FLIGHT ROUNDS

SUMMER 2009

FLIGHT FOR LIFE Transport System Places Two New EC145s Into Service

On June 30, Flight For Life placed the first of its two new EC145s into service at its Waukesha/Milwaukee base. A ribbon cutting ceremony followed Chaplain Modjeska's blessing of the aircraft and its crews at the hangar. The second of the EC145s will go into service in McHenry in August.

In 1986, Flight For Life-Waukesha/Milwaukee transitioned into its first BK117. Then, in 2001, the Flight For Life-McHenry base moved into its first BK117 from the Bell 222UT it had flown since 1992. The American Eurocopter BK117s have served Flight For Life well over the past twenty-three years. The current Flight For Life-Waukesha/Milwaukee BK117 will continue to serve Flight For Life as it relocated to the Fond du Lac base when the first of the two EC145s went into service.

Our new EC145s bring a variety of new updates and features to the Flight For Life organization. Below is a list of some of those features. See our website for more info.

- **Engines:** Twin Turbomeca Arreil Engines 770 s.h.p. 830 h.p.
- **Max Speed:** 145 knots (167 mph)
- **Average Speed:** 125 to 131 knots (144 to 150 mph)
- **Length:** 43 feet (forward tip of main rotor to aft tip of tail rotor in horizontal position)
- **Rotor Diameter:** 36 feet
- **Height:** 11.32 feet
- **Weight (gross weight):** 7,887 pounds
- **Tail Rotor Height:** 6' 6"
- **Fuel Capacity (gallons):** 229
- **Increased Weight-Carrying Capacity with Larger Interior**
- **Single Pilot IFR with Dual Pilot Capabilities**
- **Autopilot Equipped for Instrument Flight (IFR) Navigation**
- **Night Vision Compatible:** Once personnel are trained
- **Honeywell Mark XXI Enhanced Ground Proximity Warning System (EGPWS):**
  - Anticipates projected flight path and warns of terrain obstacles
- **Traffic Information System (TIS):**
  - Aircraft avoidance system
- **Wire Strike Protection System:**
  - Provides greater protection if inadvertent flight into horizontal wires
- **Glass Cockpit:**
  - All glass, digital avionics display
- **Increased Window Space**
- **SkyConnect Satellite Tracking System with Satellite Phone**
- **Dual WAAS GPS: Garmin GNS430W and GNS530W**
  - Allows location identification within 3 meters
  - Moving color map
- **XM Satellite Weather:**
  - Utilized in conjunction with Weather Radar for IFR flight
- **Honeywell RDR2000 Weather Radar System**
- **Technisonic TDFM 7158 Digital Radio with UHF/VHF/800 Capabilities:**
  - Channel capacity is 510 channels per band

Noise Reduction:

- Rotor system improvements make it the quietest helicopter in its class
- **Searchlights:**
  - 800,000 candle power Super Night Scanner
    - Retractable, rotatable, searchlight system
  - Dual-Mode Tri-Lamp Searchlight:
    - Used with Night Vision Goggles

Open Houses/Blood Drives Planned for 25th Anniversary Celebration

In celebration of 25 years of service to our communities, Flight For Life has planned an Open House & concurrent Blood Drive at each of our three bases.

During our first year of service, Flight For Life transported 283 patients. To recognize this initial landmark and our subsequent years of critical care patient transfers, we would like to donate, with the help of friends like you, 283 units of blood. It's our way of giving back and celebrating our success at the same time! Here's a list of our events:

Saturday, August 29: 9:30 am - 2 pm
McHenry Base
4201 Medical Center Drive, McHenry, Illinois

Saturday, September 19: 9 am - 2 pm
Waukesha/Milwaukee Base
Waukesha County Airport
2661 Aviation Road, Waukesha, Wisconsin

Saturday, October 17: 9 am - 1 pm
Fond du Lac Base
Fond du Lac County Airport
176 S. Rolling Meadows Drive
Fond du Lac, Wisconsin

There will be a short program and a chance to meet crew members and see the helicopters at each base.

To sign up online to donate blood at the McHenry Base -
Go to:**www.heartlandbc.org**
Click on: **click here to schedule your ONLINE appointment**
Click on: **Open to the public**
Enter Zip Code: **60050** and click: **Next**
Select **08/29/09 Sat** and click: **Proceed**
Select your time slot and fill in your information.
NOTE: If you can't make it to our event, you can donate at any Heartland Blood Centers' blood drive, give them ***FLIGHT FOR LIFE***'s **Sponsor Code – 201822** and your donation will be added to our total units donated!
Alternate Option for McHenry base: You may donate at any LifeSource Blood Center and use code 411C to give credit to *FLIGHT FOR LIFE*.

