maryland
health services
cost review commission

Nurse Support Program II

Competitive Institutional Grants

Program

Review Panel Recommendations for FY 2023

May 11, 2022

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Introduction

This report presents recommendations for the Nurse Support Program II (NSP II) Competitive Institutional Grants Review Panel for Fiscal Year (FY) 2023. The staff of the Maryland Higher Education Commission (MHEC) and the Maryland Health Services Cost Review Commission (HSCRC or Commission) jointly submits this final report and recommendations for approval by the HSCRC. The FY 2023 NSP II recommendations align with the NSP I and II overarching goals of excellence in nursing practice and education.

Background

The HSCRC has funded programs to address cyclical nursing workforce shortages since 1986. In July 2001, the HSCRC implemented the hospital-based NSP I to address the nursing shortage impacting Maryland hospitals. Since that time, the NSP I completed three five-year program evaluation cycles, with the next renewal due by June 30, 2022.

The HSCRC established the NSP II on May 4, 2005, to increase Maryland's academic capacity to educate nurses. Provisions included a continuing, non-lapsing fund with a portion of the competitive and statewide grants earmarked for attracting and retaining minorities in nursing and in nurse faculty careers in Maryland. The Commission approved funding of up to 0.1 percent of regulated gross hospital revenue to increase nursing graduates and mitigate barriers to nursing education through institutional and faculty-focused statewide initiatives. MHEC was selected by the HSCRC to administer the NSP II programs as the coordinating board of higher education. After the conclusion of the first ten years of funding, the HSCRC continued to renew the NSP II funding, through June 30, 2025.

Since its inception, the NSP II program has gone through several revisions:

- The *Annotated Code of Maryland, Education Article § 11-405 Nurse Support Program Assistance Fund [2006, chs. 221, 222]* was amended in 2016 to delete

"bedside" to ensure the best nursing skills mix for the workforce was not limited to just bedside nurses.

- In 2012, the NSP II program was modified to include support for development of new and existing nursing faculty through doctoral education grants. Revisions to the Graduate Nurse Faculty Scholarship (GNF) included renaming the nurse educator scholarship in honor of Dr. Hal Cohen and his wife Jo, and sunsetting the living expense grant component.

- In 2012, the NSP I and NSP II initiatives were aligned with the National Academy of Medicine (NAM), formerly the Institute of Medicine, Future of Nursing report recommendations (2010). Recently, the NAM released the Future of Nursing 2020-2030 to chart the path over the next decade. The NSP I and NSP II Advisory Group met to consider how the new recommendations should be incorporated into the NSP programs and agreed that nurse retention should be the critical takeaway item to focus the joint efforts.

- In Spring 2020, the GNF was renamed the Cohen Scholars (CS) program. Additionally, the evaluation responsibility for this program was transitioned from the MHEC Office of Student Financial Assistance to the NSP II staff for future oversight. During the transition, NSP II staff clarified the NSP II eligible service facilities and standardized the teaching obligation for all GNF/Cohen Scholars.

Nursing Workforce Trends: Maryland vs Nation

The registered nurse (RN) workforce is the single largest group of health professionals, with more than four million nationally and 51,550 RNs employed in Maryland (US Bureau of Labor Statistics, 2021). To better understand whether Maryland's nursing shortage is unique, researchers use a Location Quotient (LQ) to quantify how concentrated the nursing industry is in this region as compared to the nation. A LQ greater than one (1) indicates the occupation has a higher share of employment than average. Although Maryland's share of nurses (LQ=.94) is slightly less than the national average, LQs for specific specialties (Nurse Practitioners (0.83), and Nurse Anesthetists (0.61) suggest supply shortages in these areas. The Bureau of Labor Statistics data

indicate the annual mean wage in Maryland is notably higher than five out of six neighboring states, however, the cost of living (COL) comparison reveals that Maryland is also one of the 10 most expensive states to live in and exceeds all neighboring states COL (insure.com) (Table 1).

Table 1. RN Employment and Wages for Maryland and Neighboring States, 2021

	Location Quotient (LQ)	RN Employment	Annual Mean Wage	Cost of Living Compared to US
Maryland	0.94	51,550	$82,660	21.01%
West Virginia	1.39	19,800	$67,640	0.68%
Delaware	1.25	11,760	$77,760	7.04%
Pennsylvania	1.24	149,270	$76,000	5.73%
New Jersey	0.94	77,980	$89,690	14.03%
Virginia	0.83	66,980	$76,680	4.86%

Source: US Bureau of Labor Statistics, May 2021 and Insure.com.

