

DISPATCHES

A Publication of The LifeFlight Foundation



IN THIS ISSUE

OLIVER WHITE: LIFEFLIGHT'S 40,000TH TRANSPORT

Updates from the Flightdeck

The Greatest Job in the World

Why Leslie and Shawn Anderson Support LifeFlight

Three Modes of Transport. One Critical Care Team.

Leadership Spotlight: Linda Varrell

A Good Plan, and a Strong System, Drives Performance

APRIL 2025

UPDATES FROM THE FLIGHTDECK

Dear Friends,

Welcome to our Spring 2025 issue of Dispatches!

In an emergency, a good plan drives performance. At LifeFlight of Maine, we invest heavily in being prepared and remain committed to continuous improvement. We constantly work to refine the things we already do well, and we seek feedback earnestly from our team members, peers, and patients to identify opportunities for growth.

The stories in this issue speak to our commitment to planning, preparation, and continual improvement — all of which we do for the safety of our teams and the care of our patients. You will read about how LifeFlight clinicians see themselves, their work, and the patients entrusted to their care, told in a personal story written by one of our flight nurses. You will read about Oliver White, the infant son of an Air National Guard pilot whose first flight was in the back of a LifeFlight helicopter; that flight also happened to be LifeFlight of Maine's 40,000th patient transport.

You will hear about the generosity of people like Leslie and Shawn Anderson, who witnessed LifeFlight's crew at their best, despite challenging circumstances, and have invested in making sure those crew members have what they need to be there for other patients and

their families. You will learn about Linda Varrell, who as a LifeFlight Foundation board member generously contributes her time and expertise to help ensure LifeFlight is ready to meet the challenges we face today and prepare for those that lie ahead.

You'll gain a better understanding of how LifeFlight of Maine has evolved over the years to provide critical care transport by helicopter, airplane, and ground ambulance, and how each mode has distinct advantages and challenges depending on the patient and circumstances. Finally, you will read about the work the LifeFlight team is doing to improve access to care across Maine by building up a database of pre-determined temporary landing areas and working with local EMS and first responder services to ensure patients facing a life-threatening medical emergency can get the care they need as quickly as possible.

We are proud of the LifeFlight team, humbled by their compassion and commitment to excellence, and honored to be trusted by so many patients, families, partners, and communities. We strive every day to be worthy of that trust, and to be even better tomorrow.

Sincerely,



Joe Kellner, CEO
LifeFlight of Maine



Kate O'Halloran, Executive Director
The LifeFlight Foundation



THREE MODES OF TRANSPORT. ONE CRITICAL CARE TEAM.

LifeFlight of Maine's mission is to provide critical care and medical transport to anyone across the State of Maine, when and where they need it. Every decision and every action taken is designed to accomplish both of those objectives as safely and effectively as possible.

"Critical care" is a technical term that encompasses a broad swath of sophisticated medical procedures, but it essentially refers to the medical care provided to a person whose condition is life-threatening. "Medical transport" is more straightforward. It involves moving a patient from one place to another. It is not specific to a particular vehicle, or type of vehicle.

LifeFlight utilizes three modes of transport: helicopter, airplane, and ground ambulance. In each, the standard of care is the same. LifeFlight provides ICU-level critical care that patients all across Maine rely upon in their moment of need. It uses different modes of transport, because each has its own advantages and limitations based on the situation, and providing safe, reliable care is the core of LifeFlight's mission.

Speed

LifeFlight's Leonardo 109 helicopters are fast, with a cruising speed of about 165 miles per hour, but they

are not as fast the airplane, which cruises at nearly 350 miles per hour.

Fuel Load

The airplane can fly from Fort Kent to Philadelphia without refueling along the way. A helicopter flying from Bangor to Boston must stop to refuel en route.

Landing

The helicopters can land just about anywhere, so long as the area is 100 feet by 100 feet, mostly flat, and free of trees and other obstructions. Nearly all of Maine's hospitals have helipads, so LifeFlight's helicopters can transport a patient from the front door of one facility directly to the rooftop of another. The airplane needs a runway that is at least 2,800 feet long. A patient transport by airplane always includes a ground leg between the hospital and the nearest suitable airfield, and that ground leg adds time to the trip. Minimizing "out-of-hospital time," or the amount of time a patient spends in transport, is critical in many cases.

