



LIFEFLIGHT OF MAINE

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Dispatches is published by LifeFlight of Maine for members of the state's Emergency Medical Services community. Comments and suggestions may be directed to the Central Maine Medical Center Public Relations Department. Telephone: 795-2475. E-mail: cmmc@cmmc.org
For more information about LifeFlight, call toll-free 877-262-2525.

...Tom Judge continued

ence to promote a single statewide service.

Judge is an active professional member of the National Association of EMS Physicians and serves on the Faculty of the National Medical Directors Course and Practicum. He is also a member of the Faculty of Pre-Hospital Care of the Royal College of Surgeons Edinburgh, and serves on the editorial board of the British Medical Journal, *Pre-hospital Immediate Care*.

He was a 1996-97 Atlantic Fellow in Public Policy, sponsored by the British Foreign Office. The Atlantic Fellows program is a reciprocation of the long standing Harkness Fellowships program administered by the Commonwealth Fund. During his tenure in the United Kingdom, Judge was posted at the Medical Care Research Unit at the University of Sheffield and with the Scottish Ambulance Services NHS Trust in Edinburgh. He also served with NHS Ambulance Trusts throughout the United Kingdom and the King's Fund Policy Institute in London.

Judge has been involved in EMS program development across the United States, the United Kingdom, Ireland, Northern Ireland and South Africa. He was a facilitator in an international summit of emergency healthcare systems held in Cape Town, South Africa, in 1998 and is one of the lead authors for a summit paper being prepared on emergency medical systems modeling. He is particularly interested in the effects of healthcare policy and in access and equity issues in the provision of medical care.

...Twin Helicopter continued

Trauma System for four years. While a helicopter was not in the original plan, he says it dovetails beautifully with the rest of the program and often represents the best way to get a critical trauma patient to a trauma center. "There has been some debate about whether or not this state would have enough cases to financially support a medical helicopter service. The fact that there is one shows LifeFlight is putting patient care above finances. There's financial risk and it's a great credit to Eastern Maine Healthcare and Central Maine Healthcare that they are willing to stick their necks out and commit to making this work on behalf of these critical patients. And who knows, I had originally projected Pen Bay Medical Center might have three to four cases a year which would need the LifeFlight. We've had four so far, and the service has only been available since September."

Jaclyn Tyler was in a coma in the PICU at EMMC for ten days. She went home to South Thomaston with her family on December 18. Recovery will be a long road for Jaclyn and her family. Closed head injuries can cause developmental damage and Terrie says Jackie hasn't been the same since the accident. But thanks to the Maine Trauma System protocols, the caring healthcare professionals who responded to Jaclyn's need all along the way, she and her family have time to recover together.

DISPATCHES

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"Many decisions were made in that next hour and many people did their jobs perfectly to get him into the operating room where his life could be saved."

Trauma Surgeon
Larry Hopperstead, M.D.

LIFEFLIGHT AIDS IN SAVING SKIER'S LIFE

by Randall Dustin

When Central Maine Medical Center's trauma surgery team began working on Bill Jones they confronted an internal injury so severe they "could hear the bleeding." His intestines had torn from the blood vessels that service them, and blood was gurgling into his abdomen from several locations along a major artery.

From the time of his injury on the ski slopes at Sunday River to the completion of his first surgery at CMMC, Mr. Jones would lose more than 20 units of blood and seven feet of intestine. Trauma surgeon Larry

Hopperstead, M.D., didn't close the incision after the initial surgery because if Mr. Jones survived, his injury would require extensive reconstructive work. And to make matters worse, the contents of the ruptured bowel threatened a massive infection.

Despite the perilous situation that Mr. Jones and his family faced on the

morning of March 13, he would leave CMMC for his Marblehead, Mass., home just two weeks later. He would give the credit for his astonishing recovery to a vigilant ski patrol, an exceptional emergency medical services program, and to LifeFlight of Maine.

