



NATIONAL TRANSPORTATION SAFETY BOARD

Office of Aviation Safety
Washington, D.C. 20594

September 17, 2019

Attachment 18 – Interviews with operators who declined accident flight request

OPERATIONAL FACTORS/HUMAN PERFORMANCE

CEN19FA072

Interviewees: Tom Allenstein -President & CEO; Linda Hines -VP Legal Affairs and Risk Management, Medflight; Jim Arthur – Director of Operations, Brian Bihler – Chief Pilot, Metro Aviation

Date: February 1, 2019

Location: Mount Carmel Hospital, Grove City OH

Time: 1356 EST

Participants: Shaun Williams, Sathya Silva, NTSB; David Gerlach, FAA

During the conversation, the following was stated:

Medflight has 8 bases throughout Ohio and covers about 2/3 of the counties in Ohio – mostly in central and southeast Ohio and one in western Ohio. There are about 46 different bases for other operators in Ohio.

The Comm Center receives the information on any request for a flight. They fill out the form for the flight and send it to the pilot. The pilot and OCC evaluate the risk for the flight using an online tool. OCC signs the risk form, approves the flight and sends the dispatch number to the pilot. If OCC evaluates the risk higher than the pilot does, they seek clarification from the pilot. The OCC has authority to deny a flight but seldomly does.

The patient status isn't shared with the pilot or clinical crew until the flight is accepted. Once accepted, a text gets sent to the clinical crew with patient details. The pilot does not receive this notification.

Their tool allows them to work out flight plan timing which goes into their weather assessments. One of their mandatory questions is asking the requesting agency whether another company had turned down this flight. They ask both for the weather aspect but also to know to look out for another helicopter in the area.

They like to have the pilots input information on weatherturndown.com but the input rate is not 100%.

For the accident flight request, Medflight was the first company the requesting agency had called. The call came in at 6:01EST and the weather was yellow. The METAR showed decent weather but there was an ICING airmet between 0 and 8000 ft. There were snow showers as well. Between the snow showers and the icing – those were the primary reasons they turned down the flight. The HEMS tool said that there was a more than 75% chance of icing above 1000 ft. The HEMS tool is an experimental tool the FAA developed for weather. It can't be used as the sole source of weather for a GO but can be used for a NOGO. It pulls from other civil sources of weather like highway traffic cameras. Arthur described the tool as “deadly accurate.”

Medflight's weather minimums were higher than the HAA Part 135.609 weather table minimums. They increased their ceiling and visibility minimums to 1000 ft and 3sm across the board. The judgement changes when traversing non-local terrain where unexpected conditions could arise. The accident flight would have been considered as mountainous and non-local.

All three of their crewmembers are on night vision goggles at night. Medflight has an SMS program. They have a non-punitive reporting program, a DOS and Assistant DOS. Everyone has ownership in safety. They also collect information on unforecasted weather conditions. Any safety report will get routed through relevant management personnel. They have four safety people in the regions and six that work FOQA for a total of about 12 people formally in the safety department. Each base has a lead pilot that is in charge of self audits.

The clinical crews are scheduled in 24 hour shifts with a possible 4 hour holdover. They are not scheduled for more than 36 hours in one week. Their week runs from Sunday to Sunday. Each base usually has 4-5 nurses and 4-5 paramedics. Pilots are on 12 hour shifts. The standard work schedule for pilots is in 7 day hitches. Pilots usually get the choice of day or night shifts. They have 7 days on, a break for 7 days, then another 7 days where they can choose day/night. Most pilots choose 4 day shifts with 24 hours off followed by 3 night shifts. The scheduling is done online and pilots get the opportunity to work extra shifts. The extra shifts are monitored and if they go about 10 consecutive days, they have to get approval from management.

Risk is assessed in static risk and dynamic risk sections for each flight. 75% of their calls are interfacility calls and about 25% are scene calls. The company is always doing training and exercises with local troopers and firefighters.

Their hiring minimums follow CAMTS (Commission on Accreditation for Medical Transport Services). These standards are available online.

