LifeFlight of Maine has accomplished great things since its first flight from the woods of Deblois in 1998. Five years ago, Maine was the only state in the country without access to a dedicated, statewide air medical system. Today, LifeFlight has delivered the promise of critical care plus the speed of medical helicopters to over 2,500 patients. These patients have been transported from every hospital in Maine and directly from accident scenes in over 200 communities in Maine’s 16 counties by critical care RN and paramedic teams. Overseen by specialist and emergency medicine physicians from across the state, LifeFlight supports the immediate care provided by EMS providers and community hospital physicians, physician extenders, and nursing personnel on scene and during subsequent transport.

LifeFlight has also been successful in accomplishing its original goal of improving access to critical care, especially for patients in the most rural areas of Maine. When LifeFlight started operations, only two hospitals in Maine — Penobscot Bay Medical Center in Rockport and Goodall Hospital in Sanford — had on-site, dedicated, lighted helipads. Through the Community Helipad Project LifeFlight provided technical and fundraising assistance to 15 hospitals and communities for building on-site helipads. Seventeen additional hospitals are currently in the planning stage of building on-site helipads. LifeFlight has also created innovative partnerships with the cities of Bangor, Lewiston and Auburn to build dedicated hangar and maintenance facilities at Bangor International Airport and the Auburn/Lewiston Airport. Fuel and weather reporting systems have been installed at LifeFlight’s hospital base facilities, CMMC in Lewiston and EMMC in Bangor. LifeFlight has just received a national award for “significant contributions to the enhancement, development or promotion of aviation or aviation safety in the air medical transport community.”

Despite all that LifeFlight of Maine has accomplished in five short years, the team is looking optimistically to the future with more plans, goals and ideas. But first and foremost, LifeFlight recognizes that it is each service and provider that make up the links the chain of survival for critically ill or injured patients. LifeFlight’s success comes through the combined efforts of everyone in Maine’s emergency medical and public safety communities working together to make a difference. So, on our 5th anniversary we want to say THANK YOU for the resounding support from the people of Maine.

We would like to take this opportunity to thank you by inviting you to our 5th Anniversary Celebration on October 19 at the Augusta Civic Center from 1 p.m. to 3 p.m. Come meet the LifeFlight crew and get a tour of the helicopters. There will also be refreshments, door prizes, a raffle, LifeFlight apparel for sale and great music provided by WABK Oldies 104. Everyone from LifeFlight of Maine looks forward to seeing you there.
NEW JERSEY HIKER SURVIVES HEART ATTACK IN MAINE WILDERNESS

LifeFlight crew plucks man from mountainside

By Randall Dustin, communications director, Central Maine Medical Center

Jack Kubovcik got a rare – thankfully – look at Maine’s EMS capabilities in July when he became the first emergency cardiac patient to undergo open-heart surgery at Central Maine Medical Center after transport by LifeFlight.

The 63-year-old Rockaway, N.J., resident was hiking a segment of the Appalachian Trail with his son, Eric, 33, when he collapsed. But even though the two men were several miles from the nearest road, a fortuitous combination of events would save Jack’s life.

First visit in 35 years

Jack and his wife, Angela, last visited Maine some 35 years ago. When they returned this summer, the plan was that Jack would meet their son and the pair would hike the Appalachian Trail from Grafton Notch to Mount Katahdin; Angela would drive back to New Jersey with their daughter, Amy.

Outwardly, Jack didn’t appear to be the “typical” cardiac patient, though experts agree appearance can be deceiving when cardiac health is concerned. Lean and seemingly good-natured, Jack was by all accounts in good health. A former bicyclist who covered some 6,000 miles annually, his interest in outdoor activities shifted to hiking about six years ago. The 260-mile hike that he and his son planned...
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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LIFEFLIGHT FOUNDATION EMBARKS ON BID TO BOLSTER AIR INFRASTRUCTURE

The LifeFlight Foundation, created to provide fundraising and public relations support to LifeFlight of Maine, opened its doors last spring. A separate, non-profit tax-exempt organization, the LifeFlight Foundation operates from offices in Union in parallel to LifeFlight of Maine. While LifeFlight and its parent organizations, Eastern Maine Healthcare and Central Maine Healthcare are responsible for all of the financial support for operations, the Foundation has a wide mission to support the development of air medical infrastructure such as hospital and community helipads, to support funding other aviation improvements, to fund EMS critical care skills and medical provider education at hospitals throughout the state, to support emergency medical care system research, and to support LifeFlight’s injury prevention programs in Maine’s middle schools.

