



LIFEFLIGHT OF MAINE  
THE LIFEFLIGHT FOUNDATION

2019 ANNUAL REPORT

# Caring for the next generation

Photo by Cathy Case



## Caring today and tomorrow

We are pleased to deliver this twenty first annual report on behalf of LifeFlight and the more than 29,000 patients and families we have served. As we continue to evolve the next generation of care— while the faces of the crews change, medical technology leaps forward and we build a full ‘next gen’ aviation system—what never changes is our commitment to be there when needed and our dedication to adapt to meet the point of need with the right team, technology and care.

Each year we take this opportunity to examine challenges, outcomes and delivery on our promises to care as we look out over the horizon. In the following pages, you will meet some of the patients we have encountered in the past year and see a snapshot of the activities we undertake to support the emergency care system in Maine. And as with each of our past twenty years, change is constant. It has been the busiest year of transports for LifeFlight. We have built a new facility in Sanford; we added new response units in Sanford and Lewiston; we purchased new transport isolettes for premature newborns; we have a new partnership with the cardiology team at Maine Medical Center to transport patients on extra corporeal membrane oxygenation (ECMO); and new teaching teams.

Over this past year and looking forward the effort includes:

- significant new investments in medical technology, especially in mobile diagnostics;
- incorporating new clinical therapies;
- developing a future practice work force;
- continuing to help lead national efforts to define the clinical quality standards for critical care outside of the hospital, and;
- continuing upgrades to our aircraft as part of a national public-private model demonstration to reconfigure our aviation system into full ‘next gen’ satellite-based air traffic control, improving safety and reliability.

All in all a very busy year and while this annual report is no different in content, the delivery comes at a unique and challenging moment.

As we were completing this report, all of our lives—the lives of the people of Maine and everyone across the nation and world—have been upended by the COVID-19 pandemic. On March 12th Maine identified its first patient testing positive. On March 17th LifeFlight transported the first two of now many known or presumed critically ill COVID patients.

Through this report we celebrate all that has been accomplished but more embrace the uncertainty of the year to come. As we


continue our constant work to transform the practice of critical care medicine in motion, our everyday work has been transformed by the pandemic. We are part of a worldwide medical science effort to develop, understand and share new evidence and best strategies to manage patients who encompass the entire spectrum of age and underlying clinical pathology. In addition to planned investments to meet the new needs of patients, we are also now investing in equipment, rapid and continually evolving clinical guidelines, and new practice standards related to the pandemic.

The current challenges—operational, financial and workforce—are immense across the entirety of the healthcare system and to LifeFlight. The challenges will not diminish in the short run and we will all need to work together to care for critically ill and injured patient with a concurrent COVID-19 diagnosis for the next year to eighteen months.

In addition to our gratitude for each of you who support the work and mission of LifeFlight, we take this opportunity to acknowledge extraordinary efforts and dedicate this report to all of the people of LifeFlight, our colleague first responders, EMS clinicians and hospital partners who share the front lines of emergency and critical care at a pivotal moment in history. Each day, shift by shift, working as a team to overcome the challenge of a lifetime. We are all in this together.

  
Thomas Judge, Executive Director  
LifeFlight of Maine  
and The LifeFlight Foundation



  
Norm Dinerman MD, FACEP  
Medical Director  
LifeFlight of Maine



  
Daniel Daigneault, Chair  
Board of Trustees  
LifeFlight Foundation



**Caring for the  
next generation  
presents big challenges,  
but the reward is worth it.**







“LifeFlight of Maine. How can I help you?”

“This is Hancock County Communications requesting LifeFlight to transport an 18-year-old from a motor vehicle accident.”

“LifeFlight One, stand by for activation. You’ve been requested for a scene call in Castine.”

“Pilot accepts for weather.”

“Med crew acknowledge.”

“All crews copy and a go for weather.”

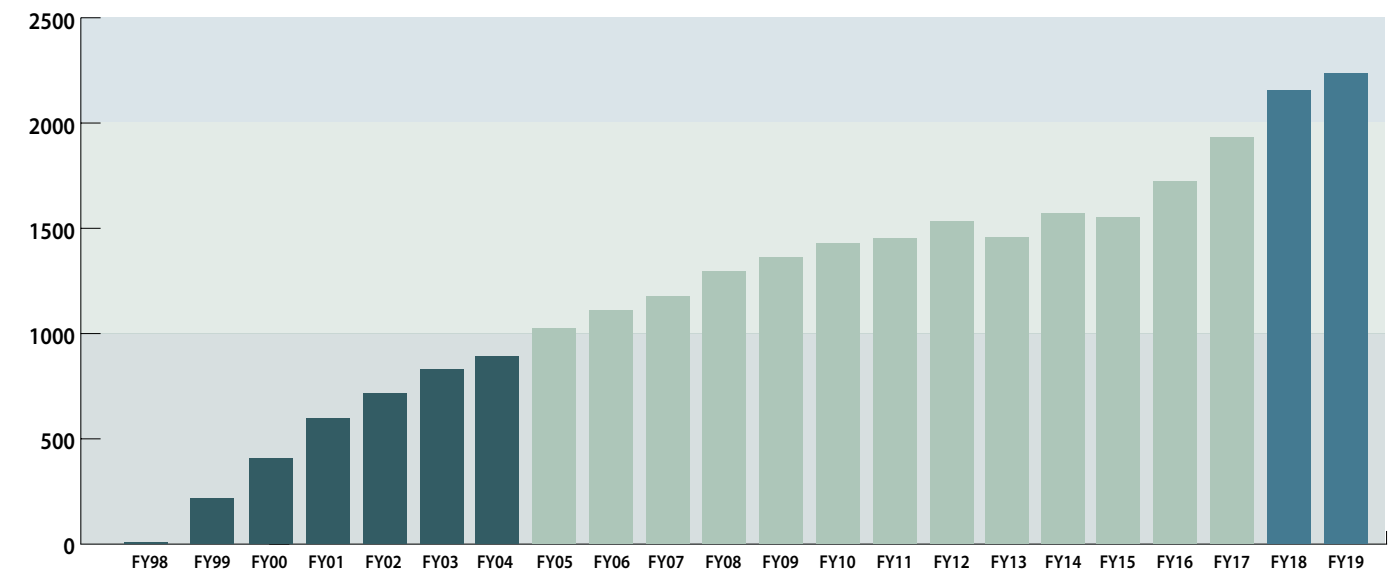
With that, a LifeFlight aircraft and clinical crew head out on a mission to deliver critical emergency care to a patient in Maine. This happens an average of once every four hours, day in and day out.

