

Hospital helicop

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Ironically, in the *Journal of Aeromedical Healthcare* a flight nurse said last year that programme success depended on teamwork. This included dispatchers who were "able to put up with sleepy pilots and garbled transmissions and still do an admirable job of flight tracking". The fact that schedules had apparently resulted in pilots being less than wide awake was less important than the fact that others had to deal with them.

What does it take to make an EMS helicopter pilot? Air Methods president Roy Morgan has his own views upon the standards; they go somewhat further than those put up by Nemspa. The first requirement is that they should have completed a four-year honours degree at college. They should have accumulated at least 2,000hr experience in helicopters, be instrument rated, and have night-flying experience. Morgan might be unique in requiring that his pilots be non-smokers. Smoking is known to affect a pilot's performance, reducing his vision at night. But, above all, how can patients be sure that the crew cares for them when they do not take care of themselves?

One more factor is considered in Morgan's selection of pilots, who have a notoriously high turnover rate in the EMS industry. He says that at Air Methods they are more likely to have come from a corporate aviation background rather than from bush flying. "It is all a question of attitude." In the five years that Air

Methods has been providing EMS services to hospitals, Morgan has had to release just five pilots from among the 35 he employs (excluding the initial 90-day probation period).

What many might dismiss as undue conservatism on Morgan's part, seems to be driven by an overriding concern for the industry's main task: patient care. For example, none of Morgan's Bell Long-Rangers are equipped to carry two patients. "To do so is chaos. Two attendants and one patient is a good load. One plus one can be a bit of a handful. One plus two is not on." He advocates the Bell 222 for the transport of two patients, since the bigger machine has ample space for full-body care and three attendants.

Safety is never far from his mind. Accidents still happen with good equipment, when no patient is being carried, and "when the numbers are in your favour," says Morgan. People still fly into the ground. Some 83 per cent of accidents in a year involved ground contact; wires were not even involved.

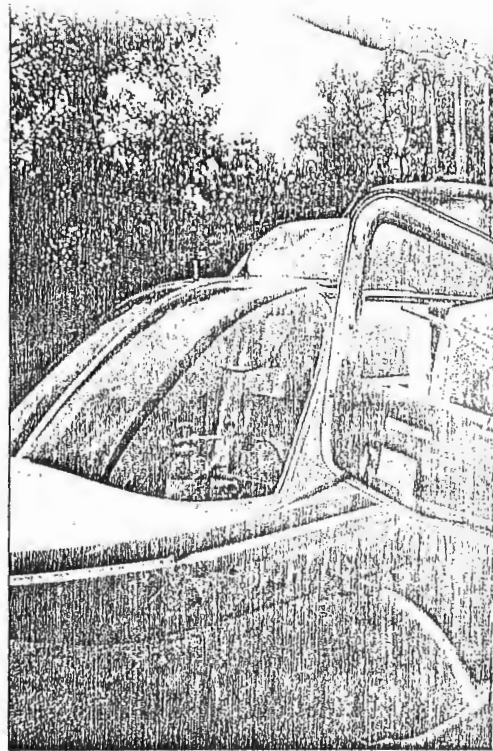
Which EMS flights matter the most; is it those apparently involving heroics? "Probably not. Most flights take place on a nice afternoon. [You] just fly out, collect, and bring back."

"If there was anything we could do to further someone's life, surely that would be a reason to do it? If getting up at two o'clock in the morning or interrupting a wedding is necessary, I'll do it, but not at the cost of three more lives."

He is concerned that pressure on hospital directors and administrators means that people will not spend money on getting the best equipment and people. "We do not want heroes. The finest people in this business are the nurses and medical staff we deal with, not us. Their motivation has nothing to do with money." ■

