

Appropriations Project Request - Fiscal Year 2017-18

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: 02/07/2017

3. House Member Sponsor: Jose Diaz

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? No
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
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 Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:					1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. 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 (Please retype if same as 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

8. If there is a registered lobbyist, fill out the lobbyist information below.

- 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(Please retype if same as Requestor or Contact):

- a. Name: University of Miami Miller School of Medicine
- 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, 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?

- ? Track, measure, and benchmark the quality of stroke care in Florida hospitals to then share best practices
- ? Identify stroke care disparities across time and analyze trends in these disparities and their frequency
- ? Facilitate the planning, dissemination, and implementation of interventions to reduce identified disparities specific to Florida regions

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) 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	Faculty; Researchers, Analysts, Programmers, and Education team members; Project manager	300,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	(1)Equipment and technology to support the collection and research of evidence-based stroke disparities data from Florida hospitals; (2)Education, training, and intervention materials to share best	500,000

	practices in stroke care to healthcare professionals; (3)Travel to regional meeting to improve statewide health care	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	To facilitate recruitment, training, outreach, and education efforts	200,000
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, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

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 City of Miami, Proclamation Dated: October 24, 2013; Miami Dade County Office of the Mayor and Board of County Commissioners, Proclamation Dates: October 24, 2014; Major Organizational Backing: The American Heart Association/The American Stroke Association; 75 Participating Florida Hospitals Statewide

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 Association of Neurology.

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

Yes

17a. Describe the target population to be served. 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
- Other (Please describe): Healthcare Professionals

17b. 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 all 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 of stroke and improve clinical outcomes after stroke for patients in Florida	Measured through data submission from acute care hospitals based on a standardized set of metrics derived from nationally approved clinical guidelines of care for stroke patients.
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Reduce disparities of treatment of stroke metrics	Measured through data submission from acute care hospitals based on a standardized set of metrics derived from nationally approved clinical guidelines of care for stroke patients. The Registry will then analyze this data by race, ethnicity, and sex.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Quantify the number of health care professionals participating in the online Stroke Disparities Training programs offered at the project's website.	Measured through web analytics
<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 specific discharge metrics related to patient functionality.	Measured by metrics (such as Modified Rankin Score - a measure of a person's ability to live independently) 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 specific discharge metrics related to patient functionality.	Measured by metrics (such as Modified Rankin Score - a measure of a person's ability to live independently) 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 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations	1,000,000	55.3%	N/A

Project Request:			
2. Federal:	607,628	33.6%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	200,000	11.1%	Yes
TOTAL	1,807,628	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 2017-18 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
- 1-2M
- >2-3M
- >3-10M

○>10M