People in crisis could be anywhere in the state, newborn to senior citizen. LifeFlight is on a mission to help these patients survive the crisis and return home.

## The challenges we face are daunting.

- Maine is rural and remote with a dispersed, aging population.
- Essential specialty services are regionalized at large medical centers.
- Critical care nurses and paramedics are scarce.
- Medicine and medical technology are constantly changing; treatments and therapies are becoming increasingly complex.

Number of Patients per Fiscal Year



Although the challenges are big and growing

our family, friends, co-workers  
and neighbors are worth it.

The mission to provide lifesaving care is too important to ignore.

We can't afford to fail.

Since 1998 we have answered the call for help more than 29,000 times thanks to you. Donors are a critical piece of the fundraising puzzle. Without you, many of the most vulnerable patients in Maine wouldn't survive.

Your support means that more and more people in Maine not only survive, but they thrive. They are able to go home and return to work. Families remain whole and grow.

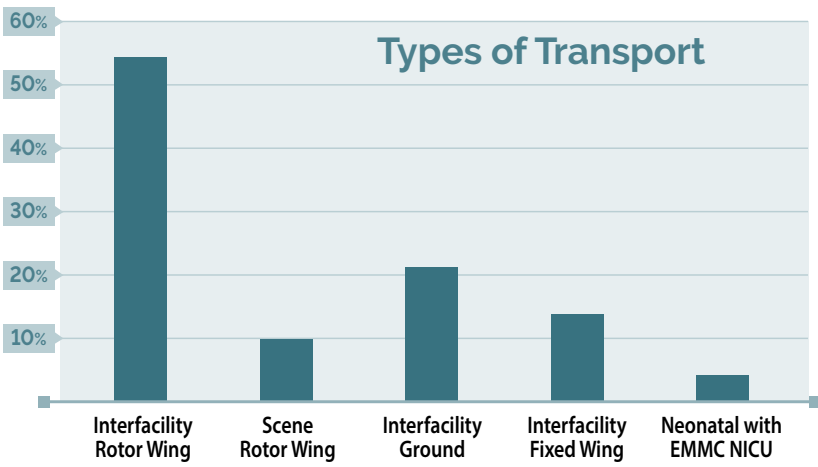
Join us to care for the next generation of Mainers.



# To care for the next generation we will need to navigate Maine’s rugged geography and widely dispersed rural communities

## Gifts from donors helped purchase the King Air 200 plane, an essential asset in the fleet

When LifeFlight needed to add an airplane to its fleet of helicopters, donors across Maine and beyond made it happen. You understood how a plane would fill in the gaps and ensure more patients in Maine would get the lifesaving care they need. While helicopters are quick and nimble, adept at landing in many places and scooping up patients quickly, airplanes are faster over long distances and can fly in some winter weather conditions that helicopters cannot. With a new King Air B200 plane, LifeFlight teams of nurses and medics could answer more calls for help, which was desperately needed as a growing number of patients required care from far away providers at large medical centers. The number of patients LifeFlight crews have cared for in the plane, nicknamed Lima Mike after her tail number (N901LM), has steadily grown each year. In FY19, the number was 280 and today, the total number of patients served with this aircraft is more than 1,000—and steadily growing.



## Tomorrow’s airspace will provide opportunity to transport more patients in need, as long as we have the right aircraft

LifeFlight is on a mission to provide critical care and transport to every patient in Maine who needs it. But we’re not there yet and one big reason why is the weather. Flying helicopters in Maine’s rugged geography has always been a challenge for LifeFlight, one that our donors have helped us tackle through the purchase of a new helicopter in 2017 and a fixed wing plane in 2015. As we look ahead, the future of aviation in Maine will include more precise navigation routes which means we will be able to answer more calls for help. But we need the right helicopter for the job.

Today, due to limitations in both the national navigation system and the avionics capabilities of our two oldest helicopters, Echo Mike and Charlie Mike, there are still patients who we can’t reach by air. But after the Federal Aviation Administration (FAA) completes its nationwide effort to switch all navigation over the satellite-based GPS (from ground-based radar), more accurate and precise data will become available. With this data, new instrument flight (IFR) routes can be developed at lower altitudes which gives pilots more options to safely complete a mission. This means LifeFlight can answer more calls for help. However, the new low-level routes will require updated avionics not available in our oldest helicopters, Echo Mike and Charlie Mike.

To care for the next generation  
we will need to treat and  
transport more and more  
patients to far away  
medical centers

