

# A DECISION SUPPORT SYSTEM FOR HELICOPTER EMERGENCY MEDICAL SERVICE OPERATIONS

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## Abstract

*Helicopter emergency medical services (HEMS) operate around-the-clock, in all-weather conditions, and often with no fore-warning. In a time critical operation, where precious minutes may cost lives, the crew must decide which cases dictate a HEMS response and if so, whether the conditions are safe to conduct the mission.*

*This paper provides an overview of the current research into developing an intelligent system which is capable of supporting the decision-making processes faced prior to aero-medical operations.*

## 1 Background

This research has been conducted in collaboration with Air Ambulance Victoria as part of Australian Research Council Linkage Project LP0347412. The aim is to develop an intelligent system to support the pre-mission analysis of helicopter emergency medical service (HEMS) operations.

Ambulance services are responsible for saving lives by providing pre-hospital medical care and transporting critically ill or injured patients to appropriate facilities for treatment. HEMS are the part of that service that utilises rotary wing assets for patient care and transportation.

The helicopter is recognised for its unique ability to reach remote areas, often in difficult terrain [1-4]. This capability has made it highly valuable in the recovery, resuscitation and

transfer of critically ill patients to major hospitals and in the search and rescue of people at land and sea. In the early 1950's during the Korean War, helicopters were successfully used to evacuate wounded soldiers and their use was expanded during the Vietnam War with significant decreases in mortality. In 1968, based upon the military experience, the use of civilian helicopters to transport patients was suggested and civilian HEMS operations began shortly thereafter [4-7].

The life saving capability of the helicopter is reflected in the world-wide growth of HEMS operations [1, 2, 5, 6, 8-10]. The first dedicated Australian HEMS operation began in December 1970 servicing the Mornington Peninsula [7]. Since then, HEMS operations within Australia have grown considerably; the annual number of aeromedical transports by helicopter increasing from 1,278 patients in 1992 to 6,982 patients in 2002 [11]. HEMS now operate in all Australian states and territories except the Northern Territory.

Air Ambulance Victoria is part of the Metropolitan Ambulance Service and is responsible for aeromedical services within the state of Victoria. Air Ambulance Victoria commenced operations on 1 May 1962, with the role of supporting the Victorian Ambulance Service in the urgent and non-urgent transportation of patients over long distances. Today Air Ambulance Victoria wet leases four dedicated Beechcraft Kingair B200C aircraft and three dedicated aeromedical helicopters: one Eurocopter Dauphine N3 and two Bell 412 EP [12].

Air Ambulance Victoria's three helicopters are based Essendon, Latrobe Valley and Bendigo (Fig. 1) with the primary role being to provide:

- rapid transport of time critical, medical, surgical and trauma patients;
- rapid primary response of paramedical personnel and equipment to an incident or location; and
- access and/or removal of patients from remote or inaccessible locations [12].



Fig. 1. Air Ambulance Victoria HEMS bases

Operational safety is a central concern in the HEMS industry; weather, night time flight, spatial disorientation from the lack of visual clues, pilot training and experience, and pressure to take the flight are all risks associated with HEMS operations [1, 5, 6, 9, 13-17]. Safely operating in this high risk environment calls for the systematic evaluation and management of the risks [13].

A recent study found that in America the risk of death for a HEMS crewmember (per hour engaged in the activity) was similar to that of rock climbers and skydivers [16, 18]. Australian HEMS operations are not immune to risk. For the period 1992-2002 the accident rate for HEMS operations in Australia was 4.38 per 100,000 flying hours, and the accident rate for HEMS operations in the state of Queensland was 25.03 per 100,000 flying hours [11].

Australian HEMS operations are perhaps further complicated by the vast distances and the predominantly hot conditions, which challenge both aircraft and crew performance [18]. Adding to this Australian HEMS are generally required to fulfil multiple roles, performing critical care inter-hospital transfer, land-on-scene response, hoist operations and search and rescue (SAR). In North America and Europe, there is generally a distinction between hoist and SAR operators and those who undertake inter-hospital transfers and land-on-scene response [18].

## 2 Problem Definition

The high HEMS accident rate has prompted HEMS operators across the globe to address the management of risks inherent to their operations. In-flight decision-making, pre-flight planning, failure to follow standard operating procedures, delayed remedial actions, and misinterpretation of environmental cues are all areas that have been identified as needing to be addressed for safe HEMS operations [17].