To sign up online to donate blood at the Waukesha Base OR Fond du Lac Base -
Go to: **www.bcw.edu/ffl**
Click on: **Enter Drive** (select the correct one)
NOTE: If you can't make it to our event, you can donate at any BloodCenter of Wisconsin site, give them the appropriate ***FLIGHT FOR LIFE*** Sponsor Code – and your donation will be added to our total units donated!
For Waukesha/Milwaukee Base: SPON004481
For Fond du Lac Base: SPON004496

If you need assistance - call Kathy at (414) 778-5435

Become a "Flight For Life Transport System" Facebook Fan

Flight For Life Transport System now has a Facebook page. The name of the page is "Flight For Life Transport System." You must be a Facebook member to view the page. Flight For Life, like many companies around the country, has decided to embrace the opportunity to promote our organization on Facebook. Many of our referring and receiving personnel (as well as former patients) are already fans of our page and it is a great place to share information in an interactive way. We will still have our website, but the Flight For Life Facebook page allows us to interact with our customers, communities, former patients and their families in real time.

Celebrating 25 Years with a Commemorative Safety Coins Sale

Throughout 2009, Flight For Life will be selling our 25th Anniversary Commemorative Safety Coins. These coins have the 25th anniversary logo on one side and the familiar Flight For Life wings logo on the other. They are $10 each and proceeds will go towards the cost of our Night Vision Goggle (NVG) program. The goggles, which range in price from $10,000-15,000 per pair, will be utilized by the flight crew during night flight once they have been trained.

If you are interested in purchasing coins, you will find the order form on our website: **www.flightforlife.org**.

Flight For Life thanks these departments and individuals who have supported the NVG fund by purchasing five or more coins:

Fox Lake Fire Dept
Twin Lakes Fire/Rescue
Nunda Rural FPD
Trevor Volunteer Fire Dept
Salem Fire Dept
Wilmot Volunteer Fire Dept
Fox River Grove Fire Dept
James Dinsch
John Gerc
Silver Lake Rescue Squad
Town of Waukesha Fire Dept
Merton Fire Dept
Wauconda Police Dept
Kettle Moraine Ambulance
Meda-Care Ambulance
Shorewood Hills EMS
John Sorensen
Shane Caerniakowski
Paris Fire
Huntley FPD
Tom Bradtke
Larry DeGuisne
McHenry County Sheriff's Office/Court Security
J. Heffernan
Stuart B. Buchholtz (Town of Waukesha Fire Dept)

FLIGHT FOR LIFE's Annual EMS Conference Date Set

Flight For Life's 25th annual Emergency Services Conference: Trends and Issues 2009 will be held on **Saturday, October 10, 2009** at Kenosha County Center. The conference will run from 8 am - 4 pm and lecture titles include:

- Mild Hypothermia for the Treatment of Post Cardiac Arrest Syndrome (PCAS)
- So That's What Happens When the Doors Close, Part II
- It's About "Tine!"
- Air Medical Safety: Where We've Been, Where We're At, and Where We're Going
- Hands-On Anatomical Airway Lab
- Head to "Toesies": Pediatric Assessment and PALS Skills Stations

Registration and check-in will be from 8:00 - 8:30 am and will include a Continental Breakfast. Lunch will also be included. RN and EMT CEUs have been applied for in Wisconsin and Illinois.

Fees are:

- **$65, Postmarked BY 9/25/09**
- **$75, Postmarked AFTER 9/25/09**
- **$85, On-site registration**

Group Discount:

- **$50 each, for five or more registrations from the same department/hospital MAILED TOGETHER and postmarked BY 9/25/09**

And, NEW this year:

- **$50 for Paramedic or Nursing Students, Postmarked BY 9/25/09**

Due to our interactive lab and skill station sessions, the number of registrations for the entire conference will be limited.

You can find an online registration form (payment will still need to be mailed in) and a copy of the brochure on our website: www.flightforlife.org

FLIGHT FOR LIFE – Your Education Resource

Did you know that FFL can provide more than just Safety Inservices? We're available on a "request basis" to help with your educational needs. If you have a specific topic that your staff needs training on, please contact Kathy Mitchell at (414) 778-5435 to see how we can help.

Have You Seen *FLIGHT FOR LIFE's* NEW Website?

Finally! The NEW Flight For Life website is up and working. You will find most topics in the same locations, but with updated content. And, you'll find the additional enhancements listed below.

New items on the home page include:

- A **"What's New" column** featuring our latest news
- An expanded **Quick Links section**
- A link to items in our **News Archives**

There are now three interactive forms on the site for you to fill out and e-mail back to us:

- **Scene Call of the Year Award Application**
- **Pre-Determined Landing Zone form**
- **Sign Up to Host a PHTLS Provider or Recertification Course**

These three forms are also available on the website in PDF format, so you can still print, complete and drop them in the mail to us if you prefer. All these forms can be found under **Quick Links** on the home page.

A **Patient Preparation Tip Sheet** has been added to our Quick Links on the home page and also on our Education page.

We now have **New Archives** going back to 2006, **Flight Rounds** dating back to 1995 and **Scene Call of the Year Winners** dating back to 1994.

Our **About Us** page features information on all three bases including the crew and aircraft, our Communication Center, Flight For Life history, and the Barbara A. Hess Memorial Fund.

Go to the **Education** page to read about our annual EMS Conference; including a copy of the brochure and an interactive registration form. TNS and PHTLS always be posted there.

The Links page has been updated to include some new links to industry and professional websites that may be of interest to you.

