



TO THE RESCUE

NRMA CareFlight is heaven sent. By Leigh Robshaw

It's a sweltering afternoon and there's a festive mood at NRMA CareFlight's Westmead base. A lunch is underway to farewell a group of registrars who are leaving after a six-month stint at NRMA CareFlight, the only air medical service in Australia to employ its own specialist doctors and hold teaching accreditation with three medical colleges.

NRMA CareFlight Chairman and one of its founders, Ian Badham, introduces Senior Constable Mark Fancy from Wiseman's Ferry, here to present NRMA CareFlight with a cheque for \$52,170. He and his wife Joanne run an annual golf day to raise funds for NRMA CareFlight and they're a prime example of the sense of community ownership that NRMA CareFlight inspires in many people. But their donation, while very much appreciated, contributes only a

fraction of what it costs to run this vital emergency service.

A blue helicopter-shaped cake appears, and just as the party is about to resume, the 'batphone' rings and the mood changes instantly. A hush descends on the hangar while one of the doctors takes the call. Food tables are cleared in a flash, the cake is whisked away and the NRMA CareFlight crew — pilot, doctor, SCAT (Special Casualty Access Team) paramedic and air crewman — springs into action.

A 35-year-old man has dehydrated on a bushwalk in the Blue Mountains and there's no time for ambulance officers to hike in and retrieve him. Within six minutes the crew arrives in Katoomba and within 20 minutes they've winched him out and delivered him safely to Katoomba hospital.



Earlier Chief Air Crewman, David Mann, had explained that in today's conditions, the small twin-engine BK117-B2 helicopter would struggle to stay in the air if there was a winching mission in the Blue Mountains. Fortunately, today's mission is successful

"We're able to do that because it's an integrated service where the doctors understand aviation and the pilots and crew understand medicine. We operate as an intensive care unit — we take the hospital to our patients."

NRMA CareFlight's affiliation with

“ NRMA CareFlight treated and transported 1423 patients last year... [with] more than 13,000 over the past 18. ”

and it's another job well done.

"Helicopters need a lot more power to operate in 'hot and high', which is hot temperatures and high altitudes, so in the Blue Mountains, where NRMA CareFlight predominantly does its winch rescue work, you need a strong, powerful, high performance helicopter and this one just doesn't cut it," says David. "As soon as we can, we need a bigger helicopter; it's our greatest priority as an organisation."

TAKING THE HOSPITAL TO THE PATIENTS

From its birth in 1986 as a medically focused version of the former surf rescue helicopter system, operating from a tin shed behind Westmead Hospital, NRMA CareFlight has grown into an organisation of 70 staff, three helicopters at two bases and a reputation around the world as a pioneer of medical aviation. According to Ian, a key to NRMA CareFlight's success is the life-saving medical expertise it's able to provide anywhere in NSW day or night, in the shortest amount of time possible.

"We've pioneered the concept of rapid response doctors and the doctor/paramedic combination," says Ian. "Medical research is also a big part of what we do and we have more papers published in [various] medical literature in the fields of trauma and retrieval than all the other air medical services and hospitals in Australia combined.

the medical colleges and Charles Sturt University makes it a much sought-after career path for many doctors.

"I think it's the challenge of being able to treat someone outside a hospital, being able to bring all that training and experience to a car crash on the side of the road," says NRMA CareFlight doctor, Shane Trevithic. "You have to expand your skills to work outside the hospital. NRMA CareFlight takes us through a pre-hospital trauma-training course, which is a very valuable experience. NRMA CareFlight's really the only rescue organisation that does that for doctors in Australia and probably in the world."

Keeping his skills updated is one of the challenges of the job for Greg Kirk, a SCAT paramedic from the NSW Ambulance Service, who says working alongside a doctor on a helicopter requires significantly more knowledge

and skills than would normally be expected of a paramedic.

"The doctors carry three times as many drugs as paramedics so you need to know what they do and be able to assist them when they use those," says Greg. "Keeping your skills up-to-date in this environment is such a systemic thing and you need to [train] all the time — there's no mistakes on a helicopter.

"There's only four of us on the aircraft and you're all working together to make sure it goes safely. Teamwork on the helicopter is the prime thing. Everyone knows their role, everyone's opinion is taken into account. If we're going to a mission and one person isn't happy with it, we don't do it. There is always another way."

SAVING LIVES COMES AT A COST

NRMA CareFlight treated and transported 1423 patients last year and has treated more than 13,000 patients over the past 18 years, about a third from road crashes. While it's difficult to quantify how many lives have been saved, thousands now enjoy a significantly better quality of life than they would have, had NRMA CareFlight not reached them in the nick of time.

