



A Note From the Editor

Unfortunately none of our readers sent us any comments this time. I highly encourage you the readers to send in comments and suggestions. We are always open to your input. You can send in questions that you may have related to air transport of patients. You can send us photos that you have taken with either the crew or the helicopter included. These are especially welcome. Send all questions and/or suggestions to lkirley@aircare.org and don't forget to include the subject as Air Waves.

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Kathy Nichols Retiring

Now THAT'S Stamina – "Living Legend" Flight Nurse Retires



Not everyone can boast 23 years in the tumultuous world of flight nursing. We regret seeing her go, but Air Care's Kathy Nichols will be hanging up her wings in April 2008 after a long and successful career. Affectionately nicknamed "the Living Legend" and "Flight Fossil" by her colleagues, Kathy justly has the word "Stamina" printed on the back of her helmet. But her impressive nursing career began long before she started flying.

Kathy graduated from Borgess School of Nursing in 1965. She worked in ER and TCU nursing positions at Bronson and Borgess for a total of 20 years before beginning her flight nursing career with Care Flight in 1985. Kathy was later hired by West Michigan Air Care during the Bronson and Borgess flight program merger in 1993.

We are exceptionally proud of Kathy's dedication over the years. During her career at Air Care, Kathy has served as AirWaves editor, clinical educator and orientation educator. She has published articles in Air Medical Journal and

International Journal of Trauma Nursing, and has presented for national conferences such as Air Medical Transport Conference and Critical Care Transport Conference. She is an author and reviewer for Transport Nurse Advanced Trauma Course textbook and has been an item writer for the CFRN exam. Kathy is also widely known as an instructor for ACLS, PALS, TNATC and CCEMT-P, which she has taught in the region for many years. With her knowledge, experience and compassion, Kathy has been a valuable asset to the field of transport medicine. Air Care is fortunate to have had her on our team for so many years. She has been an outstanding colleague and friend and we will miss her.

Kathy plans to continue teaching in the Kalamazoo area, playing the mandolin, and spending more time with family... especially her grandchildren. Air Care bids her a fond farewell and wishes her a happy retirement. We salute her many contributions to outstanding patient care. Thank you, Kathy, for a job well done.

Cultivating a Culture of Safety – John Eichel, A&P/IA, Safety Manager, West Michigan Air Care

“The average man’s judgment is so poor he runs a risk every time he uses it.”

– Edgar Watson Howe

Many improvements in safety have come about as the result of design changes due to someone else’s misfortune. The Quality Interagency Coordination Task Force was created to develop a Federal plan for reducing the number and severity of medical errors after a 1999 Institute of Medicine report cited medical error as being responsible for as many as 98,000 deaths annually in the United States. And it has been said the Federal Aviation Regulations read like a history of aviation accidents. In the quest for improvement one can see a pattern. For every bad event, a new regulation is created to prevent it from reoccurring, a reactive process indeed too late for the first victim, but in time for all others who pay heed and learn from the misfortune of others.

Let’s look at another way. A way you can develop a safety culture within your organization capable of predicting and taking action to prevent incidents or accidents *before* they occur.

First and foremost, safety is dependant upon attitude at every level of an organization. Willing adherence to procedures and guidelines by staff, as well as support and active participation from the highest levels of management is critical to establishing the end goal: a safety culture. Robert L. Helmreich, Ph.D. defines a safety culture as “A safety culture is more than a

group of individuals enacting a set of safety guidelines – it is a group of individuals guided in their joint belief in the importance of safety, and their shared understanding that every member willingly upholds the group’s safety norms and will support other members to that common end.”

The problem is, safety cultures don’t grow in Petri dishes. To reflect the values described in Dr. Helmreich’s statement, an organization must foster a just culture, a culture in which reporting of errors is valued as an opportunity for engineering out error rather than for assigning blame. A just culture also, does not tolerate willful disregard for rules or culpable safety violations, nor are those acts allowed for in Dr. Helmreich’s statement.

A just culture values, encourages, and rewards the open, honest reporting of adverse events.

