



INFLIGHT

HEALTHNET AEROMEDICAL SERVICES

Service and Growth

HealthNet 6 Begins Operation at Upshur Co. Regional Airport

by Deb Daniels, RN, EMSA-FN, CCT-RN and Dennis Wilson, EMT-P, CCT-P, HealthNet 1

In an effort to decrease out of hospital time and decrease the estimated time of arrival of aeromedical service to the patient's bedside, HealthNet Aeromedical Services Inc., in collaboration with West Virginia University Hospitals Inc. has expanded its aeromedical service by adding an additional helicopter and opening a remote medical helicopter base at the Upshur County Regional Airport in Buckhannon W.Va.

The Buckhannon based aircraft is the seventh helicopter to join HealthNet's medical helicopter fleet and is known as HealthNet 6. The twin engine aircraft is an American Eurocopter, EC-135 T2 leased from Air Methods Corporation of Denver Colo., the largest EMS helicopter vendor in the United States. Air Methods also provides four full-time pilots and two full-time mechanics for the Buckhannon base. Stelman Teter, BSN, RN, NREMT-P, has been named Chief Flight Nurse/Base Manager for HealthNet 6.

Prior to opening this remote medical helicopter base site, other air medical providers from the

Pittsburgh Pa., and Virginia areas were relied upon to handle additional flight requests when HealthNet resources were unavailable. By adding this additional medical helicopter, many of these flights will be kept within the HealthNet system, thereby decreasing the time it takes to reach the patient's side when minutes matter. Additionally, it will decrease out of hospital time and assist many patients in arriving quickly at definitive care.

HealthNet Aeromedical Services is West Virginia's only emergency helicopter transport system and is one of the only statewide, hospital-based helicopter services in the United States. The system includes seven aircraft, five which are based in West Virginia (Morgantown, Charleston, Huntington, Bluefield and Buckhannon), one based in Portsmouth, Ohio, and a dedicated backup aircraft. The Portsmouth base is operated in partnership with MedFlight of Ohio.

Look for more information about HealthNet 6 on the web at www.HealthNetAeromedical.org.

SUMMER 2008

Send questions, comments and story ideas to



c/o HealthNet Aeromedical Services
Post Office Box 1749
Charleston, WV 25326



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Air Transportation provided by



Survival Training

by Mike Bohan, RN, Flight Nurse, HealthNet 2

On May 15, 2008, HealthNet 2 held its annual overnight survival exercise at Coonskin Park in Kanawha County. For the past 10 years, HealthNet 2 has conducted the exercise for the medical flight crew and specialty team members to teach basic survival skills.

As part of aeromedical transportation, situations may arise that require crew members to spend an unexpected period of time in the wilderness. Given the remote areas and terrain that HealthNet covers, as well as unexpected weather conditions, there may be a need to provide some type of shelter, build a fire and signal for help in the event of

a forced aircraft landing.

During the training, crewmembers were briefed on the most important aspects of survival during a downed aircraft incident including attitude, shelter, and fire building. The most important aspect being a positive attitude! If you are able to keep a positive mental attitude, then you can survive just about anything. The basic philosophy that we follow is that if the aircraft goes down, we hopefully will be prepared for most any situation until rescue crews arrive.



Coonskin Park
Charleston, W.Va.

When Minutes Matter – HealthNet Is There

Case Study

by Keith Fletcher, RN
HealthNet 2

“INSUFFICIENT VASCULAR ACCESS”

HealthNet 2 was called to respond to a multiple MVC involving a tractor tandem trailer and a small auto. Report from Med Base indicated that a 74-year-old female was heavily entrapped with multiple open fractures, open head injuries, and blunt chest and abdominal trauma.

Upon arrival, the medical flight team found that a compact car had been forced across the grassy median into the path of an oncoming tractor towing tandem trailers. Combined interstate speed was possibly 140 mph. Entrapment time was 35 minutes.

