

# DISPATCHES

A PUBLICATION OF THE LIFEFLIGHT FOUNDATION

VOL. 6 NO. 1 • MARCH 2005

*“In Maine, the LifeFlight helicopters can sometimes save hours and the crews can provide critical care in flight. This is extremely important when saving minutes can mean the difference between life and death.”*

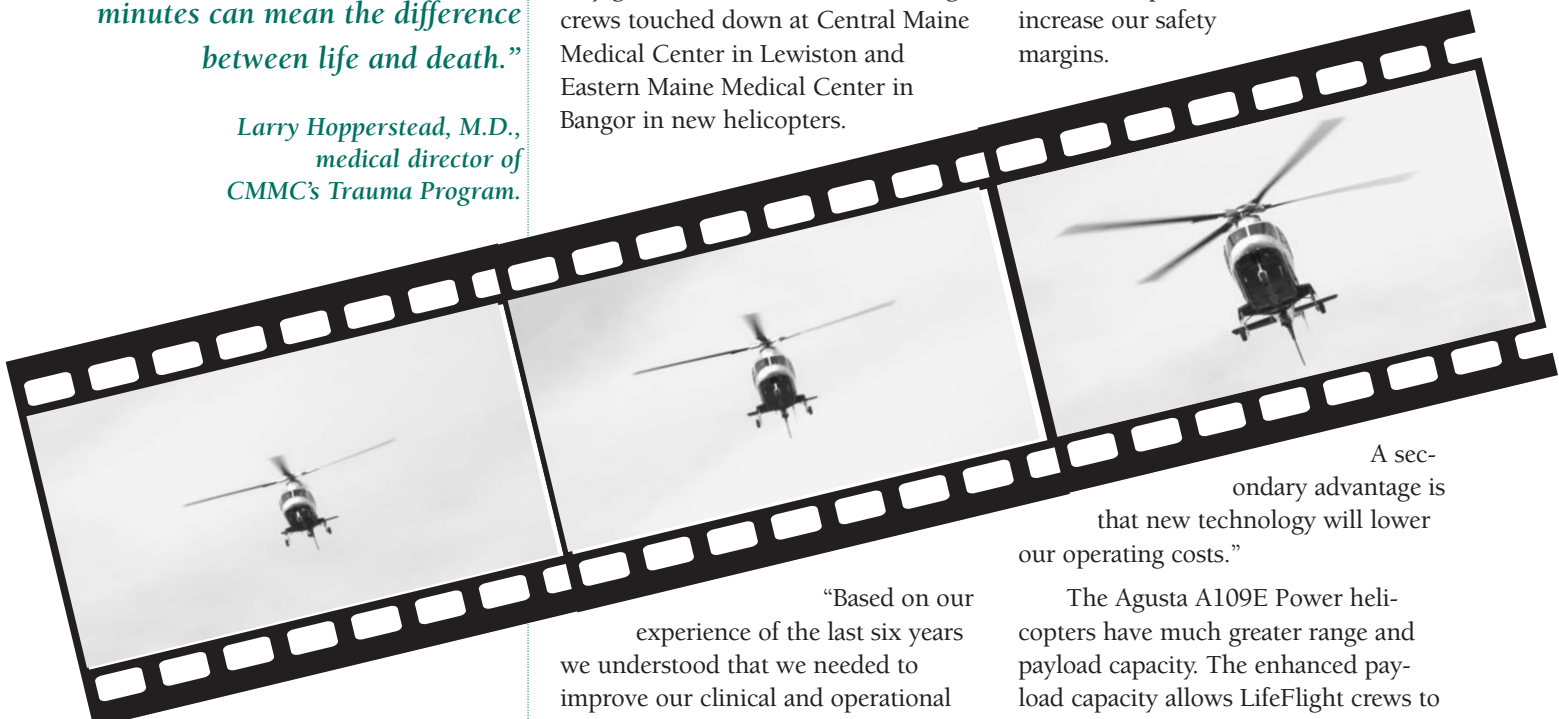
*Larry Hopperstead, M.D.,  
medical director of  
CMMC’s Trauma Program.*

## NEW LIFEFLIGHT HELICOPTERS BEGIN SERVING STATE OF MAINE

*By Randall Dustin, CMMC Communications Director*

LifeFlight of Maine delivered a holiday gift to Maine residents when flight crews touched down at Central Maine Medical Center in Lewiston and Eastern Maine Medical Center in Bangor in new helicopters.

maps, weather radar and improved performance capabilities that will increase our safety margins.



A secondary advantage is that new technology will lower our operating costs.”

The Agusta A109E Power helicopters have much greater range and payload capacity. The enhanced payload capacity allows LifeFlight crews to move more than one patient at a time or carry additional medical personnel or equipment for newborn, pediatric, and cardiac patients.

The helicopters fly faster and farther on a tank of fuel and will enhance LifeFlight’s mission capability. With an effective speed of 166 to 170 mph and a longer flight range, the new helicopters

“Based on our experience of the last six years we understood that we needed to improve our clinical and operational mission capability,” said LifeFlight Executive Director Tom Judge. “The new helicopters are essential investments in improving our ability to support patients in our rural communities. While the new aircraft look pretty much the same as the older aircraft, they are the latest generation technology. These helicopters are equipped with advanced avionics including moving

*FIRST APPROACH — LifeFlight’s new Agusta A109E Power medical helicopter, flown by lead pilot Dennis Small, makes its first approach on LOM’s Lewiston base. The new aircraft arrived on Christmas Eve.*

*Continued on page 9 ...*

## 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.

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.

