Many Hands
One Mission

THE LIFELIGHT FOUNDATION
2008 Annual Report
LifeFlight of Maine is a nonprofit statewide critical care medical helicopter service jointly owned by Eastern Maine Healthcare Systems and Central Maine Healthcare Corporation. LifeFlight’s two helicopters, based at Eastern Maine Medical Center in Bangor and Central Maine Medical Center in Lewiston, cover the entire state and offshore islands. LifeFlight complements and supports the work of local EMS and hospital personnel in caring for the critically ill or injured—before the trauma surgeon specialist can go to work. Where is the problem? Who are the closest responders? What is needed? How many people are involved? What care will they need? Do they need to go to the closest hospital or a distant trauma center? As these questions are answered, the hands of countless emergency care providers work together to save a life.

From the communications specialist at the 9-1-1 center to the police officer and first responder, to the EMT or paramedic, to the flight team, to the nurses and physicians in an emergency department, to the trauma surgeon specialist, each one is a link in the chain. The patient’s very survival depends on the strength of the individual links, and how well each one fits together. All of these people have a hand in serving Maine’s people and visitors, 24 hours a day, 365 days a year. It is both a profound promise and a vital responsibility.

Stephanie Suggs’ story, featured in this annual report, is a testament to the many hands that come together in the chain of survival. From the moment of her car accident in Arrowsic, the chain was set in motion—before Maine’s emergency care system can go to work. Where are the closest responders? What is needed? How are a myriad of questions that must be triaged—sorted and prioritized—before Maine’s emergency care system can go to work. Where is the problem? Who are the closest responders? What is needed? How many people are involved? What care will they need? Do they need to go to the closest hospital or a distant trauma center? As these questions are answered, the hands of countless emergency care providers work together to save a life.

As emergency medicine providers, we know that a single minute counts. One minute to the next can be life-altering. In an instant, a simple drive to work can become a race to save someone’s life. In the world of emergency medical care, we talk about the chain of survival. The chain is made up of many people and many hands. From the first call to 9-1-1, a complex choreography is set in motion. There are myriad questions that must be triaged—sorted and prioritized—before Maine’s emergency care system can go to work. Where is the problem? Who are the closest responders? What is needed? How many people are involved? What care will they need? Do they need to go to the closest hospital or a distant trauma center? As these questions are answered, the hands of countless emergency care providers work together to save a life.

From the communications specialist at the 9-1-1 center to the police officer and first responder, to the EMT or paramedic, to the flight team, to the nurses and physicians in an emergency department, to the trauma surgeon specialist, each one is a link in the chain. The patient’s survival depends on the strength of the individual links, and how well each one fits together. All of these people have a hand in serving Maine’s people and visitors, 24 hours a day, 365 days a year. It is both a profound promise and a vital responsibility.

Stephanie Suggs’ story, featured in this annual report, is a testament to the many hands that come together in the chain of survival. From the moment of her car accident in Arrowsic, the chain was set in motion and over the next few hours, more than 50 people added their hands to saving her life: the neighbor who called 9-1-1 and helped others out of the car, Sagadahoc and state police dispatchers who coordinated the rescue effort, the first responders from Arrowsic Fire/Rescue who helped secure the scene, the paramedics from Bath Fire and Rescue who removed Stephanie from the car and got her breathing again, the MedComm flight communications specialist who coordinated LifeFlight’s response, local police officers and fire personnel who quickly secured a landing zone for the helicopter, the LifeFlight pilot who landed safely and the medical crew who provided critical care, the team of emergency physicians and nurses at Central Maine Medical Center who worked to stabilize Stephanie, the orthopedic surgeon and operating room team who repaired Stephanie’s broken back, and the ICU nurses and physicians who then took up her care. Each and every one of these providers, some of them volunteers, came together that night and gave Stephanie her life back.

The LifeFlight Foundation is proud to support LifeFlight of Maine, a critical link in the chain of survival that is Maine’s emergency care system. We strive to provide the safest and highest quality air medical system for Maine and are deeply appreciative of every person and agency comprising the chain of survival. The work we do each day and night depends on this chain.

In this annual report, we look at our accomplishments through Stephanie’s story. Each link in her chain of survival illustrates how the trauma system in Maine works and highlights LifeFlight’s role in that chain. The LifeFlight Foundation also supports the chain. For example, we are helping to build a statewide, comprehensive aviation infrastructure; we offer advanced medical education to emergency care providers and safety training to law enforcement and fire/ambulance personnel; and we’ve established an aircraft fund to ensure LifeFlight’s viability well into the future.

