



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** University of Miami Medical Training and Simulation Laboratory

2. **Senate Sponsor:** Bill Galvano

3. **Date of Submission:** 11/20/2017

4. **Project/Program Description:**

The Medical Training and Simulation Laboratory (MTSL) is a University of Miami Miller School of Medicine Center of Excellence. For more than 45 years, the MTSL has been an important asset to the State of Florida through its development and dissemination of state-of-the-art life-saving training programs in prehospital response, emergency medicine, internal medicine (and its subspecialties), and surgery for medical, nursing, allied healthcare and paramedical personnel. The specific goals of this MTSL project are: 1.) To develop training materials, educational systems and assessment instruments based on best evidence protocols for the training of fire-fighters, law enforcement, paramedics, and emergency medical technicians on the medical response to natural (hurricanes, tornadoes) and man-made disasters. 2.) To serve as a resource for this program for other healthcare training and emergency response centers in the state of Florida.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Education

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
750,000		750,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	250,000	3.7%
State (excluding the amount of this request)	3,500,000	51.9%
Local	250,000	3.7%
Other	2,000,000	29.6%
TOTAL	6,000,000	88.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 6,750,000

9. **Previous Year Funding Details:**



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- a. Has funding been provided in a previous state budget for this activity? Yes
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 4
- c. What is the most recent fiscal year the project was funded? 2017-18
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:	3,500,000		3,500,000

10. Is future-year funding likely to be requested?

Yes

- a. If yes, indicate non-recurring amount per year.

500,000

11. Program Performance:

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

The goals are to: 1) Create, disseminate, and evaluate life-saving programs related to natural (hurricanes) & man-made disaster response that will be used to train first-responders throughout Florida. 2) Develop & disseminate training materials to pre-hospital training programs. 3) Develop and implement patient simulation training scenarios to improve the hands-on life-saving skills that are learned and practiced without placing real patients at risk.

- b. What are the activities and services that will be provided to meet the intended purpose of these funds?

Life-saving skills in the event of an active shooter or incident of mass violence.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		



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<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	<ul style="list-style-type: none"> - Direct and organize curricula and training programs - Oversee operations and course logistics - Prepare training equipment, classrooms & simulation settings - Provide training & evaluate learners' knowledge & skills 	487,500
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	<ul style="list-style-type: none"> - Patient simulation training systems - Medical procedural task trainers - Consumable supplies used to support training 	187,500
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	<ul style="list-style-type: none"> - Contracted services to support tele-training throughout Florida, including remote and rural geographic regions 	75,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

d. What are the direct services to be provided to citizens by the appropriations project?

These training programs focus on the life-saving skills and recommended best practices for the pre-hospital management of all populations at risk of natural (hurricanes, tornadoes) & man-made disasters.

e. Who is the target population served by this project? How many individuals are expected to be served?



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All Florida citizens and visitors who are at risk of natural (hurricanes, tornadoes) & man-made disasters.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Improvement of life-saving knowledge and skills in the response and management of natural and man-made disasters. This will be measured by: examinations to assess knowledge, simulation scenarios that assess proficiency of skills using checklists & rating scales, and surveys of first-responders.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Subject to the penalties put forth by the Florida Department of Education Gen. Assurances, Terms & Conditions, for Participation in Federal & State Programs.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

None

13. Requestor Contact Information:

- a. **Name:** S. Barry Issenberg, MD
- b. **Organization:** University of Miami Miller School of Medicine
- c. **Email:** bissenbe@med.miami.edu
- d. **Phone Number:** (305)243-6491

14. Recipient Contact Information:

- a. **Organization:** University of Miami
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** S. Barry Issenberg
- e. **E-mail Address:** bissenbe@med.miami.edu
- f. **Phone Number:** (305)243-6491

15. 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 Number:** (305)284-2618