

# The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1872

1. Project Title	EHR System Replacement			
•				
2. Senate Sponsor	Tom Wright			
3. Date of Request	02/22/2023			
4. Project/Program D	escription			
difference EHR sys currently consists or surrounding provide	system serving entire Halifax Hosp tems and 1 paper-only process; an f 4 different patient portals. This wi ers; single patient portal; improved c; etc; Entire project costs \$92,132,	d which consolidates into Il allow single records syst health outcomes (fewer in	one single patient po tem accessible by all	ortal a system which of Halifax and
5. State Agency to re	ceive requested funds Dep	artment of Health		
State Agency cont	acted? No			<del></del>
3. Amount of the Non	recurring Request for Fiscal Yea	ar 2023-2024		
Type of Funding		Amo	unt	
Operations			10,000,000	
Fixed Capital Outlag			0	
<b>Total State Funds</b>	Requested		10,000,000	
•	for Fiscal Year 2023-2024 (includ	ling matching funds ava		ct)
Type of Funding		Amount	Percentage	
	Requested (from question #6)	10,000,000	29%	
Matching Funds			00/	
Federal	a amount of this request)	0	0%	
Local	e amount of this request)	23,949,668	0% 71%	
Other		23,949,000	0%	
Total Project Costs for Fiscal Year 2023-2024		33,949,668	100%	
Total i Toject Oost	3 101 1 13cai 1 cai 2023-202-	33,343,000	10070	
8. Has this project pr	reviously received state funding?	? No		
Fiscal Year	Amount	Specific	Vetoed	
(уууу-уу)	Recurring Nonrecurri	ng Appropriation #		
9. Is future funding li	kely to be requested?	No		
a. If ves. indicate r	nonrecurring amount per year.			
•	. ,	l in liqu of state funding		
D. Describe the SO	urce of funding that can be used	i iii iieu oi state funding.		
10. Has the entity red	questing this project received an	y federal assistance rela	ited to the COVID-1	9 pandemic?
Yes		-		-
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11. Status of Construction

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

\$64.9 million were received for healthcare expenses, and the hospital experienced \$84.2 million in lost revenue and expenses during the same period.

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

a. What is the	current phase	of the project?	
OPlanning	ODesign	Construction	
b. Is the project	ct "shovel read	y" (i.e permitted)?	
c. What is the	estimated start	date of construction?	
d. What is the	estimated com	pletion date of construction?	
		y to receive, directly or indirec ners of the facility and the enti	outlay funding. Include the

#### 13. 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	Purchase of EHR software	5,000,000
Consultants/Contracted Services/Study	Installation of software; migration of data; other technology related professional IT services	5,000,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
<b>Total State Funds Requested (m</b>	ust equal total from question #6)	10,000,000

#### 14. Program Performance

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

The use of a single EHR system will result in better health outcomes, which will in turn result in less money being spent on care, patients and caregivers returning to work sooner, more bed capacity, lives saved, improved quality of life. The use of a single EHR system will also result in care and administrative efficiencies, greater continuity of care between providers within and outside the Halifax Hospital Medical Center system, reduced hospital acquired infections, and reduced medication costs.



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

Installation of new EHR system, migration of data into new system, and connectivity to other medical providers and payers.

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

The installation of a single patient portal and the elimination of 4 different patient portals so that the patient does not have to struggle with a new patient portal when receiving care from another medical specialist.

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

All citizens of Volusia County which need medical attention from a provider within the Halifax Hospital Medical Center system.

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

Improved patient outcomes, reduced costs, lives saved. Comparison of before and after outcomes, infection rates, deaths, expenses, etc.

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?

Liquidated Damages of \$1,000 per day past the provided milestone dates.

15. Requester Contact	Information		
a. First Name	Kelly	Last Name	Kwiatek
b. Organization	Halifax Hospital Medical Center		
c. E-mail Address	Kelly.Kwiatek@halifax.org		
d. Phone Number	(386)425-4220	Ext.	
16. Recipient Contact	Information		
a. Organization	Halifax Hospital Medical Center		
b. Municipality and	l County Volusia		
c. Organization Ty <sub>l</sub>	ре		
□For Profit Entity			
□Non Profit 501(c	e)(3)		
□Non Profit 501(c	<del>(</del> )(4)		
☑Local Entity			
□University or Co	llege		
□Other (please sp	pecify)		
d. First Name	Kelly	Last Name	Kwiatec
e. E-mail Address	Kelly.Kwiatek@halifax.org		



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f. Phone Number (386)425-4220	
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#### 17. Lobbyist Contact Information

a. Name	Douglas S. Bell
b. Firm Name	Metz Husband & Daughton PA
c. E-mail Address	doug.bell@mhdfirm.com
d. Phone Number	(850)205-9000