Trauma System Assessment

Conducted in accordance with Section 395.4025(2)(a), Florida Statutes

August 31, 2020

Ron DeSantis
Governor

Scott Rivkees, MD
State Surgeon General

Authority and Intent

Section 395.4025 (2)(a), F.S., requires the Florida Department of Health (Department) to prepare an analysis of the state's trauma system by August 31, 2020, and every three years thereafter, using the hospital discharge database described in section 408.061, F.S., for the most current year. In addition, the Department must use the most recent five years of population data for the state available from the United States Census Bureau. The statute directs that the Department's report must, at a minimum, include all of the following:

- The population growth for each trauma service area (TSA) and for the state.

- The number of high-risk patients treated at each trauma center within each TSA, including pediatric trauma centers.

- The total number of high-risk patients treated at all acute care hospitals, including non-trauma centers, in each TSA.

- The percentage of each trauma center's sufficient volume of trauma patients, as described in section 395.4025 (3)(d)2, F.S., in accordance with the International Classification Injury Severity Score (ICISS) for the trauma center's designation, inclusive of the additional caseload volume required for those trauma centers with graduate medical education programs.

Definitions, Data Sources and Methodologies

Pursuant to the statute the Department is required to make available all data, formulas, methodologies, calculations, and risk adjustment tools used in preparing this report.

All materials used to complete this assessment are posted on the Department's Trauma System web page: http://www.floridahealth.gov/licensing-and-regulation/trauma-system/index.html.

These items may also be requested through the Department's public records request web page: http://www.floridahealth.gov/about/sunshine-info/public-records-requests/index.html.

The following definitions, data sources and methodologies were used by the Department to complete this assessment:

Acute Care Hospital: is defined as a facility licensed under Chapter 395, F.S., that has the presence of a dedicated Emergency Room Department on the Hospital Emergency Services Inventory list, which is published by the Agency for Health Care Administration (AHCA) in accordance with section 395.1041(2), F.S. See Appendix F.

Patient Data: as required by the statute, these data were obtained from the AHCA's Inpatient Hospital Discharge Data collected pursuant to section 408.061, F.S. For purposes of this assessment, the 2019 patient data are the most recent year available. Inpatient Hospital Discharge Data may be obtained by contacting the AHCA. See Appendix D for information about obtaining AHCA inpatient data.

Population Data: as required by the statute these data were obtained using the most recent five years of population data available from the *American Community Survey 5-Year Estimates* by the United States Census Bureau. Population data can be obtained from: https://data.census.gov/cedsci/.

TSA Population Growth Rate: is defined as the rate of change in the TSA based on the percentage increase or decrease of the total population of all counties in the TSA from year one to year five.

Example Expression*:*

$$Population\ Growth = (Total\ population\ year\ five)/(Total\ population\ year\ one)$$

TSA Population is defined as the cumulative population of all counties in the TSA for the year 2019. See TSA population tables in Appendix B.

Survival Risk Ratio: is defined as the incidence and outcome (mortality) associated with all International Classification of Diseases (ICD) 10CM codes in the S00-T88, "Injury, poisoning and certain other consequences of external causes."

Example Expression:

$$SRR_D = (survivors_D/patients_D) = (1 - [died_D/patients_D])$$

The calculation includes the principal, as well as the 30 other diagnosis fields. Inclusion criteria for inpatient records are as follows: (a) the episode was categorized as either an emergency or a trauma alert, and (b) the patient was treated at a facility designated as a trauma center , and (c) the episode involved an initial encounter (excluding subsequent encounters and sequelae). See SRR calculation methodology by Etienne E. Pracht, Ph.D., in Appendix E.

The data set used to calculate SRRs was 2016-2019 records for patients ages 16-64, which were obtained from the AHCA.

SRRs used to complete this assessment are available on the Department's Trauma System web page: http://www.floridahealth.gov/licensing-and-regulation/trauma-system/index.html.

High-Risk Patient: is defined by section 395.4001(4), F.S., as a trauma patient with an International Classification Injury Severity Score (ICISS) of less than 0.85*.*

International Classification Injury Severity Score (ICISS): is defined as an International Classification of Diseases (ICD)-based multiplicative prediction model that calculates the likelihood of survival of an injured patient based on the assumption that all injuries contribute to the overall severity. The Department calculates the ICISS score for each injured patient using the most recent complete year of the AHCA's Hospital Discharge Data Set based upon the multiplicative product of all the Survival Risk Ratios (SRRs) associated with each ICD code listed in the patient's record.

Example Expression:

$$ICISS= (SRR\ Injury\ 1) \times (SRR\ Injury\ 2) \times (SRR\ Injury\ 3) \times (SRR\ Injury\ 4) \ldots$$

The ICISS definition is based on the definition found in the _"Nakahsra S, Yoloka J, Revision of the International Classification of Diseases to include standardized descriptions of multiple injuries and injury severity, Bulletin of the World Health Organization, Volume 89, Number 3, March 2011, pg. 238-240."_

Trauma Center: is defined as a Level I, Level II or pediatric standalone trauma center currently designated by the Florida Department of Health. See Trauma Center List in Appendix C.

Trauma Service Area (TSA): are defined in section 395.402(1)(a), F.S. See TSA Map in Appendix A.

Graduate Medical Education Programs/ "accredited critical care and trauma surgical subspecialty medical resident or fellow" (GME): is defined as meeting one of the following:

1. A chief resident, or a fourth-year postgraduate resident (PGY-4) or a fifth-year postgraduate resident (PGY-5), whichever is the highest level offered by the trauma center, who is primarily assigned to an Accreditation Council for Graduate Medical Education (ACGME) General Surgery residency program at the hospital.

2. A chief resident or a PGY-4 or a PGY-5, whichever is the highest level offered by the trauma center affiliated with a United States Department of Defense (DoD) medical training program who is temporarily assigned to an ACGME General Surgery residency program at the hospital for the purposes of fulfilling the training requirements of the DoD training program.

3. An ACGME, Surgical Critical Care Fellow who is assigned to a fellowship position sponsored by the hospital.

4. An American College of Surgeons (ACS) and American Association for the Surgery of Trauma (AAST) Acute Care Surgery Fellow who is assigned to a fellowship position sponsored by the hospital.

Note: Except for DoD trainees, trauma centers are prohibited from declaring a person as a qualifying resident or fellow if he or she takes rotations, provides clinical services or is otherwise employed by the hospital but is assigned to a qualifying ACGME or AAST program at another hospital.

See sample cover letter and *Attestation of Trauma-Related Graduate Medical Education* in Appendix G.

See completed *Attestation of Trauma-Related Graduate Medical Education* received by the Department in Appendix H.

Sufficient Caseload Volume/ Minimum Caseload Volume: is defined in section 395.4025(3)(d)2.a-e, F.S., based on population, trauma center status and number of qualifying trauma surgical subspecialty medical residents or fellows.

Percentage of each trauma center's sufficient volume of trauma patients (Percentage): is calculated by the trauma center's actual volume of "high-risk patients" divided by the volumes set forth by 395.4025(3)(d)2.a-e, F.S., based on population, trauma center status and number of qualifying trauma surgical subspecialty medical residents or fellows.

Trauma Service Area 1

TSA Counties: Escambia, Okaloosa, Santa Rosa, and Walton

Population: 787,438

5-year population growth: 8.40% (State 8.22%)

Total number of trauma centers allocated pursuant to section 395.402(1): 3

Total number of trauma centers: 3

       Level I: 0

       Level II: 2

       Level II with pediatric: 1

       Stand-alone pediatric: 0

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
Baptist Hospital	II	500	244	48.8
Sacred Heart Hospital	II/Peds	660 (4 GME)	432	65.4
Fort Walton Beach Medical Center	II	500	392	78.4

Acute Care Hospital	Number of High-Risk Patients
Ascension Sacred Heart Emerald Coast	20
Gulf Breeze Hospital	8
Healthmark Regional Medical Center	1
Jay Hospital	1
North Okaloosa Medical Center	13
Santa Rosa Medical Center	12
Twin Cities Hospital	11
West Florida Hospital	80

Trauma Service Area 2

TSA Counties: Bay, Gulf, Holmes, and Washington

Population: 233,434

5-year population growth: -1.98% (State 8.22%)

Total number of trauma centers allocated pursuant to section 395.402(1): 1

Total number of trauma centers: 1

> **Level I:** 0
>
> **Level II:** 1
>
> **Level II with pediatric:** 0
>
> **Stand-alone pediatric:** 0

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
Bay Medical Center Sacred Heart	II	500	243	48.6

Acute Care Hospital	Number of High-Risk Patients
Ascension Sacred Heart Gulf	0
Doctors Memorial Hospital	0
Gulf Coast Regional Medical Center	87
Northwest Florida Community Hospital	2

Trauma Service Area 3

TSA Counties: Calhoun, Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla

Population: 508,287

5-year population growth: 1.70% (State 8.22%)

Total number of trauma centers allocated pursuant to section 395.402(1): 1

Total number of trauma centers: 1

       Level I: 0

       Level II: 1

       Level II with pediatric: 0

       Stand-alone pediatric: 0

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
Tallahassee Memorial Healthcare	II	580 (2 GME)	658	113.4

Acute Care Hospital	Number of High-Risk Patients
Calhoun-Liberty Hospital	1
Capital Regional Medical Center	55
Capital Regional Medical Center, Gadsden Memorial Campus	0
Doctors' Memorial Hospital	2
George E. Weems Memorial Hospital	1
Jackson Hospital	15
Madison County Memorial Hospital	3

Trauma Service Area 4

TSA Counties: Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union

Population: 602,866

5-year population growth: 4.65% (State 8.22%)

Total number of trauma centers allocated pursuant to 395.402(1): 1

Total number of trauma centers: 1

> **Level I:** 1
>
> **Level II:** 0
>
> **Level II with pediatric:** 0
>
> **Stand-alone pediatric:** 0

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
UF Health Shands Hospital	I	1440 (11 GME)	1,388	96.3

Acute Care Hospital	Number of High-Risk Patients
Lake Butler Hospital	0
Lake City Medical Center	17
North Florida Regional Medical Center	140
North Florida Regional Medical Center Starke Campus	0
Putnam Community Medical Center	17
Shands Lake Shore Regional Medical Center	1

Trauma Service Area 5

TSA Counties: Baker, Clay, Duval, Nassau, and St. Johns

Population: 1,559,514

5-year population growth: 10.10% (State 8.22%)

Total number of trauma centers allocated pursuant to section 395.402(1): 3

Total number of trauma centers: 4[1]

> **Level I:** 1

> **Level II:** 2

> **Level II with pediatric:** 0

> **Stand-alone pediatric:** 1

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
UF Health Jacksonville	I	1,400 (5 GME)	1,044	74.5
Orange Park Medical Center	II	1,000	481	48.1
Memorial Hospital (Jacksonville)	II	1,000	507	50.7
Wolfson Children's Hospital	Peds	500	79	15.8

Acute Care Hospital	Number of High-Risk Patients
Ascension St. Vincent's Clay County	20
Ascension St. Vincent's Riverside	52
Ascension St. Vincent's Southside	56
Baptist Medical Center Jacksonville	115
Baptist Medical Center Nassau	3

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[1] Additional trauma center designated in accordance with section 395.4025(15), F.S.

