

Date: July 18, 2017

Time: 1100 to 1135

Present on the Telephone: Erin Juenger, EMT-P, Alexis Elward, M.D., Debbie Robinson, R.N., and Shari Crumbley, R.N.

Telephone interview with Erin Juenger

Mr. Juenger provided the following information during his telephone interview:

On July 1, 2017, at approximately 1845, the, St. Louis Children's Hospital transport crew, located at Parkland Health Center, Farmington, Missouri, was dispatched to St. Francis Medical Center (OSH), in Cape Girardeau, Missouri, for 5 y/o new onset seizure. There was limited information provided regarding the patient since the team has initiated speedy launch. Trisha Taetz, R.N., a crew mate, took the call. Erin was not involved in call.

The crew lifted off a little after 1900 as there was a pilot switch and check of aircraft at 1900.

The team arrived at OSH. Erin introduced himself as a paramedic and kidded with family about not trying to beat them to the hospital. He put patient on the stretcher, put the monitor leads on her, and took her vital signs. He also talked with her about flying on a helicopter. However, she seemed sleepy, not really responding. She was moving and blinking her eyes but appeared post-ictal or sedated from medicine.

During this time he was also working on Trisha's helmet microphone which was not working. Erin stated that sometimes the microphone unhooks from the back of the helmet if the helmet/microphone gets bumped. In addition, Erin's face shield was off so he fixed the shield. Erin stated that these types of issues are not common. Helmets are assigned to each individual team member and each member is responsible for caring for his/her equipment.

Trisha entered the helicopter first, occupying the jump seat. She entered first so a crew member was present when the patient was loaded on board. Erin loaded patient/stretcher into helicopter through the back. Then he seated himself in the front of the aircraft, in the co-pilot's seat. Erin estimated lifted off at approximately 2015. There was no patient care communication during first part of the flight.

Erin estimates that the aircraft went down at 2029. The patient was very calm during the descent. There was no crying that Erin could hear. It is his understanding that she did not seem to understand what was happening. During safety training transport members learn to secure the patient and yourself, brace for impact and cover the patient. But he has no actual knowledge as he was in the front of the aircraft.

After setting down, Erin freed himself and exited the aircraft. Jen (the third SLCH crew member) jettisoned the door and exited the aircraft. Jen advised Erin that Trisha told Jen that the cot was on her legs. Erin reached down into the helicopter and unbuckled patient. As he was pulling her out-she wrapped her arms around Erin, as he told her to hold on. He handed her off to Jen. He then grabbed some blankets to keep her warm. Patient was in her underwear and a t-shirt.

Erin noted that the stretcher was on its side. He pulled the cot off Trisha so she could exit the aircraft. He may have broken the cot when moving it. He also recalls that Trisha unhooked the patient's IV prior to Erin extricating her from the helicopter. They moved patient about 200 feet away from the aircraft. They placed her on a make-shift cot made from blankets.

Local EMS arrived approximately 15 minutes and drove out into field. All three transport team members went in ambulance with patient to Perry county Memorial Hospital. Patient was 100% stable and her vital signs were good.

Date: July 19, 2017

Time: 1030 to 1115

Present on the Telephone: Trisha Taetz, R.N., Alexis Elward, M.D., and Shari Crumbley, R.N.

Telephone interview with Trisha Taetz

Ms. Taetz provided the following information during her telephone interview:

The call for the transport came from either Aircom or Children's Direct for a patient with new onset seizures. At the time of any call requesting a transport, a decision is made regarding mode of transport. The following are taken into account: time, distance, what the OSH is requesting, and acuity. In this instance the OSH requested flight.

They performed their pre-flight check on all their equipment and determined that they had what they needed. There were no equipment issues noted.

No additional information regarding patient was provided while in flight.

Upon arrival at OSH, patient was post-ictal and she had Ativan on board. Her vital signs were stable, her pupils were equal and reacted to light. She was on O2. She was difficult to arouse but she did awaken and told her name was when Trisha asked her. She went right back to sleep. An IV was in place. Trisha saline locked her prior to leaving OSH. Trisha removed the oxygen and observed her for a period of time in the room to ensure that she did well without O2.

Trisha's interaction with the family was standard as usual. She explained reason for flying, what would happen in flight, and that the team would call them when they arrived at SLCH. The family was visibly upset at the patient's condition.

Trish secured the patient on stretcher. The patient tried to curl up in a ball. However, Trisha was able to secure her flat on her back with the safety straps in place. Jen (second RN on the trip) was performing as lead transport team member. She received report from treating MD and RN outside of the room. Erin (transport paramedic on the team) was in the room with the patient and Trisha, working with the helmets.

The team wheeled the stretcher outside to board the helicopter. Trish did a walk around of the aircraft, looking at latches, and doing a pre-flight check. She then boarded the aircraft. The patient was placed in from the back. The stretcher was secured into aircraft. The patient never opened her eyes and appeared to be sleeping the entire time.

Before the pilot started the engine, Trisha inserted foam ear plugs into Davarea's ears. A screw was out of the usual ear covering. The helicopter took off without issues. Trisha was in the jump seat at the head of Davarea's stretcher. She strung and started IV fluids that she thinks were NS. First part of flight went smoothly. The patient continued to sleep.

At a certain point in the flight, Trisha states she either felt or heard something that was not right. It may have been a slight jerk or jolt. She has been on the transport team long enough to know

when something isn't right. She looked at Jen and noticed she felt it or heard it too. Jen looked very scared.

The pilot then announced "Guys we just lost engine 1." At that point the aircraft began to fly "wonky." Trisha tightened the straps securing the patient. She noted that the patient was asleep and her vital signs were stable. The pilot then announced, "Guys we just lost engine 2, I'm going to auto-rotate. This is going to be rough." The patient was still asleep.