For example, the flight from Presque Isle to Bangor is about 30 minutes shorter by airplane than by helicopter. However, it takes about 20 minutes to transport the patient by ground from Northern Light AR Gould Hospital to the runway in Presque Isle, and then another 15 minutes to transport the



more
than
just

helicopters.



patient from the runway at Bangor International Airport to Northern Light Eastern Maine Medical Center (EMMC). The helicopter can fly the patient directly from the helipad at AR Gould to the helipad at EMMC, so the total out-of-hospital time is five minutes shorter when the patient is transported by helicopter.

Conversely, the flight from Presque Isle to Portland is nearly 60 minutes shorter by airplane than by helicopter, which must stop to refuel in Bangor. So, when transporting a patient from AR Gould to Maine Medical Center (MMC), the airplane reduces out-of-hospital time for that patient by 25 minutes (after accounting for the ground legs), making it the preferred mode of transport between those two hospitals.

Traveling by ground is, of course, considerably slower, but not all LifeFlight patients need the speed of an aircraft. Many patients in Maine can be transported only by LifeFlight because they need to maintain the same ICU-level of care during transport, but their condition is less affected by out-of-hospital time. For these patients, moving by LifeFlight ambulance may be the best option. It provides safe and reliable transport from one medical facility to another, while keeping the LifeFlight aircraft in service for other patients in Maine for whom out-of-hospital time is critical.

Who decides, and how?

So, who decides which LifeFlight vehicle responds to a call for help, and how? Usually, it's the air communications specialist at MedComm, LifeFlight's dispatcher. As an integral part of the crew, the communications specialist (referred to as the "comm spec") is the first and primary layer of triage. The comm specs work from the MedComm dispatch center on the second floor of LifeFlight's Bangor hangar. They coordinate communications for transport operations, and they dispatch LifeFlight medical crews. When a call comes in, the comms spec references the Transport Asset Selection Criteria, or TASC chart.

There is a row on the TASC chart for every hospital in Maine and a column for the six major medical centers to which LifeFlight is most likely to transport a patient: Eastern Maine Medical Center in Bangor, Maine Medical Center in Portland, Central Maine Medical Center in Lewiston, and the handful of major medical centers in Massachusetts and New Hampshire. The comms spec finds the row for the sending facility and the column for the receiving facility. In the cell where they meet on the chart, LifeFlight assets are listed in order of priority. The chart was developed through analysis of years of flight and geographic data. For example, for AR Gould Hospital to EMMC, LifeFlight 1, the helicopter team based in Bangor is the preferred mode of transport, with LifeFlight 3, the Bangor-based airplane crew



Photo courtesy of flight nurse Veronica Marzonie.

as secondary. For AR Gould to MMC, the order of preference is reversed.

The TASC chart identifies the best available transport asset for the patient at any given time. If all conditions were perfect all the time, there would be no need for the chart. All LifeFlight vehicles would be in service and available. Only one request for help would be received at a time. The skies would be blue, the temperatures far above freezing, and the winds blowing from the southeast at a pleasant five miles per hour. **But this is Maine.**

That warm, sunny day is reserved for the summer month, when the population of the state swells with seasonal residents and visitors, and the calls for help begin to stack up. If a LifeFlight team is already transporting a patient when a call is received, the comms spec will move through the TASC in order to the next available asset.

Colder weather brings icing conditions. When there's visible moisture in the air (i.e. clouds) and temperatures reach freezing, ice can build up on aircraft wings, which is incredibly dangerous for aircraft without de-icing capability. Most helicopters, including LifeFlight's, cannot fly in icing conditions.

LifeFlight's airplane, however, is equipped with de-icing technology. So, when temperatures dip below freezing and the cloud ceiling is low enough to ground helicopters, the airplane can still reach patients in need.

At some point, though, Maine's weather invariably becomes inhospitable to aviation of any kind, and so, fitted with snow tires, LifeFlight's ambulances hit the road to transport critically ill or injured patients.