The LifeFlight Foundation elected its first Board of Trustees on August 12. They include: Dr. Krishna Bhatta M.D., Skowhegan, immediate past president of the Maine Medical Association, Redington-Fairview Hospital; David Hartley, Ph.D., Muskie Institute, University of Southern Maine; Dr. George “Bud” Higgins, Cape Elizabeth, associate vice president for patient improvement, Maine Medical Center; Thomas Judge, CCT-P, Port Clyde, executive director of LifeFlight of Maine; Noel March, Old Town, director of public safety, University of Maine; John May, Pittsfield, president and CEO, Sebasticook Valley Hospital; Kristine Young, Vinalhaven, music teacher, North Haven Community School; and William Young, Auburn, retired CEO, Central Maine Healthcare.

The Foundation has initiated a major capital campaign to specifically address the development of helipads, weather and aviation improvements, and the acquisition of a mobile human patient simulator for critical care education. Funding for these initiatives is via a public-private initiative linking $3 million of funding contained within the upcoming transportation bond to matching privately raised funds.

Over the next few years, the Foundation will work with more than 20 hospitals to construct new helipads adjacent to their emergency rooms, and help improve another six helipads.

Concurrent with helipad development, other aviation safety improvements are planned, including upgrades to Maine’s aviation weather reporting systems in Somerset, Piscataquis, Washington, and Aroostook Counties, adding on-site refueling capabilities at hospitals in Aroostook county, and over time replacing LifeFlight’s current aircraft with additional mission capability, including two-patient transport capacity, and specialized medical equipment and extra personnel for cardiac and neonatal/infant flights. A mobile human patient simulator will make its debut in the state hopefully in 2004. This training vehicle, staffed by

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WONDER BOY (“FOR IT’S A WONDER I’M HERE”)  
By Suzanne Spruce, Eastern Maine Healthcare Community Relations

William Delmonaco lives “just a stone’s throw away” from Calais Regional Hospital. From his house he often hears the LifeFlight helicopter coming and going. He didn’t used to think much about that, but these days when he hears LifeFlight, William takes notice.

Just before Christmas last year, William, who’d been “healthy as a horse” his entire life, experienced a severe pain in his right leg. He got himself to the hospital in Calais, but fell before he could get inside. That is about all he remembers of that night … and that the Emergency Department physician asked him to sign a release allowing him to be flown to Eastern Maine Medical Center.

“I’ve always believed this type of helicopter service is needed here; we went too long without it.”

Nicholas Delmonaco

“The next thing I knew I saw my brother (Nicholas), and I asked him where I was,” remembers William. Nicholas told him that he was at EMMC and he had been through major surgery. And then William wanted to know how he got to Bangor. “That was the darndest thing,” he says with a smile, “I really don’t remember the trip down here at all.”

William’s nickname while he was at EMMC was Wonder Boy, “for it’s a wonder I’m here,” he jokes. But seriously, he says, it is a wonder.

His doctors agree.

When he heard that William fell at the Calais Emergency Department’s front door, Cressy Brazier, M.D., knew right away that LifeFlight would have to be called. “It’s a matter of conjecture as to whether or not William would have survived the trip by ambulance down the Airline (Route9),” says Dr. Brazier. “But I will say that he was very lucky. Even in a hospital that is equipped to deal with this kind of emergency the survival rate is less than fifty-percent.” William has high praise for Dr. Brazier. “If not for his expertise and quick phone call, I probably wouldn’t be here now.”

Upon arrival at EMMC, William had a CT Scan to try to pinpoint what was with him. The scan indicated a blood clot, and that William’s aorta had ruptured. Vascular surgeon Larry D. Flannagan, M.D., says William’s condition was "very life-threatening." Dr. Flannagan temporarily repaired the damaged artery to the leg and heart surgeon Francis V. DiPierro, M.D., repaired the aorta. William then followed up with Dr. Flannagan several weeks after his surgery for definitive repair to the leg artery.