Jen reached across and to hold Trisha's hand. Trish said to Jen "get in crash position and remember your training." Trisha made sure her own harnesses were tight. She then bent over and placed her arms over patient. The aircraft was rolling and bucking side to side. The impact felt violent and she felt her helmet get ejected.

The next thing she remembers is hearing someone calling her name. She thinks it was Erin. She smelled jet fuel, noticed that her helmet was off, and that she was trapped as the stretcher was on top of her. When she opened her eyes the patient's face was right in front of Trisha's and her eyes were open. Trisha put her hands on the patient's face and said "you are OK, go back to sleep." The patient shut her eyes and appeared to be asleep. Trisha told Erin "I can't move I'm pinned in." Trisha put the head of stretcher down and began removing the safety straps from the patient. She reached down and disconnected the fluids from the patient's IV and disconnected the blood pressure cuff and pulse oximeter.

She felt the patient's weight come down on her. She then pushed the patient up to someone she thought was Erin. She also states that someone was yanking on the back of the helicopter and pulling on the stretcher. Trisha yelled that her legs were tangled in the stretcher and to stop pulling. Finally she was able to get legs loose. She was then pulled out of the helicopter by Erin.

Jen was far away over by the corn with the patient. Jen was crying. Jen said the patient was fine and that she had called Aircom to advise that the helicopter was down. The patient remained asleep on blankets in the field. The patient's assessment was fine.

Trisha was unsure how the local EMS was called, but had heard it was a farmer. EMS arrived but SLCH transport maintained patient care until they reached Perryville County Memorial Hospital (PCMH). EMS put the patient on a long board. She did not wake up, but did sigh. Trisha said she wanted to maintain control of patient and go directly to SLCH, but she was told no by her manager. Rather the patient and all 3 team members were transported to PCMH. Trish sat up front with driver in rig and was in a lot of pain. Jen gave patient report to PCMH.

Date: July 24, 2017

Time: 1030 to 1100

Present on the Telephone: Jennifer Weffelmeyer, R.N., Alexis Elward, M.D., and Shari Crumbley, R.N.

Telephone interview with Jennifer Weffelmeyer

Ms. Weffelmeyer provided the following information during her telephone interview:

Trisha Taetz, R.N., the second nurse on the team that evening, took the call requesting the transport of the patient. Jennifer (Jen) recalls Trisha talking on phone with SLCH MD and OSH MD. Trisha said that the OSH wanted them to fly. The pilot just started his shift so it was around 1900 when they left Parkland Health Center. Jennifer recalls that the patient had new onset seizures, her vital signs were stable, and she received anti-seizure medication at OSH.

In flight, there were some equipment challenges. Trisha's helmet microphone wasn't working. She was able to get it to work about half way to three quarters into the trip to the OSH. Erin's helmet shield came off. The patient's head phones was missing a screw.

Upon arrival at the OSH, Jen got report at the nurse's station. Trisha went in to see the patient and conduct an assessment. Trisha reported her findings to Jen. No additional interventions were needed.

Jen then called to SLCH from EU to talk to EU attending. The attending was in a trauma and not available. Jennifer then went to find the family. She needed a parent to sign consents. There are two consents, an Air Methods consent and SLCH consent to treat. Dad signed the consents.

When Jen returned, the patient was asleep buckled onto the stretcher. The patient was taken to the helicopter and placed inside with Trisha. Jen and Erin did a walk-around. The patient had an IV but no O2. When Jennifer asked Trisha about oxygen, Trisha reported that she removed it in the ER and observed the patient on room air. The patient did fine so no O2 was necessary.

Jen's role was charting. She was in the airway seat. Everything was fine up until taking off. The air conditioning wouldn't work, so the pilot opened the windows. Jen also observed mom and dad were standing at the perimeter of the helipad videotaping during lift off.

While in flight something happened and the aircraft lost power. The patient was still sleeping. Jen wedged the workbook computer because it's heavy and not secured. Trisha's phone was out and not secured either.

Jen reported that they were going down. Pilot announced that he would auto rotate. She recalls the pilot saying that there were trees and wires. Then he said one of the engines came back and he was going to the airport. Then he said we lost the engine again.

Jen recalls skidding and then tipping on the side. She thinks that the stretcher may have come unhooked. She could not see the patient, but knew she tipped over on top of Trisha. Jen could not reach the patient. She jettisoned the door and climbed out. She said the pilot opened the back door and Erin climbed in Jen's door.

Jen called Aircom to let them know they were down and walked away from the helicopter as told to do in training. Erin called Jen back over and handed the patient to her. The patient's eyes opened and closed. Jen told her everything was fine.

The patient would answer questions and talk about her favorite cartoons, but would quickly fall back to sleep. Jen talked about her own children to the patient. Jen tried to play a cartoon on her telephone but by the time she got it to work the patient was back to sleep.

Erin brought blankets from the helicopter. They went as far as possible away from the helicopter. A corn field was on the edge of the soybean field on which they landed. They did not want to go into the corn so they stopped at the edge and made a bed from the blankets for the patient. Jen covered her so she would not get bug bites. Jen looked for scratches, bruises and deformities and pressed on the patient extremities and did not elicit any tenderness.

It took about 15 min for local EMS to arrive, although Jen thinks police officers may have arrived first. Jen said the transport team stood in front of the patient so the ambulance would not run over her.

They rode in the ambulance with the patient and monitored her on the way to Perry County Memorial Hospital. Upon arrival in the ER, Jen gave report to the ER MD.