

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: University of Miami Miller School of Medicine Florida Stroke Registry
2. Date of Submission: 11/08/2019
3. House Member Sponsor: Ana Rodriguez  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
***If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E***
- b. What is the most recent fiscal year the project was funded? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget  <i>(Will equal non-vetoed amounts provided in Column A)</i>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		750,000	750,000		1,200,000	1,200,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
  - 5a. If yes, which state agency?
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Health
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
  - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.  
Subject to the penalties put forth by the Florida Department of Health.

6. Requester:

- a. Name: Ralph Sacco
- b. Organization: University of Miami Miller School of Medicine
- c. Email: rsacco@med.miami.edu
- d. Phone #: (305)243-7519

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Carolina Gutierrez
- b. Organization: University of Miami Miller School of Medicine
- c. Email: cgutierrez2@med.miami.edu
- d. Phone #: (305)243-7850

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Raena Wright
- b. Firm: University of Miami Miller School of Medicine
- c. Email: raenawright@med.miami.edu
- d. Phone #: (305)284-4085

9. Organization or Name of entity receiving funds:

- a. Name: University of Miami
- b. County (County where funds are to be expended): Statewide
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Aims to improve quality of stroke care statewide through the comprehensive collection, analysis, and management of pre-hospital, acute hospital, and post hospital stroke data. The registry provides data-driven support and guidance to improve quality of stroke care by tracking, measuring, and benchmarking Florida hospitals performance measures; identifying stroke care disparities and analyze trends; developing interventions for quality care, and educating on best practices.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Researchers, Statisticians, Epidemiologist, Programmers, Project Manager, Coordinators	592,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Technology for collection and analysis of Florida stroke data; Creation/validation of interventions; Development of educational materials & training of initiatives; Travel for educational outreach on program outcomes, initiatives, and best- practices	608,000

<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		1,200,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

The American Heart Association/The American Stroke Association; 110 participating Florida hospitals across the state.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Supporting publications have been produced by The American Heart Association/The American Stroke Association; The American Academy of Neurology; The Society of NeuroInterventional Surgery; and EMS World Magazine

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Producing annual performance reports that track, measure, and benchmark Florida hospital stroke care; Regional reports on transportation policy to improve provision of treatment; Developing, demonstrating, and disseminating initiatives/interventions to address disparities in quality of care; Conducting outreach on data-driven best practices at the all phases of stroke care (pre-hospital, in-hospital, and post-hospital); Educating on evidence-based findings, initiatives for better healthcare outcome

17b. Describe the direct services to be provided to the citizens by the funding requested.

Improved quality of stroke care for all Floridians will result through the continuous improvement of hospital systems, and the provision of education, training, and intervention materials for best practices for healthcare professionals ultimately allowing for better stroke prevention, treatment, and rehabilitation in Florida.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Health professionals (clinicians, researchers, hospital administrators, caregivers, EMS, policymaker)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Reduce mortality and disability caused by stroke in Florida patients.	Tracking and measuring pre-hospital, acute hospital, and post-hospital stroke care data.
<input checked="" type="checkbox"/> Improve mental health	Healthier lifestyles in improving overall stroke outcomes	Tracking and measuring lifestyle metrics at the post-hospital phase
<input checked="" type="checkbox"/> Enrich cultural experience	Reduction in stroke disparities	Tracking and measuring pre-hospital, acute hospital, and post hospital performance measures data by race, ethnicity, sex, and geographic region (north, south, east, west, and panhandle) may inform culturally sensitive educational material that will improve the health care experience for all Floridians
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Increase awareness and improve training for health professionals on Stroke Disparities Education; development of best practices for	Quantification or the viewership of education material posted at the registry's website; pre/post testing; quantification of distributed

	stroke care; providing education to the community.	educational material.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input checked="" type="checkbox"/> Improve transportation conditions	Improve the ability for Emergency Medical Service providers to determine the most appropriate and nearest stroke care hospital for each patient served.	ional (county-specific) Dashboards provide snapshots of local hospitals ability to attend to severe stroke cases. Reports allow EMS to identify the nearest and most appropriate stroke center in relation to the patient location and medical needs
<input checked="" type="checkbox"/> Increase or improve economic activity	Increasing improvements in acute stroke treatment, decreases in post stroke Measure of specific discharge metrics related to patient functionality such as Modified Rankin Score (a measure of person's ability to live independently).	Guidelines adherence has been shown to improve the outcomes of patients with stroke and the patient's ability to be reincorporated back into the society after stroke and therefore reduce the indirect cost related to stroke.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Increase improved acute stroke treatment to decrease post stroke disability. Metrics related to patient functionality (i.e., Modified Rankin Score, a measure of person's ability to live independently) are tracked and measured in the Registry for quality	Guidelines adherence has been shown to improve the outcomes of patients with stroke and the patient's ability to be reincorporated back into the society after stroke and therefore reduce the indirect cost related to stroke.

	improvement.	
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,200,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>1,200,000</b>	<b>100%</b>	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- ≥ 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select “ongoing activity”.

- Ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M
- >10M