



# The Chain of Revival.

*The Rationale and Strategies for Creating Resuscitation Centers of Excellence*

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# Three Critical Questions

01

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What Makes a Difference  
in Cardiac Arrest?

02

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How Are We  
Currently Doing?

03

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Where Are We  
Going from Here?

EVERY SECOND COUNTS



350

Americans suffer OHCA every year

*A relentless national crisis*



<10%

Survive to hospital discharge

*Fewer than 1 in 10 make it home*



30K

Floridians affected annually

*Every corner of our state*



FL

Working to change these numbers

*Florida is changing these numbers*



## THE VISION

*Establish a system of care based on existing Trauma Center and Stroke Center structure.*



### Prehospital Excellence

EMS-driven protocols, rapid response, targeted transport



### Hospital Designation

Tiered Resuscitation Centers with verified standards



### Metrics & Accountability

Performance improvement, data collection, stakeholder engagement



# FOCUS ON CARDIAC ARREST

## RESUSCITATION CENTER DESIGNATION:

### RECOMMENDATIONS FOR EMERGENCY MEDICAL SERVICES PRACTICES

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#### ABSTRACT

Regionalization of medical resources by designating specialty receiving centers, such as trauma and stroke centers, within emergency medical services (EMS) systems is intended to ensure the highest-quality patient care in the

pital, ED, or inpatient arena. Because of this, the question of whether EMS systems should designate specific hospitals as “resuscitation centers” has now come center stage. Just as EMS systems currently delineate criteria and monitor compliance for trauma, ST-elevation myocardial infarction (STEMI), and stroke centers, strong logic now exists



# Committee Formation

**Feb 2020**

Committee formally established

**Goal**

Improve disparate outcomes at EMS & hospital levels

## Committee Composition



EMS Medical Directors



Emergency Medicine Physicians



Cardiology & Critical Care



Social Work & Community Health

*Key Finding: Disparity in outcomes exists at both EMS and hospital levels. We can do better.*

# How is Hospital Management of Cardiac Arrest Different Than EMS?

How is Hospital Management of Cardiac Arrest Different Than EMS?



# Hospital vs. EMS: Intra-Arrest Capabilities



## EMS Intra-Arrest



High-quality CPR protocols



Airway management



Medication administration



Rapid scene-to-hospital transport



12-Lead ECG transmission



## Hospital Capabilities



Cardiac catheterization (CATH lab)



Targeted temperature management



ECMO / mechanical circulatory support



Specialized post-arrest ICU care



Rehabilitation & survivor support

## It takes a System

OLD FOCUS

# ROSC

**Return of Spontaneous Circulation**

*A necessary milestone — but not the finish line*



NEW FOCUS

# INTACT

**Survival with Neurological Integrity**

*The patient walks out the door with their life — whole*

*We must focus beyond resuscitation metrics — toward meaningful survival for every patient.*

# Stroke & Trauma: Proven Models of Tiered Care



## Trauma Centers

- Well-defined Levels of Care (I–IV)
- Validated & verified centers
- Standardized transport protocols
- 25% lower mortality at verified sites<sup>1</sup>



## Stroke Centers

- Tiered designation system
- Time-sensitive treatment protocols
- Regional transport networks
- Data-driven performance improvement

**25**  
**%**

**Lower Mortality  
at Verified Centers**



**Disability & Death  
with Rapid Tx**

<sup>1</sup> N Engl J Med. 2006 Jan 26;354(4):366-78. doi: 10.1056/NEJMsa052049

## IMPLEMENTATION FRAMEWORK



No additional cost to implement — leverage existing infrastructure



Metrics-driven — like sepsis & stroke quality protocols



Activation begins before ED arrival — immediate, standardized care



Evidence-based aggressive care optimized throughout admission



Community outreach integration for risk reduction & bystander response

# EMS & Hospital Partnership for Better Outcomes



## EMS

Directing Care to the Right Destination

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EMS can direct patients to the most capable hospitals based on geography and demographics, ensuring the right patient reaches the right level of care at the right time.



