

Who Will Care?

Investing in a Comprehensive Solution to the Nurse Shortage

Who Will Care? Fund for Nurse Education Request for Proposals November, 2008

The *Who Will Care?* Fund for Nurse Education invites proposals that will contribute to the growth of Maryland's nursing education capacity. All public and private schools of nursing offering the first professional degree – associate, baccalaureate and masters – are encouraged to propose initiatives that will increase educational capacity for nurses. The principal methods for achieving this goal include:

- Hire additional faculty and/or support staff to increase the number of enrollments and graduations
- Implement new learning technologies based on clinical simulation and/or use of standardized patients to increase the number of enrollments and graduations
- Implement new student retention programs to increase the graduation rate
- Modify class schedules, enhance learning opportunities, implement new curricula or otherwise improve throughput to shorten the time to graduation so as to increase the number of graduations
- Initiate pilot programs for alternative clinical teaching strategies to increase the number of graduations

Background

Effective patient care is closely linked to having a strong workforce. Today our nursing workforce is being diminished by retirements and challenged by an aging population requiring more and more care.

Maryland is projected to have a 17% increase in the demand for Registered Nurses (RNs) between 2008 and 2016. Meanwhile, 43% of current nurses will retire in the next ten years. By 2016, the combined factors could result in a shortage of over 10,000 RNs in our state. The underlying cause of the present and future nurse shortages is that an insufficient number of people are entering the field to meet the growing needs of a larger population dominated by the elderly. Although there are many qualified applicants, to nursing programs, lack of capacity at our educational institutions limits the number of students they can admit. Over the years, Maryland's nursing education programs have had to deny admission to thousands of *qualified* applicants.

The nurse shortage results in limits to health care provider capacity and patient access to treatment. The shortage also contributes to excessive cost escalation, provider stress, and other compromises to health system effectiveness.

The *Who Will Care?* Fund for Nurse Education provides essential seed money to educational institutions and their partners to address the nurse shortage by increasing educational capacity in the state.

Program Grants

Schools of nursing may submit proposals in one of two ways:

1. Planning Grants
2. Implementation Grants

1. Planning Grants

A limited number of planning grants will be offered for a period of 3 to 6 months. The purpose of the planning grant will be to develop a comprehensive proposal that addresses increasing the number of graduates by one or more of the methods identified above. The number of grants and dollar amounts approved will be based on availability of funding and the type of planning proposed.

A **Planning Grant** request will be submitted as a **Letter of Intent** that addresses:

- What type of project you will be planning;
- Who will be involved in the planning;
- Commitment to develop a proposal that includes agreement by all principals including college administration, faculty from all campuses and service partners for clinical experience. The letters of support must be submitted by all partners;
- Process to be used to develop the proposal and timeline (not to exceed 6 months);
- Planning budget with justification;
- Name of the entity that will receive the funds, and;
- Identification of matching funds if available;

Letters of Intent should not exceed 2 pages and must be signed by the college president and the dean or director of the nursing program. The final report for each planning grant will be a completed application for a project that will increase the number of graduates.

Planning Grant recipients are not guaranteed an Implementation Grant.

2. Implementation Grants

Implementation grants will be submitted in the format specified in the proposal attached. Allowable costs may include salaries, equipment, supplies, and limited renovation of existing space. All grantees will be required to submit plans for sustainability after initial funding ends. All grantees also will be required to submit annual evaluation data that includes but is not limited to the data included in the proposal. It is expected that all grant recipients will share experiences via an annual report and participation at the annual conference and provide details for replication of successful efforts.

Implementation Grants may be submitted without a prior planning grant.

Applications for the first round of Implementation Grants should be submitted by February 15, 2009 for funding decisions to be announced in April 2009.

Subsequent application cycles will be announced at least annually. Letters of Intent may be submitted at any time and will be reviewed quarterly.

Applications must include:

Cover Letter on letterhead that contains the following information:

1. Briefly explain the purpose of the request and the dollar amount requested.
2. Explain how your institution's proposal fits with the *Who Will Care?* mission and goals to double the number of nurse graduates.
3. Provide the contact person's name, title, daytime telephone number, E-mail address, and fax number.
4. The letter must be signed by the college president and the dean or director of the nursing program to demonstrate approval of the request. For convenience, you may submit two letters signed separately.

Application Form including the following information:

1. Contact information
2. Project objectives
3. Partnerships, if any
4. Budget and budget justification – Attachment 1
5. Program Data – Attachment 2

Other Information

All pre-licensure nursing education programs in Maryland are eligible to apply.

Collaborative applications are strongly encouraged.

Incomplete applications will be returned to the applicant.

Applicants are encouraged to build upon models previously demonstrated to be successful.

Applicants may be requested to complete an interview with the Application Review Committee.

Grants will be awarded based on available funds.

Distribution of funds for a multi-year project, will be contingent upon meeting deliverables identified in the time frame of the action plan.

