IT ALWAYS HAPPEN TO SOMEONE ELSE

by Randall Dustin, Communications Director, Central Maine Medical Center

The logical mind knows misfortune doesn’t discriminate; but the emotional mind can’t bear a perpetual cloud of doom. So we live with the mindset that bad things always happen to someone else. This fiction makes our lives easier.

Emergency responders are particularly adept at living with the illusion of invulnerability; it’s only reasonable that those who attend to the aftermath of destruction separate themselves from its terrible reality; otherwise their work would consume them.

Shawn and Lori Metayer, from LifeFlight of Maine’s Lewiston crew, have often tweaked the nose of chance. They ride motorcycles – Harley-Davidsons, to be specific. Lori rides horses. Shawn is a career firefighter. Their work in emergency medicine delivers them to scenes of physical and often emotional devastation. Like many EMS providers, they thrive when adrenaline is pumping through their veins. They’re at their best when things are at their worst. What Lori and Shawn never expected was that on a beautiful August day, fate would turn against them.

Lure of the open road

Shawn caught the Harley-Davidson bug more than 15 years ago. In 1995 he bought a 1340 Electra Glide Road King, a classic midweight cruiser. (Midweight in Harley parlance translates to about 700 pounds.) Lori caught Harley fever from Shawn not long after they married a decade ago. In 2004, she upgraded her ride to a 1200 Sportster.

For several years, the couple has participated in Stoney’s Lobster Run, an event that brings together thousands of motorcycle enthusiasts for a ride that concludes in Boothbay Harbor.

continued on page 2
It always happen to someone else continued from pg 1

with a seafood feast. “It’s the most fun run of the year,” says Lori.

Late in the morning of August 7, Shawn and Lori and several friends left their home in Lisbon Falls for the ride northeast to Boothbay Harbor. Lori recalls that it was a clear, warm Sunday. The turnout for the ride was tremendous, with bikes spread along Route 1 as far as you could see.

**Momentary distraction, soft sand**

In Boothbay, the Metayers and their friends had lunch and toured the town. As the day wore on, the travelers became separated. Unable to reassemble the entire party, the remnants of the group decided to depart. “We’d lost the main group we usually ride with,” recalls Shawn. “We were leaving Boothbay to start heading home. I stopped to help a woman pick up her bike – she’d dropped it.” Shawn’s memory of the day ends with his good deed.

Lori says that after helping the woman with her bike, Shawn set out to catch up with the group. “I remember Shawn passing me. Our friends had stopped at a corner. I think Shawn saw me and saw them, all in different directions, and lost focus for just a second. He hit soft sand and went end over end. He actually rode it over the first time and then he came off and his bike hit him on the second roll,” says Lori.

Lori says she was certain that Shawn was dead.

**“Call 911”**

“Some of our friends got the bike off of him. When I first got to him, he wasn’t breathing. I just screamed for someone to call 911,” Lori says. One of their friends dialed for help on a cell phone.

“I had a sense from the second I saw it happen that he was dead. The fact that he wasn’t dead surprised me. He had that look that I’ve seen on people before they die... a vacant look that people have when their body is in such shock... He wasn’t there. I was angry and saying to him, ‘Do not leave me. Do not leave me,’ ” Lori recalls.

Boothbay Region Ambulance Service arrived at the scene within minutes and loaded Shawn for transport to St. Andrews Hospital. LifeFlight was called, but the Lewiston crew, which covers the Boothbay area, was on assignment. The Bangor crew was dispatched.

The St. Andrews Emergency Department staff infused Shawn with two units of blood and established intravenous lines in preparation for transport to CMMC. “It was a painfully long wait for the helicopter,” Lori says.

**One of our own**

As pilot Alan Fouts set the aircraft down on St. Andrew’s landing pad, flight nurse Carol Jordan and paramedic Kevin Burkhalder crew prepared themselves for something that all EMS providers dread – taking care of their own.

