



**Department of Health and Human Services  
Health Resources and Services Administration**

**REPORT TO CONGRESS  
Nurse Education, Practice, Quality, and Retention  
Program  
Fiscal Years 2013 and 2014**

## Executive Summary

This Report to Congress is in response to sections 831 and 831A of Title VIII, of the Public Health Service (PHS) Act, as amended by section 5309 of the Patient Protection and Affordable Care Act, Public Law 111-148. It states, in part:

*Sec. 831(f) — The Secretary shall submit to the Congress before the end of each fiscal year a report on the grants awarded and the contracts entered into under this section. Each such report shall identify the overall number of such grants and contracts and provide an explanation of why each such grant or contract will meet the priority need of the nursing workforce.*

*Sec. 831A(e) — The Secretary shall submit to the Congress before the end of each fiscal year a report on the grants awarded and the contracts entered into under this section. Each such report shall identify the overall number of such grants and contracts and provide an explanation of why each such grant or contract will meet the priority need of the nursing workforce.*

The Nurse Education, Practice, Quality, and Retention (NEPQR) Program has broad statutory authority to address the development and enhancement of the nursing workforce. The NEPQR Program provides grant support for academic, health care service, and continuing education projects designed to enhance nursing education, improve the quality of patient care, increase nurse retention, and strengthen the nursing workforce. This document serves as the combined annual report for fiscal years (FY) 2013 and 2014 and provides: (1) a description of the nursing workforce priority areas and grant programs and contracts under the NEPQR authority; and (2) project summaries of all FY 2013 and FY 2014 grants and cooperative agreements and their linkages to the priority areas.

The FY 2013 NEPQR appropriation was \$37.1 million, which supported 45 grants, 51 cooperative agreements, and 2 contracts.<sup>1</sup> The FY 2014 NEPQR appropriation was \$37.9 million, which supported 10 grants, 76 cooperative agreements, and 2 contracts.<sup>2</sup> Consistent with section 805 of Title VIII of the PHS Act, preference in funding NEPQR grants was given to projects that substantially benefit rural and/or underserved populations, or that help to meet the public health nursing needs in state or local health departments. Appropriated funds were expended for grants and contracts, as well as for costs associated with program oversight, grant reviews, grant processing, and follow-up performance review. The funds also supported the National Advisory Council on Nurse Education and Practice, which advises and makes recommendations to the Secretary and Congress on policy matters arising in the administration of Title VIII including the range of issues relating to the nurse workforce, nursing education, and nursing practice improvement.

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<sup>1</sup> FY 2013 total is 96 awards and 2 contracts.

<sup>2</sup> FY 2014 total is 86 awards and 2 contracts.

It is important to note at the outset that the broad-based NEPQR Program continued to fund projects in FYs 2013 and 2014 in the Program's three original priority areas: (1) Education, (2) Practice, and (3) Retention, with quality embedded across the priority areas. And in response to specific, emerging high-priority areas in nurse education, practice, and retention, HRSA released new funding opportunities in FY 2012 focused on interprofessional collaborative practice and veterans' initiatives. As a result, the FY 2013 and 2014 grants aimed at these three priorities reflect only continuing awards from previous years. The number of these specific grants is expected to decline year by year until all are completed in FY 2015. Having thus explained, in FY 2013, 45 grants totaling \$12,943,795 were made under these priority areas. In FY 2014, 10 grants totaling \$3,972,077 were made under these priority areas.

In FYs 2013 and 2014 NEPQR funding also supported the Coordinating Center for Interprofessional Education and Collaborative Practice (CCIECP) and projects under three additional funding opportunity announcements (1) Faculty Development: Integrated Technologies into Nursing Education and Practice (Faculty Development: ITNEP), (2) Interprofessional Collaborative Practice (IPCP), and (3) the Veterans Bachelor of Science in Nursing (VBSN). CCIECP provides infrastructure support to develop leadership and expertise in interprofessional education and collaborative, team-based practice among health professions across the United States, including medically underserved areas (one cooperative agreement for \$721,425 in FY 2013, and one cooperative agreement for \$738,285 in FY 2014). Faculty Development: ITNEP projects supported nursing faculty development in new technologies (three cooperative agreements totaling \$779,416 in FY 2013 and two cooperative agreements totaling \$509,869 in FY 2014).<sup>3</sup> IPCP projects strengthened nursing's capacity to advance the health of patients, families, and communities through innovations in interprofessional collaborative practice (38 cooperative agreements totaling \$17,250,399 in FY 2013 and 53 cooperative agreements totaling \$24,408,569 in FY 2014). VBSN projects strengthened the quality of care and expanded the nursing workforce through increased enrollment of military veterans in baccalaureate nursing programs (9 cooperative agreements totaling \$2,783,597 in FY 2013 and 20 cooperative agreements totaling \$5,956,112 in FY 2014).

All applications to the NEPQR program undergo a rigorous peer-review process. Applications are reviewed, then scored and rank ordered. The highest scoring, or most competitive, applications receive funding, which ensures that the Health Resources and Services Administration funds the most competitive applications for the NEPQR program during the funding cycle.

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<sup>3</sup> Two continuation grants, rather than three, were funded in FY 2014, as one grant completed its cycle in FY 2013.

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## Acronym List

ACU	Accountable Care Units
BHW	Bureau of Health Workforce
BSN	Bachelor of Science in Nursing
CCIECP	Coordinating Center for Interprofessional Education and Collaborative Practice
CPS	Child Protective Services
EHB	Electronic HandBook
FY	Fiscal Year
HRSA	Health Resources and Services Administration
IPCP	Interprofessional Collaborative Practice project
ITNEP	Faculty Development: Integrated Technology into Nursing Education and Practice project
IU	Indiana University
JSI	John Snow Incorporated
LGBT	Lesbian, Gay, Bisexual, and Transgender
NCLEX-RN	National Council Licensure Examination for Registered Nurses
NEPQR	Nurse Education, Practice, Quality, and Retention
PATH	Providing Access to Healthcare
PCOM	Primary Care Outreach for Persons with Mental Illness
PHS	Public Health Service Act
RN	Registered Nurse
VBSN	Veterans Bachelor of Science in Nursing project

## I. Legislative Language

This report is being provided to Congress, as outlined in sections 831 and 831A of Title VIII, of the Public Health Service (PHS) Act,<sup>4</sup> as amended by section 5309 of the Patient Protection and Affordable Care Act, Public Law 111-148. It states in part:

*Sec. 831(f) — The Secretary shall submit to the Congress before the end of each fiscal year a report on the grants awarded and the contracts entered into under this section. Each such report shall identify the overall number of such grants and contracts and provide an explanation of why each such grant or contract will meet the priority need of the nursing workforce.*

*Sec. 831A(e) — The Secretary shall submit to the Congress before the end of each fiscal year a report on the grants awarded and the contracts entered into under this section. Each such report shall identify the overall number of such grants and contracts and provide an explanation of why each such grant or contract will meet the priority need of the nursing workforce.*

This document serves as the combined annual report for fiscal years (FY) 2013 and 2014 for the Nurse Education, Practice, Quality, and Retention (NEPQR) Program. The report provides (1) a description of the nursing workforce priority areas and grant programs and contracts funded under the NEPQR authority, and (2) project summaries of all of the FY 2013 and FY 2014 grants and cooperative agreements and their linkages to the priority areas.

## II. Introduction

The Health Resources and Services Administration's (HRSA) Bureau of Health Workforce (BHW) provides policy leadership and grant support for health professions workforce development – making sure the United States has the right clinicians, with the right skills, working where they are needed. Additional information about HRSA's BHW and its programs is available at <http://www.hrsa.gov/about/organization/bureaus/bhw/>.

The NEPQR Program has a broad statutory authority to address development and advancement of the nursing workforce. The NEPQR Program provides grant support for academic, service, and continuing education projects designed to enhance nursing education, improve the quality of patient care, increase nurse retention, and strengthen the nursing workforce.

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<sup>4</sup>Two sections are referenced, as PHS Act Sec. 831(f) pertains to Nurse Education, Practice and Quality, and PHS Act section 831A pertains to Nurse Retention.

### **III. Overview**

The NEPQR Program seeks to strengthen the nursing workforce and improve nurse retention and quality of care, by expanding the pipeline into the nursing workforce; promoting career mobility; enhancing nursing practice; increasing access to care and interprofessional clinical training and practice; and supporting retention activities. The broad-based NEPQR Program continued funding the three broad priority areas: (1) Education, (2) Practice, and (3) Retention. Quality is integrated throughout all of the priority areas.

Tables 1 and 2 on the next page display the funding amounts and numbers of NEPQR grants, cooperative agreements, and contracts that HRSA awarded in FY 2013 and FY 2014. As required by section 805 of the PHS Act, preference in funding grants across all purposes was given to projects that substantially benefit rural and/or underserved populations or help meet the public health nursing needs in state or local health departments. Appropriated funds were expended for grants, cooperative agreements and contracts, as well as for costs associated with program oversight, grant reviews, grant processing, and follow-up performance reviews. The funds also supported the National Advisory Council on Nurse Education and Practice, which advises and makes recommendations to the Secretary and Congress on policy matters arising in the administration of Title VIII including the range of issues relating to the nurse workforce, nursing education, and nursing practice improvement.