LifeFlight 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.

## LIFEFLIGHT 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 LifeFlight's founding in 1998.

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

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## Foundation News

# LIFEFLIGHT FOUNDATION ELECTS TWO BOARD MEMBERS AT SPECIAL MEETING

*By Pen Williamson, Director of Development*

At a special meeting in December, two new members were elected to the Foundation's Board of Trustees. They are Timothy D. Crowley of Caribou, and Charlene B. Rydell of Brunswick.

Tim Crowley is the President of Northern Maine Community College in Presque Isle. In 2003, he joined several others in speaking in our behalf at formal presentations before the state Legislature when LifeFlight was seeking funds for inclusion in the 2003 Transportation Bond for hospital helipads, trauma training equipment, and aviation safety equipment.

Tim is a member of the Board of Trustees of Cary Medical Center in Caribou and a member of the Presque Isle Rotary Club. He is a graduate of the University of Maine (Portland-Gorham) and completed his graduate work at the University of Maine (Orono).

Tim and his wife, Mary, have two sons, Adam and Steve.

Charlene Rydell has been assisting Congressman Tom Allen for the last six years as his health policy advisor, developing a legislative agenda on prescription drugs and health care access. On loan to the Governor's Office in the spring of 2003, she helped develop the Dirigo health reform legislation and is now a member of the Dirigo Health Board.

From 1984 to 1994, she served as a member of the Maine House of Representatives, serving in leadership positions on the Banking and Insurance, Appropriations, and Rules committees. She sponsored landmark legislation to extend health insurance coverage to low-income working people who do not qualify for Medicaid.

Charlene currently serves as a trustee of the Maine Health Access Foundation, Families USA Foundation,

and The Bingham Program Advisory Committee.

She is a graduate of Brown University and has a master's degree from Case-Western reserve University.

Charlene and her husband, Lars, have one son David, who is a trauma surgeon with Surgical Specialists of Eastern Maine.

## Foundation Board of Trustees

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# LIFELIGHT FOUNDATION ESTABLISHES FUND-RAISING PRIORITIES

## *Foundation's Board of Trustees identifies four capital funding objectives*

Founded in January 2003, the LifeFlight Foundation provides fund-raising and communications support to LifeFlight of Maine.

The 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 drawn from Maine's medical, business, legal and educational communities.

The Foundation's office is located in the Thompson Community Building, adjacent to the fire department and town office, at the corner of Routes 17 and 131 in Union.

The Foundation's priorities address four major capital needs totaling some \$15 million. Fulfilling these capital needs will help assure that as the state's only licensed scene response air ambulance, LifeFlight will continue to operate as safely, efficiently and effectively as possible for the benefit of all Maine's people.

LifeFlight of Maine's (LOM) four capital funding initiatives are:

- Establishing an aircraft replacement fund to support the acquisition of

LifeFlight's new helicopters and establishing an endowment to support the future aircraft needs of LifeFlight.

- Constructing helipads adjacent to the emergency room of hospitals and medical facilities throughout the state and improvement to other landing facilities. (Of Maine's 38 hospitals, only 15 currently have fully functional helipads. Valuable time is now lost when critically ill and injured patients requiring air transportation must be shuttled between a hospital and a helicopter that had to land in an off-site location because no helipad facilities are available. Such delays can mean the difference between life and death for some patients.)

- The installation of navigation, weather reporting and communications systems, and refueling facilities at more than a dozen locations in the northern, western and eastern reaches of Maine. Such facilities will enhance the safe and efficient operation of LOM aircraft en route to or returning from remote areas of the state. Additional refueling sites will enable considerable time savings when flying to and from distant points.

- An improved trauma and critical care training outreach program based around a Mobile Human Patient Simulator, a vital piece of training equipment that enables emergency room personnel and emergency medical services responders to practice treating and handling critically ill and injured patients. This training program will travel throughout Maine, affording local access to sophisticated training technology statewide.

On November 4, 2003, Maine voters overwhelmingly approved a multi-million dollar Transportation Bond, which included \$3 million for LifeFlight. Some \$2.6 million of this bond was granted for helipads and aviation infrastructure, and \$400,000 for the human patient simulator.

Over the next few years, the LifeFlight Foundation and its Board of Trustees will conduct a fund-raising campaign to meet these challenging goals. As part of this process, LifeFlight will enlist the support of individuals, businesses and charitable foundations.

## NEW HELICOPTERS WILL SAVE LIVES, IMPROVE SAFETY FOR PATIENTS, CREWS

*Though fund-raising effort is important, need for upgrade took precedence for medical and safety reasons*

The LifeFlight Foundation's challenge over the next few years is to secure significant philanthropic funding that will improve healthcare access for Maine residents and visitors, and improve the effectiveness, efficiency, and safety of medical helicopter operations throughout the state.

Recently LifeFlight of Maine borrowed some \$8.5 million for the purchase of the new Agusta A109E Power helicopters featured so prominently in this issue of Dispatches. While LifeFlight's previous aircraft were leased, by purchasing the new helicopters, LifeFlight will enjoy significant cost savings. However, the Foundation must help secure financial support for LifeFlight's aircraft.

