

No

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

LFIR # 2735

1. Project Title	Mobile Stroke U	nits at UF Healt	h		
2. Senate Sponsor	Keith Perry				
3. Date of Request	01/03/2024				
4. Project/Program D	escription				
imaging and a strok treatment in the field outcomes post strok well. We want to de	e neurologist (virtua d. This time saves b ke. This truck provid ploy four more truck	lly) to bring ER rain cells (each es support to the storm to the Village:	d ambulance staffed by single level stroke care into the minute is 2 million brain on the county in which it is how a community (Sumter, Lanties) and Palm Beach ar	field to diagnose ar cells saved) and lea used but also suppo ke and Marion coun	nd begin stroke ds to improved orts adjacent counties as
5. State Agency to re	ceive requested fu	nds Depa	artment of Health		
State Agency conta	acted? Yes				
		for Final Voc	- 0004 000F		
6. Amount of the Non	recurring Request	tor Fiscai Yea	r 2024-2025		
Type of Funding			Amo		
Operations				12,500,000	
Fixed Capital Outlay				0	
Total State Funds Requested				12,500,000	
7. Total Project Cost f	for Fiscal Year 202	4-2025 (includi	ing matching funds ava Amount	ilable for this proje	ect)
Total State Funds R	Peguested (from gue	stion #6)	12,500,000	100%	
Matching Funds	requested (ITOTT que	3tion #0)	12,000,000	10070	
Federal			0	0%	
State (excluding the amount of this request)			0	0%	
Local			0	0%	
Other			0	0%	
Total Project Costs for Fiscal Year 2024-2025			12,500,000	100%	
O Uga thia praigat pr	aviaualy regained	stata fundina?	No		
8. Has this project pr	eviously received	state fulluling?	No		
Fiscal Year (уууу-уу)	Amo Recurring	ount Nonrecurrin	Specific Appropriation #	Vetoed	
9. Is future funding li	kely to be requeste	ed?	No		
a. If yes, indicate n	onrecurring amou	nt per vear.	00		
• ,	_				
D. Describe the so	urce of funding tha	it can be used	in lieu of state funding.		



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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

 ○ Planning ○ Design ○ Construction ○ N/A b. Is the project "shovel ready" (i.e permitted)? c. What is the estimated start date of construction? d. What is the estimated completion date of construction? 		atus of Constru What is the cur		he project?				
c. What is the estimated start date of construction?	(Planning	O Design	Construction	∙ N/A			
	b. l	Is the project ":	shovel ready" (i.e permitted)?				
d. What is the estimated completion date of construction?	c. \	What is the esti	imated start da	te of construction?				
	d. '	What is the est	imated comple	tion date of constru	ction?			
12. List 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.						oital outlay fund	ling. Include the	

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Statewide system leader for this program across UF Health.	200,000
Other Salary and Benefits	Community outreach work.	100,000
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	EMS partner agency staff (EMT plus a paramedic / driver), stroke nurse, CT tech and stroke neurologists' time.	3,500,000
Expense/Equipment/Travel/Supplies/Other	Medications on board, imaging equipment servicing, lab equipment, telemedicine equipment, fuel for the truck	8,700,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		

14. Program Performance

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

We will buy and deploy four more mobile stroke treatment unit ambulances with specialized equipment and teams to improve health outcomes for patients that suffer a stroke. Patients that receive stroke treatment more quickly will suffer less long term disability.

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



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The mobile stroke program brings a specialized neuro emergency department out in to the field upon the 911 dispatch and commences diagnosis and treatment even before the patient is transported to the emergency department.

and commences diagnosis and treatment even before the patient is transported to the emergency department.

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

Faster stroke diagnosis and treatment improving health outcomes.

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

Alachua and surrounding counties, All in the counties of the Villages (Lake and Sumter counties), Jacksonville (Duval county), Flagler (St. Johns county) and Palm Beach county. With the ability to serve as a resource to other adjacent counties, there will be service to an even larger area.

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

Stroke patients are assigned a modified Rankin scale score upon admission and then at the point of discharge. The modified Rankin score is the standard for measuring the degree of disability or dependence in daily activities one has for those suffering from a stroke. These scores at the point of discharge allows us to see the improvement in a clear way.

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?

Penalties would be not getting funding if we are not achieving the performance measures we set out to achieve.

Requester Contact Information				
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Recipient Contact Information				
a. Organization	UF Health Shands Hospital			
b. Municipality and County Alachua				
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	Traci		Last Name	dAuguste
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17. Lobbyist Contact Information

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