

S

B

2

6

5

A Venture: Intensive Care Air Ambulance

During Fiscal Year 1981 the Southeast Alaska Region of Emergency Medical Services prepared a study on the health facilities in their region. Topic areas such as general trauma, cardiac problems, burn victims, neonatal intensive care and many others were researched with one obvious overall conclusion surfacing; patients must be transported out of the Southeast region by aircraft to Anchorage or Seattle when the required care exceeds the existing medical facilities capabilities.

All of Southeast's six hospitals are general hospitals with limited specialized capability. There are presently no critical care units in the region meeting national standards, nor are any planned. Development of sophisticated critical care capabilities is further precluded by small patient case loads, making financing of equipment and maintenance of skills difficult.

Southeast Alaska continues to increase its population as well as its number of emergency medical incidents. The most logically feasible solution to the previously stated problem appears to be the development of an Intensive Care Air Ambulance Service for all of Southeast Alaska. Following initial study, the Air Med-Evac system seems to be the most economically cost-effective proposal to further increase the availability of efficient emergency health care to citizens of Southeast Alaska.

Our intent is to acquire State of Alaska funding by a direct legislative appropriation through Health and Social Services; Emergency Medical Service to purchase an all-weather twin turboprop aircraft. Once converted to an Intensive Care Air Ambulance, the aircraft will be capable of transporting any patient on a twenty-four hour basis through most of the adverse weather conditions in Southeast Alaska.

The aircraft, based in Juneau and operated by a non-profit organization, will be capable of service to Ketchikan, Sitka, Petersburg, Wrangell, and Yakutat, in addition to other communities further north, with a flight time of approximately two and one-half hours to Anchorage and just under three to Seattle. Although not required, we feel a flight crew of two is beneficial during instrument flight in Alaska coastal weather. In addition, the co-pilot, of paramedical background, will be available to assist the medical personnel, if necessary, during flight.

Medical attendant staffing will be provided in a similar manner as the existing escort service is currently handled during patient transfers on commercial airline trips.

Our intent is not to replace the transportation service the airlines have provided for patients; rather have them supplement our service if and when needed. We feel there is a demonstrated need for the intensive care capabilities we are suggesting instead of merely a more convenient and efficient method of air transport.

The continuation of intensive care is extremely important for patient survival during the transfer from a Southeast hospital to a major medical facility. Often, commercial airline transport for a patient means limited care due to the lack of medical supplies, equipment and an appropriate working environment, as well as delays with scheduled enroute stops for additional passengers. This interruption of critical care during the traumatic flight, especially landings and takeoffs, has caused deterioration in former patients' conditions, resulting in death.

We believe the program suggested within this proposal will provide the far superior medical service which patients deserve during transport. Successful patient recovery of the many medical transfers from Southeast will be much more optimistic if intensive care can be continued in flight. In addition, the aircraft will be capable of transferring the patient nearer to medical facilities in Seattle, e.g., Boeing Field is in closer proximity to area hospitals than Sea-Tac International.

The Air Ambulance will be equipped with the following medical hardware: ECG monitor and recorder with defibrillation capabilities, oxygen and respirator, aspirator suctioning device, IVAC intravenous fluid machine, flight phone, communication to on-ground physicians, and voice recorder. In addition, the following software will be kept in the aircraft: drug administration equipment, cardiac arrest medications, intubation and airway management tools, first aid kit, blood pressure monitor, MAST pants, as well as other various equipment as determined and requested by physicians.