Ian stresses that while the media focuses on NRMA CareFlight's dramatic rescues, such as the 1998 Sydney to Hobart yacht race, when it rescued seven people in 32 minutes off a sinking yacht, it's the less dramatic jobs, like transferring critically ill patients from country hospitals to large city hospitals that save the most lives.

"We use the helicopter for half our work and the rest of the time it's our teams going out in a road ambulance... a state Air Ambulance or on our Medi Jet for international retrievals.▷



Features CareFlight

It's the doctor/paramedic combination that makes that difference rather than the vehicle itself, but we try to have the best vehicle."

It costs NRMA CareFlight \$8.5 million a year to operate the Sydney helicopter 24 hours a day, seven days a week, another helicopter at the Orange base 10 hours a day, seven days a week, two medical teams on duty around the clock in Sydney and a part-time medical team in Orange. The NSW State Government provides just under \$3 million and the rest of the money comes from business sponsorship and community support.

"There is a need for government to put increased funding into this type of operation, which has been recognised by a recently completed independent review of such services conducted by NSW Health," says Ian. "In NRMA CareFlight's case both for the medical teams and also to make the helicopter more sustainable and to help us operate at a better category of helicopter, one that can operate in all conditions."

“You've got the white knights on the road and the blue angels in the air... the heart of both is community...”

Considering it costs so much to run NRMA CareFlight, you'd expect hefty bills for patients, but NRMA CareFlight doesn't charge all of its patients. In the case of a primary response mission, for example rescuing someone from a car crash, the patient may be billed a standard ambulance fee only.

"That way there's no difference in the charge that's likely to come," says Ian.

"Whether a patient gets an ambulance or a helicopter team, there is no difference, so the decision on which team to send is purely a clinical decision in the best interests of patients, not a financial one. As a principle, equity of access to all is one of the basic tenets of this type of operation."



NRMA TO THE RESCUE

Like any not-for-profit organisation, money is always the biggest challenge. When NRMA became a major sponsor in 1990, NRMA CareFlight had spent two years without a sponsor and nearly had to close. Sponsorship from both NRMA Insurance and NRMA Motoring & Services accounts for about 10 per cent of the running of the organisation. In addition, NRMA Insurance is meeting the cost of the new Head Injury Retrieval Trial (HIRT), which was launched in February (see page 17).

"NRMA Motoring & Services' funding helps supply all aspects of the helicopter service," says Tony Stuart, CEO, NRMA Motoring & Services.

"When someone you love is saved because medical help is there then you begin to understand the priceless value of NRMA CareFlight's service. It's a fact that people given medical aid during the first hour are much more likely to survive and recover. That's why NRMA CareFlight is so important.

"Last year, NRMA Motoring & Services and NRMA Insurance renewed their \$5.2 million sponsorship of NRMA CareFlight until 2009. NRMA CareFlight conducts fundraising activities through the year and people can purchase NRMA CareFlight bears at NRMA branches, which helps keep NRMA CareFlight in the air."

Says Ian Badham: "Even during the tsunami support we provided in Banda Aceh, the encouragement we've had from NRMA Motoring & Services and NRMA Insurance has been great. Community support is one of the reasons for our success and that reflects on... NRMA. You've got the white

knights on the road who go out and rescue motorists and the blue angels in the air. The heart of both organisations is community involvement.

"What we have is an amazing team, an inspiring team, and the more they do and the more the community appreciates what they do, it inspires the rest of us to help make it possible. That's why NRMA is so supportive, because they recognise the enthusiasm and determination.

"A challenge for us is to keep people supporting us when there's need for support elsewhere. There are so many needy causes — better transport, better schools, police, hospitals. We strive to break new barriers, to build the clinical excellence, to improve the level of service but we also have our feet firmly planted on the ground and recognise that we are one of many organisations worthy of support. We have to stake our claim, build our community ownership and build our political and business alliances so people do recognise what we are doing in among all the competing demands on government and on business.

"We recognise we are part of a matrix of society and at the same time we recognise the life-saving difference we do make. We had a significant role in Bali, in the tsunami rescue and in the Sydney to Hobart yacht race [and] we will have another big role when the next disaster happens in Australia."

NRMA CareFlight is a registered charity and donations of \$2 and over are tax deductible. Send your donation to: PO Box 159, Westmead 2145 or call 1800 858 505. To purchase an NRMA CareFlight bear, call 1800 858 505.