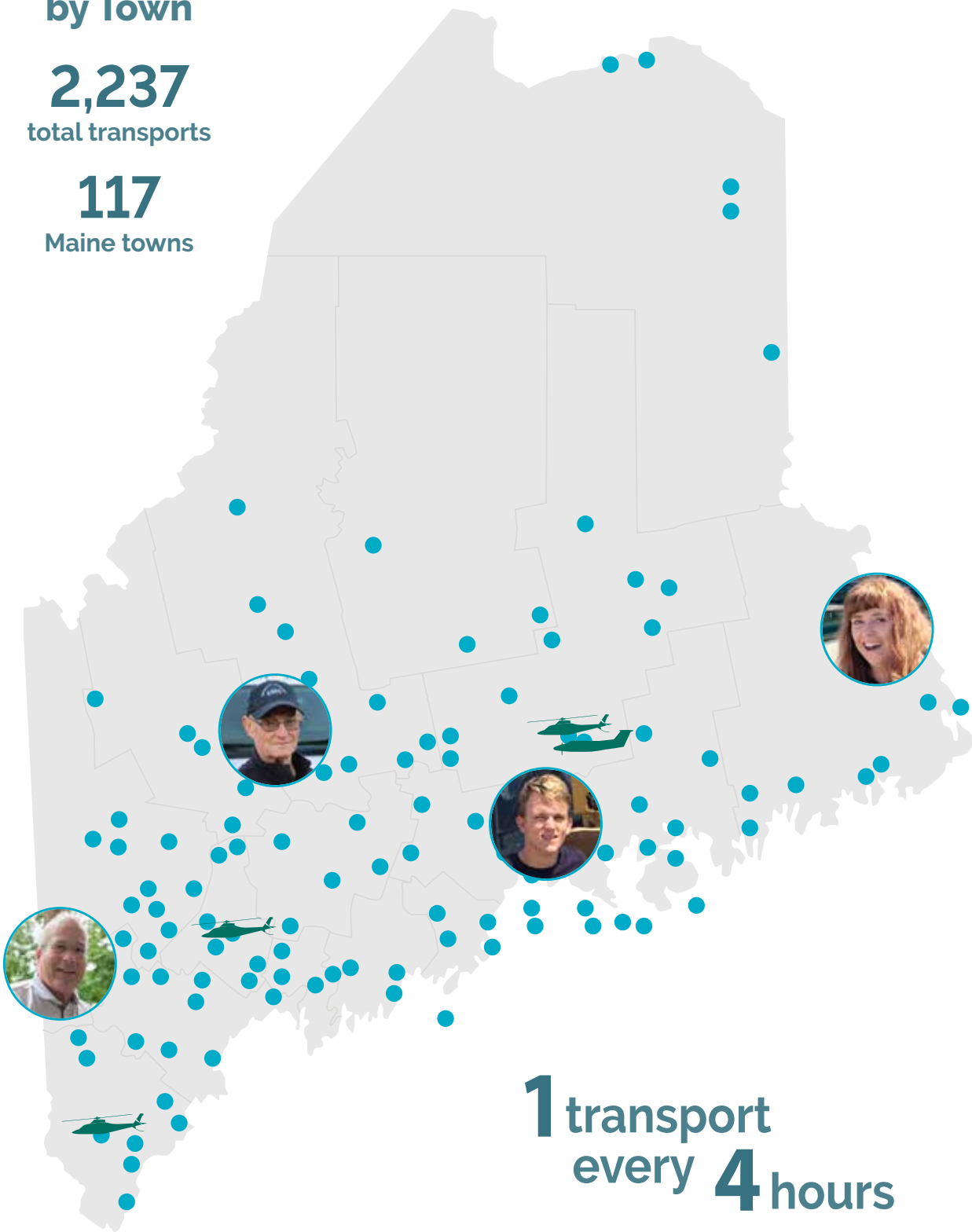


FY19  
Transports  
by Town

2,237  
total transports

117  
Maine towns

160 transports  
from 28 towns in  
Canada, New  
Hampshire,  
Vermont, and  
Massachusetts



1 transport  
every 4 hours





### Cardiac Arrest in Calais

When Rhonda Lyons' heart suddenly stopped at home in Calais, she was 100 miles away from the cardiac specialists in Bangor who could provide the care she desperately needed. In the short time she waited for the flight crew to land, the local team began cooling her core body temperature in an effort to improve her chances for a full recovery. When the flight crew arrived they placed an arterial line and maintained the cooling process. Twenty-eight minutes later, Rhonda was receiving the care she needed in Bangor. Since her recovery, she has welcomed a daughter-in-law into her family and is looking forward to grandchildren.



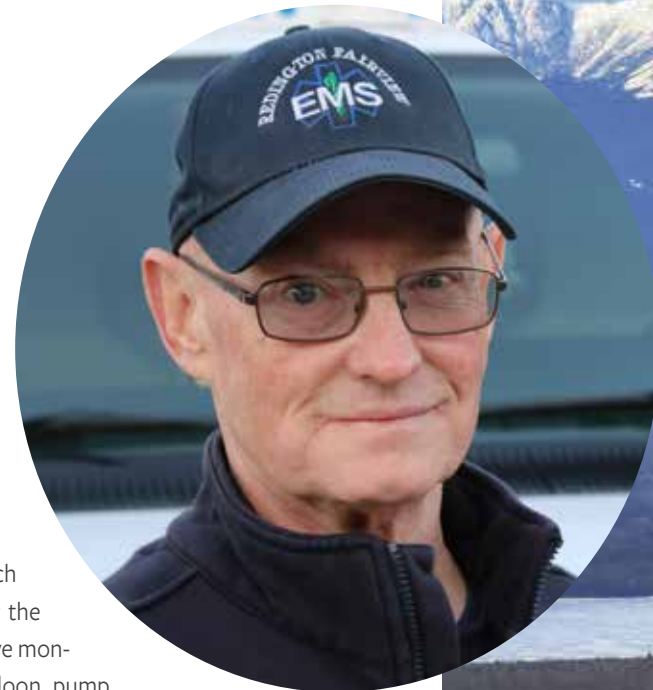
### Aortic Dissection in Porter

Patrick Harrigan was out for a run with his dog when he suffered a massive tear in his aorta, the body's main artery which supplies blood to the entire circulatory system. The only treatment is specialized cardiothoracic surgery from physicians located an hour away. The LifeFlight helicopter could get him there in 16 minutes. The flight crew inserted an arterial catheter before the transport so they could obtain the most accurate blood pressure values possible and then delivered him to awaiting surgeons in Portland. After a 9-hour surgery and many weeks of recovery, Patrick has returned to his life much as it was before his ordeal.