**Table 1 – FY 2013 Funding and Awards**

<b>Fiscal Year &amp; Programs/ Contracts</b>	<b>Total Number of Awards</b>	<b>Total Award Amount</b>	<b>Total Number of Contracts</b>	<b>Total Contract Award Amount</b>
<b>FY 2013</b>	96	\$34,478,632	2	\$339,201
Education, Practice, and Retention	45 grants	\$12,943,795	--	--
Faculty Development: Integrated Technology into Nursing Education and Practice	3 cooperative agreements	\$779,416	--	--
Interprofessional Collaborative Practice	38 cooperative agreements	\$17,250,399	--	--
Veterans Bachelor of Science in Nursing	9 cooperative agreements	\$2,783,597	--	--
Coordinating Center for Interprofessional Education and Collaborative Practice	1 cooperative agreement	\$721,425	--	--
REI Systems Inc.	--	--	1	\$208,991 <sup>1</sup>
John Snow Incorporated	--	--	1	\$130,210 <sup>2</sup>

<sup>1</sup> Contract for information technology (IT) support and electronic management of NEPQR grants.

<sup>2</sup> Contract to provide grantee support and training.

**Table 2 – FY 2014 Funding and Awards**

<b>Fiscal Year &amp; Programs/ Contracts</b>	<b>Total Number of Awards</b>	<b>Total Award Amount</b>	<b>Total Number of Contracts</b>	<b>Total Contract Award Amount</b>
<b>FY 2014</b>	86	\$35,584,912	2	\$258,862
Education, Practice, and Retention	10 grants	\$3,972,077	--	--
Faculty Development: Integrated Technology into Nursing Education and Practice	2 cooperative agreements	\$509,869	--	--
Interprofessional Collaborative Practice	53 cooperative agreements	\$24,408,569	--	--
Veterans Bachelor of Science in Nursing	20 cooperative agreements	\$5,956,112	--	--
Coordinating Center for Interprofessional Education and Collaborative Practice	1 cooperative agreement	\$738,285 (continuing)	--	--
REI Systems Inc.	--	--	1	\$198,862
John Snow Incorporated	--	--	1	\$60,000

<sup>1</sup> Contract for IT support and electronic management of NEPQR grants.

<sup>2</sup> Contract to provide grantee support and training.

The broad-based NEPQR Program continued to fund projects in FYs 2013 and 2014 in the Program’s three original priority areas: (1) Education, (2) Practice, and (3) Retention, with quality embedded across the priority areas. And in response to specific, emerging high-priority areas in nurse education, practice, and retention, HRSA released new funding opportunities in FY 2012 focused on interprofessional collaborative practice and veterans’ initiatives. As a result, the FY 2013 and 2014 grants aimed at these three priorities reflect only continuing awards from previous years. The number of these specific grants is expected to decline year by year until all are completed in FY 2015.

## **A. Nurse Education, Practice, Quality and Retention Priorities — Education, Practice, and Retention**

In FY 2013, HRSA funded 45 grants totaling \$12,943,795 in the 3 priority areas of nurse education, practice, and retention. In FY 2014, HRSA funded 10 grants totaling \$3,972,077 in the 3 priority areas.

### **A.1 Education Priority Area**

- **E1:** Expanding enrollment in baccalaureate nursing programs to help people enter the nursing field for the first time. In FY 2013, three grants totaling \$838,512 were funded. No grants were funded in FY 2014.
- **E2:** Providing education in new technologies, including distance learning methodologies. In FY 2013, six continuing grants totaling \$1,289,888 were funded. No grants were funded in FY 2014.

### **A.2 Practice Priority Area**

- **P1:** Establishing or expanding nursing practice arrangements in non-institutional settings (Nurse Managed Health Centers) to demonstrate methods to improve access to primary health care in medically underserved communities. In FY 2013, 17 continuing grants totaling \$6,218,275 were funded. In FY 2014, nine continuing grants totaling \$3,923,280 were funded.
- **P2:** Providing care for underserved populations and other high-risk groups such as the elderly, individuals with HIV/AIDS, substance abusers, the homeless, and victims of domestic violence. In FY 2013, two grants totaling \$579,715 were funded. No grants were funded in FY 2014.
- **P3:** Providing quality, coordinated care and other skills needed to practice in existing and emerging organized health care systems. In FY 2013, five grants totaling \$1,352,161 were funded. No grants were funded in FY 2014.
- **P4:** Developing cultural competencies among nurses. In FY 2013, two grants totaling \$492,141 were awarded. No grants were funded in FY 2014.

### **A.3 Retention Priority Area**

- **R1:** (Career Ladder Program) Promoting career advancement for individuals who are already in the nursing field (including licensed practical nurses, licensed vocational nurses, certified nurse assistants, home health aides, diploma degree or associate degree nurses) to become baccalaureate-prepared registered nurses (RNs) or advanced education

nurses in order to meet the needs of the nursing workforce. In FY 2013, one grant was funded for \$43,032. No grants were funded in FY 2014.

- **R2:** Developing and implementing internships and residency programs in collaboration with an accredited school of nursing to encourage mentoring and the development of specialties. In FY 2013, nine grants received continued funding totaling \$2,130,071. In FY 2014, one grant for \$48,797 was funded.
- **R3:** Assisting individuals through career ladder programs to obtain education and training required to enter the nursing profession and advance within the profession. No grants were funded in FY 2013 or FY 2014.
- **R4:** Enhancing patient care that is directly related to nursing activities by enhancing collaboration and communication among nurses and other health care professionals and promoting nurse involvement in the organizational and clinical decision making processes of a health care facility. No grants were funded in FY 2013 or FY 2014.

## **B. Faculty Development: Integrated Technology into Nursing Education and Practice Program**

The NEPQR program funds Faculty Development: ITNEP projects to support nursing collaboratives to support faculty development in the use of information and other technologies to expand the capacity of collegiate schools of nursing to educate students for 21<sup>st</sup> century health care practice. The program assists nursing collaboratives to utilize health care information systems to enhance nursing education and practice, optimize patient safety, and drive improvements in health care quality. In FY 2013, three Faculty Development: ITNEP cooperative agreements were awarded totaling \$779,416. In FY 2014, two Faculty Development: ITNEP continuation cooperative agreements were awarded totaling \$509,869, as one awardee had completed its cycle in FY 2013.

## **C. Interprofessional Collaborative Practice Program**

Interprofessional Collaborative Practice (IPCP) projects aim to strengthen nursing's capacity to advance the health of patients, families, and communities. IPCP projects support the development and implementation of innovative practice models that use collaborative interprofessional teams comprised of nurses and other health professionals. The program is consistent with the NEPQR P3 priority as it provides quality coordinated care and other skills needed to practice in existing and emerging organized health systems. Interprofessional team-based care environments are comprised of high-functioning, diverse professionals with a collective identity who collaborate and communicate effectively to increase access to care and achieve high quality patient and population-centered outcomes. For FY 2013, HRSA awarded 14 new and 24 continuing 3-year cooperative agreements totaling \$17,250,399. For FY 2014, HRSA awarded 15 new and 38 continuing 3-year cooperative agreements totaling \$24,408,569.

## **D. Veterans Bachelor of Science in Nursing Program**

In FY 2013, Veterans Bachelor of Science in Nursing (VBSN) projects were a new effort under the NEPQR Program. Its aim is to strengthen the quality of care and expand the nursing workforce through increased enrollment of veterans in baccalaureate nursing programs. In FY 2014, VBSN continued and issued a new competition. This program is consistent with the NEPQR E1 priority and supports the development and implementation of innovative practice models that enable veterans to earn baccalaureate nursing degrees. The program expands employment opportunities for veterans and prepares them to make the transition from their former military role to that of a civilian nurse. In FY 2013, nine 4-year cooperative agreements totaling \$2,783,597 were awarded to schools of nursing to modify their existing Bachelor of Science in Nursing (BSN) programs by making them veteran-supportive. Specifically, schools provided enhanced support services to veterans enabling their enrollment, retention, graduation, and passing of the registered nurse licensing examination. In FY 2014, 11 new and 9 continuing, 3-year cooperative agreements totaling \$5,956,112 were awarded.

## **E. Coordinating Center for Interprofessional Education and Collaborative Practice**

In FY 2012, the Bureau of Health Professions (which is now the Bureau of Health Workforce) announced a funding opportunity to support a cooperative agreement for the creation of a national coordinating center for interprofessional education and collaborative practice. The goal of the Coordinating Center for Interprofessional Education and Collaborative Practice (CCIECP) is to help transform siloed health care delivery systems into an integrated health system where coordinated, collaborative, team-based practice — informed by interprofessional education — becomes a national norm in the United States.<sup>5</sup> CCIECP serves as a respected source for unbiased, expert guidance to the health care community on issues related to interprofessional education and collaborative practice. CCIECP also provides infrastructure support for national interprofessional research and evaluation activities, to include data collection, analysis, and dissemination. In addition, CCIECP forges partnerships with key stakeholders to create new interprofessional programs and enhance, expand, and link existing programs. Further, CCIECP is tasked with raising the visibility of high-quality, coordinated, team-based care that is well-informed by interprofessional education and best practice models.

