



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1139

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Request for state funding to aid in the completion of a \$20,000,000 project developing a regional simulation center for health care. The Judith & Marvin Herb Simulation Center at NCH Healthcare System will support multi-disciplinary training for health care practitioners. The Center will also be available for community partners such as law enforcement & first responders, k-12 & higher education, and businesses. For example, law enforcement officers can receive training on encounters with special needs populations or in de-escalation techniques. Among the assets, a live birthing simulator will allow NCH to train Collier Cty Sheriff's Officers on the basics of birthing a child in an emergent setting. K-12 educators can receive training in first aid, CPR, & other life-saving measures. Businesses can utilize the simulation suite & many other opportunities for the community as a whole to benefit in addition to the primary goal of improving patient outcomes within the NCH Healthcare System.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	1,999,998
Fixed Capital Outlay	0
Total State Funds Requested	1,999,998

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,999,998	10%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	18,000,002	90%
Total Project Costs for Fiscal Year 2022-2023	20,000,000	100%

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.



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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.

NCH received \$45,839,440 in Provider Relief Funds. These funds were used to mitigate the lost revenues associated with the cessation of elective procedures and other lost revenue generally associated with the impacts of the pandemic. The hospital also received \$7.9million in county-level pass through funds as reimbursement for COVID-19 expenses such as PPE, COVID-19 related equipment and creation of additional negative pressure treatment rooms. In contrast, NCH had a total uncompensated care amount of \$187,901,606 in 2020.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	The entire sum requested will be used to purchase the initial high-cost items for the program's startup. Significant investments in equipment, supplies, and technology are necessary for the Center to begin operations. The majority of the entire project's cost will be funded through local funds or philanthropy	1,999,998
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,999,998

12. Program Performance

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

NCH Healthcare is the only non-profit hospital in Collier County, serving an area approximately 2,000 sq miles and servicing a population of 385,000 people. Simulation technology is increasingly being used to prepare health care practitioners for clinical experience. The simulation center we are constructing will serve both health care and the public through opportunities to utilize our simulation technology for other purposes.

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

Health care education, training, and practice will be the primary focus. Community use and health care related training will also be available to public & private entities (k-12 educators, law enforcement, first responders, local businesses). One of the important components will be the broad access by outside groups to learn first aid, CPR, interactions with disabled populations, and other medical or inter-personal interactions.

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

Practitioners can use the technology to practice a procedure before the patient encounter. This will improve patient experience and quality of outcomes. Enhanced access to health care through attracting talent to Collier County will also be among the goals. This will enhance the quality and safety of patient outcomes.



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

Our target population is all citizens of SW FL. There are over 1,000,000 residents of our 5-county region and many visit Collier County, both within our region and across our state. Any one who needs health care while in our service region will benefit, as will visiting tourists.

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

Feedback provided by those who receive training at the simulation center as well as reported patient outcome measures can serve as evidence of the improved quality in training and improved health around our community.

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?

Should the project not move forward, reversion of the appropriation will occur. If NCH fails to provide access to the public in a reasonable manner, similar action can be taken.

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.

NCH Healthcare System owns the facility for which the funding is requested.



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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