Nursing Workforce Trends: Entry-to-Practice in Maryland

According to researchers, caution should be used when the basis of policy modeling and decision making is employment trends, as nursing shortages are highly sensitive to multiple variables and complex to pinpoint beyond regional trends. A better reflection of the state of Maryland's workforce may be trends related to RN entry-to-practice, as it is the most important factor affecting projections of the nursing workforce supply (Auerbach, et al., 2017, pg. 294). In Maryland, the best indicator of entry-to practice is first-time passing rates for the National Council Licensure Examination – Registered Nurse (NCLEX-RN), available through the Maryland Board of Nursing (MBON).

Maryland continues to exceed the nation in first time NCLEX-RN passing rates (Table 2). The upward trend is expected to continue through FY 2023 due, in part, to funding the expansion of existing programs, Licensed Practical Nurses (LPN) to RNs and second-degree BSN options, a new MS-entry program, and increasing enrollment in new programs with evening cohorts.

Starting in Spring 2023, entry-to-practice nursing graduates will be tested using the Next Generation NCLEX (NGN) for registered nursing licensure. This format focuses on clinical judgment and includes a variety of question types with related case studies that go

beyond the usual multiple-choice options. Maryland Deans and Directors of Nursing Programs requested additional resources to prepare faculty and students for this change, and NSP II funded free workshops utilizing in-state faculty with expertise. Additional workshops are scheduled for June 2022.

Table 2. Maryland's First Time NCLEX-RN Rates, FY 2015 – 2021

Fiscal Year	Maryland BSN Programs		Maryland ADN Programs		Maryland MS Entry Programs		Total For All Maryland Programs		Passing Rates	
	No. Tested	No. Passed	No. Tested	No. Passed	No. Tested	No. Passed	No. Tested	No. Passed	MD	US
2015	1,207	930	1,658	1,355	70	64	2,935	2,349	80.03%	82.53%
2016	1,158	957	1,557	1,291	44	37	2,759	2,285	82.82%	83.94%
2017	961	806	1,457	1,252	163	150	2,581	2,208	85.55%	86.22%
2018	773	676	1,316	1,145	261	240	2,350	2,061	87.70%	87.81%
2019	867	743	1,375	1,245	305	275	2,547	2,263	88.85%	88.36%
2020	775	650	1,467	1,299	304	286	2,546	2,235	87.78%	87.93%
2021	926	755	1,376	1,218	362	330	2,664	2,303	86.45%	84.48%

Source: Maryland Board of Nursing. National Council State Boards of Nursing, and Pearson Vue. All Maryland RN 1st time candidates who graduated from a Maryland nursing program and tested in any US jurisdiction.

Nursing Licensure Trends: BLS vs MBON Data

In 2019, the MBON reported 81,238 RNs and 8,903 Advanced Practice Nurses (APRNs) were licensed in the state (MMWC, 2022). This differs significantly from data from the US Bureau of Labor Statistics (BLS), which reported 51,550 RNs and 4,250 APRNs in 2021. There is no obvious explanation for the difference in these figures, Previous evaluations of the NSP programs have acknowledged there were limitations to the data collected by MBON. For instance, only renewals were completed online, and each new entry erased earlier data on the nurse.

Attempts to fund new electronic systems were postponed or derailed by competing budget priorities. In December 2021, the MBON experienced a cyber-attack that continues to impact services despite adding 20 new employees and a dedicated technology team. Ongoing discussions about delays in licensure verification, and renewals, as well as barriers experienced by nursing students trying to secure certificates to work as nursing assistants has solidified the importance of the MBON to be fully

resourced to operate at a high level of responsiveness. These concerns are impacting hospitals, nursing programs, RNs, and ultimately, patients.

Nursing Workforce Trends: Maryland New Graduate Retention

As a nationally recognized leader in nurse residency programs, Maryland became the first state in the US to have all acute care hospitals fund and offer nurse residency programs (NRPs) for new nurse graduates in 2018. The purpose of the residency program is to build upon nursing school's foundational knowledge to smoothly transition new nurses into professionals and retain them in the workforce. Between 2013 and 2016, retention rates for Maryland hospitals offering an NRP ranged between 91 to 93 percent. High retention rates resulted in significant cost savings to participating hospitals; the average cost to replace one RN ranges from $40,038 to upwards of $88,000 (NSI, 2021; Jones, 2008). Prior to the coronavirus pandemic, Maryland hospitals overall retained more than 88 percent of their new to practice nurses annually (Table 3) compared to an average of 76 percent nationally (NSI, 2021). Moreover, hospital leaders and nurse residents report they are more confident and competent after completing their 12-month nurse residency program, resulting in better-prepared nurses and significant hospital cost savings.

