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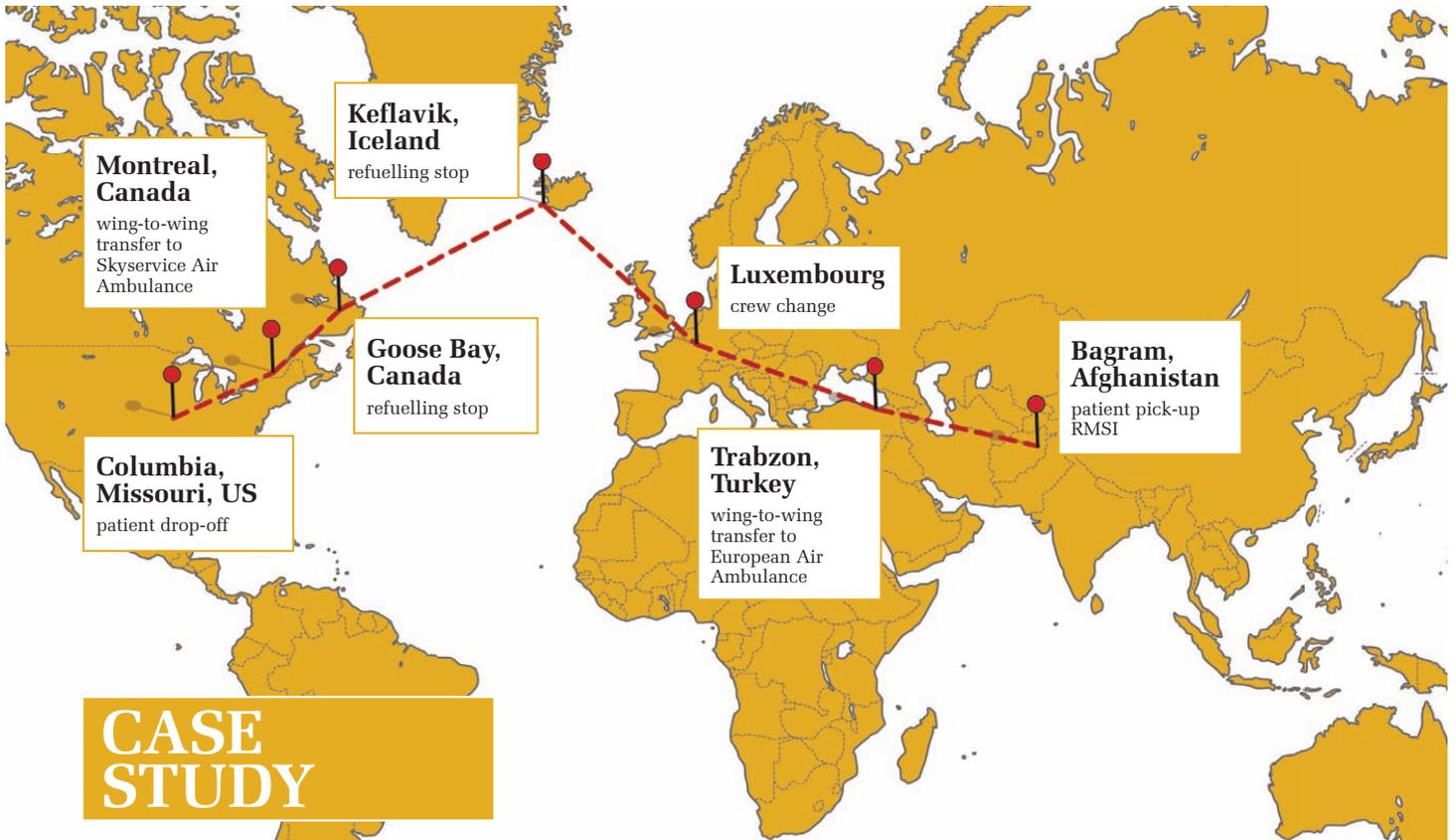
FLIGHT CREW

MEDICAL KIT

PATIENT



APRIL 2012



CASE STUDY

A team effort

A wing-to-wing operation involving three air ambulance providers – from Bagram, Afghanistan to Missouri, US

When air ambulance companies around the world team up to carry out a medical evacuation mission, amazing things can be achieved, as is shown by this case study, which saw RMSI, European Air Ambulance and Skyservice Air Ambulance co-ordinate to provide the medical care needed to transport a severely injured patient from Afghanistan to the US.