LifeFlight elected to purchase the aircraft before launching a fund-raising effort because its research showed that the quicker the new helicopters took to the air, the more lives would be saved. It was a simple decision.

## Foundation Gifts Highlight Fundraising

Significant gifts from charitable foundations highlight fundraising in the last quarter of 2004. A Boston foundation, that wishes to remain anonymous, pledged \$50,000 toward the purchase of the new helicopters. That was followed by the Chichester duPont Foundation (Wilmington, Delaware) which also contributed \$50,000 toward the new helicopters, as well as for clinical education and the human patient simulator program. The Banknorth Charitable Foundation (Portland) made a \$20,000 unrestricted gift. The Agnes M. Lindsay Trust (Manchester, New Hampshire) has given \$5,000 towards neonatal isolettes for the new aircraft.

*Continued on page 8 ...*

## SHORT SNOWMOBILE RIDE CULMINATES IN AIR RESCUE

*Rangeley area crash challenges EMS providers to overcome distance with speed*

*By Randall Dustin, CMMC Communications Director*

When Chris Roy opened his eyes, he thought for a moment that he might be dying. “I came to and was confused,” he says. “My brother is passed away. I didn’t know if he and an angel were coming to get me. I thought, ‘If I see my brother then I know that I’m dying.’ About two minutes later, Dave and Brandon showed up.”

Dave and Brandon Berry were the father-son snowmobiling team that Mr. Roy was following along a tote road near Rangeley when things went terribly wrong.

### *An enthusiastic beginning, a change of luck*

It hadn’t been much of a winter for snowmobiling in western Maine. Mr. Roy had only put about 40 miles on his new snowmobile and he was itching to get in some more trail time. “I wanted to take my new sled out and break it in,” he says. Mr. Roy says he and his two riding partners decided to take a run up a tote road that forked off the Swift River Road near Route 17, a sinuous, narrow ribbon of highway that climbs over the mountains between Mexico and Oquossoc.

The threesome was cruising along the tote road in single file, with Mr. Roy bringing up the rear, when they came to a sharp corner. In negotiating the turn, the lead machines kicked up what he describes as a “snow wall” and suddenly he couldn’t see. The snowmobile careened into a gully and struck a large rock, throwing Mr. Roy over the windshield. He says his partners told him later that he flew some 60 feet through the air into a “chopping,” where he slammed into a log and fell into a heap.

Mr. Roy knew he was seriously hurt. The right side of his body was in “excruciating pain,” he says. “I rolled over and the pain was so bad I passed out.” When he regained consciousness, he wondered whether he was going to live. He thought about his late brother.

### *Miles from anywhere, the rescue begins*

When Dave and Brandon Berry found him lying in the cutting, Mr. Roy says, the first thing he said to them was “my whole right side is hurt.” They didn’t try to move him, but covered him with a jacket. Dave was carrying a cell

phone and he called his parents and instructed them to notify 911. Brandon headed back towards the junction of the Swift River Road and Route 17 to meet rescuers. Dave stayed with Mr. Roy. They were miles from anywhere, and they all knew it could be a long wait.



*GOING HOME – Chris Roy of Rumford, seated, center, is flanked by his wife, Tami, seated, left, and Lori Metayer, manager of LifeFlight of Maine’s Lewiston base. Standing are some of the others who helped take care of him following his snowmobile crash near Rangeley, including, from left, Glenna Chickering, R.N., first-floor Thompson Wing Nursing Unit, Carrie Ponte, R.N., CMMC Emergency Department, Deb Fish, R.N., CMMC Critical Care Unit, and Lewiston-base LifeFlight paramedic Bob Johnson. Mr. Roy was airlifted from a remote location in the mountains of western Maine after sustaining serious injuries when he was thrown from his snowmobile.*

About 10 minutes after Dave Berry spoke with his parents, his cell phone rang. An emergency dispatcher told him that first responders were on their way. Mr. Roy says he knew it would be a long time before he got to a hospital if he was moved by ground. He was aware that LifeFlight sometimes responded to serious snowmobile accidents because Dave Berry had been with a snowmobiling party just a week earlier when an accident resulted in a LifeFlight call. He says he thought Mr. Berry was feeling that he carried a curse. Even though he was lying in the snow, Mr. Roy says he was experiencing alternating sensations of hot and cold. He says he wondered whether he could endure an ambulance trip down the mountain to the nearest hospital.

## Finding an “LZ”

About 45 minutes had passed when the first responders from MedCare Ambulance in Mexico and Rangeley Ambulance Service arrived. Brandon Berry led the team to the accident site. They covered Mr. Roy with a blanket and gave him oxygen. Then they loaded him on a rescue toboggan.

The first responders expected to discover a seriously injured patient. They also knew that because of the remote location of the accident, the time from injury to definitive care would fall outside the “Golden Hour” – the first hour after a traumatic injury when aggressive intervention is most successful in preventing death or complications. Time was of the essence: LifeFlight was called in.

As pilot Karl Hatelmark brought the helicopter into view of the proposed landing zone, he realized that the site was too narrow and the approach complicated by blowing snow. He circled the area and found an opening in the forest next to the snowmobile trail. He notified the ground crew of the new site by radio and set the aircraft down.