HEMS operations are complex, being a joint exercise between the flight crew, paramedics and supporting agencies. Operations occur around-the-clock, in all-weather conditions, and often with no fore-warning. In a time critical operation, where precious minutes may cost lives, the crew must decide which cases dictate a HEMS response and if so, whether the conditions are safe to conduct the mission.

The primary goal of HEMS is to provide rapid and safe transport for critically ill or traumatised patients to an appropriate care facility. Each helicopter flight requires an initial dispatch decision with full awareness of the risk factors for the mission [19]. The decision to cancel, delay or launch must be based upon a sound and complete analysis of all available information.

This decision making process is compounded due to the disparate mission requirements, operational environment, crew capability and

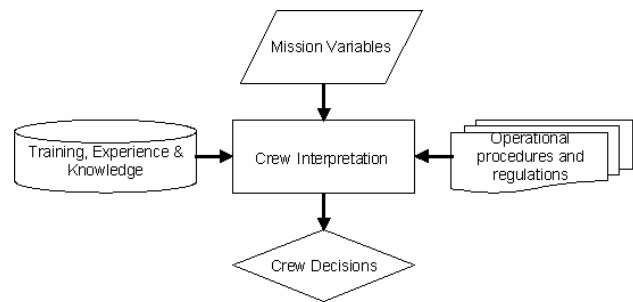
machine performance. Most HEMS operations are minimally planned with decisions usually being made ‘on the fly’ [20], with operators depending upon the crew and their experience to perform pre-flight planning. Given the operational environment and emotional stresses, HEMS operations are susceptible to human error which can ultimately produce accidents [15-17].

In an effort to reduce risk of HEMS operations the American Federal Aviation Administration (FAA) recommends and the Helicopter Association International (HAI) endorses the utilisation of an operational risk assessment tool to include dual decision-making for authorisation to accept or continue a HEMS mission [21]. Despite this, investigations have revealed that many HEMS operators lack a consistent, comprehensive flight dispatch procedure to assist pilots in determining the safety of a mission [13]. Subsequently the need for intelligent systems to reduce the likelihood of erroneous decisions in the pre-flight planning phase of HEMS operations has been identified [21-31].

Working in close collaboration with Air Ambulance Victoria this research aims to prototype an intelligent system for the pre-mission analysis of HEMS operations. This research will address the key problem of pre-mission analysis, by developing a system which will assist flight-coordinators and crew in the decision-making processes faced prior to HEMS operations.

### **3 System Framework**

Thompson [20] emphasises that HEMS operations are inherently risky and minimally planned with decisions usually having to be made ‘on the fly’. Most operators and crew adopting an informal approach, doing it on the run, often using experience and ‘gut feel’ to make decisions. The high level overview of the current decision making process is presented in Fig 2.



*Fig. 2. Current decision making process*

Intelligent systems are mathematical, computationally intensive problem solving tools and methodologies which utilise computers to emulate various aspects of human intelligence. Intelligent systems generally fulfil two roles: (1) they function as intelligent assistants to augment human expertise; and (2) they act as a substitute for human expertise that saves cost, time, and life. Intelligent systems have demonstrated that they are ideally suited for tasks such as search and optimisation, pattern recognition and matching, planning, uncertainty management, control, and adaptation [32]. They offer an advantage in that they are generally reliable; they do not become tired or bored, call in sick, or go on strike. Intelligent systems consistently pay attention to all details and so do not overlook relevant information and potential solutions [33].

Intelligent systems are embedded in almost any application where information needs to be processed to provide a usable output [32]. Intelligent systems are already used to assist in decision making, planning and scheduling [34-43]

The need for decision support systems (DSS) comes from the well-known limits of human knowledge-processing. Humans are limited to manipulating about seven pieces of knowledge at any one time; and the stress, errors and oversights that can result from being overloaded with knowledge are just as detrimental as not having enough knowledge [44].