The reason reporting is so valuable to a safety effort goes beyond prevention of a recurring safety hazard. While it is imperative to know of any adverse event and take action to prevent any reoccurrence, when taken to the next level, reporting can be an indicator of an organization’s impending accident. That next level of reporting would be recognition of and documentation of the *near miss*.

The near miss is typically an event or occurrence without a bad outcome, but one which was not done by design or to standard. The lack of a bad outcome may preclude this event from being reported,

however, it is imperative to recognize these events and document them. The near miss functions as your crystal ball into the future for accident prevention.

While a near miss has no bad outcome, it is a direct indicator of a *system defect*. A system defect is defined as a flaw or defect in the design or operation of a system which *allows the conditions for an accident to exist*. In other words, a near miss is an event which serves as an indicator of design error and, therefore, a potential accident.

The safety benefit of reporting and investigating near misses and their potential associated system defect(s) is it affords your organization the foresight to examine the circumstances surrounding the near miss and take corrective action before suffering an adverse outcome. Hence, it creates the opportunity for a truly proactive safety movement.

Accident prevention, prior to any initial occurrence, is the ultimate safety goal. By creating and maintaining a safety culture, one which understands the value and effective utilization of reporting, and thereby identifying and correcting system defects, your organization can take a deep look into the crystal ball and see safe workers and efficient productivity far into the future.

References

Medical Teamwork and Patient Safety: The Evidence-based Relation: Baker, Gustafson, Beaubien, Salas, Barach

A Roadmap to a Just Culture: Enhancing the Safety Environment: Global Aviation Information Network Working Group E.

Creating and sustaining a safety culture: Some practical strategies: Ashleigh Merritt & Robert L. Helmreich

Transport Safety Institute ASPM 0038



New Air Care Associate

Please join us in welcoming Alicia to the Air Care Crew.

We would like to welcome Alicia to our flight program as our newest crew member. Alicia graduated in 2001 with a nursing degree. She then started working in the Adult Surgical Critical Care unit at Spectrum Health, Butterworth campus in Grand Rapids where she still continues to work. Alicia attended the Creighton University’s EMS education program, in Nebraska, where she attained her paramedic license. After obtaining her paramedic license, she worked with American Medical Response as a paramedic and also assisted in teaching the Critical Care EMT course. Alicia’s background in critical care makes her a valued asset for West Michigan Air Care. Alicia’s dream of becoming a flight nurse became a reality when she was hired here at Air Care in January. We certainly welcome her, and hope each of you will take time to say hello and welcome her to the team as well.

Case Review: Mark's Story – Kathy Nichols, RN, BSN, EMT-P

At 1330 on Sunday, October 14, 2007, Air Care was called to transport 49 year old Mark Poxson from Hillsdale Community Health Center To Borgess Medical Center. Some time between 0900 and 1000 that morning, Mark was unable to speak or move his right arm and leg. Less than 2 hours later, Mark was in the Borgess Medical Center Neurointervention Lab undergoing cerebral angioplasty by neurointervention Dr. Firas Al-Ali. Immediately following the procedure, Mark's hemiparesis began to diminish and he was able to speak a few words. By the time he was discharged two weeks later, he had regained use of his right side and was able to speak normally. This is his story.

Mark had been anticoagulated with Coumadin for the past twelve years following replacement of his aortic valve. However, due to recent problems with kidney stones, Mark's Coumadin had been stopped prior to surgical placement of a renal stent one week earlier. Initially that morning when his wife found him at 1000, lying on the couch, staring and not speaking, she wondered if he was reacting to the pain medication he was taking for discomfort from the procedure. Finding Mark unable to stand or speak at all, she called 911, fearing he was having a stroke.

After arrival at Hillsdale emergency department by ambulance, Dr. Daniel Baxter immediately ordered a Computed Tomography (CT) of Mark's head which demonstrated no hemorrhagic process. Due to his obvious focal abnormalities, arrangements were made for Mark's immediate transport to Borgess for neurointerventional consult. The medical crew of Air Care arrived to find Mark with wife Tanda, at his side. Though awake and readily following commands with his left arm and leg, he remained unable to speak, he had a right-sided facial droop and was unable to move his right arm and leg. Vital signs and blood chemistries including glucose were within normal limits. He was able to nod affirmatively when asked if he was nauseated and/or had a headache. Intravenous Zofran and Fentanyl were

given for these symptoms. Transport was uneventful with the exception of a brief period of vomiting.