### *“. . . cold, clammy, complaining of severe chest pain . . .”*

About 10 minutes after the helicopter landed, the first responder crew arrived at the landing zone. Mr. Roy, strapped down on the toboggan, was being pulled behind a snowmobile.

“He was cold, clammy, complaining of severe chest pain, and appeared ready to pass out. I directed the ground crew that we needed to get him into the aircraft as soon as possible,” recalls Lori Metayer, LifeFlight’s Lewiston base manager.

Mr. Roy has a very vivid memory of Lori. “She took charge,” he says. “She was saying, ‘I want you to do this. I want this done. I want that done.’ Dave knew I was in good hands and started to relax.”

Lori laughs when told of Mr. Roy’s recollection of her taking command of the site. “He was seriously injured. I just wanted to get him out of the woods,” she says.

“We took his helmet off, put on a cervical collar and told him we would fly to CMMC. We did not waste any time doing an IV while on the ground, because we felt the patient had a potentially very bad chest injury, and we wanted to get to the hospital. We loaded, took off, and then did

things such as administer oxygen and IVs. We cut off his leathers so we could do a good evaluation. It was clear that he was critically injured and we just did not want to waste time out in the cold. The first rescuers stated he did not have any peripheral pulses because of cold and shock.”

Mr. Roy, of course, felt a sense of urgency too. But he also felt a sense of relief. “I was pretty much glad that I was in the helicopter and going to the right place,” he says. “The minute I got inside the helicopter, they cut off my leather suit and began working on me.”

The journey to CMMC was mercifully brief. Mr. Roy says he kept his composure by literally maintaining focus. “The only thing I remember seeing is this one screw that I concentrated on during the ride down,” he says. He later told Lori that LifeFlight should paint a mural on the ceiling of helicopter’s passenger/cargo compartment.

## CAT scan allays more serious concerns

At CMMC, the Emergency Department team took over. A chest tube was placed to restore his collapsed right lung and he was sent for a CT scan.

Because of the crushing blunt impact he had sustained, CMMC’s trauma team was concerned that Mr. Roy might have suffered internal injuries. The CT scan, however, allayed the team’s fears: He had sustained a severely lacerated kidney, but trauma surgeon Karen Crowell, M.D., determined that it would heal without the need for surgery.

“I was very impressed with the ER. They took very good care of me. They took very good care of my wife,” Mr. Roy says. .

Mr. Roy was transferred the Intensive Care Unit, where he says the continuum of outstanding care was maintained. “The ICU people were very genuine, very polite,” he says. “They’re just nice people.”

Finally, a couple days before his discharge, he was moved to the first-floor Thompson Wing Nursing Unit. Both Mr. Roy and his wife, Tami, were very pleased with the care they received there as well.

Mr. Roy is also careful to point out the important assistance provided to him by the anesthesiologists who practice at CMMC. Following his admission, he says, he was wracked with unbearable pain. An anesthesiologist inserted an epidural line and the result, he says, might be described as miraculous. “What a difference! The pain was just gone away,” he says.

## NEW HELICOPTERS CARRY MORE, FLY FURTHER, FASTER

By Randall Dustin, CMMC Communications Director

LifeFlight of Maine (LOM) began the process for purchasing its new helicopters nearly two years ago. In the initial phase, LifeFlight staff identified critical mission elements and performance specifications. This was followed by a three stage request for proposal process with multiple manufacturers.

The request for proposal that LifeFlight provided manufacturers covered more than 150 scoring elements. Final vendor selection was primarily based on aircraft performance, though cost was certainly a consideration. LifeFlight concluded that Agusta Aerospace Corporation's bid for the contract not only offered the best performing aircraft, but also was substantially less costly than competing proposals.

Another benefit of working with Agusta Aerospace is that it is headquartered in Philadelphia, not far from Keystone Helicopter Services, the company that maintains LOM's helicopters, provides LifeFlight's pilots, and offers educational-training programs for LifeFlight staff.

### The A109E Power

The helicopters that arrived in Lewiston and Bangor around the holidays are A109E Power models, completed in December to specifications developed by LifeFlight.

LOM Executive Director Tom Judge says the A109E Power helicopter is a "quantum leap forward in technology" in comparison to the Agusta A109C MAX aircraft that it replaced.

Tom says the differences between the A109E Power and the older A109C MAX include the engine, engine configuration, avionics (electronic equipment), and blade technology. All of these factors, he explains, add up to a faster, quieter, and safer helicopter that can cover more miles and carry a larger payload.

### State-of-the-art electronics enhance safety

With its advanced avionics and performance capabilities the new aircraft are Instrument Flight Certified and capable. They are each equipped with advanced weather radar, dynamic maps, sophisticated GPS, and enhanced communications.

"We are transitioning to an IFR-based (Instrument Flight Rules) program in July. A major rationale for the bond issue [air transportation infrastructure improvement bond passed by voters in November 2003] is that improvements will support an IFR operation, which increases safety and reliability of air medical systems and indeed all aviation in Maine," Tom explains.