We're happy to report that this new website is much easier to maintain and update, so check our homepage often for the latest news from Flight For Life.

Reimbursement/Compliance Update

by Eva Kuether, Accounting Manager

Medically unnecessary transports have recently formed the basis for a number of Medicare and Medicaid fraud cases. Inadequate or faulty documentation continues to be a key risk area for ambulance services. The compilation of complete and accurate documentation (whether electronic or hard copy) is the responsibility of all ambulance personnel, including the dispatcher who receives a request for transportation, the personnel transporting the patient, and the billers submitting claims for reimbursement. **We would like to ask our fire departments, EMS agencies and other emergency responders to review their protocols to determine the presence of clinical criteria that warrant air transport. While the decision to transport a patient should be driven primarily by safety and what is in the best interest of the patient, reimbursement is dependent upon providing evidence that air ambulance transport is medically necessary.**

Flight For Life strives to meet these compliance requirements and to keep abreast of the most recent Medicare rulings and regulations to mitigate risk and protect future reimbursements. **Below we have summarized recent changes to documentation requirements and brief explanations of two forms that must be completed for each transport in order to fully comply with current Medicare regulations.** We also wish to clarify the expectations of our crew and emergency responders in helping Flight For Life maintain compliance.

Letter of Medical Necessity

Centers for Medicare & Medicaid Services (CMS) provides coverage for ambulance services only if a patient's medical condition contraindicates another means of transportation. A patient's medical condition and necessity for ambulance transportation must be documented. Under no circumstances should ambulance services mischaracterize the condition of the patient at the time of transport in an effort to claim that the transport was medically necessary under Medicare coverage requirements.

It is Flight For Life's policy to keep a Letter of Medical Necessity on file for each transport. CMS commonly refers to this document as a "physician's order for transport," "certification of medical necessity," or "transfer sheet from referring facility." On interfacility transports, the physician's order for transport is included in each patient's chart. On scene transports, the medical personnel in attendance, including the Emergency Medical Technician (EMT) at the scene of the emergency, determine medical necessity and appropriateness of service within the scope of accepted medical practice.

Flight For Life relies on our emergency medical personnel to work with us in maintaining compliance with Medicare's medical necessity criteria by providing documentation of medical necessity on each transport.

First responders can anticipate that our medical crew will ask one of the EMS patient care providers to complete and sign a Letter of Medical Necessity to document a patient's medical condition and necessity for air ambulance transportation. Please note than an ambulance crew member's signature does NOT in any way create financial responbility for the air medical transport.

Authorization and Assignment of Benefits

In November 2008, Medicare released the Final Rule that contains changes to the beneficiary signature requirements. This rule became effective on January 1, 2009.

In summary, the beneficiary's signature authorizes an ambulance supplier to submit a claim to Medicare for specified services furnished to the beneficiary. If the beneficiary is physically or mentally incapable of signing, an authorized representative of the patient may sign on behalf of the patient.

The new ruling contains a provision which would allow ambulance services to submit claims to Medicare without a beneficiary or authorized representative's signature. If the patient is physically and mentally incapable of signing and no authorized representative is available or willing to sign on behalf of the patient, an ambulance crew member may sign a statement indicating the reason why the patient is incapable of signing and the name and location of the receiving facility. When an ambulance crew member signs, a signature must also be obtained from a receiving facility representative or secondary documentation must be obtained from the receiving facility indicating that the patient was transported to that facility. Flight For Life meets this secondary documentation requirement by obtaining a face sheet from our receiving facilities on each transport and therefore, as a matter of practice, does not attempt to procure a signature from a receiving hospital representative.

It is important to note that an ambulance crew member's signature is NOT an acceptance of financial responsibility for the services rendered.

Reference: Medicare Benefit Policy Manual, Chapter 10 – Ambulance Services (Rev. 103, 02-20-09). Retrieved from http://www.cms.hhs.gov

Knowing Your ABC's… Evidence-Based Pre-Hospital Management of Severe Traumatic Brain Injuries

by Jeremy DeWall, MD, NREMT-P
***FLIGHT FOR LIFE**, Flight Physician*
Medical College of Wisconsin, Department of Emergency Medicine

Flight For Life Case Report

Last fall, Flight For Life responded to a local gravel pit for a middle aged man trapped on a conveyor belt with unknown injuries. Upon arrival at the scene, the crew was informed the man was being extricated from a gravel hopper on a loading conveyor belt. The patient was unresponsive and required rescue breathing during extrication. No obvious external trauma was noted on the patient.

Epidemiology

Worldwide, traumatic brain injuries (TBI) are the leading cause of death and permanent disability. In the United States, 1.4 million cases of TBI present to emergency services yearly. Traumatic brain injuries lead to 235,000 hospitalizations and ultimately 50,000 deaths. Fifty percent of those who die from TBI do so within two hours of the injury.

Traumatic brain injuries affect all populations, with children less than five years old, adolescents fifteen to twenty-four, and the elderly age seventy and older being most affected. TBIs occur due to falls, motor vehicle collisions, and struck by/against events among other causes.