Letters of Intent and responses to the proposal should be sent to:

***Who Will Care?* Fund for Nurse Education
6820 Deerpath Road
Elkridge, Maryland 21075**

Questions about Letters of Intent and the proposal should be directed to:

Catherine Crowley, 410-379-6200, Ext 3370; ccrowley@mhaonline.org



Who Will Care? Fund for Nurse Education Application

Section I: Contact Information

Enter the contact information of the institution applying for *Who Will Care?* funds.

Sponsoring Institution:

Name: _____

Address: _____

Address 2: _____

City/Town: _____

ZIP Code: _____

Contact Person:

Name: _____

Email Address: _____

Phone Number: _____

Type of Institution:

____ Nursing Education Program

____ ADN

____ BSN (1st professional degree)

____ Entry level Master's in Nursing

Amount Requested: \$ _____

Over what period of time? _____ **year(s)**

Section II: Your Project

Project Objectives: Which of the following *Who Will Care?* priorities will your project address? (Check all that apply to this grant application)

- Hire additional faculty and/or support staff to increase the number of enrollments and graduations
- Implement new learning technologies based on clinical simulation and/or use of standardized patients to increase the number of enrollments and graduations
- Implement new student retention programs to increase the graduation rate
- Modify class schedules, enhance learning opportunities, implement new curricula or otherwise improve throughput to shorten time to graduation so as to increase the number of graduations
- Initiate pilot programs for alternative clinical teaching strategies that increase the number of graduations

Project description:

Project description must include the following:

1. The purpose of your project and how it will increase the number of students enrolled and graduating from your program.
2. The measurable outcomes/deliverable that will result from this grant.
3. How funding this project will enhance educational capacity, i.e., enroll and graduate more students.
4. Detailed work plan and time table to address how you will implement the program to increase the number of students enrolled and/or graduating from your program.
5. The number of additional students to be enrolled and the number of additional students to graduate each year as a result of this project.
6. Barriers you expect to encounter and how they will be overcome.
7. How your institution will evaluate the outcomes of your initiative in addition to submitting the required in Attachment #2.
8. How your institution will sustain the new level of graduations when the grant ends.
9. The project description may not exceed 15 pages, double spaced, Times New Roman, 12 point font, and 1" margins.

Section III: Partnerships

If implementation involves partnering with another organization or institution, please provide the following.

Organization/Institution:

Contact:

Name: _____

Name: _____

Address: _____

Email: _____

Address 2: _____

Phone #: _____

City/Town: _____

State: _____

ZIP Code: _____

Describe the role of this partner. Attach letter of agreement from the partner.

100 words or less

Organization/Institution:

Contact:

Name: _____

Name: _____

Address: _____

Email: _____

Address 2: _____

Phone #: _____

City/Town: _____

State: _____

ZIP Code: _____

Describe the role of this partner. Attach letter of agreement from the partner.

100 words or less

Organization/Institution:

Name: _____

Address: _____

Address 2: _____

City/Town: _____

State: _____

ZIP Code: _____

Contact:

Name: _____

Email: _____

Phone #: _____

Describe the role of this partner. Attach letter of agreement from the partner.

100 words or less

Add additional partners as needed.

Attachments:

1. Program Budget and Justification

Use the attached forms to show income, expenses, and other sources of support. In addition to the specific dollar amounts, justify your requests by explaining specific expenses included in the budget, anticipated sources of support (including tuition and fees), or other line items that affect the success of your project.

2. Program Data – Baseline and Outcomes

Provide the following data for each of the three most recent years for your first professional degree program.

3. Assurances

Attachment 1

PROJECT BUDGET¹

Institution: _____

Total Amount Requested \$ _____

Line Items			
	Year 1	Year 2	Year 3
	FY -	FY -	FY -
A. Salaries & Wages			
a. Professional Personnel			
<i>(list each by name & title, FT or PT)</i>			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
b. Other Personnel			
<i>(list by job category & note # of each, FT or PT)</i>			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
c. Fringe Benefits			
	\$	\$	\$
Total Salaries, Wages & Fringe Benefits	\$	- \$	- \$
B. Student Costs			
Student Support Costs			
<i>(list number of participating students and average amount per student to be provided by this grant, i.e. tutoring, child care supplement, etc.)</i>			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Student Costs	\$	- \$	- \$
C. Other Costs*			
Materials and Supplies	\$	\$	\$
Consultants and Professional Fees	\$	\$	\$
Insurance	\$	\$	\$

¹ A pre-programmed Excel spreadsheet is available for your convenience.

Travel	\$	\$	\$			
Equipment	\$	\$	\$			
Printing and Copying	\$	\$	\$			
Telephone and Fax	\$	\$	\$			
Postage and Delivery	\$	\$	\$			
Rent and Utilities	\$	\$	\$			
Renovations	\$	\$	\$			
Other (please specify)	\$	\$	\$			
	\$	\$	\$			
	\$	\$	\$			
	\$	\$	\$			
Total Other Costs*	\$	-	\$	-	\$	-
D. Total Direct Costs (A through C)	\$	-	\$	-	\$	-
E. Indirect Costs (cannot exceed 8% of D)	\$	\$	\$			
F. Total (D+E)	\$	-	\$	-	\$	-

Budget Justification

* Provide a detailed description for each line item including: the product or service, cost per item, how total item cost is calculated.