Not unexpectedly, the retention rate declined in 2020 due to the coronavirus pandemic. Although the retention rate for 2021 so far appears promising (91 percent), this data is incomplete due to lags in reporting. Additionally, staff shortages and safety requirements forced more than half the hospitals to stop their residency programs in April 2020. The Collaborative hospitals are reinvigorating their programs in 2022. However, persistent staff shortages continue to impact these programs for nurse residents.

Table 3. MNRC Data on Retention of New Nurse Graduates, CY 2017-2021

	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Number of Residents Hired	1,573	1,513	1,846	1,995	2,417
Percent of Residents Terminated	8%	12%	11%	17%	9%
Retention Rate	92%	88%	89%	83%	91%

Maryland Nursing Workforce Center Registered Nurse Survey Results

Recent surveys have demonstrated, both nationally and in Maryland, that nurse well-being and their intent to remain in the profession were being negatively affected by pandemic-related stress, staffing levels, working conditions, increased violence in the workplace, and day-to-day uncertainties with changing patient acuity. In a three-part longitudinal study, the American Organization for Nursing Leadership (AONL) documented continually worsening job satisfaction, burnout, and intent to leave the profession by nursing leaders. A 2021 Washington Post-Kaiser Family Foundation survey found that 30 percent of healthcare workers are considering leaving their profession altogether. Exacerbating the losses is the imminent retirement of all baby boomers that will reach the traditional retirement age of 65 by 2030, leaving a gap in accumulated skills, knowledge, and experience. Unfortunately, this loss in the RN workforce coincides with the increased healthcare needs of our aging population who have more acute and chronic conditions.

In a recent report entitled *Analysis of COVID-19 Impact on the Maryland Nursing Workforce* Survey, the Maryland Nursing Workforce Center (MNWC) wrote:

> *"As of December 2021, several Maryland hospitals had enacted crisis standards of care, a framework for the gradual degradation of health care services when there are not enough resources available to meet the demand for care. Maryland hospitals have plenty of beds but not enough available nurses to cover them. Nurses have become a scarce resource during the pandemic, putting patients at risk. As the Omicron variant pushes the nation into year three of the pandemic, nurses are physically, mentally, and morally exhausted and are leaving the employment situations in large numbers. Hospitals in Maryland are facing a severe shortage of RNs and many have had to contract with nursing staffing agencies for temporary contractual "travel" nurses"* (Excerpt, MNWC 2021, pg. 9).

For the report, MNWC surveyed nearly 2,000 nursing staff and the results are concerning, many respondents reporting that they were physically exhausted. Additionally:

- 48 percent had experienced sleep disturbances,
- 40 percent experienced moderate to severe stress,
- 48 percent felt anxious,
- 43 percent were unable to control worrying, felt hopeless, and had little pleasure in usual things, and
- 49 percent had symptoms of burnout.

Furthermore, about 62 percent of nurses felt their physical health and safety were compromised without their consent, and more than 60 percent indicated an intent to leave their current nursing job.

When asked what would make them more willing to remain in the Maryland nursing workforce, 83 percent said that financial incentives with salary increases, annual bonuses, hazard pay, and/or increased retirement contributions, while 74 percent indicated improved staffing and nurse to patient ratios, the ability to self-schedule and flexibility in shift work would make a difference. Other motivators were acknowledgements, wellness resources, and personal protection during large-scale emergencies. The NSP I and NSP II Advisory Group have reviewed and will incorporate this information into their efforts. Hospital executives and nursing leaders are encouraged to review and consider its recommendations for staff retention strategies.

NSP II Program and Recommendations

New NSP II Programs

Transition to Nurse Residency Program (TNRP)

Safety concerns and the strain on hospital resources due to the pandemic necessitated halting on-site student clinical experiences in March 2020. In response, a statewide task force of Maryland hospital and academic leaders was formed to develop onboarding strategies for new nurses transitioning into practice (Warren, et al., in press). Members used data from an environmental scan, as well as national and local best

practices, to build an innovative curriculum to help hospitals onboard new nurses graduates who had their education disrupted by this unprecedented healthcare crisis.