“Our biggest fear is that we’re going to get someone we know,” says Lori. Of course, members of the Lewiston and Bangor LifeFlight crews know each other, but Carol has known the Metayers for years. “I think it was difficult for Carol,” Lori says. “Kevin could handle it easier because he doesn’t know us so well.”

During the flight from Boothbay Harbor to CMMC, the LifeFlight crew administered two more units of blood. To Lori, riding in the...
passenger seat, the 14-minute trip seemed an eternity.

“We hit the pad at CMMC. I got out of the helicopter and fell on my knees,” Lori says. “I really don’t remember much until we were in the ICU.”

**Trauma protocol shows its stuff**

Though she’s worked in emergency-critical care medicine at CMMC for much of her career, Lori says she didn’t understand the emotional power that the hospital’s Trauma Program held for her until the aircraft came in view of the Medical Center.

“As soon as I saw CMMC, as soon as I saw Carlo [Gammaitoni, M.D.], then I could start breathing again. I knew that we were safe. I can’t describe the sense of knowing that your husband’s life depends on the helicopter, depends on the people who are waiting for him to arrive,” she says.

CMMC Emergency Department staff quickly realized that Shawn’s condition was even more critical than anticipated. Though his full range of injuries wasn’t determined until later, Shawn had suffered two lung punctures, a lacerated spleen, lacerated kidney, cardiac contusion, 40 rib fractures, broken clavicles, broken scapula, skull and spinal fractures, a knee injury, and optic nerve damage. “That was about it; other than that I was fine,” Shawn deadpans.

“From the time we landed to the time we were in the OR was only 18 minutes,” Lori says. “They gave him seven more units of blood in the trauma room and I don’t know how much in the OR.”

“Carlo said I had six times my body volume of blood products in the first week,” Shawn adds.

**Touch and go**

Shawn’s first couple of days on the CMMC Intensive Care Unit (ICU) went smoothly, but Lori says her intuition told her to temper her expectations. “He did okay for almost 48 hours. I told Evan [Ramser, D.O., a CMMC-based Paramedic John Roy from LifeFlight of Maine’s Lewiston base suggested in late 2004 that LifeFlight become involved in promoting blood drives. John’s suggestion arose from his observation that LifeFlight patients sometimes require large quantities of blood products. John’s idea took root and LifeFlight crewmembers were soon making guest appearances at blood drives across the state.

Last fall, LifeFlight exported John’s idea to the Air Medical Transport Conference in Austin, Texas. In a joint effort with the Texas Tissue and Blood Center and Austin EMS, conference organizers conducted the annual event’s first blood drive. The flight nurses, paramedics, and other emergency medicine and critical care specialists at the conference donated some 40 units of blood. “For a first time event, it was overwhelmingly successful,” says Lori Metayer, R.N., manager of the Lewiston LifeFlight base.

“LifeFlight is at heart about solving problems. More than anyone we see the immediate need for blood and the fragility of the blood supply. We have answered this problem in Maine, and our crew is setting a national example. This year’s conference will be held in Phoenix and organizers have already set September 26 as blood drive day. We’ll collect 100 units this year,” Lori says confidently.
It always happen to someone else continued from pg 3

During his first eight days at CMMC, Shawn would undergo surgery four times. Because of fluid build-up in the area of Shawn’s abdominal injuries, Dr. Gammaitoni couldn't close the incision on his belly. Instead, he used skin grafts to create a “hernia” to enclose the opening. Roughly the size of a dinner plate, the hernia bulges outward, creating an unlikely paunch on Shawn’s lean frame. Sometime in the spring, Dr. Gammaitoni will close the incision.

It would be three weeks until Shawn was ready to be moved from the ICU. Even though he was conscious during the last week of his ICU stay, Shawn says his memory from the day of the accident in early August to late in the month is totally void. He doesn’t remember being in the ICU. "When I woke up, I thought I was on center stage in a circus. I was playing it back in my mind. I was thinking, 'How can I have been injured when I can’t remember it?'

