

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: University of Miami - Florida Stroke Registry
2. Date of Submission: 11/14/2017
3. House Member Sponsor: Bryan Avila
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? 2017-18
- 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 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i> | | | Develop New Funds Request for FY 2018-19 <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> | Additional Nonrecurring Request | TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i> |
| Input Amounts: | | 200,000 | 200,000 | | 1,000,000 | 1,000,000 |

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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 Terms and Conditions

6. Requester:

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

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

- a. Name: Raena Wright
- b. Firm: University of Miami
- c. Email: raenawright@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): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Alachua, Brevard, Broward, Charlotte, Citrus, Collier, Duval, Hillsborough, Lee, Leon, Miami-Dade, Monroe, Nassau, Orange, Palm Beach, Pasco, Pinellas, Sarasota, Seminole, Volusia

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?

The Florida Stroke Registry aims to improve the quality of stroke care statewide through the comprehensive analysis of race-ethnic, sex, and geographic stroke care in Florida. As an organized and established acute stroke registry it provides data driven support to improve the quality of care by tracking, measuring, and benchmarking quality of stroke care in Florida hospitals; Identifying stroke care disparities and analyze trends; and developing interventions/best practices for quality care.

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, Statistician, Epidemiologist, Programmers, Project Manager, Coordinator | 492,000 |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Technology to support collection and analysis of performance data from FL hospitals; Education & training of interventions/ initiatives on share best practices in stroke care; Travel to meetings to educate/ improve statewide health care | 508,000 |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |

| | | |
|---|--|-----------|
| Fixed Capital Construction/Major Renovation: | | |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 1,000,000 |

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)

N/A

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; 76 Participating Florida Hospitals

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, and the American Academy of Neurology

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?

Data collection and analysis to reveal gaps and/or improvements in hospital quality of stroke care. Data will inform education, training, and intervention materials leading to best practices for healthcare professionals and improving outcomes in the area of stroke care in Florida.

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

Hospital-specific reports on stroke-care performance and disparities; production of educational material to improve quality of stroke care; promotion of best-practices which may address and remove identified disparities and which will improve patient-care.

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, administrators, caregivers)

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 acute stroke care hospital data |
| <input type="checkbox"/> Improve mental health | | |
| <input checked="" type="checkbox"/> Enrich cultural experience | Reduction in stroke disparities | Tracking and measuring acute stroke care hospital data and analyzing this data by race, ethnicity, sex, and geographic region (north, south, east, west Florida). |
| <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 stroke care | Measured through web analytics metrics; pre/post testing |
| <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 type="checkbox"/> Improve transportation conditions | | |
| <input checked="" type="checkbox"/> Increase or improve economic activity | Measure of specific discharge metrics related to patient functionality such as Modified Rankin (a measure of a person's ability to live independently) | Measured by Modified Rankin Score submitted by acute care hospitals at discharge and at 90- day post discharge. |
| <input type="checkbox"/> Increase tourism | | |
| <input type="checkbox"/> Create specific immediate job opportunities | | |

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency | Measure of specific discharge metrics related to patient functionality such as Modified Rankin (a measure of a person's ability to live independently) | Measured by Modified Rankin Score submitted by acute care hospitals at discharge and at 90- day post discharge. |
| <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 2018-19 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: | 1,000,000 | 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 |
| TOTAL | 1,000,000 | 100% | |

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 2018-19 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