These additional links help strengthen the chain and ensure emergency care system’s viability for every emergency medical provider and volunteer, and most importantly, for every patient. And patients like Stephanie are the very reason we are here. Over the coming year, LifeFlight will continue to strive to be worthy of the trust our patients and their families place in us each and every day.

Thomas P. Judge, CCT-P
Executive Director

Many Hands
In Maine’s emergency medical system, many hands come together to help
Stephanie Suggs was born and raised in a small town on the coast of Maine. The oldest of three kids, she always liked taking care of people. She showed early signs of becoming a caregiver when she was out sliding with her sister and some friends. Her sister took a nasty fall, smashing her leg on a stone wall and breaking her fibula. Stephanie and her friend used a runner sled as a backboard to carry her sister back home where her mother was waiting.

The caregiving mind set continued through high school, where Stephanie signed up to become a certified nurses assistant through the local vocational program. As part of that program, she volunteered at her community hospital, nursing home, doctor’s office and even the fire and rescue service. Today, she works as a CNA on the maternity floor at Mid Coast Hospital.

Although Stephanie had been lending a hand for much of her life, she had never experienced what it was like to be on the receiving end of all these helping hands. But that was all about to change.

One evening last summer, she was hanging out with some friends before she headed off to work at the hospital. She was driving a couple of them home in Arrowsic when her car drifted onto the dirt shoulder and rolled over several times before coming to rest on its roof. A neighbor rushed over to see what happened and immediately called 9-1-1. He helped everyone out of the car except Stephanie, who was pinned inside and complaining of back and neck pain.

The 9-1-1 call for help was routed to Bath Fire and Rescue who sent their crew out to help, led by paramedic Rick Chipman.

Since it began in 1998, LifeFlight has provided essential emergency care to more than 8,500 patients in Maine, regardless of their insurance or financial status. Nearly 30% of our patients do not have insurance. In FY08, unpaid bills from uninsured and underinsured patients totaled $910,604. We are a non-profit charitable organization that serves the entire state and is particularly focused on increasing access to specialized care for critically ill and injured patients in rural areas.

You can help us deliver our mission by making a tax-deductible contribution. To donate online, visit www.lifeflightmaine.org, or call us at 207-785-2288.
Rick Chipman
Bath Fire and Rescue Paramedic

Rick Chipman has been a paramedic firefighter at Bath Fire and Rescue for just over 12 years. It could be said that fighting fires is in his blood. At 21, he started volunteering for the fire department in his hometown of Harpswell, where the fire station is named after his grandfather. His dad is also a firefighter in Harpswell, and his great grandfather served on the area fire brigade in the 1930s, when it was nothing more than a trailer pulled behind an old car.

He became a basic Emergency Medical Technician (EMT) 16 years ago, but soon after he signed on with Bath Fire and Rescue, he began paramedic school. In the field of EMS, the level of care an EMT is allowed to provide is based on the level of certification, from basic all the way up to paramedic. As Rick spent more time in the field, he realized he wanted the ability to do everything possible for fire and accident victims.

He was on the lead crew when the call came in for a rollover car accident in Arrowsic involving multiple victims. He knew at least one person was still trapped inside the car, so he made sure the crew was prepared for a lengthy extrication. These factors also prompted a call to LifeFlight of Maine, which was made by one of the first responders who was already on the scene.

When Rick arrived on the scene, he found Stephanie pinned upside down in the car, with one leg through the steering wheel and the other through the windshield. The driver’s side of the vehicle was up against a ledge, so the only way out was through the front passenger window. Rick climbed in and found Stephanie gasping for air. Her body was twisted into such a tight little ball, her airway was severely constricted. As her breathing became even more labored, he knew he didn’t have much time to get her out.

He straightened her out into a face down position, and while he immobilized her spine, the rest of the crew worked to pull her out of the car. Once outside, they were able to roll her over onto a backboard, where she immediately started to breathe again on her own.

They carried her over to the ambulance where they took care of her wounds, suctioned her airway and placed IVs before transporting her about a mile to meet the helicopter at the Taste of Maine restaurant on Route 1 in Woolwich. The large, fairly clear parking lot, which had been used as a landing zone in the past, was being secured by local police and LifeFlight of Maine’s communications specialist, Terri Smith.