After touring several Southeast communities to obtain opinions and data from people in the medical profession, we compiled the following totals of patient transfers for 1980:

<u>JUNEAU</u>		<u>DESTINATIONS</u>	
Stretcher	44	Seattle	43
Incubator	7	Anchorage	15
Wheel Chair	13	Sitka	10
Ambulatory	6	California	2
(Direct from ER	7)		
TOTAL	70		

KETCHIKAN

Stretcher	46	All to Seattle
(31 of which were classified as "dire emergencies")		
TOTAL	46	

SITKA

8 during the past 6 months
6 by ASA jet, 2 by Lear
(approximately doubled for the year)

TOTAL	16
-------	----

WRANGELL

Stretcher	12	Seattle	10
		Ketchikan	2
TOTAL	12		

PETERSBURG

Approximately	10	Seattle	10
---------------	----	---------	----

MT. EDGE CUMBE

(Alaska Native Health)

Stretcher	10	Seattle	10
-----------	----	---------	----

Overall Total of Stretcher Cases	138
Plus Juneau wheelchair and ambulatory	20
Plus Ketchikan wheel chair and ambulatory	20
Plus Juneau incubator	7

After extensive research and discussion with various members of medical communities in Southeast, we believe that a service such as the one we are proposing would definitely be a much more adequate manner of air transportation for all the patients sent from and within Southeast Alaska. In addition, the intensive care that would be provided to the patients far surpasses any medical air transport care currently available.

We are requesting the State of Alaska to fund the outright purchase of an aircraft, medical equipment, and the operating expenses for the first year. The Air Ambulance service should generate enough revenue in the initial year of operation to fund the second year's expenses; hence the popularity of our service will continue to grow, thus allowing us to remain self-sufficient.

The following cost breakdown represents the State of Alaska's initial investment:

AIRCRAFT:

Mitsubishi MU-2-F, fully equipped
except medical materials.
Purchase price of used aircraft: \$350,000

MEDICAL EQUIPMENT AND SUPPLIES:

including aircraft conversion: 75,000

FIXED EXPENSES:

Insurance: 33,000

Crew: Capt. \$100 per day (on call 24 hours)
Co-pilot \$100 per day (on call 24 hours)
\$200/day X 365 days: 73,000

Full time Coordinator: 15,000

Miscellaneous Expenses: 2,500

Hangar: 6,000

Sub-Total \$554,500

AIRCRAFT COSTS PER HOUR OF USAGE:
(Based on 1980 transports)

Fuel, \$87/hour: 78,300

Maintenance, \$80/hour: 72,000

TOTAL \$704,800

We believe the expeditious implementation of our Intensive Care Air Ambulance will greatly benefit the citizens of Southeast Alaska and will vastly improve the medical care capabilities during patient transport to more sophisticated critical care centers.

Our intent is to closely coordinate our efforts with the various air transportation companies and rescue organizations that already exist in Southeast Alaska. The following agencies have been introduced to our plan and are interested in this concept:

Alaska Airlines, Inc.	Ketchikan General Hospital
Alaska Teamsters	National Guard
Bartlett Memorial Hospital, Juneau	Public Health Service
Department of Health and Social Services	(Juneau & Mt. Edgecumbe)
Juneau Fire Department	Sitka Community Hospital
Juneau Visitor & Convention Bureau	United States Coast Guard

We appreciate all efforts to make our Intensive Care Air Ambulance plan a reality and ask you to consider how much one life is worth.

Sincerely submitted,

COASTAL AIR INTENSIVE CARE
a Non-Profit Organization

DAVID C. WUNSCH

ROBERT N. JACOBSEN

DREW L. HAAG

Ketchikan General Hospital

3100 TONGASS AVE.
KETCHIKAN, ALASKA 99901
907 - 225-5171

January 22, 1981

Drew L. Haag
P. O. Box 1323
Juneau, Alaska 99802


Dear Mr. Haag:

I have been informed of the intensive care air ambulance venture. Some of our nurses heard your presentation and feel it should have our support.

We are interested in seeing the results of your further study and cost findings. The problems patients have in reaching medical care is sometimes overwhelming.

If we can be of any further assistance, please let us know.

Sincerely,



Sister Barbara Haase
Administrator

SBH:ck

KGH

HENRY I. AKIYAMA, M.D., P.C., F.A.C.C.