Recovery, final thoughts

Shawn’s recovery has been steady, but exasperatingly slow for someone accustomed to an active lifestyle. If things go as expected, he should be able to return to work by summer. But the forced downtime has resulted in a lifestyle reevaluation, of sorts, and a deepened commitment to some pre-existing ideals.

“One of the things to come from all this is that I’ve never hidden the fact that I don’t wear a helmet when I ride. I guess I believed that I could somehow protect myself. That’s ridiculous. If I’d been hit in the head, I would have been killed. I’m going to start wearing a helmet now,” he says.

Start wearing a helmet? So obviously, he doesn’t plan on abandoning his affection for Harley-Davidsons.

“It’s hard to explain to our parents why we’re looking for another bike,” adds Lori. “Well, we certainly are making some changes. But the irony is that of everyone we ride with, Shawn was the most conservative and the last person we would have expected to get hurt. He was going less than 30 miles an hour when the accident happened. Accidents happen. But we do understand that we’re not infallible.”

Lori says that the couple also has found a new enthusiasm for promoting blood drives.

“Shawn has always given blood, but I haven’t. LifeFlight has helped promote blood drives across the state, so I’ve been supportive, but not to the level that I am now. I never thought that we’d need it ourselves,” she says.

“Less than five percent of able Americans give blood,” Lori continues. “We used 6,000 units of blood at CMMC in the last year. It’s the one thing that can’t be manufactured.”

Finally, Shawn and Lori each express gratitude for their friends and supporters.

Their friends raised funds to help them install a hot tub at their home in Lisbon Falls. Shawn says immersing himself in warm water is the only surefire method for relieving the pain he continues to experience as his injuries heal.

Lori says one of the fund-raisers organized for their benefit turned out to be the ultimate mixer. “We had faculty from the CMMC School of Nursing at one table and Hells Angels at another,” she says.
Central Maine Medical Center and the American Red Cross opened New England’s first satellite Red Cross apheresis platelet and red cell collection center at CMMC in mid-December.

“There is a growing need for platelets in our region and we wanted to do something that would raise awareness of this need and encourage people to consider becoming platelet donors. Offering a local collection site makes it easier for donors to make that commitment, providing more lifesaving products for patients undergoing chemotherapy and other serious medical conditions,” said Johanna Ward, transfusion service manager at CMMC.

Cancer survivor Deb McIntosh of Lewiston echoed Johanna’s assessment of the benefits the new center offers to blood donors.

“I think it’s wonderful. It’s going to be so much easier for people to donate. The new center will help make more people aware of the need for blood products. There are many people who need blood products. I, for one, wouldn’t be here without them,” said McIntosh.

Located on the ground floor of CMMC’s Memorial Wing, The Red Cross Blood Donor Center at CMMC is presently operating two days a week. The center incorporates new technology previously not available in the region. For those who regularly donate blood platelets, the new service eliminates the need to travel to Portland to make a donation. Red Cross nurses and collection specialists staff the blood donor center at CMMC.

Apheresis platelet collection is an automated process that gathers only the platelets found in whole blood. Platelets are tiny cell fragments that clump together to help stop bleeding. Platelet transfusions are necessary for patients with a variety of blood diseases, including cancer. The blood component is also used to replace platelets destroyed during chemotherapy and radiation therapy for cancer and other diseases.

Platelet donors give blood in a manner quite similar to whole blood donations. However, during the apheresis process, the blood is separated into its various parts and all but the platelets are returned to the donor.

The Blood Donor Center at CMMC features double red cell collection—a new technology that allows donors to give twice the number of red blood cells in a single donation than previously possible.

Through the automated red cell collection process, a blood donor can contribute at one time the same number of red blood cells contained in two units of blood collected through conventional means. But while the process collects more red blood cells, it actually removes less blood volume from the donor. Essentially, the automated system removes red blood cells and returns the remaining blood components to the donor. The procedure is very safe because the donor’s blood cannot come in contact with the processor or another donor’s blood.

