



Air & Surface Transport Nurses Association (ASTNA)

Air Medical Physician Association (AMPA)

Emergency Nurses Association (ENA)

International Association of Medical Transport Communication Specialists (IAMTCS)

International College of Advanced Practice Paramedics (I-CAPP)

National EMS Pilots Association (NEMSPA)

Helicopter Shopping: A Consensus Statement

This Consensus Statement was developed as an educational tool and position statement. It is not a product of a systematic scientific review. Readers are encouraged to consider the information presented and reach their own conclusions.

Hospitals turn to helicopter air ambulance (HAA) services when a patient urgently requires transport to a higher level of care or when rapid, long-distance transport is critical to saving their life. However, a HAA response can be limited by weather conditions, program availability, equipment maintenance issues, landing zone availability, flight team limitations, and other safety factors. As the air medical industry has grown, there is increasing availability of HAA providers, which has led to the development of a phenomenon known as *helicopter shopping*. Helicopter shopping is the act of making sequential requests to multiple HAA providers to secure air medical resources for a patient transport that one or more agencies have previously declined. A process known as *selective resource management* is a closed-loop feedback process involving key stakeholders (the requestor, the HAA communications specialist, other HAA providers, and hospital staff) by which information is shared to ensure the safe transportation of a patient in need. This process helps mitigate the risks associated with helicopter shopping by reinforcing that patient transport is a shared responsibility. It ensures that potential safety concerns and risks are identified, communicated, and addressed through a collaborative approach.

HAA transport began in the United States in 1972 and has experienced significant growth over the past 52 years. According to the Federal Aviation Administration's (FAA) Helicopter Air Ambulance Operations Data, in 2023, 1,315 Helicopter Air Ambulances were operating in the

United States, flying more than 528,000 flight hours and transporting more than 385,000 patients.

As the HAA industry and flight volume have grown, so has the risk to flight crews. HAA providers experience approximately 2.0 to 2.5 fatal accidents per 100,000 flying hours. The National Transportation Safety Board recognizes that weather, loss of operational control, pilot fatigue, and human factors are potential contributors to increased rates of HAA accidents. Between 1998 and 2013, weather conditions, including turbulence, wind shear, and reduced visibility, contributed to 25% of all HAA accidents. Sixty-seven percent of all HAA accidents resulted in fatalities, indicating that hazardous weather conditions significantly increase the risk of an HAA accident being fatal. The Commission on Accreditation of Medical Transport Services requires all accredited transport programs to develop policies that discourage helicopter shopping by EMS agencies and hospitals. These standards include language addressing how an HAA program should interface with the hospital and other local programs after a weather turnaround.

Aviation safety decisions differ from medical decisions in several key ways. The FAA stipulates in its regulations for HAA operations that referring providers (whether in-hospital or in the field) decide whether a patient needs air transport, and pilots and flight teams decide whether air transport is safe. The pilot-in-command determines if a flight request is a “go” or “no go.” Medical information and patient condition are purposefully omitted from initial flight requests to ensure the pilot’s decision to accept a flight request will be based on safety and not otherwise influenced. The pilot conducts a preflight risk assessment for each flight request, including the patient’s location, weight, special equipment requirements, current weather, forecasted conditions at the departure, route, and destination locations, and crew status. This array of factors creates a dynamic process that may result in more than one HAA provider being requested for the same patient. One HAA provider may be able to complete a requested transport when another is unable to do so. Problems arise, however, when pilots are unaware that other HAA providers have turned down a flight due to weather conditions, and thus, they cannot make a fully informed decision. When a requester utilizes selective resource management and informs HAA providers that a transport request has already been turned down due to weather, this valuable, time-critical information prompts pilots to look closer at weather conditions, mitigating risk to the patient and the flight team.

HAA providers must establish a strong safety culture that fosters good judgment and informed decisions made by the pilot-in-command. Just Culture and Crew Resource Management (CRM) principles support flight teams in communicating freely on matters that include safety assessments. Just Culture outlines three key duties: a duty to produce an outcome, a duty to follow procedural rules, and a duty to avoid unjustifiable risk. CRM is the pinnacle of medical aviation, ensuring that available resources are used effectively to ensure safe and efficient operations. Environments in which CRM and Just Culture are regularly employed create an expectation that pilots, transport professionals, and communication specialists will voice concerns, contributing to the overall safety of the flight and the program as a whole.

HAA operators are responsible for evaluating all factors related to flight safety for every request they receive, regardless of whether another operator has declined it. A requesting facility or agency cannot know whether the factors that caused one HAA operator to turn down a request

also apply to another operator at a different location, with a different aircraft and different pilots. For example, some aircraft are equipped with navigation equipment that allows pilots to safely fly in conditions that are less than optimal, thus increasing a flight program's response capabilities. If a request is turned down due to weather, pilots and HAA providers should inform requesting facilities that the forecasted weather or current weather conditions do not meet established minimums for safe flight operations. Weather minimums are dynamic and based on ceiling [cloud layer] height, visibility, and other meteorological conditions that vary from location to location. Requesting facilities should be encouraged to share that information when making subsequent requests to other HAA providers. HAA communication specialists should regularly inquire if any other HAA service has turned down a flight request during call intake.

Joint Association Position

ASTNA, AMPA, ENA, IAMTCS, NEMSPA, and I-CAPP endorse this consensus statement identifying the associated risks of helicopter shopping and propose the following measures:

- A shared focus on proactive risk mitigation through selective resource management that includes proactive communication and identification of all factors that might impact flight safety.
- Acknowledgment that communication is a shared responsibility and that all transport services should work collaboratively, setting aside competitive influences, to ensure the focus remains on proactive communication and flight safety.
- Air medical programs should maintain a strong safety culture based on the tenets of Just Culture and Crew Resource Management, including an atmosphere of open communication of ideas and concerns among all team members.
- Recognizing that staff turnover is inevitable, transport programs should establish a mechanism for ongoing education for all parties involved in patient transport processes, emphasizing the importance of appropriate resource management and safety issues affecting HAA providers and patients.

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