

LifeFlight nurse Denise Saucier and paramedic Brad Alleger decontaminate an aircraft after a COVID patient transport.



# TWO YEARS IN: ADAPTING TO A COVID-19 WORLD

**Since our first COVID transport on March 17, 2020, LifeFlight of Maine has transported over 4,700 patients. More than 38% of those patients are known or presumed to be COVID-positive.**

As LifeFlight enters the third winter grappling with the COVID-19 pandemic, the importance of our mission is more evident now than ever before. The incredibly infectious nature of the disease, especially for our elderly and vulnerable populations, combined with the rapid and sustained onset in the US and Maine, has differentiated this experience from any health event we have seen in our lifetimes.

For the past two years, LifeFlight's primary goals have been to treat and safely transport the most critically ill COVID patients while keeping our medical and flight teams healthy so they can continue to care for all patients. In addition to providing medical care, we also continue to research and share best practices for treating COVID-19 patients with our partners throughout Maine and beyond. This research has included regular updates to our clinical guidelines and practice standards that evolve with new science almost daily.

LifeFlight clinical crews have played a vital role in the pandemic response, utilizing an expanded scope of practice, and applying their highly specialized critical care skills. With the increased need for pulmonary care, LifeFlight crews have leveraged their already extensive experience managing ventilators. LifeFlight medical crews also work with our hospital partners to transport patients on extracorporeal membrane oxygenation (ECMO), an essential treatment for some COVID patients. The LifeFlight team will fully integrate a perfusionist from the sending facility into our crew when transporting a patient on ECMO. The specialist operates the equipment, while the LifeFlight crew provides other elements of care, working together to safely and effectively manage the patient's transport to a new facility.

We have also made significant investments in new technologies—increasing our ability to treat COVID patients while decreasing our clinical teams' and receiving hospitals' exposure to the virus. **Thanks to generous donors, the Foundation supported the purchase of new Hamilton ventilators which have provided increased functionality.** In a short time, these new tools have proved tremendously valuable to the crew and patients.

Our statewide educational and training programs, including the LifeFlight Critical Care Academy, have been adapted for a virtual environment and complemented by the installation of remote-learning simulation labs at each of our three bases. These labs allow state-of-the-art medical education and simulation for LifeFlight crews and our EMS and health care colleagues around the state. While the skills and standards taught through these programs have not fundamentally changed, we are constantly adjusting and adapting how we're teaching and achieving those standards. *For more information about these educational and training topics, please see the story on page 4.*

The number of COVID-19 patient transports continues to increase due to the Delta, and now Omicron, variants. Metrics like the number of available ICU beds, once monitored only by organizations like LifeFlight and our hospital partners, are now tracked daily by the news media and followed by thousands around the state. The increase in hospitalizations due to COVID—and the corresponding decrease in available intensive care beds in Maine—means that LifeFlight now transports patients to hospitals in New Hampshire, Massachusetts, Connecticut, and beyond. Transports to distant hospitals beyond Maine's borders mean substantially increased time in the air, impacting turnaround time to new patients back here in Maine as well as increased flight hours on our aircraft.

While LifeFlight does not have an active role in managing hospital or ICU beds, we do provide vital assistance to those in hospital transfer centers and to physicians making calls to find available beds for their patient. The people transported LifeFlight are some of the sickest in the state. The speed and high level of care that our teams and aircraft provide can make a crucial difference when taking a critically ill patient from one facility to another.

In addition to transporting patients with COVID, LifeFlight encounters myriad secondary impacts of the pandemic: patients in complete cardiopulmonary failure from drug overdoses, more victims of domestic violence, and more premature births, to name a few. In the past several months, we have also seen increasing numbers of patients with pulmonary failure who are suspected to have incurred long-term lung scarring injury due to a previous case of COVID. This is in addition to the care we continue to provide to patients with cardiac events, strokes, sepsis, motor vehicle crashes, and the host of other diseases and emergencies needing LifeFlight's response.

As we think back to our very first COVID transport in March of 2020, we recognize and appreciate the peaks and valleys that we have experienced since that time, adapting and learning to live with COVID-19 as best we can. Looking ahead, we sincerely hope that the Omicron variant is the first sign of an attenuating virus and of a less severe disease in the future.