access to critical care means everything
Over the last year, LifeFlight cared for 1438 patients by air and ground from every hospital in Maine and more than 200 communities. As you can see from the graphic record of our August transports (page 12), need for LifeFlight originates in every corner of Maine.

Serving patients 24/365 is a complex endeavor—Maine has rapidly changing weather, diverse seasons with wide variation in temperature, island communities, workers in remote locations and four season recreation. We meet this need using our helicopters, ground ambulances and telecommunications.

LifeFlight’s patients might have a brain injury from a vehicle crash, a heart attack, a shock state of sepsis in which their organs are shutting down or respiratory failure; they range in age from the earliest hours of a newborn to our most elderly citizens; they might be working in the woods, driving a car, working in their backyard, or being cared for in one of our hospitals; whatever their injury or illness, age or origin they have one thing in common—time is not on their side.

In emergency medicine we refer to this as time sensitive disease, in which managing care across time and distance is essential to saving a patient’s life. In a rural state, the geography of time can present sometimes insurmountable challenges to a critically ill or injured patient. We manage time by bringing the critical care team and technology of the trauma and specialist hospitals directly to a patient. We can then begin advanced care and transport the patient to the physicians at our major trauma and medical centers in Lewiston, Portland, Bangor, Boston and beyond.

LifeFlight’s mission is to assure, to every extent possible, that a patient on “Main Street” in all of our communities in Maine has timely access to critical care. In this year’s annual report, we focus on the geography of time and access to care. The patients you meet in the pages ahead have returned to families, school and work through the combined efforts of 911 dispatchers, first responders, EMTs, paramedics and LifeFlight. In each case, access literally meant everything—whether their ‘Main Street’ was a rural road in Windsor or Lincoln, a home on North Haven Island, an ATV trail in the woods of Hancock County or a remote snowmobile trail beyond Kokadjo.

Together with your friends and neighbors, you can make a difference for those critically ill and injured patients in your community that need immediate access to specialized care. Your support makes our efforts possible. On behalf of all of us at LifeFlight, our 911, EMS, public safety and hospital partners and the more than 12,000 patients we have served, we are pleased to make this report to the people of Maine.

Access is everything, the geography of time.

Thomas Judge, CCT-P
Executive Director
LifeFlight of Maine and The LifeFlight Foundation
Thirty-two-year-old Melanie Lajoie was on her way to work in Windsor when an oncoming vehicle crossed the center line and crashed into her minivan. The mother of two from Augusta suffered multiple broken bones in her legs, broken ribs, pelvis and tailbone, and serious damage to her liver and spleen. She was losing so much blood at the scene, the LifeFlight crew transfused two units during the short, 15-minute flight to Central Maine Medical Center in Lewiston.

But thanks to expert teamwork at the scene by Windsor Fire Department and Delta Ambulance, and a quick response by LifeFlight, Melanie was at one of Maine’s three trauma centers shortly after the accident occurred. After 25 hours of surgeries, three rods, two plates, 17 days at CMMC and two more weeks of rehab, Melanie was able to return home to continue her recovery surrounded by a large support group of family and friends.

Today, Melanie is back to work as a speech therapist, and enjoying family time with her two boys, Josh and Luke, and her husband, Greg. Her outcome may have been very different without the care she received from the trauma team at CMMC.
Ron Deveau works as an engineer for the state ferry service, shuttling residents and visitors between Rockland and the island of North Haven. Like the rest of the ferry staff, Ron lives on the island during his 6-day shift. While he’s there, he’s one of more than 4,300 Mainers who live year round on one of the state’s 15 island communities. For these residents, access to emergency healthcare is a daily concern.

When Ron suffered a heart attack at the end of his shift, his fellow ferry workers quickly called for help from the North Haven EMS, the first piece of the island’s emergency healthcare network. John Dietter, an island EMT, immediately recognized Ron would need treatment from one of the state’s three cardiac specialty centers as soon as possible. He made the decision to call for LifeFlight, the second critical piece for Ron to get the care he needed.

