

Attachment 1

to Organizational Factors Group Chairman's Factual Report

CHI04MA182

**National Transportation Safety Board
Office of Aviation Safety**

CHI04MA182

Organizational Factors

November 18, 2004

Interview Summary: President/CEO

Location: Med-Trans Corporation (MTC)
Bismarck, ND

Interviewers: Georgia Struhsaker NTSB NWRA, Seattle, WA
Aaron Sauer NTSB CMRA, Denver, CO
Robert Drake FAA AAI-100, Washington, DC

Interviewee: Mr. Dennis Rohlfis MTC, President/CEO

During the interview, Mr. Dennis Rohlfis stated the following:

He started flying in 1967 from a pasture in a J-3 Cub during his high school years. He was drafted into the Army in 1968 and sent to Ft Rucker, where he received crew chief training. He was in the 571st dust off, a medevac unit in Vietnam, where he got some flight time (but was not a pilot) in Hueys.

He came back, went to Ardmore, OK, to American Flyers and got all his ratings. He holds a commercial pilot certificate with airplane SEL, airplane MEL and instrument ratings. He is also a CFII, but is not rated in helicopters.

He worked for an FBO for a few years in Ardmore. He then moved back to North Dakota. He bought a Cessna-340 and started Exec Air. Exec Air got a utility company contract, and he bought a King Air E-90. He flew about 8,000 hours.

The city of Bismarck wanted him to put up a facility. He built a small building and hired a mechanic and a CFI. In the mid 70's to early 80's, there was an oil boom in the area. Exec Air grew to 13 to 14 aircraft, of which 4 to 5 were turbo props, and a staff of about 24 people.

In the early 80s, he bought his first Bell 206. He hired a guy to manage the helicopter program, Daryl Lewis, who is no longer with the company. He was a Bell rep, and Dennis hired him from Bell. The helicopter was used to support oil field work and

also to support a pipeline company. He bought an L model and the business died. The helicopters gathered dust, and he decided to convert to EMS.

In 1982, Exec Air started its first HEMS program in Bismarck. In 83 or 84, they opened a program in Fargo, ND. Then they sat dormant for a while.

In 94 or 95, he hired a guy out of Tucson to do a study to find out if there was a way to expand the helicopter business. This individual was Tommy Moorehead, who had an EMS background with Southwest Helicopters in Tucson. The study revealed that yes; EMS could be a way to grow. Tommy identified hospitals that were candidates for helicopters. Numerous hospitals were identified. Within 6 months, Med Trans got contracts with Johnson City and Tucson.

The HEMS business was done initially under the Exec Air name, as a department of Exec Air. Later, it was broken off and another corporation named Med Trans was started for HEMS ops, about 94 or 95.

Today Dennis does not manage Exec Air, he has a full time manager. Today collectively he has about 185 employees, 35 at Exec Air, and the remainder at Med Trans. He is the owner of both companies, Exec and Med Trans, and holds 100% of the stock.

Mr. Lewis did not have expertise to grow EMS business. He hired Bert Levesque, DO of Southwest, retired from Tucson, AZ, police department where he was a pilot. He also hired Tommy Moorehead. They brought a lot of HEMS experience. Later, as company grew, he brought in Don Savage, NVG qualified, lead pilot at Johnson City when hired. His comfort level was high with Bert and Don on board that he had talent needed to run company.

Johnson City was first program outside ND, added in 93 or 94. Tucson next base opened, 5 to 6 months later. Scottsbluff, NE (now closed) came next, 7 to 8 months after Tucson. Then they sat idle for about a year, and then opened Minot, ND. Then Greenville, SC (2001). Then Madera, CA. Then Morristown, TN.

Prior to period of rapid expansion, he hired a consultant. The consultant was hired to look at administrative structure to see if Med-Trans was positioned to take on additional growth. The consultant traveled to bases and gave a preliminary report, and then she vanished.

Next both Texas programs were opened, Odessa (2003), then Beaumont. Then Kentucky (2004). The three programs in Kentucky, which have since been sold, were a traditional contract with Kentucky Air Transport (KAT). Med Trans was paid a monthly retainer plus hourly rate. The program manager was with KAT; the person was a paramedic, and they were making decisions that affected operational control of Med Trans helicopters. Dennis made trip to KY with Bert and Don and said we cannot have a medical person making aviation decisions, contract terminated after 120 days.

Traditional contract in EMS means operator providing helicopter, pilots, and mechanics. Med Trans now has 2 traditional fee-for-service contracts, Minot, ND and Aberdeen, SD.