An unplanned getaway . . . a momentary lapse

Bill Jones, 41, wasn't planning to ski Sunday River until his wife, Kate, called him from the Bethel ski resort and urged him to come up and join her, their two young sons, and several friends. Mr. Jones, an expert skier, couldn't resist when he heard about the great conditions.

On his third run of the morning, while gliding down the edge of Lazy River, considered an easy trail by accomplished skiers, Mr. Jones crossed tips with one of his ski partners and during a momentary lapse of control careened into a tree.

"The first thing I noticed was my left hand was broken, a compound fracture with a couple of bones sticking out, and that my stomach hurt like heck," Mr. Jones recalled. "I yelled to my friend to get the ski patrol, because I needed help." At that moment, he didn't know just how much help he really did need.



Trauma surgeon Larry Hopperstead, M.D., and flight paramedic Kim McGraw visit with Bill and Kate Jones. The Joneses say LifeFlight was instrumental in saving Bill's life following a ski accident at Sunday River.

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Pilot Profile

MISSION STATEMENT

To provide a statewide medical helicopter service that transports critically ill and injured patients. LifeFlight will provide the highest quality of care and follow rigorous safety standards.

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HOWARD ALBECKER JOINS EMH TEAM

Lead pilot, Bangor

By Jill McDonald

Whether he was flying over the battlefields of Vietnam, the wilds of Alaska, or the busy streets of Philadelphia, Howard Albecker has flown with the confidence and skill to get the job done. Over a 30-plus year career, his unique skills have taken him to Mexico, the Middle East, and to points beyond.

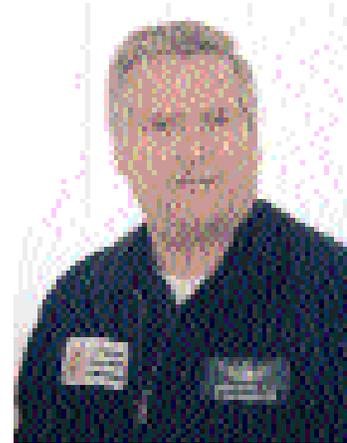
Like other LifeFlight pilots, Albecker began his career in the military, piloting helicopters in combat duty in Vietnam. His U.S. Army career also included two years instructing other helicopter pilots.

His resume includes flying for medical helicopter services in California, Arizona and Pennsylvania. He also flew charters and did US Geological Surveys and other non-medical work in Alaska. When the EXXON Valdez spilled millions of gallons of oil off the Alaska shore, he flew assignments as part of the clean-up effort. But his Alaska experience, while engaging and fulfilling, lasted just a year: his family lived in California, and he missed his wife and two young sons.

Albecker was drawn to his first emergency medical services job with "Airlift for Life" in central California during his years in college. "In those days, it was very hands on work," he remembers. "I was an EMT and was working toward my degree as a registered nurse. On those flights, the pilots were expected to participate in the care of the patient, and I enjoyed that aspect of my work."

However, liability issues would eventually lead Albecker and other EMS pilots to choose between patient care and piloting. It was that choice which led him to Maine. "You really can't fly an aircraft and deliver patient care these days. It's better to be

responsible for one aspect of the operation, and do it very well," he says.



During the last 10 years, Albecker has worked as a helicopter pilot for Keystone, the company which operates LifeFlight of Maine. He comes to Maine from Allegheny University Hospital MedEvac and, most recently, Geisinger LifeFlight, both in Pennsylvania.

"These LifeFlight of Maine crews are very dedicated, and the most enthusiastic I've seen in years," Albecker comments. "They know their work is important. Together, we can make the difference between a six-hour drive from Fort Kent, for example, and an hour and a half by helicopter." And during that hour and a half flight, the patient is receiving state-of-the-art critical care."

Of his new post, Albecker says he likes Maine. It's as close as he can get to Alaska and still have his family with him. And while they are not here yet, wife Janice, and son Ryan, 19, and Scott, 16, are planning to move the family "headquarters" to Maine in the spring.