After arrival at Borgess, Mark was examined by Dr. Al-Ali who determined that Mark had a complete occlusion of left middle cerebral artery. Though onset of Mark's symptoms (>3 hours), made him ineligible for systemic administration of thrombolytics, he was still a candidate for intra-arterial thrombolysis. This is a clot destroying procedure that must be accomplished before 6 hours has elapsed since the person was last known to be symptom-free. In a process similar to interventional cardiac catheterization, Dr. Al-Ali accessed Mark's femoral artery and inserted a wire up into the occluded cerebral artery where balloon angioplasty was accomplished. A stent was then placed followed by infusion of a thrombolytic and GP IIb/IIIa inhibitor to break up the clot. Mark responded well to the procedure and began talking and moving his right extremities immediately. He remained at Borgess for two weeks for neurological monitoring. He was discharged home with only mild memory deficits.

Eighty Five percent of all strokes are ischemic. The amount of damage to the brain cells is related to the level of blood flow and the length of time the blood vessel is occluded. The amount of tissue that has been injured but not destroyed is dependent on the quality of the secondary blood vessels that supply that area and the length of time that the primary blood vessel is occluded. Intravenous thrombolysis is the first line of therapy. It must be given before 3 hours has elapsed since the person was

last known to be free of symptoms and it is the only approved treatment¹.

Neurointerventional surgery is a new specialty requiring extensive training. Physicians trained in these invasive techniques include neuroradiologists



such as Dr. Al-Ali, neurosurgeons, and neurologists. During cerebral angioplasty, a thrombolytic is given intra-arterially directly into the occluded artery. This must be given before 6 hours has elapsed since the person was last known to be symptom-free. It is a technically demanding procedure and may last several hours². Though this procedure may have a higher rate of success, it also has a higher rate of complication. According to Dr. Al-Ali, this is still not fully approved by the FDA, but is done on a compassionate basis to those patients who would otherwise have little quality of life if not treated.

Mark is very grateful to Dr. Al-Ali and Borgess Hospital for providing this advanced neurointerventional technology. Regarding Dr. Al-Ali, both Mark and Tanda agree that "God worked through him" and gave Mark the opportunity to return home to his wife and six children. The Air Care crew is happy to be a part of this success story.

References

1. American Heart Association Guidelines. 2005.
2. Borgess Stroke Center: Neurointerventional Surgery & Diagnostic Services, www.Borgess.com

Typical Pilots Day – Mark Brynick, Chief Pilot

The life of an EMS helicopter pilot is a lot like you see on TV. They drive fancy sports cars, have big expensive watches and spend a lot of time trying to find a bank that can cash their pay checks. Here at West Michigan Air Care it is no different. This article is an attempt to describe some of the duties and responsibilities of being a sky god.

A normal day for an EMS pilot begins when they arrive and sign into work at 6:30 am for a twelve hour shift. This is thirty minutes before the Medical Crew, Maintenance Technicians and Communication Specialist change shift. This gives the pilot time to accomplish several duties before the other team members arrive. But best of all it gives us the first crack at the donuts. One of the pilot's first duties is to get a hand-off report from the pilot going off duty. It consists of a detailed report on how the helicopter is running, weather conditions and anything else that the pilot may need to be aware of. They also get a brief description of any flights that may have happened in the previous twelve hour shift and any issues or concerns.

Once the handover is complete, the pilot will conduct a detailed weather analysis by checking current weather conditions and forecasts for West Michigan Air Care's area of operations. This is done using the weather computer. They also check Notices to Airman (NOTAMS) which are special alerts to all pilots of any problems with airports, navigation facilities and instrument approach equipment that may impact a flight. There are also special NOTAMS that alert the pilot of issues that affect hospitals in our area. The special NOTAMS include things like ongoing construction, cranes and obstacles in the vicinity of the hospital. Then they check Temporary Flight Restrictions (TFR's) which are put out by the Federal Aviation Administration (FAA) to alert pilots of areas they need to avoid, like where President Bush is giving a speech.

