

Ann & Robert H. Lurie Children's Hospital of Chicago
Heliport Review Committee
Summary of January 31, 2013 Meeting

This report summarizes the issues discussed at the January 31, 2013 regular business meeting of the Ann & Robert H. Lurie Children's Hospital of Chicago Heliport Review Committee. A full list of meeting participants appears at the conclusion of this report. Any questions or comments about the Lurie Children's Heliport and its operations should be directed to Ken Labok, Community Relations Manager, klabok@luriechildrens.org.

1. **Welcome and Meeting Purpose:** Susan Hayes Gordon, Chair of the Helicopter Review Committee, opened the meeting at 8:40 a.m. by welcoming meeting participants and restating the purpose of the Committee.
 - a. The purpose of the Helicopter Review Committee is to provide community review of the Helicopter Emergency Medical Services (H.E.M.S.) at Ann & Robert H. Lurie Children's Hospital of Chicago.
 - b. The Committee will meet quarterly to review H.E.M.S. operations at Lurie Children's in accordance with the guidelines set forth in Institutional Planned Development Number 3.

2. **Introductions:** Susan Hayes Gordon facilitated the roll call of participants and reviewed the Committee's meeting materials.
 - a. Roll Call of Committee Members: Susan Hayes Gordon asked all participants to identify themselves on the conference call. A full list of meeting participants appears at the conclusion of this report.
 - b. Introduction to Materials: Susan Hayes Gordon provided a brief overview of the meeting materials. Each Committee member had been emailed the following materials prior to the meeting:
 - 1) Meeting agenda and supplementary materials;
 - 2) Heliport Usage Reports for the months of September, October, November and December. Heliport Usage Reports are posted publicly and can be found online at: <http://luriechildrens.org/en-us/ways-to-get-involved/cause-in-action/partnering-with-government-community-leaders/Pages/Community-Heliport-Reports.aspx>; and,
 - 3) A copy of the editorial published in the *Chicago Tribune* regarding medical helicopter safety recommendations.

3. **Review of September through December Heliport Usage Reports:** The Committee reviewed Heliport Usage Reports from September, October, November and December of 2012.
 - a. Copies of the September, October, November, and December 2012 Heliport Usage Reports are included as an attachment to this report. All Lurie Children's Heliport Usage Reports are posted publicly and can be found at: <http://luriechildrens.org/en-us/ways-to-get-involved/cause-in-action/partnering-with-government-community-leaders/Pages/Community-Heliport-Reports.aspx>

4. **Update on Lurie Children's Helicopter Emergency Medical Services:**
 - a. Winter Safety Features of the Helipad: The Lurie Children's helipad has been designed to exceed requirements set forth by the State of Illinois, the Federal Aviation Administration, and the City of Chicago. Laura Westley presented a description of the following key winter safety features.
 - 1) Snow Melt System: A snow melt system is automatically activated when the temperature dips below 40 degrees. The technology works in the same way as a household thermostat. The heated surface keeps the helipad clear of snow and ice by circulating a mixture of water and propylene glycol in a system of pipes beneath the surface. Should it be necessary, the system may also be operated manually. The valves for the heating system are checked monthly.
 - 2) Winter Maintenance: The site is monitored 24 hours a day, 7 days a week. If the temperature changes by 10 degrees, a computer-based system alerts the staff. Should an issue arise, Facilities, Security, and the Transport Team are all notified. All three groups are also notified when the issue has been resolved. All three groups have shared responsibility for ensuring the safety and maintenance of the helipad.
 - 3) AWOS: An on-site Automated Weather Observing Station provides real-time wind and weather data from the helipad to pilots.
 - 4) Wind Indicators: The AWOS and traditional wind socks provide information about wind conditions to pilots.

- b. Helicopter Flight Safety Procedures: Michelle Stephenson provided an overview of Lurie Children’s Flight Safety Procedures as compared to the recommendations in the *Chicago Tribune* for medical helicopter flight safety.

- 1) *Chicago Tribune Recommendation #1: “The underlying principle that should govern EMS helicopter operations is simple: when a patient is evacuated by helicopter, there should not be additional risk of injury or death because of shortcomings in the safety culture associated with these operations.”*

Lurie Children’s Flight Safety Procedures Compared to Chicago Tribune Recommendation #1: Stephenson explained that this statement summarizes the philosophy that guides Helicopter Emergency Medical Services (HEMS) at Ann & Robert H. Lurie Children’s Hospital of Chicago. The Hospital’s own publicly filed safety plan articulates the Hospital’s view this way:

“The secure, safe and unique operation of the Emergency Medical Service heliport...on the rooftop of [Lurie Children’s] is of the highest importance to the Hospital... There is no value in transporting critically ill or injured patients to our Hospital in anything but the safest helicopters or in anything but the safest flying conditions.”

- 2) *Chicago Tribune Recommendation #2: “From the moment anyone at any hospital considers requesting an EMS flight, everyone involved should discuss, out loud, a new phrase built on a new acronym: ‘Will we, each of us, OWN this flight?’ — short for Only When Necessary.”*

Lurie Children’s Flight Safety Procedures Compared to Chicago Tribune Recommendation #2: Helicopter Emergency Medical Services (HEMS) flights to Lurie Children’s are rarely utilized for emergency transport of patients.

