



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2368

1. Project Title Broward Health - Healthcare Associated Infections Reduction Pilot Program

2. Senate Sponsor Ben Albritton

3. Date of Request 01/21/2022

4. Project/Program Description

This pilot is intended to produce a reduction in the incidence of health care-associated infections (HAIs) and associated treatment costs for patients of Broward Health. The Centers for Disease Control and Prevention (CDC) cites hand hygiene as the most effective way to prevent the spread of infection, yet among those who most frequently come into contact with infectious diseases - healthcare workers - only 40% are compliant, putting themselves and their patients at risk for acquiring them.

5. State Agency to receive requested funds Department of Health

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	1,000,000	100%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No



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If yes, indicate the amount of funds received and what the funds were used for.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	All fees are charged for use of the Hand Hygiene Compliance Monitoring equipment at the rate of \$800/bed/year. The equipment includes soap and sanitizer dispenser beacons, bed zone beacons, badges, network gateways and hubs.	1,000,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,000,000

12. Program Performance

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

This pilot is intended to produce a reduction in the incidence of health care-associated infections (HAIs) and associated treatment costs for patients of Broward Health. The Centers for Disease Control and Prevention (CDC) cites hand hygiene as the most effective way to prevent the spread of infection, yet among those who most frequently come into contact with infectious diseases - healthcare workers - only 40% are compliant, putting themselves and their patients at risk for acquiring them.

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

All funds will be directly used to implement the Hand Hygiene Compliance Monitoring program, which is designed to protect local patients and reduce HAIs. All patient-facing staff will require training on how to use the technology to help protect patient health. As hospital hand hygiene compliance increases, staff will receive ongoing training on how to continue to improve staff performance.

c. What direct services will be provided to citizens by the appropriation project?

Each patient admitted to a hospital patient room will be protected by a geo-fenced zone. As caregivers interact with the patient, they will receive immediate feedback whether their hand hygiene is within compliance. If not, their badge will light up red and chirp, reminding them to use soap or sanitizer. The CDC and WHO agree that hand hygiene is the simplest, most effective way to reduce HAIs.

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

Elderly persons, Persons with poor physical health, Economically disadvantaged persons and General population. The program will serve approximately 1,250 patient beds per year.

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



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In a study conducted by 5 hospitals in Florida, the total infections (HAIs) were reduced by 29% (from 386 to 274 infections) over 2 years. Highlights included: a 40% reduction in CLABSI, 32% reduction in MRSA, 24% reduction in CAUTI, and 27% reduction in c.difficile. Based on 3rd party cost/infection data, the estimated savings were \$3.92-4.02 million. Additional data available upon request.

f. 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 the contract?

Failure to meet deliverables would result in financial consequences including withholding of funding or reduction in specified payments.

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

There is no capital funding in this request.



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14. Requestor Contact Information

a. First Name Last Name
b. Organization
c. E-mail Address
d. Phone Number Ext.

15. Recipient Contact Information

a. Organization
b. Municipality and County

c. Organization Type

- ☐ For Profit Entity
☒ Non Profit 501(c)(3)
☐ Non Profit 501(c)(4)
☐ Local Entity
☐ University or College
☐ Other (please specify)

d. First Name Last Name
e. E-mail Address
f. Phone Number

16. Lobbyist Contact Information

a. Name
b. Firm Name
c. E-mail Address
d. Phone Number