INTERNAL MEDICINE
& CARDIOLOGY

1420 GLASSIER AVENUE
JUNEAU, ALASKA 99801

TELEPHONE
(907) 586-6226

January 20, 1981

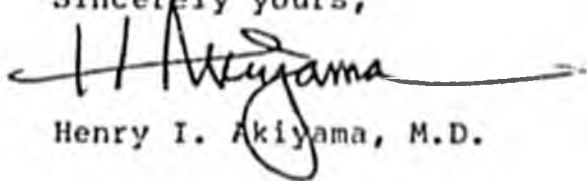
To Whom It May Concern:

I have been practicing medicine in Juneau for twenty years. There have been many occasions when patients had to be transported via air to Seattle or Anchorage for emergency medical treatment unavailable in Juneau.

The Commercial Airlines have been most cooperative. However, they run on a set time schedule. Medical emergencies arise in which immediate transfer of a victim to a medical center is necessary. This could be feasible if we had a Air Ambulance Service available in Juneau.

It is my opinion that the Air Ambulance Service as proposed would be a guarantee of immediate accessability to the best medical care for the people of Juneau and entire Southeast Alaska. I commend and support them.

Sincerely yours,



Henry I. Akiyama, M.D.

HIA:jk

BARTLETT MEMORIAL HOSPITAL

3260 HOSPITAL DRIVE • JUNEAU, ALASKA 99801 • TELEPHONE (907) 586-2611

February 4, 1981

Drew Haag, VP
P. O. Box 1323
Juneau, Alaska 99802

COASTAL AIR INTENSIVE CARE

We heartily endorse your endeavor to establish an air ambulance service based here in Juneau. It should prove to be beneficial to the patients and to our hospital.

Provided your rates are competitive it will be easier to use your service than to await scheduled airline service. It will also eliminate the necessity to bump regular airline passengers.

Please keep us advised of your actions.



JAMES R. BURNS, ADMINISTRATOR

SITKA COMMUNITY HOSPITAL

P. O. Box 500 • SITKA, ALASKA 99835 • (907) 747-3241

January 18, 1981

Re: COASTAL AIR INTENSIVE CARE

To whom it may concern:

During the past week I had the opportunity to speak with Drew Haag regarding the possibility of establishing an air ambulance service in Southeast Alaska.

It is a foregone conclusion that the only way possible to medivac our critical emergencies is by air, and it would certainly be beneficial to have that service available closer than Anchorage or Seattle.

I can certainly support the concept of such an endeavor and wish to express my support for careful study as to the feasibility of COASTAL AIR INTENSIVE CARE.

Sincerely,

Sheryl Johnson, RN

Sheryl Johnson, RN
Director of Nurses

cc: Mark Hawkins, Administrator
SMJ/pkc



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

January 12, 1981

PMS ALASKA NATIVE HEALTH SERVICE UNIT

USPHS-ANH Clinic, Juneau
P. O. Box 890
Juneau, Alaska 99802

Drew L. Haag, Vice President
Coastal Air Intensive Care
c/o P. O. Box 1323
Juneau, Alaska 99802

Dear Mr. Haag:

I enjoyed talking with you about your plans to develop medivac services for Southeast Alaska. Such a resource would certainly be an advantage for our patients and we would be interested in cost-effective utilization.

Good luck in this venture.

Sincerely,

William Diebels, ACSW
Director



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

P.O. Box 4577

Mt. Edgecumbe, AK 99835

PHS ALASKA NATIVE HEALTH SERVICE UNIT

January 16, 1981

Coastal Air Intensive Care
c/o Mr. Drew L. Haag
P.O. Box 1323
Juneau, AK 99802

Dear Drew:

I would like to thank you once again for paying us a visit and sharing with our hospital staff your plans to provide an emergency evacuation service in Southeast Alaska. While not a frequent occurrence for our facility, there have been a number of times when there was a desperate need for this type of service. Currently we must depend on either very expensive modes of transportation or work around existing transportation schedules.

We believe an emergency evacuation service such as the one you are proposing would be extremely beneficial for Southeast Alaska. We have shared with you in our conversation some of our concerns and thoughts on this matter.

If an emergency evacuation service were available in Southeast Alaska which could provide services at an equal or higher level than we currently receive, we would make every attempt to utilize the service.

We appreciate the opportunity to comment on your proposal and look forward to working with you in the future.