The goal of the Transition to Nurse Residency Program (TNRP) is to restore the skills and competencies of new-to-practice nurses to pre-pandemic levels. The TNRP does not duplicate nor replace NRP; rather, it is a precursor to the NRP offered at onboarding and before new-to-practice nurses assume patient assignments. Since its creation, more than half of Maryland hospitals have implemented the program, and most are using NSP I funding to support it.

Nurse Resiliency Programs

NSP II partnered with the Maryland Organization of Nurse Leaders, Inc./Maryland Nurse Residency Collaborative (MONL Inc. /MNRC) on the NSP II-funded R^3 – Renewal, Resilience, and Retention of Maryland Nurses Program in FY 2021. The program engaged 50 Faculty Champions in three cohorts from eight Maryland Schools of Nursing to participate in the 2021-2022 R^3 faculty training workshops. The first workshop provided opportunities for nurse faculty to practice a variety of self-stewardship tools and skills, fostering a renewed commitment to the profession and their roles. In early 2022, a second workshop offered the Champions access to 20 modules (developed by the R^3 team and available on their website) to integrate resilience, integrity, and ethical practice content into existing curricula for pre-licensure nursing students.

Through this NSP II-funded program, NRP coordinators participated in immersion workshops and were trained using evidence-based resilience tools, practices, and resources. Ultimately, this program will enhance the residency curriculum and equip residents with successful strategies to strengthen their resiliency and well-being. At this year's annual R^3 Conference in April 2022, participants representing Maryland hospitals, schools of nursing, the Maryland Nurses Association (MNA), MHEC, National League for Nursing (NLN), and the Department of Defense were in attendance.

Universal Onboarding

NSP II also partnered with MONL, Inc. /MNRC and MNWC on a NSP II grant to offer nursing students an online universal onboarding training system. Learning Management System (LMS) platform will enable students from nursing schools throughout Maryland to access the modules, and administrative and instructional design support. MNWC developed the content through hospital practice and nursing education RN volunteers.

The Maryland Deans and Directors of Nursing Programs requested the platform to streamline the nursing student onboarding process which would address any individual hospital's requirements; saving money and time for hospitals, students, and programs. By July 1, 2022, hospitals will complete their final review of the seven Joint Commission-required modules and will be used by students enrolled in the Fall 2022 semester. The goal is to have all Maryland nursing school students complete this training annually, reducing redundant work and increasing opportunities for clinical experiences.

NSP II Program Updates

Progress on "80 Percent BSN by 2025" Goal

In 2021, the proportion of BSN or higher prepared nurses increased to 67 percent (RWJF, 2021), making steady progress towards achieving the 80 percent goal of nurses holding a BSN by 2025. To reach this goal, NSP II funded Associate to Bachelor's (ATB) programs to streamline entry-level education options for nursing students, combining pre-licensure completion at the community college and dual enrollment and curriculum alignments at the university. This program has significant benefits to students by saving both money and the time to complete the Bachelor of Science in Nursing (BSN) degree. In addition, RN-BSN programs expanded online and hybrid delivery options. Finally, second-degree students who successfully completed a BS degree in a different career path were offered an accelerated individualized program to complete their BSN in 12 to 15 months and enter nursing. Ongoing research findings confirms a hospital's proportion of BSN nurses, regardless of educational pathway, are associated with lower odds of

30-day inpatient surgical mortality (Porat-Dahlerbruch, et al., 2022). Different educational pathways to the BSN are noted to increase accessibility and promote greater RN diversity.

Nurse Faculty Workforce

Overall, the outlook for Maryland faculty is outpacing the nation and has remained stable. According to data collected for the NSP II program, Maryland's nurse faculty vacancy rates increased slightly from an average of 8.1 percent between the 2015-2017 academic years (AY), to an average of 9.2 percent between the AY 2019-2021; still below the average vacancy rate for the US (10.2 percent) for AY 2021-2022 (AACN, 2021). NSP II program data between AY 2017- AY 2021 demonstrated an increase of 111 full-time faculty at both community colleges and universities (for a total of 629), which tracks along with the MBON figures from a decade ago (Table 4).

Table 4. Changes in Maryland Nurse Faculty Vacancy, AY 2015 - 2021

	FT Faculty	FT Faculty Vacancy	% FT Faculty Vacancy
AY 2015-2017 (N=25)	518	42	8.1%
AY 2019- 2021 (N=26)	629	58	9.2%
Difference (increase/(decrease))	111	16	1.1%
AACN US Faculty Vacancy Rate (AY 2020-2021)			10.2%

Source: NSP II Mandatory Data Tables for Nursing Program Comparison April 13, 2022, AACN faculty vacancy information

The number of doctoral-prepared faculty increased by 12.5 percent in 2021. In Maryland nursing programs, the majority (61.5 percent) of faculty were doctoral prepared, compared to the national data where only 13 percent of faculty holds a graduate degree, and fewer than 1 percent hold a terminal doctoral degree.