### Massive Trauma in Castine

Maine Maritime student Thomas Spurling was critically injured in a car accident in Castine. The advanced care he needed was more than an hour away in Bangor. The LifeFlight crew brought that care directly to Thomas at the accident scene, where they decompressed his chest, performed a thoracostomy and started giving him blood. Then they delivered him to surgeons in Bangor where his internal injuries could be repaired. Just a few days after his surgery, LifeFlight was called again, this time to transport Thomas to Boston to receive additional care from specialists. A few months later, Thomas was back at college studying to be an engineer.



### Cardiac Arrest in Bangor

When lifelong paramedic Kirk Casterline suffered sudden cardiac arrest, providers at hospitals in Skowhegan and Bangor struggled to stabilize him and set him on a path to recovery. He desperately needed specialized care that he could only receive in Boston. He was receiving several complicated life-sustaining interventions, which needed to be maintained during the long flight: 8 IV infusions, 3 invasive monitoring lines, an intra-aortic balloon pump and a ventilator. The LifeFlight crew is trained and equipped for this kind of complex medical transport and was able to deliver Kirk to the care he needed. Just 4 months later, Kirk was back to work with his ambulance crew.



**To care for  
the next  
generation  
we will need to  
build capability  
and capacity in  
the statewide  
emergency  
healthcare  
system**

## Collaborative training program in Aroostook aims to be a model for improving emergency care in Maine's rural regions

Maine's rural areas present a special challenge for patients who need care at a faraway hospital. The complex geography, the long distances, and harsh winter conditions create overwhelming obstacles. Take Aroostook County, for example. Its four community hospitals (Northern Maine Medical Center in Fort Kent, Cary Medical Center in Caribou, Northern Light AR Gould in Presque Isle, and Houlton Regional Hospital) are located farther from a major medical center than any of Maine's other hospitals. When LifeFlight is unable to respond, the hospitals need to provide ground transfer to distant specialty centers with local teams. Faced with these challenges, the hospitals worked with LifeFlight to launch a collaborative training effort to build additional capacity and capability for ground transport.

Hospital physicians, LifeFlight and Northern Maine Community College (NMCC) developed an education program aimed specifically at critical care capabilities. The program is designed to update the skills of physicians, nurses and paramedics to the most current critical care standards, and improve core resuscitation and critical care skills of hospital staff. Lead funders for the project include Linda and Diana Bean, the Lunder Foundation, the Davis Family Foundation, and the MCCS Maine Quality Centers. Dozens of individual donors have also pledged financial support.

**Nurses and medics from Presque Isle and Fort Kent practice diagnosing and treating a critically ill patient at the Northern Maine Community College Simulation Center.**



### Training exercise in Goodwins Mills.

Our statewide mission and our unique clinical skill set allow LifeFlight to invest in our communities through training and education

One thing we know about the future of rural emergency care is that it's subject to change. Patients will rely on a comprehensive system of care that spans many different communities, agencies and facilities. Because LifeFlight is connected to every community and healthcare facility in the state, we are in a unique position to help providers everywhere get ready to care for the next generation of critically ill and injured Mainers. We work with providers from Fort Kent to York, Calais to Bethel to share evidence-based best practices and build clinical proficiency across the entire system of care. The statewide network of emergency care providers also collaborates with the flight crew on issues like safety and communications. Through these efforts, Maine's smaller rural communities are better equipped to help patients survive and recover.