* Have you applied or received any other funding for this project?

_____ Yes

_____ No

If yes, please explain.

Attachment 2

Program Data – Baseline and Outcomes²

A. Indicate the type of pre-licensure nursing program.	Master's entry	BSN	ADN
B. Significant change in enrollment in the program (>20%) in:	Increase	Decrease	No significant change
2007 – 08			
2006 – 07			
2005 – 06			
If a significant change, please describe			
C. Please provide the following data for the year indicated	2005 – 06	2006 – 07	2007 - 08
What was your graduate job placement rate?			
What percentage of students are licensed in Maryland?			
What was your NCLEX 1 st time pass rate?			
What was your Total Enrollment as of October 15 th ?			
What was your Program Capacity for new students only?			
How many qualified applicants did you have?			
How many of those who qualified were not offered admission?			
How many of those admitted, registered?			
What is the total number of students who graduated from this year? (July 1 – June 30)			
What was the graduation rate for all students?			
What was the retention rate?			
What percent of students were:			
Male			
Racial/Ethnic Minority			
Caucasian			

² Refer to the Glossary for definition of terms and rate calculation formulas.

Attachment 3

ASSURANCES

The Applicant hereby affirms and certifies that it will comply with all applicable regulations, policies, guidelines, and requirements of the *Who Will Care?* Fund for Nurse Education and Maryland Healthcare Education Institute (MHEI) as they relate to the application, acceptance, and use of *Who Will Care?* funds in this project. Also, the Applicant affirms and certifies that:

1. It will enter into formalized agreement(s) for any proposed service, as well as with other members of the collaborative, where applicable.
2. It will expend funds to supplement new and/or existing programs and not use these funds to supplant non-grant funds.
3. It will give *Who Will Care?* Fund for Nurse Education and MHEI, as the Grant Administrator through any authorized representative, the right of access to, and the right to examine all records, books, papers, or documents related to the grant.
4. It will comply with all requirements imposed by *Who Will Care?* Fund for Nurse Education and MHEI concerning special requirements of law and other administrative requirements.
5. That all information included in the application is accurate to the best of their knowledge.

Print Name and Title

Signature

Print Name and Title

Signature

GLOSSARY

Definitions for Program Date and Outcomes combine MBON instructions for the Annual Education Report and supplemental information to ensure collection of consistent data.

1st Professional Degree

Any degree that enables a nurse graduate to take the NCLEX for the first time. 1st professional degrees include ADN, BSN and entry-level master's degrees. Does not include BSN completion for ADN graduates who are already licensed.

Graduates

The number of students who complete the program within 150% of the time of the stated program length.

Graduation Rate

The percent of students who complete the program within 150% of the time of the stated program length. For example: a student who graduates from a 2 year program in 2 years and a student who graduates from a 2 year program in 3 years will both be counted to have completed within 150% of the stated program length.

Number of students enrolled divided by the number of students who complete within 150% of program length x 100 = percentage.

Example: 70 students graduate within 3 years divided by 100 students enrolled
 $70 \div 100 \times 100 = 70\%$

Graduate Job Placement Rate

The percent of students graduated with active Maryland licenses 9 months after graduation.

Total number of graduates with active Maryland licenses 9 months after graduation divided by total number of graduates x 100 = percentage.

Example: 85 students have active license divided by 100 students who graduated
 $85 \div 100 \times 100 = 85\%$

Minority Students

Students who self-identify as being part of a racial or ethnic minority (list specifics from Federal categories).

NCLEX 1st Time Pass Rate

Number of graduates passing NCLEX on 1st try as reported by MBON.

Nursing Student

A student who has completed prerequisites, been accepted in to the nursing program and has registered for the first professional course.

Program Capacity

The number of students you are able to admit given available capacity (faculty, space, clinical sites, etc.) for the year (June 1 – July 30).

Qualified Applicants

The number of new applicants to the nursing program who have completed prerequisites and meet all program admission requirements to be offered admission.

Renovations

Modifications to existing structures deemed necessary to accommodate greater number of student nurses. Renovations may include: classroom reconfiguration, installation of new or expanded clinical simulation technologies, installation of equipment for distance learning programs, etc. This does not include new construction.

Retention Rate

For ADN and 2 year BSN programs – the percentage of students who enter the second year following completion of the first year.

For CNL student programs – the percentage of students who enter the second semester following completion of the first semester.

Number of students returning for year 2 divided by number of students completing year 1 x 100 = percentage.

Example: 90 students return for year 2 divided by 100 students completing year 1
 $90 \div 100 \times 100 = 90\%$

Total Enrollment

The number of students enrolled in one or more clinical nursing courses in this program on October 15. If a student is enrolled in two or more nursing courses simultaneously, count that student only once.