

“HELICOPTER SHOPPING”

What hospitals & first responders need to know

From the Indiana Association of Air Medical Services, INAAMS
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Most hospitals and first responders do not realize the criticality of sharing information regarding flight request turndowns with subsequently called air medical providers.

Its 2:00 a.m. and you have a critical patient in your ER. They need to be transported to a higher level of care and it needs to happen right



away. You do what hundreds of hospitals and first responders do every day; you call for an air medical helicopter. The nurse opens up the rolodex and calls the nearest program. When she gets off the phone she tells you that they are sorry but they can't fly, the weather is below their required minimums. So you tell her to try another program. She turns to the next card in the rolodex and makes another call but you get the same response as the first, "we're sorry but we can't come the weather is too bad." Your patient is starting to deteriorate rapidly and you really need to get them headed to the regional medical center soon. Its 50 minutes by ground but only 10 by air, so you have the nurse call another program, but when they say the same thing you start to get worried. You need to get your patient out of there and soon. You get frustrated and say, "Just find me a helicopter that will come get this patient." Finally on the fifth call you get a program that says



they can come and will be on their way in a few minutes. You finally relax; everything should be fine now that the helicopter is on the way. Thirty minutes later though you get a

phone call that sends an icy chill down your spin. It's the helicopter's communication center and they

say that they have lost contact with their aircraft and are asking if you have heard from them. At the same time the emergency tones go off on the radio in the ER. It's the local EMS department; they have just been dispatched on a possible helicopter crash just outside of town. You start to feel a knot form in the pit of your stomach and turn to say something to the nurse but she is already frantically on the phone trying to find out more information.

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This scenario, although fictitious, has played out in real life all too often over the past few years and has been a significant factor in the deaths of several air medical teams and their patients. So what really is helicopter shopping and why is it such a big deal?



"Helicopter shopping" refers to the practice of calling, in sequence, various operators until an operator agrees to take a flight assignment, **without sharing** with subsequent operators the reasons the flight

was declined by the previously called operators. Now the calling of subsequent helicopters for air medical transport in and of itself is not a problem. The transporting of patients via helicopter takes

place thousands of times each and every day around the world safely and efficiently.

So then what is the problem? It boils down to information and communicating that information in a timely manner so that ultimately the safest most appropriate decisions are made. Most hospitals and first responders do not realize the criticality of sharing information regarding flight request turndowns with subsequently called air medical providers. Now just because one flight program has turned down a patient transport does not mean that another program can not safely accept and complete that very same flight. In many cases the weather that affects one program's ability to fly does not necessarily affect another's. The ability to safely conduct a flight is influenced just as much by the geographical location of the program, patient and destination as anything else. With this in mind hospitals and first responders should not be discouraged from contacting subsequent air medical agencies.

The problem arises when pilots are not made aware of prior flight turndowns by other programs for the same transport request. Hence they do not have all



of the pieces of the weather puzzle to make a fully informed, comprehensive and safe decision. Even though the pilot is ultimately responsible for checking the

weather and accepting or declining any flight, they are still basing their decision on the information available to them at any given moment. Many times pilots are working with less than adequate information in areas of the United States that presently do not have comprehensive weather reporting systems. Currently there are over 700 Automated Weather Observation System (AWOS) sites in the US that do not report to the national weather system. Therefore large holes exist in regards to available up to date weather data for many locations. In these instances pilots must interpret the limited data available and make the best decision possible and are expected to do so within a few minutes. Even under the best circumstances with the best weather reporting systems available there is no substitute for another pilot's; eye witness account of actual weather conditions. Many times what is being reported by a weather system is not always what the pilot on the ground is actually seeing at that moment in time. As

with any decision making process the more information available and the more accurate and timely that information, the better the chances are that the right decision is ultimately made. This becomes even more important when conducting air medical operations given the time sensitive nature of patient transport.

This is where hospitals and first responders have an opportunity to make a major impact in regards to the safety of their patients and the flight teams that transport them. By communicating to any subsequently contacted programs the fact that another air medical program has already turned down a request due to weather, you are providing important, time critical and in many cases, life saving knowledge to that pilot. This information affords any subsequently contacted pilots valuable information to further investigate. This in turn allows for a much clearer weather picture of what is actually taking place in a specific region during a specific time.

Pilots will not accept a flight unless they know that the entire flight can be completed safely and legally from beginning to end



The last thing that a pilot wants to do is endanger the lives of their patient or the medical team that cares for them. Often valuable time is wasted while trying to complete a flight that should have never been accepted in the first place. Getting halfway to the patients location only to turn around due to unforecasted weather does no one any good, least of all your patient.

In the end the ultimate litmus test in regards to patient care should always be, "what is best for my patient".

Therefore, in an effort to promote air medical and patient safety throughout the United State, it is the goal of the Indiana Association of Air Medical Services (INAAMS)



to solicit the cooperation of all hospitals and first responders, to create and adopt weather sharing policies and protocols. By designing and

implementing rules and protocols that cover all aspects of air medical transport for your organization and staff, you can make a significant impact on the ultimate outcome of your patients. Protocols that include the passing of information in regards to flights previously turned down due to weather are paramount in creating a safer environment for everyone. Written protocols and policies that identifying who can call for a helicopter, when to call and information required to initiate an air medical transport have been proven again and again to save time and lives during stressful situations. There are a multitude of agencies; Local, State and National that are more than willing to help anyone interested design these types of transport protocols and procedures. Not only are these protocols a good idea at the local hospital or first responder level they can also be invaluable at the Regional and State levels.

No hospital or first responder agency intentionally sets out to put their patient or the air medical team that transports them in harms way. Even so there have been those accidents and deaths that could have easily been prevented if only the pilot making the decision to go or not to go had that one piece of critical information during the initial request. In the end the ultimate litmus test in regards to patient care should always be, *“what is best for my patient”*. Answer that and most of your decisions will be much easier and ultimately much safer.

Listed below are several organizations and resources available to aid in further education and development regarding critical care air and ground transport

Organization	Web Address
Indiana Association of Air Medical Services (INAAMS)	www.inaams.com
Association of Air Medical Services (AAMS)	www.aams.org
National EMS Pilots Association (NEMSPA)	www.nemspa.org
Air Medical Physicians Association (AMPA)	www.ampa.org
Air Medical Safety Advisory Council (AMSAC)	www.amsac.org
Air and Surface Transport Nurses Association (ASTNA)	www.astna.org
Commission on Accreditation of Medical Transport Systems (CAMTS)	www.camts.org
Foundation for Air Medical Research and Education (FARE)	www.fareonline.org
Helicopter Association International (HAI)	www.rotor.com
International Association of Flight Paramedics (IAFP)	www.flightparamedic.org
National Association of EMS Physicians	www.naemsp.org