LIFEFLIGHT OF MAINE

THOMAS JUDGE NAMED LIFEFLIGHT EXECUTIVE DIRECTOR

Thomas Judge, CCTP, of Port Clyde has been appointed executive director of LifeFlight of Maine, the statewide emergency air medical system developed by Eastern Maine Healthcare of Bangor and Central Maine Healthcare of Lewiston.

Judge will work with hospitals, emergency medical services, and public safety agencies developing LifeFlight's critical response service.

LifeFlight's critical care teams are available 24 hours a day to provide dedicated medical helicopter service from bases at Eastern Maine Medical Center and Central Maine Medical Center.



Judge has been involved in pre-hospital care for more than twenty years, as a paramedic, as a local and regional advocate, and as a board

member and former chairman of Maine EMS. He has worked extensively in both the public and non-government sectors and has a wide background in the design and implementation of emergency medical care systems.

"We are fortunate to have some of Tom's credentials, dedication, and energy taking his important leadership role at LifeFlight of Maine," said Norm Ledwin, chief executive officer of Eastern Maine Healthcare.

Ledwin said that Judge brings to his role the commitment and experi-

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...Skier continued from page 1

Fast reaction, good decisions

The Sunday River Ski Patrol quickly assessed Mr. Jones and determined that his injuries could be more serious than they appeared. As they began moving the injured man down the mountain, they established contact with Emergency Medical Service providers, who in turn called LifeFlight. A landing zone was cleared at Sunday River and in less than 15 minutes the LifeFlight helicopter was on the ground at the ski resort. Inflight communications indicated to the LifeFlight team that Mr. Jones's survival would rely on how much time they could shave from the transport flight. Pilot Brent Richardson set the helicopter down but never cut the engine, and Mr. Jones was put on board the aircraft in a procedure called a "hot load."

During the flight back to CMMC, flight paramedic Kim McGraw and flight nurse Steve Breznyak continued emergency treatment, including the intravenous administration of blood products and antibiotics. They also kept Mr. Jones informed about what was happening.

At CMMC an anxious trauma team waited at the landing pad. As Dr. Hopperstead would later explain, emergency care providers have a "Golden Hour" in which to provide effective care for most life-threatening injuries. After that hour has elapsed, a trauma patient's chances of recovery begin to wane.

In the hour following Mr. Jones' accident, emergency care providers made numerous decisions that would determine whether he lived or died. Their decisions were correct and on that day the EMS system worked as well in practice as in theory. "Many decisions were made in that next hour and many people did their jobs perfectly to get him into the operating room where his life could be

saved," Dr. Hopperstead said. "At any step along the way, one wrong decision or unnecessary delay could have changed the entire outcome."

An angel looking over his shoulder

"I know there's an angel looking over my shoulder," Mr. Jones said during one of the numerous interviews he granted shortly before his discharge from CMMC. He was effusive in his praise of the Sunday River Ski Patrol, LifeFlight of Maine and Dr. Hopperstead and the trauma team. "I've never met such professional, caring individuals anywhere," he said. "Dr. Hopperstead is the tops. I'm on the table in the Emergency Room — I'm hearing his voice and I'm thinking, 'I'm in good hands.' He saved my life."

While Dr. Hopperstead's team repaired Jones' abdominal injuries in a second operation, orthopedic surgeon Jacques Dumont, M.D., repaired his broken wrist and pelvis. "They had to work within the window of anesthesia that I was working in for his life-saving operations," Dr. Hopperstead said. Mr. Jones probably wouldn't have lived through separate procedures to fix all his injuries.

Thanks and a promise

As Mr. Jones contemplated his return home, his thoughts returned to the excellent care he received from Maine healthcare professionals and to the importance of the new LifeFlight service.

And while he vows to return again to Sunday River — at least partly because of the outstanding emergency care available in the region — he expects his style of skiing will change. "I'll be wearing a helmet . . . and I won't be skiing on the edges any more," he said, smiling.