These assessments and decisions are made in real time by experienced comm specs, pilots, vehicle operators, and clinicians who have spent years transporting patients across Maine. Research and data analysis provide strong guidance for their decision-making, but no situation ever fits a template perfectly. LifeFlight's mission is, and has always been, to provide the highest level of medical care available while maintaining uncompromising safety standards for patient care and transport operations. Ultimately, in the most challenging circumstances, the decision is made based on maintaining the safety of all involved and the asset that would give the patient their best chance possible.





The Greatest Job in the World

by Melissa Dufault

In December 2024, flight nurse Melissa Dufault gave the speech below at 100 Neighbors Who Care of Penobscot Valley's quarterly meeting. She offered her perspective about working as a flight nurse and what being a part of LifeFlight means to her. After her presentation, 100 Neighbors Who Care selected LifeFlight as their recipient charity, making a generous donation of \$22,000.

Thank you to Terrance Cain for nominating LifeFlight and thank you to the members of 100 Neighbors Who Care for your generous support!

My name is Melissa Dufault and I have the greatest job in the world. A common response when I say I'm a flight nurse, is: "Wow, I can't imagine the terrible things you see!" And for that reason, sometimes I'll say I'm a flight attendant (which isn't really untrue). But, how do I look a stranger in the eye and tell them I see love in its truest form as a husband kisses his wife goodbye? I see courage win over fear as a parent hands me their child, and I see the deep resilience of a community as they help their neighbor.

We live in what is technically the most rural state in America. I know, I was skeptical too, but it's based

off the percent of the population that lives in a rural area. We Mainers sure like our distance. LifeFlight is crucial in making sure Mainers are receiving the care they need as soon as possible.

LifeFlight of Maine is the only EMS flight company in the state of Maine. We are a private nonprofit organization that works in tandem with public safety, 911 services, and local hospitals. With four active crews at all times, we can transport by helicopter, airplane, or ground ambulance depending on patient needs and access. Two of those crews reside in Bangor, with the other two in Lewiston and

Sanford. We transport patients of all ages, from 0 to 100-years-old, and help an average of 2,500 patients a year — that's one patient every three and a half hours.

Eight percent of our call volume is what we term “scene calls.” These calls are what most people envision — landing on the interstate or on a remote access point in the woods, as well as responding to snowmobile accidents or medical events on the islands. The other 92 percent of our calls are interfacility, or hospital to hospital, which means the sending facility has met their ability to care for the patient and specialty care is required. For example, a patient may need an intensive care unit, surgical intervention, obstetrics care (for high-risk pregnant mothers), neonatal intensive care, or trauma services. A patient may also be experiencing a time sensitive issue — like a heart attack or stroke. Of note, there are only two facilities in Maine that provide 24-hour surgical interventions for heart attacks and strokes — Eastern Maine Medical Center in Bangor and Maine Medical Center in Portland. Eight percent of those interfacility transports are to Boston for complex cancer care, advanced cardiac devices, specialized pediatrics, eye injuries, major burns, and amputations.

Our medical crew is made up of one paramedic and one nurse. We equate our care to bringing the trauma bay doors to the patient. Under protocols and the guidance of our LifeFlight medical directors we are given a wider scope of practice than other nurses and paramedics. This allows us to start the critical care needed when we walk through the door. Having traveled the country and witnessed other programs, I can say LifeFlight has some of the most advanced critical care transport providers in the country.

So why do we need your help?

While operational expenses are covered by insurance reimbursement, our capital investments like aircraft, medical equipment, aviation infrastructure, and clinical education are covered by fundraising.

Since LifeFlight of Maine's start in 1998, the goal has always been to provide critical care to everyone in the State of Maine who needs it. I'm proud to be employed by a healthcare organization that works hard to ensure our patient costs remain as low as

possible. We never want costs to be a barrier to the care someone needs on what is often a terrible day. Through our charity care program, we provide \$300,000 a year to patients who are uninsured or underinsured. Last year \$2.8 million went uncollected and has been absorbed by the company. We are of Maine and for Maine. Help us continue to bring the best care we can to our neighbors.