- In FY 2013, HRSA awarded a single continuing cooperative agreement to CCIECP. NEPQR provided \$721,425 of the total funding, and the Primary Care Training Enhancement Program (PHS Title VII, Section 747) provided the remaining \$50,000, for a total award of \$771,425.

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<sup>5</sup>The Future of Nursing: Leading Change, Advancing Health. Retrieved February 9, 2015, from: <http://thefutureofnursing.org/IOM-Report>.

- In FY 2014, HRSA awarded a single continuing cooperative agreement to CCIECP. NEPQR provided \$738,285 of the total funding, and the Primary Care Training Enhancement Program (PHS Title VII, Section 747) provided the remaining \$50,000, for a total award of \$788,285.

Three leading foundations focused on health, health professions education, and patient care announced a public-private partnership and pledged additional support for CCIECP. The Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation, and the Gordon and Betty Moore Foundation collectively committed up to \$6 million in grant support over 5 years (2012 - 2017).

## **F. Contracts**

In both FY 2013 and FY 2014, the NEPQR Program supported two contracts. HRSA awarded one contract for \$208,991 in FY 2013 and one contract for \$198,862 in FY 2014 to REI Systems Inc. of Herndon, Virginia for IT support for nursing training programs, including enhancements to the Electronic Handbook (EHB) used to manage grantee applications and reporting. HRSA awarded one contract for \$130,210 in FY 2013 and one contract for \$60,000 in FY 2014 to John Snow Inc. (JSI). The contract to JSI was to provide grantee support and training, technical assistance, analytical support, data verification, reporting related materials, and EHB support and enhancements to the Uniformed Data Systems reporting by the nurse managed health centers.

## **IV. Combined FY 2013 and FY 2014 Project Summaries for New Competition Grants and Existing Grantees with Continuing Funding**

Sections A through I below contain FY 2013 and FY 2014 programs only with continuing funding for existing grantees, as no new competitions were issued. Sections J through L contain programs with both new and continuing funding for both fiscal years. In both FY 2013 and FY 2014, HRSA issued new funding opportunity announcements for the IPCP projects and VBSN projects.

All new applications for NEPQR funding underwent an independent and objective review, whereby a committee of experts determined the technical merit of applications based on review criteria and subsequently recommended or approved applications. The number of applications funded, out of those approved by the peer-review committee, is determined by available appropriated funds. Funded applications represent those that were ranked the highest and that also received a preference for substantially benefitting rural and/or underserved populations or that help meet the public health nursing needs in state or local health departments. As a result of the independent objective review process, 14 new cooperative agreements were made to IPCP projects in FY 2013, and 15 new cooperative agreements were made to IPCP projects in FY 2014; and 9 new cooperative agreements were made to VBSN projects in FY 2013 and 11 new cooperative agreements were made to VBSN projects in FY 2014.

## **A. E1 Grantees: Expanding Enrollment in Baccalaureate Nursing Programs**

### **Ashland University, Mansfield, OH**

(Continuing) *FY 2013 Funding: \$521,677*

*FY 2014 Funding: --*

**Focus:** Supports mentorship of students from minority and disadvantaged backgrounds, in order to promote student retention. This project also provides for simulated learning experiences that encompass scenarios of culturally diverse and underserved populations within Ohio. It addresses the shortage of nurses in the workforce by increasing the enrollment of baccalaureate nursing students with an emphasis on increasing the number of students from minority and disadvantaged backgrounds.

### **Board of Regents of the University of Nebraska Medical Center, Omaha, NE**

(Continuing) *FY 2013 Funding: \$157,030*

*FY 2014 Funding: --*

**Focus:** Expands enrollment by using clinical staff instructors as faculty extenders for the clinical education of students. Using the dedicated educational units model, this project offers admittance to an additional eight students per semester, resulting in a 25 percent increase in enrollment on the pilot campus during the grant period.

### **University of Texas Health Science Center of San Antonio, San Antonio, TX**

(Continuing) *FY 2013 Funding: \$159,805*

*FY 2014 Funding: --*

**Focus:** Supports a project to increase enrollment and retention of baccalaureate nurses, particularly minorities, who will practice in medically underserved areas and health professional shortage areas. This project will increase access to health care by increasing the distribution and retention of a diverse, culturally-competent nursing workforce that can effectively adapt to various health care needs.

## **B. E2 Grantees: Providing Education in New Technologies, Including Distance Learning Methodologies**

### **George Washington University, Washington, DC**

(Continuing) *FY 2013 Funding: \$122,237*

*FY 2014 Funding: --*

**Focus:** Provides nursing students with a blended online and on-campus educational experience that meets the needs of students in geographically diverse settings. This project supports a curriculum that equips nurses to utilize teaching and learning technologies in order to support patient education and communication in care delivery. This project supports a culturally competent diverse nursing workforce to address the needs of the workforce overall and a specific need for nurses in rural areas.

**Georgia Health Sciences University, Augusta, GA**

(Continuing) *FY 2013 Funding: \$168,923*  
*FY 2014 Funding: --*

**Focus:** Provides technology to enhance accurate assessment of geriatric residents in community residential clinical rotations, as well as decrease the need for clinical travel for on-site observations of students in remote locations. Faculty and participant residents interact with students enrolled in gerontology and community courses at the Medical College of Georgia and the University of South Carolina-Aiken Schools of Nursing. This project addresses the nursing shortage in Georgia and South Carolina, as well as the specific need for more qualified nurses to care for geriatric residents through the infusion of innovative and creative technology.

**South Dakota State University, Brookings, SD**

(Continuing) *FY 2013 Funding: \$272,799*  
*FY 2014 Funding: --*

**Focus:** Supports a Simulation Informatics Technology Enhancement Program that prepares nursing students to practice in a quality and safety driven rural health care environment. This project utilizes human patient simulation, point of care technologies, informatics applications, and telehealth resources. This project supports the use of technology-based learning in order to address rural health needs in South Dakota.

**University of Washington, Seattle, WA**

(Continuing) *FY 2013 Funding: \$325,011*  
*FY 2014 Funding: --*

**Focus:** Supports a wound management education program for nurses in urban, rural, medically underserved, and those who work in health professional shortage areas in the Pacific Northwest. This project utilizes technology and distance learning methodologies in order to broaden the educational impact and increase the number of nurses prepared for expanded practice in wound management. This project addresses the significant health risks and financial cost of non-healing wounds.

**University of Wisconsin, Madison, WI**

(Continuing) *FY 2013 Funding: \$212,458*  
*FY 2014 Funding: --*

**Focus:** Promotes the eSupport for School Nurses Caring for Children with Chronic Conditions project in order to improve competencies for school nurses who work in a continually changing care delivery environment. This project provides accessible technological support for managing children's care and equips nurses with the knowledge and skills required to provide care for children with chronic conditions. This project utilizes a distance learning platform to train and prepare school nurses to care for children with chronic conditions.

**Visiting Nurse Service of New York, New York, NY**

(Continuing) *FY 2013 Funding: \$188,460*  
*FY 2014 Funding: --*

**Focus:** Supports the development of a "Geriatric Competency Course eLearning" education program, in order to provide this program to its entire home health care nursing workforce. The Visiting Nurse Service of New York is the nation's largest nonprofit certified home health care

agency. This new eLearning program is a more efficient way to educate a greater number of trainees. This project increases the knowledge of home care nurses in caring for the growing number of older adults with complex care needs.

## **C. P1 Grantees: Establishing or Expanding Nursing Practice Arrangements**

### **Board of Trustees of the University of Illinois at Chicago, Chicago, IL**

(Continuing) *FY 2013 Funding: \$496,520*

(Continuing) *FY 2014 Funding: \$501,346*

**Focus:** Expands the University's Aviva Women's Health and Midwifery practice to a new freestanding clinic in the medically underserved areas of Humboldt Park, Logan Square, and West Town on the Northwest side of Chicago. This project increases access throughout Chicago to midwifery for women living in underserved communities who are high-risk and physically impaired. This clinic provides innovative, evidence-based care in multiple venues, while increasing knowledge and clinical competencies of health care providers, nursing faculty, and nursing students providing care for physically disabled and culturally diverse women.

### **East Tennessee State University, Johnson City, TN**

(Continuing) *FY 2013 Funding: \$273,546*

(Continuing) *FY 2014 Funding: \$270,005*

**Focus:** Expands primary care services to low-income residents of public housing in Appalachia by adding an on-site clinic in the community and in-home advanced practice nurse primary care and case management for older adults experiencing serious chronic illnesses. The project is designed to address episodic illness events and chronic care with particular attention to self-care and physical activity support. These efforts work to expand access to care as well as to provide faculty practice and student learning opportunities.

### **George Mason University, Fairfax, VA**

(Continuing) *FY 2013 Funding: \$338,078*

(Continuing) *FY 2014 Funding: \$347,517*

**Focus:** Improves access to quality primary and behavioral health care for low-income people living in Fairfax County with chronic disease and who lack health insurance. The Mason Partners for Access to Healthcare is a program of the nursing faculty access plan. Service learning and clinical activities for graduate and undergraduate nursing students provide experiences that promote future commitment and competence in providing care for the underserved.