Acute Care Hospital	Number of High-Risk Patients
Baptist Medical Center South	57
Ed Fraser Memorial Hospital	0
Flagler Hospital	70
Mayo Clinic	77
UF Health North	1

Trauma Service Area 6

TSA Counties: Citrus, Hernando, and Marion

Population: 709,156

5-year population growth: 8.74% (State 8.22%)

Total number of trauma centers allocated pursuant to section 395.402(1): 1

Total number of trauma centers: 1

       Level I: 0

       Level II: 1

       Level II with pediatric: 0

       Stand-alone pediatric: 0

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
Ocala Regional Medical Center	II	740 (6 GME)	961	129.8

Acute Care Hospital	Number of High-Risk Patients
Advent Health Ocala	71
Bayfront Health Brooksville	15
Bayfront Health Seven Rivers	33
Bayfront Health Spring Hill	17
Citrus Memorial Hospital	48
Oak Hill Hospital	72
West Marion Community Hospital	98

Trauma Service Area 7

TSA Counties: Flagler and Volusia

Population: 668,365

5-year population growth: 9.82% (State 8.22%)

Total number of trauma centers allocated pursuant to section 395.402(1): 1

Total number of trauma centers: 1

>   **Level I:** 0

>   **Level II:** 1

>   **Level II with pediatric:** 0

>   **Stand-alone pediatric:** 0

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
Halifax Hospital Medical Center	II	500	649	129.8

Acute Care Hospital	Number of High-Risk Patients
Advent Health Daytona Beach	113
Advent Health Deland	53
Advent Health Fish Memorial	59
Advent Health New Smyrna Beach	44
Advent Health Palm Coast	45
Halifax Health Medical Center-Port Orange	5

Trauma Service Area 8

TSA Counties: Lake, Orange, Osceola, Seminole, and Sumter

Population: 2,740,567

5-year population growth: 12.47% (State 8.22%)

Total number of trauma centers allocated pursuant to section 395.402(1): 3

Total number of trauma centers: 3

        Level I: 1

        Level II: 2

        Level II with pediatric: 0

        Stand-alone pediatric: 0

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
Orlando Regional Medical Center	I	1,200	1,802	150.1
Osceola Regional Medical Center	II	1,000	538	53.8
Central Florida Regional Hospital	II	1,000	395	39.5

Acute Care Hospital	Number of High-Risk Patients
Advent Health Altamonte Springs	60
Advent Health Apopka	18
Advent Health Celebration	25
Advent Health East Orlando	37
Advent Health Kissimmee	13
Advent Health Orlando	441
Advent Health Waterman	82
Advent Health Winter Park	23

Acute Care Hospital	Number of High-Risk Patients
Arnold Palmer Medical Center	146
Nemours Children's Hospital	5
Orlando Health - Health Central Hospital	26
Orlando Health Dr. P Phillips Hospital	65
Orlando Health South Lake Hospital	45
Orlando Health South Seminole Hospital	30
Orlando Health St. Cloud Hospital	14
Oviedo Medical Center	14
Poinciana Medical Center	6
UF Health Leesburg Hospital	66
UF Health The Villages Hospital	42

Trauma Service Area 9

TSA Counties: Pasco and Pinellas

Population: 1,528,943

5-year population growth: 7.69% (State 8.22%)

Total number of trauma centers allocated pursuant to section 395.402(1): 3

Total number of trauma centers: 3

      Level I: 0

      Level II: 2

      Level II with pediatric: 0

      Stand-alone pediatric: 1

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
Bayfront Medical Center	II	1,000	685	68.5
Johns Hopkins All Children's Hospital	Peds	500	56	11.2
Regional Medical Center Bayonet Point	II	1,040 (1 GME)	645	62.0

Acute Care Hospital	Number of High-Risk Patients
Advent Health Dade City	10
Advent Health North Pinellas	23
Advent Health Wesley Chapel	42
Advent Health Zephyrhills	42
Largo Medical Center	109
Largo Medical Center - Indian Rocks	1
Mease Countryside Hospital	107
Mease Dunedin Hospital	35

Acute Care Hospital	Number of High-Risk Patients
Medical Center of Trinity	37
Morton Plant Hospital	190
Morton Plant North Bay Hospital	38
Northside Hospital	59
Palms of Pasadena Hospital	30
St. Anthony's Hospital	96
St. Petersburg General Hospital	21

Trauma Service Area 10

TSA Counties: Hillsborough

Population: 1,471,968

5-year population growth: 10.48% (State 8.22%)

Total number of trauma centers allocated pursuant to section 395.402(1): 2

Total number of trauma centers: 2

        Level I: 1

        Level II: 0

        Level II with pediatric: 1

        Stand-alone pediatric: 0

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
Tampa General Hospital	I	1480 (7 GME)	961	64.9
St. Joseph's Hospital	II/Peds	1000	718	71.8

Acute Care Hospital	Number of High-Risk Patients
Advent Health Carrollwood	12
Advent Health Tampa	140
Brandon Regional Hospital	126
Memorial Hospital of Tampa	23
South Bay Hospital	42
South Florida Baptist Hospital	38
St. Joseph's Hospital North	67
St. Joseph's Hospital South	62
Tampa Community Hospital-A Campus of Memorial Hospital of Tampa	0

Trauma Service Area 11

TSA Counties: Hardee, Highlands, and Polk

Population: 857,935

5-year population growth: 12.85% (State 8.22%)

Total number of trauma centers allocated pursuant to section 395.402(1): 1

Total number of trauma centers: 1

  Level I: 0

  Level II: 1

  Level II with pediatric: 0

  Stand-alone pediatric: 0

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
Lakeland Regional Medical Center	II	500	898	179.6

Acute Care Hospital	Number of High-Risk Patients
Advent Health Heart of Florida	17
Advent Health Lake Placid	3
Advent Health Lake Wales	16
Advent Health Sebring	21
Advent Health Wauchula	0
Bartow Regional Medical Center	4
Highlands Regional Medical Center	23
Winter Haven Hospital	67

Trauma Service Area 12

TSA Counties: Brevard and Indian River

Population: 761,865

5-year population growth: 8.84% (State 8.22%)

Total number of trauma centers allocated pursuant to section 395.402(1): 1

Total number of trauma centers: 1

> **Level I:** 0
>
> **Level II:** 1
>
> **Level II with pediatric:** 0
>
> **Stand-alone pediatric:** 0

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
Holmes Regional Medical Center	II	500	706	141.2

Acute Care Hospital	Number of High-Risk Patients
Cape Canaveral Hospital	38
Cleveland Clinic Indian River Hospital	74
Melbourne Regional Medical Center	9
Palm Bay Hospital	34
Parrish Medical Center	17
Rockledge Regional Medical Center	37
Steward Sebastian River Medical Center	21
Viera Hospital	38

Trauma Service Area 13

TSA Counties: DeSoto, Manatee, and Sarasota

Population: 874,996

5-year population growth: 11.81% (State 8.22%)

Total number of trauma centers allocated pursuant to section 395.402(1): 2

Total number of trauma centers: 2

       Level I: 0

       Level II: 2

       Level II with pediatric: 0

       Stand-alone pediatric: 0

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
Sarasota Memorial Hospital	II	500	909	181.8
Blake Medical Center	II	500	544	108.8

Acute Care Hospital	Number of High-Risk Patients
Desoto Memorial Hospital	3
Doctors Hospital of Sarasota	31
Englewood Community Hospital	21
Lakewood Ranch Medical Center	43
Manatee Memorial Hospital	115
Venice Regional Bayfront Health	67

Trauma Service Area 14

TSA Counties: Martin, Okeechobee, and St. Lucie

Population: 531,465

5-year population growth: 10.10% (State 8.22%)

Total number of trauma centers allocated pursuant to section 395.402(1): 1

Total number of trauma centers: 1

       Level I: 0

       Level II: 1

       Level II with pediatric: 0

       Stand-alone pediatric: 0

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
Lawnwood Regional Medical Center & Heart Institute	II	500	749	149.8

Acute Care Hospital	Number of High-Risk Patients
Cleveland Clinic Martin North Hospital	24
Cleveland Clinic Martin South Hospital	81
Cleveland Clinic Tradition Hospital	86
Raulerson Hospital	24
St. Lucie Medical Center	49

Trauma Service Area 15

TSA Counties: Charlotte, Collier, Glades, Hendry, and Lee

Population: 1,400,222

5-year population growth: 12.57% (State 8.22%)

Total number of trauma centers allocated pursuant to section 395.402(1): 1

Total number of trauma centers: 1

       Level I: 0

       Level II: 1

       Level II with pediatric: 0

       Stand-alone pediatric: 0

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
Lee Memorial Hospital	II	1,000	938	93.8

Acute Care Hospital	Number of High-Risk Patients
Bayfront Health Port Charlotte	48
Bayfront Health Punta Gorda	40
Cape Coral Hospital	120
Fawcett Memorial Hospital	67
Gulf Coast Medical Center Lee Memorial Health System	165
Healthpark Medical Center	95
Hendry Regional Medical Center	1
Lehigh Regional Medical Center	16
Naples Community Hospital	229
NCH Healthcare System North Naples Hospital Campus	102

Acute Care Hospital	Number of High-Risk Patients
Physicians Regional Medical Center - Collier	123
Physicians Regional Medical Center - Pine Ridge	0

Trauma Service Area 16

TSA Counties: Palm Beach

Population: 1,496,770

5-year population growth: 7.01% (State 8.22%)

Total number of trauma centers allocated pursuant to 395.402(1): 2

Total number of trauma centers: 2

> **Level I:** 2
>
> **Level II:** 0
>
> **Level II with pediatric:** 0
>
> **Stand-alone pediatric:** 0

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
Delray Medical Center	I	1,040 (1 GME)	936	90.0
St. Mary's Medical Center	I	1,040 (1 GME)	946	90.9

Acute Care Hospital	Number of High-Risk Patients
Bethesda Hospital East	49
Bethesda Hospital West	26
Boca Raton Regional Hospital	102
Good Samaritan Medical Center	29
JFK Medical Center	105
JFK Medical Center North Campus	12
Jupiter Medical Center	59
Lakeside Medical Center	0
Palm Beach Gardens Medical Center	49

Acute Care Hospital	Number of High-Risk Patients
Palms West Hospital	44
Wellington Regional Medical Center	68
West Boca Medical Center	35

Trauma Service Area 17

TSA Counties: Broward

Population: 1,952,778

5-year population growth: 4.94% (State 8.22%)

Total number of trauma centers allocated pursuant to section 395.402(1): 3

Total number of trauma centers: 3

        Level I: 2

        Level II: 1

        Level II with pediatric: 0

        Stand-alone pediatric: 0

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
Memorial Regional Hospital	I	1,200	586	48.8
Broward Health Medical Center	I	1,200	576	48.0
Broward Health North	II	1,000	452	45.2

Acute Care Hospital	Number of High-Risk Patients
Broward Health Coral Springs	22
Broward Health Imperial Point	19
Cleveland Clinic Hospital	53
Florida Medical Center - A Campus of North Shore	23
Holy Cross Hospital	91
Memorial Hospital Miramar	14
Memorial Hospital Pembroke	13
Memorial West	36

Acute Care Hospital	Number of High-Risk Patients
Memorial Regional Hospital South	2
Northwest Medical Center	43
Plantation General Hospital	14
University Hospital and Medical Center	42
Westside Regional Medical Center	102

Trauma Service Area 18

TSA Counties: Miami-Dade and Monroe

Population: 2,791,168

5-year population growth: 2.97% (State 8.22%)

Total number of trauma centers allocated pursuant to section 395.402(1): 5

Total number of trauma centers: 5

      Level I: 2

      Level II: 2

      Level II with pediatric: 0

      Stand-alone pediatric: 1

Trauma Center	Level	Minimum Caseload Volume	Number of High-Risk Patients	Percentage
Jackson Memorial Hospital / Ryder Trauma Center	I	1,760 (14 GMEs)	1,339	76.1
Kendall Regional Medical Center	I	1,200	886	73.8
Jackson South Community Hospital	II	1,000	416	41.6
Aventura Hospital and Medical Center	II	1,000	426	42.6
Nicklaus Children's Hospital	Peds	500	33	6.6

Acute Care Hospital	Number of High-Risk Patients
Baptist Hospital of Miami	226
Coral Gables Hospital	41
Doctors Hospital	71
Fishermen's Community Hospital	0
Hialeah Hospital	42

Acute Care Hospital	Number of High-Risk Patients
Jackson North Medical Center	27
Larkin Community Hospital	15
Larkin Community Hospital Palm Springs Campus	14
Lower Keys Medical Center	14
Mariners Hospital	6
Mercy Hospital, A Campus of Plantation General Hospital	84
Mount Sinai Medical Center	175
North Shore Medical Center	40
Palmetto General Hospital	64
South Miami Hospital	102
University of Miami Hospital and Clinics - Uhealth Tower	39
West Kendall Baptist Hospital	62
Westchester General Hospital	0

