Mercy Flight Central

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Citation

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Abstract

Mercy Flight Central, Inc. is a non-profit corporation that has been providing aeromedical service to the Finger Lakes and Central regions of New York State for 7 years. It currently has 2 bases, its headquarters located in Canandaigua, and a satellite station in Marcellus. It currently flies with a BO 105, designated Central 3, and a Bell 206-L1, designated Central 2, both with full medical configurations.

Mercy Flight Central is not aligned with any of the local hospitals, although there is cooperation from all. Mercy Flight Central staffs its missions with a single paramedic crew, and these paramedics provide a level of care that is above standard within this industry. On certain occasions, a specialized Pediatric Intensive Care Unit team will join with our paramedics to transport sick pediatric patients.

All our paramedics are proficient in Rapid Sequence Intubation and surgical airway procedures, and are capable of transporting the sickest and most severely injured patients that this region has to offer. All are trained in ACLS, ATLS and PALS, and many in BTLS as well. Most are instructors, some at the paramedic level. Most of our paramedics are Nationally Registered and Mercy Flight Central offers an incentive to allow all our paramedics to do so.

Medical control is provided by a group of area physicians, either specializing in Emergency Medicine or a sub-specialty depending on the needs of the particular patient, and is online with the paramedic during complicated patient care and procedures. These same physicians participate in monthly training and Quality Assurance activities to allow for a very close relationship between paramedics and physicians.

Mercy Flight Central provides the highest level of prehospital care in 11 counties in western New York State, and has set the standard for pre-hospital care in this region of New York, as we are the only 24 hour aeromedical service in the region capable of providing advanced airway management in the pre-hospital setting including Rapid Sequence Intubation and surgical airway management.

Our service averages 60 percent on-scene versus interfacility missions, and a close cooperation between our service and the many ground services we work with allows us to reduce our on-scene times and have our patients enroute to hospital without delays. We have recently introduced a "ride-along" program that has strengthened the bond between our service and the local ground services, as many ground EMTs now have an opportunity to fly and see close up what aeromedicine is like.

Mercy Flight Central hopes to continue its growth in order to maintain the high standard of care that the region has come to expect when Mercy Flight Central is launched for a mission.

References

Author Information

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