



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2773

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

A high functioning Critical Care Transport Program is essential to supporting our partner hospitals and to providing quality care to the children of Florida. This appropriation request is for \$950,000 to further expand our transport operations and to improve reliability and efficiency when responding to the emergent needs of infants and children in the Polk, Brevard, Indian River, Saint Lucie, and Martin counties.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	950,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>950,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	950,000	23%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	3,100,000	77%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>4,050,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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

Since inception in 2012, NCH has invested \$18.2 million in its Transport Program. In fiscal year 2022, NCH-FL spent more than \$3 million on our Transport infrastructure, including staffing, contracted services, supplies, and equipment. We have invested \$1.58 million for fully-equipped ambulances and flight isolettes for neonates, with \$1.16 million of that investment occurring since 2019. Additionally, we pay out of pocket for any transport of an uninsured patient.

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



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Yes

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

\$3,769,797.81  
 The funds were used for workforce/personnel costs, unreimbursed expenses attributable to COVID-19 such as supply, equipment, information technology, facilities and other expenses related to testing and vaccination.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning   
  Design   
  Construction

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?

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.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	We currently operate two concurrent teams of EMTs, nurses, and respiratory therapists twenty-four hours a day every day of the year, and we have prioritized improving reliability and efficiency of transport within and from the Treasure Coast and Lakeland. The funds to support these salaries and benefits are through Nemours' investment in the staff and region.	0
Expense/Equipment/Travel/Supplies/Other	In fiscal year 2022, NCH-FL invested more than \$3 million on our Transport infrastructure, including staffing, contracted services, supplies, and equipment. We have invested \$1.58m for fully equipped ambulances and flight isolettes for neonates. The funding will be used to secure additional tools needed to expand infrastructure and access to meet the increased needs of Treasure Coast and Lakeland.	850,000



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Consultants/Contracted Services/Study	A rapid growth in year over year transport volume creates an increasing need for improved efficiency and reliability, and as this volume increase has sustained past the post-COVID window, NCH recognizes we must invest even further in Transport Operations infrastructure to meet the needs of our ever-expanding partner locations.	100,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>950,000</b>

**14. Program Performance**

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

A high functioning Critical Care Transport Program is essential to supporting our partner hospitals and to providing quality care to the children of Florida. This appropriation request is for \$950,000 to further expand our transport operations and to improve reliability and efficiency when responding to the emergent needs of infants and children in the Polk, Brevard, Indian River, Saint Lucie, and Martin counties.

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

NCH recognizes we must invest even further in Transport Operations infrastructure to meet the needs of our ever-expanding partner locations. An increased demand for services in the last several years has necessitated splitting our Transfer Center operations into emergent and non-emergent designations.

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

When it comes to the emergent care of a child, minutes matter. When able to respond by air, there is significant improvement in the time that a critically ill neonate or pediatric patient spends outside of definitive care of Nemours' specialists, which can greatly impact morbidity and mortality for those patients.

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

The increasing transport numbers and higher acuity now necessitate transitioning more transports from ground to air travel. When it comes to the emergent care of a child, minutes matter. When able to respond by air, there is significant improvement in the time that a critically ill neonate or pediatric patient spends outside of definitive care of Nemours' specialists, which can greatly impact morbidity and mortality for those patients. While we bring much of the ICU to the patient in our ambulance, there is no comparison to being safely in a hospital bed, with access to every specialty, medication, and intervention needed to save a life.

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

Measure the number of patients served and the amount of time the transport takes via air v. former ground transport. When able to respond by air, there is significant improvement in the time that a critically ill neonate or pediatric patient spends outside of definitive care of Nemours' specialists, which can greatly impact morbidity and mortality for those patients.

**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?**

NCH will return the allocated funds if there is failure to expend funds to support the Critical Care Air Transport Program within 3 years.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**



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c. E-mail Address

d. Phone Number  Ext.

#### 16. 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

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number