Trying to encompass LifeFlight of Maine in a ten-minute speech is nearly impossible. I hope at the very least you've learned something new about the green helicopters in the sky. I know many of you likely have a LifeFlight story and, being the rural community we are, it's hard not to have a first or secondhand story. I'll end with one of mine:

I was 12 years old. My brother was 22 and loved everything cars. He was racing at Oxford Plains Speedway when he spun into the infield directly in front of us. He was then hit on the driver side by another car going approximately 60mph. Our mother was brought onto the field in the pace car, for what she assumed would be the last time she saw her son. I remember being so angry as our father walked me away. I knew I could help my brother if they just let me. Then I saw the helicopter land.

They managed his injuries and transported him to Maine Medical Center's trauma ICU, where I was still not allowed to see him for reasons my 12-year-old self didn't understand yet. Thanks to the LifeFlight crew's care and speedy transport that day, my brother finally came home to his eager little sister just two weeks later. Today, almost 20 years later, I'm honored to say that I get to fly with the same pilot who flew my brother.

Thank you!



Members of the board of 100 Neighbors Who Care of Penobscot Valley visited LifeFlight's Bangor hangar to drop off their donation.



WHY LESLIE AND SHAWN ANDERSON SUPPORT LIFEFLIGHT

Leslie and Shawn Anderson have both a professional and a personal connection to LifeFlight of Maine. The couple is originally from Caribou, where for years Leslie served as the chief operating officer at Cary Medical Center. Her husband, Shawn, was the chief executive officer at Houlton Regional Hospital.

During their time working in northern Maine hospitals, both Leslie and Shawn regularly saw LifeFlight crews at their facilities, caring for some of Maine's most critically ill and injured patients.

"I think they do an incredible job serving the needs of Aroostook County. We have some pretty fragile patients who come in and need to get to Bangor or south of Bangor quickly, and we rely on LifeFlight to make that happen," said Leslie.

As hospital administrators, Leslie and Shawn both served as members on the Trauma Advisory Committee for the state, where they learned more

about the critical role LifeFlight plays in Maine's healthcare system. Their decision to support LifeFlight as donors, however, was a personal one.

"Professionally, we knew the importance of the work that LifeFlight does, but we experienced it personally in a way that was just second to none. Compassionate, caring, but caring for the whole family, not just the patient. And it was striking to us. That's what led us to agree that we wanted to be part of it," said Shawn.

In 2018, Leslie's father, Nathan Randolph, had a significant medical event at his home. He went into cardiac arrest and was taken to the local hospital.

LifeFlight was called to transport the 77-year-old to a higher level of care than was available in Caribou. However, after assessing Nathan's condition at the hospital, the LifeFlight medical team determined a transport may not be the best option for Nathan or

Photos: Shawn and Leslie Anderson (left); Leslie's father, Nathan Randolph; courtesy of Leslie and Shawn Anderson.

his family.

The flight paramedic explained to Leslie and her family that while the crew would do everything they could to care for Nathan during his transport to Bangor, he likely wouldn't survive the trip. The flight paramedic gently and compassionately suggested that Nathan could stay in the hospital in Caribou, where he could be with loved ones during his final moments.

“The flight paramedic could have avoided that whole emotional piece and loaded up the patient, knowing he was probably going to pass away, and let somebody else deal with it,” said Leslie. “He didn’t do that. He took the time to come into the family room and sit down with us and explain to us what our options were. He was very honest, but at the same time very compassionate, especially toward my mother. I think that’s what endeared LifeFlight to us.”

The kindness of the LifeFlight crew still sticks with the Andersons seven years later. It’s one of the reasons they decided to give back to the

organization that they say treated their family with the utmost respect during some of their most difficult moments.

The Andersons recently donated to LifeFlight’s “Greatest Need Fund.” This allows the LifeFlight Foundation to respond to urgent and emergent needs from LifeFlight of Maine, which is especially important given the complexity and financial reality of LifeFlight’s work, as well as its commitment to continual improvement.

About a year and a half ago, the couple moved to Falmouth, where Leslie opened her own business. She is now an independent contractor and grant writer for healthcare organizations across the country. Shawn is president of Medical Mutual Insurance Company of Maine.

The Andersons say they hear the helicopter fly over their home in southern Maine often. It’s a reminder to them of the respect and compassion their family once received, and a source of hope for other families in Maine who need the same services.



