand.

## Specific Objectives

1. To describe general characteristics of Public air ambulance service (Thai sky doctor).
2. To describe immediate 1 day and delayed 3 days post air transport outcome of emergency patients transported by Public air ambulance service (Thai sky doctor) in Thailand.
- 3) To identify the factors associated with 1 day and 3 day outcome.



# Research Questions

- 1) What is the characteristic of Public air ambulance service in Thailand (Thai sky doctor) ?
- 2) What are the 1 day and 3 days outcome of emergency patients that transported by Public air ambulance service (Thai sky doctor) in Thailand ?
- 3) What are the factors associated with 1 day and 3 days outcome?

# Conceptual Framework

## Independent Variables

### Demographic data of patients

Gender, age, health security scheme, nationality

### Demographic data of Thai Public air ambulance service

National EMS Dispatch Center

Regional 1669 EMS dispatch center

Flight medical director

Referral / Receiving Medical facility

Aircraft Type / Aircraft provider

Airport / helipad

Payer

Type of mission

### Associated factors of Thai Public air ambulance service

Gender, Age

Patient conditions

Disease group

Triage criteria and Level of Patient acuity

Medical team

Flight information

Flight response time

Flight time

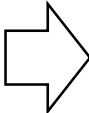
### Mission obstacle factors

Weather condition

No aircraft

Dead before mission

## Dependent Variable



1 day and 3 days post air transport outcome of emergency patients who transported by Public air ambulance service In Thailand

# Method

- Cross sectional Descriptive study using Mixed method
- Qualitative Data and Quantitative data

## Study Population

Public air ambulance service (Thai sky doctor service ) mission in Thailand

## Sampling Technique

- Qualitative data use primary data from aeromedical decision maker ( Flight director) , aircraft provider, medical team, receiving hospital , payer and NIEM
- Quantitative data use secondary data of all patient record from NIEM

# Data collection

- In-depth and Focused group interview
- Topic of interview:
  - What is their roles in Public air ambulance service?
  - What are facilitating factors or obstacle factors for Public air ambulance service?
- Secondary data were collected from NIEM by researcher with permission.

# Data analysis

- Descriptive statistics: Percentages, mean, median and standard deviation.
- Inferential statistics: Chi square test, If more than 20% of the cells have expected frequencies less than 5 this study will use Fisher's exact test.

# Eligible Criteria

## **Primary Data:**

### Inclusion criteria

- Medical staff who had work for EMS more than 5 years
- Medical staff who had work for Thai sky doctor service more than 1 year

### Exclusion criteria

- Medical staff who not informed consent

## **Secondary Data:**

### Inclusion criteria:

- Patient Recorded during year 2010-2015

### Exclusion criteria:

- Patient record that not permitted to reveal data
- Not complete Patient record
- Mission during disaster because of lack of complete data

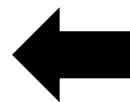
# Results (1)

- 205 missions of public air ambulance service were requested.
  - 184 cases were transported, while 33 cases were not.

Data	n(%)
Mission	
Request with transport	172(83.9)
Request with no transport	33(16.1)
Patients	
Transport	184(84.8)
No transport	33(15.2)
Transport mission	
Single patient	163(94.8)
Multiple patients	9(5.2)

**33 Cases**

Not being transported



Lack of aircraft

Weather condition

Patients' death before  
transported

## Results (2) Demographic data of patients transport and not transport mission

Variable	Transport mission n(%)	Not transport mission n(%)
<b>Gender</b>		
Male	124(67.4)	18(54.5)
Female	60(32.6)	15(45.5)
<b>Age group</b>		
≤1 month	9(4.9)	3(9.1)
2 mo.-1year	4(2.2)	1(3.0)
2-14 years	7(3.8)	2(6.1)
15-59 years	107(58.2)	16(48.5)
≥60 years	50(27.2)	8(24.2)
Unknown	7 (3.8)	3(9.1)
<b>Nationality</b>		
Thai	167(89.3)	32(97.0)
None Thai	17(9.1)	1(3.0)
<b>Health insurance</b>		
Gov	35(19.0)	4(12.1)
SSS	6(3.3)	0(0.0)
UC	98(53.3)	7(21.2)
Other	23(12.5)	20(60.0)
None	22(12.0)	2(6.1)

### Results (3) Demographic data of Patient condition in transport and not transport mission

Variable	Transport mission n(%)	Not transport mission n(%)
Disease group		
Neonate-Ped	2(1.1)	0(0.0)
Newborn	9(4.9)	2(6.1)
OB	8(4.3)	0(0.0)
STEMI	37(20.1)	6(18.2)
Stroke	21(11.4)	7(21.2)
Trauma	63(34.2)	6(18.2)
Other	44(23.9)	12(36.4)
Triage or Acuity		
Level 1	55(29.9)	5(15.2)
Level 2	106(57.6)	25(75.8)
Level 3	23(12.5)	3(9.1)



# Results (4)

## 1 day and 3 days outcome of emergency patients transported

	Admit n(%)	Dead n(%)	D/C n(%)	Total n(%)
1 day outcome	182(98.9)	2(1.1)	0(0)	184(100.0)
3 day outcome	157(85.3)	10(5.4)	17(9.2)	184(100.0)

- Gender, age, disease group, patient severity, medical team, response time and transport time were not associated with one-day outcome after air transportation.
- Gender, age, disease group, medical team, response time and transport time were not associated with three-day outcome.
- **Patient severity** made a significant difference associated with the three-day outcome at the .05 statistical level ( $p = .033$ ).

# Results (5)

## Facilitating factors and obstacles

Group	Facilitating factors	Obstacles
National dispatch center, NIEM  Regional Dispatch Center  Medical Teams	<ul style="list-style-type: none"> <li>• Strong policy support</li> <li>• Quick communication</li> <li>• Financial support</li> <li>• National medical director</li> <li>• Clear guideline for public air ambulance service</li> <li>• Regional 1669 dispatch center know to use service</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of National medical director</li> <li>• Regional 1669 dispatch center not know this service clearly</li> <li>• Benefit for medical team were not clear</li> <li>• Inflight safety concern</li> <li>• Aircraft agencies could not support or delay support</li> <li>• Lack of long term financial support</li> </ul>

# Conclusion

- There were identified characteristic of Thai sky doctor and factors associated with 1 and 3 day outcome post air transportation.
- Age, gender, disease group, medical team, response time and transport time were not associated with 1 and 3 days outcome.
- Patient severity was statistically significant difference associated with 3 days outcome.
- Further study may be necessary to improve patient outcome, and develop public air ambulance service.



**THANK YOU FOR YOUR ATTENTION**