## Hospitals

Focusing on Level of Care & Innovation

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Hospitals will focus on their designated level of care, partner with EMS for better outcomes, and innovate to enhance resuscitation and post-arrest care delivery.



## Community

Empowering Bystanders & First Responders

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Community outreach integration builds a chain of survival — educating the public, training bystanders, and engaging first responders as first-line intervention.

# Resuscitation Centers of Excellence: Mission



Create a Resuscitation System of Care with performance improvement, data collection, and stakeholder engagement — mirroring the trauma model.



Identify evidence-based interventions, treatments, and protocols across prehospital, hospital, rehabilitation, and post-discharge care.



Educate the community in cardiac risk reduction and empower bystanders to respond with a systems-based approach.



Designate Resuscitation Centers and develop EMS transport guidelines directing patients to centers of excellence.



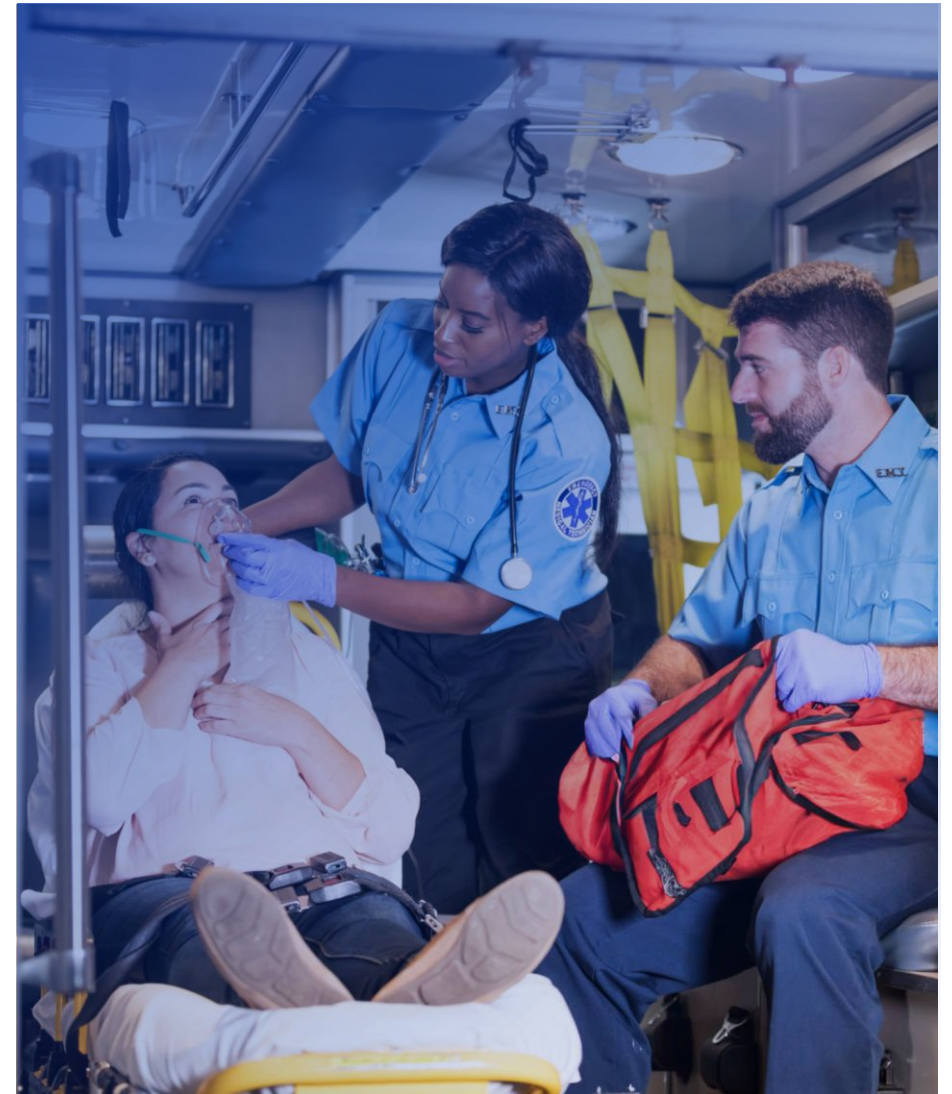
Develop a consensus 'bundle of care' for cardiac arrest and cardiogenic shock for EMS, hospital, and rehabilitation guidelines.