List of Appendices

Appendix A: TSA Map

Appendix B: TSA Population Tables

Appendix C: List of Trauma Centers

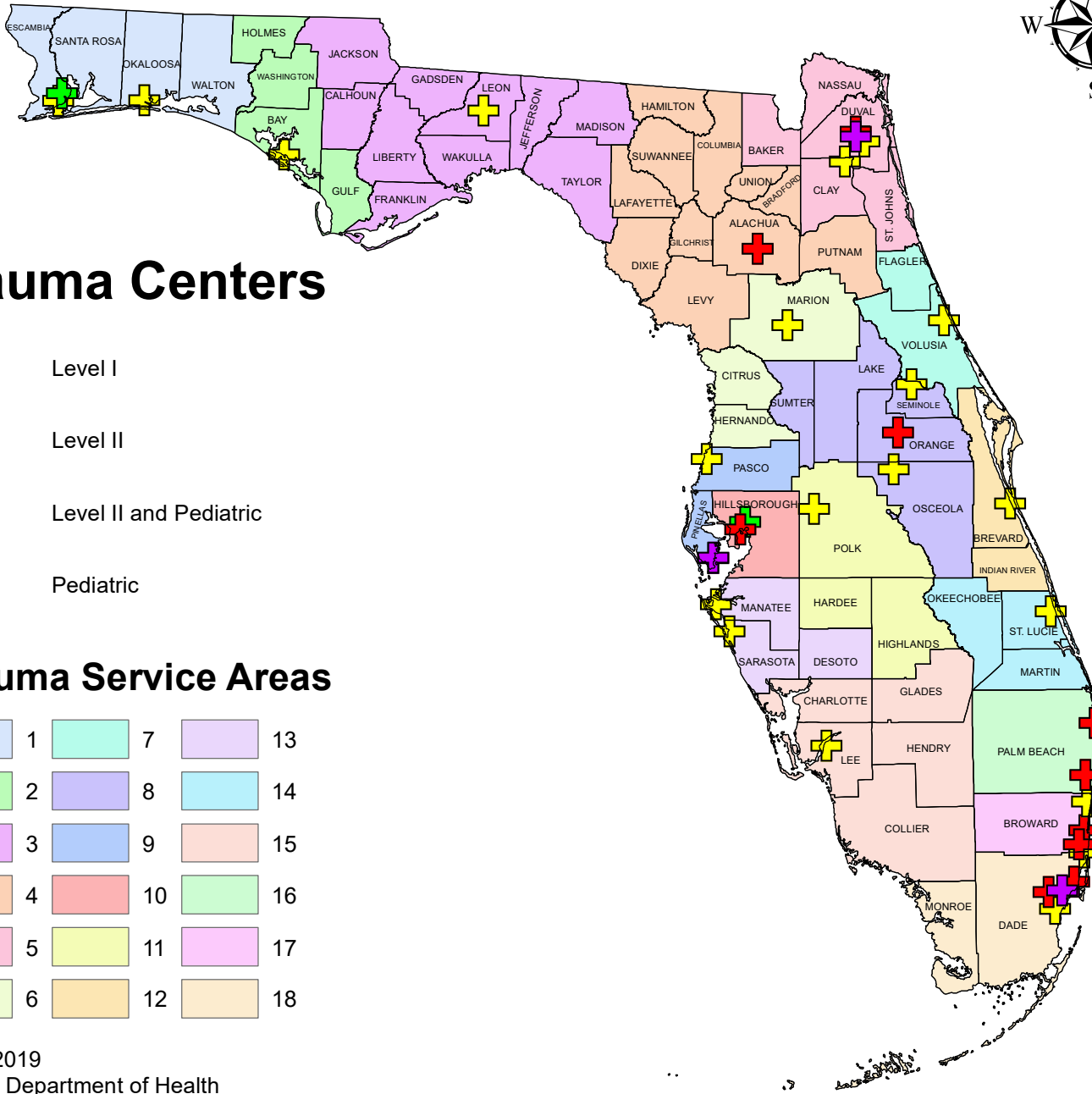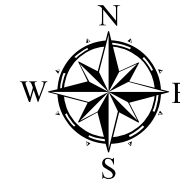**Appendix D:** How to Obtain AHCA Data Set

Appendix E: SRR Calculation Methodology

Appendix F: AHCA Inventory of ER Services

Appendix G: Sample Cover Letter and Attestation of Trauma-Related Graduate Medical Education

Appendix H: Completed Attestation of Trauma-Related Graduate Medical Education

Appendix A: TSA Map

Trauma Centers

- ✚ Level I
- ✚ Level II
- ✚ Level II and Pediatric
- ✚ Pediatric

Trauma Service Areas

	1		7		13
	2		8		14
	3		9		15
	4		10		16
	5		11		17
	6		12		18

Florida's Trauma Service Areas

11/22/2019
Florida Department of Health
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight

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.

0   50   100   200 Miles

Appendix B: TSA Population Tables

TSA	Total Population	5-Year Population Growth (%)
1	787,438	8.40%
2	233,434	-1.98%
3	508,287	1.70%
4	602,866	4.65%
5	1,559,514	10.10%
6	709,156	8.74%
7	668,365	9.82%
8	2,740,567	12.47%
9	1,528,943	7.69%
10	1,471,968	10.48%
11	857,935	12.85%
12	761,865	8.84%
13	874,996	11.81%
14	531,465	10.10%
15	1,400,222	12.57%
16	1,496,770	7.01%
17	1,952,778	4.94%
18	2,791,168	2.97%

Total Population   **21,477,737**

Appendix C: List of Trauma Centers

FLORIDA TRAUMA CENTERS

Updated August 28, 2020		
Trauma Center	**Level**	**County**
Aventura Hospital and Medical Center	Level II	Miami-Dade
Baptist Hospital	Level II	Escambia
Bay Medical Center Sacred Heart	Level II	Bay
Bayfront Medical Center	Level II	Pinellas
Blake Medical Center	Level II	Manatee
Broward Health Medical Center	Level I	Broward
Broward Health North	Level II	Broward
Central Florida Regional Hospital	Level II	Seminole
Delray Medical Center	Level I	Palm Beach
Fort Walton Beach Medical Center	Level II	Okaloosa
Halifax Hospital Medical Center	Level II	Volusia
Holmes Regional Medical Center	Level II	Brevard
Jackson Memorial Hospital / Ryder Trauma Center	Level I	Miami-Dade
Jackson South Community Hospital	Level II	Miami-Dade
Johns Hopkins All Children's Hospital	Pediatric	Pinellas
Kendall Regional Medical Center	Level I	Miami-Dade
Lakeland Regional Medical Center	Level II	Polk
Lawnwood Regional Medical Center & Heart Institute	Level II	St. Lucie
Lee Memorial Hospital	Level II	Lee
Memorial Hospital (Jacksonville)	Level II	Duval
Memorial Regional Hospital	Level I	Broward
Nicklaus Children's Hospital	Pediatric	Dade
Ocala Regional Medical Center	Level II	Marion
Orange Park Medical Center	Level II	Clay
Orlando Regional Medical Center	Level I	Orange
Osceola Regional Medical Center	Level II	Osceola
Regional Medical Center Bayonet Point	Level II	Pasco
Sacred Heart Hospital	Level II / Pediatric	Escambia
Sarasota Memorial Hospital	Level II	Sarasota
Wolfson Children's Hospital	Pediatric	Duval
St. Joseph's Hospital	Level II / Pediatric	Hillsborough
St. Mary's Medical Center	Level I	Palm Beach
Tallahassee Memorial Healthcare	Level II	Leon
Tampa General Hospital	Level I	Hillsborough
UF Health Jacksonville	Level I	Duval
UF Health Shands Hospital	Level I	Alachua

Appendix D: How to Obtain AHCA Data Set

How to Obtain AHCA In-Patient Data

Statement from the *AHCA Patient Data Submission Guide* on public release of discharge data:

Public Release of Discharge Data

The Florida Center's Office of Data Collection and Quality Assurance (DCQA) collects all facility discharge data. Approximately 309 hospitals, 215 Emergency Departments, 550 freestanding ambulatory surgical centers and numerous lithotripsy centers and cardiac catheterization laboratories currently submit quarterly reports to AHCA. A limited set of the discharge data is available to the public once 75% of the reporting facilities have certified the accuracy of their data. Reporting facilities must certify their patient data (the final step of the submission process) within 5 months after the end of the covered quarter. Certification status for all facilities or by individual facility by data type/year/quarter is available at the weblink below. Data catalogs, price lists and data layout and file descriptions by facility type are available at the Florida Center for Health Information and Transparency web address as well:

http://ahca.myflorida.com/schs/DataD/DataD.shtml

AHCA Contact Information

For information regarding custom data requests or to order data please contact:

Agency for Health Care Administration
Florida Center for Health Information and Transparency
2727 Mahan Drive, MS 16
Tallahassee, FL 32308
Phone: (850) 412-3772
Contactus@ahca.myflorida.com

Appendix E: SRR Calculation Methodology

Florida Department of Health Project:
SRR Compilation
FDOH B76F56 – USF – 7/27/2020
Internal form # 77535
Etienne E. Pracht, Ph.D.

The scope of work called for the compilation of survival risk ratios (SRRs) using 2016-2019 inpatient records obtained from the Agency for Health Care Administration (AHCA).

Part 1 called for the compilation of the incidence and outcome (mortality) associated with all ICD10CM codes in the S00-T88, "Injury, poisoning and certain other consequences of external causes." For each diagnosis,

$$SRR_D = (survivors_D/patients_D) = (1 - [died_D/patients_D])$$

The calculation will include the principal as well as the 30 other diagnosis fields. Inclusion criteria for inpatient records are as follows: (a) the episode was categorized as either an emergency or a trauma alert, and (b) the patient was treated at a facility designated as a trauma center[1], and (c) the episode involved an initial encounter (excluding subsequent encounters and sequelae).

Part 2 called for the stratification of the SRRs for three age groups: pediatric (ages 0-15 years), non-elderly adults (ages 16-64), elderly adults (ages 65 and older). The overall SRR, including all age groups, was compiled under part 1.

Deliverables: The SRRs are recorded in an excel spreadsheet named "FloridaAHCA_2016to2019_SRR.xlsx." The spreadsheet contains four worksheets:
1. Centers – a tally of the number of observations included in the compilation, broken down by year and trauma center.
2. SRRAllAges – contains the incidence, mortality, and SRR for all initial injury diagnoses in the S and T ranges, for all patients regardless of age.
3. SRRPeds – contains the incidence, mortality, and SRR for all initial injury diagnoses in the S and T ranges, for all pediatric patients, age 0 to 15.
4. SRRAdults – contains the incidence, mortality, and SRR for all initial injury diagnoses in the S and T ranges, for all non-elderly adult patients, age 16 to 64.
5. SRRElderly – contains the incidence, mortality, and SRR for all initial injury diagnoses in the S and T ranges, for all elderly patients, age 65 and over.

Notes: The data included 56 observations with missing age. While these observations were included in the pooled data, they were excluded from the individual age compilations.

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[1] A facility will be counted as a trauma center after designation. For a list of trauma centers, see
http://www.floridahealth.gov/licensing-and-regulation/trauma-system/_documents/traumacenterlisting2018.pdf

Appendix F: AHCA Inventory of ER Services

Hospital ER Services

License Number	Provider Name	County	No Emergency Room	Dedicated Emergency	Anesthesia	Burn	Cardiology	Cardiovascular Surgery	Colon & Rectal Surgery	Emergency Medicine	Endocrinology	Gastroenterology	General Surgery	Gynecology	Hematology	Hyperbaric Medicine	Internal Medicine	Nephrology	Neurology	Neurosurgery	Obstetrics	Ophthalmology	Oral/Maxillo-Facial	Orthopedics	Otolaryngology	Plastic Surgery	Podiatry	Psychiatry	Pulmonary Medicine	Radiology	Thoracic Surgery	Urology	Vascular Surgery	Level 1 Trauma Center	Level 2 Trauma Center	Pediatric Trauma Center	Provisional Level 1 Trauma	Provisional Level 2 Trauma	Provisional Pediatric
4247	NORTH FLORIDA REGIONAL MEDICAL CENTER	ALACHUA		X	X		X	X		X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						
4489	SELECT SPECIALTY HOSPITAL GAINESVILLE	ALACHUA	X																																				
4529	UF HEALTH REHAB HOSPITAL	ALACHUA	X																																				
4286	UF HEALTH SHANDS HOSPITAL	ALACHUA		X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
4286	UF HEALTH SHANDS PSYCHIATRIC HOSPITAL	ALACHUA	X																																				
4152	ED FRASER MEMORIAL HOSPITAL	BAKER		X						X																				X									
4004	NORTHEAST FLORIDA STATE HOSPITAL	BAKER	X																																				
3982	ASCENSION SACRED HEART BAY	BAY		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X		X				
4500	EMERALD COAST BEHAVIORAL HOSPITAL	BAY	X																																				
4458	ENCOMPASS HEALTH REHABILITATION HOSPITAL OF PANAMA CITY	BAY	X																																				
4337	GULF COAST REGIONAL MEDICAL CENTER	BAY		X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X						
4475	SELECT SPECIALTY HOSPITAL - PANAMA CITY	BAY	X																																				

