



## AIR MEDICAL TRANSPORT EUROPE

by Irena Dimitrijevic

**D**üsseldorf 08:00 AM: A call comes in to operations of Jet Executive, JEI: a 30 year old man vacationing on Mallorca, Spain is suffering from a fracture of leg and rip after a motorcycle accident. While speeding on the highway he hit a pole. The girlfriend of the patient was sitting in the back but luckily she didn't have any injuries. They need to be repatriated back to Switzerland.

Dennis Stoffel, ground operations manager, who is on duty while the call comes in, probably won't have any unpredictable difficulties with the organization of this flight. It is within European borders so no permissions will be required. Considering the routing Spain to Switzerland the Munich based Learjet 35 is in a slightly better position than the company's aircrafts which are based in Frankfurt. And with a total flight time of four hours this operation will be managed within one day even if the patient needs to be picked up from the hospital on Mallorca and dropped off at his new destination in Geneva. "The crew will return to their Home Base so I don't need to worry about

hotel bookings nor minimum crew rest times," he finishes his explanations.

Having a strategic geographic base of operations is essential to the success of any air ambulance company. Primarily serving the European market, Jet Executive's headquarters its operations in Frankfurt and Munich. "Geographically Germany is the centre of Europe, no matter if you fly from south to North, or West to East you will most likely overfly German territory which gives us a competitive advantage to other providers," argues Irena Dimitrijevic, the new Marketing and Sales manager of JEI. "Our position enables us even to serve the Northern African countries and the Eastern part of Russia without a fuel stop."

The bulk of such air ambulance work comes from insurance companies repatriating tourists. With a large number of vacationers from all over Europe to the top holiday destinations such as the Canary and Balearic Islands, Italy, Greece or even Northern African destinations like Sharm el Sheik in Egypt there is increase the demand for patient transfers during the summer months.

The patients need to be brought back to their home countries which in most cases are Germany, Austria, France, Swiss, the UK or one of the Scandinavian countries. However, insurance companies are not the only ones that request patient transfer charters. Quite often, wealthy private citizens and foreign nationals seeking high-end European and US health care are willing to pay the price to have a private jet taking them to internationally recognized health facilities, such as the renowned Mayo Clinic centres in Minnesota. For such long distance flights the Challenger 600 comes more likely in action compared to short distances due to comfort reasons. The Challenger 600 operating under D-Busy is Jet Executive's flagship and can be equipped with up to three stretchers. "At the start of this month we had a flight to Minnesota with two newborns being held in incubators on board accompanied by their parents and own doctors," reports Irena Dimitrijevic.

Next to the insurance companies many brokers all around the world request ambulance flight each day. If they are specialized in the business they can be



very useful as they are specialized certain geographical areas and are in contact to many end customers. Others have their key business focused on executive flights so the potential outcomes of their requests are rather ineffectual. Occasionally companies receive calls to retrieve injured soldiers, after acts of terrorism or humanitarian disasters,

government personnel or ambassadors and their families.

*Larnaca airport, Cyprus 12:30 PM:* Captain Meyer and his Co-Pilot Wischer just landed on the 9800 feet long runway in 37 degrees of Mediterranean heat. Once again the job of getting the patient home has fallen to the flight crew and medical staff of the Learjet 35 D-CGRC. The aircraft is equipped with

an incubator for the little patient. Baby L.S., born on the sunny island a few months ago. Unfortunately his short life hasn't been as sunny as the weather so far. His mom had a premature birth and since then she hasn't left the island due to the critical condition of his son. Both parents haven't seen their home in Leeds, England for almost a year now because the doctors refused to risk any repatriation up to today. The baby suffers from prematurity symptoms for an indefinable time and therefore the flight is life-threatening. Captain Meyer will have this in mind for the whole five flight hours up to the British Island.

"As in most cases, organizing the actual flight was the easy part; the hard part is always coordinating the logistics between the two countries such as the destination hospitals", says Dennis Stoffel, "We had to reschedule the flight three times before we were able to finally operate it. The client kept cancelling last minute due to a missing bed in the receiving hospital in Leeds and even surrounding areas. At the same time we had to coordinate the time schedule



of the accompanying child doctor. She is usually working shifts in a hospital but needed to be available on the exact date of the repatriation. Hospital beds in England are rare compared to other European countries. "Certain countries are well organized and the clients are taking care of all logistics. But other once expect you to be responsible for the arrangement of a suitable ground ambulance and a bed-to-bed service is taken for granted."