Part 1 – RMSI

On 13 September 2011, the RMSI Mission Response Centre, in conjunction with the patient's medical insurance provider, received an emergency request for evacuation from Bagram, Afghanistan to Columbia, Missouri, US, for a critical patient – a 62-year-old male who had sustained an atraumatic subtrochanteric fracture of the right femur when ambulating laterally from a standing position; an injury suggestive of a pathologic etiology. He was transported to the US military hospital on Bagram Air Base in the Parwan province of Afghanistan, where he underwent imaging studies that confirmed the presence of the fracture, and increased the suspicion that osteosarcoma of some form was present. After initial immobilisation of the fracture, the treating physicians were not able to manage that injury further in the field. It was decided that the patient needed to be urgently evacuated to a medical centre that would be able to offer orthopaedic oncology treatment to fully evaluate and manage the fracture, an acute manifestation of his cancer,

and the cancer itself. RMSI immediately began preparing to evacuate the patient. There were many considerations that had to be evaluated to execute a long-distance evacuation for a patient with such a unique injury. European Air Ambulance (EAA), RMSI's partner in evacuations to Europe, was called to assist with planning the evacuation. As alarm centres from both companies began communicating, a plan began to emerge. The best course of action would be for an immediate evacuation from Bagram with RMSI's ICU air ambulance jet aircraft, under the care and direction of RMSI's intensive care medical team to Trabzon, Turkey, to rendezvous with the critical care air ambulance team from EAA. After a wing-to-wing transfer of the patient, and a physician-to-physician handover, the patient could then be transported the rest of the distance.

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The following morning, a few hours after being activated, the RMSI flight team, including a flight physician and flight paramedic, had a conference call from the runway with the patient's treating physician for what would be the last contact with the ground until their arrival in Bagram. As the patient had remained stable throughout the night, RMSI's jet aircraft departed Dubai. Three hours later, the aircraft arrived to meet with the waiting US military ground ambulance, where the flight physician received a handover report from the treating physician on the ambulance, and conducted a brief examination of the patient to ensure he was fit to fly. After loading onto the aircraft, and securing advanced life support monitoring, the aircraft was ready to leave Bagram. Meanwhile, the RMSI Mission Response Centre was a flurry of activity. EAA's aircraft from Luxembourg, en route to Trabzon, Turkey had to be carefully launched in order to facilitate both aircraft meeting at the same time. Online satellite tracking onboard RMSI's aircraft helped to give precise time indications as to its arrival both in Bagram, and the wing-to-wing destination in Turkey. As both aircraft approached Trabzon, it was clear that the organisation from both RMSI's Mission Response Centre and EAA's Alarm Centre was sound. The receiving aircraft arrived 10 minutes prior to the patient; just enough time to begin refuelling. By the time RMSI's ICU air ambulance taxied to the pre-designated meeting location for the aircraft, the receiving flight team was fully prepared. A successful handover was conducted,

and RMSI's medical team breathed a sigh of relief as the patient, prepared for the next step in his voyage, departed Trabzon en route home. After retrieving a critical patient from a hostile area, a wing-to-wing rendezvous is the most crucial part of any long-range air ambulance evacuation. Any number of variables could go wrong, leading to an unsuccessful mission. Such events could have catastrophic results for patients; a tragedy that hundreds of people work tirelessly to prevent for each mission conducted from hostile areas.

Part 2 – European Air Ambulance

EAA's Mission Control Centre (MCC) was alerted to the mission by RMSI. After receiving a comprehensive brief from RMSI of the patient's condition and the schedule of the flight from Bagram to Trabzon, EAA discussed the medical and operational planning of the mission with RMSI and started the mission preparation. The mission preparations included the final medical evaluation and preparation, the positioning flight from Luxembourg to Trabzon, the

set off across the north Atlantic at 02:05, heading for Goose Bay where it landed at 05:45. A further refuelling stop at Goose Bay saw the aircraft depart for its final destination – though not that of the patient – of Montreal at 06:35. Touchdown at Montreal was at 09:10, where rough weather awaited. The aircraft was directed to a hangar to perform the patient transfer into Skyservice Air Ambulance's Learjet 35A in a safe and warm environment.

Part 3 – Skyservice Air Ambulance

Skyservice Air Ambulance (Skyservice) received the request for transport on 12 September from its partner EAA. Prior to the EAA aircraft landing in Montreal, the Skyservice pilots and medical crew had prepared its aircraft to ensure a smooth transfer of care.

The flight physician of EAA handed over care to Skyservice's physician and transport team and the transfer of the patient was completed without incident. A complete medical assessment of the patient was done by the Skyservice medical

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team prior to take off, ensuring that the patient's condition was unchanged and the patient was prepped for take-off. The medical condition of the patient remained virtually unchanged during the transport from Afghanistan to the final destination of Columbia, Missouri. Upon landing at the final destination, customs officials greeted the aircraft and the patient was offloaded and transferred to a waiting road ambulance, accompanied to the receiving hospital by the medical team. The final transfer of care was completed at the receiving hospital, where a medical team and specialists received the patient, and where his care was continued until his discharge. ■

transportation of the patient on to Montreal, the total route and duty time calculation, as well as the permit request for a Canpass – the Canadian Border Services Agency's immigration programme for private aircraft.

EAA's Learjet 35A, call sign LX-ONE, took off for Trabzon at 12:00 UTC crewed with two pilots, a flight physician and a flight nurse. As usual, the entire operation was monitored constantly by the MCC. The aircraft landed at 15:45 UTC, and a smooth patient transfer was completed thanks to the experience of the crews in working together over the last three years.

The Learjet then flew back to Luxembourg for a flight crew change, departing Trabzon at 17:00 and landing back at EAA's Luxembourg base at 20:50 UTC. Just under an hour later, at 21:49, the aircraft was airborne again and heading for Keflavik in Iceland for refuelling. Arrival in Iceland was at 01:20, then the aircraft

Authors



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