### **Louisiana State University System, New Orleans, LA**

(Continuing) *FY 2013 Funding: \$538,648*

(Continuing) *FY 2014 Funding: \$562,591*

**Focus:** Supports a Nurse Managed Clinic in New Orleans East, an area that has had limited health care access since Hurricane Katrina. This project provides nurse practitioners and nursing students with training in delivering linguistically and culturally competent primary care. This

project improves access to primary health care, reduces health disparities, and enhances quality of life for a medically underserved community.

**Loyola University Chicago, Maywood, IL**

(Continuing) *FY 2013 Funding: \$269,281*

*FY 2014 Funding: --*

**Focus:** Operates a high school health center that serves primarily working class and low-income minority adolescents in a suburb of Chicago. Offers intensive mental health services for at-risk adolescents, expands successful nutrition programming, and provides new health promotion and primary care services for children in local elementary schools.

**Marquette University, Milwaukee, WI**

(Continuing) *FY 2013 Funding: \$207,572*

(Continuing) *FY 2014 Funding: \$237,299*

**Focus:** Supports a Nurse Managed Clinic that provides primary health care services and enhances educational opportunities for students. This project addresses the needs of the urban underserved population in Milwaukee by supporting both a certified nurse-midwife practice, as well as a peer breastfeeding support group in order to improve health outcomes for underserved urban African-American women and their children. This project is located in a Health Professional Shortage Area in Milwaukee.

**North Georgia College and State University, Dahlonega, GA**

(Continuing) *FY 2013 Funding: \$441,802*

*FY 2014 Funding: --*

**Focus:** Provides structured clinical experiences for undergraduate and graduate students in the School of Nursing at North Georgia College and State University. This project provides primary care and disease management programs for underserved Appalachian residents of Central North Georgia. It also provides support for a clinical facility that offers primary care services and holds clinics for chronic disease management of hypertension and diabetes.

**New York University, New York, NY**

(Continuing) *FY 2013 Funding: \$642,587*

(Continuing) *FY 2014 Funding: \$641,564*

**Focus:** Supports the New York University College of Nursing Mobile Health Van Program, which serves the dual purposes of (1) improving access to primary health care in a medically underserved adolescent/immigrant population through school-based primary care services, health literacy education, and linkages to community resources; and, (2) offering clinical experiences to undergraduate and graduate nursing students. The program helps to develop primary care and community nursing clinical competencies, cultural competency, and community outreach skills required to meet the health needs of underserved communities. It prepares students for post degree careers in primary care and delivering community health services in underserved communities.

**Regents of the University of Wisconsin System for University of Wisconsin-Milwaukee, Milwaukee, WI**

(Continuing) *FY 2013 Funding: \$249,874*

*FY 2014 Funding: --*

**Focus:** Increases access and reduces fragmentation of services by linking multiple providers of medical, health, and social services in one central location. The project model employs primary and secondary prevention strategies, nurse case management services, and linkages with broad-based family support services to reduce health disparities in the Milwaukee community.

**The Regents of the University of California, Los Angeles, CA**

(Continuing) *FY 2013 Funding: \$270,000*

*FY 2014 Funding: --*

**Focus:** Expands access to care at a nurse-managed academic health center for homeless persons and families through added outreach activities, more convenient hours, and additional personnel. The project also enhances faculty practice with the addition of new faculty nurse practitioners with chronic illness expertise.

**The Regents of the University of California, Irvine, CA**

(Continuing) *FY 2013 Funding: \$295,587*

(Continuing) *FY 2014 Funding: \$309,943*

**Focus:** Provides clinical training to undergraduate and graduate nursing students from the University of California, Irvine and neighboring schools of nursing. This project increases access to primary care for underserved, largely uninsured, predominately Hispanic communities in Orange Country.

**University of Detroit Mercy, Detroit, MI**

(Continuing) *FY 2013 Funding: \$222,441*

*FY 2014 Funding: --*

**Focus:** Supports the expansion of additional nurse managed practice sites in Detroit to train nurses in chronic disease management, health promotion, and primary care. This project increases access to health care for a city that is largely designated as a medically underserved area, and in which large parts are designated as health professional shortage areas. This project also emphasizes increased access to health care for underserved children.

**University of Florida, Gainesville, FL**

(Continuing) *FY 2013 Funding: \$321,111*

*FY 2014 Funding: --*

**Focus:** Increases access to quality health care services for rural, medically underserved residents of North Central Florida and expands the availability of structured clinical experiences for nursing students in a medically underserved area. In addition, the project continues to provide a quality community health education program to area residents and to increase the percentage of nursing graduates who practice in medically underserved areas.

**University of New Mexico, Albuquerque, NM**

(Continuing) *FY 2013 Funding: \$771,600*

(Continuing) *FY 2014 Funding: \$789,244*

**Focus:** Establishes a new faculty nurse managed center to increase access to prenatal and primary health care for the rural, ethnically diverse population of Sandoval County, New Mexico. This project meets faculty practice development aims that focus on preparing graduate and baccalaureate students to reduce disparities in rural and underserved communities.

**University of South Alabama, Mobile, AL**

(Continuing) *FY 2013 Funding: \$317,296*

*FY 2014 Funding: --*

**Focus:** Provides after-hours, accessible, and holistic health care to patients and serves as a safety-net provider for clients seeking primary care services. The project integrates teaching and evidence-based practice to significantly increase access to primary health care and improve health outcomes for an underserved, vulnerable population.

**University of Southern Indiana, Evansville, IN**

(Continuing) *FY 2013 Funding: \$271,776*

(Continuing) *FY 2014 Funding: \$263,771*

**Focus:** Supports a nurse-managed nurse practice arrangement clinic training site, which is designated both as a medically underserved area and as a health professional shortage area. This project provides a clinical training site for nursing and health professions students and increases access to primary care in a medically underserved, largely uninsured community.

**Valdosta State University, Valdosta, GA**

(Continuing) *FY 2013 Funding: \$290,556*

*FY 2014 Funding: --*

**Focus:** Increases access to primary health care services to reduce financial burden among uninsured employed adults in Lowndes County (South Georgia) by expanding the nursing infrastructure of a community-supported primary care center. The project utilizes a formal partnership between Valdosta State University College of Nursing and Lowndes County Partnership Health Center, a recently established Georgia Free Clinic. This project expands services for uninsured adults and eligible adult dependents, focusing on those who have no usual route of access to primary health care.

**D. P2 Grantees: Providing Care for Underserved Populations and Other High-Risk Groups**

**New York University, New York, NY**

(Continuing) *FY 2013 Funding: \$281,168*

*FY 2014 Funding: --*

**Focus:** Supports a nurse practitioner-managed Elder Care Program for clinical training to develop competencies related to primary care and community health nursing of older adults. This project increases access to primary care for a rapidly increasing, vulnerable aging population, particularly those who reside in underserved communities.

**University of Tennessee at Chattanooga, Chattanooga, TN**

(Continuing) *FY 2013 Funding: \$298,547*  
*FY 2014 Funding: --*

**Focus:** Supports a Get Healthy Program that prepares nursing students and practicing nurses to improve health outcomes among individuals with severe and persistent mental illness. This program improves health outcomes of this population by developing a nursing workforce that understands the needs of this underserved and high-risk population and that provides culturally-specific integrated care. This program provides comprehensive integrated health care to persons with mental illness in their residential and community support facilities.

**E. P3 Grantees: Providing Quality Coordinated Care**

**Colorado Center for Nursing Excellence, Denver, CO**

(Continuing) *FY 2013 Funding: \$307,568*  
*FY 2014 Funding: --*

**Focus:** Provides frontline nursing leaders with leadership education and skills in order to be successful in their roles and to adapt to the needs of long-term care. This project addresses the turnover rate of long-term care personnel in order to improve the quality of care and to increase the workforce available in the field.

**Lourdes College, Sylvania, OH**

(Continuing) *FY 2013 Funding: \$346,551*  
*FY 2014 Funding: --*

**Focus:** Provides educational programs and clinical experiences that focus on building competencies of nursing students and practicing nurses to provide safe, quality care for diverse and vulnerable populations. This project increases patient safety with a curriculum that develops competencies essential to providing safe and quality care and increases access, particularly for rural and underserved populations, in Northwest Ohio and Southeast Michigan.

**North Shore—Long Island Jewish Health System, Inc., Great Neck, NY**

(Continuing) *FY 2013 Funding: \$221,328*  
*FY 2014 Funding: --*

**Focus:** Supports a Taming Sepsis Educational Program for RNs in critical care units and emergency departments. This education program specifically provides comprehensive education in early recognition and effective treatment of the septic patient. This program equips RNs with the clinical knowledge and communication skills necessary to care for critically ill patients in a culturally-diverse and interdisciplinary care environment.

