

CARES Data Updates

The following departments are currently reporting data to Kentucky CARES: Airport Crash Fire Rescue, Florence, Walton, Covington, Independence, Hebron, and Elsmere. Increasing participation across departments is essential to strengthening our data set and improving our ability to evaluate the effectiveness of CPR, T-CPR, Pit Crew CPR, and other Resuscitation Academy–recommended practices that are proven to improve survival outcomes in our communities. Although 2025 data is currently limited, the Northern Kentucky region is showing a 25% return of spontaneous circulation (ROSC) with good neurological outcomes. Greater participation in CARES reporting will allow us to conduct more robust data analysis, clearly identify what is working, and demonstrate the impact of evidence-based resuscitation practices across our communities. For more information or add your data to CARES contact: tony.scheben@stelizabeth.com

Case Study

Benign Early Repolarization

Case Study: Chest Pain That Wasn't a STEMI

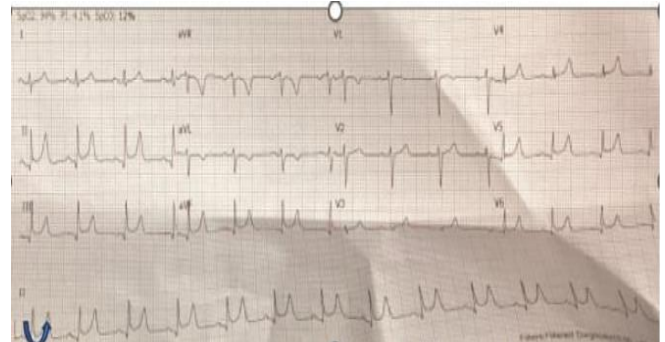
A 57-year-old female presented with chest pain and shortness of breath. Field vitals were stable. A 12-lead ECG showed ST elevation in II, III, and aVF, raising concern for an inferior STEMI. The crew followed chest-pain protocol: primary assessment, 12-lead monitoring, baby aspirin, nitrates as indicated, and early notification of a PCI-capable facility.

ECG Twist: STEMI Mimic

Closer review suggested Benign Early Repolarization (BER) rather than acute MI.

Hallmark features included:

- Upward-concave (“smiley”) ST segments with J-point elevation
- Absence of reciprocal ST depression (V4R)
- Peaked, slightly asymmetric T waves



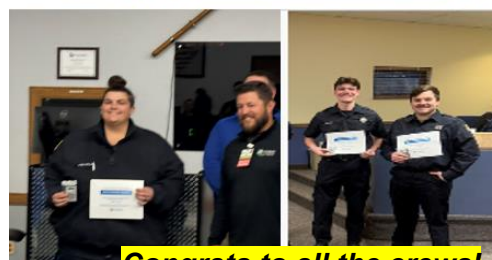
Hospital Course

Serial troponins remained negative; chest X-ray was clear, and the in-hospital ECG closely matched the prehospital tracing consistent with early repolarization. The patient was discharged home in good condition.

EMS Takeaways

- Treat the patient first: activate protocols when in doubt—mimics are common.
- BER often shows diffuse, concave ST elevation without reciprocal changes. -This was an unusual presentation as BER is more typical in younger males and male athletes.
- Serial ECGs, and good communication with hospitals reduce unnecessary cath lab activations.
- Keep sharpening rhythm-recognition skills—lifelong learning improves patient advocacy.

Q4 2025 Crews of the Quarter



Congrats to all the crews!

LVAD Program at St. Elizabeth Healthcare

St. Elizabeth Healthcare's LVAD program continues to support patients with advanced heart failure across Northern Kentucky and surrounding areas. Implants have grown over time, starting the program in late 2020 to have implanted over 45 patients, year to date. A few of St. Elizabeth's patients have received a heart transplant at partnering centers or actively undergoing evaluation for heart transplant.

As LVAD patients increasingly live and function in the community, EMS providers play a critical role in their care. These patients may present without a palpable pulse, rely on device controllers and power sources, and have unique assessment considerations during emergencies. St. Elizabeth is committed to partnering with EMS agencies by offering LVAD refresher education, focused on device basics, prehospital assessment, and common LVAD-related emergencies. Training opportunities are available for any agency interested. For real-time assistance while caring for an LVAD patient, EMS can contact the **LVAD Coordinator On-Call at 859-301-4823**, available 24/7.

New Partnership Enhances Stroke Care: St. Elizabeth Healthcare and UC Health Collaborate Starting January 2026

In a significant step forward for stroke treatment in the Greater Cincinnati and Northern Kentucky region, St. Elizabeth Healthcare announced an expanded partnership with UC Health's Gardner Neuroscience Institute in January 2026. This collaboration, effective from early January, focuses on improving access to advanced stroke interventions, particularly for patients in Northern Kentucky.

The partnership builds on existing regional efforts to enhance care when every minute counts in stroke response. By bridging the Ohio River, with UC Doctors on staff 24/7 it ensures closer coordination between St. Elizabeth facilities and UC Health's expertise, allowing for faster treatment, transfers, shared protocols, and enhanced endovascular capabilities at St. E Edgewood.

Educational Opportunities



Advances in EMS
MAY 2026



Pedi OD
APRIL 2026



Past
Presentations

Regional EMS Meeting Days: May 13, 2026, July 8, 2026.



9th Annual Saint Elizabeth Hospitals EMS Conference

October 8, 2026

TIME: 08:00 TO 17:00

Recognition

St Elizabeth EMS Outreach Proudly Recognizes:

Crews of the Quarter: Dry Ridge FD and GCNKY Airport FD

Successful Resuscitation and STEMI Save (Neurologically intact to Discharge): Florence FD January 2026, OCEMS/AE 133 January 2026, Hebron FD January 2026, Pendleton Co EMS February 2026

DTN Recognitions: Walton FD December 2025, Burlington FD January 2026. Florence FD February 2026

Email Contact for Saint Elizabeth EMS Outreach:
EMS.Coordinator@stelizabeth.com