It is now time to complete a Flight Risk Assessment Form which is a detailed form,

which considers numerous risk factors that can influence our flights for the day. By now the Medical Crew, Communication Specialist, and Maintenance Technicians have arrived and we are ready for a shift briefing.

The shift briefing is a very structured event where the team members are briefed on conditions and events for that shift. They include discussion on the weather conditions for the day, any NOTAMS that will affect us, detailed risk analysis from the Flight Risk Assessment Form,



any scheduled aircraft maintenance, any training that will be taking place, and any issues that have come up in the previous seven days. Once everyone is up to speed, it is time to head down to the aircraft. But first, they pass by a mirror to make ensure their flight suit and hair are still looking good.

Once in the hangar one of the pilot's most important duties begin. That duty is to ensure the aircraft is airworthy and ready to fly. This is done by first conducting a review of the aircraft's maintenance logbook. The pilot must be aware of any recent maintenance that was done on the aircraft and any scheduled maintenance coming due in the near future. Once the logbook review is complete the pilot begins an aircraft preflight inspection. The preflight inspection consists of following a detailed checklist which systematically covers all major components of the aircraft.

Any discrepancies are brought to the attention of the maintenance technicians and quickly resolved. The pilot also ensures the windscreen is clean; the cockpit is clean and organized, and makes any personal adjustments required to the seat and flight controls. Once the preflight inspection is complete and the pilot is satisfied with the condition of the aircraft, they sign off in the aircraft maintenance logbook.

Another important duty of the pilot is to conduct maintenance run-ups on the aircraft or test flights if required. So, before heading

back to the office the pilot will check with the maintenance technician to see if they require any assistance with aircraft maintenance.

By now they are an hour and a half into their shift and ready to fly! It's time for them to go up to the pilot's office and take care of some of their additional duties while they standby for flight requests. These duties include a wide array of activities that are required to run such a well oiled operation. They include ordering flight publications that are required to be in the aircraft, ensuring training records are up-to-date on all the pilots, and that training is scheduled for the quarter. One of the major additional duties is Safety! When it comes to anything aviation related, Safety is always the priority. There is also computer based training to complete and preparing for their next semi-annual check ride.

Of course, there is always time to catch a ball game on TV or maybe take a short fighter nap to take the edge off and to ensure you are ready to go. Enough of all this glamorous stuff! Let's talk about when a flight request comes in. When the tones go off for a "Go Flight" and it is time to go to work. The pilot jumps up, does a quick weather check and heads down to the hangar making sure to pass by the mirror again. They push the helicopter out of the hangar with our trusty John Deere tractor. They then conduct a walk-around inspection of the helicopter to ensure all doors and compartments are secure and it is ready to go. The pilot then gets into the cockpit, straps in and fires up the engines.

This is where the pilot starts earning their pay check. As Pilot-in Command (PIC) of the helicopter they are responsible for everything that goes on in that helicopter. Checklists and procedures are followed to the "T" to ensure the safety of all onboard. Once the aircraft is ready to go and all systems are online they call West Michigan Air Care Communication Center and give them the amount of fuel on board and number of personnel onboard. The communication center will pass Latitude/ Longitude coordinates for the scene over the radio and the pilot will punch them into the Global Positioning System (GPS). They will then confirm with the crew that they are ready to go and everything is secure in the back.

On climb out from the Bronson Heliport the pilot calls Kalamazoo Airport Control Tower to let them know what they are about to do. They climb to 2500 feet mean sea level which is about 1500 feet above the ground around Kalamazoo and pull in maximum cruise power which will give the aircraft about 175 mph across the ground. During the flight the pilot is constantly checking the aircraft system instruments to ensure everything is running smoothly, and scanning outside the aircraft looking for other aircraft that may be in the area. As they near the scene the medical crew makes contact with the ground units for landing zone (LZ) information which includes the LZ surface, obstacles, winds and best landing direction. They will then conduct a high reconnaissance of the LZ to confirm what the ground units have told them and start a descent. On approach they constantly reassess the LZ to ensure there are no surprises like wires or debris that would make it unsafe. Once on the ground the medical crew exits the helicopter and heads for the patient. The pilot shuts down the helicopter and calls the Communication Center to inform them the aircraft and crew have arrived safely.