X = hospital always offers the service; E = hospital has a service exemption

Hospital ER Services

			Services
4247	NORTH FLORIDA REGIONAL MEDICAL CENTER STARKE CAMPUS	BRADFORD	X X
3948	CAPE CANAVERAL HOSPITAL	BREVARD	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
3987	CIRCLES OF CARE, INC	BREVARD	X
4232	DEVEREUX FLORIDA	BREVARD	X
4225	HOLMES REGIONAL MEDICAL CENTER	BREVARD	X X . X X X X X X X X X X . X X X X X X X X X X X X X X X X X X . X
4501	KINDRED HOSPITAL MELBOURNE	BREVARD	X
4468	MELBOURNE REGIONAL MEDICAL CENTER	BREVARD	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4503	PALM BAY HOSPITAL	BREVARD	X X . X X X X X X X X X . X X X X X X X X X X X X X X X X X X
4528	PALM POINT BEHAVIORAL HEALTH	BREVARD	
4467	PARRISH MEDICAL CENTER	BREVARD	X X X X X X X . X X X X X X X X X X X X . X X . . X X X . X X
4132	ROCKLEDGE REGIONAL MEDICAL CENTER	BREVARD	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4276	SEA PINES REHABILITATION HOSPITAL AFFILIATE OF ENCOMPASS HEALTH	BREVARD	X
4504	VIERA HOSPITAL	BREVARD	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
3954	BROWARD HEALTH CORAL SPRINGS	BROWARD	X X . X X X X . X X X . X X X X X X X X X X . X X X X X X X
3996	BROWARD HEALTH IMPERIAL POINT	BROWARD	X X . X X X X . . X X . X X X X . X X X X X . X X X X X X X
4128	BROWARD HEALTH MEDICAL CENTER	BROWARD	X X X X X X X . . X X X . X . X X X X X X X . X . X X X X X X
4020	BROWARD HEALTH NORTH	BROWARD	X X . X X X X X X X X X X X X X X X . X X X X X X X X X X X X . X
4299	CLEVELAND CLINIC HOSPITAL	BROWARD	X X . X X X X X X X X X . X X X X . X X X X X X X X X X X X X
4251	ENCOMPASS HEALTH REHABILITATION HOSPITAL OF SUNRISE	BROWARD	X

X = hospital always offers the service; E = hospital has a service exemption

Hospital ER Services

Code	Name	County
4133	FLORIDA MEDICAL CENTER - A CAMPUS OF NORTH SHORE	BROWARD
4047	FORT LAUDERDALE BEHAVIORAL HEALTH CENTER	BROWARD
4069	HOLY CROSS HOSPITAL	BROWARD
4440	KINDRED HOSPITAL-SOUTH FLORIDA-FT LAUDERDALE	BROWARD
4177	KINDRED HOSPITAL-SOUTH FLORIDA-HOLLYWOOD	BROWARD
4361	LARKIN COMMUNITY HOSPITAL BEHAVIORAL HEALTH SERVICES	BROWARD
4480	MEMORIAL HOSPITAL MIRAMAR	BROWARD
4121	MEMORIAL HOSPITAL PEMBROKE	BROWARD
4316	MEMORIAL HOSPITAL WEST	BROWARD
4411	MEMORIAL REGIONAL HOSPITAL	BROWARD
4411	MEMORIAL REGIONAL HOSPITAL SOUTH	BROWARD
4383	NORTHWEST MEDICAL CENTER	BROWARD
4384	PLANTATION GENERAL HOSPITAL	BROWARD
4013	SOUTH FLORIDA STATE HOSPITAL	BROWARD
4478	ST ANTHONY'S REHABILITATION HOSPITAL	BROWARD
4402	UNIVERSITY HOSPITAL AND MEDICAL CENTER	BROWARD
4399	WESTSIDE REGIONAL MEDICAL CENTER	BROWARD

X = hospital always offers the service; E = hospital has a service exemption

Hospital ER Services

ID	Facility	County	Services
4019	CALHOUN-LIBERTY HOSPITAL	CALHOUN	X . . . . . X X
4340	BAYFRONT HEALTH PORT CHARLOTTE	CHARLOTTE	X X . X X X X X X X X X . X X X X X X . X X X X X X X X X X
4435	BAYFRONT HEALTH PUNTA GORDA	CHARLOTTE	X X X X . X X X X X X X X X X X X X X X X X X X X X X X X X X
4352	FAWCETT MEMORIAL HOSPITAL	CHARLOTTE	X X . X X X X X X X X X . X X X X . . X X . X X X X X X X
4116	BAYFRONT HEALTH SEVEN RIVERS	CITRUS	X X . X . X X . X X X X . X X X . X . . X X . X . X X X X X
4233	CITRUS MEMORIAL HOSPITAL	CITRUS	X X . X X X X . X X X X . X X X X X X X X X X . X X X X X
4515	ASCENSION ST VINCENT'S CLAY COUNTY	CLAY	X X . X X X X X X X X X . X X X X X X X X X X X X X X X X X X
4257	KINDRED HOSPITAL-NORTH FLORIDA	CLAY	X
4354	ORANGE PARK MEDICAL CENTER	CLAY	X X X X X X X X X X X X . X X X X X . X X X X X X X X X X X . X
4521	LANDMARK HOSPITAL OF SOUTHWEST FLORIDA	COLLIER	X
4113	NAPLES COMMUNITY HOSPITAL	COLLIER	X X . X X X X X X X X X . X X X X X X X X X X X X X X X X X X
4113	NCH HEALTHCARE SYSTEM NORTH NAPLES HOSPITAL CAMPUS	COLLIER	X X . X X X X X X X X X . X X X X X X X X X X X X X X X X X X
4463	PHYSICIANS REGIONAL MEDICAL CENTER - COLLIER	COLLIER	X X . X . X X X X X X X X X X X X . X X X X . X X . X X
4463	PHYSICIANS REGIONAL MEDICAL CENTER - PINE RIDGE	COLLIER	X X . X . X X X X X X X . X X X X . X X X X . X X X X X
4212	WILLOUGH AT NAPLES, THE	COLLIER	X
4407	LAKE CITY MEDICAL CENTER	COLUMBIA	X X . X . X X X X X X . X X X . X X X X X X X X . X

X = hospital always offers the service; E = hospital has a service exemption

Hospital ER Services

Code	Name	County	Services (X = offered)
4268	SHANDS LAKE SHORE REGIONAL MEDICAL CENTER	COLUMBIA	X X X X X X X X X X X X X X X X X X X X X X
4218	DESOTO MEMORIAL HOSPITAL	DESOTO	X X X X X X X X X X X X X X X X X X X X X X X X X X X
4376	ASCENSION ST VINCENT'S RIVERSIDE	DUVAL	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4494	ASCENSION ST VINCENT'S SOUTHSIDE	DUVAL	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4304	BAPTIST MEDICAL CENTER - BEACHES	DUVAL	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4448	BAPTIST MEDICAL CENTER JACKSONVILLE	DUVAL	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4448	BAPTIST MEDICAL CENTER SOUTH	DUVAL	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4443	BROOKS REHABILITATION HOSPITAL	DUVAL	X
4444	CURAHEALTH JACKSONVILLE LLC	DUVAL	X
4493	MAYO CLINIC	DUVAL	X X X X X X X X X X X X X X X X X X X X X X X X X
4447	MEMORIAL HOSPITAL JACKSONVILLE	DUVAL	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4011	RIVER POINT BEHAVIORAL HEALTH	DUVAL	X
4063	UF HEALTH JACKSONVILLE	DUVAL	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4063	UF HEALTH NORTH	DUVAL	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4482	WEKIVA SPRINGS	DUVAL	X
4448	WOLFSON CHILDREN'S HOSPITAL	DUVAL	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4433	ASCENSION SACRED HEART PENSACOLA	ESCAMBIA	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4456	BAPTIST HOSPITAL	ESCAMBIA	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4490	SELECT SPECIALTY HOSPITAL PENSACOLA	ESCAMBIA	X
4318	WEST FLORIDA HOSPITAL	ESCAMBIA	X X X X X X X X X X X X X X X X X X X X X X X X X X

X = hospital always offers the service; E = hospital has a service exemption

Hospital ER Services

Code	Name	County	Services (X = offered)
4465	ADVENTHEALTH PALM COAST	FLAGLER	X X _ X X X X _ X X X X _ X X X X _ _ _ X _ _ X _ X X X X X
4173	GEORGE E WEEMS MEMORIAL HOSPITAL	FRANKLIN	X _ _ X _ _ X _ X _ _ _ _ X _ _ _ _ _ _ _ _ _ _ _ X
4017	CAPITAL REGIONAL MEDICAL CENTER, GADSDEN MEMORIAL CAMPUS	GADSDEN	X _ _ _ _ _ X
3990	FLORIDA STATE HOSPITAL	GADSDEN	X
4502	ASCENSION SACRED HEART GULF	GULF	X X _ X _ X X X X X X X _ X _ X _ X X X X X X X X X X _ X
4239	ADVENTHEALTH WAUCHULA	HARDEE	X _ _ _ _ X _ _ _ _ X _ _ _ _ _ _ X
3995	HENDRY REGIONAL MEDICAL CENTER	HENDRY	X X _ X _ _ X _ _ X X _ X _ _ _ _ _ _ X
4217	BAYFRONT HEALTH BROOKSVILLE	HERNANDO	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4217	BAYFRONT HEALTH SPRING HILL	HERNANDO	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4471	ENCOMPASS HEALTH REHABILITATION HOSPITAL OF SPRING HILL	HERNANDO	X
4315	OAK HILL HOSPITAL	HERNANDO	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4205	SPRINGBROOK HOSPITAL	HERNANDO	X
4171	ADVENTHEALTH LAKE PLACID	HIGHLANDS	X X X X X X X X X X X X _ X X X X X X X X X X X _ X X X X X
4171	ADVENTHEALTH SEBRING	HIGHLANDS	X X X X X X X X X X X X X _ X X X X X X X X X X _ X X X X X
4321	HIGHLANDS REGIONAL MEDICAL CENTER	HIGHLANDS	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4179	ADVENTHEALTH CARROLLWOOD	HILLSBOROUGH	X X _ X X X X X X X X X _ X _ X X _ X X X X X _ X X X X X
4035	ADVENTHEALTH TAMPA	HILLSBOROUGH	X X _ X X X X X X X X X _ X _ X X X X X X X _ X X X X X
4403	BRANDON REGIONAL HOSPITAL	HILLSBOROUGH	X X _ X X X X X X X X X _ X X X X X X _ X X X X X X X X X

X = hospital always offers the service; E = hospital has a service exemption

Hospital ER Services

ID	Name	County	Services
4334	H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE HOSPITAL	HILLSBOROUGH	X
4203	KINDRED HOSPITAL-BAY AREA-TAMPA	HILLSBOROUGH	X
3966	KINDRED HOSPITAL-CENTRAL TAMPA	HILLSBOROUGH	X
4112	MEMORIAL HOSPITAL OF TAMPA	HILLSBOROUGH	X X X X X X X X X X X X X X X X X X X X X X X X
4198	SOUTH BAY HOSPITAL	HILLSBOROUGH	X X X X X X X X X X X X X X X X X X
4056	SOUTH FLORIDA BAPTIST HOSPITAL	HILLSBOROUGH	X X X X X X X X X X X X X X X X X X X X X X X X
4292	ST JOSEPHS HOSPITAL	HILLSBOROUGH	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4292	ST JOSEPHS HOSPITAL BEHAVIORAL HEALTH CENTER	HILLSBOROUGH	X
4292	ST JOSEPHS HOSPITAL NORTH	HILLSBOROUGH	X X X X X X X X X X X X X X X X X X X X X X X X
4292	ST JOSEPHS HOSPITAL SOUTH	HILLSBOROUGH	X X X X X X X X X X X X X X X X X X X X X X X X X X
4112	TAMPA COMMUNITY HOSPITAL- A CAMPUS OF MEMORIAL HOSPITAL OF TAMPA	HILLSBOROUGH	X X X X X X X X X X X X X X X X X X X X X X X X X
4044	TAMPA GENERAL HOSPITAL	HILLSBOROUGH	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4495	DOCTORS MEMORIAL HOSPITAL	HOLMES	X X X X X X X X X X X X X X X X X X X
4029	CLEVELAND CLINIC INDIAN RIVER HOSPITAL	INDIAN RIVER	X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4221	ENCOMPASS HEALTH REHABILITATION HOSPITAL OF TREASURE COAST	INDIAN RIVER	X
4375	STEWARD SEBASTIAN RIVER MEDICAL CENTER	INDIAN RIVER	X X X X X X X X X X X X X X X X X X X X X