*A LifeFlight crew carries an empty stretcher to the helicopter.
Photo by flight paramedic Tommy Gallant.*

PATIENT STORY Oliver White

On October 17, 2024, LifeFlight of Maine completed its 40,000th patient transport. Oliver White, who had a life-threatening congenital heart defect, was transported in a LifeFlight helicopter from Northern Light Maine Coast Hospital in Ellsworth to Northern Light Eastern Maine Medical Center in Bangor.



Max and April White never expected their son's first flight to be in the back of a LifeFlight of Maine helicopter. As an airplane pilot for the Maine Air National Guard, Max has a passion for aviation, one he hopes to share eventually with his infant son, Oliver. Max imagined Oliver on his first flight giggling alongside him in the plane as they look down on the state they call home. Instead, when Oliver was several weeks old, he was whisked away by a LifeFlight crew. Max stood on the ground and watched his son fly away.

The Whites first realized their son was sick when he was four weeks old. The couple took Oliver to Northern Light Maine Coast Hospital (MCH) in their hometown of Ellsworth to see his pediatrician. He wasn't gaining weight or reaching benchmarks appropriate for his age.

"He was very pale, sweaty, and gray-looking," said April, who added Oliver was quite upset on the drive to the doctor's office. "They put two pulse oximeters on him to see if one was reading accurately. Come to find out, he wasn't really maintaining oxygen at all."



Oliver White (center) in LifeFlight's Bangor hangar with his mother, April, and his father, Max.

"Where he was really unstable, they wanted the expertise and knowledge of a LifeFlight crew," Max said. All LifeFlight medical crew members receive extensive training year-round. Bangor Savings Bank Simulation and Learning Labs are located at each of LifeFlight's three bases, allowing crew members to use technology to practice advanced skills needed to care for pediatric patients.

On October 17, 2024, flight nurse Denise Saucier, flight paramedic Brad Alleger, flight nurse orientee Bailey Bauer, and rotor wing pilot Shane Burkhardt landed at MCH, and prepared Oliver to be transported.

"We had no idea what was wrong with him. We just knew that something was very wrong," said Max. The crew spoke with April and Max about the transport and care they would provide Oliver in the sky. The conversation helped assuage some of the couple's fears about their son's trip.

Max and April walked with the LifeFlight crew out to the helipad and watched as their weeks-old son was gently loaded into the helicopter, already drifting off to sleep in a warm cocoon of blankets. There was no space for them to ride along so they stayed on the ground as the aircraft lifted off for Bangor.

At only four weeks old, Oliver experienced his first helicopter ride, tucked safely away in the back of the aircraft.

The couple got stuck in traffic on their way to Bangor, arriving at the hospital about an hour later. For Oliver, the flight was only about ten minutes. He was asleep by the time the pilot turned on the engine.

Denise, the flight nurse, texted April and Max, reassuring them Oliver was in safe and experienced hands. Once the crew landed and Oliver was transferred to the care of the hospital, Denise called to update them again.

Oliver was in the PICU for a week. Doctors performed an echocardiogram, and discovered Oliver had congenital heart defects. After a week in the hospital, Oliver was off supplemental oxygen and gaining weight. The couple hoped to take their son home to give him time to grow and gain strength for a future surgery.

Despite what appeared to be improvements in his condition, doctors performed another echocardiogram and found his heart was declining rapidly. As his condition continued to worsen, Oliver needed specialized care that could not be provided in Maine.

"His heart could not pump blood effectively," said Max.

The care team at EMMC contacted Boston Children's Hospital and arranged a second LifeFlight transport.

On October 23, flight nurse Cameron Bird, flight paramedic Peter Garrett, and EMT Bailey Rioux

prepared Oliver for his trip to Boston in LifeFlight's ground ambulance. The infant was once again tucked away for the almost four-hour-long drive. His parents followed closely behind in their own car.

"We got up to the room at Boston Children's and there he was, with I don't even know how many nurses and doctors around him. We couldn't even see him through all the people in his room getting him stabilized and tucked in for the night," said Max.