Guidelines

National guidelines exist based on the best evidence-based research available today, though this research is extremely limited. *The Guidelines for the management of severe head injury, 3rd edition* (J Neurotrauma, 2007) and *Guidelines for the management of traumatic brain injury, 2nd edition* (Pre-hospital Emergency Care, 2007) represent the best practice care of the traumatic brain injured patient. The following management recommendations are for adult severe traumatic brain injuries, which are those with a Glasgow Coma Score (GCS) of less than 9.

Airway

As with all trauma patients, cervical spine precautions must be immediately implemented and continued throughout resuscitation. The indications for pre-hospital intubation include:

- Hypoxia (SpO2 <90%) not corrected by supplemental oxygen
- Hypoventilation (ineffective, shallow, or irregular respirations, apnea, or measured hypercarbia)
- GCS <9 (severe TBI)
- Inability to maintain an adequate airway

Rapid sequence intubation (RSI) is an option for securing the airway if allowed by the local EMS system. Current guidelines state that rapid sequence intubation is **not** recommended if the TBI patient will be ground transported in an urban environment (transport time <10 minutes), is spontaneously breathing, and is maintaining a SpO2 > 90% with supplemental oxygen. Studies in this population have shown either equivocal or worse patient outcomes with paramedic field RSI.

When RSI is indicated, premedication with agents such as lidocaine were once thought to reduce the effects of RSI transiently increasing intracranial pressure (ICP) during intubation. Current guidelines do not advocate for or against their use, though studies have not demonstrated a reduction in morbidity or mortality with the use of premedication agents. Furthermore, no RSI agents are recommended over another, though the general recommendations are to avoid agents that cause increased intracranial pressure.

Once the patient is intubated, as indicated, accurate endotracheal tube placement confirmation is critical. Direct visualization and breath sounds should always be obtained immediately after placement. In addition, **both** pulse oximetry and end-tidal capnography should be obtained.

Breathing

A single episode of hypoxia, defined as a SpO2 <90%, has been shown to increase death and disability independent of the duration of the event. One study showed that 27% of TBI patients had at least one episode of hypoxia prior to arrival at the emergency department, and a second study reported 55% of helicopter transported patients had a SpO2 <90% at the scene prior to intubation.

Current guidelines recommend 100% supplemental oxygen via a non-rebreather mask, BVM, or advanced airway immediately for all TBI patients. Continuous pulse oximetry **and** end-tidal capnography should occur with all severe TBI patients. If no capnography is available for first responder units, monitoring airway seal and chest rise is imperative until ALS arrival. Hypoxia and hypoventilation should be avoided and corrected rapidly if they occur, with a goal SpO2 of >95% and EtCO2 of 35-40 mmHg. In adults, a typical starting ventilation rate to achieve these goals is 10 breaths per minute with a

continued on page 6

continued from page 5

tidal volume of 6-7 cc/kg delivered over one second. Hyperventilation, once thought to be beneficial, has been shown to adversely affect TBI patient outcome. All patients should be kept with an EtCO2 of 35-40mmHg unless clinical signs of cerebral herniation are present. The clinical signs of cerebral herniation are any of the following:

- Extensor (decerebrate) posturing
- Flaccid response
- Dilated **and** non-reactive pupils
- Asymmetric pupils
- Decrease in the GCS of >2 from prior best score (in patients with an initial GCS <9)

If any of these clinical signs are found in a severe TBI patient, first assure normo-ventilation (EtCO2 35-40mmHg), proper oxygenation (SpO2 >90%), and normo-tension (SBP >90mmHg). If clinical signs of herniation continue in spite of maximal treatment, transient bridging hyperventilation should be started with a goal EtCO2 of 30-35mmHg. Transient hyperventilation should be discontinued once clinical signs of herniation resolve or more definitive care is provided. The starting ventilation rate to achieve transient hyperventilation in an adult is typically 20 breaths per minute with a tidal volume of 6-7 cc/kg delivered over one second.

Circulation

Hypotension, much like hypoxia, is a major contributor to increased morbidity and mortality in the severe TBI population. One episode of hypotension, defined as a SBP <90mmHg, doubles mortality in this population regardless of duration.

Fluid resuscitation should be started in any severe TBI patient with a goal SBP >90. Crystalloid, isotonic, dextrose-free solutions (0.9% normal saline or lactated ringers) should be administered in the adult as an initial two-liter bolus in impending hypotension. Extracranial injuries should be sought out as the adult cannot bleed enough into the brain to cause hemorrhagic shock.

Disability/Dextrose

The Glasgow Coma Score (GCS) has been validated in numerous studies to correlate to outcomes in TBI patients. The GCS should be evaluated pre-hospital after the ABC's are secured unless another provider is available to complete the GCS in conjunction with the ABC's while taking care to not delaying the ABC's.

Pupillary response is also an important prognostic indicator in TBI. First, note any orbital trauma that could affect the pupillary response without being an indicator of actual intracranial injury. Evaluate the pupils for asymmetry, also known as anisocoria, as well as size of pupils and reactivity to light.