On initial assessment, the patient was found to be awake, alert and oriented X3. She obeyed commands, had a positive pulse, and demonstrated motor and sensory to all four extremities with decreased circulation to right hand and foot. There were soft tissue injuries with abrasion, and tenderness and edema to area around the neck, probably from the seatbelt. She had a laceration to her left parietal region, but the bleeding was controlled; open fractures to her right ulna and radius; an open fracture to her distal tibia and fibula; and closed angulated fractures to the left ulna and radius. The patient was hemodynamically stable, sinus rhythm in the 80s, pressures were unattainable due to fractures with SpO2 99-100 per cent. No intravenous access was attainable by ground crews. Last PO intake just before incident, NKDA, history of mitral valve problems and a platelet disorder.

Treatments in progress upon the flight team's arrival were oxygen via NRB, fully immobilized with CID and tape, LBB and c-collar, monitor, dressings over open fractures with splinting in place, pressure dressing on head laceration.

The medical flight team initially was going to place an EZ IO in the left tibia until further assessment of that extremity revealed tenderness on palpation while obtaining landmarks. Also, inspection of the neck revealed soft tissue injuries, tenderness and edema.

The patient was transported without vascular access and monitored closely by the crew. She remained hemodynamically stable and neurologically intact for the entire flight answering all questions appropriately.

Further inquiry with the Medical Command Physician after care of the patient was relinquished in the ER, showed recommendation for a humeral IO insertion.

Something to think about in your scope of care: What would you have done?

PILOT'S PERSPECTIVE

Are You Aware?

by Leo Basile, Lead Pilot, HealthNet1



Situational awareness (SA) involves being aware of what is happening around you to understand how information, events, and your own actions will impact your goals and objectives, both now and in the near future. Lacking SA or having inadequate SA has been identified as one of the primary factors in accidents attributed to human error. Thus, SA is especially important in work domains where the information flow can be quite high and poor decisions may lead to serious consequences (e.g., piloting an airplane, functioning as a soldier, or treating critically ill or injured patients).-Wikipedia.

Medical Crews and pilots sit through many hours of air crew training both in the classroom and in the aircraft. This training, which was born out of an unacceptable loss rate in the U.S. Army, has been tailored to meet the requirements of the aeromedical mission. The name of this training has changed many times over the years, regardless of the title of the training; it boils down to Situational Awareness and the ability to pass that awareness on to the rest of the crew.

This training assures that the pilot can deliver the highly trained medical crew to the aid of patients in dire need, as well as transport patients to the hospital as quickly and safely as possible.

SAFETY QUALITY EXPERIENCE



Today, both community hospitals and pre-hospital clinicians have choices when selecting a preferred air medical transport provider.

During the past several years, the critical care transport community has experienced significant growth. Your choice of which service to utilize for the transport of your patient is an important one. Base your choice on safety, quality and experience.

In the coming months you will be learning more about why HealthNet Aeromedical Services, with decades of experience in this region, should continue to be your provider of choice.

QUESTION & ANSWER

How can we change or improve our EMS system and care delivery?

Brett Wellman, RN
NREMT-P, HealthNet 3

The HealthNet service delivery area covers multiple states and municipalities with our primary regulatory control being in West Virginia. The West Virginia Office of EMS has recently added policy # 7.01.08, the Protocol Revision Procedure. This is a tremendous step in allowing each of us as field level care providers to create change or additions to the EMS system. It falls upon us to become more involved in our profession by reading and reviewing journal articles, attending conferences and using the internet to see what national trends are developing in EMS. We have to

take ownership of our chosen line of work. The ability for us to create change has never been made more simple. The process includes research; proposal writing; endorsement of the medical director; and most importantly, patience. The policy is available for your review on the Office of EMS website at www.wvoems.org. If you serve in a neighboring state, I would recommend contacting your State Office of EMS to find out what the process is there. I am always happy to discuss new ideas and welcome comments by email at brett.wellman@chhi.org.

PROFILING OUR TEAM

Matt Easter, RN, BSN, CEN, Flight Nurse, HealthNet 5

By Chad Cox, EMT-P, HealthNet 5



Matt began his EMS career in 1994 as an EMT with Monongalia County EMS, volunteering as an EMT on the weekends while attending WVU's nursing program. He completed his BSN in 1996 and began working for HealthNet in 1998.

