

Summer 2025

TriHealth Emergency Journal



**Be seen.
Be heard.
Be healed.**

It Starts with You.

As an EMS professional, you're the first point of care—meeting people in their most vulnerable moments. At TriHealth, we honor that trust by continuing the care you begin with compassion, connection and clinical excellence.

Our promise is simple: Every patient you bring through our doors will be treated as a whole person. We listen closely. We look them in the eye. We understand their story—not just their symptoms. Because healing isn't just about treatment. It's about restoring the human spirit.

From seamless handoffs to coordinated care teams, we're committed to making every transition smooth and every outcome better. Our network is built to support patients across every stage of life, with personalized care plans, proactive health guidance and a deep respect for each person's needs.

Be seen. Be heard. Be healed.

This isn't just our tagline. It's our commitment to the people of the Cincinnati region, and to you. Because when you bring them to us, we see what you see—a person who deserves to be treated with dignity, urgency and compassion.

TriHealth thanks you for the compassion and expertise you bring to every patient every day. Your commitment to the whole person humanizes care and helps set the foundation for all we do.



Santa Claus Visits TriHealth | Bethesda Arrow Springs



Families came from far and near to enjoy hot chocolate and cookies and get their picture taken with St. Nicholas.



Vagus Nerve Stimulator: A Boost for Critical Body Functions

The vagus nerve is the 10th cranial nerve. It is the longest of the cranial nerves, beginning in your brainstem and ending in the large intestine. This nerve is critical to the parasympathetic nervous system. Remember, this system is involuntary. It plays an important role in helping your body manage critical functions:

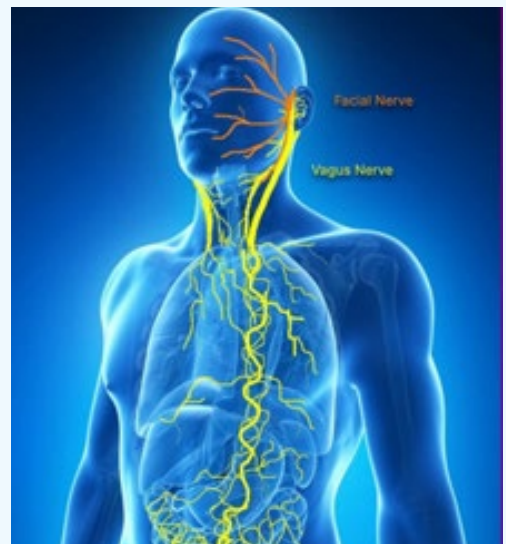
- Hearing
- Vision
- Immune system
- Regulates pulse
- Mood
- Regulates blood pressure
- Smell
- Taste
- Reflex actions (like coughing, sneezing, swallowing, vomiting)
- Digestion
- Speech
- Promotes relaxation
- Urine output

Vagus nerve stimulation was suggested in the late 1800s and rediscovered in the late 1980s. Today, a vagus nerve stimulation device can either be implanted or wearable. The device sends mild, painless electrical signals through the vagus nerve to your brain. These impulses calm down irregular electrical activity in your brain. This technology can be used to treat:

- Depression
- IBD (inflammatory bowel disease)
- PTSD (post-traumatic stress disorder)
- Stroke rehabilitation
- Difficult-to-control epilepsy
- Cluster headaches
- Inflammation
- Anxiety
- Rheumatoid arthritis

TriHealth has been successfully implanting vagus nerve stimulators for the last few years. Another win for getting health care right!

By Debra Walker



Test Your ABC Knowledge

How many of these terms do you know?

Perhaps one or two will stump you.
Test your knowledge!



Apoptosis

A form of programmed cell death. This is one method the body uses to get rid of unneeded or abnormal cells.

Babinski reflex

A reflex used to determine adequacy of the higher nervous system. Obtained by stimulating the outside of the sole of the foot, causing extension of the big toe and fanning of the other toes.

Carboxyhemoglobinemia

Occurs when hemoglobin in the blood has carbon monoxide bound to it after being exposed to carbon monoxide poisoning

Dysmenorrhoea

Painful menstrual periods

Ecchymosis

Bruising

Femur

Longest bone in the body

Galeophobia

Fear of sharks

Halitosis

Bad breath

Infarction

An area of tissue death due to a lack of oxygen

Jaundice

Yellow skin, indicating a liver disease

Karyocyte

A neuron (a nerve cell)

Lightening

Sensation that a pregnant woman feels when the baby drops. Classically occurs 2 to 3 weeks before labor begins.

