



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1211

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

4. Project/Program Description

Barry University, a majority-minority institution, houses a College of Nursing and Health Sciences (BU-CNHS) that enrolls approximately 2000 highly diverse students studying nursing and the healthcare professions. The BU-CNHS is home to the only National league for Nursing Center of Excellence in Florida. Faculty, in response to limited and suspended clinical education experiences due to the pandemic, have increased the use of virtual and simulation clinical experience to help students develop clinical reasoning, inter-professional and technical skills. The College seeks funding to expand its current simulation program by renovating existing space to accommodate recently acquired high-fidelity simulation models. The space will be used by BU-CNHS students to learn foundational and advanced skills prior to engaging in in-person clinical experiences, and facilitate the preparation of a safe healthcare workforce critical to the health and wellness of the citizens of the state of Florida.

5. **State Agency to receive requested funds**
- State Agency contacted?** Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	88,590
Fixed Capital Outlay	87,722
Total State Funds Requested	176,312

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	176,312	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	176,312	100%

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

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

9. **Is future funding likely to be requested?** No
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

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

During 2020, the University was awarded \$5.0M in federal assistance through the U.S. Dept of Education (CARES Act), Higher Education Emergency Relief Fund (HEERF). The first \$2.5M of these funds went directly to students
 The remaining \$2.5M was used for campus safety/operations measures and additional instructional equipment/software.
 All funds have either been drawn down or are committed to keeping the University safe and open, so there are no excess funds to allocate to this project.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Project Head: John McFadden, PhD, Dean (\$192,000 base salary X 5% = \$9,600; standard fringe benefit rate is 27.9% of base = \$2678)	12,278
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	0.5FTE start-up simulation technician @ 26,312 (\$41,600 annual base salary plus fringe @\$11,024)	26,312
Expense/Equipment/Travel/Supplies/Other	These funds will be used to purchase classroom/lab furniture, teaching tools, and hardware/software required for simulation technology.	35,000
Consultants/Contracted Services/Study	These funds will be allocated for construction design fees	15,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	These funds will be utilized to renovate an existing building to house the Simulation Annex for the College of Nursing and Health Sciences. This includes structural changes, such as additional wall space, flooring, upgraded electrical capacity, plumbing to allow for simulated "scrub sinks," medical gases, and enhanced HVAC to accommodate heat-producing computers/equipment and expanded capacity	87,722
Total State Funds Requested (must equal total from question #6)		176,312

12. Program Performance

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

This request will meet the goals of increasing the number of Registered Nurses and Allied Healthcare Professionals for Florida by ensuring availability of clinical skill building opportunities. The funds will be used specifically to renovate existing space to allow for an expansion of the nursing and health sciences simulation program. The simulation program provides a safe and non-threatening environment for students to learn and practice highly technical skills.

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



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The funds will be used to provide the nursing and health care students with enhanced space for simulated patient care scenarios. The space, as proposed here, will house new simulation modalities such as high-fidelity models, computer simulated patient care scenarios with virtual patients, and middle- and low-fidelity skill building models. Faculty will offer unique, real world learning opportunities focused on the integration of didactic course content with foundational and advanced clinical skills. The simulation experiences focus on improving patient safety, reducing medical errors and supporting positive patient outcomes.

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

This initiative, by expanding the necessary space for offering clinical application experiences, will facilitate the preparation of a healthcare workforce critical to the health and wellness of the citizens of the state of Florida. In doing so, this project will help increase the number of bachelor's prepared Registered Nurses, Advanced Practice Nurses (Nurse Practitioners and Nurse Anesthetists), Physician Assistants, Laboratory Technologists, and Occupational Therapists.

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

This project targets BU-CNHS students undertaking their principle coursework, as well as practicing health care providers seeking advanced education. The BU-CNHS currently enrolls 1894 students. Upon graduation, these health care practitioners practice in clinical facilities in urban, rural and under-served areas of Florida, providing care to the state's uninsured, under-insured and disadvantaged citizens. More than 80% of the graduates from the BU-CNHS clinical programs remain in their Florida home communities after graduation, including in designated Health Professional Shortage Areas (HPSAs).

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

The expected outcomes of this project are: 1) 100% of undergraduate nursing students (approximately 150/year) and physician assistant students (approximately 100/year) will participate in skill simulation prior to engaging in in-person clinical rotations; 2) An increase in usage of simulation by the BU-CNHS academic programs by 10 percent during the first year in the expanded space (by September 2022); 3) Simulation users will rate their experience with the simulation program highly at time of exit from the program. Both quantitative and qualitative data will be utilized to measure these outcomes.

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?

None.

13. 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.

Barry University is the owner of the facility. Any equipment and renovations funded through this initiative will remain under the direction of Barry University.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number