Aging of the nursing workforce continues to be a state and national concern. The number of FT faculty aged 60+ increased in Maryland nursing programs. The AONL Guiding Principles for the Aging Workforce outlines how employers can invest in the productivity of the older RNs including:

- Adapting work environments: providing environmental modifications for injury prevention; reducing the physical demands with bedside computers, automated beds, and non-professional staff assistance,
- Re-designing jobs: developing new and emerging roles; promoting a culture that supports older nurses and post-retirement options to avoid leaving gaps in advanced skill levels and years of expertise at the bedside.
- Other incentives: generational motivators in health benefits, and flexible schedules

Older RNs are needed to guide new nurses and maintain patient safety and quality of care.

Increased Certification of Nurse Faculty

Maryland has 520 CNE credentialed nurses and ranks eighth nationally and internationally for the total number of CNE credentialed faculty (L. Simmons, NLN, 4/14/22), however, this figure includes part-time and retired nurses, as well as nurses who reside in Maryland but work in a neighboring state. According to the NSP II Data, the percent of faculty holding CNE credentials increased by 9.9 since AY 2015, with an average of 23.6 percent of the 629 full-time faculty at the 26 Maryland nursing programs participating (Table 5), exceeding the goal of doubling the number of faculty by 2025.

Table 5. Changes in Maryland Nurse Faculty CNE Completion, AY 2015 - 2021

	FT Faculty	FT with CNE	% FT with CNE
AY 2015-2017 (N=25)	518	65	12.6%
AY 2019- 2021 (N=26)	629	141	22.4%
Difference (increase/(decrease))	111	76	9.9%
Total # of CNE in MD (NLN, 2022)		520	

Source: NSP II Mandatory Data Tables for Nursing Program Comparison April 13, 2022 & personal communication with NLN, L. Simmons, April 14, 2022

The goal is now reset to target 50 percent of Maryland full-time faculty holding the CNE by 2025. This will include first-time credentialed and existing CNEs completing the required continuing education and advancement as an educator to maintain the credential, renewed every 5 years. There is already a NSP II FY 2022 funded project to promote the CNE-Clinical with professional development. Faculty recruitment efforts

should include these previously untapped CNE credentialed nurses, who with their proven expertise, would be an excellent resource to institutions, and encourage early career educators to move into full-time roles.

Staff Recommendations for the Competitive Institutional Grants Program

Competitive Institutional Grants Program

The Competitive Institutional Grants Program builds educational capacity and increases the number of nurse educators to adequately supply hospitals and health systems with well-prepared nurses. The FY 2023 NSP II Review Panel was composed of eight members with backgrounds in healthcare, regulation, nursing education, and hospital administration, and included former NSP II project directors, NSP I and NSP II staff members.

Staff Recommendation: HSCRC and MHEC staff recommend the following thirteen proposals presented in Table 6 for the FY 2023 NSP II Competitive Institutional Grants Program. This final recommendation describes the panel's recommendations for Commission approval.

Table 6: FY 2023 Recommendations for Funded Proposals

Proposal	School	Title	Total Funding Request
NSP II-23-101	Allegany College of Maryland	Evening Cohort Expansion	$749,215
NSP II-23-104	Anne Arundel Community College	Expanding Nursing Capacity	$444,652
NSP II 23-110	Salisbury University	Lead Nursing Forward Cont.	$617,392
NSP II 23-111	Towson University	Entry Level MSN	$1,258,176
NSP II 23-112	University of Maryland Global Campus	Implementing ATB Program	$742,510
NSP II 23-201	Coppin State University	Resource Grant NGN	$25,535
NSP II 23-202	Howard Community College	Resource Grant NGN	$83,575
NSP II 23-203	Johns Hopkins University	Resource Grant NGN	$55,029
NSP II 23-204	Notre Dame of Maryland University	Resource Grant NGN	$10,172
NSP II 23-205	Prince George's Community College	Resource Grant NGN	$46,350
NSP II 23-206	Towson University	Resource Grant NGN	$27,000
NSP II 23-207	Washington Adventist University	Resource Grant NGN	$16,161
NSP II 23-208	Wor-Wic Community College	Resource Grant NGN	$26,080
TOTAL			**$4,101,847**