The newest type contract is community based; Med-Trans provides everything, including medical crew. Med Trans has one base with this type contract, Greenville, SC.

The other bases have contracts with a medical provider, a hospital or ground ambulance company (only Beaumont), but the patient or patient's insurance pays the bills.

There is never a time where three people's lives are worth one. Med Trans attempts to isolate pilots so they are not emotionally involved in what transport is all about.

Pilots are paid a monthly salary whether they fly or not. Employee evaluations are done, forwarded up through chain to Dennis and scored. Salary increases are based on score.

The decision to open a base is made based on capability to do the work.

He also hired a guy in Aberdeen, Mike Lemee, one of 4 training instructors, military background, CRM experience. Mike Lemee recently gave presentation on how Med Trans wanted to implement CRM training; Charlie Prince (FAA POI) heard presentation. Dennis has not heard the presentation, which was given about 1 month ago. CRM training has started at bases.

FAA withdrew Med Trans check airman authorization after second accident (Newberry). Since then Med Trans rewrote manuals, GOM and training manual. As the interview was taking place, Charlie Prince and another FAA inspector were at the Tucson base reviewing training to reauthorize check airman. Bert and Don proposed to be check airmen.

Starting Dec 13, Dennis plans to visit every program in 4 days, plans to speak to pilots, medical crew, behind closed doors with each group, wants to find out what is going on and if there are any problems. His goal is to visit each base twice a year. He goes more frequently if there are admin issues.

Bases open at present, 2-TN, 2-SC, 1-AZ, 2-TX, 1-CA, 1-SD, 1-ND, Nebraska to shutdown on Nov 21st, one starting in Jan in Colorado Springs.

He is hiring Albert and Associates, Lafayette, LA, to perform an Operations, Training and Safety Audit. They recently did an audit for Omni Flight of Addison, TX. Once letter of engagement signed (maybe in a week), Albert can start within 3-4 weeks. They will visit bases in SC, TX, and TN, maybe more depending on findings.

Did rapid expansion contribute to recent accidents? Dennis does not think expansion is related to the accidents. He brought in consultant before the expansion in effort to take account of this. They did not rush through training to get it done.

How is pilot hiring done? They solicit resumes and do phone interviews. Bert and Don select best candidates for interviews, and then they do the interviews in person. Background checks are done, and letters of offer sent. Once a group is hired, 2-week training done at base for group where they are going to be working. Part 135 training done, then they prepare cards on LZs they think are going to be used, and at the end of the two weeks, the pilots interface with medical crewmembers.

What are your pilot requirements? Minimum of 2,000 hours. They evaluate based on experience, not total time. Night flying is crucial point. What type of experience is more crucial than total amount of experience.

He emphasized training is critical. The pilots are touched every 30 days and flown with every 120 days. He is concerned with autorotations. His biggest fear getting into the helicopter business was could a pilot do an autorotation to ground. They did autos every 180 days, proficiency was okay, increased to every 90 days, great proficiency, but costly, so they went back to 120 days.

Med Trans has had two incidents where a pilot has had to autorotate. One was in CA, where a tail rotor hangar bearing failed. An instructor was training a new pilot. On takeoff, at 800 feet, failure occurred. The trainee was not responding fast enough, so the instructor took over, initiated auto, and landed with no further damage to helicopter. The other incident was in KY. Landing at an LZ covered with snow, the pilot flared, and the tail rotor hit a pedestal. The pilot continued the landing, and the medical crew was not aware anything was wrong.

Med Trans pay for pilots averages \$45,000, about the mean average for industry.

They are pulling out of McCook, NE due to no call volume.

They have been looking at NVGs for last 3 years. Technology is changing very rapidly. They also looked at another new system – not NVGs, not FLIR, something else-synthetic vision? NVG concern: some provide NVGs only for pilot, some provide for medical crew as well. NVGs are still under consideration. In his view, you lose heads up flying, field of vision is narrow, and for entire program cost would be about 1.5 million.

He has put Garmin 530s and 430s in the helicopters. There is more and more capability available in terms of what can be displayed on screen. This may be way to go.

He has also been looking at TAWS/EGPWS, which he has in his Citation.

All Med Trans helicopters have radar altimeters in them. Dennis did not know if procedure in ops manual on use of radar altimeters was new or not.

Med Trans has two Bell 206s. One is in Minot (considering change to 407) and the other is in TN (this ship is for neo-natal transport only, will soon be replaced with 407).