Build support networks for cardiac arrest survivors and families to enhance rehabilitation and promote post-event wellness.

# Criteria To Become A Resuscitation Center Of Excellence

Primary vs  
Comprehensive Center



# Primary Resuscitation Center

- 24/7 PCI & ICU capabilities
- Start in the ER on patient arrival
- Objective termination criteria
- Standardized order sets for sustained ROSC
- Mandatory Cardiology consult for STEMI or shockable rhythm with probable cardiac cause
- TTM initiated within 2 hours
- Order sets to prevent post-ROSC hypotension



# Follows Into Admission

- Neuro consultation for all cardiac arrest patients during admission
- Continuous EEG monitoring to assess neurological status and guide treatment
- 72-hour moratorium on neuro prognostication to allow adequate recovery assessment time
- Nutrition, Pharmacy, ancillary services to augment care
- Outcome submission (CARES)



# Outreach & Quality

## Community Outreach

- Risk reduction education for patients and families
- Hands-only CPR classes for the community
- Survivor support and ongoing education

## Quality Improvement

- At prescribed intervals, resuscitation center directors and champions review cases
- Systematic analysis to identify areas for improvement
- Continuous focus on improving patient outcomes



# Comprehensive Resuscitation Center

Must meet all Primary Resuscitation Center requirements, plus:

- **ECMO & ECPR**  
In-house mechanical circulatory support with active ECMO and ECPR program
- **Community & Research**  
Broader community outreach initiatives and active research participation
- **Neurointensivist**  
Dedicated neurointensivist capabilities for advanced neurological care
- **24/7 Critical Care**  
In-house critical care team available around the clock





**Florida Resuscitation Center of Excellence Program**  
**Tuesday, March 31, 2026**  
**11:00 a.m. - 12:00 p.m. ET**

Standardized resuscitation protocols are essential to patient safety and good health outcomes. Florida is the first state in the nation to develop a protocol and program to review hospital policies and protocols to certify as a **Resuscitation Center of Excellence (FRCE)**. **Sponsored by the Florida Association of EMS Medical Directors (FAEMSMD)**, the FRCE program aims to improve out of hospital cardiac arrest outcomes by establishing a statewide network of hospitals committed to resuscitation excellence.

Please join us on **Tuesday, March 31, 2026, 11:00 a.m. - 12:00 p.m. (ET)** to learn more about how you can become a **Florida Resuscitation Center for Excellence**.

# Florida Resuscitation Centers of Excellence (FRCE)

- *Proud to Be a Florida Resuscitation Center of Excellence:*
  - *Leading the Way in Patient Care!*

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As of May 31, 2026:

- **35** Designated Hospitals
  - **17** Primary
  - **18** Comprehensive
- **24** Hospitals In Progress





