Nurse Support Program II FY 2024 Technical Assistance

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Nurse Support Program I and II

www.nursesupport.org

Nurse Support Program

- Nurse Education Support Program (NESP) 1986

- Nurse Support Program I (2001)

- Nurse Support Program II (2005) (statute)

The Health Services Cost Review Commission has provided funding for nursing and nursing education 35+ years.

It is important to the hospitals and health care industry to have a steady supply of RNs to care for patients. Hospitals monitor agency nurse costs, along with quality, safety and overall measures to provide cost efficient quality care.

HSCRC - Who We Are

The Maryland Health Services Cost Review Commission (HSCRC) is an independent state agency responsible for regulating the quality and cost of hospital services to ensure all Marylanders have access to high value healthcare.

HSCRC's vision is to enhance the quality of health care and patient experience, improve population health and health outcomes, and reduce the total cost of care for Marylanders.

The HSCRC establishes rates for all hospital services and helps develop the State's innovative efforts to transform the delivery system and achieve goals under the Maryland Health Model.

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Maryland's Unique Healthcare System: Overview

Maryland Health Model

CMS-MD Agreement Incentives

- Refers to work and programs (often led by the Commission) layered on top of the rate setting system aimed at improving performance under the State's terminable agreements
  - All-Payer Model (2014-2018)
  - Total Cost of Care Model (2019-2028)

Commission Policies

All-Payer Hospital Rate Setting System

- Refers to the hospital payment structure that has existed in various forms since the Commission was established in the 1970s

- The framework can be adjusted to support the State's work to achieve CMS agreement targets and other statewide priorities

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NSP I & NSP II: Two Sides of the Coin

	Nurse Support Program I	**Nurse Support Program II**

What is the program?	• Non-competitive grant to hospitals to fund projects that address the individual needs of the hospitals as they relate to nurse recruitment and retention.
	• Not intended to fund existing programs that are more appropriately funded through employee fringe benefit programs or to duplicate what is available in rates for traditional hospital-based services or operations.
		• Comprised of two components: Competitive Institutional Grants and Statewide Initiatives.
		   • Competitive institutional grants fund providers of nursing education
		   • Statewide initiatives fund individual students and nurse faculty.

What are the goals of the program?	• Increase the number of nurses in Maryland through retention and recruitment • Increase the number of nurses with higher levels of education • Improve the clinical competencies of nurses • Elevate the practice of nursing through evidenced-based research	• Increase nursing faculty capacity and diversity • Expand the education pipeline and address barriers to nursing education pathways • Promote innovation in nursing education models
How is the program implemented?	Hospitals are given leeway as to how the programs are implemented, as long as the programs are aligned with the goals of the NSP I program. Some examples of funded programs/initiatives include: • Internships/externships for nursing students • Scholarships for nurses to pursue advanced degrees • Development of nursing leadership and nurse councils • Magnet© Journey or Pathway to Excellence© • Evidenced-based Practice research	For the Competitive Institutional Grants, Maryland higher education nursing institutions are given leeway as to how the programs are implemented, as long as the programs are aligned with the goals of NSP II. Applicants are encouraged to collaborate, develop partnerships and address current issues in nursing workforce and nursing education. Some examples of funded program/initiatives include: • Creating dual roles for nurse clinicians in teaching and clinical care • Pathways that fast-track qualified students entering nursing education through community colleges to successfully complete their BSN or MSN

Nurse Support Program II : Overview

- **Established in 2005 to increase Maryland's academic capacity for nursing education**

- **Administered by the Maryland Higher Education Commission (MHEC)**

- **Funded through pooled assessments totaling up to 0.1 % of hospital regulated gross patient revenue**

- **Goal: to increase nursing graduates and mitigate barriers to nursing education through institutional and faculty focused initiatives.**