Mitochondria

Powerhouse of the cell. An organelle that generates energy needed to power a cell's biochemical reactions.

Neoplasia

Abnormal new growth of cells

Odynophagia

Pain when swallowing food or liquids. Often due to disease of the esophagus.

Phagocytosis

Cell eating. A cell uses its membrane to engulf and digest large particles of cellular debris.

Quadriceps

Thigh muscle

Renal calculi

Kidney stones

Scurvy

A disorder caused by lack of vitamin C

Talipes

Clubfoot

Urolithiasis

The process of forming stones in the kidney, bladder or urethra

Varicella

Chickenpox

Wheal

A welt or hive. A raised, itchy area of skin.

Xerosis

Abnormal dryness of the skin

Yersiniosis

Bacterial infection caused by eating raw or undercooked pork

Zygote

A fertilized ovum

Crossing Boundaries to Improve Stroke Care in Greater Cincinnati



The Greater Cincinnati Stroke Consortium (GCSC) is a team of doctors, nurses, nurse practitioners, therapists and other medical professionals from a variety of hospitals and rehabilitation systems within the Greater Cincinnati region.

The GCSC began as an education effort among those in medical fields impacted by stroke. These individuals, from multiple area hospital systems, would come together and share best practices for emergency stroke care. As need in the region grew, members saw an opportunity to create a nonprofit organization with greater reach, dedication and impact.

Now, the GCSC works to provide stroke education, awareness and prevention information for communities in the Cincinnati tristate region. This includes medical professionals, school children and the public at large.

If you have been impacted by stroke, either personally or through a family member or loved one, please reach out to the GCSC at gscstroke@gmail.com for resources and information.



Greater Cincinnati
Stroke Consortium

The Many Resources of the Council on Aging

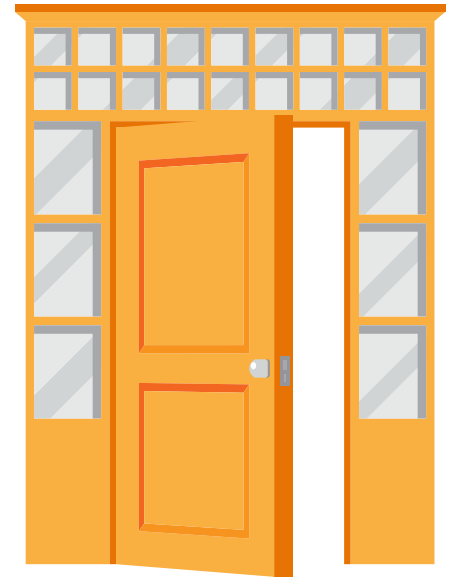
We'll Help You Help Them

Many of the people you see each day need something. That's why you're involved. Knowing HOW to help them is part of your job.

When it comes to helping older adults you encounter, Council on Aging (COA) is your one-stop resource. Think of us as the front door to the wide range of programs, services and resources for older adults – and their caregivers – in southwestern Ohio.

Our programs and services promote independence, dignity, and health and safety for older adults and people with disabilities at all income levels throughout our five-county service area (Butler, Clermont, Clinton, Hamilton and Warren). Our goal is to help individuals remain independent at home for as long as possible.

We offer free support, advice and consultation for family and volunteer caregivers. We also operate a call center through which anyone can access unbiased information, advice and referral on any topic related to aging, disability services or caregiving.



Council on Aging is the front door.

What help is available for older adults and their caregivers in our community?

Here are some situations you may encounter in your work:

- *You respond to a call at an older adult's home to find a hoarding situation; it's not safe, and things are in major disarray.*
 - COA may be able to help. Some of COA's programs include chore service and major housecleaning as well as ongoing housekeeping services and Independent Living Assistance (help with personal paperwork and applying for benefits).
- *Someone calls a squad four days after discharge from a hospital/skilled nursing facility because they have fallen or their condition has worsened.*
 - FastTrack Home (FTH) provides in-home support when older adults leave care facilities and return home. The goal: To have a successful, safe recovery with transitional care services such as homemaking, meals, transportation and care management. A referral to FTH can be made before returning home or within seven days of discharge.
- *A daughter has moved her mother into her home and is overwhelmed trying to care for her mother's needs.*
 - COA's Caregiver Support Program is free and provides support to reduce stress, increase confidence and bring a sense of balance to caregivers' lives. Overnight respite care is also available to eligible caregivers.
- *A widowed, homebound older adult calls 911 each time she hears a strange noise or can't find her medications.*
 - Services provided by COA include companion service (caller is fearful, isolated), medication dispensers and emergency response systems.
- *An older couple with no family nearby are both prone to falling, but neither one is strong enough to help the other up.*
 - COA services include minor home modifications (i.e., grab bars, ramps and railings), fall prevention education and equipment to aid mobility.

A referral to Council on Aging may be appropriate in any of these scenarios. Referrals can be made 24/7 via our website at **help4seniors.org/referrals** or during business hours by calling 513 721 1025.

New EMS Coordinator

We also offer resources to help you serve older adults and caregivers in your community.

We offer a number of COA resources for you to keep handy in your stations or vehicles:

- COA referral pads – Good to leave behind to encourage older adults to contact COA or to remind them that you've made a referral on their behalf.
- Refer to COA postcards – Tips to help first responders make referrals to COA, including questions to ask and information needed to make the referral.
- Caregiving postcards/fact sheets – Information about our free Caregiver Support Program.
- COA brochures – Comprehensive information about all of COA's programs and services.

Contact COA's Communications Specialist, Lisa Kruse at lkruse@help4seniors.org for a supply of these materials to share with your coworkers and those you serve.

Submitted by Council on Aging



TriHealth EMS Strong

TriHealth is always available to present EMS education to your Fire/EMS department. We are happy to come out to your department, day or night, for presentations and/or hands-on learning. If you are interested, contact your TriHealth hospital EMS Coordinator. TriHealth is a CEU site for the State of Ohio and can provide your department with EMS CEUs if needed.

TriHealth Welcomes New EMS Coordinator Shane Owens



Hello. I'm excited to share that I have recently taken on the role of EMS Coordinator at Bethesda Butler Hospital and McCullough-Hyde Memorial Hospital. My career in the EMS field began in 2015. Since then, I have had the opportunity to serve in various capacities across Butler County.

I have worked with multiple departments, including St. Clair Township, City of Trenton and Madison Township, gaining invaluable experience along the way. In addition to my work in EMS, I'm also a registered nurse. I joined TriHealth in 2021, starting at Bethesda Butler Hospital, where I worked while completing nursing school.

In 2023, I graduated from Good Samaritan College of Nursing and transitioned to working at Bethesda North Hospital in the Emergency Department, where I have been my entire nursing career. I look forward to working alongside each and every one of you. So, please don't hesitate to reach out.

As always, Stay Safe.

Shane Owens, RN, NR-P
EMS Coordinator | Emergency Department
Bethesda Butler Hospital | McCullough-Hyde Memorial Hospital
Cell: 513 939 7633

Shane_Owens@TriHealth.com



Bailey's Pet Therapy

Pet therapy is used to reduce stress and anxiety. Bailey visits TriHealth facilities and surrounding Fire and EMS departments to brighten their day and bring a little joy to their environment.



Bailey's Pet Therapy



Dual-Chamber Leadless Pacemaker Offers Improved Recovery

The heart is a four-chambered muscle. The upper chambers receive blood from the body and lungs. If a patient's sinus atrial (SA) node or atrioventricular (AV) node begins to fail, they now have an option offering more customized therapy and improved recovery.

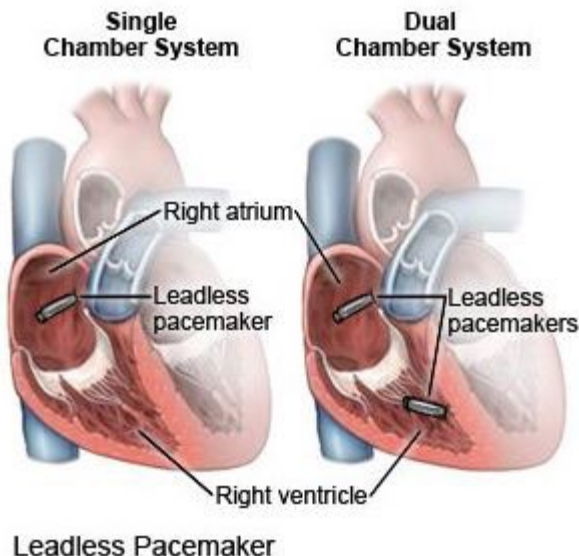
TriHealth has added a leadless dual-chamber pacemaker to its cardiac toolbox. Invented in July 2023, this device paces both the atria and ventricles of the heart without the need for external leads or a surgical pocket for the pulse generator. It features two small, self-contained devices implanted directly into the cardiac chambers. They communicate to each other wirelessly to the specific contractions of the heart.