“Both the apheresis platelet and double red collections are extremely important in maintaining a safe and adequate blood supply,” says Johanna. “Because platelets have a short shelf life of only five days, platelet donors are constantly needed to replenish our inventory. Type A and B donors are particularly encouraged to consider becoming platelet donors because these blood types are most needed for platelet transfusions. Type O donors are urged to look into the double red cell program since Type O red cell inventories are usually the first to feel the effects of a blood shortage.”

Anyone who would like more information about the Red Cross Blood Donor Center at CMMC is urged to call the Red Cross Pheresis Donor number: 1-800-272-2114.
New Helipads Open

Of the 38 hospitals serviced by LifeFlight of Maine, the number with dedicated helipads has increased to 20 with the opening of four new facilities.

Fort Kent’s Northern Maine Medical Center dedicated its new pad in a ceremony on September 19. That project also included a new fuel truck based at Northern Aroostook Regional Airport which can refuel LifeFlight helicopters on the NMMC hospital pad, saving precious time. Among those attending the ceremony were Michael P. Cantara, commissioner for Public Safety, and Jay Bradshaw, director of Maine EMS.

Funding for construction of the new helipad and the fuel truck purchase was provided through the 2003 Transportation Bond which is being administered by the Department of Public Safety.

In addition to the new helipad at NMMC, the Transportation Bond has provided primary funding for three new helipads and improvements to existing pads. Inland Hospital in Waterville inaugurated its helipad on December 13 in a hurry with the transport of a critically injured patient. The same week Bridgton Hospital opened a new helipad along side the hospital. Houlton Regional Hospital’s helipad opened at the end of February. Improvements have been completed at Mayo Regional Hospital in Dover-Foxcroft, Charles A. Dean hospital in Greenville, and Sebasticook Valley Hospital in Pittsfield.

Current projects include spring construction of new helipads at Maine General Hospital Campuses in Augusta and Waterville, a new helipad at Calais Regional Hospital being constructed in concert with the new hospital, and major improvements to the helipad at Rumford Hospital.

Oxford Fire and Rescue

By John Roy, paramedic, LifeFlight of Maine

Oxford Fire and Rescue (OFR) is riding the growth wave that has hit eastern Oxford County. Illustrating this phenomenon, says OFR Deputy Chief Scott Hunter, is the population of “bedtime residents” living in the town of Oxford – since the 2000 census, this number has roughly doubled. Mr. Hunter says a number of new housing subdivisions, new commercial construction projects, and increased utilization of recreational property in the area have driven this growth.

In a move that reflects the growth of the area, OFR was relocated into a new 21,000-square-foot public safety building on Main Street in Oxford. The new building comfortably accommodates fire, police and emergency medical services (EMS) operations in one building with room for expansion.

OFR covers some 44 square miles, including mutual aid towns in the area. The service’s staff consists of two people (usually paramedics) assigned to rescue operations on weekdays from 6 a.m. to 6 p.m. OFR also supports two daytime firefighters. After 6 p.m. and on weekends, Deputy Hunter relies on 21 volunteers who carry pagers and radios.

The 48 volunteers presently working with OFR answered almost 1,000 dispatches from the Oxford County Regional Communication Center last year. One of Deputy Hunter’s goals is to implement 24-hour paramedic coverage with the assistance of a federal grant.

Emergency responders in Oxford have their work cut out for them. In addition to serving a swelling seasonal population, they also cover special events throughout the year. An example is the TD BankNorth Oxford 250 in July at Oxford Plains Speedway, which attracts some 63,000 racing fans. Deputy Hunter staffs the event at the paramedic level 24 hours a day from Friday night to Monday morning with 16 EMS people, six firefighters, and four trucks. OFR averages 15 to 25 transports from the event.

continued on page 7
Unfortunately, Route 26 is a call generator for the rescue crews. With some 25,000 vehicles traveling daily through Oxford during ski season weekends, Deputy Hunter welcomes the security that LifeFlight provides with its critical care capabilities. “I like having the rapid transport option and a team that can come right to the scene with advanced drugs and blood capabilities,” he says.

