



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1048

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Install a single EHR system serving the entire Halifax system to replace a system of 9 EHRs and 1 paper-only process creating one single patient portal leading to improved health outcomes (less infections, falls, deaths, etc); cost savings for patients, Halifax and the State/Medicaid by reducing length of stay and improving outcomes; provide a larger data network; faster analytics; opportunities for provider recruitment/retention; improved payer-provider relationships; single billing statement.

5. State Agency to receive requested funds

State Agency contacted?  Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	3,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>3,000,000</b>

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,000,000	10%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	27,000,000	90%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>30,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	5,000,000	1217	No

9. Is future-year 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.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**10. Status of Construction**

**a. What is the current phase of the project?**

- Planning    
  Design    
  Construction    
  N/A

**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?**

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

**11. 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.**

**12. 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	Purchase of EHR software.	1,500,000
Consultants/Contracted Services/Study	Installation of software; migration of data; other technology related professional IT services.	1,500,000
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<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>3,000,000</b>

**13. 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 and shortened length of stay, which will in turn result in less money being spent on care by the patient, Halifax and the State/Medicaid, 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.

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

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



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

Consolidating 9 different EHRs and 1 paper-only system to one system 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 provided 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 in the contract?**

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

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No



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No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

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

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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) Special Tax District

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*