Statute for NSP II

Annotated Code of Maryland, Education Article

§ 11-405. Nurse Support Program Assistance Fund (a) "Fund" defined.- In this section, "Fund" means the Nurse Support Program Assistance Fund. (b) Established; status; administration; investments.- 1. There is a Nurse Support Program Fund in the Commission. 2. The fund is a continuing, nonlapsing fund that is not subject to §7-302 of the State Finance and Procurement Article 3. The Treasurer shall separately hold and the Comptroller shall account for the fund 4.The fund shall be invested and reinvested in the same manner as other State funds 5. Any investment earnings of the fund shall be paid into the fund (c) Composition.- The Fund consists of revenue generated through an increase, as approved by the Health Services Cost Review Commission, to the rate structure of all hospitals in accordance with § 19-211 of the Health - General Article. (d) Expenditures.- Expenditures from the Fund shall be made by an appropriation in the annual State budget or by approved budget amendment as provided under § 7-209 of the State Finance and Procurement Article (e) Use of money; guidelines.- The money in the Fund shall be used for competitive grants and statewide grants to increase the number of qualified nurses in Maryland hospitals in accordance with guidelines established by the Commission and the Health Services Cost Review Commission. (f) Guideline provision for minority recruitment. - The guidelines established under subsection (e) of this section shall provide that a portion of the competitive grants and statewide grants be used to attract and retain minorities to nursing and nurse faculty careers in Maryland. [2006, chs. 221, 222.][2016]

NSP II Program Evaluation

Review the NSP II Program Evaluation 12/11/ 2019

https://hscrc.maryland.gov/Documents/December%202019%20Public%20Pre-Meeting%20Materialsv2.pdf

Next program evaluation due: FY 2025

Goals remain unchanged:

Increase the# of newly licensed RNs and RN higher degrees

Strengthen the faculty workforce & educational capacity

Maryland Higher Education Commission (MHEC)

▶ **Selected to Administer NSP II**

▶ **Higher Education Coordinating Board**

▶ **Expertise in Grants and Scholarships**

▶ **Receives hospital payments to fund NSP II**

▶ **Non-lapsing funds- all remain with NSP II**

NSP II provides for 1. Competitive Institutional Grants and 2. Statewide Faculty initiatives- scholarships, grants, awards.

Annotated Education Code of Maryland[2006,chs. 221, 222][2016]. In 2016, the word "bedside" nurse was removed to to be applicable to all nurses for NSP I and II.

NSP II Foundational Goals

NSP II initiatives are founded on the following IOM Recommendations:

Increase the proportion of nurses prepared with a baccalaureate degree to 80% by 2020 (goal extended to 2025)

Double the number of nurses with a doctorate by 2020 (goal met)

Ensure that nurses engage in lifelong learning

Prepare and enable nurses to lead change to advance health

Build an infrastructure for the collection and analysis of nursing workforce data (goal met- funded the Maryland Nursing Workforce Center)- see more at https://www.nursing.umaryland.edu/mnwc/

Strengthen clinical simulation and interprofessional education (Maryland Clinical Simulation Resource Consortium: Train the Trainer & Video Library)

NSP II measures entry level RNs

HRSA continues to explore systematic differences in state-based administrative data and analyze how each model handles entry to practice output. In fact, all researchers agree that "co-monitoring changes in RN entry is the single most important factor that affects Each model and hence accuracy of its projections"

(Auerbach, et al., 2017, pg. 294).

MONL Meeting 9/15/22 Speaker Dr. Auerbach

NSP monitors NCLEX-RN pass rates and trends each FY

https://mbon.maryland.gov/Documents/nclex-rn-stats-fy2021.pdf

NCLEX-RN Pass Rates FY 2015-FY2021 (pending FY 2022)

Fiscal Year	Maryland BSN Programs		Maryland ADN Programs		Maryland MS Entry Programs		Total All Maryland Programs		Passing Rates	
	No. Tested	Passed	No. Tested	Passed	No. Tested	Passed	No. Tested	Passed	MD	US
FY 2015	1,207	930	1,658	1,355	70	64	2,935	2,349	80.03%	82.53%
FY 2016	1,158	957	1,557	1,291	44	37	2,759	2,285	82.82%	83.94%
FY 2017	961	806	1,457	1,252	163	150	2,581	2,208	85.55%	86.22%
FY 2018	773	676	1,316	1,145	261	240	2,350	2,061	87.70%	87.81%
FY 2019	867	743	1,375	1,245	305	275	2,339	2,071	88.54%	88.36%
FY 2020	775	650	1,467	1,299	304	286	2,546	2,235	87.78%	87.93%
FY 2021	926	755	1,376	1,218	362	330	2,664	2,303	86.45%	84.48%

US Critical Staffing Shortages

According to HHS data posted September 14, 2022.