**University of Connecticut, Storrs Mansfield, CT**

(Continuing) *FY 2013 Funding: \$219,432*  
*FY 2014 Funding: --*

**Focus:** Provides nurses with the knowledge and skills required to practice safely and effectively with the corrections population. This project implements a nurse competency system to improve access and quality of patient care, patient satisfaction, and nursing workforce satisfaction. This project educates the 443 licensed nurses employed by the University of Connecticut under its

Correctional Managed Health Care contract to provide quality nursing care to individuals who are incarcerated and/or transitioning to the community under the Connecticut Department of Corrections. The population includes men, women, and adolescents.

**University of Pittsburgh, Pittsburgh, PA**

(Continuing) *FY 2013 Funding: \$257,282*

*FY 2014 Funding: --*

**Focus:** Provides a screening, brief intervention, and referral to treatment training for RNs working in the Emergency Department. The program provides nurses in community-based hospitals serving rural and other underserved populations with the knowledge and skills to identify and address the needs of individuals who present to the emergency room as a result of alcohol and other drug use. This program impacts the health care provided by nurses to this target population and the reduction of health risks associated with alcohol and other drug use.

**F. P4 Grantees: Developing Cultural Competencies Among Nurses**

**Louisiana State University Health Sciences Center, New Orleans, LA**

(Continuing) *FY 2013 Funding: \$242,142*

*FY 2014 Funding: --*

**Focus:** Provides nurses and nursing students with continuing education, undergraduate, and graduate courses that address cultural competencies in disasters. This project addresses the health hazards and life-threatening damage present to vulnerable populations in disaster areas.

**Ohio University, Athens, OH**

(Continuing) *FY 2013 Funding: \$249,999*

*FY 2014 Funding: --*

**Focus:** Provides a focused, accelerated degree program for individuals to become RNs, with an emphasis on cultural sensitivity and cultural competence. This program addresses the shortage of nurses, the underrepresentation of racial and ethnic minorities, and the need for culturally-competent health care. This program increases enrollment of minority and disadvantaged individuals in nursing education and increases graduation rates of culturally-competent RNs.

**G. R1 Grantees: Career Ladder Program – Career Advancement**

**Pennsylvania State University, University Park, PA**

(Continuing) *FY 2013 Funding: \$43,032*

*FY 2014 Funding: --*

**Focus:** Provides an educational program that facilitates Associate of Science degree-prepared RNs to obtain a BSN within 1 year. This project addresses the shortage of health care professionals in rural Pennsylvania by working to increase the number of bachelor degree-prepared RNs. The project is designed to broaden this educational program to benefit students who are location-bound.

## **H. R2 Grantees: Developing and Implementing Internships and Residency Programs**

### **Idaho State University, Pocatello, ID**

(Continuing) *FY 2013 Funding: \$321,360*

*FY 2014 Funding: --*

**Focus:** Supports a Rural Nurse Residency Program for rural nurses to develop basic practice competencies and advanced assessment and management skills. This project utilizes a central education agency to provide distance learning seminars, clinical experience, and technology, including personal digital assistants and simulation workshops.

### **Marquette University, Milwaukee, WI**

(Continuing) *FY 2013 Funding: \$352,002*

*FY 2014 Funding: --*

**Focus:** Provides a Supporting Onboarding and Retention of Rural Nurses residency program that meets the specific needs of new rural nurses and the associated unique nursing skills and competencies needed to practice in rural hospitals, with a particular focus on critical access hospitals. This project also will support partnerships with larger urban hospitals and academic institutions to provide additional resources to better meet the needs of the rural hospital partners.

### **Mary Imogene Bassett Hospital, Cooperstown, NY**

(Continuing) *FY 2013 Funding: \$214,813*

*FY 2014 Funding: --*

**Focus:** Supports a nurse residency program that provides nurses with training in specialty practice areas. This project increases access to health care for the underserved population in the hospital's eight-county rural service region.

### **Penobscot Community Health Center, Inc., Bangor, ME**

(Continuing) *FY 2013 Funding: \$175,000*

*FY 2014 Funding: --*

**Focus:** Provides nurse practitioner residents with clinical training in acute, chronic, and preventive care. This project addresses the shortage of primary care physicians in Maine and increases access to health care for the uninsured, elderly, poor, and rural residents.

### **Provena Saint Joseph Medical Center, Joliet, IL**

(Continuing) *FY 2013 Funding: \$47,948*

(Continuing) *FY 2014 Funding: \$48,797*

**Focus:** Supports an innovative education and preparation program for RNs, enhancing the skills, knowledge, and competence of preceptors and coaches who will be shepherding new graduate and transition nurses. The program prepares RNs experienced in other areas (transition nurses) and new graduate RNs (nurse interns) for areas of high-risk practice in behavioral health, peri-operative, or neuroscience services.

**Saint Mary's Foundation, Reno, NV**

(Continuing) *FY 2013 Funding: \$244,803*  
*FY 2014 Funding: --*

**Focus:** Supports a Transition to Practice Program that prepares newly graduated nurses to effectively transition into the nursing career. This project addresses the nursing shortage and high turnover rate of new graduates in the Reno, Nevada area by producing and maintaining competent RNs. This project increases access to health care in Washoe County, which is designated as both a medically underserved area and a health care professional shortage area.

**Santa Rosa Community Health Centers, Santa Rosa, CA**

(Continuing) *FY 2013 Funding: \$297,464*  
*FY 2014 Funding: --*

**Focus:** Supports a nurse practitioner residency program that prepares participants to be patient-centered medical home clinicians and team members. This project collaborates with Sonoma State University Nursing and Primary Care faculty to design curriculum that strengthens culturally-competent clinical skills, understanding of public health and population management, data analysis skills, and organizational and leadership skills. This project increases access to primary care for the underserved and predominately Hispanic community in Santa Rosa.

**The Regents of the University of California at San Francisco, San Francisco, CA**

(Continuing) *FY 2013 Funding: \$399,550*  
*FY 2014 Funding: --*

**Focus:** Supports a Nurse Practitioner Residency Program with a focus on primary care. This project develops and implements the clinical training and academic components of a nurse practitioner primary care residency program that strengthens core competencies and prepares participants for a fully independent role in the community health setting.

**University of Illinois at Chicago, Chicago, IL**

(Continuing) *FY 2013 Funding: \$77,131*  
*FY 2014 Funding: --*

**Focus:** Improves nurse recruitment and increases nurse retention in county public health departments. The project offers informal education to enhance the public health nurse's ability to identify errors and preventable harm, initiate corrective actions, provide support and guidance to nursing directors at the county governmental level, foster multi-disciplinary collaboration to monitor the quality of public health nursing care indicators, and initiate proactive corrective actions.

**I. Faculty Development: Integrated Technology into Nursing Education and Practice Program**

**Hunter College, City University of New York, New York, NY**

(Continuing) *FY 2013 Funding: \$264,599*  
(Continuing) *FY 2014 Funding: \$264,599*

**Focus:** Provides support to a nursing collaborative for faculty development in the use of information and other technologies through a consortium in technology. The New York City

Nursing Education Consortium in Technology impacts nursing education through disseminating expertise and resources in learning-centered technological strategies within 12 City University of New York Schools of Nursing and is preparing 350 nurse educators to use culturally-competent simulated learning.

**University of South Florida, Tampa, FL**

(Continuing) *FY 2013 Funding: \$251,861*

(Continuing) *FY 2014 Funding: \$245,270*

**Focus:** Develops and implements a nursing faculty development program based on documented educational and clinical practice needs in the use of simulated learning, informatics, and telehealth. This 6-month program is designed to increase faculty knowledge of health informatics and support faculty in the use of information and other technologies for nursing education and practice.

**Vanderbilt University Medical Center, Nashville, TN**

(Continuing) *FY 2013 Funding: \$262,956*

*FY 2014 Funding: --*

**Focus:** Operates the Informatics, Simulation, and Telehealth Initiative to address faculty development utilizing a multidisciplinary approach to education that strengthens patient safety and the quality agenda. This project uses the strength of Vanderbilt University in the area of informatics, and collaboration with the University of Kentucky in the areas of simulation and telehealth, to complete faculty development in these three major areas.

## **J. Interprofessional Collaborative Practice Program**

**Armstrong Atlantic State University, Savannah, GA**

(Continuing) *FY 2013 Funding: \$491,509*

(Continuing) *FY 2014 Funding: \$497,627*

**Focus:** Supports the transition of St. Mary's Health Center from a nurse-managed health center to a primary care home, through the creation of a core interprofessional team with support from a practice partner consultant team. Innovations include the interprofessional practice partner consultants, the inclusion of a social determinants focus, the use of technology for consultant meetings and electronic apps for patient health education, and online resources for education and skill development in social determinant areas.

**Case Western Reserve University, Cleveland, OH**

(Continuing) *FY 2013 Funding: \$241,515*

(Continuing) *FY 2014 Funding: \$246,272*

**Focus:** Develops a clinical demonstration project that will promote safe, efficient, and effective care in an innovative program, providing health promotion, education, and prevention strategies by incorporating nurse practitioner students and faculty in a dental clinic. This innovative, transformational, interprofessional educational program pairs nurse practitioner students with dental students to promote shared decision making, and creates opportunity to meet with patients and increase access to care for the underserved populations that are seen in the clinic.