Despite a continuously merging Europe each country still remains different in their way of living and their medical provision so that at the end of the day these are the challenges an International Air Ambulance Operator

has to cope with. Considering the advantages of a united Europe one can say that open borders and a visa free layover is one of them. In contrast to Executive flights there aren't any countries in Europe left which are claiming permissions for an air ambulance operation. "As soon as we operate into neighbouring countries we often have a handling Agent who supports us with individual Customs and Immigration inspectors", explains Mr. Stoffel. "Russia for example is showing signs of a maturing market and growing demand for any kinds of flight operations. As more and more Russian citizens are indulging themselves a German medical treatment an intermediary becomes

essential. The operations staff navigates the bureaucracy and receives information about operating airports, fuel and visa policies.

Then there are the medical logistics to address. Jet Executive is using a pool of more than 70 doctors and further 60 flight-paramedics, all of them with a lot of experience in ICU air ambulance operations. "We have medical crews based in Munich and Frankfurt. They are responsible for arranging ground transportation and ensure that the Aeromedical staff must have all necessary equipment on board. Therefore the medical report is always a key factor. It decides the compilation of the Medcrew and the necessary equipment on board. "A few weeks ago we flew a pregnant lady from Spain back to her home town Bristol, UK. We had a Medcrew consisting of four people on board: One child doctor, one midwife, one doctor for the mother and one nurse. We were prepared for every possible case," demonstrates Irena Dimitrijevic.

Bernd Ringelmann, president of Jet Executive said preparing for the unexpected and managing it when



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## **JET EXECUTIVE** INTERNATIONAL CHARTER

it happens is crucial to effective international air ambulance operations. “Every trip is different; sometimes the shorter once within Europe can be harder than the once abroad.” Consideration on every patient transfer include an assortment of “known issues,” such as monitoring duty days, pre-positioning crews worldwide as required, obtaining foreign visas for medical staff and aircrew, landing rights, over flight permits (particularly Middle Eastern countries such as Iran and Iraq). Moscow Vnukovo for example charges a fee for each passenger when using the terminal even if it is a patient; London Heathrow is very expensive to operate so that London Gatwick is usually considered for an air ambulance operation, Bolzano airport in Italy can be only operated by a King Air turboprop and not a Learjet and specific airports in Europe are only operable with decent weather conditions. These are just a few pieces that need to be considered for the whole puzzle. But even some parts of Europe still remain difficult because of political issues. “If we have to quote a flight to Kosovo we need to calculate approx. half an hour on top of the actual flight time because it’s not permitted to fly straight to Kosovo over Serbia and vice versa. It is defined by the NATO that you need to fly a curve over Montenegro while avoiding Serbia”, explains Sebastian Mueller from the operations department.

The front line of any air ambulance company will always be the aircrew and medical staff on board each flight “So you need the right people to come to solutions and decisions quickly. The pilots making the decisions have to be enthusiastic, committed individuals prepared to make the necessary short-term sacrifices inherent in the job. “We depend on the pilot’s ability to think and act for themselves. The rules apply for example when operating unknown airports especially in African countries or war zones like Afghanistan. “Being able to adapt to unpredictable developments on the scene goes with the territory. The challenges are there every day,” said Bernd Ringelmann.

All air ambulance providers need to have a necessary authorization with the LBA (Luftfahrt Bundesamt) and comply with appropriate rules and regulations. Air ambulance providers in particular need to be provided with known and registered ICU Equipment in order to be put on a provider list with many customers. Beside these few requirements it’s all about the geographical positioning of the Home Bases and the company’s strategy. While there are many commonalities among aeromedical companies, each one seems to have its own business philosophy, structure and ideas about how to get the job done.

*Munich airport, 22:30 PM:* The engines of the Learjet D-CGRC are slowly calming down. Captain Meyer and Co-Pilot Wischer are climbing out of the aircraft and checking out. Baby L.S. has been dropped-off at the airport in Leeds- Bradford and brought to the St. James Hospital in Leeds. The patient was delivered in a stable condition and finally brought back home. The Medcrew packs up the medical equipment and finishes their medical reports. Captain Meyer makes a call to Düsseldorf operations to sign off from the job. Air ambulance flying can be physiologically exhausting considering that crews are operating in challenging and difficult location and that the all the employees are putting in long days and a lot of night shifts. But nevertheless, very often they get the reward of retrieving sick and injured people back home.

*Düsseldorf 00:35:* Christian Dörken is working the night shift and has just completed the flight plans for an ad-hoc flight tomorrow morning; Frankfurt-Adana-Stuttgart-Frankfurt. The booking just came in two hours ago. The flight crew is briefed and the ground ambulances will be organized first thing in the morning. He has also completed the record from this morning regarding the injured young man from Mallorca who was brought back home to Switzerland safely.

Mission completed for now – until the next call comes in to operations!