Percent of hospitals in each state and DC experiencing critical staffing shortages, ranked in descending order:

1. South Carolina: 29.85 percent

2. Maryland: 24.0 percent

3. Delaware: 22.22 percent

4. Georgia: 20.27 percent

5. Michigan: 19.61 percent

NSP I and NSP II Synergy

The State cited with the nation's best nursing supply vs. demand balance utilized three best practices: 1) funding a permanent nursing workforce center to study the state level dynamics, 2) expanding enrollments in nursing programs, and 3) providing incentives for newly licensed nurses who practice in facilities for more than two years after graduation. (Zhang, X, et al., 2018)

MHA Workforce Report 2022

▶ MHA Modified Health Care Workforce Report. You can find the full length report here: MHA 2022 State of Maryland's Health Care Workforce Report. Additionally, we wanted to share the GlobalData: Maryland Nurse Workforce Projections 2021-2035 and GlobalData: Maryland Nursing Workforce Study.

Additional resources are available on our workforce website.

https://www.mhaonline.org/docs/default-source/default-document-library/2022-state-of-maryland-s-health-care-workforce-report.pdf

BLS and MBON RN Numbers are not the same, Why?

MHA Workforce Recommendations

The report projects a shortfall of 13,800 registered nurses (RNs) and 9,200 licensed practical nurses (LPNs) by 2035. Without intervention, the supply of RNs and LPNs can only meet 80% of the state's demand.

I in every 4 RN hospital positions is vacant

▶ Expand Maryland's workforce pipeline

▶ Remove barriers to healthcare education

▶ Retain the healthcare workforce

▶ Leverage talent with new care models

**Active 86,555 MBON (2021) vs. 51,550 BLS (2021)

MNWC RN WORKFORCE SURVEY

Maryland Nursing Workforce Center is also involved in initiatives to expand the number of nurses in the state of Maryland.

- Next Gen NCLEX

- The Universal Onboarding Project

https://nursesupport.org/assets/files/1/files/nspii/maryland-survey-of-post-covid-workforce.pdf

https://nursesupport.org/assets/files/1/files/nspii/2021-national-rn-workforce-survey.pdf

** 2/3 of RNs are exhausted and considering leaving their job. They are concerned for patient safety.

MBON RN Workforce Survey

▶ 73% of RN ACTIVE

▶ 27% RNs not Active

Q15 If you are thinking of leaving/retiring from the nursing workforce, would there be anything that would encourage you to stay? Yes: 71.91% No: 28.09%

Higher salary: 51.61%

Work schedule flexibility: 15.99% (W/E option @ Luminis)

Opportunities for advancement in career: 7.71%

An expansion of scope of practice/responsibilities with my current position: 3.48%

Other: 21.21%

Maryland Action Coalition Goals

MDAC 2022-25 Strategic Plan

#1 Nursing Leadership

NSP II funded NLI since 2015

#2 Nursing Workforce

NSP I and NSP II: both Nursing Workforce Interventions
#3 Nurse Retention

NSP I and NSP II Advisory Group #1 Focus area
Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity (2021)

With more than 1 million nurses projected to retire between 2020 and 2030 (Buerhaus et al., 2017), <u>retaining established nurses and supporting new nurses is vital to the growth and sustainability of the workforce.</u> The costs associated with nurse turnover are high.