Since the early 1970s, DSS have evolved significantly; progressing from advancements of theory to serious applications [45, 46]. DSS are

used extensively in transportation, the military and space to assist in decision making, planning and scheduling [34, 37-39, 41, 47, 48]. Defence Research and Development Canada (DRDC) have developed SARPlan, a DSS for overland aeronautical SAR mission planning. The system aids the SAR mission coordinator in planning the search mission more efficiently and produces an optimized plan for deploying the available search effort that maximizes the probability of success [47]. Another scheduling DSS is SYNOPSE which has the ability to evaluate cargo airline flight schedules, with respect to cost, revenue and contribution to profit [39]. Likewise, TurboRouter is an optimization-based DSS for vessel fleet scheduling [48].

Sinha et al. [22-31] developed a conceptual framework for an intelligent system for pre-mission analysis of HEMS operations in order to reduce the probability of errors in the pre-mission analysis phase. This work suggested that available mission capabilities be compared against required mission capabilities to quantitatively determine the probability of mission accomplishment and to suggest actions to address the shortfalls in the required mission capabilities.

This work provided a foundation on which to base this research and develop a system that can assist AAV's flight-coordinators and crew in the pre-mission decision-making process. In conjunction with AAV this previous work has been developed and revised in order to accurately reflect the decision making process. Consultation with pilots, crewmen, paramedics, flight coordinators and AAV management has been undertaken to establish tangible and achievable requirements for the system which allow the original framework to be developed into functional system. Top level factors identified for consideration in pre-mission analysis for AAV operations are presented in Table 1.

Table 1. AAV pre-mission analysis factors.

Analysis Factors	
Medical	Operational
• clinical urgency	• meteorological conditions
• clinical details	• location & landing areas, including alternates
• clinical requirements	• range & fuel
• paramedic crew	• lowest safe altitude
	• flying/recovery crew
	• resource performance

Aven and Korte [49], contrast two different approaches to decision making: (1) Decision-making as an exercise of modeling alternatives, outcomes, uncertainty and values, and choice of the alternative which maximises/minimises some specified criteria. (2) Decision-making as a process with formal risk and decision analyses to provide decision support, followed by an informal managerial judgment and review process resulting in a decision.

Following the review of AAV operations, a framework which augments human expertise and aids the decision-making process has been adopted Fig.3. The system is to be work-centered, in that it will find, fuse, format, present information, and respond to user requests [50].

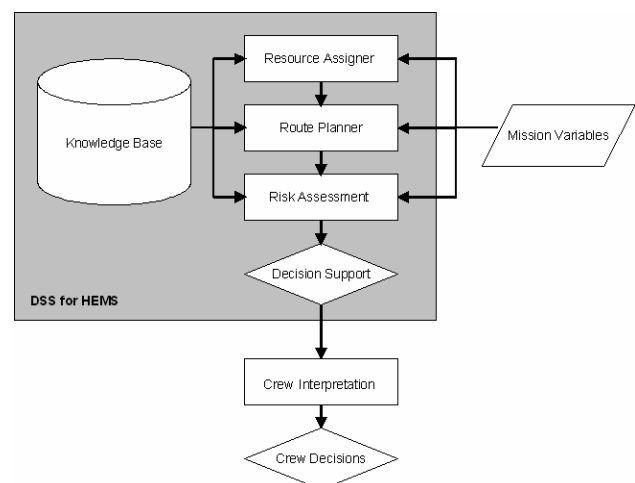


Fig. 3. Proposed decision making process

### **3.1 Resource Assigner**

This new framework is divided into three primary modules, a “resource assigner” module a “route planner” module, which reflect the two distinct phases in AAV’s pre-mission decision making process, and a risk assessment module. In each module rule-based algorithms exist that reflect AAV operating procedures and safety regulations, and notify the flight coordinator/pilot of non-compliance.

The “resource assigner” establishes a priority for each mission, based on the patient’s location and condition, and assigns the most appropriate resource to the mission, based upon resource availability, priority, time and level of care. Using their judgment the Flight Coordinator has control to change the level of priority and/or assign any available resource.

### **3.1 Route Planner**

The “resource assigner” passes information to the “route planner” which creates a flight path tailored to the mission. The flight path is segmented and bounded by mission defined points. These include accident scenes, helicopter landing sites, airfields, hospitals and refuelling points. Based upon the patient location and injuries the route planner will automatically define the flight path, with the operator having control to edit or change any or all of the specified points. Based on the flight path the route planner informs the pilot, of expected meteorological conditions, NOTAMs, estimated arrival times, fuel consumption and IFR lower safe altitudes for the mission. Following a review of this briefing the pilots must use their judgment to make a decision as to the safety and success of the mission.

