

Ann & Robert H. Lurie Children's Hospital of Chicago

Heliport Review Committee

Summary of September 25, 2012 Meeting

This report summarizes the issues discussed at the September 25, 2012 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 Heliport 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 Heliport 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 is modeled on the Community Relations Committee for Children's Memorial Hospital in Lincoln Park, which reviewed the safe operations of the Hospital's Lincoln Park helipad and its H.E.M.S. services for twenty (20) years prior to the Hospital's relocation on June 9, 2012 to downtown Chicago
 - c. 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 roundtable introductions of participants and reviewed the Committee's meeting materials.
 - a. Introduction of Committee Members: Susan Hayes Gordon facilitated roundtable introductions of Committee members. 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 was provided with a notebook containing:
 - 1) Committee purpose statement;
 - 2) Institutional Planned Development Number 3 whose guidelines govern the Committee's work;
 - 3) Meeting agenda and supplementary materials; and,

- 4) Heliport Usage Reports for the months of June, July and August. Heliport Usage Report 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>.
 - c. Introduction of Patrick Magoon, CEO: Susan Hayes Gordon introduced Pat Magoon, CEO and President of Ann & Robert H. Lurie Children's Hospital of Chicago.
3. **Critical Role of Heliport Review Committee:** Patrick Magoon, CEO and President of Ann & Robert H. Lurie Children's Hospital of Chicago stressed the importance of the Committee's work and thanked Committee members for their leadership and service.
4. **Overview of Helicopter Emergency Medical Services Operations:** The Lurie Children's Helicopter Emergency Medical Services Operations Team provided the Committee with an overview of the H.E.M.S. transport process.
 - a. Introduction of the H.E.M.S. Leadership Team:
 - 1) Michelle Stephenson, R.N., is the Chief Patient Care Services Officer & Chief Nurse Executive. She oversees operations of the heliport and works directly with the Chief Medical Officer to ensure compliance with all regulations.
 - 2) Laura Westley is the Director of the Interfacility Transport Team. She oversees all members of the H.E.M.S. Transport Team.
 - 3) Ranna Rozenfeld, MD, is the Medical Director of the Transport Team. She provides authorization and oversight to the care provided by the Transport Team during H.E.M.S. transports.
 - 4) The Lurie Children's H.E.M.S. Transport Team is made up of twenty-six team members with three to thirty years of experience with the transport team. All have prior critical care experience. All undergo extensive training and hold multiple certifications including Pediatric Advance Life Support (PALS), Neonatal Resuscitation Program (NRP), and Emergency Nursing Pediatric Course (ENPC).

- b. Operational Criteria for Use of Heliport: Lurie Children's does not own or operate a helicopter transport business. Lurie Children's currently maintains contractual agreements with six flight companies that are approved to land at Lurie Children's. All flight companies given the right to land at Lurie Children's must sign a contractual agreement certifying their compliance with the following Landing Requirements.
 - 1) Insurance: All flight companies must be insured.
 - 2) Education and Safety Orientation to the Heliport: All companies must participate in a training specific to landing aircraft on the Lurie Children's helipad.
 - 3) Commitment to Comply with Safety Guidelines: All flight companies must agree to comply with the safety guidelines established by the Hospital, as outlined in the landing agreement.
- c. Patient / Organ Transport Process: All flights to and from the Lurie Children's heliport must be Helicopter Emergency Medical Service flights or training for H.E.M.S flights.
- d. All helicopter flights must be inter-hospital flights, with the exception of state or federal regulatory flights. No flights directly from accident scenes are allowed. Following is an explanation of the H.E.M.S. patient and organ transport process.
 - 1) The referring facility contacts Lurie Children's Communication Center to request a transfer. The mode of transport is then evaluated. Helicopter transports are used only for medical and surgical emergencies (including organ transplants) in cases where there is notification of a primary need for pediatric treatment. Helicopter transports to or from Lurie Children's are made only during the following circumstances:
 - a) When patients or organs require immediate transport for surgery or medical care in an intensive care unit; or,
 - b) When travel distance is more than forty (40) miles away, or less than forty (40) miles away but ground traffic or weather conditions would delay the transport and threaten the life of the patient.
 - c) The decision to transfer a patient by air is strictly a decision between the referring physician and the Lurie Children's Transport Team.