A single chamber means one device is placed in the right ventricle. A dual chamber means a second device is placed in the right atrium. The two devices of the dual-chamber system work together to regulate heartbeat.

This new pacemaker system provides continuous, atrioventricular synchronized pacing, regardless of the patient posture. It offers customized therapy and flexibility for the patient and improves post-implant recovery. In addition:

- There are no chest bumps or scars and no arm movement restrictions.
- Patients experience reduced device-related risks and complications, including fewer pocket-related infections.
- Pre-fixation mapping capability helps reduce the number of repositioning attempts.
- The system is designed to be retrievable, allowing replacement of the atrial or ventricular device if needed.

By Debra Walker



Prehospital Care: Critical Link in Stroke Outcomes

Stroke care in this area of Ohio is phenomenal. Most of the hospitals south of Columbus, Ohio, on the west side of the state offer clot busting medication. They all carry some type of thrombolysis in their medication tower: tPA or Alteplase or Tenecteplase (TNK). If the symptoms are immediately recognized by the patient or bystanders, EMS will be dispatched.

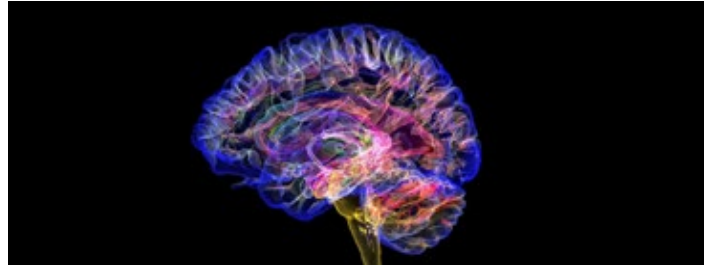
EMS understands stroke signs and symptoms and will get the stroke patient to the appropriate hospital within the 3- to 4.5-hour window. Time is of the essence when it comes to saving the penumbra. EMS will make the critical prehospital call prior to their arrival to speed up the treatment process. The prehospital call notifies the Emergency Department physician and nursing staff to meet the arriving EMS at the ED entrance to complete a quick stroke evaluation.

If the physician agrees with the EMS crew's findings, the stroke patient immediately receives a CT scan, which will reveal what type of stroke has occurred. If the CT is clear, the thrombolytic will be administered if the patient does not have any of the following contraindications:

- Severe recent or acute head trauma
- Recent intracranial/intraspinal surgery
- History of intracranial hemorrhage
- Recent GI malignancy or bleeding
- Blood clotting impairment
- Recent treatment with heparin
- Taking anticoagulant:
 - Warfarin
 - Dabigatran (Pradoxal)
 - Apixaban (Elliquis)
 - Rivaroxaban (Xarelto)
 - Edoxaban (Lixiana)
- Known or suspected aortic arch dissection

Eligible ischemic stroke patients who receive thrombolysis are at least 30% more likely to have minimal or no disability at three months, compared to ischemic stroke patients who do not receive this life-sparing therapy. The goal of stroke care is to minimize the brain injury. The hope is to maximize the patient's recovery.

It takes a village working together to link and secure the Stroke Chain of Survival. Recognition is the first key. Rapid stroke assessment is the second. Notification to the receiving hospital is the third link. And finally, the hospital's rapid diagnosis and treatment of the stroke patient completes the chain.



What if the stroke is a particularly severe form of ischemic stroke where a major cerebral artery within the brain is blocked (LVO)? The stroke patient will then need a mechanical thrombectomy. This endovascular therapy uses a stent retriever device to remove the clot in the cerebral artery. The time window for this procedure is up to 24 hours from the onset of the stroke symptoms.