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| <ul style="list-style-type: none"><li>• AdventHealth Carrollwood - Primary</li><li>• AdventHealth Dade City - Primary</li><li>• AdventHealth Heart of Florida - Primary</li><li>• AdventHealth North Pinellas - Primary</li><li>• AdventHealth Ocala - Comprehensive</li><li>• AdventHealth Orlando - Comprehensive</li><li>• AdventHealth Palm Coast - Primary</li><li>• AdventHealth Port Charlotte - Primary</li><li>• AdventHealth Tampa - Comprehensive</li><li>• AdventHealth Wesley Chapel - Primary</li><li>• AdventHealth Zephyrhills - Primary</li></ul> | <ul style="list-style-type: none"><li>• Baptist Health Care-Baptist Pensacola - Comprehensive</li><li>• Baptist Health-Boca Raton Hospital Baptist Health South FL (BHSF) - Comprehensive</li><li>• Baptist Health-Bethesda Hospital East - Primary</li><li>• Baptist Medical Center-Jacksonville - Primary</li><li>• Baptist Medical Center-South - Primary</li><li>• HCA Florida Bayonet Point Hospital - Comprehensive</li><li>• HCA Florida JFK Hospital - Comprehensive</li><li>• HCA Florida Largo Hospital - Comprehensive</li></ul> | <ul style="list-style-type: none"><li>• HCA Florida Memorial Hospital - Comprehensive</li><li>• HCA Florida Northside Hospital - Primary</li><li>• HCA Ocala - Comprehensive</li><li>• HCA Osceola Hospital - Comprehensive</li><li>• HSA Florida Medical Center - Primary</li><li>• HSA Palmetto General Hospital - Comprehensive</li><li>• Memorial Healthcare System-Memorial Regional, Hollywood, FL - Comprehensive</li><li>• Naples Comprehensive Health - Comprehensive</li><li>• Orlando Health - Lake Mary Hospital - Primary</li></ul> | <ul style="list-style-type: none"><li>• Orlando Health - Melbourne Hospital - Primary</li><li>• Orlando Health - Orlando Regional Medical Center - Comprehensive</li><li>• Orlando Health - South Lake Hospital - Primary</li><li>• Palm Beach Health Network - Delray Medical Center - Primary</li><li>• Palm Beach Health Network - Palm Beach Gardens Medical Center - Comprehensive</li><li>• Sarasota Memorial Healthcare System - Comprehensive</li><li>• Tampa General Hospital - Comprehensive</li></ul> |
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## PRIMARY

- AdventHealth Carrollwood
- AdventHealth Dade City
- AdventHealth Heart of Florida
- AdventHealth North Pinellas
- AdventHealth Palm Coast
- AdventHealth Port Charlotte
- AdventHealth Wesley Chapel
- AdventHealth Zephyrhills
- Baptist Medical Center-Jacksonville
- Baptist Medical Center-South
- Baptist Health Care - Baptist Pensacola
- Baptist Health-Bethesda Hospital East
- HCA Florida Northside Hospital
- HSA Florida Medical Center
- Orlando Health Melbourne Hospital
- Orlando Health South Lake Hospital
- Palm Beach Health Network - Delray Medical Center

# Congratulations

## FRCE – Designated Hospitals



### COMPREHENSIVE

#### AdventHealth Ocala

- AdventHealth Orlando
- AdventHealth Tampa
- Baptist Hospital Pensacola
- Boca Raton Hospital Baptist Health South FL (BHSF)
- HCA Florida Bayonet Point Hospital
- HCA Florida JFK Hospital
- HCA Florida Largo Hospital