### **3.3 Risk Assessment**

The risks associated with HEMS operations must be identified, assessed and managed, to ensure they are mitigated, deferred, or accepted

according to the operator’s ability to do so within the regulations. The FAA and HAI recommend the utilisation of operational risk assessment tools, such as risk matrixes, in the pre-mission analysis of HEMS operations. Yet, recent investigations have revealed that inadequate risk assessment may have contributed in many recent fatal HEMS accidents [51].

To provide HEMS organisations with appropriate risk management tools, the FAA EMS Task Force, with the assistance of the air medical community, developed Notice N8000.301 “Operational Risk Assessment Programs for Helicopter Emergency Medical Services.” This notice encourages the use of weighted risk assessment and management processes matrices but emphasises that individual HEMS operators should consider their own operational and environmental needs in developing and implementing risk assessment tools [51, 52].

At present the system is designed to find, fuse, format and present information pertaining to the proposed mission. The pilot must then review this information and use their judgment to make a decision as to the safety and success of the mission.

Research is currently focusing on incorporating and automating either a procedure-weighted or training-weighted risk assessment matrix into the system. This will allow the system to judge the level of risk for a particular mission and alert dispatchers and flight crew if it is beyond operational limits.

Difficulties exist however as there is no “one size fits all” matrix and individual HEMS operators need to consider their own unique operational and environmental conditions in establishing the specific weighting of risks. There is also some concern that pseudo-quantitative numerical risk scores and matrices can be easily manipulated to obfuscate the real risk level [20].

## 4 Discussion

Previous research efforts have been directed towards developing functionality and methodologies capable of meeting these requirements and module objectives. This has included the ability of the system to:

- convert map references to GPS coordinates,
- cross cross-check icing level with lower safe altitude,
- determine case priority,
- automatically prepare flight plans including refuelling,
- determine the required level of patient care,
- re-task resources to higher priority missions,
- co-ordinate a multiple resource to response (i.e. rotary and fixed wing), and
- calculate lower safe altitudes.

Research and development continues on integrating all of the above into a prototype decision support system, capable of supporting both the resource allocation and flight planning phases of AAV's HEMS operations. This prototype will then be tested in conjunction with AAV to measure the merits of such a decision support system and to provide feedback for the future commercial development of such a system.

## 5 Concluding Remarks

HEMS are hailed for their life saving ability, having been shown to improve the survival of many patients with medical and trauma emergencies [1, 3, 5, 53-58], yet the high accident rate threatens the very existence of HEMS operations [59]. This research targets an operational capability deficiency in HEMS operations, and focuses on an identified application.

Intelligent systems are an emerging field offering benefits to a multitude of applications.

The research forms a comprehensive investigation of the application of "intelligent systems" to the pre-mission analysis of HEMS operations. The research will culminate in the development of a prototype intelligent system capable of assisting in the pre-mission analysis of HEMS operations. The system will support flight coordinators and crew in the decision-making processes faced prior to HEMS operations and deliver improved emergency medical services to the Australian community.

An initial dispatch decision must be made with full awareness of the risk factors for the mission. The system will reduce the risk of HEMS operations by assisting operators during the decision making process. The system provides a consistent, comprehensive flight dispatch procedure to assist in determining the safety of a HEMS mission. Ensuring the go/no-go decision is not based on feelings but on facts and confirming adherence to regulations, industry safety recommendations and operating procedures.

It is important to ensure that HEMS resources are appropriately utilised. Studies confirm that inappropriate use increases cost and risk of injury and results in potential transport delay or unavailability of the aircraft for other requests [53]. The system will assist HEMS operators in managing the utilisation of their resources and ultimately improve the efficiency of HEMS operations by streamlining the pre-mission analysis and decision making processes.

The HEMS community has acknowledged globally, the need to develop systems, to address the pre-flight planning and effectiveness of HEMS missions. The approach taken to developing the system with Air Ambulance Victoria means that it can be easily adopted by other HEMS operators for integration into their flight dispatch procedures.