NRMA CAREFLIGHT HELP IN BANDA ACEH

Two NRMA CareFlight doctors were part of the first foreign medical teams to arrive in Banda Aceh after the tsunami hit on Boxing Day last year. According to Dr Alan Garner, NRMA CareFlight's medical chairman, the moment he knew something was very wrong was when he saw the empty streets.

"We got there on day four and a lot of the people with immediately life threatening injuries had died so we were seeing people dying from things like pneumonia from sucking in water. There were an awful lot of people, about 250 to 300 people coming in every day. The only surgery... done [happened]

to treat patients but the surgical staff found it difficult because they had a lot less to work with than [usual]," says Alan. "Because we're used to... having only what we carry on our backs, there was more psychological preparation and an expectation that we won't find anything we can use there, so when we did find something it was a bonus."

Alan believes that two elements made their rescue efforts possible. One was the logistical support provided by two NSW Fire Brigade officers and the other was having access to NRMA CareFlight's disaster cache, which NRMA CareFlight had the foresight to

“There were some people who needed intensive care and we couldn't provide that... you did as much as you could.”

because someone was going to die if they didn't have it done.

"There were some people who really needed intensive care and we just couldn't provide that. There were nine cases of tetanus and they all died, whereas here that would have been six weeks of intensive care. But you couldn't look after those people. You did as much as you could in terms of antibiotics and oxygen and then they took their chances."

Alan says his training and experience as a NRMA CareFlight doctor prepared him for the difficult job, which is part of working at NRMA CareFlight.

"We're used to arriving at roadsides

build so medical teams could function in the field in a large-scale emergency.

The disaster cache took NRMA CareFlight five years to build up and is worth an estimated \$240,000. It contains vital supplies needed by medical teams operating out on the field in a large-scale crisis situation, including gloves, surgical masks, aprons, intravenous fluids and monitors.

"We couldn't have done the job without it," says Alan. "There is no other rapidly deployable disaster cache outside the military in Australia. Only the Australian defence force provides it at a federal level and the states don't see it as their responsibility. We've

tried to get funding for it but it never eventuated so we went ahead and set it up and it's now proved its worth."

"Tonnes of equipment went over and bringing it back with us wasn't even an option, purely on a humanitarian basis," says NRMA CareFlight's Chairman, Ian Badham. "We're hopeful the Federal Government will [pick] up the cost as part of its contribution to this disaster."

Assuming all items are available off the shelf, which many are not, it could take a week or two to collect the disaster cache, so having it ready to go with the first medical team to respond to the disaster played a life-saving role.

"The cache doesn't exist outside of what we have and we hope we will now get funding to add things like a portable biochemistry lab," says Alan. "We had no way of doing a simple blood count or checking electrolyte levels and it would have been absolutely invaluable, so we're hoping we can add to it so we can do a better job next time." ▸





LUCKY TO BE ALIVE

Looking at 37-year-old NRMA Member Belinda Jones today, it's hard to imagine she was fighting for her life after her 4WD collided head-on with a truck just nine months ago. She has a slight limp and scars on her arms, but today she looks like a healthy, happily married mother of two young boys who is simply grateful to be alive.

“The guy who got to the scene first and got Jake out of the car thought I was dead... If CareFlight wasn't there to give the blood straightaway, I wouldn't have made it.”

Belinda was driving down Mamre Road at Kemps Creek in Sydney's south-west on her way home from taking her son Jake, then four, to a kids' show when her car veered into the path of the oncoming truck.

The truck overturned and hit a power pole and the driver escaped uninjured. Jake suffered minor injuries and was pulled out of the car by a passing motorist. But Belinda was trapped in the wreck for an hour, with multiple fractures to her arms and legs, a fractured neck and severe bleeding.

Ambulance officers called NRMA CareFlight to the scene, where former NRMA CareFlight doctor, Monika Beatty, performed emergency roadside surgery and administered a blood transfusion that undoubtedly saved Belinda's life.

“The guy who got to the scene first and got Jake out of the car thought I was dead,” says Belinda. “If CareFlight wasn't there to give blood straightaway, I wouldn't have made it. Jake had a

couple of scratches on his head and his booster seat was broken. My seat apparently was nearly in his lap.”

Belinda remembers nothing from the accident and the cause of the crash was never ascertained, however, she and husband Steve suspect a build-up of stress and fatigue may have caused her to doze off at the wheel. They'd just returned from New Zealand where they'd attended a conference on Prader-

Willi Syndrome, which their youngest son Kyle had been diagnosed with, and had spent the night before the accident at Westmead Children's Hospital.

“The hospital called and said ‘your wife and child have been in a bad [accident] and been taken from the scene in a helicopter’,” says Steve.