Photo by Billy Stuart

#### FY19 Clinical Training

**12**  
LOCATIONS

**579**  
PROVIDERS

#### FY19 Ground Safety LZ Training

**23**  
LOCATIONS

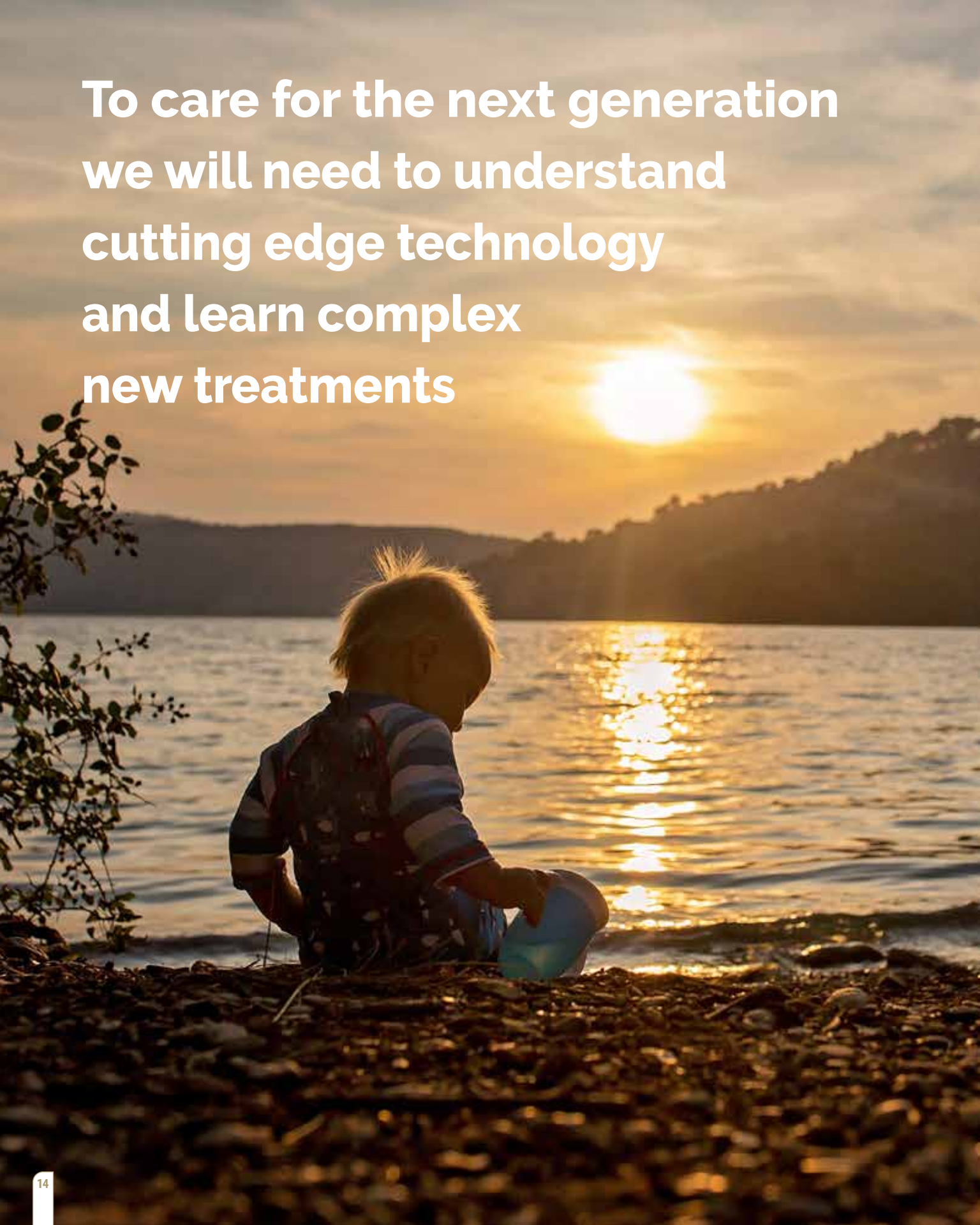
**321**  
PEOPLE

#### FY19 Red Cross Partnership

**2**  
BLOOD DRIVES

**157**  
UNITS DONATED





# To care for the next generation we will need to understand cutting edge technology and learn complex new treatments

## LifeFlight acts as a mobile intensive care unit, with advanced equipment supported by philanthropy

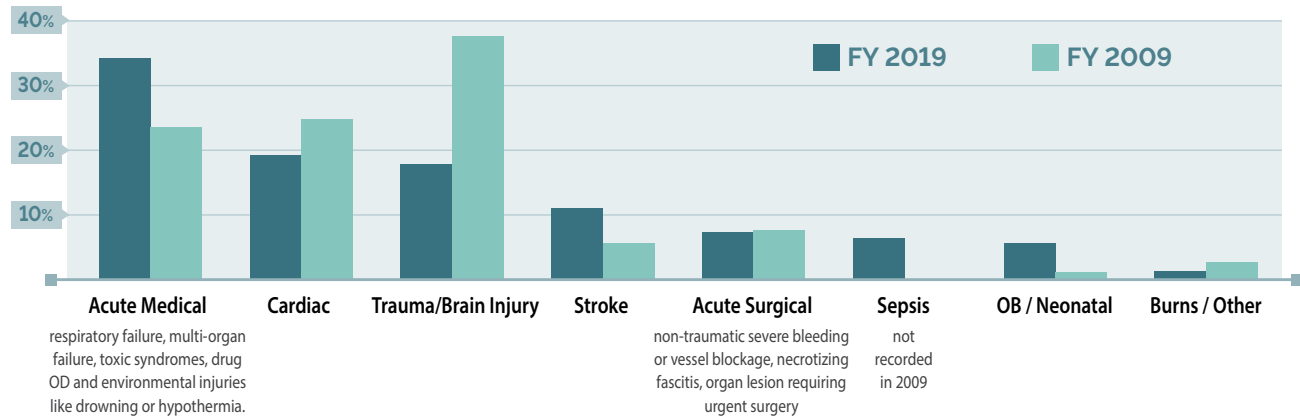
LifeFlight was designed from the outset to create a critical care bridge between hospitals. Most flight requests are from physicians with patients who need advanced resuscitation and stabilization capabilities, and require time-sensitive care—yet are far from that care. LifeFlight is essentially a flying intensive care unit. The flight crew operates under an advanced scope of practice, meaning the nurses and medics are skilled at performing procedures usually only done by physicians or nurse practitioners. They carry additional certifications for air critical care and work closely with a Clinical Practice Committee made up of more than two dozen physicians from across the state representing a variety of specialties, from trauma and emergency medicine to pediatrics and cardiology.

In addition, the crew carries advanced medical equipment not available on a typical ambulance: hand-held blood analysis devices, intra-aortic balloon pumps, advanced ventilators, video laryngoscopes and mobile ultrasound technology. In fact, some of this equipment isn't even readily available at Maine's smaller hospital emergency rooms. This specialized equipment, largely supported by contributions from our donors, is essential to meet the needs of the most complex patients.



Photo by Billy Stuart

Reasons for Transport: Then and Now



## LifeFlight has evolved over the last two decades to become an organization poised to tackle some of the biggest challenges facing access to critical care

For Maine's patients of the future, where advanced care is increasingly centralized and difficult for rural patients to access, LifeFlight expects to leverage technology to tie the facilities and agencies of the emergency care system closely together. For example, a 9-1-1 call for a woman found unconscious and laying across the bottom of her basement stairs might go like this: On arrival the local EMTs obtain a blood sugar and link to an attending physician at the trauma center 100 miles away via televideo on their handheld computer. The physician confirms the physical exam and, using artificial intelligence, begins calculating the probability scores for a brain injury and major trauma. At the same time, a request for LifeFlight request is made which goes to the pilot to make a safety of flight decision as the weather is overcast with low visibility. The pilot determines the flight must be conducted under instrument flight (IFR). Utilizing LifeFlight's high performance avionics in new Agusta 109SP helicopters and low-level flight routes expected to be completed over the next few years, the team is still able to reach the patient in marginal weather conditions. When the crew arrives, they use advanced ultrasound to identify potential bleeding or clot in the brain and to assess the patient for other trauma to lungs, heart and other organs. The physician is able to access the patient's medical record and confers with the team at the local hospital as to the probability of critical illness or injury. Leveraging new technology will increase connectivity and build capacity in the statewide system.