## References

- [1] Connell, L.J. and W.D. Reynard, *Incident Reports Highlight Hazards in EMS Helicopter Operations*.

- Flight Safety Foundation - Helicopter Safety, 1995. **21**(4).
- [2] Gotzhein, C., *The Helicopter as an Integrated Part of Modern Emergency Medical Services*. Vertiflite, 1991. **37**(3).
- [3] Wish, J.R. and D.P. Davis, *Auto launch/early activation: A survey of AAMS members and literature review*. Air Medical Journal, 2005. **24**(2): p. 83-88.
- [4] Gunes, E., *A Kernel Approach To The Estimation Of Performance Measures In A Helicopter Ambulance Service With Missing Data*, in *Department of Operations Research*. 2005, Naval Postgraduate School: Monterey, CA.
- [5] Anonymous, *Safety Study - Commercial Emergency Medical Service Helicopter Operations*. 1988, National Transportation Safety Board: Washington, D.C.
- [6] Slack, M.L. *Air Ambulance Operations: Enhancing Public Safety or Causing Unnecessary Tragedy? 2001*. <<http://www.slackdavis.com/pdfs/AirAmbulanceMikeSlack.pdf>> (Accessed 30 January 2006)
- [7] Metropolitan Ambulance Service. *MAS: Air Ambulance Victoria - aeromedical specialists : History*. 2002. <[http://www.ambulance-vic.com.au/opservices/air\\_ambulance\\_frames.html](http://www.ambulance-vic.com.au/opservices/air_ambulance_frames.html)> (Accessed 31 January 2006)
- [8] Bellini, C. and F. Campone, *Helicopter emergency medical service in Italy*. Air Medical Journal, 2005. **24**(6): p. 238-243.
- [9] Slack, M.L. *Air Ambulance Operations: Too Little, Too Late*. 2005. <<http://www.slackdavis.com/pdfs/AirAmbSlackATLA.pdf>> (Accessed 30 January 2006)
- [10] National Association of Emergency Medical Service Physicians, *Air medical dispatch: guidelines for scene response: National Association of Emergency Medical Services Physicians (NAEMSP)*. Air Medical Journal, 1994. **13**(8): p. 315-316.
- [11] Holland, J. and D.G. Cooksley, *Safety of helicopter aeromedical transport in Australia: a retrospective study*. Medical Journal of Australia, 2005. **182**(1).
- [12] Air Ambulance Victoria, *Air Ambulance Victoria Procedures Manual*. 3rd ed, Melbourne: Air Ambulance Victoria. 60.
- [13] National Transportation Safety Board. *NTSB Calls for Stricter Regulation of Air Ambulance Flights*. 2006. <<http://www.nts.gov/Pressrel/2006/060125.htm>> (Accessed 30 January 2006)
- [14] Frakes, M.A. and J.G. Kelly, *Do rotor-wing air medical programs adhere to industry safety recommendations?* Air Medical Journal, 2005. **24**(5): p. 208-209.
- [15] Frakes, M.A. and J.G. Kelly, *Shift length and on-duty rest patterns in rotor-wing air medical programs*. Air Medical Journal, 2003. **23**(6): p. 34-39.
- [16] Blumen, I.J. and UCAN Safety Committee, *A Safety Review and Risk Assessment in Air Medical Transport*. Air Medical Physician Handbook. 2002, Salt Lake City: Air Medical Physician Association.
- [17] Veillette, P.R., *Human Error Cited as Major Cause of US Commercial EMS Helicopter Accidents*. Flight Safety Digest, 2001. **20**(4-5).
- [18] Garner, A.A., D.M. Keetelaar, and J. Konemann, *Safety of emergency medical service helicopters*. Medical Journal of Australia, 2005. **182**(1): p. 12-13.
- [19] Pope, J.A., *Decision making for air ambulance administrators*. Flight Safety Foundation - Helicopter Safety, 1990. **16**(4).
- [20] Thompson, R., *Risky Business*. Helicopter World, 2002. **May**: p. 15-17.
- [21] Helicopter Association International, *White Paper: Improving Safety in Helicopter Emergency Medical Service (HEMS) Operations*. 2005, Helicopter Association International: Alexandria.
- [22] Sinha, A.K., et al., 2001. *A system framework for pre mission success evaluation of helicopter emergency medical services operations*. Proceedings of the 9th Australian International Aerospace Congress, 5-8 March, Canberra, Australia.
- [23] Nguyen, T., et al., 2003. *An Intelligent System for the Pre-Mission Analysis of Helicopter Emergency Medical Services*. Proceedings of the 29th European Rotorcraft Forum, 16-18 September, Friedrichshafen, Germany.
- [24] Sinha, A.K., et al., 2003. *Automation of Pre-Mission Success Evaluation Module for Medical Emergency Helicopters Operations*. Proceedings of the 10th Australian International Aerospace Congress, 29 July - 1 August, Brisbane, Australia.
- [25] Momin, M., et al., 2003. *A Systems Methodology to Define Required Mission Capabilities for Helicopter Medical Emergency Operations*. Proceedings of the AHS International 59th Annual Forum and Technology Display, 6-8 May, Phoenix, Arizona, USA.
- [26] Sinha, A.K., et al., 2002. *An Automated System Framework for Pre-Mission Success Evaluation of Medical Emergency Helicopters Operations – Pre-Mission Success Evaluation Sub-Module*. Proceedings of the 28th European Rotorcraft Forum, 17-20 September, Bristol, UK.
- [27] Sinha, A.K., et al., 2002. *An Automated System Framework For Pre-Mission Success Evaluation Of Medical Emergency Helicopters Operations - Defined Mission Capability Sub-Module*.