- 2) Once the decision is made by the medical team to request a helicopter transport, Lurie Children's submits the request to one of two of its six contracted flight companies. These are the two helicopter vendors that the team flies with.
- 3) The helicopter pilot evaluates the request. No patient information is given. The pilot's judgment is completely based on flight conditions. Weather information, wind information, and other aviation data are used by the pilot to decide whether or not to fly.
- 4) The pilot accepts or denies the transport request based solely on his/her evaluation of the safety of flight conditions. Should the request be denied, alternative transport plans are developed.
- 5) During flight, any member of the transport team may ask to discontinue the flight due to safety concerns. If such a request is made, the helicopter transport is aborted and alternate arrangements are made to transport the patient by ground.
- 6) Access to the heliport is restricted to the Security, Safety, Engineering and Transport teams. The heliport is prepared and secured with shared responsibility and accountability by these teams.
 - a) All requests for heliport use are confirmed by Security with the Transport Team.
 - b) A security officer accompanies all flight teams requiring access to the heliport.
 - c) All heliport activity is monitored through closed circuit TV as well as direct visualization from the heliport shelter by a security officer as well as a team member in the Communication Center.
- 7) For safety reasons, no loading or unloading of patients, organs for transplant or flight team members is allowed on the heliport while the helicopter blades are rotating.
- 8) After a flight, both the medical and flight teams review and evaluate the transport process.
- 9) All landings, including those for organ transport, must be reported to the Lurie Children's Transport Team. The Lurie Children's Transport Team tracks and reports all H.E.M.S data monthly.

- e. Training and Safety Protocol: The secure, safe operation of the Lurie Children's heliport is of utmost importance to the Hospital. All team members participate in the following training activities.
- 1) Twice monthly safety inspections of the heliport by the Transport Team.
 - 2) Routine inspections of the helipad, access elevators, windsock and lights by the Engineering Team.
 - 3) Continuous security team oversight of heliport.
 - 4) Annual safety training for all members of the Transport Team reviewing safety protocols for the transport process.
 - 5) Mandatory heliport safety orientation is required for anyone who will have access to the helipad. Everyone, from Transport Team members to maintenance workers, must participate in a formal safety orientation.
- f. 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. The following are six key safety features.
- 1) AWOS: An on-site Automated Weather Observing Station provides real-time wind and weather data from the helipad to pilots.
 - 2) Wind Indicators: The AWOS and traditional wind socks provide information about wind conditions to pilots.
 - 3) PLASI: The heliport is equipped with a Pulse Light Approach Slope Indicator, a system of lights that provide additional guidance to pilots approaching the helipad at night.
 - 4) Foam Suppression System: In the event of a fire, foam suppression nozzles can be activated to suppress flames within minutes.
 - 5) Snow Melt System: A snow melt system automatically activates a heated surface to keep the helipad clear of snow and ice. The system may also be operated manually.
 - 6) Highlighted Landing Zone: Additional markers have been painted around the landing zone to guide pilots to an exact landing.

5. **Review of June through August Heliport Usage Reports.** The Committee reviewed Heliport Usage Reports from June, July, and August of 2012.
 - a. Copies of the June, July and August 2012 Heliport Usage Reports are included as an attachment to this report.
 - b. 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>
6. **Committee Feedback:** The Committee moved to continue to review the heliport usage data monthly, rather than quarterly as was the practice at Children's Memorial Hospital in Lincoln Park. The Committee originally made this commitment at its June 5, 2012 social meeting.
7. **Committee Meeting Schedule:** The Committee adopted a meeting schedule for its first year of quarterly meetings.
8. **Close:** Susan Hayes Gordon, Chair, concluded the meeting at 9:50 a.m. After the meeting was adjourned, Heliport Review Committee members were invited to visit the Communications Center, where the H.E.M.S. transport team receives and evaluates all flight requests.
9. **Meeting Participants:**
 - a. Nancy Borders
 - b. Vern Broders
 - c. John Chikow
 - d. Tom Coffey
 - e. Mary Dempsey
 - f. Helen Dunbeck
 - g. Susan Hayes Gordon
 - h. Jane Justic
 - i. Elizabeth Kosar
 - j. Dave Kostelansky
 - k. Kenneth Labok
 - l. Mike Riordan
 - m. Ranna Rozenfeld
 - n. Marc Shulman

- o. Michelle Stephenson
- p. Laura Westley
- q. John Wilhelm