Blood glucose levels should be evaluated in all TBI patients and IV glucose, in the form of D50W for adults, should be administered if a blood glucose of <70 mg/dL is found. If an immediate blood glucose check is not available and the patient is unresponsive, current guidelines still recommend administration of D50W IV to assure hypoglycemia was not the cause of the incident. This should be the rare exception to the rule as a glucometer should be the standard of care prior to glucose administration in the TBI population.

Transport Decisions

All EMS systems need an organized trauma care system. These systems have been proven to save lives and functionality of all trauma patients. Severe TBI patients require transport directly to a facility with immediately available CT scanning, prompt neuro-surgical care, the ability to monitor intracranial pressure, and the ability to treat intracranial hypertension. In addition, pediatric severe traumatic brain injury patients require even more specialized destinations trained in severe pediatric TBI care.

The mode of transport should be such to minimize the **total** pre-hospital time to an appropriate facility. This includes consideration of traffic, road conditions, air medical availability, and local resources. One study showed a 9% reduction in mortality for TBI patients transported by helicopter versus ground with a second study reporting similar results while correcting for confounding factors (age, severity, distance, level of provider, etc).

Flight For Life Case Report

The Flight For Life crew on scene rapidly recognized the severe TBI nature of the patient's presentation. With a GCS of less than 9 and extensor posturing, the patient was promptly intubated using rapid sequence intubation. IV access was obtained prior to intubation, and the cervical spine was fully immobilized throughout. Pulse oximetry, capnography, and blood pressure readings were continuously obtained to avoid poor outcomes due to hypoxia, hypo- or hyperventilation, or hypotension. Due to the severity of traumatic brain injury, the patient was emergently transported to the regional Level 1 trauma center where advanced resuscitation teams including the Emergency Department and Trauma Service were awaiting patient arrival. The patient ultimately remained the in intensive care unit for several days before continuing towards a recovery from the TBI.

continued on page 7

Traumatic Brain Injuries

continued from page 6

Figure 1: Adult Glasgow Coma Scale

Eye Opening (E)	Verbal Response (V)	Motor Response (M)
Spontaneous (4)	Oriented (5)	Obeys (6)
Reacts to Speech (3)	Confused (4)	Localizes (5)
Reacts to Pain (2)	Inappropriate Words (3)	Withdraws (4)
No Response (1)	Incomprehensible Sounds (2)	Flexor Response (3)
Total = E+V+M	No Response (1)	Extensor Response (2)
		No Response (1)

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Congratulations to SCYA Winners

Thanks to the many departments who submitted Scene Call of the Year applications for their 2008 Scene Calls. We are pleased to announce the following winners:

Waukesha/Milwaukee Base:

- **Town of Delafield Fire Department**

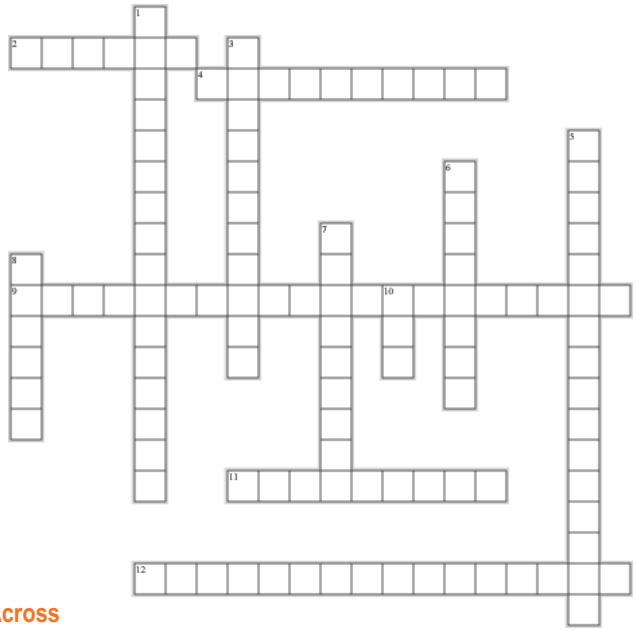
McHenry Base:

- **Mundelein Fire Department**
- **Salem Fire and Rescue**

We are looking forward to being able to present a Scene Call of the Year Award to a department from the Fond du Lac Base service area next year!

Watch our website for photos and stories on the award presentation ceremonies.

Traumatic Brain Injury Crossword Puzzle



Across

2. Suspect injury to the brain whenever a patients_____are unequal in size.
4. This occurs when the brain swells and is forced down through the foramen magnum.
9. Leading cause of death related to trauma.
11. Type of skull fracture where fragments of bone can be pushed into the brain tissue.
12. Hematoma located beneath the dura.

Down

1. Universal system for classifying TBI severity.
3. This type of injury puts the patient at high risk for brain infection.
5. Bleeding that occurs above the dura mater; usually arterial.
6. Used as an osmotic diuretic to reduce CSF pressure.
7. Thick, fibrous tissue covering of the brain.
8. Preferred radiologic test used to diagnose TBI.
10. Measurement of CSF pressure.

see answers on page 8

Mundelein Fire Department (above) and Salem Fire & Rescue (below) at their Scene Call of the Year Award presentation ceremonies.