Med Trans flight tracking was with Outer Link. It was not doing as expected; two antennas fell off helicopters. They have changed to Sky Track. Locating on Pyote, TX helicopter was done every 12 seconds. Info went from helicopter to Outer Link server. The Outer Link server sent info to 911 center at Odessa and also to Bismarck where it was used for billing purposes. The primary purpose of the system is flight following.

Each program establishes its own flight following procedures. Med Trans does not use FAA facilities for flight following.

Operational control works through delegation. DO, Chief Pilot, and Dennis set parameters for launch decisions. They are communicated through initial training. For some pilots there may be higher standards set initially. The decision to move bar up made by chief pilot and DO.

Med Trans uses a color code system for weather. Green means weather conditions such that pilot can accept flight. Yellow means caution. Red means no go. Pilot is to check weather before making launch decision, regardless of color code. Color code for day set by on duty pilot. Company wide policy sets what weather minimums apply for changes from green to yellow to red. These standards are not in ops manual, they would be part of training program. Dennis was unsure of exact weather minimums. They would be adjusted for local conditions like mountainous terrain obscured. There is no requirement for pilot to check with anyone about weather before making launch decision.

Dennis is not familiar with risk management matrix approach.

Flight follower is dispatch center. Dispatch center (Spartanburg 911) has designated station for Med Trans. Med Trans has contract with Spartanburg 911. Training done by William Base, "Skeet", Medical Liaison, who works as paramedic, but has no flight status. He goes to dispatch center and provides dispatch training. This includes training in how to use flight-tracking software. Software is downloaded to computer. Dispatcher is trained on how to use software. Dispatcher is expected to stay at console as long as helicopter is on flight; this is their only responsibility when helicopter is up, other wise they do other things. Dispatch has access to weather info. Some counties have their own weather info, if not, Med Trans provides a computer that gives them access to weather. Training includes weather. Dispatcher expected to advise pilot of changing or hazardous weather.

Med Trans is addressing issue of taking a flight that another operator has turned down due to weather. South Carolina EMS board or commission working on declined mission report notification system. Marketing staff of Med Trans has been involved in trying to encourage this program.

Would a system for notifying operators of turndowns have helped prevent accident? Maybe, however, Greenville can be socked in and Spartanburg can be open.

After SC accident, Dennis told staff that if pilot had been successful in completing mission, he would have been fired. Pilot had option to take off down freeway.

At one time, pilots were given psych. evaluations before hire. They are not doing them now. He is thinking about doing them again.

The hospital makes the decision as to whether or not to be CAMTS accredited. Med Trans meets CAMTS standards, but is not accredited. You pay \$50,000 for a plaque to hang on the wall. Then you pay \$5,000 for renewal every year. The hospital would have certificate. It would not change anything at Med Trans.

Med Trans is a member of AAMS and HAI. Twelve people from Med Trans went to AAMS this year. For last 3 years, the company has had presenters at AAMS meetings. Dennis is an FAA Aviation Safety Counselor.

The FSDO for Exec Air is in Fargo. POI for Exec Air had no helicopter experience. He thinks there was a Med Trans certificate that was transferred to Scottsdale. Bert and Tommy lived in Tucson; company had more operational personnel in AZ than in ND. DM was in AZ at that time also. At the time, there were no helicopters in state of ND. POI was giving requirements that did not apply to helicopters, but to fixed wing.

Record keeping is all in Tucson. Even the maintenance records are in Tucson. FAA inspector from Fargo has come to check for current manuals on Med Trans. Dennis described relations with FAA as "great". Following second accident, FAA visited Tucson base and most/all other bases. Following inspection, Bert communicated to Dennis that FAA found nothing that would have contributed to accident.

Bert did not have an instrument rating. Dennis was not aware of this. He was shocked that he did not have the rating. He will have answer tomorrow as to whether Bert is going to get an instrument ticket. New hires don't have to have an instrument rating; their experience/background is evaluated on an individual case-by-case basis.

Doing instrument work has value. Med Trans has increased the amount of instrument training since FAA visit. Instrument training is done to proficiency. As long as the pilots meet proficiency, that is good.

Med Trans has an incident report system. The reports come directly to Dennis. People report such things as trips and falls. He never has had one turned in for flight ops, specifically, he has never had a report of inadvertent IMC.

After safety audit takes place and he reviews findings, he is going to select a safety officer to take action on the findings of the audit. The safety officer will report to Dennis. Prior to accidents, Med Trans had no safety officer, but an employee at each location had designated safety responsibility at that location. This is still on going.

What can Med Trans do better? Follow FAA recommendations and keep an open mind. The company will do everything possible within reason to raise the bar on safety.