“The combination of advanced care and rapid transport that LifeFlight can deliver was exactly what was called for in Ron’s case,” remembers John.

Ron arrived at Eastern Maine Medical Center’s cardiac cath lab just over an hour after his co-workers called for help. After a few months of recovery and rehab, Ron was able to return to his life as a ferry engineer and grateful father. Thanks to this network of emergency healthcare providers that is in place in every community across the state, island residents, as well as those Mainers living in rural towns and unorganized townships, can sleep a little easier.

“access to critical care means peace of mind”

John Dietter, WEMT-B
North Haven EMS
In an emergency, literally minutes count. When we started LifeFlight in 1998, our initial focus was on the "golden hour" for critically injured patients in rural Maine. We knew that improving timely access to our trauma surgeons and centers would save lives and limbs. LifeFlight is now considered the "glue" of Maine’s trauma system, linking rural communities and community hospitals with our trauma centers.

Over the past decade medicine has made remarkable advances in time dependent care. We now recognize that "time is tissue" for cardiac and stroke patients and each year we see increasing numbers of medical and cardiac patients with ever more complex needs. As the stories in this report illustrate, sometimes minutes make all the difference in outcome.

To meet this time to care challenge, LifeFlight has added intra-aortic balloon pumps, new ventilators, specialized monitoring systems, induced hypothermia for post cardiac arrest stabilization, transport isolates for newborns, bedside blood monitoring systems, and a range of new therapies to care for these patients. In the year ahead our physicians and teams are working on adding ultrasound and new medications. While the media picture is that of a helicopter lifting from the side of a highway, in reality, LifeFlight brings the trauma center ICU’s specialized critical care teams (linked to specialist physicians across the state) directly to a patient in need, whether in a helicopter or ground ambulance.

For LifeFlight, access is a broad systems approach to making sure patients receive the leading edge of science in the chain of survival. In addition to clinical care, our LifeFlight team is involved in research, with multiple papers presented in national medical journals and conferences; in clinical outreach education, with our mobile simulation program that we run with Maine EMS; and in leading edge patient and operational safety initiatives with colleague agencies across the US, Canada, and Australia through the Aviation Safety Network.

Most importantly when it comes to access, LifeFlight serves all people in Maine regardless of their insurance status or ability to pay for needed care. Last year LifeFlight provided more than $1.5 million in uncompensated care, representing nearly 18% of our operating budget. Assuring that LifeFlight is there when most needed is an ever greater challenge. Your support helps to make it happen.

Peter Chalke, Chair
Management Committee, LifeFlight of Maine
A few years ago, LifeFlight of Maine received a call to transport a critically injured snowmobiler from Kokadjo, a rural community just east of Moosehead Lake. In emergency medicine, time is the overwhelming determining factor in a patient’s survival. Unfortunately, the scene of the accident was so remote, it took local paramedics more than two hours to transport the patient, by ambulance and snowmobile, to Eastern Maine Medical Center in Bangor.

This snowmobiler was lucky. But emergency medical providers across the state want to do better for the thousands of people who use Maine’s recreational trails each year. In an effort to improve response time for scene calls involving remote snowmobile, ATV and recreational accidents, LifeFlight has been working with state and local agencies and clubs to establish landing zones along Maine’s extensive recreational trail system. In addition to the network of landing zones, LifeFlight also collaborates with snowmobile and ATV clubs to develop comprehensive rescue plans which include local rescue and fire departments.

Christened the Remote Emergency Access project, the effort has identified **more than 100 landing zones** in isolated and rural areas. Large standardized signs displaying the site’s unique GPS coordinates have been erected at forty-one of these LZs.