# Your support means the next generation of critically ill and injured Mainers will survive and thrive

It was a phone call that no parent is prepared to receive. Betsy Smith’s son, third generation state trooper Michael Smith, was in a serious car accident and was being LifeFlighted to the trauma center.

For about an hour, Betsy fought the unrelenting panic she felt growing inside as she tried to find out what happened and how badly her son was hurt. When she finally learned that, although Mike had suffered several broken bones and injuries to his face, his doctors expected him to make a full recovery, relief washed over her.

“I was so pleased that LifeFlight was there when Mike needed help,” Betsy explains. “He was in excruciating pain and everyone at the scene was worried that he had suffered a brain injury. His car was so badly destroyed that his rescuers had to use the jaws of life to cut the roof off and lift him out.”

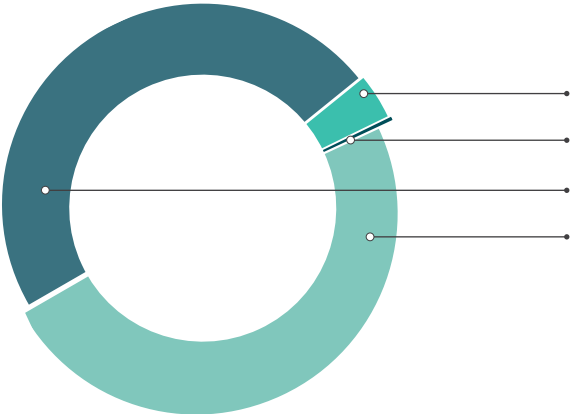
A few weeks after Mike’s accident, Betsy began donating to LifeFlight, which is a nonprofit organization.

“I feel so strongly that LifeFlight should be there for everybody. I will donate to it because I want it to be there for everybody. It’s my only charity. I’ve decided that I’d rather make one big donation instead of lots of little ones. They are all worthy causes, but this is mine.”

She has been a dedicated donor ever since, making a generous contribution every January.

The accident also had a profound impact on Mike and his wife. They realized that more than anything, they wanted to fill their home with kids, laughter and memories and made the decision to grow their family. Today, Betsy has eight grandchildren who she can’t imagine life without. She feels lucky that she’s able to visit Mike and his family often and cherishes the time she spends with the kids at the beach and at the local mountain resort. Because Mike received the care he needed, at the scene of the accident and at the hospital, he was able to return to work with the state police and build a beautiful family, for which Betsy remains extremely grateful.

“It’s so important to have LifeFlight available for patients who so desperately need it. I remember not long after Mike’s experience, there was a car accident just down the road from my house. I heard all the emergency vehicles go by, and then I heard the helicopter. All of the stress and worry and gratitude just came flooding back and I was standing in my kitchen with tears running down my face. It turned out that the accident involved a high school girl who was very badly hurt. But she survived and I was so glad that the helicopter was there for her.”



## New Funds Raised in FY19

- Town Governments \$94,247
- Hospitals \$2,100
- Individuals \$1,173,869
- Foundations/Corps \$1,207,798

Total **\$2,478,015**

*These totals only include new donations, and not pledge payments from previous commitments, making them slightly different than the income figures on page 31.*



# Our Donors

The following is a list of donors who made a **gift of cash or pledge between July 1, 2018 and June 30, 2019**. Contributions in this period have been added to past gifts of each donor, placing them in the appropriate cumulative category for the period January 1, 2003 to June 30, 2019. Gifts received after June 30, 2019 will be listed in the 2020 annual report. We work diligently to maintain an accurate database and deeply regret any errors or omissions. Please notify the Foundation office at 207-230-7092 of any inaccuracies.

## Clear Blue Skies \$100,000.00 +

Anonymous (2)  
**Courtney & Paul Amos**  
**Linda Bean's Maine Lobster Family**  
Joseph & Sheri Boulos  
Paul & Giselaine Coulombe  
Davis Family Foundation  
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**Tom & Catherine Tinsley**  
A.K. Watson Charitable Trust

## Peak Altitude \$50,000.00 +

Bagaduce Ambulance Corps  
Bangor Savings Bank Foundation  
Joseph & Judy Barker  
**Paul & Virginia Cabot Charitable Trust**  
**Catawamteak Fund**  
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Diana Davis Spencer Foundation  
**Mark Stevens & Linda Tripp**  
Wescustogo Foundation  
The Wyeth Foundation

## Take Flight \$25,000.00 +

Anonymous (1)  
Bangor Savings Bank  
Virginia Wellington Cabot Foundation  
Camden Classics Cup, LLC  
Julie Cawley

Richard Gilder & Lois C. Chiles  
**Norman M. Dinerman, MD & Sandra K. Spiller**  
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Schacknow Family Foundation  
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**Mr. & Mrs. Galen D. Todd**  
**Jett Travolta Foundation**  
United Midcoast Charities  
Up East Foundation  
**Viking Lumber, Inc.**

## Lift Off \$10,000.00 +

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Bank of America Charitable Foundation  
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## Power Check \$5,000.00 +

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**Daniel P. Bookham & Jessie C. Davis**  
Border Riders Sportsman Club  
**Brandy Tree Charitable Trust**  
Dr. & Mrs. John Corey  
John & Davilynn Cowperthwaite

# Our Donors

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David F. Brakke & Mary Anne Mason  
Town of Bremen  
Troyen Brennan  
Galen & Hathaway Brewster  
Town of Bridgton  
Town of Bristol



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**Terence & Amy Britton**  
Brookfield Renewable  
Town of Brooklin