**Community Health Network Foundation, Inc., Indianapolis, IN**

*FY 2013 Funding: --*  
*(New) FY 2014 Funding: \$498,156*

**Focus:** Tests an interprofessional collaborative care model at a nationally-recognized patient-centered medical home and replicates it throughout the network's four main hospitals and three affiliate hospitals in underserved service areas for patients with growing rates of chronic diseases. Strategies include improving quality and patient experiences and optimizing the cost of care. The project elevates existing and emerging nurse leaders to foster a culture of interprofessional collaborative performance improvement.

**County of Multnomah, Portland, OR**

*FY 2013 Funding: --*  
*(New) FY 2014 Funding: \$496,112*

**Focus:** Develops an innovative, interprofessional, collaborative, nurse-led model to help manage chronic conditions and address unmet primary care, mental health, substance abuse, and social needs of people cycling in and out of county correctional facilities. The Corrections Care Management Project includes active care planning, chronic disease management, and transitional planning in a correctional facility setting. The project uses interprofessional teams (including community health workers) to integrate physical and mental health services and foster coordination of care between the correctional facility and community settings.

**Duke University, Durham, NC**

*(Continuing) FY 2013 Funding: \$151,938*  
*(Continuing) FY 2014 Funding: \$121,994*

**Focus:** Enhances transition-to-practice for interprofessional rural health care teams by implementing a 12-month fellowship project that focuses on building the interprofessional skills, behaviors, and attitudes necessary for the provision of safe, effective, patient-centered care and that supports a team-based collaborative practice environment. The project creates an innovative, nurse-led transition-to-practice fellowship. The fellowship culminates in an evidence-based project that supports the collaborative practice of a diverse, interprofessional team (Nursing, Pharmacy, Respiratory Therapy, Physical Therapy, and Radiology/Imaging) of health science graduates delivering team-based patient care in rural communities and targeting specific patient outcomes.

**El Pueblo Health Services Inc., Bernalillo, NM**

*(Continuing) FY 2013 Funding: \$495,980*  
*(Continuing) FY 2014 Funding: \$496,209*

**Focus:** Responds to the need for demonstrated collaborative practice solutions to preventable, yet widespread, unmet oral health needs in Sandoval County, New Mexico. El Pueblo Health Services, a Federally Qualified Health Center Look-Alike, is partnering with faculty of the University of New Mexico College of Nursing and the Department of Dental Medicine to develop an interprofessional practice, based on core competencies for interprofessional practice. The project builds a primary care, oral health care delivery model to improve the health of its patients. The project brings together a team of dental, medical, and nursing providers responding to the Sandoval County community. This team addresses the health of patients, families, and

communities by reducing oral health disparities and their impact on overall health in a New Mexico Health Center environment.

**Emory University - Nell Hodgson Woodruff School of Nursing, Atlanta, GA**

(Continuing) *FY 2013 Funding: \$499,715*

(Continuing) *FY 2014 Funding: \$496,467*

**Focus:** Strengthens and expands the provision of interprofessional collaborative practice, specifically primary palliative care, to a large and diverse group of underserved patients and their families. Primary palliative care involves team-based symptom management and communication of care goals in clinical services that are typically oriented toward aggressive diagnosis and cure. Primary palliative care addresses pain and symptoms issues that can adversely affect quality of life and may contribute to unnecessary and costly medical care.

**Emory University - Nell Hodgson Woodruff School of Nursing, Atlanta, GA**

(New) *FY 2013 Funding: \$496,086*

(Continuing) *FY 2014 Funding: \$499,536*

**Focus:** Supports and strengthens the collaborative practice environment across inpatient units in the Emory Healthcare system, and increases the number of staff nurses trained to lead unit-based, interprofessional teams. Accountable Care Units (ACUs) are jointly managed and geographically distinct areas consistently responsible for the clinical and service outcomes they produce. The four essential components of ACUs enable this awardee to accomplish the clinical and service outcomes: Unit-based teams; patient-centered workflow through the implementation of structured interdisciplinary bedside rounds; the use of unit-level performance data to inform ongoing practice and process improvement; and provider-nurse partnered unit management and accountability. Each of these components depends on effective interprofessional collaborative practice, and combining all four is an innovative approach to effectively managing the contained microsystem of an acute care hospital unit.

**Fayetteville State University, Fayetteville, NC**

(Continuing) *FY 2013 Funding: \$386,667*

(Continuing) *FY 2014 Funding: \$355,016*

**Focus:** Establishes a comprehensive Interprofessional Behavioral Center that focuses on the biopsychosocial health of military personnel and veterans and their families. The Department of Nursing at Fayetteville State University leads this collaboration with the departments of Social Work, Psychology, Fort Bragg Veteran's Center, and the Fayetteville Veterans Affairs (VA) Medical Center. The project supports an interprofessional model for staff by providing high-quality culturally-centered and well-coordinated care that meets the biopsychosocial health needs of diverse populations including military families. Services include the assessment and management of behavioral-based health problems, evidenced-based prevention, early intervention, complementary and alternative therapies, and promotion of psychosocial wellness. The project has dual purposes to include (1) clinical services for the returning military services personnel, families, and veterans residing in the surrounding communities; and (2) an educational setting for a newly developed master's degree for family psychiatric mental health nurse practitioner students and undergraduate students enrolled in nursing, social work, and psychology programs.

**Florida Atlantic University, Boca Raton, FL**

*FY 2013 Funding: --*  
*(New) FY 2014 Funding: \$500,000*

**Focus:** Partners the Diabetes Education and Research Center and Nurse Managed Clinic with two Federally Qualified Health Centers via an innovative application of telehealth and in-person services to advance interprofessional team-building in the delivery of diabetes mellitus and mental health care. The project strengthens interprofessional, collaborative practice competencies through education across three counties in South Florida. The patient-centered project establishes a base for the interprofessional team; increases the number of nurse leaders, nursing students, and other health professional students proficient in interprofessional care; and increases access to diabetes management and mental health services for rural and urban at-risk populations through collaborative practice and education.

**Hospice of Henderson County, Flat Rock, NC**

*(New) FY 2013 Funding: \$474,061*  
*(Continuing) FY 2014 Funding: \$473,542*

**Focus:** Enhances hospice and palliative care delivered by teams of nurses, nurse aides, social workers, chaplains, physicians, and other specialists focused on symptom control and quality of life. This multi-disciplinary environment is ideal for implementing interprofessional models. The project implements an interprofessional model in a large rural and underserved service area, building upon its existing interdisciplinary practice model that features team-based, coordinated care for patients with advanced illness and their families. Expansion of this model creates an interprofessional environment in hospice and palliative care. Strategies include development of interprofessional competencies, definition of nurses' roles in hospice and palliative care, nurse leadership development, evaluation of the model's impact on preliminary patient- and population-centered outcomes, and dissemination to support model replication and sustainability.

**Hospital of the University of Pennsylvania, Philadelphia, PA**

*(New) FY 2013 Funding: \$499,939*  
*(Continuing) FY 2014 Funding: \$499,939*

**Focus:** Expands and refines an existing innovative nurse-led interprofessional care model focused on the geriatric population (over age 65) at the Hospital of the University of Pennsylvania in Philadelphia. The Geriatric Resource Nurse Model is an evidence-based model that promotes nurses with specialized training in geriatrics to function as interprofessional team leaders in care planning, care delivery, and problem solving. The project develops geriatric resource nurse-led interprofessional teams on three medical inpatient units. The interprofessional teams consist of physicians, nurses, quality managers, pharmacists, social workers, registered dietitians, and therapists (physical, occupational, and speech).

**Lehigh Valley Hospital Inc., Allentown, PA**

*(Continuing) FY 2013 Funding: \$496,401*  
*(Continuing) FY 2014 Funding: \$499,265*

**Focus:** Develops interprofessional strategies and training to facilitate a newly implemented, innovative Community Care Team Model. The project integrates with patient-centered medical homes to meet the needs of underserved populations with health disparities in Allentown, Pennsylvania. The practices and community care teams involved in this project provide care for

Allentown's urban population, many of whom are underinsured or uninsured. With both of the Lehigh Valley Hospital campuses located in the Allentown region, the project focuses on developing an interprofessional collaborative model to meet the primary health care needs of its diverse, underserved population.

**Loyola University, Maywood, IL**

(New) *FY 2013 Funding: \$499,286*  
(Continuing) *FY 2014 Funding: \$496,934*

**Focus:** Develops nurse leaders and demonstrates nursing leadership in the transformation of primary health care to create practice environments in which nurse-led teams work collaboratively to substantially benefit residents of an underserved, geographically-defined community. This project provides innovative interprofessional training for providers, faculty, and students; redesign of care delivery in the Family Practice/Access to Care Clinic and School-based Health Center; and will revise/expand interprofessional clinical experiences in primary health care and community settings. The project also increases the number of nursing, dietetics, social work, and medical students and staff prepared for interprofessional environments to increase access, coordinate care, and promote population health.