Community Benefit: Educational Outreach

In everything LifeFlight does, safety is paramount. Everytime the helicopter takes off, the crew has taken specific, measurable steps to mitigate the risk inherent in aviation. One thing the crew does on an ongoing basis is help prepare rescue providers and law enforcement personnel across the state for the arrival of the helicopter to the scene of an accident. Crew members provide ground safety courses that teach local rescue agencies how to establish a landing zone and how to work safely with the flight crew. In FY08, LifeFlight provided 20 ground safety courses, from The Forks to Islesboro, Medway to Bethel. To schedule a course for your area, contact the Foundation at 785-2288.
Terri Smith
Communications Specialist at LifeFlight’s Dispatch Center

When the call from the Sagadahoc Sheriff’s Office came in to MedComm, LifeFlight’s dispatch center, certified flight communicator Terri Smith was working the phone. She immediately alerted the crew and provided the very basic details: flight request for a scene call in Arrowsic. The pilot then let her know that the weather was clear and the flight crew could respond to the call.

Terri’s hands helped the LifeFlight crew find their way.

One of the things Terri likes best about her job is that no call is ever the same. Behind the scenes of every 9-1-1 call are busy dispatchers who are constantly faced with new problems to solve. For LifeFlight, calls directly to an accident scene are usually the most challenging as they often involve finding an appropriate landing zone and helping rescue personnel at the scene make preparations for the arrival of the helicopter.

Once the crew gives Terri the green light, she gets as much information as possible about potential landing zones, as well as information about the medical condition of the patient.

In this case, Terri got the general location of the scene in Arrowsic, and then went to work looking for a nearby landing zone that had already been established. Luckily, GPS coordinates for the Taste of Maine Restaurant, on Route 1 in Woolwich, were already in MedComm’s system, making it easy to relay the coordinates directly to LifeFlight pilot Nathan Sargent.

LifeFlight is constantly striving to create a safer and more efficient air medical program. One of our current projects for FY09 is to install state-of-the-art SkyConnect satellite tracking systems on our aircraft. These systems will allow our communications specialists to follow our flight crews every minute they are in the air. Greater communication means safer flights, for our crew members and for our patients.

You can help us improve the safety of every flight by making a tax-deductible contribution. To donate online, visit www.lifeflightmaine.org, or call us at 207-785-2288.
Nathan’s hands guided the helicopter through a safe flight

LifeFlight serves a smaller population over a much larger area than most other air medical programs in the country. The average length of our flights is more than triple the national average and studies have shown that Maine needs two aircraft to ensure equal access to healthcare for all of its residents. LifeFlight depends on contributions from corporations, foundations and private individuals to keep our helicopters flying, today and long into the future.

You can help fund the next generation of lifesaving aircraft by making a tax-deductible contribution.

To donate online, visit www.lifeflightmaine.org, or call us at 207-785-2288.

Nathan wanted to be a helicopter pilot ever since he can remember. When he was young, his father re-enlisted in the military to become a helicopter mechanic, and from that moment forward, Nathan spent a lot of time around the hangar. He started out as a mechanic assistant, but soon enrolled in flight school. At the beginning of his career, he worked for corporations, media organizations, and utility companies, but after meeting some folks from LifeFlight of Maine at a safety conference, he knew he wanted to fly medical helicopters. Both of Nathan’s parents grew up in rural western Maine, so he understands the challenges that the state’s geography presents to efficient medical transport. An employee of the air medical service company EraMED, he’s been flying with LifeFlight of Maine for just under a year, happy to use his skills as a pilot to help others.

When the call came in from MedComm dispatch the night of Stephanie’s accident, it was a beautiful night to fly; clear and starry. Nathan went through his routine pre-flight procedure, which includes a weather and route check. This was a scene call, which always prompts the pilots to take a more cautious approach, as they must fly directly to a less secure situation with a possible unfamiliar landing zone. In this case, Nathan also had to contact Brunswick Naval Air Station since his flight path would take him directly through restricted air space.

Once all the logistics were taken care of and the crew was enroute, Nathan communicated directly with the rescue personnel at the scene of the accident through a common statewide radio frequency. He asked for a physical description of the landing zone and also for the ground crew to check for possible obstacles such as power lines, wires, uneven terrain, people, animals, nearby traffic or anything that could prohibit a safe landing.

Once at the scene, Nathan circled overhead to get a good look at his landing zone. In this case, he noticed the area was quite sandy and was worried that the wind from the aircraft’s rotors would stir up too much dirt, making it impossible to see the ground. When he relayed this information to the ground crew, they offered to clear all the cars out of the area of the parking lot that wasn’t sandy. Once the cars were gone, Nathan landed the helicopter without incident and the medical flight crew, including nurse Heather Cady and paramedic Mike Choate, got to work preparing Stephanie for her transport.