Born and raised in West Virginia, Matt says he feels privileged to be part of the health-care system in West Virginia and surrounding states. "HealthNet Aeromedical makes a huge difference in patients gaining access to level one trauma centers and cardiac centers in a timely manner allowing them to

get the care they need, and I'm proud to be a part of that," says Matt.

When asked why he enjoys his job at HealthNet 5, Matt replied, "We have a great group of health care professionals at HealthNet, and I enjoy the time spent with them. There are a lot of exciting and challenging situations we encounter; the teamwork in our system is awesome. I also enjoy meeting and working with different people at hospitals and in the field. I really enjoy the public relations work we do."

Being part of the Army Reserve Unit 422 CABN based in Greensboro, North Carolina, is Matt's "other job." He has been involved in the reserves since 2003. In his time of, Matt enjoys outdoor activities such as hunting, fishing, rafting, and bicycling.

PROFILING OUR PARTNERS

West Union VFD

by Veronica Neale, NREMT-P, HealthNet 4

HealthNet 4 is proud to partner with the West Union, Ohio, Volunteer Fire Department. Established in 1893, the West Union VFD has a long history of faithful service to the community.



West Union, Ohio
Volunteer Fire Department

The 30-member department responds to about 500 calls a year. Those calls include structure fires, brush fires, extrication in car accidents, assistance with EMS calls, and specialty rescues. West Union serves an area of about 130 square miles, including West Union, Liberty Township, Brush Creek, and Tiffin. The department also has a mutual aid agreement with surrounding fire departments, thus creating an even larger service area. As a result of required monthly training, all volunteers are well prepared for their jobs.

West Union VFD has a fleet including three engines, one ladder truck, two field units, a staff vehicle, a rescue boat, and an incident command unit, making it well-equipped to handle just about any situation.

Members also are very dedicated to community service. They participate in fire prevention with the local schools and do fire inspections for local businesses.

We at HealthNet 4 salute the West Union, Ohio, VFD and all that they do to serve their community.

President's Message



George P. "Chip" Sovick

RECENT ADDITIONS & CHANGES

New Helicopter Base and New Location

We are extremely pleased to have recently opened the new HealthNet 6 base at the Buckhannon Upshur Regional Airport. This new location will allow us to better serve the citizens of central West Virginia. Chief Flight Nurse Stelman Teter and his team have worked very hard to pull all the pieces together to facilitate the opening of the new base. The base has exceeded flight volume expectations in the few short weeks it has been operational.

As with all business operations, we are constantly reviewing data to help improve service and reduce cost. We have closely reviewed weather and missed flight data at our HealthNet 5 base located at Mercer County Airport. It has become clear that flights missed due to poor weather are significantly higher than any of our other locations. This has caused us to not only miss flights out of the Mercer County area, but has limited our ability to transport patients from other southern West Virginia locations. As a result of these findings, we will be relocating the HealthNet 5 base location to the Raleigh County Memorial Airport in Beckley, W. Va., on September 1. This new location should allow us to improve our ability to complete missions, continue to serve the southern West Virginia area, and reduce overall cost by decreasing total mission flight time. This also saves fuel and allows us to return to service much faster after completing a mission.

THE HealthNet GENERAL STORE

HealthNet Aeromedical Services T-Shirt



50/50 cotton/poly heavyweight navy blue T-shirt featuring the EC135 and the AS350B2 (A Star) helicopters. Available in long or short sleeve. The following adult sizes are available: S, M, L, XL, 2XL, and 3XL. Please specify size on order form.
Short Sleeve - **\$10** Long Sleeve - **\$14**



HealthNet Aeromedical Services Golf Shirt

Stylish short-sleeved golf shirt in pale yellow with the full color HealthNet Aeromedical Services logo embroidered on the left chest. Shirt is made of 100% Pima cotton. Available in the following adult sizes: M, L, XL, and XXL. **\$22**



HealthNet General Store Order Form - Summer 2008

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Shipping and handling fee scale:

\$0-25 \$4.50

\$26-75 \$7.00

\$75+ \$9.00

TOTAL

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PO Box 1749

Charleston, WV 25326

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INFLIGHT is a quarterly publication of
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