MDAC Nursing Leadership

#1 Nursing Leadership

• Advance nursing leadership among all Maryland nurses across diverse settings and populations

• Promote Maryland nurses participation in NSPII academic and practice leadership programs

• Nominate qualified MDAC members for state and national leadership programs

• Identify and recommend nurses for local, state and national boards and commission opportunities

Contacts: Jane Kirschling, kirschling@umaryland.edu and Patricia Travis, ptravis2@jhmi.edu

MDAC Nursing Workforce

#2 Nursing Workforce
• Support the needs for a well prepared nursing workforce
• Expand the knowledge, skills and competencies of nursing students as well as practicing nurses to address (SDH) social determinants of health
• Utilize support from NSPII Maryland nursing education programs to grow enrollment and graduation to meet the ongoing workforce needs for Maryland
• Explore alternative models for nursing programs for faculty and students be a part of the "fabric of care" while supporting practicing nurses to practice at the top of their license and providing students with additional exposure to clinical care
• Sustain efforts to diversify the nursing workforce • Explore and expand care models to include LPNs, including students who are enrolled in ADN programs

Contacts: Charlotte Wood, CWood@coppin.edu and Archie Beaver, ABeaver@howardcc.edu

MDAC Nurse Retention

#3 Nurse Retention
• Support the retention of Maryland's nursing workforce to meet the state's evolving health care needs.
• Promote NSPII sponsored projects focused on student and nurse resiliency
• Promote evidence-based nurse wellbeing initiatives
• Explore mechanisms to support nurses to remain in direct care roles in Maryland (e.g., loan forgiveness for service, tax credit)
• Explore opportunities to use NSPI and NSPII funding to better prepare nursing students to transition into nursing practice
• Work with key legislative stakeholders to address current nurse retention challenges. (new)
• Explore new staffing models and support services
• The Maryland Nursing Workforce Center will facilitate a statewide summit of key stakeholders and organizations to address the nursing workforce shortage in Maryland

Contacts: Becky Wiseman, wiseman@umaryland.edu and Joan Warren, jiwarren@verizon.net

2022 RN Maryland Legislation

1. HB 625/SB 440 Commission to Study the Health Care Workforce Crisis

Maryland Capacity Study 2006 (Cycles of the Nursing Shortage)

2. HB 1208 (Health Occupations - Health Care Workforce Expansion): Requires the State Board of Nursing to evaluate the workforce based on data from nursing certificate renewals and promulgate regulations related to requirements for CNAs. Also provides tax benefits for certain activities (such as nurses who act as preceptors to train nurses).

3. SB 518 / HB 821 (Career Pathways for Health Care Workers Program): Creates a program in the Department of Labor that provides matching grants to employers for training programs attended by healthcare workers and requires the Governor to provide at least $1M for the program in the budget.

4. SB 696 / HB 975 (Maryland Loan Assistance Repayment for Nurses and Nursing Workers - Program Establishment and Funding): Establishes a Maryland Loan Assistance Repayment Fund for Nurses and "Nursing Workers". $400K is provided per year for this fund.

New MD Workforce Commission

The Commission's initial work will be in three advisory groups:
1.Data and Workforce - (Chair, Casey Tiefenwerth, Department of Labor, casey.tiefenwerth1@maryland.gov) - will determine the extent of workforce shortage and future needs;
2. Education and Pipeline - (Chair, Dr. Jane Kirschling, UMSON, kirschling@umaryland.edu)- the State's educational institutions & programs,
3. State Efficiencies and Cooperation -(*Interim Chair, Kimberly Link, MDH)- will examine the relationship between the Department of Health and the Health Occupations Boards.
Meeting notices and agenda will be posted on the MDH website: https://health.maryland.gov/Pages/Workforce-Commission.aspx.
If you have any questions, please feel free to contact Kimberly B. Link, J.D., Commission Chair, Senior Advisor to the Secretary for Health Board Matters, 4201 Patterson Ave., Suite 306, Baltimore, MD 21215   (410) 979-8722 or kimberly.link@maryland.gov

Latest Research NEP Sept-Oct 2022

COVID and changes in educational delivery Conclusions:

1. Impact of Clinical to Virtual Transition

Overall positive impact on new Grad RNs on transition to practice; no significant difference in NCLEX-RN pass rates pg. 292-295

2. Replacing Clinical Hours with Virtual Simulation: students thought their learning needs were better met with traditional clinical- however, no statistically difference / relationship with exit exam scores or NCLEX-RN pass rates pg. 306-308

3. Blended learning is effective with foundation courses pg.309-311

4. We hope virtual/sim is not needed as a complete replacement, but it earned it's place in clinical education pg. 325-327

https://nursesupport.org/shared-resources/maryland-legislation-updates/

Clinical Simulation Utilization- time to rethink clinical barriers

▶ NOTE: 12% average substitution Clinical Simulation for Clinical time across Maryland nursing programs reporting to NSP II in 2020 Program Evaluation

NCSBN National Simulation Study (2014)

This study provides strong evidence supporting the use of simulation as a substitute for up to 50% of traditional clinical time and makes a substantial contribution to the literature in both nursing regulation and education.

https://www.journalofnursingregulation.com/article/S2155-8256(15)30062-4/fulltext

Questions regarding substitution of simulation for clinical

Simulation is twice as potent as traditional supervised clinical and may be reasonable to count each hour spent in simulation as two hours spent in traditional supervised clinical. Time on task studies reveal that students are more engaged during simulation and also more likely to accomplish learning tasks related to QSEN competencies when compared with the same students' activities during a supervised clinical experience (2021)

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7418788/

Key Items on the Cover Sheet

Lead Applicant Institution/Organization: You

Project Title: Be brief (6 words or less- use school initials)

Partnership Members: Include your hospitals and fellow nursing program partners (partners matter) w letters

Project Duration: up to 4 yrs

Funding Requested: be realistic- $10mil/28

Value of Match (Funds, In-Kind, Etc.): **Required**

Signatures required of Project Director, Grants, Accounting

& Dean Approval (all different people)

Projected and Actual Outcomes

Projected Outcomes: (Identify below the number of additional outcomes expected from funding)

Proposed/ Final Outcomes Increase (# of Additional) Describe Degrees/Results	Projected
Nursing Pre-Licensure Graduates	_____
Nursing Higher Degrees Completed (describe)	_____
Nursing Faculty at Doctoral Level	_____
Collaborative or Statewide Results (specify)	_____

** Measured annually and as final outcome (met/not met

Select one Type & one Initiative

Type of Grant: ☐**Planning**   ☐**Implementation**   ☐**Continuation** ☐**Resource Grant**

Type of Competitive Grant Initiative (choose only one):

☐**1. Initiative to Increase Nursing Pre-Licensure Enrollments and Graduates**

☐**2. Initiative to Advance the Education of Students and RNs to BSN, MSN, and Doctoral Level**

☐**3. Initiative to Increase the Number of Doctoral-Prepared Nursing Faculty**

☐**4. Initiative to Build Collaborations between Education and Practice**

☐**5. Initiative to Increase Capacity Statewide**

☐**6. Initiative to Increase Cohen Scholars as Future Faculty and Clinical Educators**

Body of the Proposal

- Stick to the page limits and number the 15 pages to review

(Budget/MDT not included in 15 pg.- budget, MDT, CVs are final –not 50pgs.)

- Abstract needs to be clear and brief (so we can put it on the website verbatim instead of editing it down)

- Include PPT

- Tell us on the first full page exactly what is needed and what you can do if funded. Provide all assessments of how you arrived at it.

- Do not bury the main points on pg. 8 where we might not see it.

- Do not send a bigger packet than is needed. Simple and clear is more likely to be funded than fuzzy and longwinded. (RNs are direct and brief)

- Watch the budget. If we can divide $500,000 by 2 graduates as the outcome= it's not worth it, so can you.

- Finally, your program's requirements in open door acceptance, retention, DEI, etc. are not our funding focus. Our focus is "additional" graduates.

Mandatory Dissemination

Required- to be planned and funded ($) each year.

It must be included in all annual/final reports.