While LifeFlight already **transports about 50 snowmobile and ATV accident victims every year**, the project also improves access to critical care for all residents living in rural locations.
Remote Emergency Access
Project Milestones

Developed educational material on how to establish a remote landing zone

Developed safety presentations for dozens of groups, from Portage to Phillips, and Eustis to Gouldsboro

Developed a landowner liability release process

Worked with legislators to introduce a bill that would establish a fund for first aid stations in remote areas

Facilitated and participated in emergency response planning meetings

Formed partnerships with like-minded projects like Mayo Regional Hospital’s effort to provide AEDs (automated external defibrillators) to remote locations

For more information on the remote emergency access project, call the Foundation at 207-230-7092.

Remote landing zones improve access for patients in rural areas

Cindy Annis, of Hampden, has been camping with her family in a remote area of northern Hancock County since she was a child. She and her husband still make the three hour drive over dirt roads every summer to Unknown Lake for some swimming, canoeing and fishing.

During one such camping trip a couple of years ago, Cindy was in a serious ATV accident. Fortunately, she was wearing a helmet. However, her chest and shoulders were badly damaged. Although she didn't know it at the time, Cindy’s accident had left her with a broken collarbone, three broken ribs, a lacerated liver and a collapsed lung. Luckily, someone passing by remembered seeing a helicopter landing zone just a few miles up the road. Minutes later, a call was made to LifeFlight with patient information and landing zone GPS coordinates.

“This landing zone was nearly perfect,” remembers Carol Jordan, the flight nurse on board the helicopter. “It was open, flat, and had an enormous sign with the area’s GPS coordinates. It had everything but the big red H! The entire process ran like clockwork.”

Because the helicopter was able to land just a couple miles away from the scene of the accident, Cindy was being treated at Eastern Maine Medical Center little more than an hour after she was critically injured. In a rural state like Maine, having rapid access to emergency care is an important link in an effective trauma system.

Cindy looks forward to returning to her favorite camping spot for many years to come, comfortable in the knowledge that, if it’s ever needed again, she’ll know how to get help fast.
Kody Scott (left) and Devon Maxwell have been friends for as long as they can remember. The high school students grew up together in Lee, just east of Lincoln. Like many rural Maine kids, the boys spent much of their childhood fishing for trout and playing baseball.

As teenagers, one of their favorite places to hang out is at the community teen center, known locally as 180. The two friends were walking back to 180 after a quick trip to the local market when a car came around a sharp bend in the road and struck both boys. The force of the impact sent Kody and Devon flying several feet off the road and left them both critically injured.

When first responders from Lee Rescue arrived on the scene, they realized the boys would need specialized care from a trauma center as soon as possible and called for both LifeFlight helicopters. LF1, the helicopter based in Bangor, arrived at the scene first to pick up Devon. He had broken both bones in his right leg, his left fibula, fractured his hand and had a severe laceration on his left eye. The flight crew took him to Eastern Maine Medical Center, and he was in surgery less than two hours later.

In the meantime, paramedics from the Penobscot Valley Hospital (PVH) Ambulance Service took Kody to PVH in Lincoln where LF2, the helicopter based in Lewiston, met them on the newly constructed helipad. Kody, who had injured his left arm and leg, torn ligaments in his right knee, and fractured his ribs and collar bones, was also lifeflighted to EMMC in Bangor.

The friends were in the hospital for about two weeks, where they underwent several surgeries. They both made a full recovery and have returned to a life filled with basketball, baseball, soccer and skiing.

When first responders arrived on the scene, they realized the boys would need specialized care from a trauma center as soon as possible and called for both LifeFlight helicopters.

access to critical care means patients can reach their potential
EDUCATIONAL OUTREACH

LifeFlight crew members provide ground safety courses to local rescue agencies on how to establish a landing zone and how to work safely with the flight crew. In FY10, LifeFlight provided 28 ground safety courses, from Biddeford to Eastport, Rangeley to Vinalhaven. In addition to the EMS professionals at the scene, dispatchers across the state also receive LifeFlight training. In FY10, LifeFlight provided 6 communications courses to municipal, county and state dispatchers.