The pilot then conducts another walk around inspection of the aircraft to ensure everything is still in good working order then prepares the helicopter litter so it is ready for the patient. Once the patient is ready for transport the pilot helps load the patient into the aircraft and ensures

all equipment, compartments and doors are secure. They then jump back in and fire up the helicopter for the patient's trip to the receiving facility, often Borgess or Bronson.

Once back at the home base the pilot shuts the helicopter down and the medical crew starts preparing the aircraft for the next flight.

These duties include refueling the helicopter and pulling it back into the hangar with the John Deere, filling out the flight log (which is a brief description of the flight), clean the windscreen, and do one last walk around inspection of the helicopter to ensure it is ready to go. The pilot can expect two or three of these flights in a shift.

After the team is reassembled back up in the office the pilot checks with each of them to see if there are any debrief issues to discuss. Of course the nurses are always full of constructive comments like: "Why did it take so long to get there?", "Did we land or were we shot down?", or "Why did you hit all the bumps?"

Then before you know it, their relief shows up and it's time to go home. So they check their trusty Timex, climb into their '96 Chevy Cavalier and head for home. Hopefully they can find a few dollars in the glove box for gas. All the while thinking to themselves, what a great day! I can't wait until tomorrow.





Brian

My aviation career began with my enrollment at Western Michigan University, where I graduated from the Aviation Technology and Operations curriculum with an FAA commercial pilot's license with instrument and multi-engine ratings.

I spent several weekends after graduation flying for a sky diving operation in Napoleon, MI, before taking a job as an administrative assistant at WMU's newly created School of Aviation Science. Realizing that I wanted a career as a pilot, this led to my application to the U.S. Army's Warrant Officer Flight Training Program.

Upon completion of Warrant Officer Candidate School, it was off to Army Flight School, Warrant Officer Basic Course, and Airframe Qualification Course in the OH-58D(I) Kiowa Warrior Armed Aeroscout, all at the U.S. Army Aviation Center at Ft. Rucker, Alabama.

I was then assigned to the 10th Mountain Division at Ft. Drum, NY as an attack helicopter pilot, learning and utilizing the OH-58D in day, night, instrument, Night Vision Goggle, and snow operations in formation flying, aerial gunnery, reconnaissance and attack operations, and integration into the overall Army battle plan. I had further collateral assignments as the Night Vision Goggle Officer where I supervised the Night Vision Goggle maintenance program and facilitated training for technicians. Also, as the Aviation Life Support Equipment Officer, I maintained accountability and serviceability for in company Aviation Life Support Equipment.

My last Army assignment was back to Ft. Rucker as an instructor pilot for the Aviation Center. I trained and evaluated pilot candidates during the Combat Skills phase of Initial Entry Rotary Wing pilot training; training focused on emergency procedures, tactical employment of Army aviation assets, and basic Aeroscout Combat Skills. Here again, I had an extra duty as the company's supply officer where I coordinated with headquarters for the logistical supply of the unit.

As my Army career was winding down, I had decided I still wanted to be a helicopter pilot and that flying EMS would be the best route. Fortunately, a position was available as I was leaving the Army at St. Vincent's Life Flight program in Toledo, OH. I was hired there as a line pilot to work at their satellite base in Wauseon, OH. I earned single pilot, IFR qualifications in both airframes in use there. I came to enjoy the 'mission' focus of the EMS flying and utilizing the helicopter in a way that was new to me.

When a position for a pilot became available at West Michigan Air Care, I jumped at the opportunity to be able to move back to my hometown and still do what I love. The varied nature of the flights in EMS is a challenge at times, but being able to fly over the community where I grew up and to be part of an organization that provides a life-saving service to the area is tremendously rewarding.



Laura

Laura began her flying career back in 1983 while serving in the United States Army. Laura joined the Army in 1979 and was stationed in South Korea after completing all of her initial military schooling. While in Korea she was given the opportunity to ride along on a helicopter flight. Laura immediately fell in love with helicopters and flying. She applied for flight school while still stationed in Korea. Departing this assignment she went on to Fort Knox, Kentucky. While there, she learned that she had been accepted to flight school.

