



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2108

1. **Project Title** University of Miami Miller School of Medicine - Florida Stroke Registry

2. **Senate Sponsor** Gayle Harrell

3. **Date of Request** 01/06/2020

4. **Project/Program Description**

The Florida Stroke Registry develops, implements, and supports the Florida-wide delivery of evidence-based best practices to improve the quality of stroke care and to reduce disparities and stroke outcomes through the systematic collection and analyses of stroke-care performance metrics.

5. **State Agency to receive requested funds** Department of Health

State Agency contacted? ☒ Yes ☐ No

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

Type of Funding	Amount
Operations	1,200,000
Fixed Capital Outlay	000
Total State Funds Requested	1,200,000

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)	1200000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	1,200,000	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		
2019-20	00	750,000	475	No

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

If yes, indicate nonrecurring amount per year. 1,200,000



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2108

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		<input style="width: 100%;" type="text"/>
Other Salary and Benefits		<input style="width: 100%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 100%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 100%;" type="text"/>
Operational Costs: Other		
Salary and Benefits	Researchers, Statisticians, Epidemiologist, Programmers, Project Manager, Coordinators.	592,000
Expense/Equipment/Travel/Supplies/Other	Technology for collection and analysis of Florida stroke data; Creation/validation of interventions; Development of educational materials & training of initiatives; Travel for educational outreach on program outcomes, initiatives, and best-practices.	608,000
Consultants/Contracted Services/Study		<input style="width: 100%;" type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input style="width: 100%;" type="text"/>
Total State Funds Requested (must equal total from question #6)		1,200,000



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2108

11. Program Performance

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

Aims to improve quality of stroke care statewide through the comprehensive collection, analysis, and management of pre-hospital, acute hospital, and post hospital stroke data. The registry provides data-driven support and guidance to improve quality of stroke care by tracking, measuring, and benchmarking Florida hospitals performance measures; identifying stroke care disparities and analyze trends; developing interventions for quality care, and educating on best practices.

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

Producing annual performance reports that track, measure, and benchmark Florida hospital stroke care; Regional reports on transportation policy to improve provision of treatment; Developing, demonstrating, and disseminating initiatives/interventions to address disparities in quality of care; Conducting outreach on data-driven best practices at all phases of stroke care (pre-hospital, in-hospital, and post-hospital); Educating on evidence-based findings, initiatives for better healthcare outcomes.

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

Improved quality of stroke care for all Floridians will result through the continuous improvement of hospital systems, and the provision of education, training, and intervention materials for best practices for healthcare professionals ultimately allowing for better stroke prevention, treatment, and rehabilitation in Florida.

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

Target populations include: hospital systems of care, health professionals (clinicians, administrators, stroke coordinators, case managers, policy advocates, academics), stroke patients and caregivers, and stroke advocacy groups. Direct collaboration will occur with participating Florida hospitals, and multiple Emergency Medical Service Departments.

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

Expected benefits include improvement of hospital stroke performance measures, increasing the numbers of stroke patients who will receive life-saving treatments, and reducing disability from stroke; all benefits that could result in a reduction of healthcare costs associated with the disease of stroke. Outcomes will be measured through data-driven results provided through relevant Florida Stroke Registry analyses, and visualized for hospitals in their Annual and Regional reports which will provide participating hospitals their quality of care performance and data-driven insight on gaps and improvements at a finer geographic and local (county-wide) focus.

- 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?

Subject to the penalties put forth by the Florida Department of Health.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2108

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.**

Not applicable.

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.