LifeFlight lead helicopter mechanic Wendell Stadig, a member of LifeFlight's maintenance crew since the service was founded, says the avionics package installed in the new aircraft is "state-of-the-art" and will better serve LOM's "mission profile." The older aircraft, while IFR certified were not IFR capable due to range and performance limitations. Since its



*DIGITAL COCKPIT – The A109E Power's digital cockpit includes the latest in helicopter avionics, including moving maps, weather radar and an advanced autopilot system.*

establishment in 1998, LifeFlight has placed a special emphasis on safety. The FAA and the National Transportation Safety Board have recommended that all EMS helicopter operations be operated with IFR capability. Once the IFR-based program is initiated next summer, LOM pilots will be able to take-off in a wider range of visibility conditions without jeopardizing safety.

Wendell says the A109E Power autopilot system is remarkable. "You enter your GPS coordinates and a course is plotted," he explains. "The autopilot can fly you down the centerline of the runway at 50 feet." With the aircraft's radar weather system, he adds, "pilots can actually see weather on a moving map." The maps are shown on two screens in the cockpit and display information with such detail that local landmarks are indicated.

### Engineering improvements

But what he will likely find most attractive about the new aircraft, Wendell admits, is that they require less maintenance. As a helicopter grows older, it requires more maintenance, including more replacement parts. Older helicopters, in fact, while safe for continued use when properly



*FINAL TOUCHES – An Agusta Aerospace Corporation technician makes a final adjustment on one of LifeFlight’s new helicopters.*

maintained, become more and more expensive to operate. Because of design changes, LifeFlight’s new helicopters don’t require certain routine maintenance that was necessary with the aircraft they replaced.

After the A109E was rolled into the hangar at the Auburn-Lewiston Municipal Airport on Christmas Eve, Lewiston-base helicopter mechanic Jeff Stamper pointed at the top rotor and grinned. “I’m not going to miss that,” he said. What he was referring to is an oil reservoir at the base of the rotor. With the old aircraft, the reservoir had to be drained and refilled every few hours. The A109E doesn’t require top rotor oil changes.

### *Bigger and faster is better*

“The A109E’s operating weight is 6,614 pounds, over 600 pounds more than the aircraft it replaced. While this does not sound like a lot in an aircraft, it is huge in a helicopter. We won’t be operating at max gross weight all the time. But the capacity is a big safety and performance factor in tight situations. We can now operate with a full fuel load pretty much all the time,” explains Tom.

Operating weight is extremely important in safely and efficiently managing a medical helicopter service. When its old helicopters were in use, LOM generally didn’t keep the aircraft’s fuel tanks full because the extra weight could limit the transport of heavier patients. Conversely, if the aircraft were called to a distant location, it might have to take on fuel simply to reach its destination.

“These constraints limited our effective range versus optimal range. As an example, if we had to transport a patient from Aroostook County to Eastern Maine Medical Center, we had to refuel prior to the return home. If we traveled further than EMMC, we had to stop and refuel again. If we had a heavy patient, we sometimes had additional refueling requirements. If we flew a patient into Portland — even a short flight

from Bridgton or Farmington — with our Lewiston aircraft, we had to stop and refuel prior to taking another flight. With the new aircraft, we certainly have to manage our fuel wisely and safely, but many of the interruptions we faced with the old helicopters are gone. These kinds of interruptions can have dire consequences in critical care situations,” Tom says.

### *Speed/distance = time*

“The aircraft’s effective speed is between 166 and 170 miles per hour. This is a dramatic improvement in speed and helps with range as well. Effective range is very important to us,” Tom says. “We fly much farther than our counterparts around the country.”

In the northeast United States, the average medical helicopter transport is 22 to 25 miles one way for scene flights and 35 to 45 miles for inter-hospital flights. LOM’s Bangor base travels an average of almost 50 miles for a one-way scene response and more than 80 miles for inter-hospital transports. The Lewiston crew averages slightly more than 35 miles for each scene call and more than 57 miles for inter-hospital transports.

“We are flying significantly greater distances than other medical helicopter services. We also rely on our Lewiston aircraft to cover assistance calls from the northern part of Maine, New Hampshire and Vermont. Increasing air speed and decreasing the need to refuel will reduce missed flights resulting from extended flight times to requesting hospitals or EMS agencies. It will reduce the number of missed flights due to aircraft being busy. We’ll simply be able to complete missions faster,” Tom explains.

### *Twin engines, better performance*

The A109E’s twin Pratt & Whitney engines deliver a combined 1,280 horsepower to the shaft at take off and 1,134 horsepower of continuous flight power. This enormous power not only moves the aircraft faster, but allows take off and landing with a single engine, if necessary. Yet, they’re relatively fuel-efficient using the same amount of fuel as the previous aircraft with over 50 percent more power.

A major advantage offered by the Pratt & Whitney engine results from its improved cooling system. For safety reasons, unless they face a dire emergency, LifeFlight crews only enter or leave the aircraft when the rotors have stopped. With the A109C MAX, crews would sometimes have to wait several minutes as the rotors turned while the aircraft cooled down. The A109E Power has a much more efficient cooling system. It also starts easier than the model it replaced.

*Continued on page 8 ...*

... *New helicopter continued*

“Finally, the engine technology is also matched by new blade technology and composite construction. The aircraft are faster and quieter,” Tom says.

### *An increased “mission capability”*

“With the advances in technology provided by the A109E and its capacity to carry more weight and travel greater distances faster, we have dramatically increased our mission capability,” says Tom.

