



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1336

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

South Florida State College seeks to enrich the clinical learning environment in its Health Sciences Education program by transforming its current skills laboratory space into a center wherein simulation-enhanced learning and other new technologies are embraced for its students across the health science disciplines. The Clinical Immersion Center for Health Sciences Education will also partner with area healthcare providers in an effort to engage and retain a qualified workforce by providing new skills and updates on emerging technological advancements.

5. **State Agency to receive requested funds**
- State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="1,495,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	1,495,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="1495000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	1,495,000	100 %

8. **Has this project previously received state funding?** Yes No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

9. **Is future-year funding likely to be requested?** Yes No

If yes, indicate nonrecurring amount per year.



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	n/a	0
Other Salary and Benefits	n/a	0
Expense/Equipment/Travel/Supplies/Other	n/a	0
Consultants/Contracted Services/Study	n/a	0
Operational Costs: Other		
Salary and Benefits	n/a	0
Expense/Equipment/Travel/Supplies/Other	Purchase lab equipment, modular furnishings, simulated hospital equipment, instructional technology, simulators, furnishings for six simulation rooms, educational software, IT and mechanical infrastructure, training and support for educators, audio-visual equipment, and control centers.	1,495,000
Consultants/Contracted Services/Study	n/a	0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	n/a	0
Total State Funds Requested (must equal total from question #6)		1,495,000



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11. Program Performance

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

Today's healthcare educators are challenged to stimulate students to become critical thinkers who can function in a dynamic and complex healthcare delivery system. This fact, coupled with limited faculty and clinical site resources has made the need for creativity and innovation in healthcare education crucial to the provision of competent healthcare practitioners. The funding request presented will enable SFSC to provide programming that will allow for the achievement of a high level of competency to prepare graduates and current healthcare providers with clinical expertise in preparation for the practice settings of today and tomorrow.

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

The SFSC Clinical Immersion Center for Health Sciences Education will be the hub of clinical education for the rural three-county district the College serves. From teaching a practical nursing student the nuances of care for the hospice patient, to educating area physicians in competencies related to rural healthcare emergencies for the obstetrical client, the services and activities that will take place in such an immersive center are endless. Examples include: Daily education and skills acquisition for all levels of nursing students, interprofessional simulation and skills lab activities for radiography, dental, and emergency medical/paramedic students, recruiting activities for area K-12 students, continuing workforce education for area healthcare practitioners, competency validation for critical care nurses, geriatric-sensitive competency development, obstetrical scenario education for current nurses, home health competency development for nursing assistants and home health aides

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

Direct services for the citizens for SFSC's service district include a wide array of educational opportunities in the health care arena. Strengthening the talent pipeline through increased access to educational opportunities, opportunities for advancement, and efforts to provide innovative practices will be afforded by the center. Such innovative practices include but are not limited to: patient and family discharge education and teach-back to prevent hospital readmissions, patient and family wound care demonstration/return demonstration to facilitate wound healing, health care services management scenarios for student in health services programs and current managers.

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

Students in all Health Sciences programs and allied health programs will be served by the center. Additionally citizens in the community desirous of continuing workforce education, certifications, and enhancements to current employment. Estimates begin at the 500-800 individuals per year with opportunities for many more encounters in such an immersive and collaborative learning environment.

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

The benefit and outcome of the project will fall under the overarching outcome of safe, quality care for the citizens of the service district. Educational advancement numbers, number of continuing workforce educational offerings, retention of area nurses and other healthcare providers, number and scope of academic/industry collaboratives, and positive return on the State's investment of education dollars are noted as key outcomes for the project.

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 in the contract?

Deliverables for this project will be to establish the SFSC Clinical Immersion Center for Health Sciences Education with the funding requested. Once established, there will be no other deliverables or performance measures required and, thus, no penalties.



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12. **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.**

n/a

13. **Requestor Contact Information**

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

14. **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

15. **Lobbyist Contact Information**

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