**Town of Brooksville**  
Nicholas Brountas & Marlane Melican

**Clayton & Pauline Brown**  
Kenneth & Lynn Brown

**Doug & Dale Bruce**  
Kathy Bryant  
Ronald & Eileen Bryant  
William & Ellie Buchanan

**Town of Bucksport**  
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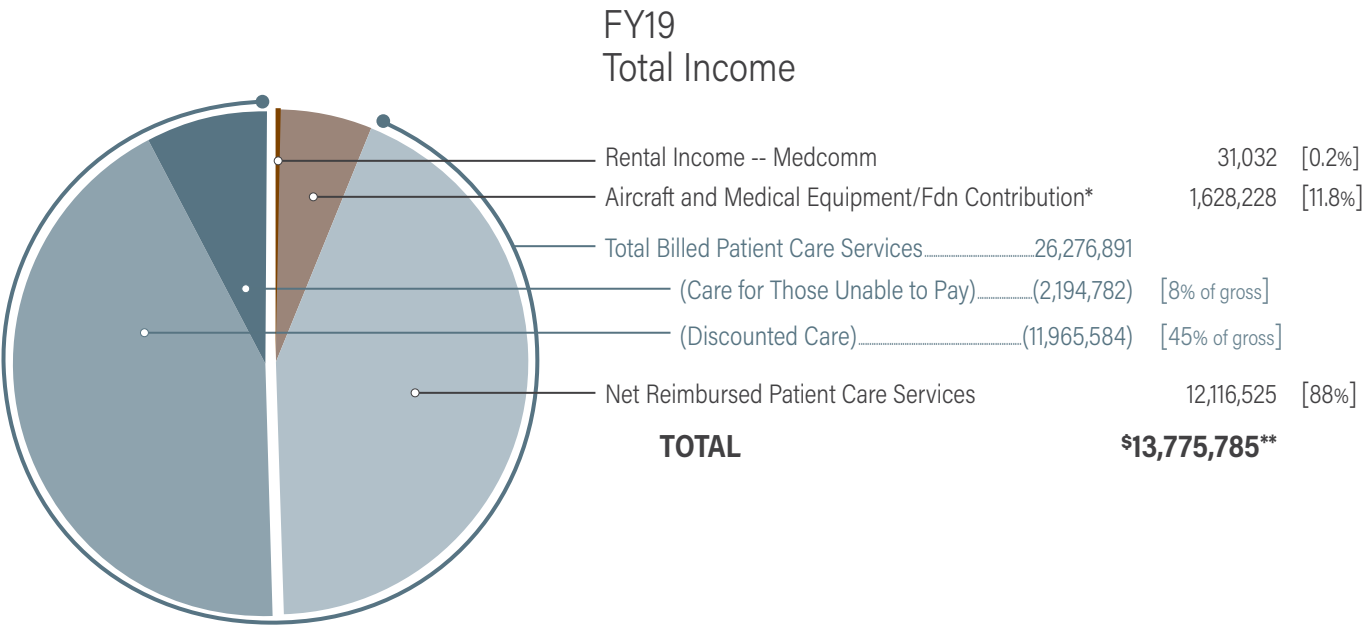
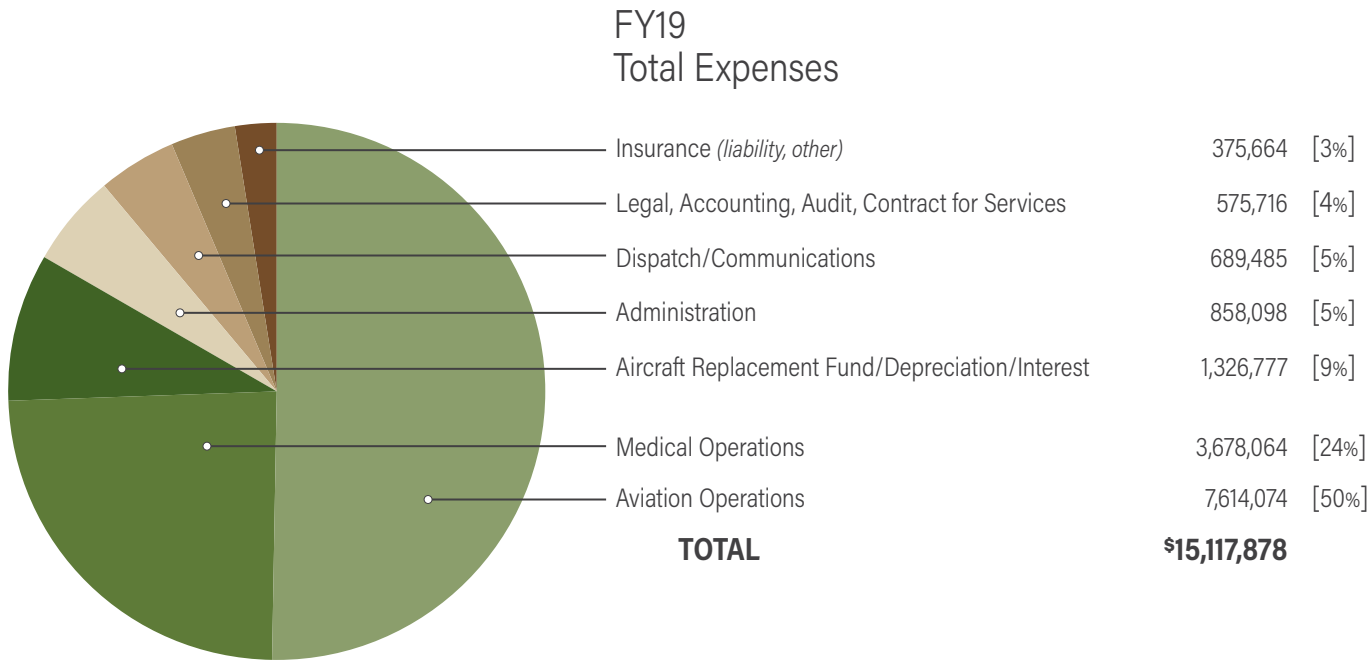
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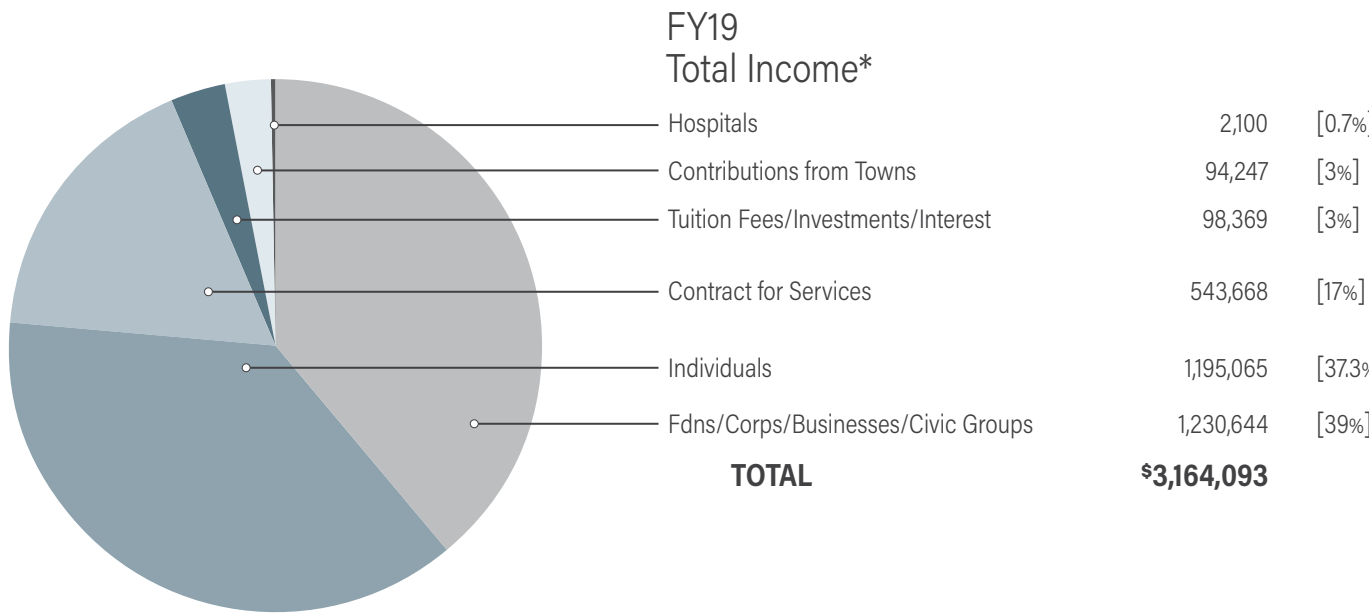
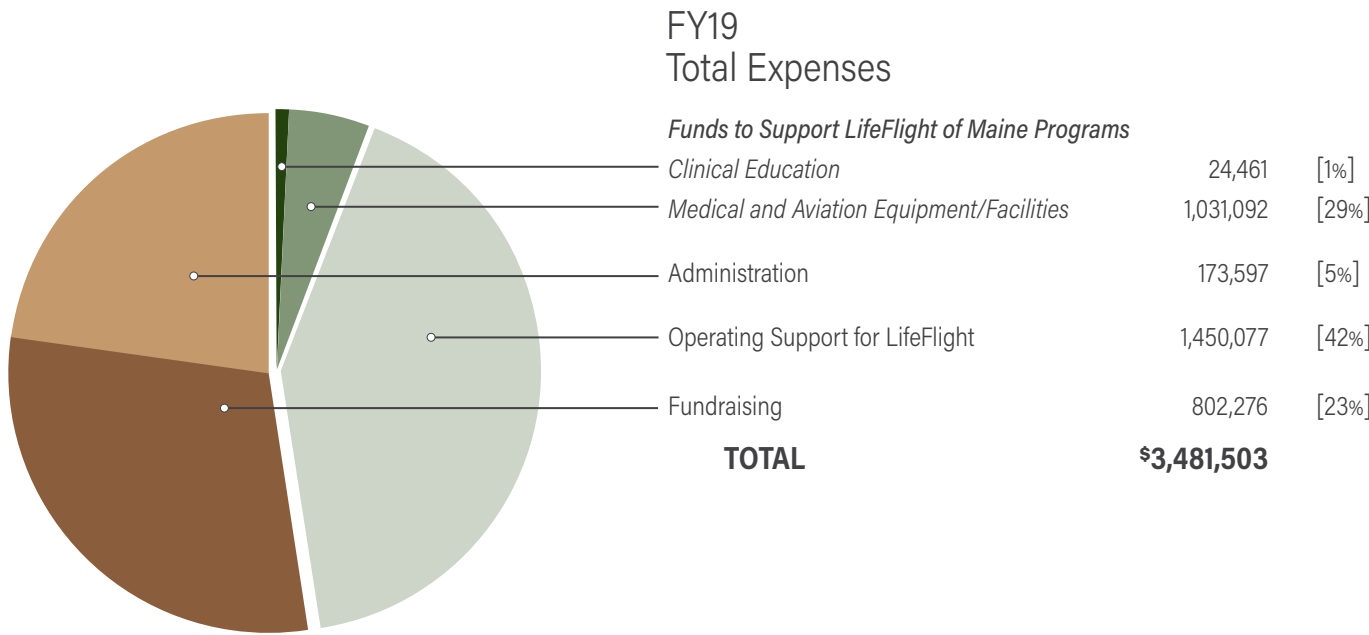


LIFEFLIGHT OF MAINE  
Financial Report



\*Donation from LifeFlight Foundation.  
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LIFEFLIGHT FOUNDATION  
Financial Report



\*This total encompasses some line items that aren't counted in New Funds Raised on page 15, including contract revenue and pledges received.





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Mid Coast-Parkview Health  
Northern Light AR Gould Hospital  
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Northern Light Blue Hill Hospital  
Northern Light CA Dean Hospital  
Northern Light Sebasticook Valley Hospital  
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Biddeford Medical Center  
York Hospital

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