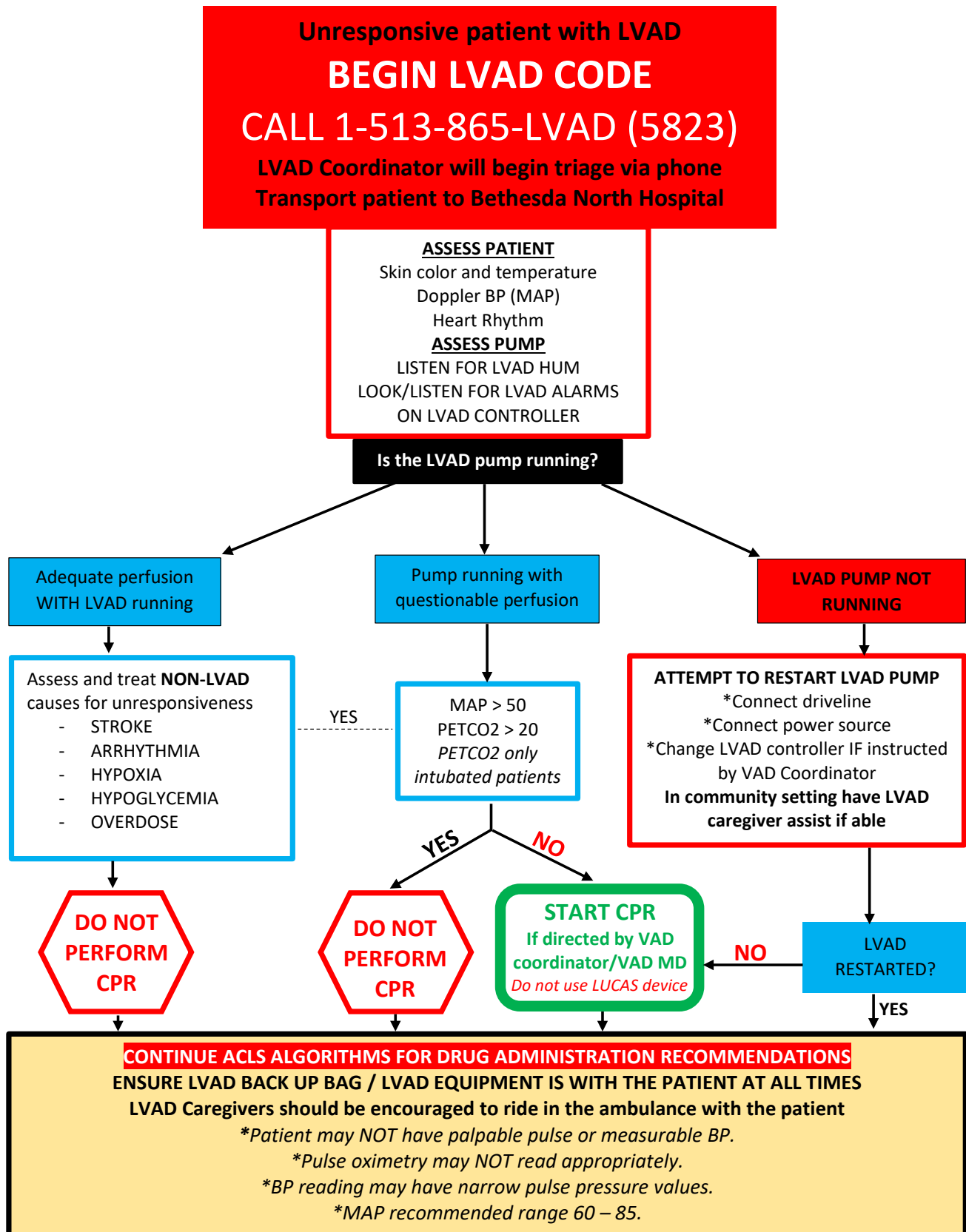
We do have hospitals in the area that can perform mechanical thrombectomies. Stroke patients treated with mechanical intervention have a 40% reduction in disabilities, including 23% of patients who maintain their independence.

Brain bleeds are the worst type of stroke. Depending on the severity and location of the bleed, approximately 30-40% of people who experience a hemorrhagic stroke survive the first year. The neurosurgeon must quickly reduce the pressure in the brain, stop the bleeding and repair the damaged cerebral blood vessel. If the stroke patient survives, many years of rehabilitation typically follow, sometimes for the rest of the patient's life.