X = hospital always offers the service; E = hospital has a service exemption

Hospital ER Services

ID	Facility	County	Services
4172	CAMPBELLTON-GRACEVILLE HOSPITAL	JACKSON	
3999	JACKSON HOSPITAL	JACKSON	X X X X X X X X X X X X X X X X
4409	ADVENTHEALTH WATERMAN	LAKE	X X X X X X X X X X X X X X X X X X X X X X X X
4075	LIFESTREAM BEHAVIORAL CENTER	LAKE	X
4180	ORLANDO HEALTH SOUTH LAKE HOSPITAL	LAKE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4000	UF HEALTH LEESBURG HOSPITAL	LAKE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4000	UF HEALTH LEESBURG SENIOR BEHAVIORAL HEALTH CENTER	LAKE	X
4366	CAPE CORAL HOSPITAL	LEE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4301	GULF COAST MEDICAL CENTER LEE MEMORIAL HEALTH SYSTEM	LEE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4186	HEALTHPARK MEDICAL CENTER	LEE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4186	LEE MEMORIAL HOSPITAL	LEE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4395	LEHIGH REGIONAL MEDICAL CENTER	LEE	X X X X X X X X X X X X X X X
4507	PARK ROYAL HOSPITAL	LEE	X
4518	SELECT SPECIALTY HOSPITAL-FORT MYERS	LEE	X
4017	CAPITAL REGIONAL MEDICAL CENTER	LEON	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
3914	EASTSIDE PSYCHIATRIC HOSPITAL	LEON	X X
4256	ENCOMPASS HEALTH REHABILITATION HOSPITAL OF TALLAHASSEE	LEON	X
4487	SELECT SPECIALTY HOSPITAL - TALLAHASSEE	LEON	X

X = hospital always offers the service; E = hospital has a service exemption

Hospital ER Services

Code	Hospital	County	Services
4080	TALLAHASSEE MEMORIAL HOSPITAL	LEON	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4346	MADISON COUNTY MEMORIAL HOSPITAL	MADISON	X X X X
4323	BLAKE MEDICAL CENTER	MANATEE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
3977	CENTERSTONE OF FLORIDA	MANATEE	X
4476	LAKEWOOD RANCH MEDICAL CENTER	MANATEE	X X X X X X X X X X X X X X X X X X X X X X X X X X X
4146	MANATEE MEMORIAL HOSPITAL	MANATEE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4356	SUNCOAST BEHAVIORAL HEALTH CENTER	MANATEE	X X
4414	ADVENTHEALTH OCALA	MARION	X X X X X X X X X X X X X X X X X X X X X X X X X
4510	ENCOMPASS HEALTH REHABILITATION HOSPITAL OF OCALA	MARION	X
4483	KINDRED HOSPITAL OCALA	MARION	X
4001	OCALA REGIONAL MEDICAL CENTER	MARION	X X X X X X X X X X X X X X X X X X X X X X X X X X X
4488	THE VINES HOSPITAL	MARION	X
4001	WEST MARION COMMUNITY HOSPITAL	MARION	X X X X X X X X X X X X X X X X X X X X X X X X X X
4102	CLEVELAND CLINIC MARTIN NORTH HOSPITAL	MARTIN	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4102	CLEVELAND CLINIC MARTIN SOUTH HOSPITAL	MARTIN	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4524	CORAL SHORES BEHAVIORAL HEALTH	MARTIN	X X
4512	ENCOMPASS HEALTH REHAB HOSPITAL AN AFFILIATE OF MARTIN HEALTH	MARTIN	X
4430	AVENTURA HOSPITAL AND MEDICAL CENTER	MIAMI-DADE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X

X = hospital always offers the service; E = hospital has a service exemption

Hospital ER Services

Code	Hospital	County	Services
4085	BAPTIST HOSPITAL OF MIAMI	MIAMI-DADE	X X X X X X X X X X X X X X X X X X X X X X X X X X X
4200	CORAL GABLES HOSPITAL	MIAMI-DADE	X X X X X X X X X X X X X X X X X X X X X X X X X X
4289	DOCTORS HOSPITAL	MIAMI-DADE	X X X X X X X X X X X X X X X X X X X X X X X X X
3988	DOUGLAS GARDENS HOSPITAL	MIAMI-DADE	X
4425	ENCOMPASS HEALTH REHABILITATION HOSPITAL OF MIAMI	MIAMI-DADE	X
4347	HIALEAH HOSPITAL	MIAMI-DADE	X X X X X X X X X X X X X X X X X X X X X X
4486	HOMESTEAD HOSPITAL	MIAMI-DADE	X X X X X X X X X X X X X X X X X X X X X X X X X
3998	JACKSON MEMORIAL HOSPITAL	MIAMI-DADE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
3998	JACKSON NORTH MEDICAL CENTER	MIAMI-DADE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
3998	JACKSON SOUTH MEDICAL CENTER	MIAMI-DADE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4344	KENDALL REGIONAL MEDICAL CENTER	MIAMI-DADE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4248	KINDRED HOSPITAL-SOUTH FLORIDA-CORAL GABLES	MIAMI-DADE	X
4288	LARKIN COMMUNITY HOSPITAL	MIAMI-DADE	X X X X X X X X X X X X X X X X X X X X X X X X X X X
4065	LARKIN COMMUNITY HOSPITAL PALM SPRINGS CAMPUS	MIAMI-DADE	X X X X X X X X X X X X X X X X X X X X X X X
4384	MERCY HOSPITAL, A CAMPUS OF PLANTATION GENERAL HOSPITAL	MIAMI-DADE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4066	MOUNT SINAI MEDICAL CENTER	MIAMI-DADE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4067	NICKLAUS CHILDREN'S HOSPITAL	MIAMI-DADE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4133	NORTH SHORE MEDICAL CENTER	MIAMI-DADE	X X X X X X X X X X X X X X X X X X X X X X X X X

X = hospital always offers the service; E = hospital has a service exemption

Hospital ER Services

Code	Name	County
4313	PALMETTO GENERAL HOSPITAL	MIAMI-DADE
4469	SELECT SPECIALTY HOSPITAL-MIAMI	MIAMI-DADE
4519	SELECT SPECIALTY HOSPITAL-MIAMI LAKES	MIAMI-DADE
4496	SOUTH FLORIDA EVALUATION AND TREATMENT CENTER	MIAMI-DADE
4033	SOUTH MIAMI HOSPITAL	MIAMI-DADE
4522	SOUTHERN WINDS	MIAMI-DADE
4262	ST CATHERINE'S REHABILITATION HOSPITAL	MIAMI-DADE
4262	ST CATHERINE'S WEST REHABILITATION HOSPITAL	MIAMI-DADE
4074	UNIVERSITY OF MIAMI HOSPITAL AND CLINICS-BASCOM PALMER EYE INST	MIAMI-DADE
4074	UNIVERSITY OF MIAMI HOSPITAL AND CLINICS-SYLVESTER COMPREHENSIVE	MIAMI-DADE
4074	UNIVERSITY OF MIAMI HOSPITAL AND CLINICS-UHEALTH TOWER	MIAMI-DADE
4008	VARIETY CHILDREN'S HOSPITAL	MIAMI-DADE
3920	WEST GABLES REHABILITATION HOSPITAL	MIAMI-DADE
4505	WEST KENDALL BAPTIST HOSPITAL	MIAMI-DADE
4068	WESTCHESTER GENERAL HOSPITAL	MIAMI-DADE
4302	DEPOO HOSPITAL	MONROE

X = hospital always offers the service; E = hospital has a service exemption

Hospital ER Services

Code	Facility	County
4389	FISHERMEN'S COMMUNITY HOSPITAL	MONROE
4302	LOWER KEYS MEDICAL CENTER	MONROE
4061	MARINERS HOSPITAL	MONROE
4355	BAPTIST MEDICAL CENTER NASSAU	NASSAU
4363	FORT WALTON BEACH MEDICAL CENTER	OKALOOSA
4454	GULF COAST TREATMENT CENTER	OKALOOSA
4298	NORTH OKALOOSA MEDICAL CENTER	OKALOOSA
4363	REHABILITATION INSTITUTE OF NORTHWEST FLORIDA, THE	OKALOOSA
4052	TWIN CITIES HOSPITAL	OKALOOSA
4320	RAULERSON HOSPITAL	OKEECHOBEE
4369	ADVENTHEALTH APOPKA	ORANGE
4369	ADVENTHEALTH EAST ORLANDO	ORANGE
4369	ADVENTHEALTH ORLANDO	ORANGE
4369	ADVENTHEALTH WINTER PARK	ORANGE
4393	ARNOLD PALMER MEDICAL CENTER	ORANGE
4154	ASPIRE HEALTH PARTNERS	ORANGE
4498	CENTRAL FLORIDA BEHAVIORAL HOSPITAL	ORANGE
4381	LA AMISTAD RESIDENTIAL TREATMENT CENTER	ORANGE
4509	NEMOURS CHILDREN'S HOSPITAL	ORANGE
4119	ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL	ORANGE

X = hospital always offers the service; E = hospital has a service exemption

Hospital ER Services

ID	Facility	County	Services
4393	ORLANDO HEALTH DR P PHILLIPS HOSPITAL	ORANGE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4393	ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER	ORANGE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4473	SELECT SPECIALTY HOSPITAL - ORLANDO (NORTH CAMPUS)	ORANGE	X
4473	SELECT SPECIALTY HOSPITAL - ORLANDO (SOUTH CAMPUS)	ORANGE	X
4442	UNIVERSITY BEHAVIORAL CENTER	ORANGE	X
4369	ADVENTHEALTH CELEBRATION	OSCEOLA	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4369	ADVENTHEALTH KISSIMMEE	OSCEOLA	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4525	BLACKBERRY CENTER	OSCEOLA	
4484	ORLANDO HEALTH ST. CLOUD HOSPITAL	OSCEOLA	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4450	OSCEOLA REGIONAL MEDICAL CENTER	OSCEOLA	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4513	POINCIANA MEDICAL CENTER	OSCEOLA	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4452	BETHESDA HOSPITAL EAST	PALM BEACH	X X X X X X X X X X X X X X X X X X X X X X X X X X X
4452	BETHESDA HOSPITAL WEST	PALM BEACH	X X X X X X X X X X X X X X X X X X X X X X X X X X X
3983	BOCA RATON REGIONAL HOSPITAL	PALM BEACH	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4439	DELRAY MEDICAL CENTER	PALM BEACH	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4070	GOOD SAMARITAN MEDICAL CENTER	PALM BEACH	X X X X X X X X X X X X X X X X X X X X X X X X X X X
4368	JFK MEDICAL CENTER	PALM BEACH	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4368	JFK MEDICAL CENTER NORTH CAMPUS	PALM BEACH	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4072	JUPITER MEDICAL CENTER	PALM BEACH	X X X X X X X X X X X X X X X X X

X = hospital always offers the service; E = hospital has a service exemption

Hospital ER Services

Code	Name	County	Services
4497	KINDRED HOSPITAL THE PALM BEACHES	PALM BEACH	X
3992	LAKESIDE MEDICAL CENTER	PALM BEACH	X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4127	PALM BEACH GARDENS MEDICAL CENTER	PALM BEACH	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4164	PALMS WEST HOSPITAL	PALM BEACH	X X X X X X X X X X X X X X X X X X X X X X X X X X X
4491	SELECT SPECIALTY HOSPITAL-PALM BEACH	PALM BEACH	X
4058	ST MARY'S MEDICAL CENTER	PALM BEACH	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
3980	THE JEROME GOLDEN CENTER FOR BEHAVIORAL HEALTH, INC	PALM BEACH	X
4159	WELLINGTON REGIONAL MEDICAL CENTER	PALM BEACH	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4283	WEST BOCA MEDICAL CENTER	PALM BEACH	X X X X X X X X X X X X X X X X X X X X X X X X X X
4499	ADVENTHEALTH CONNERTON	PASCO	X
3935	ADVENTHEALTH DADE CITY	PASCO	X X X X X X X X X X X X X X X X X X X X X X X X X
4508	ADVENTHEALTH WESLEY CHAPEL	PASCO	X X X X X X X X X X X X X X X X X X X X X X X
4445	ADVENTHEALTH ZEPHYRHILLS	PASCO	X X X X X X X X X X X X X X X X X X X X X X X X X X
4400	MEDICAL CENTER OF TRINITY	PASCO	X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4400	MEDICAL CENTER OF TRINITY WEST PASCO CAMPUS	PASCO	X
4216	MORTON PLANT NORTH BAY HOSPITAL	PASCO	X X X X X X X X X X X X X X X X X X X X X X X X X X
4216	MORTON PLANT NORTH BAY HOSPITAL RECOVERY CENTER	PASCO	X