Lieutenant Paul Hewey (far left) has been an EMT for seven years and a member of the fire service in Oxford since 1998. He lives in Oxford and has two children: Kyle and Megan. He also works for PACE ambulance in Norway. His long-term goals include gaining certification as a paramedic and advancing in rank at the fire department. He enjoys his job, particularly because it provides new challenges nearly every day.

Oxford Fire and Rescue Deputy Chief Scott Hunter (second from left) has 24 years in emergency work. He became an EMT at just 15, so his diminutive three-digit EMT number reflects his longevity as an emergency responder. He lives in Otisfield and has been full-time member of the Auburn Fire Department for 13 years, recently attaining the rank of captain. He is chief of EMS for Oxford and a deputy chief on the fire-fighting side of operations. He says he loves his job for two reasons: helping the people he serves in the community and the people he gets to work with.

Firefighter/EMT-I Capen Gabri (second from right) lives in Mechanic Falls with his wife Katie. He has been fighting fires since 1996, starting out with Monmouth Fire and moving three years ago to a position with the Auburn Fire Department. He hopes to advance his license to the paramedic level some day. On his days off, he enjoys spending time with his wife and their dog.

Firefighter II James Andrews (far right) lives in Harrison and has been with Oxford Fire and Rescue since 2000. He is an EMT-I and works full time for PACE ambulance in Norway. He has served as a volunteer for Harrison for more than nine years. He enjoys his work and would like to fly in helicopters some day – either for the Maryland State Police or right here at home as a flight medic for LifeFlight of Maine.
Profile | Heather Cady

Heather Cady always knew that she wanted to work in the medical field and after graduating from Massabesic High School she did just that. Heather first attended Northeastern University in Boston, where she earned her paramedic license. From there she furthered her medical knowledge by obtaining her associate degree in nursing from Southern Maine Technical College. Before coming to LifeFlight in 1998 Heather worked as a paramedic for Portland Fire and in the Emergency Department at Maine Medical Center. She lives in Falmouth with her husband, Kevin, and their two boys, Griffin and Marcus.

Profile | Sue Shorette

Sue Shorette is a flight paramedic with LifeFlight’s Bangor based crew. She began her career in 1982 and has worked in the Bangor area ever since, first with Medec Ambulance and then with Capital. Sue took her first paramedic courses at Kennebec Valley Technical College in Fairfield, and finished her degree with classes at Eastern Maine Medical Center and Eastern Maine Community College (EMCC). In 1991 Capital Ambulance developed a partnership with EMMC’s Rosen Neonatal Intensive Care Unit for a NICU transport service. Sue became one of the first transport paramedics and later one of the first critical care transport medics. Becoming a flight paramedic seemed like a good move for Sue because she loves to fly and enjoys the challenge of critical care medicine, so she joined LifeFlight when it was founded in 1998. Another passion for Sue is teaching EMS courses at EMCC. When Sue is not flying or teaching, she works part time for MedComm, LifeFlight’s dispatch center in Bangor. With over 25 years of service Sue has lost track of the number of miles she has traveled taking care of patients in Maine.
A Flight Team By Any Other Name . . . is Still A Flight Team

by Norm Dinerman, MD, FACEP, Medical Director

While the technologically advanced LifeFlight of Maine helicopters are now a familiar sight at scenes of trauma throughout the state, there are times when the response of the air medical flight team via aircraft is not possible. Events such as severe weather, or multiple requests for aircraft may exceed the capability of LifeFlight of Maine to deploy its air medical team to the scene of a motor vehicle crash or recreational or industrial incident. Similarly, when the rigorous LifeFlight of Maine and FAA mandated maintenance schedule requires one of the aircraft to be taken “out of service,” the air medical crew has not been able to respond to all of the requests of the Maine EMS field providers. That is, until now.