- Proceedings of the 23rd International Congress of the Aeronautical Sciences, 8-13 September, Toronto, Canada.
- [28] Kusumo, R., et al., 2003. *Methodology to Evaluate Crew Capability Requirements in Helicopter Emergency Medical Service Operations: Stage 1*. Proceedings of the 4th Australian Pacific Vertiflite Conference on Helicopter Technology, 21-23 July, Melbourne, Australia.
- [29] Charlesworth, S. and A.K. Sinha, 2003. *Methodology to Evaluate Crew Capability Requirements in Helicopter Emergency Medical Service Operations: Stage 1*. Proceedings of the 4th Australian Pacific Vertiflite Conference on Helicopter Technology, 21-23 July, Melbourne, Australia.
- [30] Sinha, A.K., et al., 2002. *A System Framework for an Automated Pre-Mission Success Evaluation of Medical Emergency Service Helicopters*. Proceedings of the AHS International 58th Annual Forum and Technology Display, 11-13 June, Montreal, Canada.
- [31] Sinha, A.K., et al., 2002. *An Automated System Framework for Pre-Mission Success Evaluation of Medical Emergency Helicopters Operations - Critical Decision Acceptance Sub-Module*. Proceedings of the Heli Japan, 11-13 November, Tochigi, Japan.
- [32] KrishnaKumar, K., 2002. *Intelligent Systems For Aerospace Engineering - An Overview*. Proceedings of the RTO AVT Course on Intelligent Systems for Aeronautics, 13-17 May, Rhode-Saint-Genese, Belgium. NATO.
- [33] Turban, E., *Decision Support and Expert Systems: Management Support Systems*. 4th ed. 1995, Englewood Cliffs: Prentice Hall.
- [34] Clarke, M.D.D., *Irregular airline operations: a review of the state-of-the-practice in airline operations control centers*. Journal of Air Transport Management, 1998. **4**(2): p. 67-76.
- [35] Stojkovic, G., et al., *An optimization model for a real-time flight scheduling problem*. Transportation Research Part A: Policy and Practice, 2002. **36**(9): p. 779-788.
- [36] Mercier, A., J.-F. Cordeau, and F. Soumis, *A computational study of Benders decomposition for the integrated aircraft routing and crew scheduling problem*. Computers & Operations Research, 2005. **32**(6): p. 1451-1476.
- [37] Mathaisel, D.F.X., *Decision support for airline system operations control and irregular operations*. Computers & Operations Research, 1996. **23**(11): p. 1083-1098.
- [38] Nogami, J., S. Nakasuka, and T. Tanabe, *Real-time decision support for air traffic management, utilizing machine learning*. Control Engineering Practice, 1996. **4**(8): p. 1129-1141.
- [39] Antes, J., et al., *SYNOPSE: a model-based decision support system for the evaluation of flight schedules for cargo airlines*. Decision Support Systems, 1998. **22**(4): p. 307-323.
- [40] Godfrey, G.A., C. Hellings, and A. Knutsen, *A multiagent framework for collaborative airlift planning using commercial air assets*. Mathematical and Computer Modelling, 2004. **39**(6-8): p. 885-896.
- [41] Tavana, M., *Intelligent flight support system (IFSS): a real-time intelligent decision support system for future manned spaceflight operations at Mission Control Center*. Advances in Engineering Software, 2004. **35**(5): p. 301-313.
- [42] Tavana, M., J.N. Ortiz, and S.E. Torney, *Modeling station duty officer operations assistant at Johnson Space Center*. Advances in Engineering Software, 2003. **34**(3): p. 139-162.
- [43] Smith, S.F., M.A. Becker, and L.A. Kramer, *Continuous management of airlift and tanker resources: A constraint-based approach*. Mathematical and Computer Modelling, 2004. **39**(6-8): p. 581-598.
- [44] Chen, Z., *Computational Intelligence for Decision Support*. International Series on Computational Intelligence, ed. L.C. Jain. 2000, Boca Raton: CRC Press LLC.
- [45] Burstein, F., T. Bui, and D. Arnott, *Decision support in the new millennium*. Decision Support Systems, 2001. **31**(2): p. 163-164.
- [46] Shim, J.P., et al., *Past, present, and future of decision support technology*. Decision Support Systems, 2002. **33**(2): p. 111-126.
- [47] Abi-Zeid, I. and J.R. Frost, *SARPlan: A decision support system for Canadian Search and Rescue Operations*. European Journal of Operational Research, 2005. **162**(3): p. 630-653.
- [48] Fagerholt, K., *A computer-based decision support system for vessel fleet scheduling - experience and future research*. Decision Support Systems, 2004. **37**: p. 35-47.
- [49] Aven, T. and J. Korte, *On the use of risk and decision analysis to support decision-making*. Reliability Engineering and System Safety, 2003. **79**: p. 289-299.
- [50] Young, M.J. and R.G. Eggleston, 2002. *Work-Centered Decision Support*. Proceedings of the RTO HFM Symposium on The Role of Humans in Intelligent and Automated Systems, 7-9 October, Warsaw, Poland. NATO.
- [51] Federal Aviation Administration. *N 8000.301 Operational Risk Assessment Programs for Helicopter Emergency Medical Services*. 2005. <[http://www.faa.gov/library/manuals/examiners\\_inspectors/8000/media/n8000-301.doc](http://www.faa.gov/library/manuals/examiners_inspectors/8000/media/n8000-301.doc)> (Accessed 13 February 2006)