In January of 1983 Laura reported to Fort Rucker, Alabama to begin her six week training to become an Army Warrant Officer. Upon completion of the Warrant Officer course she started her flight training to become a helicopter pilot. Laura graduated in November of 1983 and was then sent to the country of Panama.

Laura spent the next three years stationed in Panama flying the old UH-1H Huey. There she flew a vast array of missions supporting the ground troops, including parachute missions, rappelling missions, sling load missions, helocast missions and multiple aircraft helicopter lifts of troops into remote locations. Some of these missions included landing on fast frigates out at sea. While stationed in Panama, Laura flew multiple missions in Columbia, Ecuador, Honduras, Costa Rica and El Salvador.

When her three years were up in Panama, Laura went back to Fort Rucker, Alabama to attend the flight instructor course. After becoming a flight instructor in the Huey she was then stationed at Fort Hood, Texas as a company instructor pilot. Laura spent the rest of her active duty at Fort Hood. In 1990 she left active duty and moved to Michigan.

Laura flew with the Michigan National Guard out of Grand Ledge until 2003 when she retired from the U.S. Army. While with the National Guard she learned to fly the Blackhawk helicopter and also became a Blackhawk instructor pilot for the guard.

Laura came to West Michigan Air Care back in July of 1998 and goes by the call sign of "Papa8"; this means she was the eighth pilot flying for Air Care. Laura is the editor of the AirWaves for the last several issues. Laura also serves as the training pilot for Air Care. She loves encouraging and helping people get started in their flying career and helping them along the way.



Mark

My aviation career started compliments of Uncle Sam. I spent twenty years on active duty in the US Army flying helicopters. During that time I was assigned to a variety of units which included Attack Helicopter, Air Cavalry, and Special Operations. I really loved my time in the Army and it gave me the opportunity to fly in many challenging environments.

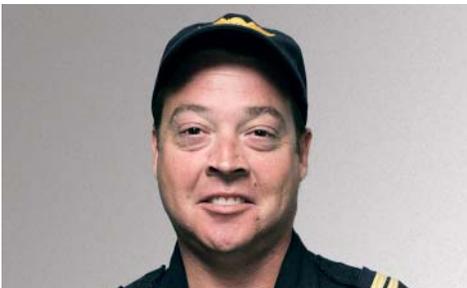
After retiring from the Army I decided to try my hand at flying airplanes for a living. I hauled freight around Michigan for six months which really developed my instrument flying skills. It was fun because it was just me and a bunch of boxes and the boxes never complained once about my flying. However, I missed helicopters.

Next I decided to try EMS flying. I began my EMS career with University of Michigan Medical Center Survival Flight. I flew for them for three and a half years and consider myself lucky to have flown with such talented and professional medical crews. It is an extremely busy program that conducts a wide assortment of medical flights all over Michigan and surrounding states.

I left Survival Flight to join some of my old Army buddies in Iraq. I flew as a private contractor for Blackwater Aviation for six months supporting the U. S. State Department. It was very interesting flying which took me all over the country of Iraq and into the countries of Kuwait and Jordan. It was a great experience which rejuvenated my appreciation for the good old U S of A!

Shortly after returning home I started a job as the Director of Aviation at Lansing Community College. It was another interesting job where I was in charge of their flight training and aircraft maintenance training programs. After a year I began to miss flying helicopters and got tired of snot-nosed kids whining about how hard it is and their knucklehead parents wanting to know why Johnnie was failing classes. So I decided to find another EMS job.

Luckily for me West Michigan Air Care needed a pilot. Working and flying for such a great company and awesome associates has been truly enjoyable and rewarding. Each flight brings something new and challenging.



Miles

I started my aviation career in Ft. Lauderdale, FL as a Certified Flight Instructor as well as flying for the two largest newspapers in South Florida; The Sun Sentinel out of Ft. Lauderdale and the Miami Herald. I also flew tours of the beaches and the everglades. Contract work was involved where I would fly a helicopter equipped with very sensitive radio equipment and would check the aviation navigation ground equipment for proper signal strength and accuracy.