TWIN MEDICAL HELICOPTER SERVICE PROVES ITS VALUE

By Jill McDonald

The value of twin medical helicopter service to the state of Maine was proven just weeks after LifeFlight began full operations last year. On November 22 the LifeFlight airship stationed at Eastern Maine Medical Center in Bangor was called to

Penobscot Bay Medical Center in Rockport. While that medical transport was underway another emergency call came in from a physician in Machias. LifeFlight's mission approval officer (MAO) dispatched the helicopter based at Central Maine Maine

Center in Lewiston to the Downeast site. As the following story and accompanying letter demonstrate, the dual coverage provided by LifeFlight of Maine made a critical difference in lives of two Maine residents.

On November 22, 1998 Terrie and Andy Tyler experienced what no parent should. That was the day their 14-year-old, Jaclyn, was hit by a car crossing the busy road in front of their South Thomaston home.

"I don't pay much attention to the noise outside the house usually. But it was dark, almost five o'clock, and Jackie had gone across the street to bring a birthday package to our neighbor," Terrie remembers. "I heard the thump and went outside. When I heard moaning in the ditch and saw Jackie's shoes reflecting the light, I told my 8-year-old to go call 911." Terrie went with her step-daughter in the ambulance and watched as the crew from the South Thomaston Volunteer Ambulance took care of Jackie's many wounds. "She was unconscious. She broke her ankle in three places, and her wrist too. She had a big L-shaped cut on her leg, and cuts and scrapes on her face," Terrie pauses. "It was horrible."

Medical Team Prepares

At Penobscot Bay Medical Center in Rockport, Jackie was assessed by James Curtis, M.D. "We had advance notice from the ambulance crew that we had a critical case en route, so we were prepared when they arrived," remembers Dr. Curtis. Jaclyn arrived at Pen Bay within 22 minutes from the time of the 911 call and it was clear she had more than broken bones. "We assessed her Glasgow Coma Scale and her score was eight. That score indicates serious head injury, for which neuro-

surgery was possibly indicated and intracranial pressure monitoring would be required at all times. Within a minute of her arrival we knew she needed support beyond what we could offer at Pen Bay." Dr. Curtis called LifeFlight and spoke with the Mission Approval Officer (MAO) on duty. The MAO is an emergency medicine physician or in some cases a nurse who gathers information from referring physicians and EMS personnel, considers whether each request meets LifeFlight criteria, and facilitates preparation of the patient for flight.

"This was a critically injured person and time was very important to her care," says Jacques LaRoche, M.D., the MAO on duty that evening. "We have two major criteria for judging if LifeFlight is appropriate in a given case: the patient must be able to benefit both from the reduced "out of hospital" time and from critical care provided during transport. LifeFlight is one of only a few air medical services nationally which uses this prospective review process. Some helicopter services' mission decisions are based solely on the request for air transport and the weather. We feel it's an important distinction and it gives us that extra measure of quality control."

Dr. Curtis acknowledges the MAO process does introduce an additional step for the referring clinician but he also understands the process serves to affirm his judgment. "I know when a patient of

mine needs the LifeFlight, but the MAO is a necessary step. It ensures that the helicopter isn't overused. I understand it to be a quality assurance step, and it's the thoroughness and planning of the whole program which make it so safe. When a patient of mine is transported by LifeFlight I'm assured the risk is almost nil."

Streamlining and improving quality is a continuous process often guided by constructive comments from physicians. In fact, LifeFlight's new Patient Transport Pack, now on file at all referring hospitals, is a direct result of Dr. Curtis' input on this case.

Parental Fears

When Dr. Curtis told the Tylers that Jacklyn needed to be transferred to Eastern Maine Medical Center's Pediatric Intensive Care Unit, they were both frightened and reassured. "We were upset that she couldn't stay near home," Terrie Tyler remembers, "but we told the doctor we'd agree to do whatever it takes."

Terrie remembers being impressed with the professionalism of the LifeFlight crew. "The crew was very comforting. They told us they were going to do everything possible to take care of her. Watching Jackie lift off in that helicopter was like watching a television show. It didn't feel like it was happening to us. We didn't know if she was going to make it."

Dr. Curtis has been involved in the development of the Maine

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