Crew members and medical directors also provide critical care education to emergency medical service volunteers and professionals, including training on traumatic brain injuries and certain types of cardiac trauma. LifeFlight offered 9 trauma training sessions in FY10.

To schedule educational outreach for your area, contact the Foundation at 230-7092.

HUMAN PATIENT SIMULATOR

The LifeFlight Foundation coordinates and supports Maine’s mobile Human Patient Simulator (HPS) program. This unique program is a hands-on training experience consisting of state-of-the-art computerized mannequins, or simulators, that are installed in an RV. The RV can visit any hospital or EMS agency in the state, bringing a customized critical care training program directly to the providers.

The HPS visited 10 facilities in FY10, bringing advanced medical training to 273 physicians, nurses, paramedics and emergency medical technicians.

To schedule a training session with the HPS, call the Foundation at 230-7092.
AVIATION INFRASTRUCTURE

The network of aviation infrastructure in Maine, including hospital and community helipads, automated weather observing stations (AWOS) and helicopter GPS approaches, has been established and expanded over the last ten years. Today, this system is used as a national model for safe and effective air ambulance services.

Staff at both the LifeFlight Foundation and LifeFlight of Maine administer funds from the 2003 and 2009 transportation bonds, which help towns and hospitals build helipads, install new AWOS, and develop helicopter GPS approaches.

COMPLETED IN FY10

2 Helipads
- Maine Coast Memorial Hospital
- Summer Community

1 Automated Weather Observing Stations (AWOS)
- Greenville Municipal Airport

10 Helicopter GPS Approaches
- Dover-Foxcroft Long Island
- Swans Island Matinicus
- Bar Harbor North Haven
- Chebeague Norway
- Cranberry Isle Peaks Island

CHARITY CARE

Since it began in 1998, LifeFlight of Maine has provided essential emergency care to more than 12,000 patients in Maine, regardless of their insurance or financial status. More than 30% of our patients did not have insurance in FY10, and unpaid bills from uninsured and underinsured patients totaled more than $1.5 million. This represents nearly 18% of LifeFlight of Maine’s operating budget, and is a 42% increase over FY09.

Types of Transport in FY10

- 64% interfacility
- 22% scene
- 14% ground (interfacility)
Reasons for Transport in FY10

Patient Age Distribution in FY10

*Acute Surgical* is any severe injury requiring surgery including amputations; *Acute Medical* is anything non-cardiac like respiratory distress or pneumonia; *Acute Neuro* includes things like spinal cord injuries or stroke patients; *OB* includes obstetric patients.

photo by Mark Mennie
AUGUST 2010 FLIGHT STATISTICS

We cared for 165 critically ill people in August 2010, from 63 towns and 33 hospitals. As more doctors and emergency medical providers see the benefits of rapid transport and positive patient outcomes, more of them are making the choice to call LifeFlight.
Care where you need it

The Foundation’s mission is to make certain that LifeFlight has the resources to meet the needs of Maine’s critically ill and injured, wherever they may be. Assuring access to care is critical to this mission. A major effort to support access and safety is the creation of a comprehensive statewide helicopter instrument flight infrastructure funded by individuals, foundations, and a unique public private partnership between the LifeFlight Foundation and the state’s Department of Public Safety, Maine EMS and the Department of Transportation.

Our LifeFlight system is nationally recognized for safety and quality. While instrument flight (IFR) is the standard for commercial aviation and the standard for LifeFlight, less than 10% of medical helicopters are equipped with IFR or operate under the stringent aviation safety standards applicable to IFR.

Improving safety and reliability assures access to care for all of Maine’s rural communities. When LifeFlight started, only two hospital helipads and minimal aviation infrastructure supported helicopter operations in every corner of Maine. Today there are 31 hospital and 10 community helipads; 9 new weather systems at rural airports; 27 instrument approaches at hospitals, airports and island communities; and fuel trucks at airports in Aroostook County for refueling the helicopters at the hospitals.

Over the last year, the Foundation supported funding of helipads at Maine Coast Memorial Hospital and the Town of Sumner, an additional weather system at the airport in Greenville and 10 instrument approaches at hospitals and island communities.