The family spent about a week at Boston Children's while doctors monitored Oliver's heart, which continued to decline. The surgeon pushed for a cardiac catheterization to learn more about Oliver's condition.

"They were able to get an in-depth study of his heart, and it turns out, we didn't know, but the defect had been there since birth. He had been declining all along, he just held on so strongly that we didn't realize it," said Max.

On October 31, the now six-week-old was taken into a five-hour-long open-heart surgery. For two-and-a-half of those hours, Oliver was on cardiopulmonary bypass, meaning a machine was doing the work of his heart and lungs. The surgeon patched the hole between ventricles in Oliver's heart and replaced his aortic arch.

According to April and Max, their son's recovery was off to a good start, and they were beginning to talk about his discharge. He then spiked a fever. Doctors discovered he had a double bacterial blood infection. Oliver spent another week and a half at Boston Children's receiving antibiotics through an IV.

Once his condition was stable, a local ambulance transported Oliver back to the hospital in Bangor to continue his treatment. While in Bangor, the family ran into Denise, who was in the hospital during one of her shifts.

"She came up and we gave her Oliver to hold," said Max. "Denise is a lifelong friend now."

Three months later, after a recent follow up doctor's appointment in Bangor, the family stopped by the LifeFlight hangar

to meet the crew who helped save their son's life. Immediately, with a happy gurgle, Oliver reached for Denise. As Denise held him, he grabbed the finger of Brad, the flight paramedic on his first transport. This time, instead of staring at them while attached to IVs and supplemental oxygen, Oliver smiled with his whole face, a look of pure joy. The infant, who was once one of LifeFlight's smallest patients, is now gaining weight and developing a personality. His scar from open heart surgery is very faint, a fading sign of how sick he once was.

"He's a very, very happy baby now," said Max. As Oliver clutched a LifeFlight stuffed moose and pulled at Denise's hair, the crew who helped save his life just months before, couldn't help but agree.



Flight paramedic Brad Alleger holds Oliver White.



Flight nurse Denise Saucier with Oliver White.



LEADERSHIP SPOTLIGHT

LINDA VARRELL

President/CEO, Broadreach Public Relations
Board Member, The LifeFlight Foundation

Being prepared is important, even critical, to success in most cases. It's challenging enough to prepare when you know what to expect. But extend that challenge to an indeterminate number of possibilities, attempt to prepare for each situation you can imagine, and then execute one plan swiftly and precisely when your phone rings. That is essentially how LifeFlight of Maine must prepare for its mission. The phone will ring, that we know for sure, and the patient's condition will be life-threatening. But, where the team will need to go, how they will get there, and what care they will have to provide is impossible to know ahead of time. The plan must be expansive, detailed, and actionable.

Linda Varrell, the President and CEO of Broadreach Public Relations and a member of The LifeFlight Foundation's Board of Trustees, is an expert in developing and executing these kinds of plans. Early in her career, she spent nearly two decades in senior leadership at a publicly traded financial institution, where she oversaw a wide variety of major projects. She worked on communications

campaigns, mergers and acquisitions, and crises of all sizes. She led teams on large construction projects and product development.

She also became an expert in managing crises, the exact kinds of situations that you hope never to face, are difficult to foresee, and are especially important to prepare for. The list of potential crises a bank could face is long, and Linda has planned for just about all of them — from major crises like IT breaches, embezzlement, hostage situations, and armed robberies, to more mundane challenges like HR issues or someone accidentally getting locked inside a vault. She has considered it all and she has seen and heard most of it. **She is exactly the person you want on your side when things seem to be going sideways.**

In 2007, Linda left the banking world to start Broadreach. The firm has grown considerably over the years and expanded its services to support businesses of all sizes across industries. Broadreach helps companies tell their story, connect with their clients, and achieve their objectives. Linda and

Photo courtesy of Broadreach PR.

her team take pride in their candor and “can do” attitude. They are prepared to meet any challenge. They are curious, professional, and ambitious. They are aware of the formidable skills and expertise their team possesses, and their commitment to excellence leads to collaborations with other experts when that is the best course.

Broadreach clients include financial institutions, housing authorities, schools, breweries, athletic organizations, healthcare providers, and the US Navy. Among its many services, Broadreach specializes in crisis management and communications, and it's here that Linda's expertise and Broadreach's services align most closely with LifeFlight of Maine.