For the past few years LifeFlight has provided ground critical care services when the aircraft were not available for hospital patients and is accredited for both air and ground services by the Commission for the Accreditation of Medical Transport Systems. Effective June 15th, 2005 Maine EMS approved a response by the LfOM air medical flight crew by ground, to selected scene requests when the aircraft is unavailable. Utilizing the same equipment, supplies and protocols with which the team operates in the air, the flight crew will now be able to add their skills to those of Maine EMS providers at the scene. When there is a request by a Maine EMS provider to LifeFlight’s emergency center at MedComm and an aircraft is not available, the communications specialist will offer a flight team to be deployed using a ground based ambulance. In Bangor, Meridian provides the vehicle and in Lewiston, the ground based response of the air medical crew will be undertaken by United Ambulance. To emphasize the common mission and capabilities which exist when the flight team is sent by ground or air, the ground based ambulance will henceforth be known as “LifeFlight Ground” for both hospital transports and scene intercepts.

The use of the flight team via ground based ambulance when the aircraft is unavailable, will extend the services of the base hospitals (CMMC in Lewiston, EMMC in Bangor) to field providers. As with the aircraft, the LifeFlight Ground flight team—the same RNs and paramedics—will bring all of the equipment and practice in the aircraft, i.e., blood for transfusion, airway management, and medications, to the scene. The same continuity of care and integration with tertiary care hospital resources afforded by the aircraft will now be available via ground based ambulances.

From scene intercepts the LifeFlight of Maine team will respond to scenes only at the request of Maine EMS providers. LifeFlight Ground may intercept or rendezvous with Maine EMS providers to enable constant forward movement of the patient to the closest Regional Trauma Center. LifeFlight of Maine Ground response will be undertaken for scene requests within 35 miles of the LifeFlight base hospitals (CMMC/EMMC).

Use of the Flight Team for ground response is already a proven concept. EMMC has utilized the flight team to respond via ground based ambulance to transport severely injured or critically ill patients between hospitals since 1997. Extending this concept to an emergency response to scene requests will add another level of team work to the superb efforts of Maine EMS providers.

For the public, the familiar LifeFlight of Maine flight crew may now appear at the scene of motor vehicle crashes and recreational or industrial incidents coming not from the air but from around the bend. Either way the citizens of the state of Maine and its visitors will now benefit from the medical expertise of the crew, by land or air. Yet another chapter in the evolution of LifeFlight has begun.
Norman M. Dinerman, M.D., FACEP is the chief of Emergency Medicine at Eastern Maine Medical Center (EMMC). Dr. Dinerman also serves as medical director of Transport Medicine and Access Management at EMMC, and is the medical director of LifeFlight of Maine. Dr. Dinerman has been involved with LifeFlight since “before its inception and throughout its gestation.”

Ask his coworkers what they like best about Dr. Dinerman, and they will probably tell you that it’s his easygoing style and quick wit. A native New Yorker (he jokes that he was paroled from New York in 1972), Dr. Dinerman received his undergraduate education at Columbia University. He attended medical school at Yale University, and completed his internship and residency in internal medicine at the University of Colorado Health Science Center, in Denver. Board certified in both internal and emergency medicine, Dr. Dinerman is the author of several articles on pre-hospital care and disaster medicine, and he frequently lectures on these topics.

No stranger to public service and the promotion of emergency medicine, Dr. Dinerman is a past director of the State of Maine Emergency Medical Services, a former director and physician advisor for the Paramedic Division of the Denver Department of Health and Hospitals, physician advisor for the Denver Fire Department, and on many occasions has served as a member of the National Highway Transportation Safety Administration’s EMS Technical Assistance Team. He has also has been involved with many disaster planning and emergency preparedness efforts.

Dr. Dinerman makes his home on a farm in Glenburn with his wife, fiber artist Sandra K. Spiller. He has many hobbies, but he is especially fond of things that start with “P.” He is a fixed wing pilot, and likes “planes, Porsches, pickups, and panache.” Dr. Dinerman’s personal motto is “passion, creativity, and irreverence.”