Both the Bangor and Lewiston aircraft can accommodate an additional medical crewmember as needed and each provides more work room for care providers. The Lewiston helicopter was designed to carry a second patient, if necessary. Instead of being outfitted for a second patient, the Bangor aircraft was equipped with an additional fuel cell. This alteration allows the Bangor crew to fly deep into Aroostook County and back without refueling. In fact, the aircraft can fly from Aroostook County to Lewiston or Portland and still keep the 30-minute reserve fuel requirement for IFR navigation.

Flight paramedic Jon Wardwell, an original member of LOM’s Bangor crew, was one of the care providers who helped customize the new aircraft for critical care applications.

“The aircraft are specially configured for patient transport,” Jon explains. “They are equipped with fluid warmers, electrical inverters for battery chargers and equipment. We’ll be able to add isolettes for transporting babies and special equipment for cardiac patients.”

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... *New helicopter purchase continued*

“Modeling studies showed that the state can be best served from LifeFlight’s bases in Lewiston and Bangor. However, covering the state adequately from a time-distance perspective means that while we’re meeting the healthcare needs of Maine’s residents, we’re also serving fewer people per aircraft. As a result, revenue from operations will not fully support our mission. We need to raise funds to adequately support our work,” explains LifeFlight of Maine Executive Director Tom Judge.

Like other Maine healthcare providers, LifeFlight absorbs most of the costs associated with transporting uninsured patients, he says.

LifeFlight must also raise funds to assist with aviation infrastructure improvements throughout the state. After successfully working with the Maine Legislature to get \$2.6 million made available through the 2003 Transportation Bond for hospital helipad construction and aviation safety improvements throughout the state, LifeFlight remains dedicated to helping hospitals and towns complete funding for intended improvements.



*FLYING HOME – LifeFlight of Maine lead pilot Dennis Small headed up the crew that brought the Lewiston base aircraft to Maine from the assembly plant in Philadelphia.*

### *What’s next?*

In addition to upgrading the aircraft operational certification to Instrument Flight Rules next summer, LifeFlight will add more safety options for night operations.

“We have certified both aircraft to add night vision goggle technology next year, including instrumentation and cabin light modifications. In the coming year we will purchase goggles and begin pilot and crew training. Our plan is to introduce night vision goggles in 2007,” Tom says.

This is yet one more investment to improve safety. LifeFlight has been a national model of safe operations and was recognized in 2003 with a Charlson National Safety Award.

The 2003 Transportation Bond also contained \$400,000 for the purchase of capital equipment to develop a new Mobile Human Patient Simulator trauma and critical care outreach program. Dispatch readers will hear more about fund-raising efforts for these projects. In the meantime, however, anyone wishing to make a gift to The LifeFlight Foundation may do so in any of the following ways:

Send a check or money order made out to The LifeFlight Foundation to the following address: The LifeFlight Foundation, P.O. Box 1007, Union, Maine 04862;

Go to [www.lifeflightmaine.org](http://www.lifeflightmaine.org) and click “LifeFlight Foundation.”

Call The LifeFlight Foundation at 207-785-2288.

The LifeFlight Foundation is a nonprofit, tax-exempt organization under Section 501(c)(3) of the Internal Revenue Service Tax Code.

... *New LifeFlight continued*

can cover greater distances faster. In fact, the new helicopters are up to 30 percent faster than their predecessors. Effective range is very important because LifeFlight covers a huge geographic region. LifeFlight's Lewiston base, for example, provides back up for the northern part of the state, New Hampshire and Vermont. Faster speed and lower fuel consumption helps maximize response times and efficiency.

"Severely injured patients who are transported to a trauma center within the 'Golden Hour' have a much better chance of survival," said Larry Hopperstead, M.D., medical director of CMMC's Trauma Program. "In Maine, the LifeFlight helicopters can sometimes save hours and the crews can provide critical care in flight. This is extremely important when saving minutes can mean the difference between life and death."

LifeFlight provides critical care medical services to the entire state of Maine. Since its first flight to the woodlands north of Deblois in September 1998, LifeFlight has safely transported more than 3,800 critically ill and injured patients from every Maine hospital and from accident scenes in over 200 Maine communities.

"Governor King said the state of Maine just got a little smaller when we announced the creation of LifeFlight some seven years ago and he was right," said Peter Chalke, president of Central Maine Healthcare. "LifeFlight's terrific team of pilots, flight nurses, flight paramedics and support staff has made a tremendous difference. Our medical helicopters are able to quickly deliver critical care capabilities wherever there



*MAIDEN VOYAGE – LifeFlight of Maine's new Agusta A109E Power medical helicopter lands for the first time at Central Maine Medical Center. The arrival of the new aircraft in Lewiston on Christmas Eve marked the beginning of a new era in Maine's emergency medical services capabilities. With twin engines that deliver 640 horsepower each at takeoff and 570 horsepower at a cruising speed of 170 miles per hour, the aircraft can traverse the rural expanse of Maine much faster than the helicopter it replaced. Improvements in fuel efficiency and increased fuel capacity also allow the helicopter to fly longer distances between refueling stops. Greater payload capacity enables flight crews to move two patients simultaneously, if necessary, and to transport more medical equipment and gear. The aircraft are also equipped with state-of-the-art electronics, including GPS navigation. See accompanying story for more details.*

is a need. Critically ill or injured patients are rapidly transported for definitive care to the skilled and dedicated caregivers at major medical centers in Maine and beyond. No doubt numerous lives have been saved."