X = hospital always offers the service; E = hospital has a service exemption

Hospital ER Services

Code	Name	County	First Col	Service Block
4514	NORTH TAMPA BEHAVIORAL HEALTH	PASCO	X	
4312	REGIONAL MEDICAL CENTER BAYONET POINT	PASCO		X X X X X X X X X X X X X X X X X X X X X X X X X
4333	ADVENTHEALTH NORTH PINELLAS	PINELLAS		X X X X X X X X X X X X X X X X X X X X X X X
4492	BAYCARE ALLIANT HOSPITAL	PINELLAS	X	
4303	BAYFRONT HEALTH ST PETERSBURG	PINELLAS		X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4278	ENCOMPASS HEALTH REHABILITATION HOSPITAL OF LARGO	PINELLAS	X	
4042	JOHNS HOPKINS ALL CHILDREN'S HOSPITAL	PINELLAS		X X X X X X X X X X X X X X X X X X X X X X X X X X
4457	KINDRED HOSPITAL-BAY AREA-ST PETERSBURG	PINELLAS	X	
4398	LARGO MEDICAL CENTER	PINELLAS		X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4398	LARGO MEDICAL CENTER - INDIAN ROCKS	PINELLAS		X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4378	MEASE COUNTRYSIDE HOSPITAL	PINELLAS		X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4378	MEASE DUNEDIN HOSPITAL	PINELLAS		X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4064	MORTON PLANT HOSPITAL	PINELLAS		X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4324	NORTHSIDE HOSPITAL	PINELLAS		X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4317	PALMS OF PASADENA HOSPITAL	PINELLAS		X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4215	ST ANTHONYS HOSPITAL	PINELLAS		X X X X X X X X X X X X X X X X X X X X X X X X X X X X
3942	ST PETERSBURG GENERAL HOSPITAL	PINELLAS		X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4037	WINDMOOR HEALTHCARE OF CLEARWATER	PINELLAS	X	
4385	ADVENTHEALTH HEART OF FLORIDA	POLK		X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X

X = hospital always offers the service; E = hospital has a service exemption

Hospital ER Services

Code	Name	County	Services
4007	ADVENTHEALTH LAKE WALES	POLK	X X X X X X X X X X X X X X X X X X X X X X
4428	BARTOW REGIONAL MEDICAL CENTER	POLK	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4413	LAKELAND REGIONAL MEDICAL CENTER	POLK	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
3974	WINTER HAVEN HOSPITAL	POLK	X X X X X X X X X X X X X X X X X X X X X X X X X X
3974	WINTER HAVEN WOMEN'S HOSPITAL	POLK	X
4350	PUTNAM COMMUNITY MEDICAL CENTER	PUTNAM	X X X X X X X X X X X X X X X X X X X X X X X
4456	GULF BREEZE HOSPITAL	SANTA ROSA	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4036	JAY HOSPITAL	SANTA ROSA	X X X X X X
4342	SANTA ROSA MEDICAL CENTER	SANTA ROSA	X X X X X X X X X X X X X X X X X X
4018	WEST FLORIDA COMMUNITY CARE CENTER	SANTA ROSA	X
4307	DOCTORS HOSPITAL OF SARASOTA	SARASOTA	X X X X X X X X X X X X X X X X X X X X X X
4485	ENCOMPASS HEALTH REHABILITATION HOSPITAL OF SARASOTA	SARASOTA	X
4401	ENGLEWOOD COMMUNITY HOSPITAL	SARASOTA	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4481	PAM SPECIALTY HOSPITAL OF SARASOTA	SARASOTA	X
4191	SARASOTA MEMORIAL HOSPITAL	SARASOTA	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4140	VENICE REGIONAL BAYFRONT HEALTH	SARASOTA	X X X X X X X X X X X X X X X X X X X X X X X X
4369	ADVENTHEALTH ALTAMONTE SPRINGS	SEMINOLE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4032	CENTRAL FLORIDA REGIONAL HOSPITAL	SEMINOLE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X

X = hospital always offers the service; E = hospital has a service exemption
http://ahca.myflorida.com?MCHQ/Health_Facility_Regulation/Hospital_Outpatient/Hospital.shtml

Hospital ER Services

ID	Name	County	Services
4517	ENCOMPASS HEALTH REHABILITATION HOSPITAL OF ALTAMONTE SPRINGS	SEMINOLE	X
4393	ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL	SEMINOLE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4523	OVIEDO MEDICAL CENTER	SEMINOLE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
3665	FLAGLER HOSPITAL	ST. JOHNS	X X X X X X X X X X X X X X X X X X X X X X X X X X
4102	CLEVELAND CLINIC TRADITION HOSPITAL	ST. LUCIE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4144	LAWNWOOD REGIONAL MEDICAL CENTER & HEART INSTITUTE	ST. LUCIE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4295	PORT ST LUCIE HOSPITAL	ST. LUCIE	X
4193	ST LUCIE MEDICAL CENTER	ST. LUCIE	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X
4506	SELECT SPECIALTY HOSPITAL- THE VILLAGES INC	SUMTER	X
4464	UF HEALTH THE VILLAGES HOSPITAL	SUMTER	X X X X X X X X X X X X X X X X X X X X X X X X X X
4407	LAKE CITY MEDICAL CENTER SUWANNEE CAMPUS	SUWANNEE	X
3857	DOCTORS' MEMORIAL HOSPITAL	TAYLOR	X X X X X X X X
4290	LAKE BUTLER HOSPITAL	UNION	X X X
4006	RECEPTION AND MEDICAL CENTER HOSPITAL	UNION	X
4201	ADVENTHEALTH DAYTONA BEACH	VOLUSIA	X X X X X X X X X X X X X X X X X X X X X X X X X X X
4436	ADVENTHEALTH DELAND	VOLUSIA	X X X X X X X X X X X X X X X X X X X X X X X X X
4408	ADVENTHEALTH FISH MEMORIAL	VOLUSIA	X X X X X X X X X X X X X X X X X X X X X
4054	ADVENTHEALTH NEW SMYRNA BEACH	VOLUSIA	X X X X X X X X X X X X X X X X X X X X X X

X = hospital always offers the service; E = hospital has a service exemption

Hospital ER Services

ID	Facility	County																																												
4181	HALIFAX HEALTH MEDICAL CENTER	VOLUSIA		X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X		
4181	HALIFAX HEALTH MEDICAL CENTER- PORT ORANGE	VOLUSIA		X	X		X		X	X		X	X	X	X		X	X	X			X	X		X	X	X		X	X		X	X			
4530	HALIFAX HEALTH UF HEALTH MEDICAL CENTER OF DELTONA	VOLUSIA			X		X	X	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
4181	HALIFAX PSYCHIATRIC CENTER-NORTH	VOLUSIA	X																																	
4520	SELECT SPECIALTY HOSPITAL - DAYTONA BEACH	VOLUSIA	X																																	
4470	ASCENSION SACRED HEART EMERALD COAST	WALTON		X	X		X		X	X	X	X	X	X	X		X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X			
4234	HEALTHMARK REGIONAL MEDICAL CENTER	WALTON		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
4005	NORTHWEST FLORIDA COMMUNITY HOSPITAL	WASHINGTON		X					X																					X							

X = hospital always offers the service; E = hospital has a service exemption

Appendix G: Sample Cover Letter and Attestation of Trauma-Related Graduate Medical Education

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.

Florida HEALTH

Vision: To be the **Healthiest State** in the Nation

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

July 15, 2020

RE: Attestation of Trauma-Related Graduate Medical Education

Dear CEO:

The Department of Health is statutorily required to prepare an analysis of the Florida Trauma System by August 31, 2020, and every three years thereafter. As part of the analysis, the Department must determine the number of "accredited critical care and trauma surgical subspecialty medical resident or fellows" at each hospital that is designated by the Department as a trauma center. (see section 395.4025 (2)(a), Florida Statutes).

Following the recommendations of the Florida Trauma System Advisory Council, the Department defines "accredited critical care and trauma surgical subspecialty medical resident or fellow" as:

- A chief resident, or a fourth-year postgraduate resident (PGY-4) or a fifth-year postgraduate resident (PGY-5), whichever is the highest level offered by the trauma center, who is primarily assigned to an Accreditation Council for Graduate Medical Education (ACGME) General Surgery residency program at the hospital.

- A chief resident or a PGY-4 or a PGY-5, whichever is the highest level offered by the trauma center affiliated with the educational institution, in the Department of Defense (DoD) medical training program who is temporarily assigned to an Accreditation Council for Graduate Medical Education (ACGME) General Surgery residency program at the hospital for the purposes of fulfilling the training requirements of the DoD training program.

- An Accreditation Council for Graduate Medical Education (ACGME), Surgical Critical Care Fellow who is assigned to a fellowship position sponsored by the hospital.

- An American College of Surgeons (ACS) and American Association for the Surgery of Trauma (AAST) Acute Care Surgery Fellow who is assigned to a fellowship position sponsored by the hospital.

  Note: Except for DoD trainees, trauma centers are prohibited from declaring a person as a qualifying resident or fellow if he or she takes rotations, provides clinical services or is otherwise employed by the hospital but is assigned to a qualifying ACGME or AAST program at another hospital.

The Chief Executive Officer or the equivalent responsible party identified by name in the trauma center application of record should reproduce the below Attestation of Trauma-Related Graduate Medical Education on hospital or health care system letterhead, complete and sign the Attestation, and send a copy by email to: DEPCS.TraumaNCompl@flhealth.gov and send the original to:

Florida Department of Health
Office of the General Counsel
4052 Bald Cypress Way, Bin A-02 • Tallahassee, FL 32399-1703
PHONE: 850/245-4685 • FAX: 850/413-8743
FloridaHealth.gov

PHAB **Accredited Health Department**
Public Health Accreditation Board

Florida Department of Health, DEPCS
ATTN: Kate Kocevar,
4052 Bald Cypress Way, Bin A-22,
Tallahassee, FL 32399-1722.

Please complete and return as early as possible and but no later than August 15, 2020.
Thank you for your continued support of the Florida Trauma System and commitment to providing optimal care for severely injured persons. Should you have questions, please contact Kate Kocevar, Trauma Section Administrator at (850) 245-4054 or email: kate.kocevar@flhealth.gov.

Sincerely,

Kate Kocevar

Kate Kocevar
Trauma Section Administrator

Enclosure: Attestation of Trauma-Related Graduate Medical Education

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Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of _____(Date), I _____(Name and Title) certify the following to be true for _____(Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☐**Yes** ☐**No**

   If YES:
   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐**Yes** ☐**No**

      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐**Yes** ☐**No**

   IF YES:
      i. What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐**Yes** ☐**No**
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐**Yes** ☐**No**
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____   _____
Signature   Date

Appendix H: Completed Attestation of Trauma-Related Graduate Medical Education

Ascension
Sacred Heart

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of _7/29/2020_ (Date), I _Dawn Rudolph, President_ (Name and Title) certify the following to be true for _Ascension Sacred Heart_ (Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☑Yes ☐No

   If YES:
   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☑Yes ☐No

      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _4_

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:
   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☐No

      IF YES:
      i. What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☑No
   IF YES:
   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____
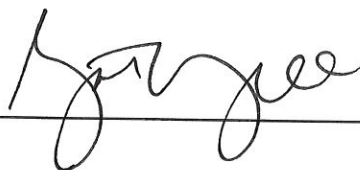
3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐Yes ☑No
   IF YES:
   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

Dawn Rudolph _____   _7/29/20_ _____
Signature   Date

Ascension Sacred Heart
5151 North 9th Avenue | Pensacola, FL 32504

850-416-7681
ascension.org/florida

Aventura Hospital and Medical Center

Enclosure: Attestation of Trauma-Related Graduate Medical Education

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Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of _8/11/20_ (Date), I _David LeMonte, CEO_ (Name and Title) certify the following to be true for _Aventura Hospital and Medical Center_ (Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☐**Yes** ☒**No**

   If YES:

   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐**Yes** ☐**No**

      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐**Yes** ☐**No**

   IF YES:

      i. What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐**Yes** ☒**No**
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐**Yes** ☒**No**
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____   ___8/11/20___
Signature   Date

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of _8.5.202x_(Date), I _Michael Aubin, Hosp Pres._ (Name and Title) certify the following to be true for _Wolfson Children's Hospital_(Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☐Yes ☒No

   If YES:
   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐Yes ☐No

      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_0_

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☒No

   IF YES:
      i. What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☒No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐Yes ☒No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____   8/5/20

Signature   Date

_____
Signature   Date

Enclosure: Attestation of Trauma-Related Graduate Medical Education

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Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of ___7/30/20___(Date), I ___Maggie Gill, CEO___ (Name and Title) certify the following to be true for ___Delray Medical Center___(Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☒Yes ☐No

    If YES:

    a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐Yes ☒No

        i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

    If yes to question 1.a. go to question 2.

    If your hospital does not have General Surgery chief residents:

    b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☒Yes ☐No

    IF YES:

        i. What is the most senior level General Surgery residency training offered by your hospital? _PGY-4_ (must enter PGY-4 or PGY-5)

        ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? __1.16__

        iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? __0__

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☒No
   IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐Yes ☒No
   IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____   __8/2/2020__

Enclosure: Attestation of Trauma-Related Graduate Medical Education

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of _7/23/2020_ (Date), I _G. MArk O'BryANT President/CEO_ (Name and Title) certify the following to be true for _TAllAhASSee MemoriAl_ (Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☑Yes ☐No

    If YES:
    a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☑Yes ☐No

        i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? __2__

    If yes to question 1.a. go to question 2.