“The next day the CareFlight paramedic came and visited Belinda in intensive care to find out how she was doing. He was obviously interested; they hadn't expected her to make it. Whether she was going to lose her right arm altogether was an issue for about three days after the accident. They were deciding whether to take it off because of lack of circulation and also whether she was going to be a quadriplegic, because of the break in her neck.”

“Everyone knows CareFlight's the reason I'm here,” says Belinda. “I am so appreciative that the service was available and I had a really good team of people who came to the accident and helped me survive.”

Steve and Belinda asked their friends and relatives to put the money they would have spent on flowers towards a donation for NRMA CareFlight and two months after the accident they visited the NRMA CareFlight base to say thanks and present the money.

“We were able to give a couple of hundred bucks and in doing that it's brought awareness of the service to all of those people who gave us money instead of buying flowers,” says Steve. “Each time we've come back to see these guys and make donations, you've only got to mention Mamre Road and they know the job straightaway. And that was really surprising to both Belinda and I. With the amount of jobs they do, it was significant to them.”

“If any conversation came up about support services, I couldn't speak highly enough [of NRMA CareFlight]. I push it as much as I can. Even asking if they've got stickers and things like that for the car just to promote the service. I don't think we could do enough to, not repay, but just show gratitude.” ▶





MARK OGSTEN



PETER BASTIEN

HIRT SO GOOD – making patient care even better

Severe head injury is the most common cause of death for people aged under 40 and it is a leading cause of severe disability in the Australian community.

In Europe, physicians specialising in trauma care attend to patients with severe head injuries which reduces the number of patients who are left with long-term severe disability, while in Australia we rely on ambulance paramedics.

NRMA CareFlight's Head Injury Retrieval Trial (HIRT), launched in February, aims to demonstrate the improvement in patient outcome when they are treated by a physician within 15 minutes of the '000' call to the NSW Ambulance Service.

A separate NRMA CareFlight twin-engine Augusta A109E helicopter will be used to transport the physician team to the incident site. Scientific oversight will be provided by the National Health and Medical Research Council Clinical Trials Centre at the University of Sydney.



SAVED IN THE NICK OF TIME

Teneille Bolte's rescue from a flooded Nepean River in August 1998 was like a scene from a Hollywood film. The Camden girl,

13 at the time, and a friend had dared each other to swing over the raging water when Teneille lost her grip and was swept swiftly downstream, weighed down by boots, jeans and a jumper.

Battered and bruised, she was sucked over two weirs and began to lose hope of being rescued. An ambulance officer leapt into the water and held onto Teneille for 20 minutes before she was swept from his arms.

NRMA CareFlight flew into stormy skies just before 6pm as the light was fading. After locating Teneille with a searchlight, crew paramedic Ian Spencer tried twice to pull her out, but the force of the current swept her away.

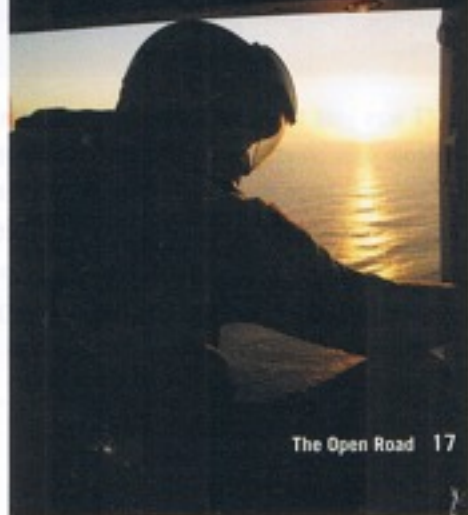
Powerlines loomed ahead and the NRMA CareFlight crew had one final chance to rescue Teneille before the pilot would have been forced to abort

the operation to avoid other dangers.

Ian was winched down and unable to secure Teneille in a rescue harness due to the strength of the current; he wrapped his arms and legs around her in a big bear hug and pulled her to safety — only three helicopter lengths short of the power lines. Had the final rescue attempt failed, Teneille would have been washed over a third weir and into raging white water rapids, where, in a state of exhaustion, she would have had little chance of survival.

"I didn't know how long I'd been in there but it felt like hours and when they didn't get me out the first time, I was worried they'd given up on me," says Teneille, now 20 and back at school studying for her HSC. "But they kept trying. I wouldn't have gotten out without them. If they had of [arrived] five minutes later I would have died."

NRMA CareFlight was awarded the International Association of Air Medical Services 'Air Medical Crew of the Year' Award as well as the Helicopter Association International's 'Igor I. Sikorsky Award for Humanitarian Service' for the mission. ●



CAREFLIGHT