Tracking Equipment from Patients Transported by Flight For Life

Every year Flight For Life transports over 1,400 patients; many of those patients are transported using one or more pieces of equipment from the referring agency. Flight For Life carefully documents and labels each item for easy return to our office so that we can ensure its delivery to the appropriate department/squad. In doing so, we have practically eliminated lost equipment problems.

Flight For Life has contact with over 700 hospitals, fire departments and rescue squads on an annual basis. The labeling and documentation process alone cannot always ensure that your equipment will be found and returned.

We have many departments/squads with the same initials; this makes the equipment owner difficult to identify.

To help ensure that you get YOUR equipment back, please:

- Permanently mark or engrave **ALL EQUIPMENT** with your **FULL DEPARTMENT NAME**, including:
  - Backboards and immobilization straps (these are the most easily lost items)
  - CID pads/blocks/straps
  - Splinting and other immobilization devices (such as Hare Traction splints, KEDs)
  - And any other pieces of equipment
- Use a permanent marker, permanent sticker, or engraving instrument
- Put your phone number on the backboard just in case it travels to a distant location

In situations where all these measures fail and equipment is lost and the receiving facility will not reimburse your department, Flight For Life will replace the missing item(s). We hope that through the diligent efforts of all concerned, these situations will be very infrequent.

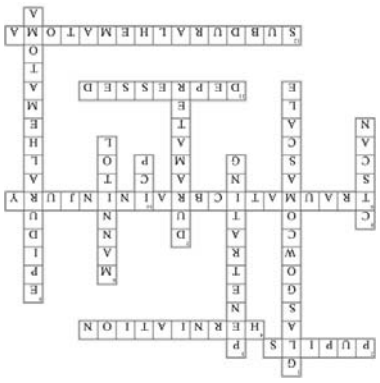
Flight For Life Introduces New Chief Flight Nurse

Flight For Life is pleased to introduce Sherry Schmitt, RN, BSN, MPA, CEN, CES, CLNC, TNS as its new Chief Flight Nurse. Sherry assumes overall responsibility and accountability for development and supervision of more than 60 physicians, nurses and paramedics that practice within the Flight For Life Transport System.

Sherry's many years of experience in a variety of settings makes her uniquely qualified to lead Flight For Life through the complex aspects of air medical transport in our current health care environment. For the past 12 years, Sherry served as flight nurse for ThedaStar Air Medical in Neenah, Wisconsin. In addition to her flight duties, Sherry developed and implemented the successful regional STEMI (ST elevated myocardial infarction) process for the ThedaCare system, and functioned as a registered nurse in the cardiac catheterization and interventional radiology labs. Other positions Sherry has held include Director of Emergency Services, Director of Cardiology and Director of Education in various sites in Eastern Wisconsin.

"I am honored to have been chosen Chief Flight Nurse for Flight For Life. I look forward to the challenges ahead as we work together with the many health care providers to safely deliver the optimum in medical care and outcomes."

Traumatic Brain Injury Crossword Puzzle ANSWERS



As We Celebrate 25 Years, We Remember

by Tammy Chatman, CMTE

Barbara Hess was the founder and director of The Flight For Life Transport System. She along with Joseph Darin, MD, then Chairman of the Department of Emergency Medicine at the Medical College of Wisconsin, and Jim Ryan, President of Milwaukee Regional Medical Center, started Flight For Life in 1984. She waged a two-year battle with breast cancer but died of the disease on October 11, 1988, just one year after helping to start the Flight For Life-McHenry helicopter in McHenry, Illinois. Not only did she start the FFL-Waukesha/Milwaukee and FFL-McHenry sites, she was responsible for beginning Flight For Life-International, which was a fixed wing service.

Barb began her flight nursing career with Emery Air Charter. In 1981 she was named the Program Director for Lifeline Emergency Helicopter at St. Anthony Medical Center in Rockford, Illinois. Then, in January of 1984, she began Flight For Life-Waukesha/Milwaukee with a Bell 206 Long Ranger, a single engine helicopter. FFL-International followed in April of 1985 and then FFL-McHenry in May of 1987. It was because of Barb's early vision and dedication that Flight For Life has become the transport system that it is today, committed to the utmost in safety and patient care.

She was a very determined person with a great sense of humor. Barb worked tirelessly introducing the helicopter and then the fixed wing from large cities like Chicago to small towns in Michigan. She visited former Flight For Life patients and their families, in the hospital and at their homes, making them a part of the ever-expanding Flight For Life family.

It was not just for the success of Flight For Life that Barb worked so hard, but the success of the air medical industry as well. She was an active member of the Association of Air Medical Services (AAMS) (formerly ASHBEAMS), serving as membership chairman and as a regional director. She was named to the National Dedicated Fixed Wing Air Ambulance Advisory Board in 1987. Later that year, Barb and Flight For Life hosted the national air medical conference (ASHBEAMS) in Milwaukee.

Several weeks before she died, Barb was recognized by her peers at the ASHBEAMS conference in Boston with the Marriott/Carlson Award. It is the industry's highest award and is given to the individual who has demonstrated "long and dedicated service to the promotion of emergency air medical services." Scott Air Charter, then FFL-International's airplane vendor, flew Barb to Boston to accept her award. Today there is an award sponsored by Sikorsky Aircraft Corporation in Barb's name. The Barbara A. Hess Award is given to an individual who has significantly contributed to the enhancement, development, and/or promotion of the air medical community through their research and/or educational efforts.