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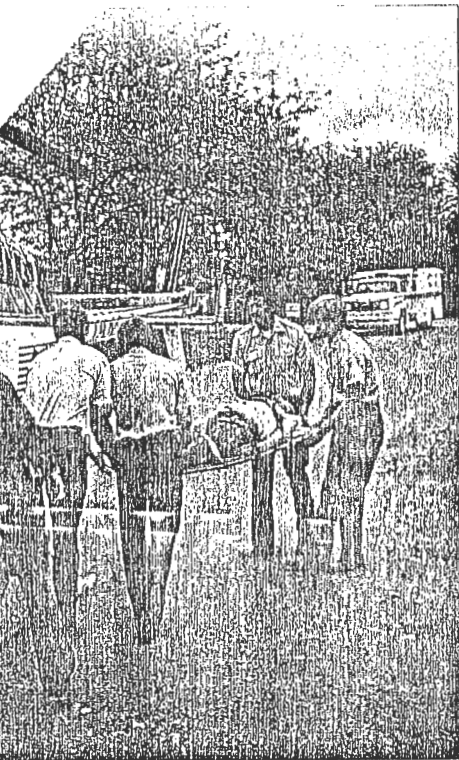
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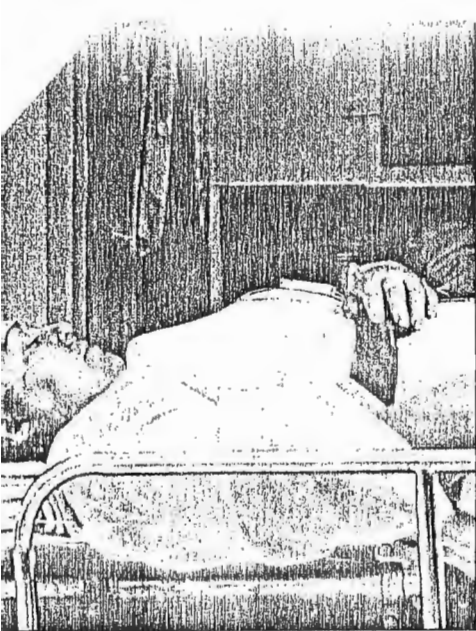


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On the question of EMS helicopter-pilot duty time, a *Hospital Aviation* survey in 1982 showed that 48 per cent of hospital programmes ran a 24hr operation with just two pilots. A year later the proportion had fallen to 40 per cent, and in 1984 only a little over 25 per cent maintained this routine. Almost all others were by then using three pilots per helicopter. It asks if a schedule can be justified that requires a pilot to spend half of his life at the hospital on duty. This is compared with hospital administrators, programme directors, and

flight nurses, whom *Hospital Aviation* suggests work a 45hr week, spending about 25 per cent of their time away from home. More than 90 per cent of EMS services use two to three times as many flight nurses as pilots, yet the consecutive hours worked by nurses are only a sixth to a half those of pilots. Hospital administrators, meanwhile, work for a ninth to a third as many consecutive hours as pilots, according to *Hospital Aviation*.

Ironically, in the *Journal of Aeromedical Healthcare* a flight nurse said last year that programme success depended on teamwork. This included dispatchers who were "able to put up with sleepy pilots and garbled transmissions and still do an admirable job of flight tracking". The fact that schedules had apparently resulted in pilots being less than wide awake was less important than the fact that others had to deal with them.

What does it take to make an EMS helicopter pilot? Air Methods president Roy Morgan has his own views upon the standards; they go somewhat further than those put up by Nemspa. The first requirement is that they should have completed a four-year honours degree at college. They should have accumulated at least 2,000hr experience in helicopters, be instrument rated, and have night-flying experience. Morgan might be unique in requiring that his pilots be non-smokers. Smoking is known to affect a pilot's performance, reducing his vision at night. But, above all, how can patients be sure that the crew cares for them when they do not take care of themselves?

One more factor is considered in Morgan's selection of pilots, who have a notoriously high turnover rate in the EMS industry. He says that at Air Methods they are more likely to have come from a corporate aviation background rather than from bush flying. "It is all a question of attitude." In the five years that Air

Methods has been providing EMS services to hospitals, Morgan has had to release just five pilots from among the 35 he employs (excluding the initial 90-day probation period).

What many might dismiss as undue conservatism on Morgan's part, seems to be driven by an overriding concern for the industry's main task: patient care. For example, none of Morgan's Bell Long-Rangers are equipped to carry two patients. "To do so is chaos. Two attendants and one patient is a good load. One plus one can be a bit of a handful. One plus two is not on." He advocates the Bell 222 for the transport of two patients, since the bigger machine has ample space for full-body care and three attendants.

Safety is never far from his mind. Accidents still happen with good equipment, when no patient is being carried, and "when the numbers are in your favour," says Morgan. People still fly into the ground. Some 83 per cent of accidents in a year involved ground contact; wires were not even involved.

Which EMS flights matter the most; is it those apparently involving heroics? "Probably not. Most flights take place on a nice afternoon. [You] just fly out, collect, and bring back."

"If there was anything we could do to further someone's life, surely that would be a reason to do it? If getting up at two o'clock in the morning or interrupting a wedding is necessary, I'll do it, but not at the cost of three more lives."

He is concerned that pressure on hospital directors and administrators means that people will not spend money on getting the best equipment and people. "We do not want heroes. The finest people in this business are the nurses and medical staff we deal with, not us. Their motivation has nothing to do with money."

Rocky Mountain Helicopters uses Alouette IIIs, which have provision for two patients to be carried