In addition, the Foundation has a number of projects underway, including 7 new or upgraded weather systems, 10 additional instrument approaches and a complete IFR route system from Northern Maine Medical Center in Fort Kent, through our trauma centers in Maine, to the Longwood Medical Complex of specialty hospitals in Boston.

We are grateful for, and inspired by, these efforts. Every donation strengthens LifeFlight’s services, including specialized medical equipment and our aircraft replacement fund. Thanks to your steadfast support, Maine has the highest quality emergency medical helicopter service in the country. This is made possible through the generosity of a growing number of individuals, corporations and family foundations. In FY10, 662 people donated more than $950,000 to LifeFlight. These funds saved lives. As you can see from the stories in this report, your donations have made all the difference in providing care where it’s needed most. The LifeFlight Foundation is proud to submit this annual report, and we hope it inspires you to continue your support of this remarkable organization.

Elaine Clark, Esq.
Board Chair, The LifeFlight Foundation
Nearly all of Maine’s 36 hospitals have pledged their financial support to LifeFlight of Maine’s mission:

- $500,000 +
  - Central Maine Medical Center
  - Eastern Maine Medical Center
- $250,000 +
  - Maine Medical Center
- $100,000 +
  - The Aroostook Medical Center
  - Penobscot Bay Medical Center
- $50,000 +
  - Bridgton Hospital
  - Down East Community Hospital
  - Franklin Memorial Hospital
  - Inland Hospital
  - Mid Coast Hospital
  - Sebasticook Valley Hospital
  - Southern Maine Medical Center
  - Mayo Regional Hospital
  - Miles Memorial Hospital
  - Millinocket Regional Hospital
  - Mount Desert Island Hospital
  - Northern Maine Medical Center
  - Parkview Adventist Medical Center
  - Penobscot Valley Hospital
  - Redington-Fairview General Hospital
  - Rumford Hospital
  - St. Andrews Hospital
  - Stephens Memorial Hospital
  - Waldo County General Hospital
  - York Hospital

5-STAR DONORS

LifeFlight relies on the generosity of individual donors to sustain our service. 5-Star donors have given $100 or more for 5 consecutive years. We want to extend a special thank you to the donors listed below and honor those families who have supported LifeFlight’s mission with such steadfast dedication.

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photo by Mark Mennie
Our Donors

The following is a list of **donors who made a gift of cash or pledge between July 1, 2009 and June 30, 2010**. 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, 2010. Gifts received after June 30, 2010 will be listed in the 2011 Annual Report. We work diligently to maintain an accurate database and deeply regret any errors or omissions. Please notify the Foundation office at 207-230-7092 of any inaccuracies so that we may set the record straight.

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access to critical care supported through planned giving

LEAVING A LASTING GIFT

“Each year LifeFlight saves hundreds of people’s lives – this is just incredible,” says Ann Montgomery of Camden. “I am struck by how often I encounter people who have experienced a major lifesaving incident.”

Ann and her husband, David, wanted to support the organization in a significant way, so they made LifeFlight part of their estate through a Charitable Remainder Trust. This estate planning tool allows people to support a number of charities.

“As I became more involved with LifeFlight, I discovered that those working for the organization, from the flight crews to the board members, are extremely dedicated, capable and knowledgeable,” continues Ann. “LifeFlight has established a thorough and professional transport team to serve Maine’s most critical patients. David and I are honored to support it.”

The LifeFlight Foundation recently set up a planned giving program so our friends and supporters can leave gifts through their wills, charitable remainder trusts, and other mechanisms. To learn more about planned giving options, please contact the Foundation to request a free manual.

LifeFlight has established a thorough and professional transport team to serve Maine’s most critical patients.
David and I are honored to support it.