For William, it was a Christmas miracle of sorts. He took ill on December 17, 2002 yet was home in time to enjoy the holiday with his family. “Oh yes, it certainly was an extra special Christmas,” he says. “Coming through what I did, I’m just happy to be here.”

Ironically, William and Nicholas Delmonaco are both pilots, and on occasion when there was a medical emergency they would fly people to EMMC, or sometimes Boston. “I’ve always believed this type of helicopter service is needed here; we went too long without it,” says Nicholas, “but when neighbors needed help we were happy to lend a hand.”

William believes LifeFlight is “very, very important to the people of Maine. I know I wouldn’t be here today if not for LifeFlight, the dedication of the crew, and the doctors and nurses in Calais and at EMMC.”

And now when he is at home in Calais and hears LifeFlight coming and going he wonders who is sick and he wishes them and their family well. “I know they are in good hands. LifeFlight saved my life,” says William.

Editor’s note: William Delmonaco is at home in Calais, enjoying his family. He has recovered from his illness but he says he takes nothing for granted, and enjoys “living life to its fullest.”
It was in October of 2001 that Jake Stoddard was helping his dad cut down a tree on their land near Greenville when the chainsaw became stuck in the tree. As Jake and his father worked to free it, the tree snapped and the chainsaw, still running, struck Jake across the inner thigh, severing his femoral artery.

Ask Jake Stoddard how he’s doing these days and he will likely reply “Great! I don’t have any more soreness or pain.” After his painful recovery from the chainsaw injury two years ago, Jake is looking toward to playing baseball, football, and riding his snowmobile. Three things that at one time no one was sure he could ever do again.

Jake still follows up with John “Jeb” Hallett, M.D., at Eastern Maine Medical Center’s (EMMC) Vascular Care of Maine. Dr. Hallett performed the surgery that not only saved Jake’s life, but also has allowed him to become a normal teenager. The mutual admiration they have for one another is obvious. “He is an awesome surgeon!” exclaims Jake. Not only does Dr. Hallett admire the “fine young man” Jake has become, he remains in “awe of Jake’s recovery.”

Jake says that on more than one occasion he’s been on the baseball field and heard a helicopter overhead. “I know the sound of the LifeFlight helicopter. I always look up to see it and then hope whoever is on board is going to be OK. I know they are in good hands,” he says. Jake has also stayed in touch with his LifeFlight transport team, with Lisa Simco from Greenville ambulance, and with many of his nurses at EMMC. “They’ve become like a second family,” he says. And they agree. Jake had his own cheering section this summer during a baseball game he played in Bangor. The stands at Mansfield Stadium were packed with the very people who helped save his life. Pilot John Macone called watching Jake play ball an “awesome experience.” Says, John, “this kid was so sick, to look at how far he has come is truly amazing.”

Jake’s father says since the accident he thinks a lot about LifeFlight. “I had heard of it before but didn’t think much about it, it’s one of those things that you don’t think a lot about until you need it. But let me tell you,” says Craig, “I know there is no way Jake would be here today if he had to rely on ground transportation from Greenville to Bangor. The system worked and I have my son today because of it.”

His mother is also thankful for the quick thinking of paramedic Lisa Simco and Charlie Runnells from Charles A. Dean Memorial Hospital in Greenville. They really took control of the situation in the field and got things moving.” And Janet Stoddard is also emphatic when she says that without LifeFlight her son wouldn’t be here today. “I’ve said it before and I’ll say it again: the people. “The people of Maine should be extremely grateful we have LifeFlight available to us. In a rural state like this one, it often means the difference between life and death,” says Janet.
through Maine didn't seem particularly daunting to him. The two expected that it would take them 29 days to reach the peak of Katahdin.

A hot, humid day takes its toll

The Kubovcik's brief Maine hike began on July 4, one of the hottest and most humid days of the summer. Under a hazy sky, temperatures were cresting in the mid- and even high-90s at various locations statewide. The air was thick and oppressive as Jack and Eric made the summit of West Bald Pate and descended the “saddle” approaching East Bald Pate. As the terrain grew steeper, Jack began feeling poorly.

At first, Jack says he attributed the nausea he felt to the heat and possible dehydration. He had something to eat and drink, but it didn’t alleviate the symptoms. Eric had ranged ahead of him on the trail and Jack called out for him to come back. Eric reached his father just in time to catch him as he passed out.

