Medical Helicopter Accidents in the United States: A 10-Year Review

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Objective: There has been a significant proliferation of medical helicopters and medical helicopter operations in the United States over the last decade. The purpose of this study was to determine whether the proliferation of medical helicopter operations in the United States was associated with a subsequent increase in the number of accidents.

Methods: We used univariate descriptive analysis of all pertinent medical accident files obtained from United States aviation databases for a 10-year period (1993–2002).

Results: There were 84 medical helicopter accidents involving 260 persons (passengers, patients, crew, and pilots) during the 10-year study period. Of these, there were 72 fatalities and 64 injuries. The incidence of fatalities was 0.86 fatalities per accident. The incidence of nonfatal injuries was 0.76 per accident. Fifty-two percent of all reported accidents occurred during the last 3 years of the study period (2000–2002).

Conclusion: There was a steady and marked increase in the number of medical helicopter accidents in the United States during the 10-year period (1993–2002). These findings are worrisome in light of recent research that has indicated use of medical helicopters may be excessive and nonbeneficial for most patients.

RESULTS

We identified 84 medical helicopter accidents for the study period and analyzed these by year (Fig. 1). Of these, 80 (95%) were detailed in the NTSB database and 4 (5%) were detailed in the Concern Network database. There was considerable overlap of reporting between the two databases for the years 1997 to 2002. The 84 accidents involved 260 persons (passengers, patients, crew, and pilots). There were 72 fatalities and 64 injuries (Fig. 2). The incidence of fatalities was 0.86 fatalities per accident. The incidence of non-fatal injuries was 0.76 per accident. Of the 84 accidents, 37 (44%) did not result in injuries or fatalities, 19 (23%) resulted in fatalities only, 30 (36%) resulted in injuries only, and 8 (10%) resulted in a mixture of fatalities and injuries. The helicopter type involved in the most accidents was the Bell 206 Long Ranger (20% of accidents) followed by the Eurocopter BK-117 (14% of accidents). The major cause of reported accidents was pilot error (64%) (Fig. 3). Incidents were as likely during daylight hours (7 AM–6 PM) (52%) as during night hours (7 PM–6 AM) (48%).

DISCUSSION

In all medical endeavors, safety of the patient and medical personnel has been a paramount concern. We initially reported a worrisome trend in U.S. medical helicopter accidents for a 5-year period.5 Our study shows a marked increase in the number of medical helicopter accidents for the 10-year study period. In particular, over half (52%) of all accidents in the study period occurred during the last 3 years of the study (2000–2002). These results appear reflective of a trend first identified by the NTSB in 1988. The NTSB recognized an alarming increase in medical helicopter accidents in the 1980s. Specifically, there were 14 major medical helicopter accidents in 1986 that destroyed or significantly damaged 9% of the U.S. medical helicopter fleet. After this, they undertook a safety study of helicopter air operations and found an accident rate almost twice that of nonscheduled air taxi helicopters and a fatal accident rate 3.5 times greater.6 After publication of their study, an improvement in medical helicopter accident rates occurred.

Rhee and colleagues compared German and U.S. air ambulance accident rates for the years 1982 to 1987. They found that U.S. medical helicopters had 4.7 fatal accidents per 100,000 flight hours compared with 4.1 fatal accidents per 100,000 flight hours for German medical helicopters. These rates were considerably higher than those for nonscheduled U.S. air taxi helicopters (1.6 fatalities per 100,000 flight hours).7 Other countries have experienced an increase in fatal accidents in medical helicopters and have focused on refining guidelines for their use.8

The increased number of medical helicopter accidents we have reported is noteworthy in that several recent studies have shown that medical helicopters in the United States and other countries are overused. Shatney and colleagues reported a retrospective review of 947 consecutive trauma patients transported to their trauma center in the Silicon Valley of California, where they found that only 22.8% of study patients possibly benefited from helicopter transport. They fur-
ther found that 33.5% of patients transported by helicopter were discharged from the emergency/casualty department and not admitted to the hospital.\textsuperscript{9} Eckstein and colleagues retrospectively evaluated helicopter transport of 189 pediatric trauma patients in the Los Angeles, California, area. They found that 85% of patients were considered to have minor injuries. Of the patients transported by helicopter in their study, 33% were discharged from the emergency/casualty department and not admitted to the hospital.\textsuperscript{10} Wills and colleagues reviewed 184 medical records of patients transported from the accident scene to the hospital in New South Wales, Australia. An expert panel reviewed all helicopter patient retrievals and found that 17.3% of patients benefited from helicopter transport and 1.7% of patients were felt to have been potentially harmed. Seven percent of patients were discharged from the emergency/casualty department and not admitted to the hospital.