    If your hospital does not have General Surgery chief residents:

    b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☐No

    IF YES:
        i. What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

        ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

        iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☑No
    IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐Yes ☑No
    IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

G. Mark O'Bryant
President & Chief Executive Officer

_____   _7/22/2020_
SignAture   DAte

St. Mary's Medical Center
West Palm Beach, Florida

901 45th Street   West Palm Beach, FL 33407
561.844.6300   www.stmarysmc.com

Palm Beach Children's Hospital
at St. Mary's Medical Center

Attestation of Trauma-Related Graduate Medical Education to be completed by ALL Florida Trauma Centers

As of, August 5, 2020, I, Cynthia McCauley, CEO, certify the following to be true for **St. Mary's Medical Center** based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☒Yes ☐No

    If YES:
    a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☒Yes ☐No

        i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? **0.73**

    If yes to question 1.a. go to question 2.

    If your hospital does not have General Surgery chief residents:

    b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☐No

    IF YES:

        What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

        ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

        iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☒No

    IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program?
    ☐Yes ☒No
    IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury. I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____   8|6|20
Signature   Date

Enclosure: Attestation of Trauma-Related Graduate Medical Education

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of _7.30.20_(Date), I _Angelica Rategarlari_ : HRMC Hospital Administrator (Name and Title) certify the following to be true for _Holmes Regional Medical_(Trauma Center Name) based on the hospital's last complete fiscal year: _Center_

1. Does your hospital have an ACGME General Surgery residency program? ☐Yes ☒No

   If YES:

   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐Yes ☒No

      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_NA_

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☒No

   IF YES:

      i. What is the most senior level General Surgery residency training offered by your hospital? _NA_ (must enter PGY-4 or PGY-5)

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _NA_

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _NA_

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☒No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_NA_

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program?
   ☐Yes ☒No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _NA_

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

Angela M Rategar   _7/28/20_

Enclosure: Attestation of Trauma-Related Graduate Medical Education

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of __8/19/2020__ (Date), I __ED JIMENEZ, CEO__ (Name and Title) certify the following to be true for __UF HEALTH SHANDS__ (Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☒Yes ☐No

    If YES:

    a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☒Yes ☐No

        i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? __6__

    If yes to question 1.a. go to question 2.

    If your hospital does not have General Surgery chief residents:

    b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☐No

    IF YES:

        i. What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

        ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

        iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☒Yes ☐No
    IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? __4__

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☒Yes ☐No
    IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? __1__

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____ Signature

__8/19/2020__ Date

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of 7/20/2020, I, Chad Christianson, CEO certify the following to be true for Ocala Regional Medical Center based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☒Yes ☐No

    IF YES:
    a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☒Yes ☐No

        i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _4_

    If yes to question 1.a. go to question 2.

    If your hospital does not have General Surgery chief residents:

    b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☐No

    IF YES:
    i. What is the most senior level General Surgery residency training offered by your hospital?____ (must enter PGY-4 or PGY-5)

    ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?____

    iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☒Yes ☐No
    IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _2_

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program?
    ☐Yes ☒No
    IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?____

Ocala Health

Attestation of Trauma-Related Graduate Medical Education
<u>To be completed by ALL Florida Trauma Centers</u>

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____   7/23/20
Signature   Date

Enclosure: Attestation of Trauma-Related Graduate Medical Education

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Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of _7/29/20_ (Date), I _Priscilla Bode — TPM_ (Name and Title) certify the following to be true for _Baptist Hospital_ (Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☐**Yes** ☒**No**

    If YES:
    a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐**Yes** ☐**No**

        i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

    If yes to question 1.a. go to question 2.

    If your hospital does not have General Surgery chief residents:

    b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐**Yes** ☒**No**

    IF YES:
        i. What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

        ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

        iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐**Yes** ☒**No**
    IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐**Yes** ☒**No**
    IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

Priscilla Bode   _7/29/20_

Enclosure: Attestation of Trauma-Related Graduate Medical Education

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of _7/22/20_ (Date), I _Alice Taylor, CEO_ (Name and Title) certify the following to be true for _BROWARD Health North_ (Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☐Yes ☒No

    If YES:
    a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐Yes ☐No

        i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

    If yes to question 1.a. go to question 2.

    If your hospital does not have General Surgery chief residents:

    b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☐No

    IF YES:
        i. What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

        ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

        iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☒No
    IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐Yes ☒No
    IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

Alice Taylor   _7/22/2020_

Bayfront Health
St. Petersburg

Attestation of Trauma-Related Graduate Medical Education

As of <u>July 21, 2020</u>, I <u>Sharon Hayes, CEO,</u> certify the following to be true for <u>Bayfront Health St Petersburg</u> based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☐**Yes** ☑**No**

   If YES:
   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐**Yes** ☐**No**

      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?___

   If **yes** *to question* **1.a.** *go to question* **2.**

   If **your hospital does not have General Surgery chief residents:**

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐**Yes** ☑**No**

   IF YES:
      i. What is the most senior level General Surgery residency training offered by your hospital?_____ (must enter PGY-4 or PGY-5)

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?___ _

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?___ _

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐**Yes** ☑**No**
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program?
   ☐**Yes** ☑**No**
   IF YES:
   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?___

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

Sharon Hays   8-4-2020
_____   _____
Signature   Date

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of 7/24/2020 (Date), I __Randal Currin, CEO__ (Name and Title) certify the following to be true for _Blake Medical Center_ (Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☐Yes ☒No

    If YES:
    a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐Yes ☐No

        i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

    If yes to question 1.a. go to question 2.

    If your hospital does not have General Surgery chief residents:

    b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☐No

    IF YES:
        i. What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

        ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

        iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☐No
    IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____
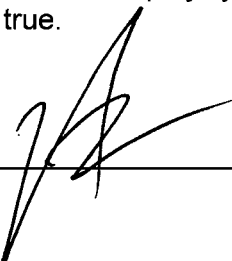
3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐Yes ☐No
    IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

Randal B Currin   7/27/2020

Memorial Regional Hospital

DIVISION OF TRAUMA SERVICES

Attestation of Trauma-Related Graduate Medical Education

As of __8/1/2020__ (Date), I __Peter Powers, CEO__ (Name and Title) certify the following to be true for __Memorial Regional Hospital__ (Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☒Yes ☐No

   If YES:
   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐Yes ☒No __Currently have GS Residents PGY 1, will have PGY 4 in 2022__
      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? __6 (currently PGY 1s)__

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☒No

   IF YES:
      i. What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☒No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐Yes ☒No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____   8/3/20
Signature   Date

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of _7/23/20_(Date), I ___Trey Abshier, CEO___(Name and Title) certify the following to be true for _Central Florida Regional Hospital_(Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☐**Yes** ☒**No**

    If YES:
    a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐**Yes** ☐**No**

        i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

    If yes to question 1.a. go to question 2.

    If your hospital does not have General Surgery chief residents:

    b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐**Yes** ☐**No**

    IF YES:
        i. What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

        ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

        iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐**Yes** ☒**No**
    IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____
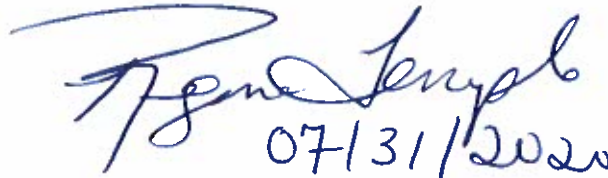
3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐**Yes** ☒**No**
    IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____   _7/28/20_

Enclosure: Attestation of Trauma-Related Graduate Medical Education

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of <u>July 20, 2020</u> (Date), I <u>David Verinder, Pres. & CEO</u> (Name and Title) certify the following to be true for <u>Sarasota Memorial Hospital</u> (Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☐Yes ☑No

   If YES:

   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐Yes ☐No

      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☐No

   IF YES:

      i. What is the most senior level General Surgery residency training offered by your hospital? (must enter PGY-4 or PGY-5)

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☑No

   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐Yes ☑No

   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____   <u>8/4/2020</u>
Signature   Date

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of ___7/31/20___ (Date), I _Regina Temple, CEO_ (Name and Title) certify the following to be true for _____ (Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☒Yes ☐No

   If YES:
   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☒Yes ☐No

      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?__1__

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☒Yes ☐No

   IF YES:
      i. What is the most senior level General Surgery residency training offered by your hospital? _PGY-5_ (must enter PGY-4 or PGY-5)

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _1 for 2019 Fiscal year_

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _0 for 2019 Fiscal year_

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☒No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?__N/A__

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program?
   ☐Yes ☒No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _N/A_

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

Regina Temple
07/31/2020

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of _7/29/20_ (Date), I _Shelley Fay, Practice Director_ (Name and Title) certify the following to be true for <u>Lee Co. Trauma Services District</u>(Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☐Yes ☒No

   If YES:
   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐Yes ☐No

      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☐No

   IF YES:
      i. What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☒No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) *did your hospital have in the last fiscal year?*_____

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐Yes ☒No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

Shelley Fay _____   7/29/20 _____

Signature   Date

Attestation of Trauma-Related Graduate Medical Education

As of **August 15, 2020**, I **Mitch Mongell, CEO** certify the following to be true for **Ft. Walton Beach Medical Center** based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☐Yes ☑No

    IF YES:
    a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐Yes ☐No

        i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

    If yes to question 1.a. go to question 2.

    If your hospital does not have General Surgery chief residents:

    b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☑No

    IF YES:

        i. What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

        ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

        iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☑No
    IF YES:

    a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____
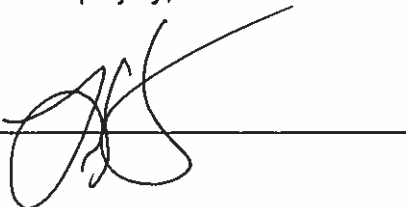
3. Does your hospital have an accredited ACS/AAST Acute Care Surgery Fellowship program? ☐Yes ☑No

IF YES:

    a. How many ACS/ACGME Acute Care Surgery Fellows positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____   8-19-2020
Signature   Date

As of <u>July 27th, 2020</u>, I <u>Eric Peburn, Executive Vice President and Chief Financial Officer</u> certify the following to be true for <u>Halifax Medical Center</u> based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☐Yes ✓No
   If YES:
   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)?
      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery program include PGY-4 or PGY-5 trainees (to include DoD trainees? ☐Yes ☐No

   If YES:

      i. What is the most senior level General Surgery residency training offered by your hospital?_____(must enter PGY-4 or PGY-5)
      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____
      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ✓No

   If YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐Yes ✓No

   If YES:

   a. How many ACGME Surgical Critical Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____
Eric M. Peburn, Executive Vice President and Chief
Financial Officer

<u>8/13/2020</u>
Date

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of 08/05/2020 (Date), I Dr. Leon Haley Jr., MD, MHSA (Name and Title) certify the following to be true for UFHealth Shands Jacksonville (Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☑Yes ☐No

   If YES:
   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☑Yes ☐No

      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? 3

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☑Yes ☐No

   IF YES:
      i. What is the most senior level General Surgery residency training offered by your hospital? PGY5 (must enter PGY-4 or PGY-5)

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? 4

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? 3

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☑Yes ☐No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? 2

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program?
   ☐Yes ☑No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____   8/7/2020
Signature   Date

August 6, 2020

Florida Department of Health, DEPCS
ATTN: Kate Kocevar, Trauma Section Administrator
4052 Bald Cypress Way, Bin A-22,
Tallahassee, FL 32399-1722

In re: Attestation of Trauma-Related Graduate Medical Education

Dear Ms. Kocevar,
As requested, enclosed you will find the completed Attestation of Trauma-Related Graduate
Medical Education for Orange Park Medical Center (OPMC). The General Surgery GME program
at OPMC was approved by the Accreditation Council for Graduate Medical Education (ACGME)
to accept residents off cycle on 11/1/2019. Currently, there are no chief residents. The
program has enrolled PGY-1 and PGY-2 level residents only, with anticipated additions to
subsequent years annually.

If we can provide any additional information, please do not hesitate to contact me.

Sincerely,

Lisa Valentine
Chief Executive Officer

Enclosure

Orange Park
MEDICAL CENTER

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of July 27, 2020 (Date), I ___Lisa Valentine, CEO___ (Name and Title) certify the following to be true for _Orange Park Medical Center_ (Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☒Yes ☐No

   If YES:
   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐Yes ☒No

      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_0_

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☒No

   IF YES:
      i. What is the most senior level General Surgery residency training offered by your hospital? __N/A__ (must enter PGY-4 or PGY-5)

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _N/A_

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _N/A_

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☒No
   IF YES:
   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_0_

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐Yes ☒No
   IF YES:
   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_N/A_

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____
Signature

7/27/20
Date

Jackson MEMORIAL HOSPITAL **PUBLIC HEALTH TRUST**

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Executive Office

1611 N.W. 12th Avenue • West Wing 117

Miami, FL 33136

www.JacksonHealth.org

305-585-6754

To: Kate Kocevar, Trauma Section Administrator

From: Carlos Migoya, President and CEO

Date: August 11, 2020

RE: Attestation of Trauma-Related Graduate Medical Education

Please find attached the completed Attestation of Trauma-Related Graduate Medical Education for Ryder Trauma Center.

