



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1838

1. Title of Project: Shands Jacksonville Hospital Trauma Center ER

2. Senate Sponsor: Audrey Gibson

3. Date of Submission: 02/15/2019

4. Project/Program Description:

Modernize and improve trauma center and ER efficiency for the citizens of Northeast Florida. This is the only level 1 trauma center in Northeast Florida.

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

State Agency Contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

Type of Funding	Amount
Operations	
Fixed Capital Outlay	10,000,000
Total State Funds Requested	10,000,000

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	10,000,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	10,000,000	100.0%

8. Has this project previously received state funding? No

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

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate non-recurring amount per year. \$1,000,000

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		



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Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	The current ED and Trauma center is almost 45 years old and is inadequate to handle the volume and complexity of the patients currently being seen. In addition, many patients have to be seen and evaluated in the hallways due to lack of space. Funding will support new rooms, privacy, and patient complexity.	10,000,000
Total State Funds Requested (must equal total from question #6)		10,000,000

11. Program Performance:

- a. **What is the specific purpose or goal that will be achieved by the funds requested?**
Renovation and modernization of level 1 trauma services and emergency room services.
- b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
Level 1 trauma services and ER services.
- c. **What are the direct services to be provided to citizens by the appropriations project?**
Level 1 trauma services and ER services.
- d. **Who is the target population served by this project? How many individuals are expected to be served?**
Patients in need of level 1 trauma services or emergency room services in Northeast Florida. The emergency room sees 126,000 patients annually and the trauma center sees 4,000 patients annually.
- e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
Improved patient satisfaction scores and better health outcomes for trauma and ER patients. Patient satisfaction surveys and accreditation surveys by JACO.
- 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?**
Funds will not be requested if the project is not completed.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

University of Florida, Shands Jacksonville Hospital.



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13. Requestor Contact Information:

- a. **Name:** Dean Cocchi
- b. **Organization:** Shands Jacksonville Hospital
- c. **E-mail Address:** dean.cocchi@jax.ufl.edu
- d. **Phone Number:** (904)244-5013

14. Recipient Contact Information:

- a. **Organization:** Shands Jacksonville Hospital
- b. **County:** Duval
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Dean Cocchi
- e. **E-mail Address:** dean.cocchi@jax.ufl.edu
- f. **Phone Number:** (904)244-5013

15. Lobbyist Contact Information

- a. **Name:** Joe Mobley
- b. **Firm Name:** the Fiorentino Group
- c. **E-mail Address:** joe@thefiorentinogroup.com
- d. **Phone Number:** (904)866-3122