

## **Story idea: Cardiac arrest patients in Eagle County are surviving at twice the national rate**

In a medical emergency where every second counts, [Eagle County Paramedic Services](#) (ECPS) is beating the odds for people who suffer cardiac arrest in our mountain communities. In 2024, 27% of ECPS out-of-hospital cardiac arrest patients survived to hospital discharge, compared with 13% across Colorado and 11% nationally. Even more striking, 27% of ECPS patients were discharged with good or moderate brain function, versus 11% in Colorado and 8% nationally. In practical terms, that means more of our neighbors and visitors are not only surviving a cardiac arrest, but are walking out of the hospital and returning to their lives.

Over the past two years, though our numbers are small (typical of rural systems), ECPS has consistently outperformed state and national benchmarks. In 2023, 13% of ECPS cardiac arrest patients survived to discharge versus 11% in Colorado and 10% nationally, and 13% had good or moderate cerebral performance compared with 10% and 8%.

ECPS has built this performance in one of the most logistically challenging environments in the country: high altitude, extreme weather and a population rate that swings dramatically with tourism.

Perhaps the most compelling number comes by looking at the “Utstein” (bystander-witnessed, shockable arrests with bystander intervention) group in 2024: 57% of ECPS patients survived, substantially higher than the 36% Colorado and 33% national averages. That’s because, in addition to highly skilled pre-hospital care, we have created a strong chain of survival in Eagle County: In 2024, 60% of ECPS arrests received bystander CPR (vs. 42% in Colorado and nationally), and an AED was applied before EMS arrival in 80% of local cases compared with 24% statewide and 29% nationally.

But this story is not just about numbers; it is about what is possible when a rural, resort community invests in evidence-based cardiac arrest care and community readiness.

If you’re interested in learning more, I’d be happy to provide interviews with our medical directors, clinical leadership, frontline paramedics, dispatch, ski patrol, local level III trauma center and/or (with permission) local survivors/families. I can also give a behind-the-scenes look at how our paramedics prepare for high-stakes calls that occur in hotel rooms, on a ski slope or even in the middle of the road.