Citation Example:

Daw, P., Seldomridge, L., Ford, K., & D'Aoust, R. (2021). **Increasing Faculty with CNE® Certification: A Statewide Initiative,** *Nursing Education Perspectives*, 43(1):63-65.

doi: 10.1097/01.NEP.0000000000000924. PMID: 34897203.

Mandatory Dissemination

Presentations: Poster or Podium at Conference about NSP II work

Examples: MDAC Optimizing Maryland's Nursing Workforce
Monday, May 23, 2022
9:00 AM - 4:15 PM
Submit an abstract

Publications:

Ackerman-Barger, K., DeWitty, V. P., Cooper, J., Anderson, M. R. (2020) An innovative approach to advancing academic success for underrepresented nursing students using the collective impact model, *Nursing Education Perspectives*, 41(5), 299-300.

https://nursesupport.org/nurse-support-programii/dissemination/

Maryland Nurse Association

NSP II's MNA Ad

Publish articles in:

► *The Maryland Nurse*

► Cite them on your reports

► Send us the citation

► Attend conferences and present Posters/Podium presentations

► Support Maryland Nurses

Mandatory Data Tables (addendum due every year)

Nurse Support Program II FY 2022 – Competitive Institutional Grants

Mandatory Data Tables

Required Data Set for all Programs

Faculty: Calculate FTEs using the following formula: FTE calculation: 1 FTE = 15 credits or 600 hours per semester or as defined by your institution for Nursing Program Faculty as **of October 15th of the most recent year.**

NURSING FACULTY As of Oct. 15, 2022

Equivalents (Total FTEs)

- **FT**
- **PT**
- **Total Number**
- **Nursing Faculty with PhD in Nursing**

  Clinical Nursing Faculty with MS

Important: # graduates

 # Graduates per academic year (as appropriate)   Define AY reported: _____

- **ADN**
- **BSN**
- **Master Entry**
- **RN-BSN**
- **RN-MSN**
- **MS**
- **DNP**
- **PhD**
- **Graduates**

We expect to see "additional graduates" on the cover sheet. This is the baseline year and you will propose increasing by specific measurable #'s with the grant funding proposal.

Person completing Data Tables

Note: The Dean/Director or designee already submits this information to the MBON and accrediting bodies each year. We expect it to match. Any questions, refer to your Dean/Director of the nursing program.

- Name of person completing Mandatory Data Table Form:

- Institution:
- Contact Info:
- Phone:
- Email address:
- Missing MDT= No review of proposal

Budgets- annual and total years

Nurse Support Program II – Competitive Grant Program
Application Annual Budget Request

Institution: _____
Partner Institutions or Organizations: _____
Project Title: _____

A. Salaries & Wages	COLUMN 1 NSP II FUNDS REQUESTED*	COLUMN 2 INSTITUTION'S MATCH FUNDS	COLUMN 3 OTHER FUNDS**
Professional Personnel			
List each by name and title			
1			
2			
3			
4			
Other Personnel (list by job category & note # of each)			
5			
6			
Total Salaries and Wages	$ -	$ -	$ -
B. Fringe Benefits			
C. Travel			
D. Participant Support Costs (specify)			
1. Mandatory Dissemination Activities			
Total Participant Costs	$ -	$ -	$ -
E. Other Costs			
1. Materials and Supplies			
2. Consultant Services			
3. Computer Services			
4. Other (specify)			
Total Other Costs	$ -	$ -	$ -
F. Total Direct Costs (A through E)	$ -	$ -	$ -
G. Indirect Costs (cannot exceed 8% of F)	$ -		
H. Total (F & G)	$ -		

Source of Funds

Budget Narrative

SAMPLE BUDGET NARRATIVE

(annual reports should include narratives that match the proposal)

Nurse Support Program II – Competitive Institutional Grants

Lead Institution: _____

Project Title: _____

(These partial examples are provided only to demonstrate the format requested for the budget narrative.   This is an annual and final report requirement.)

