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Subject: ALERT -- Impact and Implications of *Rockledge Hospital* Closure
on Emergency Care Operations and Patient Safety

Chief Voltaire:

We learned this past week that *Orlando Health* will be closing *Rockledge Hospital*, a facility that their healthcare system had acquired just recently (October 2024).

This unanticipated decision to close the hospital immediately raises substantial concerns with regard to the emergency medical care that would be provided to our citizens and any visitors to *Brevard County*. This closure has county-wide implications as it will create **significant impact on Brevard County Fire Rescue (BCFR) medical care operations and patient safety risks**, particularly in terms of the time-dependent and often life-threatening circumstances of heart attack, stroke, trauma/cardiac resuscitation, obstetrics, pediatrics and other critical emergencies.

Here are some of the relevant facts:

- 1) Not counting the large number of patients arriving by other means, *Rockledge Hospital* received **8,432 patients last year who were transported by BCFR EMS** alone (averaging one emergent ambulance arrival each hour). This statistic highlights the hospital's crucial role in the public's emergency medical care system. Moreover, among these patients, there were arrays of vulnerable populations:
 - **3,177 pediatric patients** (mostly young children)
 - **503 obstetrical (OB) cases** (i.e., high volumes of cases requiring hospital-based care)
 - **246 Documented Stroke Patients** (137 of whom arrived by EMS -- the related large volume of "stroke alert" cases brought in by BCFR made it the **2nd-highest county-wide**).
 - According to our medical record dataset, **BCFR brought Rockledge ~100 STEMI heart attacks** (i.e., the major heart attack cases requiring immediate catheterization) to making it **2nd-highest volume of STEMI patients** county-wide. Combined with other modes of arrival, the total STEMI count at *Rockledge* was even higher (**120 patients/year**).
- 2) There are numerous other immediate ramifications such as loss of the **Rockledge Hospital Helipad**. That invaluable asset *has been* used regularly for stroke, severe injury and critical pediatric illness cases requiring immediate transfer to distant comprehensive care facilities.
- 3) **Other receiving facilities' emergency departments (EDs)** will obviously be impacted, as well, **becoming even more overcrowded**. This will not only result in additional patient care delays, but also could prolong hospital holding times for ambulances, **further extending our out-of-service times and availability** for other time-dependent critical emergencies.

Immediate Impact on EMS Transport Times and 9-1-1 Medical Care Coverage and Response Times

With the closure of *Orlando Health Rockledge Hospital*, several of our BCFR station crews' operational capabilities will be compromised due to the **increased transport distances to the most appropriate alternative facilities** (for the applicable medical condition being managed).

In general, the loss of *Rockledge* will force EMS units to transport patients with time-dependent critical emergencies out-of-zone, **increasing transport times (alone) by up to 40 minutes**. These delays will be further **compounded by the additional time for back-up rescue ambulances having to respond into that crew's primary territory** (leaving their own) and the same **lengthy travel times to return** to their respective principal territories of coverage.

- **Stations 44, 45, 46 and 246** (co-habituates with R-46) will experience the **most extended transport and return times**, as *Viera Hospital* will become the primary receiving facility.
- **Stations 41, 42 (not a rescue) and 43** will also be affected, though to a lesser extent, with patients being transported primarily to *Cape Canaveral* (and *Viera Hospital* for Station 43). There will be a significant impact for OB patients. Same as 60 and 61 (below)
- **Stations 26 and 29** will be somewhat affected, with patients now being transported to *PMC*
- **Stations 41, 43, 60 and 61** will also be impacted because Cape Canaveral Hospital no longer accepts OB patients, and these patients were being routed to Orlando Health Rockledge Hospital unless the birth was imminent.

Beyond the respective **delays in definitive care for time-sensitive conditions** when traveling to more distant hospitals, **portions of the county may become relatively uncovered from time to time for rapid 9-1-1 response**. Gaps in local EMS availability and the resultant lengthening of the EMS systems' respective response intervals will most significantly create **delays in treating patients requiring the most rapid on-scene care** (e.g., cardiac arrest, respiratory compromise, precipitous deliveries and active hemorrhage).

Also, as previously mentioned, with other EDs becoming even more overwhelmed by the additional patient loads, these delays will likely be exacerbated by the **prolonged ambulance holding times at the hospital**

Keep in mind, this change also implies more wear-and-tear on our ambulances, markedly increased fuel costs and enhanced risk of traffic encounters (and even collision exposures) brought on by the magnified travel distances both ways.

In summary, the BCFR medical direction team and EMS leadership wanted to alert you to these pending acute public safety and health threats to our citizens. While we have already entertained various contingencies, they will likely not be sufficient to undo the immediate consequences of this hospital closure. Also, proposed contingencies may require high-level governmental attention akin to invoking a disaster plan including well-thought-out, responsible communications for public awareness purposes as well as close collaboration with area hospital leaders.

We will standby to discuss possible mitigation strategies and help you to establish solutions to maintain the highest level of emergency care provided for our community under the circumstances. Please advise us of your earliest ability to meet, including any Zoom/Teams virtual meetings.

Sincerely,



Peter M. Antevy, MD
BCFR Chief Medical Officer