The Barbara A. Hess Memorial Fund was established by the Milwaukee Regional Medical Center's Board of Directors following Barb's death in October,1988. The Memorial Fund is supported by monies that are donated by various groups, organizations, and individuals who have benefited from the Flight For Life Transport System. The Fund was established to support educational opportunities for the development of the Flight For Life staff. It provides Flight For Life crew members with monies to be used for additional educational opportunities that are not covered by the organization. The Memorial Fund account allows for the ongoing education of present and future crew members to pursue their educational goals.

Barb was the matriarch of the Flight For Life family. As her illness progressed, flight nurses regularly went to her apartment to assist in her care. Some, such as Claire Rayford, then FFL-Waukesha/Milwaukee Chief Flight Nurse, were there along with her mother and father when she died. It was Barb's wish to have her ashes spread over Lake Michigan from the helicopter. Members of the team honored her request but as the window was opened to allow the ashes to float out, some of them blew back into the aircraft. Claire said that Barb must have not wanted to go and so for as long as Flight For Life flew that aircraft, a little part of Barb was along for the ride!

Losing Barb was like losing one of your own family members, it took a long time to heal. The transport system will never replace Barb but the management of Flight For Life continues to move forward into the future, carrying with them her love and dedication for a program that has touched the lives of over 27,000 patients.

Thank you Barb, from those of us who came after you, for making the dream of Flight For Life a reality.

Communicators Corner: Who's talking to Whom?

by Chris Forncrook, Communication Specialist

Communication seems like such a simple word, yet it is a major part of our daily lives. Communication is one of the most important tools at the scene of any emergency and becomes even more vital when the emergency scene includes helicopter response. When there is an issue with landing zone operations it usually involves a breakdown in communications.

With three bases and operations within two states, there are dozens of scene frequencies used by our referring agencies to communicate with the helicopters. If your frequencies are in need of updating or there is confusion at your department on which frequency to use, here are some suggestions:

1. **The State of Wisconsin EMS Bureau recommends the use of MARC II for LZ operations, with State EMS-C as the back-up.**

2. **MABAS in Illinois recommends the use of IREACH for LZ operations, with MERCI 340 or MERCI 400 as back-up. Lake and McHenry Counties utilize Green Fireground exclusively.**

Flight For Life is happy to work with your agency and use the frequency you choose. Please contact Chris Forncrook at (414) 778-5440 with any updates and revisions you may have. We will include these in our database and make sure everyone knows "who is talking to whom."

Finally, a quick hello to our colleagues in the world of telecommunications - we have a simple reminder to make your life easier. When requesting a helicopter for one of your agencies, remember our policy is "one call, that's all." What does this mean? If our aircraft is unavailable or you need multiple aircraft, just tell us what you need and we will do the rest. Whether Flight For Life is busy and we need to find you another aircraft, or you need three helicopters to a scene, we will always find the closest, most appropriate aircraft. In some cases, this may not be a Flight For Life aircraft. Our policy states we use the closest, most appropriate helicopter regardless if it is ours or not. So in other words, "One call, that's all" means exactly what it says; our job is to make your job easier.

Thanks from Chris, Laura, Scott, Jason, Ericka, Brian, and Kurt. We look forward to talking with you. Be safe and have a wonderful summer.

Our Next Calendar will be a REALLY BIG One

This fall Flight For Life is planing to produce an 18 month calendar which will include all of 2010 and half of 2011.

That means we **REALLY** need your help. Ideally, each of our bases will have six pages for photos highlighting scene calls or training exercises working with departments in their service area.

Have you have taken pictures of our helicopter and crew working with your Fire Department/Rescue/EMS staff? Did you know that your photos could **WIN** a place in Flight For Life's calendar? (Yes, there are gifts for winning photos!)

We look for **ACTION SHOTS** of your crew and our Flight For Life team working together at a scene or hospital; scene photos including your personnel, equipment and our helicopter. Any photos that show a patient during care or transport must be able to be de-identified.

Send us your high resolution digital photos on a CD or your color prints. Complete and include the form below. Please make copies if you need more forms!

Call Tammy Chatman at (414) 778-4573 if you have questions.

FLIGHT FOR LIFE Photo Submissions

(please print clearly)

Photographer's Name:_____

Address: _____

City, State, Zip: _____

Daytime Phone(s):_____

Department Affiliation: _____

Date photo(s) taken: _____

Location where photo(s) taken:_____

I give ***FLIGHT FOR LIFE*** permission to use my photo(s) for publication in their annual calendar, website or for training purposes.

