

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1997

| 1. Project Title | Development; S | tral Florida Elev Simulation Lab | ating | Care Through Workfo | orce | |
|--|---|---|--------------------------------------|---|--|---|
| 2. Senate Sponsor | Dennis Baxley | | | | | |
| 3. Date of Request | 12/11/2023 | | | | | |
| 4. Project/Program De | escription | | | | | |
| hands-on clinical ex in skill performance, suggests a 74% red | perience in a contr , knowledge acquis luction in medical e investing in newer | rolled, safe envi sition, clinical pe errors and an 85 educational res | ironme erform 5% rec source | ent. The use of these ance, critical thinking duction in infection ra | labs is linked to sign skills and communites following the us | s are used to provide gnificant improvements nication skills. Research se of SIM lab training. performance, patient |
| 5. State Agency to re- | ceive requested f | unds Dep | oartme | ent of Education | | |
| State Agency conta | acted? No | | | | | |
| 6. Amount of the Non | | t for Fiscal Ye | ar 202 | 24-2025 | | |
| Type of Funding | | | | Amo | unt | |
| Operations | | | | | 0 | |
| Fixed Capital Outlay | / | | | | 750,000 | |
| Total State Funds | Requested | | | | 750,000 | |
| 7 Total Project Cost f | | | | | | |
| 7. Total Project Cost i | for Fiscal Year 20 | 24-2025 (inclu | ding r | natching funds avai | ilable for this proj | ect) |
| Type of Funding | for Fiscal Year 20 | 24-2025 (inclu | ding r | Amount | ilable for this proj Percentage | ect) |
| Type of Funding Total State Funds R | | ` | ding r | | |] |
| Type of Funding Total State Funds R Matching Funds | | ` | ding r | Amount 750,000 | Percentage 67% | |
| Type of Funding Total State Funds R Matching Funds Federal | lequested (from qu | estion #6) | ding r | 750,000 0 | Percentage 67% | |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the | lequested (from qu | estion #6) | ding r | Amount 750,000 0 | Percentage 67% 0% 0% | |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local | lequested (from qu | estion #6) | ding r | 750,000 0 0 | Percentage 67% 0% 0% 0% | |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other | e amount of this rec | restion #6) quest) | ding r | Amount 750,000 0 0 375,000 | Percentage 67% 0% 0% 0% 33% | |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local | e amount of this rec | restion #6) quest) | ding r | 750,000 0 0 | Percentage 67% 0% 0% 0% | |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other | e amount of this rec | quest) | | Amount 750,000 0 0 375,000 | Percentage 67% 0% 0% 0% 33% | |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro | e amount of this received | quest) | | Amount 750,000 0 0 375,000 1,125,000 No Specific | Percentage 67% 0% 0% 0% 33% | |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro | e amount of this received | quest) 2024-2025 | ? | Amount 750,000 0 0 375,000 1,125,000 | Percentage 67% 0% 0% 0% 33% 100% | |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro | e amount of this received s for Fiscal Year 2 eviously received Am Recurring | estion #6) Quest) 2024-2025 I state funding Nonrecurr | ? | Amount 750,000 0 0 375,000 1,125,000 No Specific | Percentage 67% 0% 0% 0% 33% 100% | |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro Fiscal Year (уууу-уу) | e amount of this received Securring Recurring Recurring | estion #6) Quest) 2024-2025 I state funding Nonrecurr ted? | ? | Amount 750,000 0 0 375,000 1,125,000 No Specific Appropriation # | Percentage 67% 0% 0% 0% 33% 100% | |
| Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs 8. Has this project pro Fiscal Year (уууу-уу) 9. Is future funding lil a. If yes, indicate n | e amount of this received Am Recurring kely to be requested anonrecurring amo | estion #6) Quest) 2024-2025 I state funding nount Nonrecurr ted? unt per year. | ? | Amount 750,000 0 0 375,000 1,125,000 No Specific Appropriation # | Percentage 67% 0% 0% 33% 100% | |

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



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11. Status of Construction

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

Both hospitals received \$18.5 million to assist with covering losses due to Covid-19.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

| á | a. What is the cur | rent phase of the | project? | | | | |
|-----|----------------------------|---------------------|--|--------|----------------------------|-----------------|-------------|
| | Planning | O Design | Construction | O N/A | | | |
| ı | o. Is the project " | shovel ready" (i.e | e permitted)? | | No | | |
| (| c. What is the est | imated start date | of construction? | | Unknown at this time. | | |
| (| d. What is the est | imated completion | on date of construc | ction? | Unknown at this time. | | |
| 12. | | | receive, directly or of the facility and | | y, any fixed capital /. | outlay funding. | Include the |
| | UF Health Leesl | ourg Hospital - sar | ne as the entity. | | | | |

13. 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 | | 0 |
| 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/Majo | r Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | SIM Lab building cost and equipment. | 750,000 |
| Total State Funds Requested (m | ust equal total from question #6) | 750,000 |

14. Program Performance

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



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□University or College

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UF Health CFL proposes to build a SIM lab for nursing students and current medical staff. SIM labs are used to provide hands-on clinical experience in a controlled, safe environment. The use of these labs is linked to significant improvements in skill performance, knowledge acquisition, clinical performance, critical thinking skills and communication skills. Research suggests a 74% reduction in medical errors and an 85% reduction in infection rates following the use of SIM lab training.

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

SIM lab training will be an integral part of new nursing students and medical staff training. The lab will also be used for continuing education and care refreshers for employed staff.

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

Local nursing students and UF Health Central Florida medical staff will be able to utilize the SIM lab for enhanced training which in turn will also benefit patients receiving care at our facilities.

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

College and University Students. Expected to have more than 800 students benefit.

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

Successfully opening the Sim Lab and providing workforce development to improve the quality of care provided by nurses. Will also measure the quality scores of the nurses.

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?

| | Repayment of funds. | | | | |
|----|---------------------|--|-------------------|-----------------------|--|
| | | | | | |
| 5. | Requester Contact | Information | | | |
| | a. First Name | Kimberley | Last Name | e Kapes | |
| | b. Organization | UF Health Central F | Florida/UF Health | The Villages Hospital | |
| | c. E-mail Address | kkap0003@shands | .ufl.edu | | |
| | d. Phone Number | (352)323-5924 | Ex | t. | |
| 6. | Recipient Contact | Information | | | |
| | a. Organization | UF Health Central F Villages Hospital | Florida/UF Health | The | |
| | b. Municipality and | d County Lake | | | |
| | c. Organization Ty | ре | | | |
| | □For Profit Entity | | | | |
| | ☑Non Profit 501(d | e)(3) | | | |
| | □Non Profit 501(d | :)(4) | | | |
| | □Local Entity | | | | |
| | | | | | |



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□Other (please specify)

| d. First Name | Philip | Last Name | Braun |
|-------------------|-------------------------|-----------|-------|
| e. E-mail Address | pbra0001@shands.ufl.edu | ı | |
| f. Phone Number | (352)323-5924 | | |

17. Lobbyist Contact Information

| a. Name | Monica L. Rodriguez | |
|-------------------|----------------------------|--|
| b. Firm Name | Ballard Partners | |
| c. E-mail Address | monica@ballardpartners.com | |
| d. Phone Number | (850)577-0444 | |