X _____

Carlos A. Migoya
President and CEO
Jackson Health System

Enclosure: Attestation of Trauma-Related Graduate Medical Education

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of _7/30/20_ (Date), I _Carlos Migoya, President and CEO_ (Name and Title) certify the following to be true for _Ryder Trauma Center_ (Trauma Center Name) based on the hospital's last complete fiscal year.

1. Does your hospital have an ACGME General Surgery residency program? ☒Yes ☐No

   IF YES:
   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☒Yes ☐No

      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_7_

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☐No

   IF YES:
      i. What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☐No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_7_

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program?
   ☐Yes ☒No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

DocuSigned by:

Carlos Migoya   8/10/2020
A0F3AC0ED71E425...
Signature   Date

Paul D. Danielson, MD, FACS, FAAP
Chair, Department of Surgery
Associate Professor of Surgery
Johns Hopkins University School of Medicine
601 Fifth Street South, Suite 611
St. Petersburg, FL 33701
727-767-3439 T
727-767-3295 F

JOHNS HOPKINS

M E D I C I N E

**JOHNS HOPKINS
ALL CHILDREN'S HOSPITAL**
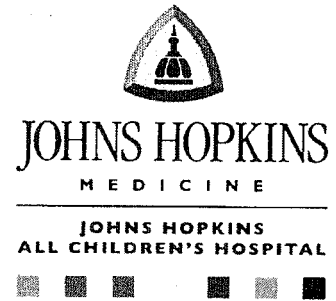
Friday July 24th 2020

Dear Ms. Kocevar:

Thank you for allowing us to complete the Attestation of Trauma-Related Graduate Medical Education per your request of July 15, 2020. Our survey results are attached.

I would like to point out what might be an oversight in drafting the Attestation Form. There is a class of Graduate Medical Education trainees who play a major role in trauma care that are not included. These are our Pediatric Surgery Fellows who are part of our Association of Accreditation Council for Graduate Medical Education (ACGME)-accredited fellowship. Trauma care is an ACGME-mandated part of the fellowship's curriculum.

In state-verified Pediatric Trauma Centers, like ours at Johns Hopkins All Children's Hospital, these fellows are deeply involved in the care of trauma patients. I suspect that this survey was drafted with adult trauma in mind, but we would like to make certain that this example of graduate medical education is also included.

Please feel free to reach out to us if there are further questions.

Yours sincerely,

Paul D. Danielson, MD, FACS, FAAP
Chair, Department of Surgery

Christopher Snyder, MD, FACS, FAAP
Medical Director, Pediatric Trauma Services

RECEIVED

AUG 0 7 2020

Department of Health
Legal Office

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of 7/24/20 (Date), I Paul Danielson, Chair, Dept of Surgery (Name and Title) certify the following to be true for Johns Hopkins All Children's (Trauma Center Name) based on the hospital's last complete fiscal year: Hospital

1. Does your hospital have an ACGME General Surgery residency program? ☐Yes ☑No

   If YES:

   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐Yes ☐No

      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☐No

   IF YES:

      i. What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☑Yes ☐No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? 0

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐Yes ☑No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

7/24/2020

Lakeland Regional Health™

VIA REGULAR U.S. MAIL AND EMAIL TRANSMITTAL

August 11, 2020

Florida Department of Health, DEPCS
ATTN: Kate Kocevar
4052 Bald Cypress Way, Bin A-11
Tallahassee, Florida 32399-1722
DEPCS.TraumaNCompl@flhealth.gov

Re: Lakeland Regional Medical Center, Inc.
             Attestation of Trauma-Related Graduate Medical Education

Dear Ms. Kocevar:

Lakeland Regional Medical Center, Inc. ("LRMC") is in receipt of the Department of Health's request for the above referenced Attestation related to the Florida Trauma System. Please find same enclosed signed by LRMC's President and CEO, Elaine C. Thompson, PhD.

Should you have any questions or need any additional information, please contact me at Jonn.Hoppe@myLRH.org or (863) 687-1079. Thank you for your attention to this matter.

Sincerely,

Jonn D. Hoppe, EVP, General Counsel/CLO
Lakeland Regional Medical Center, Inc.

Lakeland Regional Health™

ATTESTATION OF TRAUMA-RELATED GRADUATE MEDICAL EDUCATION

As of July 24, 2020, I, Elaine C. Thompson, PhD, President and Chief Executive Officer, certify the following to be true for Lakeland Regional Medical Center, Inc. based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery Program?

   ☐ Yes   ☒ No

2. Does your hospital have an ACGME Surgical Critical Care Fellowship Program?
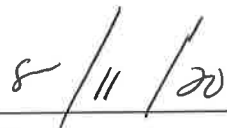
   ☐ Yes   ☒ No

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program?

   ☐ Yes   ☒ No

Under penalty of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

Elaine C. Thompson

Elaine C. Thompson, PhD
President/Chief Executive Officer

8/11/20
Date

Signature   Date

Enclosure: Attestation of Trauma-Related Graduate Medical Education

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Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of __8/5/2020__ (Date), I __Kimberly Guy_____(Name and Title) certify the following to be true for __St. Joseph's Hospital_____(Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☐Yes ☒No

   If YES:
   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐**Yes** ☐**No**

      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐**Yes** ☒**No**

   IF YES:
      i. What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐**Yes** ☒**No**
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐**Yes** ☒**No**
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____   08/06/2020
Signature   Date

Nicklaus Children's Health System

Matthew A. Love
President and Chief Executive Officer

August 14, 2020

Florida Department of Health, DEPCS
ATTN: Kate Kocevar
4052 Bald Cypress Way, Bin A-22
Tallahassee, FL 32399-1722

Re: Attestation of Trauma-Related Graduate Medical Education

Dear Ms. Kocevar:

I received your letter dated July 15, 2020 regarding the Department of Health's plan for preparing an analysis of the Florida Trauma System and the need to determine the number of "accredited critical care and trauma surgical subspecialty medical residents or fellows" at each hospital designated by the Department as a trauma center. I am sending this letter to your attention along with the completed and signed attestation on behalf of Nicklaus Children's Hospital in order to clarify some of the answers to the attestation questions.

Background
Nicklaus Children's Hospital; by virtue of it being a free-standing children's hospital with over 90,000 Pediatric Emergency room visits per year including trauma; sponsors accredited fellowship programs in advanced PGY sub-subspecialty training in Pediatric subspecialties linked to the trauma program among other specialties including:

1- Pediatric Surgery Fellowship (PGY 6, PGY7) – These fellows already completed a General Surgery Residency training
2- Pediatric Critical Care Fellowship (PGY 4, PGY5, PGY6)
3- Pediatric Cardiac Critical Care Fellowship (PGY 7)
4- Pediatric Emergency Medicine Fellowship (PGY 4, PGY 5, PGY6)

General Surgery Residency programs are typically adult-based in adult hospitals with a pediatric component. While Nicklaus Children's Hospital is not the sponsoring institution for a General Surgery residency (Due to adult-focused training), Nicklaus Children's Hospital Sponsors the advanced Pediatric Surgery Fellowship training program while serving as the major participating site for the various General Surgery Residencies in the local area. General Surgery Residents from programs such as: UM/ JMH, Cleveland Clinic of Florida, Mount Sinai Medical Center, and Larkin Hospital complete their Pediatric requirements at Nicklaus Children's Hospital. During their Pediatric block of time at Nicklaus Children's the residents spend 100% of that time in our site.

Since the wording of the attestation questions understandably aims at collecting information related to General Surgery Residency and the number of trainees who are PGY 4 or PGY 5, and since our surgical fellows are PGY6 and PGY7 and beyond, I wanted to attach this letter to clarify the way we answered the attestation questions given the background above

Should you have any questions, please do not hesitate to contact me

Sincerely,

Matthew A. Love
President and Chief Executive Officer
Nicklaus Children's Health System

Phone (786) 624-5743 • matthew.love@nicklaushealth.org
Mailing Address: 3100 S.W. 62nd Avenue, Miami, Florida 33155-3009 / (305) 666-6511
Visit us online at NicklausHealth.org

Nicklaus Children's Hospital

Enclosure: Attestation of Trauma-Related Graduate Medical Education

___

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of __8/5/2020__ (Date), I __Matthew Love, Chief Executive Officer__ (Name and Title) certify the following to be true for __Nicklaus Children's Hospital__ (Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☐Yes ☒No
   Our hopsital sponsors an advanced Pediatric Surgery Fellowship Program (See cover letter)
   IF YES:
   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐Yes ☒No - Our fellowship porgram has PGY6 and PGY7 Pediatric Surgery Fellows

      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _2 Fellows (PGY6, PGY7)_

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☒No - Our fellowship includes PGY6, PGY7 Fellows (see cover letter)
   IF YES:
      i. What is the most senior level General Surgery residency training offered by your hospital? __N/A__ (must enter PGY-4 or PGY-5) - PGY7 Fellow

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _0_

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _0_

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☒No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐Yes ☒No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____   8/14/20
Signature   Date

Enclosure: Attestation of Trauma-Related Graduate Medical Education

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of _July 21ST_ (Date), I _Heather Havericak CEO_ (Name and Title) certify the following to be true for _Broward Health_ (Trauma Center Name) based on the hospital's last complete fiscal year: _Medical Center_

1. Does your hospital have an ACGME General Surgery residency program? ☒Yes ☐No
   Please note we have a new general surgery residency
   IF YES: _that started 7/1/20._
   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐Yes ☒No _Please note we will have 6 chiefs ny 2023._
      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _0_

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☒Yes ☐No _* PGY-4 from Mt Sinai_

   IF YES:
      i. What is the most senior level General Surgery residency training offered by your hospital? _PGY-4_ (must enter PGY-4 or PGY-5) _& in 2023 highest will be PGY 4-5_
      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _0_
      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _0_

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☒No
   IF YES:
   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _0_

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐Yes ☒No
   IF YES:
   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _0_

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

Heather Havericak CEO
Broward Health Medical Center 7/21/20

Enclosure: Attestation of Trauma-Related Graduate Medical Education

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of ___8/24/2020___(Date), I ___John Couris, President & CEO___(Name and Title) certify the following to be true for _Tampa General Hospital_ (Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☑Yes ☐No

   If YES:
   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐Yes ☑No

      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☑Yes ☐No

   IF YES:
      i. What is the most senior level General Surgery residency training offered by your hospital? PGY-5 (must enter PGY-4 or PGY-5)

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _4_

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _5_

2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☑Yes ☐No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _2_

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐Yes ☑No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____   Aug 24, 2020
                                                 _____

Attestation of Trauma-Related Graduate Medical Education
To be completed by ALL Florida Trauma Centers

As of __7/23/2020__ (Date), I __Bradley S. Talbert, CEO_____ (Name and Title) certify the following to be true for Memorial Hospital Jacksonville(Trauma Center Name) based on the hospital's last complete fiscal year:

1. Does your hospital have an ACGME General Surgery residency program? ☐Yes ☒No

   If YES:
   a. Does your hospital have chief resident positions for General Surgery (to include DoD trainees)? ☐Yes ☐No

      i. How many General Surgery chief resident positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

   If yes to question 1.a. go to question 2.

   If your hospital does not have General Surgery chief residents:

   b. Does your hospital's General Surgery residency program include PGY-4 or PGY-5 trainees (to include DoD trainees)? ☐Yes ☒No

   IF YES:
      i. What is the most senior level General Surgery residency training offered by your hospital? _____ (must enter PGY-4 or PGY-5)

      ii. How many of PGY-4 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

      iii. How many of PGY-5 ACGME General Surgery residency positions (1.0 FTE equivalent) did your hospital have in the last fiscal year? _____

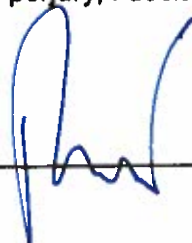2. Does your hospital have an ACGME Surgical Critical Care Fellowship program? ☐Yes ☒No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

3. Does your hospital have an accredited ACS AAST Acute Care Surgery Fellowship program? ☐Yes ☒No
   IF YES:

   a. How many ACGME Surgical Critical Care Fellow positions (1.0 FTE equivalent) did your hospital have in the last fiscal year?_____

Under penalties of perjury, I declare that I have read the foregoing attestation and that the facts stated in it are true.

_____   ___7/22/2020____
Signature   Date