**Metro Community Provider Network, Inc., Englewood, CO**

(New) *FY 2013 Funding: \$499,601*  
(Continuing) *FY 2014 Funding: \$499,301*

**Focus:** Expands and improves the effectiveness of at least 24 interprofessional teams and 165 nurses and other health care professionals in Colorado's Health Centers. This statewide consortium of 17 Colorado Health Centers, serving 500,000+ patients, increases the effectiveness of 24 IPCP teams through quarterly 3-day interprofessional team effectiveness workshops and ongoing coaching. Interprofessional workshop participants, drawn from all 17 Health Centers, includes at least 120 Health Center RNs, nurse practitioners, physician assistants, physicians, case managers, and medical assistants. Improved effectiveness is measured by improved team-related patient satisfaction scores, improved Uniform Data System measures of Health Center patient quality of care, and a reduction in individual team member intent to leave.

**Michigan Department of Community Health, Lansing, MI**

(Continuing) *FY 2013 Funding: \$489,091*  
(Continuing) *FY 2014 Funding: \$492,660*

**Focus:** Builds an innovative state interprofessional model by implementing Grand Valley State University's West Michigan Interprofessional Initiative Model in two clinics located in designated health professional shortage areas. This model includes a strategic dissemination plan that leverages partnerships, collaboratives, and community stakeholders to encourage adoption by providers interested in transforming patient care delivery and outcomes. The interprofessional model is piloted in two urban nurse-managed primary care facilities, focusing on 175 children and adults who are obese with associated co-morbidities.

### **New York University, New York, NY**

(New) *FY 2013 Funding: \$499,926*  
(Continuing) *FY 2014 Funding: \$499,979*

**Focus:** Demonstrates an innovative interprofessional model of collaborative, coordinated care that reflects the right communication across the health care system. The 3C's (collaborative, coordinated care, and right communication) model embodies the competencies of interprofessional practice and cultivates the value of respect for other professionals' contribution to patient/family care. Utilizing a community-based health care system and integrating a process for interprofessional education, the project demonstrates an innovative model that cultivates a practice environment in which nurses have an opportunity to demonstrate leadership in interprofessional team building, collaborative problem solving, and care coordination; and provides interprofessional clinical training opportunities for nursing students.

### **Ohio State University, Columbus, OH**

(Continuing) *FY 2013 Funding: \$500,000*  
(Continuing) *FY 2014 Funding: \$500,000*

**Focus:** Expands a part-time primary care clinic into an innovative nurse practitioner-led interprofessional practice called the Ohio State University College of Nursing Total Health and Wellness Center. The center integrates mental health and primary care services for a high-risk population in inner-city Columbus, Ohio. The Center provides integrated team-based patient/population-centered, quality health care that is safe, efficient, effective, evidence-based, and equitable.

### **Oregon Health and Science University, Portland, OR**

(Continuing) *FY 2013 Funding: \$497,359*  
(Continuing) *FY 2013 Funding: \$499,968*

**Focus:** Involves a collaboration between the Oregon Health and Science University School of Nursing, the School of Medicine, and the Global Health Center to create an *Interprofessional Care Access Network (I-CAN)*. The I-CAN project creates a collaborative model for clinical practice and education that enhances health care experiences; improves population health outcomes; and reduces health care costs for disadvantaged and underserved patients, families, and populations in established partner neighborhoods. This project expands community partnerships to create neighborhood centers for academic and practice partnerships with a nurse faculty in residence working with students and agency staff to address population health.

### **Providence Health Foundation, Inc., Washington, DC**

*FY 2013 Funding: --*  
(New) *FY 2014 Funding: \$424,326*

**Focus:** Improves the interprofessional skills of nursing and other staff that primarily serve disadvantaged residents of the District of Columbia who have complex health care needs such as heart disease, cancer, and diabetes. One of the innovative aspects of this project is the focus on managing and coordination of care transitions in order to improve patient health outcomes. The care team includes nursing, medical, physical therapy, and social work students under the guidance of an interprofessional Steering Committee.

**Rutgers, The State University of New Jersey, Newark, NJ**

(Continuing) *FY 2013 Funding:* \$499,990

(Continuing) *FY 2014 Funding:* \$499,990

**Focus:** Centered on the creativity within the disciplines of nursing, social work, pharmacy, medicine, health informatics, and violence prevention, this project addresses the leading causes of morbidity and mortality in an urban multi-ethnic, underserved community. The Rutgers College of Nursing creates, develops, implements, and evaluates an interprofessional model utilizing a system of three nurse-led care cores to improve the health and safety of individuals, families, and the community of Newark, New Jersey. The model is integrated into a newly launched nurse-managed Health and Wellness Center.

**Rutgers, The State University of New Jersey, Newark, NJ**

*FY 2013 Funding:* --

(New) *FY 2014 Funding:* \$498,204

**Focus:** Integrates mental health services into the current community based, nurse-managed, community-directed health initiative. The interprofessional team includes pre-licensure and graduate nursing students, medical students, and students from physical and respiratory therapy with community health workers. The project brings together students and providers from multiple health disciplines to learn in teams while providing case management, primary care and health promotion, and disease prevention services to one of the poorest and most underserved populations within the city of Newark, New Jersey.

**Sanford Health, Sioux Falls, SD**

*FY 2013 Funding:* --

(New) *FY 2014 Funding:* \$387,371

**Focus:** Strengthens innovative interprofessional collaborative practices that empower nurse-led initiatives to include novel risk screening, integration of technology, electronic health record intersections, mobile services, integration of evaluative measures, and community-based intervention bundles. Five interprofessional nurse-led clinics regularly engage interprofessional teams where nurses will integrate care with disciplines of pharmacy, social work, nutrition, information technology, and consult with physical and occupational therapy disciplines, as needed. Interprofessional teams deploy evidence-based strategies to maximize quality of care to the Medicare, Medicaid, and uninsured population through activation and engagement of individuals, mutual care planning, and encouragement of positive lifestyle behaviors for urban adults and elders, as well as the rural underserved within the Sanford Healthcare System.

**Texas Tech University Health Sciences, Lubbock, TX**

*FY 2013 Funding:* --

(New) *FY 2014 Funding:* \$499,887

**Focus:** Expands practice environments comprised of nursing and other professional disciplines engaged in collaborative practice innovations. The practice site is a federally-qualified nurse-managed primary care center operated by the School of Nursing at the Texas Tech University Health Sciences Center. The project builds the infrastructure that will require an interprofessional team of health care providers to effectively and efficiently deliver team-based care that is focused on cardiovascular risk reduction for highly vulnerable clients in its chronic disease management programs.

**The Regents of the University of California at San Francisco, San Francisco, CA**

(Continuing) *FY 2013 Funding: \$499,353*

(Continuing) *FY 2014 Funding: \$499,817*

**Focus:** Creates a unique nurse-managed interprofessional practice model by expanding and refining the successful comprehensive primary care model at Glide Health Services, a University of California, San Francisco, School of Nursing faculty practice arrangement serving a medically underserved, predominately homeless client population in San Francisco's Tenderloin District. The project expands and enhances the IPCP core competencies by creating an environment where all team members, including professional staff, health care professional learners, health workers, clients, and community partners practice to the full extent of their competency and education.

**The Regents of the University of Colorado, Aurora, CO**

(New) *FY 2013 Funding: \$497,838*

(Continuing) *FY 2014 Funding: \$493,947*

**Focus:** Expands practice environments comprised of nursing and other professional disciplines engaged in collaborative practice innovations. The practice site is Sheridan Health Services, a federally-qualified, nurse-managed health center and faculty practice of the University of Colorado College of Nursing, which serves a low-income population in the Denver metropolitan area. The project improves health care outcomes concerning self-management of chronic conditions among community members who participate in the intervention.

**The Tides Center, San Francisco, CA**

(New) *FY 2013 Funding: \$500,000*

(Continuing) *FY 2014 Funding: \$498,000*

**Focus:** Optimizes health services and improves health outcomes in an underserved urban community with complex health care needs. The project provides the opportunity for advanced practice nurses and students, doctors, medical students, mental health professionals, psychology students, public health professionals, and community outreach workers to work side-by-side in a unique care setting to deliver culturally-responsive health care interventions to the target population. The project is focused around individuals from San Francisco's Western Addition Neighborhood, a historically vibrant but disenfranchised African-American community where there is an identified lack of access to primary care services and, correspondingly, poor health outcomes.

**The Vanderbilt University, Nashville, TN**

(Continuing) *FY 2013 Funding: \$474,927*

(Continuing) *FY 2014 Funding: \$483,096*

**Focus:** Advances a partnership with the Vanderbilt School of Nursing, a University pharmacy program, and a non-profit subsidized housing provider to open a primary care clinic in five housing complexes serving low income individuals and families. The primary care model at Mercury Courts is led by a nurse practitioner with collaborative partners from pharmacy, professional counseling (Master's prepared), and medicine. This primary care site serves underserved and vulnerable populations in urban Davidson County, Tennessee. House calls are provided to medically fragile patients as part of this interprofessional model.