- [52] Rigsby, M., 2005. *US Civil Helicopter Emergency Medical Services (HEMS) Accident Data Analysis, the FAA Perspective*. Proceedings of the International Helicopter Safety Symposium, 26-29 September, Montreal, QC, Canada.
- [53] Lawless, J., J.M. Tallon, and D. Petrie, *Aborted air medical missions: A 4-year quality review of a Canadian province-wide air medical program*. Air Medical Journal, 2005. **24**(2): p. 79-82.
- [54] Ringburg, A.N., et al., *Physician-staffed HEMS dispatch in the Netherlands: Adequate deployment or minimal utilization?* Air Medical Journal, 2005. **24**(6): p. 248-251.
- [55] Jones, J.B., M. Leicht, and D.J. Dula, *A 10-year experience in the use of air medical transport for medical scene calls*,. Air Medical Journal, 1998. **17**(1): p. 7-11.
- [56] Powell, D.G., et al., *The impact of a helicopter emergency medical services program on potential morbidity and mortality*. Air Medical Journal, 1997. **16**(2): p. 48-50.
- [57] Baxt, W.G., et al., *Hospital-based rotorcraft aeromedical emergency care services and trauma mortality: A multicenter study*. Annals of Emergency Medicine, 1985. **14**(9): p. 859-864.
- [58] Welton, J., *Aeromedical Flight Crew Manual*. 2000: John Welton.
- [59] Springer, B., *The IFR bullet: Can it kill our accident rate?* Air Medical Journal, 2005. **24**(1): p. 29-31.