Salaries & Wages

Professional Personnel: (RN PERSONNEL IS THE MOST HIGHLY FUNDED LINE ITEM)

Column 1: Dr. Jill Smith, the project director, will spend 10% of her time in project activities during the academic year. Maryland State University requests only the amount it will cost the university to pay an adjunct to replace Dr. Smith in one course. Request = $4,900

Column 2: The university will contribute the difference between the $4,900 requested and 10% of Dr. Smith's 10-month annual salary as in-kind cost share valued at $3,100. Match = $3,100

Other Personnel:

Ineligible Costs

- **Entertaining (excludes light fare or luncheons for faculty recruitment sessions, professional development sessions, conferences, etc.);**

- **Existing programming that is fully funded;**

- **Non-instructional equipment;**

- **Clinical Simulation or Virtual Reality equipment, materials, supplies, high fidelity or other manikins;**

- **Standardized patients;**

- **Student funds for electronic resources or reimbursements for testing, ex: HESI, Kaplan, ATI, Nurse Tim, UWorld, Review Courses, licensure, and other student fees**

- **Duplicating previously funded projects;**

- **Construction and renovation of facilities; phone lines; Furniture; Capital equipment for new facilities;**

- **Secondary school student programs;**

- **Marketing;**

- **Student retention/ academic success.**

These are considered the responsibility of the institution.

Start with a tight budget

The NSP II Review Panel intends to fund as many of the proposals as possible.

If we can see where to cut your budget and the Panel can see where there is excess, then you can too. Don't send it in, unless you want to give up your chance to be funded. **Excess budgets will disqualify your work just like late submission.**

Think about Evaluation

Start with the end in MIND.

NSP II focuses on Nursing Graduates (you should too)

Personnel is the primary intent of NSP II $$$$.

Nurse Faculty to Teach

Clinical Nurse Instructors to Teach

Nurse grant managers to direct projects

Additional Cohorts – increasing enrollments= increases graduates

Next priorities are: Faculty development, instructional technology, curriculum development, consultants, dissemination, instructional technology, resources for faculty for NGN

Questions ?
Proposals are Due 1/27/23

Please visit the NSP II funded programs that are open to you:

Lead Nursing Forward www.leadnursingforward.org

Nurse Leadership Institute

Maryland Clinical Simulation Resource Consortium

Maryland Nursing Workforce Center

Next Generation NCLEX-RN Tools- Dr. Diane Billings Consultant

Universal Student Onboarding with Hospitals- MNRC and MNWC Project

Faculty Academy and Mentoring Initiative for Clinical Educators

Institute for Educators Clinical Educator Programs

R-3: Renewal, Resilience, Retention

https://nursesupport.org/nurse-support-program-ii/grants/statewide-initiatives/

References

Annotated Code of Maryland, Education Article § 11-405. Nurse Support Program Assistance Fund, [2006, chs. 221, 222.][2016].

Auerbach, D. I., Chattopadhyay, A., Zangoro, G., Staiger, D. O. & Buerhaus, P. I. (2017). Improving nursing workforce forecasts: Comparative analysis of the cohort supply model and the health workforce simulation model. *Nursing Economics,* 35(6), 283-326.

Health Services Cost Review Commission, https://hscrc.maryland.gov

Maryland Higher Education Commission, Nurse Support Program II, www.nursesupport.org

References

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 U.S. jurisdiction.

https://mbon.maryland.gov/Pages/education-nclex-stats.aspx

https://nursesupport.org/assets/files/1/files/nspii/mbon-fy-2021-maryland-nursing-workforce-shortage-survey.pdf

Nursing Education Perspectives, Sept/Oct 2022 43(5)

Zhang, X., Tai, D., Pforsich, H. & Lin, V. (2018). US registered nurse workforce report card and shortage forecast: A revisit. American *Journal of Medical Quality*, 33(3), 229- 236. https://edsource.org/wp-content/uploads/2019/02/Zhang-Daniel-Pforsich-Lin-2017- United-States-Registered-Nurse-Workforce-Report-Card-and-Shortage-Forecast_-ARevisit.pdf