\textbf{Fig. 2.} U.S. medical helicopter fatalities and injuries by year (1993–2002).

\textbf{Fig. 3.} U.S. medical helicopter accidents by cause.
admitted to the hospital, and 36% were discharged from the hospital within 48 hours. In a prospective case study, Wong and Lau reported that 34.1% of patients transported from the scene in Hong Kong by helicopter were discharged from the emergency/casualty department and not admitted to the hospital. In a Norwegian study, an expert panel evaluated helicopter transport of 370 patients. They found that only 41 patients (11%) were judged to have benefited from helicopter evacuation. Similar results were found in Finland, where 84% of patients failed to realize any benefit from helicopter transport. Brazier and colleagues found no evidence of any improvement in patient outcomes for patients transported by the London Helicopter Emergency Medical Service in a prospective cohort comparison. Cunningham and colleagues studied all patients transported by helicopter and ground ambulance for a 6-year period and found that “only a very small subset of patients transported by helicopter appear to have any chance of improved survival based on their helicopter transport.” All of these factors (accident rate, over-use) must be considered, as medical helicopters are significantly more expensive to operate than comparable ground ambulances.

CONCLUSION

There has been a significant increase in the number of medical helicopter accidents during our 10-year study period. Although our study presents only raw data, the findings and trends are worrisome. Further studies are warranted to ensure that medical helicopters are and remain safe. A nationalized and standardized database of medical helicopter accident and operational data are needed. In addition, additional outcome studies are needed to accurately determine which, if any, patients benefit from medical helicopter transport.

REFERENCES


EDITORIAL COMMENT

The authors of this article have a long history of criticizing the air medical industry’s flight safety record and the efficacy associated with patient transport/outcome to challenge the cost versus benefit of air medical transport. Two previous publications1,2 are incorporated into this present article, almost verbatim in parts, with additional “raw data” from the National Transportation Safety Board to accumulate details of 83 medical helicopter accidents over the 10-year period ending in 2002. With crashes as the dependent “variable,” the author’s sought to determine the relationship with
the “proliferation of air medical programs” as the independent variable. They then extrapolate this to critique the value of air medical transport in light of several cited publications critical of its use.

Certainly, this is one way to look at the issue, and it serves to reinforce the author’s biases concerning the impact of air medical transport on current levels of prehospital care as well as their contention that the use of air medical transport does little to improve outcomes in the majority of patients. The authors correctly acknowledge the limitations of this type of “research” and call for additional outcome studies to determine the true benefit of air medical transport. This last statement may be the most relevant point made in the article.

Noticably not referenced by the authors is the more definitive and comprehensive publication on Emergency Medical Services helicopter safety by Blumen.3 This supplement to the Air Medical Physician Handbook evaluated risk and safety using similar “raw data” for the entire period of civilian air medical transport in the United States from 1972 to 2002. More importantly, Blumen is able to incorporate usage data, programs, and helicopters to generate the information necessary to place the risk associated with transport in perspective.

So what do these data tell us? There is a risk associated with air medical transport. It appears to be greater for crew members than for patient passengers, and it is often greatest during weather-related problems encountered during the in-flight phase of air medical transport (rather than takeoff or landing). The period of most crash risk was in the 1980s, but recently, for the past 3 years to be exact, the rate of accidents has increased. The cause of this is uncertain.

In the interest of full disclosure, I direct a large, multi-helicopter, hospital-based air medical transport program, and I am as concerned about safety and outcome as anyone in our industry. In our operations, we practice a culture of safety that is without compromise. A two-pilot cockpit with full instrument flight rules capability is the standard on each flight. We practice an aggressive style of medical care using a physician/registered nurse medical crew and sophisticated intervention, such as prehospital ultrasound. We have examples of “spectacular saves,” that is, care provided in the field that clearly resulted in a positive result that could have been accomplished in no other fashion.

Anecdote is not a substitute for science, however. Just as Blumen has placed risk in perspective, it is incumbent on the rest of us to “prove our bias” in the context of safety, to determine the relationship of transport to treatment and outcome.

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REFERENCES

EDITORIAL COMMENT
This article by Bledsoe and Smith highlights an important issue related to the type and appropriateness of emergency patient transport, that is, the safety of helicopter flights versus benefits to patient care. The increasing use of helicopters, particularly for initial response at trauma scenes, has resulted in increased risk to the patient and the transport staff, including death. There has been a significant increase in helicopter accidents in the last 3 years. Because almost one third of the patients transported by helicopter are discharged from the emergency department without admission, a better triage for and accountability of helicopter use must be developed.

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