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## AirCare takes to the skies

BY NINA EARNEST | FEBRUARY 24, 2011 7:20 AM

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There isn't much room in the EC130B4 helicopter —just enough for a pilot, two flight nurses, a medical director, and a stretcher.

But it's enough to save a life.

On Feb. 14, Rick Ogren, a flight nurse of 20 years, stood atop the University of Iowa Hospital and Clinics' sun-soaked helipad dressed in a black flight suit.

Here, on the busiest helipad in the state, Ogren and his fellow crew members often get hit with frigid winds. But they also see a nearly unrivaled view of two of the city's icons — the shining dome of the Old Capitol to the east and the empty stands of Kinnick Stadium to the west.

"It's about the best view of Kinnick when you fly over," said Bob Hartman, a pilot and an aviation service manager for Air Methods Corp., the company that leases two helicopters to the UI.

In fiscal 2010, the crew of AirCare, the UIHC's emergency helicopter service, completed nearly 900 flights in the helicopters.

( Daily Iowan video feature )

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But as more Iowa hospitals add helicopters, the number of flights the crew takes is decreasing.

"We used to be the only show in town," Ogren said.

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And the growth is nationwide.

The industry expanded from slightly more than 200 helicopter services in the United States in the 1980s to more than 800 today, said Stan Rose, the director of safety at Helicopter Association International.

"The helicopter solution is easier than a bricks and mortar solution," said Rose, referring to building additional hospitals.

Blair Beggan, the communications and marketing manager for the Association of Air Medical Services, said smaller hospitals are specializing, and there is more need for a central trauma center.

The UIHC is one such trauma center, which makes AirCare as vital as ever.

It only takes seven minutes for AirCare to get a helicopter up and running when a call comes in.

Diane Lamb, AirCare's nurse manager, said nurses and paramedics assist in the emergency room while waiting for a call.

"We want to be available to respond quickly when a flight arrives," Lamb said.

Yet Hartman said the crew is ultraconservative in deciding when to take a flight, especially if hazardous weather is a factor.

"You need to really reduce the risks," Hartman said. "You can reduce the accidents by just having a positive safety culture."

Ty Hobbs, one of four flight paramedics, said the dispatch gives general information about a call so as not to persuade the crew one way or another if the situation is dangerous.

"You definitely have to check your hero mentality at the door," Hobbs said.

The helicopter, complete with a small Tigerhawk painted on the tail, is outfitted like an intensive-care unit: a ventilator, a defibrillator, drug kits, oxygen, among other equipment.



Azeem Ahmed, the medical director of AirCare, said the service is part of a team geared toward improving patient outcomes. The team members are the link between the first responders and the doctors in the hospital.

"I always say that our role is a chain of events or chain of life," Ahmed said.

Chatting and joking on the helipad, the easy camaraderie of the crew is clear.

"I take care of the patient; he flies the helicopter," Ogren said, gesturing towards Hartman. "And off we go."

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