#### HCA Florida Ocala

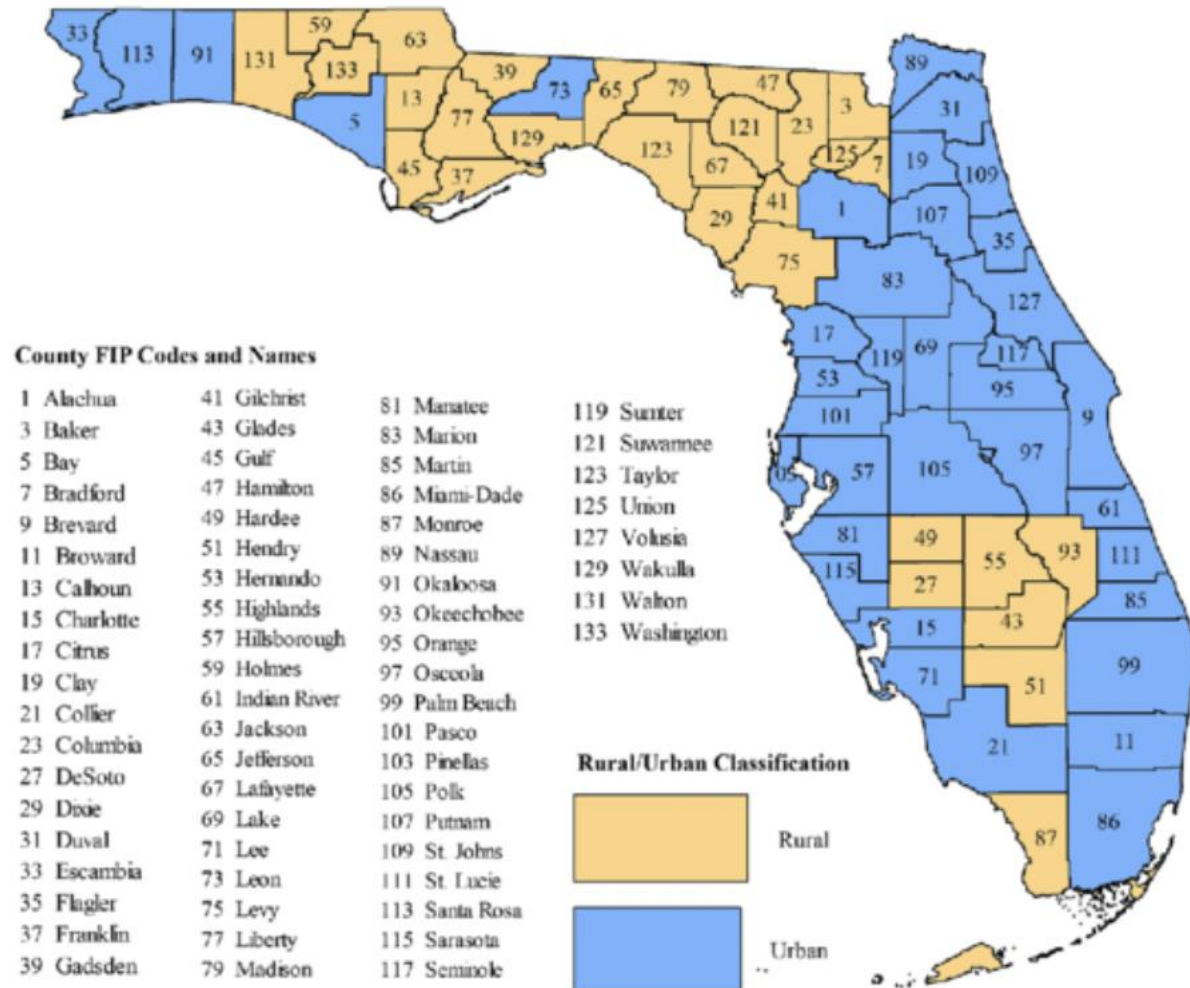
#### HCA Florida Osceola Hospital

- HSA Palmetto General Hospital
- Memorial Regional, Hollywood, FL
- Naples Comprehensive Health
- Orlando Health-Orlando Regional Medical Center
- Palm Beach Gardens Medical Center
- Sarasota Memorial Healthcare System
- Tampa General Hospital

A photograph of two EMS workers in dark uniforms with "EMS" on the back, loading a patient on a yellow stretcher into the back of a white ambulance with red stripes. The ambulance's emergency lights are flashing. In the background, a building with a red "EMERGENCY" sign is visible. The scene is set at night or dusk.