Of 4,530 emergency transports in fiscal year 2012, only 1.1% were by helicopter.

Indeed, the decision to utilize helicopter transport “Only When Necessary” is the fundamental principle that underlies the Hospital’s operational criteria. These criteria include strict limitations on when the hospital’s medical personnel can request helicopter transport.

Helicopter transport may be used only for pediatric medical and surgical emergencies when the patient or organ requires immediate transport for care in an intensive care unit. In addition, the patient

must be more than 40 miles away or less than 40 miles away but ground traffic or weather conditions would delay the transport and threaten the life of the patient. The decision to request a flight from one of the Hospital's six contracted flight providers is strictly a decision between the referring physician, the Hospital's Transport Team, and the Transport Team Medical Control physician.

- 3) *Chicago Tribune Recommendation #3: "If the sheer volume of federal regulations could prevent these tragedies, they already would occur less often than they do. The likelier fix is basic, and humble, reform in how medical personnel decide to request flights, and whether aviators comply..."*

Lurie Children's Flight Safety Procedures Compared to Chicago Tribune Recommendation #3: Lurie Children's has assumed primary responsibility for ensuring the safety of flights to its Hospital through the implementation of unique, strict operational criteria. These criteria were developed by the Hospital's experts in consultation with outside experts in the fields of aviation safety and pediatric transport.

Lurie Children's does not own or operate a helicopter transport business. Instead, it maintains contractual agreements for Helicopter Emergency Medical Service (HEMS) flights with six flight companies. These companies have been required to certify compliance with the Lurie Children's Heliport Landing Requirements in order to perform HEMS flights to the Hospital's on-site heliport. No flight company that has not certified compliance with these standards is approved to land at the heliport.

Highlights of the Hospital's Landing Requirements include:

- Pilot training specific to landing aircraft at Lurie Children's before any flights to the facility can be made;
- Mandatory participation in annual safety training;
- The decision to accept or a reject a flight request is the responsibility of the contracted HEMS flight company and must be based solely on weather and safety conditions;
- HEMS flight companies must use a formalized risk assessment tool that identifies potential hazards and creates objective criteria to measure the risk of a requested transport;

- Written evidence of each company’s Risk Assessment Program must be provided to the Hospital annually;
- No flights to the Lurie Children’s heliport are allowed in inclement weather or when wind conditions exceed 25 knots or when the wind gust spread during the preceding 30 minutes is greater than 15 knots;
- Pilots are required to check the Hospital’s enhanced Automated Weather Observation before a flight and must continuously monitor the Hospital’s on-site weather data, including real-time weather observations, wind direction readings and wind velocity readings, during approach and departure from the heliport.
- All flights to Lurie Children’s heliport are inter-hospital flights. No flights are allowed directly from accident scenes.
- All flights must be conducted under Federal FAA regulations governing air taxi and commuter services and all contracted flight companies must maintain FAA Part 135 certification.

5. Committee Feedback:

- a. A committee member asked if a flight company ever takes off with a patient on-board without knowing their landing destination.

Michelle Stephenson explained that no flight ever takes off without knowing its landing destination. However, the Hospital sometimes accepts patients from flight companies that are required to land off-site because they do not meet Lurie Children’s strict heliport landing requirements.

- b. A committee member asked if the Hospital expects training flights to the heliport to continue to increase.

Laura Westley explained that all pilots were oriented to flying to the new facility in 2012. Since there is not much turnover in the pilots who fly for the Hospital’s contracted HEMS flight companies, the number of training flights likely will decrease going forward.

- c. A committee member asked if the Hospital tracks community comments it receives about the heliport.

Ken Labok confirmed that this information is tracked. Any community concerns about the heliport that are received will be reviewed with the Committee. No community concerns about the safety of heliport operations have been received thus far.

- d. The Committee adopted a recommendation to include a guest speaker in the next meeting agenda. This speaker will be asked to provide information from a medical perspective about how emergency medical helicopter services support the Hospital's overall delivery of emergency care.
6. **Listening Sessions Overview:** Susan Hayes Gordon explained that Lurie Children's has been conducting Listening Sessions since June 2012 in order to learn about the community from local residents. She extended an invitation to all committee members to participate in the Listening Sessions and explained that Elizabeth Kosar would follow up via email.
7. **Committee Meeting Schedule:** The Committee's next meeting will be in-person on April 25, 2013.
8. **Close:** Susan Hayes Gordon, Chair, concluded the meeting at 9:15 a.m.
9. **Meeting Participants:**
 - a. Nancy Borders
 - b. John Chikow
 - c. Tom Coffey
 - d. Helen Dunbeck
 - e. Susan Hayes Gordon
 - f. Jane Justic
 - g. Elizabeth Kosar
 - h. Dave Kostelansky
 - i. Kenneth Labok
 - j. Patrick Magoon
 - k. Mike Riordan
 - l. Ranna Rozenfeld
 - m. Gillett Salinas
 - n. Marc Shulman
 - o. Michelle Stephenson
 - p. Laura Westley
 - q. John Wilhelm