Sincerely,

Frank L. Sutton
Hospital Administrative Officer

FLS:cb

ESTOL R. BELFLOWER M.D.

A PROFESSIONAL CORPORATION

RADIOLOGY

Box 3-3000

JUNEAU, ALASKA 99802

January 12, 1981

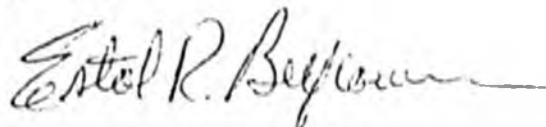
Coastal Air Intensive Care
C/O Drew Haag
P. O. Box 13230
Juneau, Alaska 99802

Dear Mr. Haag;

I appreciated your visit concerning your plan to provide air ambulance service to Southeast Alaska. I think that this would be a valuable service in emergencies requiring evacuation of patients from Juneau to Seattle since you would be available on a 24-hour basis. There are times when the weather is too bad for aircraft to land in Juneau but aircraft on the ground may have takeoff minimums.

I hope you have success in instituting this program. Let me know if I can be of help.

Sincerely,



ESTOL R. BELFLOWER, M.D.

ERB:jlm

Family Practice Physicians

1600 CLACIER AVENUE • JUNEAU, ALASKA 99801
(907) 586-6580

MIKE FRANKLIN, M.D.
KIM C. SMITH, M.D.
WILLIAM M. COLE, M.D.
ERIC OLSEN, M.D.

LARRY DEPUTE, P.A.

11/12/81

Dear Mr Haag,

I have recently learned of your interest in developing an air ambulance service. I think that what you have envisioned would provide an excellent service to the community.

Having had alot of experience in air evacuation, I would be please to help you in anyway I can

Yours
S. Depute

MR. E. HAAG

COASTAL AIR INTENSIVE CARE

1/13/81

JOSEPH D. REIDERER, M. D.
(A PROFESSIONAL CORPORATION)
1600 GLACIER AVENUE
JUNEAU, ALASKA 99801

DEAR DAVID:

JUST A NOTE THIS PM OF FOLLOWUP
ON OUR DISCUSSION OF AN EMERGENCY MEDICAL
AIR EVACUATION SERVICE FOR SE. ALASKA,

AS MENTIONED IN MY OFFICE - THERE
CERTAINLY HAVE BEEN OCCASIONS WHERE
THIS NEED HAS BEEN URGENT, & TRANS-
PORTING CRITICAL PITS TO A LARGE
MEDICAL CENTER HAS BEEN DIFFICULT. THIS
IS PARTICULARLY SO IN NEURO SURGICAL
EMERGENCIES, & PRIOR TO DR. MASS' / MR. PAGES
PRACTICE IN UNINEAR, FOR PEDIATRIC INTENSIVE
CARE CASES.

ON SOME OCCASIONS IT HAS BEEN NECESS-
ARY TO CALL A LEAN UET OUT OF ANCHORAGE
FOR TRANSPORT, - WHEN I FEEL I WOULD NOT WAIT
FOR THE NEXT SCHEDULED AIR CARRIER. ON
OCCASION, THE COAST GUARD ALSO HAS RESPOND-
ED TO URGENT CALLS FOR IMMEDIATE TRANS-
FER.

I MUST COMMEND ALASKA AIRLINES OVER THE YEARS FOR THEIR OUTSTANDING COOPERATION - IN THE TRANSPORT OF PATIENTS TO MEDICAL CENTERS WHEN WE HAVE REQUESTED THIS.

HOWEVER - I FEEL CERTAIN THAT A WELL EQUIPPED + STAFFED PLANE COULD BE A GREAT HELP IN EMERGENCY SITUATIONS TO TRANSPORT (PARTICULARLY CRITICALLY HURT PATIENTS) - TO LARGER + MORE SOPHISTICATED MEDICAL CENTERS, FROM OUR AREA HERE.

I HOPE THE PLANS YOU ARE CONTEMPLATING - WILL BE ABLE TO BE CARRIED OUT.

BEST PERSONAL REGARDS.

Paul L. Kramer MD