“Our first priority,” Linda says, “is to bring that sense of calm. The key to effective crisis communication is preparation. Rushing actually creates delays, because you miss something. In the end, trust is earned in the calm, and it's tested in the storm.”

Philosophically, LifeFlight and Broadreach could not be more aligned. The LifeFlight crew has an unofficial mantra borrowed from the military: “Slow is smooth, and smooth is fast.” In high-stress situations that unfold quickly and with much at stake, executing a plan calmly and professionally affords the greatest likelihood of success.

Linda and her team at Broadreach have helped LifeFlight think through its own set of potential challenges and develop a plan. LifeFlight of Maine is one of the best air medical programs in the country, but every medevac operation involves risk. Linda has brought her formidable experience to the table to work through some of those risks and develop a plan. The plan is expansive, it is detailed, and it is actionable.

“Linda has been an incredible asset to our organization,” said Kate O'Halloran, Executive

Director of The LifeFlight Foundation. “As the CEO of Broadreach, she and her company have helped to take LifeFlight's communications and brand strategy to a new level. As a member of our board, Linda raises the bar for what we can accomplish and is a constant voice pushing us forward.”

Linda joined The LifeFlight Foundation board in 2021. She has contributed generously to the organization both personally and through her extensive network and experience serving nonprofits in Maine. “When you join a board, it's about time, talent, and treasure,” Linda shared. “Treasure is money. But it's also connections, resources, expertise. I think I bring something different to every board I'm on.”

In addition to The LifeFlight Foundation, Linda shares expertise as part of the Forbes Business Council and is a board member with the Institute for Family-Owned Business. Linda is also the governance chair on the University of Southern Maine (USM) Foundation Board. She has previously served as chair of the USM Corporate Partners, president of the Maine Public Relations Council, public member of the Maine Board of Pharmacy, board member with Maine Youth Leadership, and adjunct faculty member at both Thomas College and USM. Linda is also a long-time affiliate board member for the Maine Press Association and is nationally accredited in public relations.

“Part of why we're so fortunate to have Linda on our Foundation board,” said Joe Kellner, CEO of LifeFlight of Maine, “is that she understands our mission and appreciates what it takes to keep moving forward. We plan for the worst, hope for the best, and do everything we can for our patients. Our team is highly motivated, incredibly capable, and calm under pressure. Linda fits right in here.”



A Good Plan, and a Strong System, Drives Performance



If geography is destiny, must it be determinative of healthcare outcomes? Our role, as much as anything, is to mitigate the adverse influence of geography on patient survival. Or, to put a variation on the Maine phrase: "You can't get there from here, but when you must, we can."

– Norm Dinerman, MD, Medical Director, LifeFlight of Maine

From its inception, LifeFlight of Maine has been committed to a “systems approach” to delivering high-quality emergency medical care and transport. This was both a philosophical and a practical commitment that has influenced every aspect of the organization.

The idea is that Maine needs an emergency medical system designed to provide fast, reliable, and exceptional care safely across a vast rural area. Patients facing critical illness or injury deserve a highly capable team of clinicians, aviators, and EMS professionals who respond quickly and effectively. Those professionals should operate in a system that equips them with the training and tools necessary to perform at their best — aircraft, ambulances, infrastructure, equipment, professional development and education, colleagues, and leadership.

Twenty-six years later, LifeFlight remains as committed as ever to its systems approach to delivering the highest quality critical care and medical transport. Its aircraft and medical equipment undergo regular maintenance and upgrades. Training for LifeFlight clinicians is as robust and rigorous as it has ever been. LifeFlight has expanded its education programs to EMS colleagues at other agencies and in hospitals, as well as by growing its staff of educators and increasing the number of trainings offered. Medevac infrastructure throughout the state continues to broaden and improve, and the constellation of pre-determined emergency landing areas (PELAs) that LifeFlight has plotted in its database is the subject of renewed focus and considerable interest.

In 2024, LifeFlight hired Bill Yates, an advanced EMT, ski patroller, and former communication specialist for LifeFlight, to lead a renewed push to establish more PELAs across Maine as part of the LifeFlight Access Program. The project is one part data analysis and one part relationship-building.