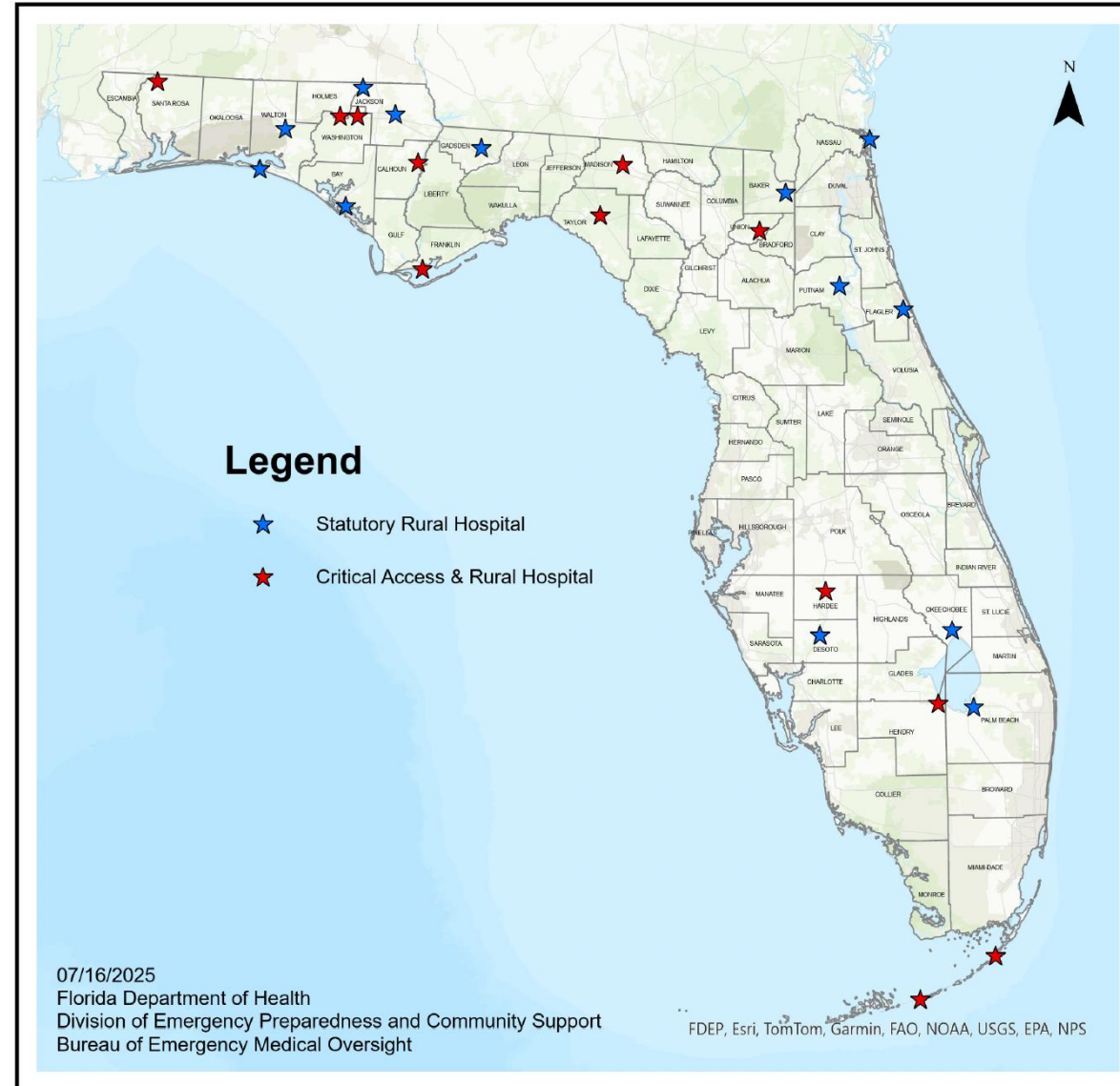
It's About Systems of Care...

Remember the Goal?



Statutory rural and critical access hospitals.

What can we leverage?



Statutory Rural & Critical Access Hospitals



Disclaimer: This thematic map is for reference purposes. Any reliance on the information contained herein is at the user's own risk. The Florida Department of Health and its agents assume no responsibility for any use of the information contained herein or any loss resulting there from.



# Lifeline Resuscitation Center

- ▶ Must be designated “Critical Access” or “Rural Hospital”
- ▶ Lifeline recognized centers must have prearranged or establish transfer policy to a Primary or Comprehensive.
- ▶ Leverage Telemedicine initiatives
- ▶ Standardized approach for resuscitation
- ▶ Bundle of Care - Standardized order sets for resuscitation
- ▶ EMS collaboration to develop an aggressive system of care. Promote and teach community efforts to increase bystander CPR, AED use, and recognition of sudden cardiac arrest.
- ▶ Monitor outcome data – Belong to a data Registry.
- ▶ Standard TOR inclusive of an objective tool (ETCO<sub>2</sub>, US, Lactic acid)
- ▶ A comprehensive medical program focused on primary prevention of cardiac arrest. (diet, nutrition, risk reduction)

Tie the State together to enhance care for ALL patients.



**Primary**

**Comprehensive**

**Lifeline**



THANK YOU...

Questions?