Eric had only recently completed a Basic Emergency Medical Technician (EMT) course in his adopted state of Washington and had made just a half-dozen calls. But he knew from his training that it was important to make sure his dad’s airways were clear. Jack’s breathing was shallow and his pulse weak. Eric says his first conclusion was that his father had heatstroke, but symptoms didn’t quite match up with the diagnosis. “His skin was cool and clammy,” he recalls. “That’s not a sign of heat exhaustion, so then I figured it could be shock.”

As luck would have it

As Eric was tending his father, another hiker came along. When Eric suggested the possibility that his dad was having a heart attack, the woman screamed. But she quickly regained her composure and offered to call 911 on her cell phone. “I told her to tell 911 to be prepared for flight out,” he said.

Soon another hiker came along. He was Jeremy Wirth of Falmouth, and as providence would have it, he was also an EMT. With a bit more experience under his belt and the ability to assess things a little more dispassionately, Jeremy attended to Jack while Eric talked with rescuers.

After discussing Jack’s signs and symptoms, Eric, Jeremy and the dispatcher concluded that he might indeed be in the midst of a heart attack. The dispatcher then had to determine how to respond to the emergency ... that’s when Jack, who’d regained consciousness, began to make his concerns clear.

“I told them, ‘I’m not going to make it if they try to get me out by board,’ ” Jack recalls. Throughout the ordeal, Jack says he felt a sense of doom. “I kept saying to Eric, ‘I have to get out of here.’ ” The others concurred. It would take rescuers on foot several hours to carry Jack to the closest access point on Route 26. They didn’t have several hours.

Continued on page 5 ...
“TRIPLE A” SURVIVOR TAKES UP AIR MEDICAL FUNDING CAUSE

By Randall Dustin, communications director, Central Maine Medical Center

Bob Greene of Sebago has become one of LifeFlight of Maine’s biggest supporters. Such a big supporter, in fact, that he’s stumping for passage of Referendum Question 6, a transportation bond issue that will provide funds for the development of air medical infrastructure across the state. (See boxed item below.)

On a beautiful midsummer’s Sunday afternoon, Bob was tinkering with an attic fan when he felt a “pulsating pain in the left quadrant.” It was “not just an ordinary pain,” he recalls, “but about 11 on a scale of 10!”

Since he’d had trouble with kidney stones in the past, he attributed the pain to a recurrence of the problem. He called to his wife for help just as things began going from bad to worse. He started vomiting and his left leg went numb. He says it took only “minor convincing” before he consented to his wife’s plea to call 911.

Sebago EMS arrived at Bob’s home in less than five minutes and prepared to his wife’s plea to call 911. “minor convincing” before he consented, “but about 11 on a scale of 10!”

Bob says his memory of the trip to Bridgton Hospital and his time there is sketchy. “At Bridgton I was in and out of awareness,” he says. “I remember being wheeled off and loaded [on the LifeFlight helicopter]. I remember taking off and I don’t remember anything after that,” he says. In fact, Bob has virtually no memory of the next two weeks, except for “a few bizarre things mixed with an occasional piece of reality.”

What he would learn later is that he’d had a “triple A” – abdominal aortic aneurism.

In his role as a columnist for the Bridgton News, Bob deftly explained an AAA as follows: “AAA stands for Abdominal Aortic Aneurysm, and it’s a killer! Because it has no symptoms, most patients don’t even make it to the hospital, or if they do, it’s too late.

Basically, it’s a rupture (enlargement) of the primary vertical artery that runs down your chest cavity. Not a lot is known about them, even though it is the #9 cause of death among American males. High blood pressure, hardening of the arteries and heredity are all thought to be factors.”

More than three months after undergoing surgery, Bob says he’s certain that LifeFlight’s ability to get him to a tertiary medical center very quickly is the reason that he’s alive. “Time being of the essence, I’m alive now because of LifeFlight. And I’m glad to be alive,” he says.

He has also taken up the cause of urging approval of Maine Referendum Question 6, a $63-million transportation-related purposes bond that includes $3-million for the development of statewide air medical infrastructure and partial capital funding for a mobile advanced simulation medical training system. The proposal goes before voters in November.