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Ralph Siewers, MD & Pamela Siewers
Sam & Judy Smith
Dr. & Mrs. Robert Snead
Phineas Sprague
Jane O. Staman
Dr. & Mrs. Robert Stein
Mr. & Mrs. T. Douglas Stenberg

Kenneth Dickey

Maine Hospital Association
Dr. & Mrs. John Malin
Violet Marshall
Charles T. McHugh, MD & Anne McHugh
Nathaniel & Sally Merrill
Donald & Nancy Miller
Allen & Margaret Mitchell
Edwin & Colette Mooney
Mary Moran, MD
Mount Pleasant Dental Care
Mr. & Mrs. William Munger
Mr. & Mrs. Robert E. Naylor, Jr.
The New York Community Trust
Endi Bok Okun
Joseph N. Petras
Jim Pierce & Co.
Quality Jewelers
Stephen & Pamela Ross
John Roy
Ralph Siewers, MD & Pamela Siewers
Sam & Judy Smith
Dr. & Mrs. Robert Snead
Phineas Sprague
Jane O. Staman
Dr. & Mrs. Robert Stein
Mr. & Mrs. T. Douglas Stenberg
BUSINESSES AND CORPORATIONS

LifeFlight relies on the generosity of businesses and corporations to sustain our service. The following businesses gave $100 or more in FY10.

Agusta Aerospace Corporation
Allen Insurance and Financial American Awards
Arkie Rogers Septic Service, Inc.
athlonahealth
Bank of America United Way Campaign
Benjamin Tibbetts, Inc.
BFLI
Camden National Bank
Country Inn at the Mall
Darling’s Corporate Office
Diversified Communications
Eastern Maine Healthcare Systems
Eaton Peabody
The First
Fort Kent Chapter – Maine Right to Life
Franklin Printing
Frenchville Snowmobile Club
Gosline-Murchie Agency
Hedge Solutions, Inc.
Hollywood Slots at Bangor
Kiwanis Club of Rockland
Lajoie Brothers, Inc.
Lovells Guilford Hardware, LLC
Maine Energy Marketers Association
Maine Uniform Rental, Inc.
Maine Hospital Association
Maritime Energy
Matinicus Plantation
Millinocket Regional Hospital Auxiliary
Monhegan Plantation
Morning Sentinel
Mount Pleasant Dental Care
Nickerson & O’Day, Inc.
Orono-Old Town Kiwanis Charities
Orthopedic Associates of Portland
Jim Pierce & Co.
Quality Jewelers
Ram Island Group, LLC
TD Bank (Portland)
TD Bank (Waterville)
The Town of Sebago
USDA – Rural Development
Waldo County Firefighters Association
Wal-Mart (Falmouth)
Wal-Mart (Lincoln)
Wal-Mart (Oxford)
Wal-Mart (Rockland)
Wal-Mart (Windham)
Wal-Mart Super Center (Brewer)

Lynda Clancy
Pat Clark
John Clayton
Winifred & Blaine Clemons, Jr.
Gerald & Teresa Clifford
Mark & Elizabeth Cluett
Charles Cole
Edward M. Collins
Mary Collins, MD & Thomas Collins
Heath Commeau
Philip Conkling
William & Kathleen Conway
Michele Cookson
Mr. & Mrs. Daniel N. Copp
Lynda Copperwhite
Jason P. Cote
Joan Cote
David Coughlan
Ronald Cousins
Stewart M. Cousins
Nancy L. Crosby
Richard P. Crossman
Donna Curry
Rea Gyr
David Daigle
Daigle Oil Company (Fort Kent)
Tammy Daigle
Ruth Darcy
Darling & DeLisle
Mr. & Mrs. Cy Davidson
Daniel & Constance Day
John T. Day
Deborah de Moulpied
Martha & John De Turris
Diane DeBlois
Clinical Practice Committee