Hospital Gifts lead the Way

Gifts from three of Maine’s smaller hospitals, totaling $90,000, have been received, all dedicated towards the acquisition costs of LifeFlight’s new helicopters. The three are Sebasticook Valley in Pittsfield (see photo in this issue), Charles A. Dean Memorial Hospital and Nursing Home in Greenville, and Rumford Hospital. Said LifeFlight’s Executive Director Tom Judge, “These commitments from the small, rural hospitals is huge! Taken together, we have flown well over 300 patients from these hospitals over the years to the state’s three trauma centers, representing 12 percent of our flights. We greatly appreciate their endorsement of our service, and their contributions towards our new aircraft is indeed most heartening.”

The LifeFlight Foundation is in the early stages of a $10 million campaign for the two new replacement helicopters. These aircraft were placed into service in January 2005 with borrowed funds; we are now retiring that debt.

HOW TO MAKE A GIFT TO LIFEFLIGHT

Gifts to the LifeFlight Foundation can easily be made in three ways:

• Send a check (made out to the “LifeFlight Foundation”) to the Foundation’s office:
  P.O. Box 1007
  Union ME 04862

• For credit card gifts, call the Foundation office at 207-785-2288

• For secure on-line giving, go to our website www.lifeflightmaine.org, click on the “LifeFlight Foundation” icon, and follow the simple instructions.

Gifts may be unrestricted or given for a particular purpose. Memorial gifts are certainly accepted. Please call the office with any questions you may have.
SEBASTICOOK VALLEY HOSPITAL PLEDGES $30,000 FOR LIFE-FLIGHT OF MAINE (L-R) Executive Director Tom Judge and the Foundation’s Campaign Chair John Parish receive the first installment of Sebasticook Valley Hospital’s $30,000 pledge towards the new helicopters. Making the presentation is Jack May, Sebasticook Valley’s President and CEO and Chair of the LifeFlight Foundation Board of Trustees, and Mike Gray, Chair of the Board of Sebasticook Valley Hospital and member of the LifeFlight Foundation Board of Trustees.

THE LIFEFLIGHT FOUNDATION FUNDRAISING RECEPTION HELD AT HARRASEEKET INN — Rep. Randy Hotham (foreground) and other guests examine one of LifeFlight’s new helicopters at a reception held in August at the Harraseeket Inn in Freeport. Over 100 patients, physicians, and friends of LifeFlight attended; our thanks to Chip and Nancy Gray, who hosted the event.

“Flight Nurse John Macone from LifeFlight’s Bangor Base donating blood, the gift of life, at one of LifeFlight’s Christmas Blood Drives held at both bases.”
MISSION STATEMENT

LifeFlight of Maine provides a statewide medical helicopter service that transports critically ill and injured patients. LifeFlight provides the highest quality of care and follows rigorous safety standards.

LIFELIGHT OF MAINE

LifeFlight of Maine is a nonprofit statewide critical care medical helicopter service jointly owned by Eastern Maine Healthcare and Central Maine Healthcare. LifeFlight’s two helicopters, based in Bangor and Lewiston, cover the entire state and offshore islands. LifeFlight compliments and supports the work of local EMS and hospital personnel in caring for the critically ill or injured. Each base is staffed by a highly qualified team of pilots, mechanics, flight nurses and paramedics. Over 3,800 patients have been safely flown since LifeFlights founding in 1998.

LifeFlight is fully accredited by the Commission on Accreditation of Medical Transport Systems (CAMTS).

DISPATCHES

DISPATCHES is a publication of The LifeFlight Foundation, which provides fundraising and public relations support to LifeFlight of Maine, the state’s only medical helicopter service.

The LifeFlight Foundation is a nonprofit, tax-exempt organization under Section 501 (c)(3) of the Internal Revenue Service Tax Code. It is governed by an elected board of trustees who represent medical, business, legal, and educational fields throughout the state.

The Foundation also aids the development, training and funding of the Maine’s major air medical needs, such as trauma training statewide, construction of hospital helipads, and installation of weather reporting, navigational, and communications systems in the more remote sections of the state.

The Foundation’s office is located in the Town of Union in the Thompson Community Building at the corner of Routes 17 and 131.

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