These highly recommended proposals include:

- Continuation of the successful *Lead Nursing Forward* program to provide a site for the public and nurses to seek more information on a career in nursing, nursing education, and connect job seekers with employers free of charge to MD hospitals and nursing programs.
- Increasing enrollment in the Anne Arundel Community College nursing program by 114 pre-licensure nursing students.
- Developing a new evening cohort of nursing students at Allegany College of Maryland for 60 additional pre-licensure RNs.
- Implementing the Master of Science (MS) Entry to Practice nursing program at Towson University for an additional 80 second-degree MS-Entry to practice RNs.
- Assisting 8 nursing programs at universities and community colleges with the resources (exam software, testing, and tools) to prepare students for the NGN Licensure Examination starting Spring 2023.
- Implementing an Associate-to-Bachelor's program to the existing RN-BSN program at University of Maryland Global Campus, for 50 additional BSNs.

Future Funding Considerations

Based on the available data presented in this report, there is a demonstrated need to increase funding for the NSP II program. **If the Commission were to approve an additional .1 percent in total patient revenue for the NSP II program**, NSP I and NSP II Advisory group discussed potential opportunities to expand or create new NSP II programs, such as:

- Utilizing the well-established *Lead Nursing Forward* Platform to market nursing as a positive career choice, while portraying realistic visuals to motivate young students entering high school to pursue science backgrounds. An estimated $2 million could be used to develop high-quality, personalized videos and tools. In addition, the Platform could be expanded to share newly created, emotional intelligence self- assessments and core skills. These modules teach empathy and

communication skills, improving social skills of users through the innovative use of social media. With an estimated investment of $3 million, incorporating these modules into the Platform will provide various users (nursing students, faculty, nursing programs, hospital educators, nurse residents and others) with access to valuable resources that highlight nursing as both an art and a science.

● There are very few resources to teach competencies; however, advancing to virtual reality, in addition to clinical simulation, would be forward thinking. While clinical simulation allows for hands-on practice of skills, virtual reality adds the dimension of interactivity with an avatar patient, analysis of presenting patient problems and scenarios for nurses to evaluate and act. The learning occurs in the debriefing and real-time reflection with instant feedback. Another investment option would be to enhance the existing clinical simulation modules and revisit the baseline assessments for all nursing programs after a four-year pause in clinical simulation equipment. The cost will depend on the licensure fee, equipment, number of users, and number of scenarios to be purchased, plus personnel. A realistic estimate for the virtual reality implementation would be about $7 million and another $7 million for clinical simulation upgrades across the 28 nursing programs.

● Nursing programs require additional faculty and clinical educators to increase the number of full-time positions, expand nursing program capacity, and graduate more RNs. One area of potential expansion is second-degree programs at universities. At present five out of eleven (5 of 11) universities have second degree options. These students chose nursing after completing a bachelor's degree in another field and bring more mature and diverse perspectives to the clinical setting. To expand existing programs and add new programs, costs are estimated at $9 million. To double graduates at every nursing program, the cost is estimated at $30 million when considering a 1-to-8 faculty ratio for 2,400 graduates with an average salary of $100K per faculty.

● Another opportunity is to expand interprofessional education (IPE) opportunities for students. IPE provides opportunities for students from various healthcare

professions to learn communication and collaboration skills to be effective clinicians. Students would include all members of the new models of care delivery team, including social workers, pharmacists, physicians, PAs, APRNs, and others. With the top-ranked nursing schools in the country, the faculty expertise exists to develop curriculum and learning modules that can be shared with all 28 programs. A projected estimated cost would be $4 million for these shared resources and be included with the existing repository through the Maryland Clinical Simulation Resource Consortium and available for free to Maryland schools and hospitals.

- The final funding opportunity is focused on an identified pool of nursing educators who have a service commitment to NSP II. These hospital-based educators are critical to the employing hospital to help nurses remain in their roles as bedside nurses or in other key positions. The new grant program would be offered to hospitals who would identify nurse educators to be included in an in-house pool of graduate degree prepared nurse educators, and available to the hospital education departments as preceptor, mentor, or assist with other educational assignments within their current roles. This program could alleviate the burden on hospitals and their long-term nursing staff who demonstrated commitment and worked extra hours to support their organization and would be a win-win for nurses, their employers and hospital educators. The estimated costs may be up to $5 million.

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