We have all been taught: Time is brain. This is why rapid recognition and quality EMS care is crucial. Prehospital stroke assessment and management reminders:

- Support ABCs. Give oxygen if needed.
- Use a prehospital stroke screening tool to assess the patient.
- Establish time when the patient was last normal. You might consider interviewing family members or bystanders.
- If the patient was disabled prior to the stroke, identify the severity of the limitations.
- Acquire a list of current medications, especially anticoagulants. Obtain patient history, including co-morbid conditions.
- Provide advance notification. Call a Stroke Alert if needed.
- Don't forget to check the blood glucose.

REMEMBER: Starting thrombolytic therapy as soon as possible makes a critical difference in the patient's recovery.



Revised 4/11/2025 KLO

WHEN TO CONSIDER CHEST COMPRESSIONS

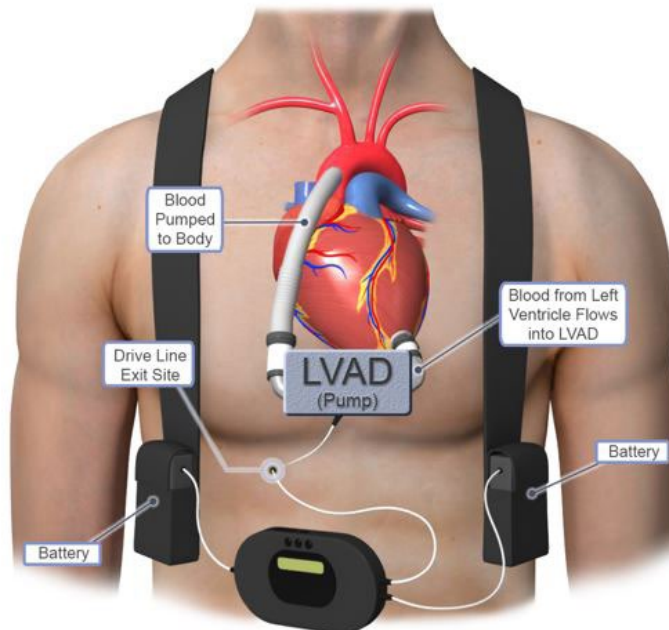
- Patient is unconscious
- Pulseless state is EXPECTED so *DO NOT use lack of pulse as a reason to start compressions*
- Other signs of lack of perfusion in VAD patients
 - NO pump hum/VAD not running
 - MAP < 50 mmHg
 - LVAD Pump Flow less than 2.5 LPM
- CAB: Circulation (Controller) Airway Breathing
- VAD Coordinator/VAD MD has approved/instructed

DO NOT USE LUCAS DEVICE

REFERENCE

Givertz M; DeFilippis E; Colvin M; Darling C; Elliott T; et al. HFSA/SAEM; ISHLT clinical expert consensus document on the emergency management of patients with VADS. 2019 The Journal of Heart and Lung Transplantation, Vol 38 (7).

Revised 4/11/2025 KLO





EMS Strong

EMTs and paramedics have difficult and dangerous jobs. They know the risks, and yet every day, they prepare for the challenge, load up their gear and race out to the next emergency. This is the courage that makes them real heroes.





Stroke Support Groups of Greater Cincinnati

Ohio

Atrium Medical Center: Stroke Rebounders

1 Medical Center Dr.
Middletown, OH 45005
3rd Wednesday of the month, 12-1 p.m. (except December)
Contact: Cyndi Hay, RT
513 974 5233
cjhay@premierhealth.com

Cincinnati Stroke Survivor Support Group

Daniel Drake Center
151 W Galbraith Road
Cincinnati, OH 45216
3rd Wednesday of the month, 7-9 p.m.
Contact: Karen Craven
812 584 8862
kcra123@hotmail.com

Communication Helps Achievement Together (CHAT)

University of Cincinnati Speech and Hearing Clinic
Health Sciences Building
3225 Eden Ave.
Cincinnati, OH 45267
Mondays and Wednesdays during semester
513 558 8503
csdclinic@uc.edu

Good Samaritan Hospital Outpatient Rehabilitation Program (PROS PT/OT/ST/Audiology)