The quality of care given by the LifeFlight crew is overseen by a Clinical Practice Committee (CPC) consisting of specialist physicians from Eastern Maine Medical Center, Central Maine Medical Center and Maine Medical Center, as well as emergency physicians throughout the state. The CPC tracks state-of-the-art clinical care from around the world and meets quarterly to discuss current protocols and new treatments.
Owen S. Smith
Kurt Theriault
Robert Thibault
Robert C. Wanbaugh
Karen Ware
Albert Watts
Steve Wheeler

TRIBUTE GIFTS

GIFTS IN MEMORY OF:
Joshua P. Barker
Francis E. Blood
Jackie L. Bolduc
Raymond R. Boucher
Jason Patrick Bourgoin
Larry Leroy Bourgoin
Sandra J. Burnell
Marjorie E. Butler
Betty Cassidy
Thomas Hamilton Chase
Thomas P. Cochrane
Jack Ryan Conklin
Rosaire Cyr
Phoebe Delmonaco
Tracy Anne Dennen
Anthonie L. Dennison
Leo G. Doyon
Clairce Ely
James A. Emerson
Jerome A. & Hazel B. Emerson
Zelda A. Emerson
Dorcas V. Farquhar
Cathy M. Flook
Darren L. Folsom
Pierre Freeman
Frenchville Snowmobile Club
Deceased Members
Bonnell T. C. Gardner
James A. D. Geier
Robert Gerry
Carl C. Grant
Russell M. Grant
Norman A. Gray
Dustin Hamlyn
Tara Joy Hart
Allen Hurlbert
Albert Johnson
Treby Johnson
Jeff Jordan
Charles Keicher
Shannon Kiernan
Denelda Kosick
Timothy Lane
Marlene H. Libbey
Jaimie Lea Linscott
John Kevin Madigan
Sally Magyar
William Masterton
Chris McLeod
Winifred R. Murray, Jr.
Scott M. Ploof
Glenn Richardson
William Sabin
Barbara Shotwell

GIFTS IN HONOR OF:
Foster Aborn
Bagaduce Ambulance Corps
John E. & Ruth B. Bickford
Levi Carpenter
Cathy Case
Ian Cochrane
Clarendon Crosby
Kira Day
Tom Doyle
Carter Duke
Doris Ela
Amanda Gardner
Nancy Gervais
David & Gloria Hitchings
Thomas P. Judge
Kevin M. Kendall, MD
Aidan J. King
Lauren Lamberson
Wyatt LeBlond
Stacy Lieberman
Paul Liebow, MD
LifeFlight Pilots & Crew
Chris Lirakis
Andrew Loman
Logan Lovell
Suzanne Macdonald
Noel C. March
Kim McGraw
Professor Miller
Bobby Monks & Bonnie Porta
Ann Stuart Montgomery
Sarah Mueller
John C. Parish, Jr.
Katy Perry
Kyle Peterman
Sharon Pickering
David Root
Michael K. Schoettle
Dennis Small
Michael Smith
Michael Sorrells
Michael Thurston
Jamie Walsh
Thomas Webster
Dr. Wilson
Phyllis M. Wyeth
**Financial Report**  LifeFlight of Maine

**EXPENSES**

- Aviation Operations 3,008,941
- Salaries/Benefits 1,512,129
- Charity Care 961,505
- Aircraft Replacement Fund/Depreciation 702,349
- Administration/Operations 600,546
- Contracted Services to LifeFlight Foundation 264,415
- Insurance (liability, other) 361,492
- Dispatch Center 404,309

**TOTAL** $7,815,687

**INCOME**

- Patient Care Services 7,998,937
- Aircraft Fund* 460,000
- Foundations/Corporations 102,173
- Interest and Other Income 139,645

**TOTAL** $8,700,755**

*Donation from LifeFlight Foundation.