BOND ISSUE UPDATE

In late August the Legislature finalized a bond package that – if approved by voters in November – will create a unique public-private initiative to support the development of air medical infrastructure.

The bond legislation, which received bi-partisan support and was signed by Governor Baldacci on August 26, incorporates essential air medical system upgrades within the transportation bond that funds critical safety upgrades to the state’s highways and bridges.

The $3-million air medical system bond was incorporated into the $63-million transportation-related purposes bond, which will appear as Question 6 on the November ballot.

The $3 million in bond funds will be used to expand the existing statewide air medical response system with aviation infrastructure improvements. Proceeds from the bond will also provide partial capital funding for a mobile advanced simulation medical training system.

The bond package, which will be overseen by the Commissioner for Public Safety, limits public funds to specific purposes and requires equal matching funds to be raised in the private sector by the LifeFlight Foundation.

With proceeds from the transportation bond and matching funds from the LifeFlight Foundation the following projects are slated for implementation:

- Improvements to Maine’s aviation weather reporting systems in Somerset, Piscataquis, Washington, and Aroostook counties
- Adding on-site refueling capabilities at hospitals in Aroostook County
- Construction or improvements at 26 hospital and community helipads throughout the state

Support A Proven Lifesaver – Air Medical Response! Vote YES on Question 6!
The dispatcher connected the men with Game Warden Rick Mills, who asked about accessibility by air. When they determined that a safe landing could be made on one of the mountain's bald spots, LifeFlight was called. "Rick, the warden, said LifeFlight would be there in 30 minutes," Eric recalls.

**Jack says his most vivid memory of the flight to CMMC is the whir of the helicopter rotors. "I felt disappointed in my body," he recalls. "I felt let down. But, actually, I felt pretty good . . . I was in good hands."**

As the Lewiston LifeFlight crew took to the air, an emergency rescue team from Bethel was also dispatched in case a landing was not possible.

**"We heard them coming in low"**

"We heard them coming in low; they didn't know exactly where we were," says Eric, who tried to get the flight crew's attention by waving a handkerchief. Pilot Karl Hatilemark spotted the landing zone and pulled out of his first landing attempt before setting the airship down.

Flight paramedic Bob Johnson and flight nurse Cathy Case, were apprised of Jack's condition by Eric and Jeremy. Then the four loaded him into the helicopter. They set a course for CMMC.

Relieved that Jack was literally out of the woods but concerned about what would come next, Eric and Jeremy set off down the trail to Jeremy's vehicle. The pair drove to CMMC.

**In good hands**

Jack says his most vivid memory of the flight to CMMC is the whir of the helicopter rotors. "I felt disappointed in my body," he recalls. "I felt let down. But, actually, I felt pretty good . . . I was in good hands."

At CMMC, Jack underwent two EKGs and an enzyme test that confirmed that he was having a heart attack. William Phillips, M.D., director of diagnostic and interventional cardiology at the Central Maine Heart and Vascular Institute (CMHVI), performed a catheter exam and detected a blockage. He completed an angioplasty to restore blood flow, but more work would be needed. Jack was introduced to Pat Cochran, M.D., CMHVI's director of cardiac surgery.

"They were tremendous," Jack says about the care providers at CMMC and CMHVI. "I considered going home for surgery, but they made me feel so comfortable." On July 7, Dr. Cochran performed a quadruple bypass. Jack's recovery went very well and less than a week later he was on his way home.

**"... nothing you could do any better."**

While Jack was a patient in the Single Stay Unit at CMHVI, his family stayed at the Arbor House, CMMC's temporary housing facility. They were impressed with both resources.

"The Arbor House program is really incredible," Eric says.

"The staff and the Single Stay Unit are tremendous," Jack adds. "There's really nothing you could do any better."

**Making good luck**

The Kubovcik family knows that Jack's survival and recovery is largely a factor of good luck. They also know that in many ways, people set the conditions for good luck. Eric's recent certification as an EMT . . . the creation of LifeFlight a few years ago . . . the availability of sophisticated cardiac care at CMMC . . . were all factors in Jack's rescue and recovery. Nonetheless, the story's essentially happy ending still reduces to good luck. But it's a lucky streak the Kubovciks gladly accept.