Signature:_____Date: _____

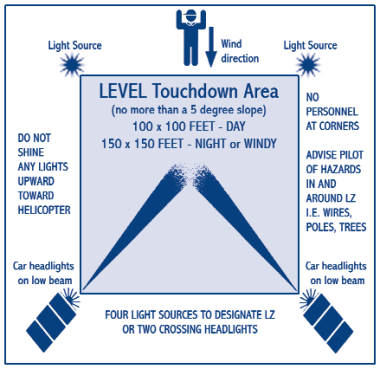
Mail your CD (or prints) & this form to:

FLIGHT FOR LIFE
Attn: Tammy Chatman
2661 Aviation Road
Waukesha, WI 53188

Summer Helicopter and Landing Zone Safety

by Bill Richey, Pilot, Fond du Lac Base

The summer months bring us all outdoors for a variety of reasons: family outings, picnics, various sports… and with those come special considerations once you've called for an EMS helicopter. Whether the landing zone is on an improved landing pad, such as a hospital helipad, or an improvised landing site chosen after a motor vehicle crash, there are several unique situations to be aware of during these warmer months.



Let's begin by discussing some of the factors surrounding a helipad that are most often associated with a hospital or clinic, and a few safety issues that the warm weather presents. First and foremost, you should always wear hearing and eye protection when approaching a helicopter with the blades turning. Sand, leaves, or any other small parts of debris found on the pad can easily be lifted and sent out as a projectile towards you. Even when the helicopter has its engines at idle, it is loud and there can still be flying debris present. Next, as most of us know, never ever approach the aircraft without first making eye contact with one of the flight crew. Then follow their guidance regarding whether or not to approach the aircraft. A final note for hospital landing zones: be cautious when using un-weighted cones and signs to mark a safe area around the helipad. Upon landing, the wind generated from the helicopter can send these markers flying with incredible speed. As several of us flight crew have seen, they are quite accurate and seem to find the most exotic of cars to impale!

Next, let's review several of the more significant factors that affect a safe and successful improvised landing area – in particular, the landing surface itself. As most of you already know, a hard surface such as a parking lot or a road is preferred, but that is not always available. When choosing a field, a beach, a yard, or any other type of non-paved area, ask yourself, "can the aircraft's stretcher move easily across the selected surface?" For example, a farm field may be a natural choice for a remote motor vehicle crash scene. However, if the field has been freshly plowed, or if there has been rain in the area recently, the soft and/or muddy soil will most likely gum up the wheels of the stretcher. Additionally, a soft field can allow the helicopter skids to sink to such a depth that it is unsafe for the crew to exit or enter the aircraft. On the flip side, a severely dry field can cause the helicopter rotor wash to kick up a lot of dust, causing a "brown out," which prevents the pilot from seeing the intended landing area safely. This can be avoided by lightly wetting down the area prior to the arrival of the helicopter. The same procedure can be done for dirt roads, gravel roads, or any road that may have debris on it from a crash or recent road construction.

Our final topic for remote or scene landing areas is obstacles and slopes. We are all aware that wires, tall trees, etc. are obvious hazards to the helicopter, but a slanted or sloped area can also cause unsafe exiting and landing conditions for the aircraft and crew. Keep in mind that if the pilot or any one of the flight crew deem the landing area as unsafe, they will do a "go around." The aircraft will not touch down, but will circle overhead until the unsafe condition is resolved. If you do not already have an alternate site selected, the flight team can assist you by locating a safer landing zone from their aerial perspective, and radio this information to you. We hope this information helps you to review factors that affect a safe and successful summer-time helicopter operation.

Outdoor Activity Safety Tips

by Sharon Purdom, Flight Nurse, McHenry Base

Experts in the field of injury prevention avoid use of the term **accident** to describe events that cause injury - and by doing so attempt to highlight the predictable and preventable nature of most injuries. Such incidents are viewed from the perspective of epidemiology – predictable and preventable and education is the key.

It is that time of year again for motorcycle, bicycle, and skateboarding activities. During a fall or collision, most of the energy created by the impact is absorbed by the helmet rather than a person's head and brain. Helmet use can reduce the risk of a serious head injury and perhaps even save a life!

We must continue to provide education regarding the importance of wearing helmets and sport appropriate protective gear. It is imperative that our children be educated about the dangers of lawn mowers, open water and pools.

Trauma is no accident even though it is often referred to as such. Alcohol-related traffic accidents are a major cause of death and disability among young adults. Of all ages, the 15-24 age groups are at greatest risk, and many times at the hand of an intoxicated driver.

Have fun outdoors and enjoy the sunshine and laughter but continue to educate your community.

Mark Your Calendar!

Open Houses/Blood Drives
- **August 29 - McHenry Base**
- **September 19 - Waukesha Base**
- **October 17 - Fond du Lac Base**

FLIGHT FOR LIFE's **25th Annual Emergency Services Conference: Trends and Issues 2009**
- **October 10, 2009**
- **Kenosha County Center**
- **Bristol, Wisconsin**

Go to www.flightforlife.org for the latest news information on events.

> **And in the end,**
>
> **it's not the years**
>
> **in your life that count.**
>
> **It's the life in your years.**
>
> **Abraham Lincoln**

FLIGHT FOR LIFE
2661 Aviation Road
Waukesha, WI 53188

The Flight For Life Transport System is provided by the Milwaukee Regional Medical Center and headquartered in Waukesha, Wisconsin, with bases in Waukesha/Milwaukee and Fond du Lac - Wisconsin, and McHenry, Illinois