**End of year financial report net of bank indebtedness.

**MANAGEMENT COMMITTEE**

*As of January 1, 2011*

Peter Chalke  CHAIR  
President and CEO  
Central Maine Healthcare Corporation  
Lewiston, ME

Michelle Hood  VICE CHAIR  
President and CEO  
Eastern Maine Healthcare Systems  
Brewer, ME

Miles Theeman  TREASURER  
President and CEO  
Affiliated Healthcare Services  
Bangor, ME

Norman Dinerman, MD  MEDICAL DIRECTOR  
Medical Director, LifeFlight of Maine  
Medical Director, Critical Care Transport Medicine  
Medical Director, Access Management System  
Eastern Maine Medical Center  
Bangor, ME

Larry O. Hopperstead  
Trauma Surgeon  
Rumford Hospital  
Lewiston, ME

Charles T. Orne  
Executive Vice President and CFO  
Central Maine Healthcare Corporation  
Lewiston, ME

**AWARDS**

2009 Re-Accredited  
Commission on Accreditation of Medical Transport Systems

2008 Program of the Year  
Association of Air Medical Services

2007 National Award for Excellence in Community Service  
Aviation Infrastructure Project  
Association of Air Medical Services

2007 Transport Mechanic of the Year  
Awarded to Wendell Stadig  
Association of Air Medical Services

2006 Re-Accredited  
Commission on Accreditation of Medical Transport Systems

2003 Jim Charlson National Award for Contributions to Air Medical Safety

2003 Accredited  
Commission on Accreditation of Medical Transport Systems
**Financial Report**  LifeFlight Foundation

**As of March 2011**

**InCOME**

- Aviation Infrastructure: 527,867
- Individuals/Trustees: 485,001
- LifeFlight of Maine: 264,415
- Hospitals: 171,898
- Foundations/Corporations: 152,469
- Education/Other: 20,728

**TOTAL**: $1,622,378

**EXPENSES**

- Aviation Infrastructure: 491,959
- Aircraft Fund: 460,000
- Fundraising: 264,415
- Operations/Outreach: 234,603
- Education: 69,229

**TOTAL**: $1,520,205

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8% of all unrestricted income goes to operations.

Financial report includes pledges of $298,000 receivable in future years.

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**BOARD OF TRUSTEES**

**Elaine L. Clark** CHAIR
Associate Vice President for Administration and Finance
University of Maine
Orono, ME

**George L. Higgins III, MD, FACEP** VICE CHAIR
Director of Research
Department of Emergency Medicine
Maine Medical Center
Portland, ME

**Robert Flight** SECRETARY
Ram Island Group, LLC
Cape Elizabeth, ME

**Timothy D. Crowley** TREASURER
President, Northern Maine Community College
Presque Isle, ME

**James A. Har nar**
Executive Director
Daniel Hanley Center for Health Leadership
Portland, ME

**David Hart ley, PhD, MHA**
Research Professor, Muskie School of Public Service
Portland, ME

**William “Sandy” Lieber, MD**
Obstetrics and Gynecology
Lyme, CT and Vinalhaven, ME

**Kevin K. McGinnis, MPS, EMT-P**
Program Advisor
National Association of State EMS Directors
Hallowell, ME

**Ann Stuart Montgomery**
Camden, ME

**Susan Ware Page**
Vice President, Maritime Energy
Rockland, ME

**John C. Parish, Jr.**
Retired Executive, Travelers Insurance
Castine, ME

**James A. Thibodeau**
Retired Executive, United Insurance Group
Fort Kent, ME

**Thomas Tinsley**
Managing Director, General Atlantic
Washington, DC and Tenants Harbor, ME

**Foster L. Aborn** HONORARY TRUSTEE
Retired Insurance Executive
Hingham, MA and Port Clyde, ME

**Peter Goth, MD, FACEP** HONORARY TRUSTEE
Critical Care Training Institute
Springtide
Bremen, ME
access to critical care is our mission

photo by Cathy Case

FOUNDATION STAFF

Thomas P. Judge, CCT-P
Executive Director

Christopher C. Hamilton, EMT-B
Director of Development

Melissa Arndt
Marketing and Educational Outreach Manager

Renee Johnson
Development Assistant

Teresa Dobbins
2011 AmeriCorps Service Member

Mary Hauprich
2010 AmeriCorps Service Member