In Shreveport, they have level D simulators for the EC135, EC145 and Level 7 FDTs for the Bell 407 and AS350. Every quarter, VFR and IFR pilots must go through instrument proficiency training. They've been doing that for 15 years. There is an inadvertent IMC requirement in this training. For their IFR program, pilots go through this training monthly. Their inadvertent IMC procedures consist of controlling the aircraft, climbing to a minimum safe altitude and requesting guidance from ATC. All of the aircraft are equipped with an STech autopilot that can fly approaches. They have defined an "enroute decision point" at 90 knots and 500 ft AGL I.e. if you're going slower than 90 knots and lower than 500 feet, reassess.

At the beginning of each pilot shift, there is a briefing. This briefing consists of a safety topic. The company operates on "3 to go, 1 to say no" but actually include OCC and the comm center into the decision making as well.

When asked whether Arthur had experienced negative effects of night vision goggles on identifying IMC, he stated that he had never been "pulled" into IMC by the goggles and expects you'd be able to tell since you can see the halo effect in the goggles.

Every month the operators get together where safety is one of the topics discussed.

The interview ended at 1554.

Interviewee: Matt Handley – VP for HealthNet Aeromedical Services

Date: February 2, 2019

Location: Teleconference

Time: 1349 EST

Participants: Shaun Williams, Sathya Silva, NTSB; David Gerlach, FAA

Mr. Matt Handley is the Vice-President for HealthNet Aeromedical Services. They have 10 aircraft and 40-50 ground ambulances. He started as a PF Fire fighter and paramedic and flew out of Pittsburg. He left Stat Medivac and went to the Air Vac life team for 3 years. He wanted to get back into air medivac and started at HealthNet. He works the Healthnet side of the business and wasn't as versed in the aviation side.

He is also a flight nurse and has a nursing degree. Mr. Handley fly's once a month if needed. He started his career as a professional fire fighter and paramedic and later began working in the helicopter air ambulance industry. He has worked for a couple difference air ambulance companies. He has about 1,000 flights as a flight nurse and is very familiar with the Ohio area. Air Methods is their aviation vendor and have been for 30 years. He had done just under 1000 flights personally.

Mr. Handley discussed the flight request and noted that they received the request at about 0615 at their base in Millwood, WV and alerted of a patient at Pomeroy – Holzer Meigs Hospital. It was a flight request (not standby). They turned it down due to low ceilings and icing. It took the pilot 6 minutes to evaluate the weather and turn down the flight. He also was aware that Medflight had turned the flight down as well, but wasn't aware of why it was declined. He wasn't sure if they were going through a shift change or something similar. He stated that they had not entered their flight request in the turndown website since when they called back to decline the flight, the requester had told them that Survival Flight had already accepted.

Mr. Handley stated that he knew the physician referring the patient and also was aware that the physician requesting the flight was distraught over the accident and felt bad for having continued to seek an operator that would perform the flight after others had declined the flight. Mr. Handley noted that he (Handley) had learned later after the accident of the patient's medical situation.

Mr. Handley was asked about how they perform shift changes. Their company performs shift changes at 10am and their bases stagger the shift changes so that there is overlap in case a requested is received during a shift change. He stated that their pilots typically show up 20-30 minutes prior to their shift to prepare. The pilots do an extensive handoff process.

Mr. Handley discussed the financial pressure of performing flights and being profitable versus working for a non-profit helicopter air ambulance company. He also said that Survival Air wasn't considered a competitor. He noted that talk amongst his colleagues is that Survival Air

was taking flights that other operators turn down. He had seen the flyers that Survival Flight had put out about flying with different weather minimums. They had raised a number of eyebrows.

Mr. Handley stated that he has had no interaction with Survival Flight but thinks they've been in the area for 6 months. He knows two people that work for the company from his past employment. However, he has not spoken with them, but is connected to them through social media. He worked with Andy Arthurs at AeroVac, but hadn't spoken to him since he left AeroVac. When he was working with Andy, he stated that Andy had never pressured him to complete flights. He also knows Valarie Burkholder.

The interview concluded at 1410.