

## **Beyond the Crashes: A Broken Air Ambulance System Puts Patients at Risk**

*States are prohibited by the Airline Deregulation Act from establishing service areas, bases of operation and hospital destination criteria to reduce the incentives to increase flight volume at the expense of timely or safe patient transport and deferral to another provider when appropriate. States have limited ability under the ADA to regulate the quality of medical care aboard air ambulances. The following are real anecdotes from the past few years reported by air ambulance providers in four regions of the country (Mid-Atlantic, Appalachia, Mid-South, and Southwest) where inadequate state oversight over medical care and unregulated competition among air ambulance providers is adversely impacting patient care and safety. Much attention has recently and appropriately been paid to the dramatic increase of crashes and need for improvement in aviation safety. As demonstrated below, patient safety must also be addressed.*

**A child under two years old** with severe head trauma and shock from a car accident was taken to a local community hospital for initial stabilization. The child needed to be transferred to the area's specialized pediatric hospital for surgery. The pediatric hospital, located less than 15 minutes by air accepted the transfer and offered to send their pediatric flight team. However, the community hospital refused, indicating that they had an exclusive agreement with another service. Although the competing air ambulance program had no aircraft immediately available, rather than referring the transfer to another helicopter service, they waited for their aircraft to become available, finally transferring the patient 1.5 hours later. The child died.

**An air ambulance program** launched to transport a patient from a scene despite weather below required minimums, without sufficient information on the patient's condition or diagnosis, and without knowing what the appropriate receiving hospital would be. After finally determining mid-flight to go to the nearest trauma center, the medical crew was unable to provide a complete patient report to the trauma center prior to arrival, as the helicopter was on a radio frequency unknown to the trauma center. Because the air ambulance did not know the location of the trauma center, it landed at a different hospital 5 miles away with no prior warning of its arrival. After sitting on the wrong helipad for 10 minutes and determining it had the wrong coordinates and was at the wrong hospital, it lifted off again, and flew for another 10-15 minutes before returning and delivering the patient to the same wrong hospital. The patient was finally treated by that hospital 2 hours after the initial call.

**A ground EMS team** called for a helicopter service to provide transport for a preterm pregnant woman to the nearest Level 3 Neonatal ICU. Before the helicopter team arrived, the woman delivered a severely premature infant (likely 3 lbs or less). The helicopter that was dispatched was not equipped for newborn transport or to accommodate both the mother and the premature infant. Rather than call an available helicopter with the team and equipment necessary, the provider transported both mother and newborn anyway presumably carrying the infant on the crew's lap rather than securing in a warmed isolette and apparently without climate control. The external temperature was in the 30s. The infant arrived at the hospital cold blue, with a core temperature under 90 degrees Fahrenheit, and was improperly intubated. Allowing a newborn to become severely hypothermic seriously threatens long term damage to the child and is potentially fatal to newborns.

**A child under age ten** sustained second degree burns to his arm, requiring multiple skin grafting operations, when was placed against a heating unit blowing forced air onboard the aircraft. The medical crew failed to notice and protect the patient, who was unconscious, from the heating unit during medical transport. This aircraft was not configured properly for loading and securing of the patient sufficiently removed from the heating unit.

**A community hospital** requested an inter-facility transfer of a critically ill child to the specialized pediatric hospital. The pediatric hospital specialized team flew to pick up the child at the community hospital but was unable to land on the hospital helipad because another air ambulance refused to remove its helicopter from the helipad indicating that it should have been transporting the child even though it was not specially equipped for the transport. The child had to be moved by ground to meet the pediatric air ambulance team several miles away from the hospital for transport to the pediatric hospital because the other air ambulance never removed its aircraft from the helipad, thus delaying transport and adding multiple unnecessary transfers and movement for a seriously ill child.