In July, LifeFlight will transition to an instrument flight certified program. A bond issue approved by voters in November will help LifeFlight improve infrastructure statewide to support an instrument flight certified system that will increase the safety and reliability of not only Maine's air medical system but all aviation in Maine.

LifeFlight of Maine is owned and operated by Central Maine Healthcare in Lewiston and Eastern Maine Healthcare in Bangor, the parent companies of CMMC and EMMC, respectively. The two healthcare systems had the shared vision to establish LifeFlight by providing the start-up capital and assisting with ongoing support.

The new aircraft represent an investment of over \$8 million. The LifeFlight Foundation has initiated a capital fund-raising program to support the expansion of the LifeFlight system and the cost of the new medical helicopters.

## SEND US YOUR PHOTOS FOR THE 2006 CALENDAR

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LIFEFLIGHT OF MAINE

# MEDCARE AMBULANCE FINDS LIFEFLIGHT LINK IMPORTANT IN SERVING RURAL MISSION

By John Roy, paramedic, LifeFlight of Maine-Lewiston base

Northern Oxford Regional Ambulance Service, better known as MedCare Ambulance, has its work cut out for it. From its headquarters on Route 2 in Mexico, the emergency medical services (EMS) provider serves some 17,000 residents scattered over 266 square miles. MedCare also assists fire department-based first responder programs in Rumford and Andover. Finally, the organization supports various EMS education programs and outreach initiatives.

“When you come to work at MedCare, you have to be prepared for almost anything. With such a diversified area . . . from farming to recreational to industrial settings . . . to the multiple communities . . . one moment you could be hiking through the woods on the Appalachian trail rescuing someone, then in downtown Rumford on a cardiac call, followed by a haz mat [hazardous materials] call at the mill. This type of area can make for an interesting shift,” says Chris Moretto, MedCare’s assistant director.

Established in 1988, MedCare Ambulance is governed by a 14-member board that includes at least one representative from each of the 11 towns in the its service area. From its small but well-organized Main Street headquarters, MedCare answers more than 3,000 calls a year, an increase of more than 33 percent from a decade ago. About half of the service’s calls are for emergencies and half for transfers. MedCare uses the Oxford Regional Communications Center for its primary dispatching.

MedCare staffs two paramedic ambulances at all times and an Advanced Life Support truck from 8 a.m. to 8 p.m. daily. There are three shift supervisors who oversee a mixture of full-time and part-time employees as well as an administrative staff. About 60 people work at MedCare.

MedCare’s unique call back system includes an alpha paging system that sends an instant message to all responders. The care providers then call the dispatch center to see if they are needed. The service also distributes portable radios to off-duty responders so they can be reached if an emergency occurs and on-duty personnel are already out on calls.

But MedCare Ambulance is more than just the EMS service in town – it is also very active in the communities it serves. MedCare instructors teach over 25 CPR and first aid classes every year. The organization also supports an outstanding outreach program. Community presentations include Lost in the Woods, a program designed to teach people, especially children, how to stay safe if lost. Another important program is Maine Youth Suicide Prevention, an initiative to better identify and assist young people considering suicide. Over the past few years, the service’s outreach effort has extended to the distribution of 20 automatic external defibrillators to area emergency responders. “We have a great working relationship with the different fire and police departments in the area,” says Medcare Director Dean Milligan. “We offer our training to them. With



*MEDCARE CREW — From left, kneeling: paramedic Rhonda Chase is a MedCare Ambulance supervisor. She has over 20 years in EMS and has been a paramedic for about seven years. She is involved with the Maine EMS Education Committee and is an instructor for various courses, including PHTLS and ACLS. She has five grown children; Michelle Vining, emergency medical technician (EMT)-Basic (B), is from Weld. Her interest in emergency response was inspired by her father, Weld’s fire chief. She has two years EMS experience and runs with Weld Fire/Rescue. She is looking forward to a career in EMS/firefighting and would like to advance her EMT license; standing, Mike Dixon from Andover has been a paramedic for about 10 years. He has been involved with EMS and firefighting for 15 years as a volunteer in Andover. Emergency response work is a tradition in his family; Dean Milligan of Peru is director of MedCare Ambulance. He has been with the company since 1990 and its director for the last five years. He holds the rank of lieutenant with the Auburn Fire Department. Dean is a paramedic who has many years experience in the firefighting/EMS field; Chris Moretto, a paramedic, is MedCare’s assistant director and has been with the organization since 1990. He also works full time for United Ambulance in Lewiston. Chris has significant EMS experience; Ryan Arsenault, EMT-B, is from Hanover. He has been with Andover Fire/EMS for about four years. He has worked at MedCare for about a year and a half and hopes to advance his EMS license level; Jen Dixon, EMT-B, is from Andover. She is married with two daughters, Nyia and Maecy. She is involved with Andover Fire/EMS and has 3 1/2 years experience in the field.*

mutual aid over 30 minutes away, in some cases, everyone has to work together and get the job done.”

Mr. Milligan says the good working relationship that his organization has with LifeFlight of Maine has benefited the people living in MedCare’s service area. He recalls a car accident in which multiple critical patients stretched emergency response resources. “ I really felt that people were going to die right in front of me because we couldn’t get everyone to the hospital in time,” he recalls. “But LifeFlight sent both helicopters and the people on the ground did an outstanding job. It was a great outcome.”