Community Benefit: Aviation Infrastructure

The LifeFlight Foundation administers funds from the 2003 transportation bond and raises additional private contributions which help towns and hospitals build helipads, install automated weather observing stations (AWOS), and develop GPS approaches. This ongoing project is helping to build a comprehensive aviation infrastructure in Maine that is being used as a model for other states.

COMPLETED IN FY08

8 Automated Weather Observing Stations (AWOS)
- Belfast Airport
- Central Maine Regional Airport (Wormsweck)
- Newtown Field (Jackman)
- Princeton Airport
- Bethel Airport
- Machias Airport

2 Hospital Helipads
- Maine Medical Center, Portland
- MaineGeneral Medical Center, Waterville

ONGOING

8 Hospital Helipads
- Completed at the end of 2008: Southern Maine Medical Center, York Hospital
- Anticipated for 2009: Cary Medical Center, Maine Coast Memorial Hospital, Millinocket Regional Hospital, Parkview Adventist Medical Center, Penobscot Valley Hospital, and Waldo County General Hospital

11 AWOS
- Including 2 upgrades in 2009: Clayton Lake and Greenville

35 GPS Approaches
- Including 9 anticipated for 2009: Northern Maine Medical Center, Charles A. Dean Memorial Hospital, Down East Community Hospital, Rumford Hospital, Sugarloaf Regional Airport, Stonington Municipal Airport, Vinalhaven Airfield, Penobscot Bay Medical Center, and Bridgton Hospital
With funds from a state transportation bond, Maine EMS purchased a state-of-the-art mobile human patient simulator lab and partnered with LifeFlight of Maine to bring the lab to Maine’s rural EMS providers. This one-of-a-kind educational program has become an integral part of the state’s medical training outreach, but it requires private funding, as well as public, to offer this training at a cost that is affordable for everyone.

You can help us deliver this essential training program by making a tax-deductible contribution. To donate online, visit www.lifeflightmaine.org, or call us at 207-785-2288.

Mike Choate, CCEMT-P, FP-C
LifeFlight of Maine Flight Paramedic

Growing up in Gardiner, Mike followed a traditional educational path, graduating from nearby Colby College with a degree in mathematics. However, a constant interest in the human body led him to take anatomy and physiology classes in college, as well as an EMT class. As he learned more, he grew to love the ever-evolving practice of medicine and felt a strong desire to help people during their time of need. He began his career at Delta Ambulance in Waterville, where he continues to work, and moved to LifeFlight of Maine more than two years ago.

As a flight paramedic, Mike never knows what to expect when he arrives at the scene of an accident. Each time the crew takes off, they gather the critical supplies they will likely need for the patient, such as medication to assist in managing an airway and blood transfusion products. The crew’s specialized medical equipment is stored on board the aircraft, ready to meet a variety of critical care needs.

On the night of Stephanie’s accident, after the aircraft lifted safely, Mike and his partner, Heather Cady, CFRN, talked to the MedComm dispatcher to get information about the patient’s condition. In this case, CommSpec Terri Smith told them the patient was a 20-year-old woman in a motor vehicle accident. She was pinned inside her vehicle complaining of severe back pain and vomiting. From this information, Mike guessed the patient would probably be on a backboard and would need to have her airway secured.

As the aircraft nears its destination, everyone on board turns their attention to landing safely. Mike, who was sitting next to the pilot, scanned the scene on the left side of the aircraft and let the pilot know that there were no wires, poles, buildings or other obstructions that would prohibit a safe landing.

Once on the ground, Mike talked to Bath Fire and Rescue about Stephanie’s condition while Heather assessed her injuries. Stephanie was conscious, but her lungs were compromised and there wasn’t enough oxygen in her blood. The flight crew knew her airway would continue to deteriorate, so they made the decision to intubate her for the transport. They also discovered Stephanie had head trauma, broken ribs, a collapsed left lung and back trauma. Most disturbing, she couldn’t move her right leg. Once she was intubated, sedated and resecured to the longboard, they loaded her onto the helicopter for the 14-minute flight back to Central Maine Medical Center (CMMC), which was the closest trauma center.