375 Dixmyth Ave.
Cincinnati, OH 45220
513 862 2484
Website Link:
[PROS Multidisciplinary Outpatient Rehabilitation | TriHealth](#)

Mercy Health Jewish Hospital Stroke Support Group

4777 East Galbraith Road
Cincinnati, Ohio 45236
1st Tuesday of the month, 6:30-7 p.m.
Contact: Karen M. Rutz, PT,
513 686 3732
KMRutz1@mercy.com

Mercy Clermont Stroke Support Group

2055 Hospital Dr., Suite 120
Batavia, OH 45103
3rd Tuesday of the month, 4-5 p.m.
Contact: Amy Meiners, RN
513 732 8549
ANMeiners@mercy.com

Mercy Hospital Aphasia Support Group

Anderson Healthplex
7495 State Road
Cincinnati, OH 45244
1st Tuesday of the month, 3-4 p.m.
Contact: Wes Grimes
513 624 4577
wxgrimes@mercy.com

Miami University Stroke Support Group

Miami University
421 S. Campus Ave.
Oxford, OH 45056
Fridays 3x/month, 10 a.m.-12 p.m.
Contact: Prof. Kelly Knollman Porter, CCC-SLP
513 529 2504
knollmkk@miamioh.edu



Stroke Support Groups of Greater Cincinnati

Ohio *(continued)*

TriHealth Fitness & Health Pavilion Outpatient Rehabilitation Program (PROS PT/OT/ST)

6200 Pfeiffer Road, Suite 380

Cincinnati, OH 45242

513 862 2484

Website Link:

[PROS Multidisciplinary Outpatient Rehabilitation | TriHealth](#)

TriHealth Rehabilitation Hospital

Education Room

2155 Dana Ave.

Cincinnati, OH 45207

2nd Wednesday of the month, 6-7 p.m.

Contact: Mark Ostrowski

513 377 5989

Virtual (zoom) option available

Mostrowski@TriHealthRehab.com

Tri-State Brain Aneurism Support Group

Mayfield Clinic

3825 Edwards Road, Suite 300

Cincinnati, OH 45209

1st Wednesday of the month, 6-7:30 p.m.

513 569 5346

Support Group Info Line: 513 569 5303

aneurysm@fuse.net

Kentucky

Encompass of Northern Kentucky

201 Medical Village Dr.

Edgewood, KY 41017

Contact: Anna Hennekes

859 321 7126

anna.hennekes@encompasshealth.com

Gateway Rehabilitation Hospital Stroke Support Group

5940 Merchants St.

Florence, KY 41042

1st Thursday of the month, 3:15 pm

Contact: Deonna Bailey, RN CRRN

859 486 8749 or 513 516 5815

DBailey@vrhgateway.com

Indiana

Highpoint Health Stroke Support Group

Ohio Conference Room

600 Wilson Creek Road

Lawrenceburg, IN 47025

1st Thursday of the month, 6-7 p.m.

Contact: Lori Schroeder

812 537 8208

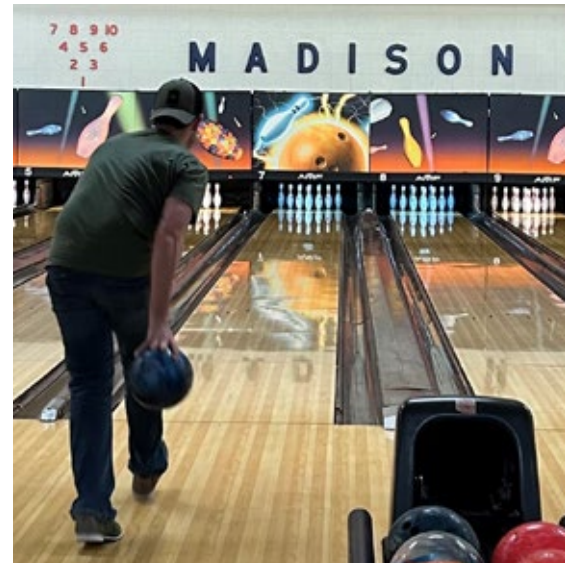
ischroeder@myhph.org



Team TriHealth Helps Local Fire Department Raise Funds for Down Syndrome



During this charity event, bowling teams helped raise almost **\$4,000** for Down syndrome.



Team TriHealth Helps Local Fire Department Raise Funds for Down Syndrome



Information Contacts



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