## Crew Member Profiles

Joe Dragon has been a LifeFlight of Maine flight nurse for a year. Before deciding to enter into the medical field Joe served in the Marine Corps for nine years. His first assignment was the infantry. He was later a recruiter. When his wife died he was faced with the difficult task of raising their two children alone. He decided he needed a career change.



Joe Dragon

Nursing seemed a perfect fit. Joe has strong feelings about contributing to the community and if he could no longer do so in the military then nursing would be just as rewarding. For the last 12 years Joe has worked at Eastern Maine Medical Center in positions ranging from cardiac care to the ICU. When LifeFlight began operations, he thought it would be a way to further his desire to help people and serve his community. Joe is now remarried and has two teenage

boys and twin girls. In his spare time he has his own gunsmith business.

John Macone has been a flight nurse with LifeFlight since the service began operations. When John was young, his stepfather worked for a paper company that moved the family all around the United States and Europe. John spent summers with his dad in Maine and after getting his paramedic license from Northeastern University in Massachusetts, he decided to settle here with his family. While working as a paramedic for the Rockland Fire Department he obtained his nursing degree from the University of Maine at Augusta. He has worked in the Emergency Department and ICU at Eastern Maine Medical Center for 12 years. When John and his wife are not



John Macone

busy with their three children, he enjoys restoring antique cars.

John Roy was born and raised in Lewiston, where he is a flight paramedic for LifeFlight. He moved to Columbia, South Carolina, for a few years while he earned his degree at Midlands Technical College and then went on to work there for Lexington County EMS. After returning to Maine, John went to work for LifeFlight in April 1999. He also joined the Auburn



John Roy

Fire Department. He currently lives in Auburn with his wife, Kathy, and their two girls, McKenzie and Madison. When John gets time to himself his favorite activities are anything having to do with the outdoors, including hunting, skiing and playing golf. He also enjoys playing in a men's hockey league.

## LIFEFIGHT JOINS BLOOD COLLECTION SERVICES IN ONGOING BLOOD DRIVE PROMOTION

By Lori Metayer, manager, LifeFlight-Lewiston base

### *Informal affiliation grew from 2003 patient transport that drained regional blood supply*

In August 2003, LifeFlight's Lewiston crew transported a young trauma victim from the scene of an accident on the Maine Turnpike. The patient received four units of blood before she arrived at Central Maine Medical Center. She was eventually administered more than 60 units of blood and a variety of blood products.

This single event put such strain on the region's blood supply that LifeFlight dispatched a helicopter to Massachusetts that same day to obtain more blood products. Elective surgeries in Maine were cancelled because of the sudden blood shortage. The situation became the subject of several news reports.

Later that year, Lewiston-based flight paramedic John Roy suggested that LifeFlight of Maine hold a blood drive to help replenish the diminished blood products stock. The idea took root and LifeFlight produced a video public service announcement promoting Holiday Season blood drives in Lewiston and Bangor. Central Maine Medical Center and

Eastern Maine Medical Center issued press releases announcing the blood drives. LifeFlight crewmembers talked up the blood drives at every opportunity.

The results were tremendous. The American Red Cross achieved 105 percent of its goal for December, traditionally a tough month for blood drives. In fact, the outcome was so positive that LifeFlight representatives approached the Red Cross and Coral Blood Services, indicating that the organization was interested in continuing its efforts to promote blood drives. The LifeFlight logo began appearing on American Red Cross promotional materials. LifeFlight crewmembers began working with the Red Cross and Coral Blood Services to educate Maine people about the importance of giving blood. In the coming months, LifeFlight will again "hit the campaign trail" to promote blood drives in Maine.

For more information about the American Red Cross blood drives, call 1-800-482-0743. Call 262-8797 to learn more about Coral Blood Services' blood drives.



## LIFEFLIGHT OF MAINE

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## LIFEFLIGHT EARNS SPECIAL MERIT AND LEADERSHIP AWARD

LifeFlight of Maine earned a special Merit and Leadership Award at the Mid-Coast Emergency Medical Services (MCEMS) annual conference and banquet in November. The conference, at the Samoset Resort in Rockport attracted nearly 700 EMS providers from across the state.

During the award presentation, MCEMS noted that in reviewing every submission for the Extraordinary Call category, the judges noticed a common theme. LifeFlight was an integral component of each story. Additionally, the group praised LifeFlight's educational outreach programs, its efforts in building Maine's air medical system, and the consistent approach that it takes in putting patients first.

In the past 24 years, MCEMS has awarded the Merit and Leadership Award only three times – LifeFlight's Merit and Leadership award marks the first time an organization has been honored. LifeFlight of Maine Executive Director Tom Judge said, "It's a great honor to be recognized by our colleagues. And it was both humbling and gratifying for us to receive a standing ovation from the entire room as the LifeFlight crew accepted this prestigious award."



*AWARD-WINNERS — From left, Steve Leach, president of Mid-Coast EMS Council, presents a special Merit and Leadership Award to Lori Metayer, manager of LifeFlight of Maine's Lewiston base, and Sandy Benton, manager of LOM's Bangor base. Also on hand for the event were, back row, Bangor base paramedic Laura Schimming, LOM Executive Director Tom Judge, and Lewiston base flight nurse Shawn Metayer.*