LifeFlight has coordinates for more than 1,500 PELAs in its database. Many are well maintained, well marked, and well known by local dispatchers for EMS and first responders. Thankfully, many have never been needed.

Bill is reviewing each one of those PELAs recorded in the database to make sure they are being maintained and that local services know how to find them. To have a high-performing medevac operation requires a system built for success, and Bill, step by step, is making sure the system for helicopter EMS response across the State of Maine is built solidly from the ground up.



Having PELAs plotted on a map in every Maine community is critical, but so is having an EMS system that can utilize these healthcare access points easily in a high-stress situation in which dozens of life or death decisions must be made in quick succession. Safety is paramount. The system built by LifeFlight holds safety as the highest priority. When safety is compromised, patient care is also compromised. “By improving the data,” Bill says, “we’re improving safety.”

Training and coordination play a critical role is keeping everyone safe. The LifeFlight team is working to expand its relationships with EMS providers and first responders, training its colleagues on the ground to know when and how to activate LifeFlight for a patient in a dire situation, how to identify the nearest PELA or suitable landing zone, how to secure that landing area, and how to keep themselves, the patient, and the LifeFlight team safe in the process.

Ultimately, it is people who make up the system — people who answer the phone when you dial 911, people who respond as quickly as they can, and people who do everything in their power to save a life. Getting all those people on the same page, expertly trained and adequately prepared, can make all the difference.

“We’re doing more training,” Bill says. “Our

operations are going to be safer, because we have done more training. Patients will receive better care because we’ve done more training. The idea is that the more we do this, the more people will be trained to think and work together, and that benefits everyone.”

“People are out recreating, using chain saws, hunting, exploring,” said Tom Doak, Executive Director of Maine Woodland Owners, who understands life in the more rural parts of Maine as well as anyone. The organization Tom leads supports and serves the needs of Maine’s 86,000 woodland owners. A third-generation woodland owner himself, Tom has spent considerable time in places far from a major hospital. “We need to make sure that our members have access to care, just like someone in a more populated area,” he says.

It is for people like Tom, and the families and communities his organization represents, that LifeFlight is making such a renewed investment in healthcare access. The system LifeFlight has built over the years is designed to provide the best care possible by delivering highly skilled clinicians directly to the point of need. It is this system that LifeFlight continues to build, refine, and improve, because every person in Maine, regardless of where they are or where they live, deserves access to the care they need, when they need it.



2025 Salute to Excellence Safety Award Recipient

LIFEFLIGHT OF MAINE

VAI, the world’s leading membership association for the vertical aviation industry, named LifeFlight of Maine as the 2025 recipient of its “Salute to Excellence Safety Award.” The award recognizes LifeFlight’s “exceptional contributions to enhancing safety and safety awareness in vertical aviation operations.”



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Dispatches is a publication of The LifeFlight Foundation, which provides fundraising and public relations support to LifeFlight of Maine, the state's only air ambulance 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 supports the development and funding of Maine's major air medical needs, such as trauma training statewide; construction of hospital helipads; and installation of weather reporting, navigational, and communications systems.

The Foundation's office is located in Augusta, Maine. You can reach us at 207-230-7092 or by email at info@lifeflightmaine.org.

Donations are tax-deductible.

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LIFEFLIGHT OF MAINE

LifeFlight of Maine is a nonprofit, statewide critical care medical transport service jointly owned by Northern Light Health and Central Maine Healthcare Corporation. LifeFlight's airplane, five helicopters, and ground ambulances are based in Bangor, Lewiston, and Sanford. The aircraft are operated by LifeFlight Aviation Services and dispatched by MedComm. Along with dedicated ground ambulances, these vehicles cover the entire state and offshore islands. LifeFlight complements 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, nurses, and paramedics. Nearly 40,000 patients have been safely transported since LifeFlight's founding in 1998. LifeFlight was fully re-accredited by the Commission on Accreditation of Medical Transport Systems in 2022.



As a nonprofit,
LifeFlight of Maine relies on your support
to ensure that every person, in every community in Maine,
has access to critical care and medical transport when needed.

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