At the emergency department, Mike and Heather gave a detailed report to the ER crew and transferred care over to the physician on duty. He managed her care for the next few hours, working to stabilize her so that orthopedic surgeon Dr. Michael Regan could fix her broken spine.
The LifeFlight Foundation is a non-profit charitable organization which depends on both public and private funding to provide safe and exceptional critical care to Mainers when they need it most. There are many ways you can help support our mission, including cash donations, bequests, and gifts of stock. Our friends also host fundraising events in their own communities, and local civic organizations have pledged support for a variety of projects including infrastructure and education.

For more information or to donate online, visit www.lifeflightmaine.org, or call us at 207-785-2288.

**Michael F. Regan, MD**  
**Orthopedic Surgeon at Central Maine Medical Center**

When Stephanie arrived at Central Maine Medical Center, she was still unable to move her right leg and had minimal movement in her left. A CT scan revealed two broken vertebrae that were pinching her spinal cord and impairing neurological function. After reviewing her injuries, the orthopedic spine surgeon on call recommended surgery and told Stephanie’s parents to expect recovery to take up to a year.

Dr. Michael Regan, of Central Maine Orthopedics in Auburn, is originally from Massachusetts, but when he trained at Maine Medical Center in Portland, he knew Maine was a good fit for his outdoor lifestyle. He and his wife, together with their three children, moved to the Lewiston area nearly 12 years ago and he has been a member of the active staff at CMMC ever since.

For Stephanie’s surgery, Dr. Regan used two 13-inch rods and 12 screws to realign her spine and take the pressure off her spinal cord. During the 4-hour operation, he also fused eight of her vertebrae, which then acted like a splint and helped stabilize her spine.

Within hours of the surgery, Stephanie was moving better, and within a week she was up walking the halls. Remarkably, she spent only 10 days in ICU, an additional week in rehab, and walked out of the hospital less than 20 days after her accident.
The following is a list of donors who made a gift of cash or pledge by July 1, 2007 and June 30, 2008. Contributions in this period have been added to past gifts of each donor, placing them in the appropriate cumulative category for the period January 1, 2003 to June 30, 2008. Gifts received after June 30, 2008 will be listed for the calendar year 2008. Contributions in this period have been added to past gifts of each donor, placing them in the appropriate cumulative category for the period January 1, 2003 to June 30, 2008. Gifts received after June 30, 2008 will be listed for the calendar year 2008.

The following is a list of donors who made a gift of cash or pledge by July 1, 2007 and June 30, 2008. Contributions in this period have been added to past gifts of each donor, placing them in the appropriate cumulative category for the period January 1, 2003 to June 30, 2008. Gifts received after June 30, 2008 will be listed for the calendar year 2008.

Maine Emergency Management Agency
Maine Medical Center

$100,000 +

York Hospital

$.00 +

Northern Maine Medical Center

$500,000 +

St. Andrews Hospital & Healthcare Center

$25,000 +

Rumford Hospital

$50,000 +

Redington-Fairview General Hospital

$350,000 +

Mount Desert Island Hospital

$1,000 +

Calais Regional Hospital

$25,000 +

Bridgton Hospital

$10,000 +

Catawamteak Fund of the Maine Community Foundation

$500 +

Goodall Hospital

$250,000 +

Eaglebrook Village

$250,000 +

Maine Community Foundation

$10,000 +

Mount Desert Island Hospital

$500,000 +

Carrabia-Charitable Foundation C.A. Dean Memorial Hospital & Nursing Home

$250,000 +

University of Maine Medical Center

$50,000 +

Thomas P. Judge & Susan Groce

$100,000 +

Brian D. Cronin & Cheryl Cronin

$25,000 +

Bridgton Hospital

$350,000 +

Stevens Memorial Hospital

$10,000 +

Calais Regional Hospital

$500,000 +

York Hospital

$500,000 +

New England Medical System

$10,000 +

Agusta Aerospace Corporation

$500,000 +

Camden National Bank

$1,000 +

Mountain View Health System

$500,000 +

Maine Community Foundation

$250,000 +

Bridgton Hospital

$10,000 +

Maine Community Foundation

$500,000 +

Northern Maine Medical Center

$250,000 +

Bridgton Hospital

$10,000 +

Bridgton Hospital

$10,000 +

Bridgton Hospital

$5,000 +

Bridgton Hospital

$250,000 +

Bridgton Hospital

$10,000 +

Bridgton Hospital

$500,000 +

New England Medical System

$10,000 +

Agusta Aerospace Corporation

$500,000 +

Camden National Bank

$1,000 +

Mountain View Health System

$500,000 +

Maine Community Foundation

$250,000 +

Bridgton Hospital
Visit us on the web at www.lifeflightmaine.org for donation information, patient stories, crew details and more