Moving to the Dominican Republic, I was given the task of organizing and managing a corporate flight department as Chief Pilot. I was responsible for the entire operation and flew many national and international business associates and friends of the owner of the company. I flew many hours around the Dominican Republic and even had the chance to fly many political people as well as having the honor of flying in the same airspace as the Presidential helicopter on a return trip home from a political meeting in a small town.

Detroit, Michigan was my next stop where I delivered time sensitive cargo to the Big Three Automakers. We flew to Ohio, Indiana, Illinois, Wisconsin, even down to Kentucky and over to Toronto, Canada. Other duties here included flying VIP charter flights for in town celebrities such as Muhamed Ali, Dan Akroyd, Jim Belushi and NASCAR drivers such as Jeff Gordon, Tony Stewart, Rusty Wallace and Dale Earnhardt, Jr. I also had the opportunity to fly the news helicopter for Channel 7 news in Detroit where we covered the breaking news around the area. I was also a pilot instructor and check airman where I would give check rides to our pilots to ensure they were flying to proper standards.

After Detroit I started my EMS career in Peoria Illinois flying for Life Flight. I flew over most of the state transporting critically ill patients. I found that I really enjoyed this type of flying over most of my previous flying because of the diverse types of flights, the not knowing of what is coming next or where the next flight will be but most importantly, being able to help someone in desperate need. There is a level of self satisfaction that comes along with this type of job.

Ann Arbor, Michigan was my next job flying for Survival Flight. My duties there included many of the same duties I held in Peoria but flying a larger, more powerful aircraft and flying even more critically ill patients. We would fly all over Michigan, into Ohio and Canada and most of the time the patients would be returning to the University of Michigan for their treatment.

Kalamazoo, Michigan and West Michigan Air Care is where I work now. The EMS field is very rewarding and since I grew up in the Kalamazoo area, flying EMS in and around my hometown gives me a great satisfaction of being able to do what I want, where I want. Our flights, like all EMS programs are varied and that is part of the excitement of having a job of never knowing where or when your next flight will be to help save someones life.



Rick

Rick began flying helicopters in his native country of Canada, primarily supporting oil and gas, and mineral exploration along with forest service related activities. In 1986, he ventured into the helicopter EMS field working on a contract in northern Ontario with Toronto Helicopters, which eventually became part of the Canadian Helicopters organization. After four years in that position, Rick moved to the Grand Rapids, Michigan area to work for Butterworth AeroMed. While at AeroMed, he served as company aviation safety officer along with several years as chairman of the Michigan Association of Air Medical Services safety committee. Feeling the lure of Florida's sunshine, the next stop was West Palm Beach, where he flew the Trauma Hawk helicopter for the Palm Beach County Health Care District. Additionally during this time Rick worked part time at Flight Safety International's Sikorsky Learning center where he taught Helicopter Instrument Refresher and Crew Resource Management classes.

Unable to stay away from Michigan's varied meteorological offering, he was quick to return to the area in February of 2001 when a position came open in Kalamazoo. Rick brought multi-helicopter experience in EMS, including Bell, Dauphin, Sikorsky, and Augusta aircraft. He holds a helicopter Airline Transport Pilot (ATP) and Fixed Wing Commercial licenses as well as an Advanced Ground Instructor Certificate.

In June of 2001, Rick assumed the duties of Director of Flight Operations for Air Care. During this time Air Care has been able to replace a long leased aircraft with an owned dedicated back-up ship, N365A. Air care has also revived FAA Operations Specifications for IFR (Instrument Flight Rules) and upgraded this capability to include single pilot IFR operations. Two proprietary instrument approach procedures using GPS (Global Positioning System) have been developed serving hospitals in the Air Care service area. In addition to his duties with Air Care, Rick serves as a Site Surveyor with the Commission on Accreditation of Medical Transport Systems.

In March of 2006, the Air Care Board of Directors announced the appointment of Rick Morley, Director of Flight Operations to the position of Program Director. He will continue to fill the role of Director of Flight Operations while assuming this new responsibility.

Rick looks forward to the challenge of leading the Air Care team as we strive to provide the highest quality of patient care in the rapidly changing Air Medical environment.





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