**Trustees of Boston College, Chestnut Hill, MA**

(Continuing) *FY 2013 Funding: \$456,245*

(Continuing) *FY 2014 Funding: \$445,488*

**Focus:** Promotes a collaboration between Boston College School of Nursing and Brigham and Women’s Hospital using an interprofessional model focusing on effective, comprehensive management of patients with diabetes mellitus. The project implements an interprofessional education program, led by Boston College School of Nursing, to ensure that health care students and team members are prepared to manage individuals with diabetes. The project expands an existing interprofessional diabetes management team at Brigham and Women’s Hospital to provide comprehensive diabetes care to surgical patients with poorly controlled diabetes.

**Trustees of Columbia University in the City of New York, New York, NY**

*FY 2013 Funding: --*

(New) *FY 2014 Funding: \$496,441*

**Focus:** Creates the Elder Lesbian, Gay, Bisexual, and Transgender (LGBT) Collaborative Care Program (E-LINC) that uses an innovative, interprofessional team of nurses, social workers, psychiatrists, and physical and occupational therapists to address the health needs of LGBT older adults across the aging spectrum. The Columbia University School of Nursing delivers an evidence-based, culturally-appropriate interprofessional model for geriatric care and collaborates with the Service and Advocacy for LGBT Elders senior center, creating an innovative program that includes a health and wellness component, a community and transitional care component, and a primary care and mental health component.

**Trustees of Indiana University, Indianapolis, IN**

(New) *FY 2013 Funding: \$405,221*

(Continuing) *FY 2014 Funding: \$408,074*

**Focus:** Cultivates interprofessional environments within Indiana University (IU) Health, Indiana’s largest health care system, and primary care rural health clinics in central Indiana by leveraging academic and practice partnerships among IU Health, IU School of Nursing, IU School of Medicine, and Indiana Area Health Education Centers. The creation and expansion of IPCP units works to achieve the “triple aim” by improving the quality and efficiency of care while reducing costs. A secondary goal is to foster leadership development among emerging nurse leaders who will demonstrate the IPCP competencies needed to engage in collaborative problem solving and care coordination.

**University of Alabama at Birmingham, Birmingham, AL**

*FY 2013 Funding: --*

(New) *FY 2014 Funding: \$497,599*

**Focus:** Implements an innovative interprofessional model around transitional care coordination to reduce 30-day hospital readmissions in heart failure patients. The project implements an interprofessional model that includes nurses, physicians, social workers, health services administrators, and health information technology services in a Nurse-Managed Heart Failure Center for an underinsured and/or medically underserved population. The project integrates nursing and other health professions students into the interprofessional model which allows students to gain experience with team-based care to improve the health care needs of vulnerable populations.

**University of Alabama at Birmingham, Birmingham, AL**

(Continuing) *FY 2013 Funding: \$484,266*

(Continuing) *FY 2014 Funding: \$496,598*

**Focus:** Implements an innovative interprofessional model at the Providing Access to Healthcare (PATH) Clinic, an ongoing partnership between Mission to Provide Opportunities With Empowering Results (M-POWER) Ministries and the University of Alabama at Birmingham School of Nursing. This Nurse-Managed Center was established within an existing free clinic facility in a high-need area in May 2011. This project expands the current PATH Clinic and a collaborative, team-based practice model includes social work, nutrition, optometry, medicine, informatics and health information management, and nursing. The project expands the current primary care and chronic disease management PATH Clinic at M-POWER Ministries from 4 hours per week to 18 hours per week (36-hour days) and trains a diverse group of health professionals to work together in an interprofessional model.

**University of Arizona, Tucson, AZ**

(Continuing) *FY 2013 Funding: \$495,064*

(Continuing) *FY 2014 Funding: \$496,760*

**Focus:** Creates a novel, comprehensive interprofessional primary care environment (*Health 360*) that achieves coordinated, connected, and comprehensive care for patients and families with actual or increased risk of chronic diseases. The project provides clinical training opportunities for nursing and other health professions students to promote mastery of interprofessional core competencies. Nurse practitioners demonstrate leadership in interprofessional teams.

**University of California San Francisco, San Francisco, CA**

(New) *FY 2013 Funding: \$459,762*

(Continuing) *FY 2014 Funding: \$491,948*

**Focus:** Provides Primary Care Outreach for Persons with Mental Illness (PCOM); The program is a community-based, nurse-managed outreach practice model that delivers primary health care at the site of residential treatment for mentally ill adults. Established in 1994, PCOM is a mature program for high-risk patients throughout the city of San Francisco. This medically underserved and ethnically diverse population has multiple co-morbidities related to their treatment, environmental factors, and well-documented disparities in care. This program moves the PCOM model beyond co-location, developing a replicable structure that creates an interprofessional collaborative model for integrating primary and behavioral health care.

**University of Connecticut, Storrs, CT**

*FY 2013 Funding: --*

(New) *FY 2014 Funding: \$462,822*

**Focus:** Creates a Geriatric Outreach and Training with Care (GOT Care!) team that includes clinical faculty with geriatric expertise from nursing, medicine, dental medicine, pharmacy, physical therapy, social work, and public health to provide opportunities for undergraduate/pre-licensure and graduate students from the same disciplines to gain knowledge and experience in the care of vulnerable older persons, while simultaneously developing highly valuable skills in interprofessional practice. GOT Care! provides an outreach program by faculty and students trained in interprofessional practice to visit the homes of vulnerable older persons

identified with multiple chronic conditions and high use of the emergency department to improve specific health care outcomes.

**University of Florida, Gainesville, FL**

*FY 2013 Funding:* --  
*(New) FY 2014 Funding:* \$479,957

**Focus:** Implements an innovative interprofessional model for an interprofessional team to care for complex patients at higher risk for negative health care outcomes at Archer Family Health Care, a nurse-managed health center and federally-qualified Rural Health Clinic providing integrated primary care and mental health services to underserved individuals in rural North Central Florida. Team members include patients as well as practitioners and students from nursing, medicine, and pharmacy. The patient-centered interprofessional model provides coordinated care to patients with chronic diseases, increases access to mental health services, initiates clinical pharmacy care, provides leadership development for nurses, and supports interprofessional student education.

**University of Kansas Medical Center Research Institute, Inc., Kansas City, KS**

*(Continuing) FY 2013 Funding:* \$324,389  
*(Continuing) FY 2014 Funding:* \$313,917

**Focus:** Develops, implements, evaluates, and disseminates a patient-centered interprofessional model within an acute care pediatric unit at the University of Kansas Hospital. The focus of the project is the delivery of interprofessional collaborative care in an acute care setting and includes an interprofessional transitional care team to assist at-risk children with special health care needs, cystic fibrosis, and hematology/oncology concerns and their families or caregivers to transition from the hospital to home and back to their primary care providers.

**University of Missouri-Kansas City, Kansas City, MO**

*(Continuing) FY 2013 Funding:* \$487,572  
*(Continuing) FY 2014 Funding:* \$497,120

**Focus:** Creates an interprofessional model at Hope Family Care Center and expands an existing interprofessional practice environment at Samuel U. Rodgers Health Center. The interprofessional team includes nurse practitioners, other health professionals, and students engaging in collaborative practices who provide health care services to the underserved populations in Kansas City, Missouri. The project is a collaboration between the University of Missouri-Kansas City School of Nursing and the Schools of Dentistry and Pharmacy. The community-based health facilities are located in a health professional shortage area and serve an urban population living at 200 percent of the federal poverty level.

**University of New England, Portland, ME**

*(Continuing) FY 2013 Funding:* \$437,494  
*(Continuing) FY 2014 Funding:* \$446,753

**Focus:** Trains nurse leaders for interprofessional practice environments that reach underserved communities, specifically immigrant and refugees in the Portland, Maine area. Focuses on innovative strategies grounded in team-based collaborative care and cultural competence that will train health professionals and community health workers. The project develops a satellite

community-based clinic for underserved housing authority populations as part of an existing Federally Qualified Health Center in Portland, Maine.

**University of North Carolina, Chapel Hill, NC**

*FY 2013 Funding:* --  
*(New) FY 2014 Funding:* \$495,584

**Focus:** Creates interprofessional teams with nurses, physicians, and other professionals; The team coordinates quality emergency department care in four-hospital learning collaboratives to promote nursing’s capacity to lead teams. Nurse-led interprofessional teams include patients/families learn “about, from, and with each other” to collaboratively design care that improves patient/family and clinician outcomes.

**University of Pittsburgh, Pittsburgh, PA**

*(Continuing) FY 2013 Funding:* \$412,954  
*(Continuing) FY 2014 Funding:* \$426,327

**Focus:** Creates a team-based interprofessional intervention that leads to efficient, quality care for substance use patients in rural populations. The interprofessional team is comprised of three diverse professionals: nurses, public health workers, and behavioral health counselors. The intervention includes WebEx online conferences, substance use content, WebEx case studies, interprofessional dialogues, and focus groups. The project is designed to improve the capacity of health care workers to screen, intervene, and refer to treatment those who use substances in rural settings located within the Tri-State Regions of Pennsylvania, West Virginia, and Ohio.

**University of South Alabama, Mobile, AL**

*(New) FY 2013 Funding:* \$429,425  
*(Continuing) FY 2014 Funding:* \$443,716

**Focus:** Develops an interprofessional team building, collaborative environment for clinical and classroom teaching and learning. Interprofessional teams of nurses, physicians, and physician assistants use the Interprofessional Education Collaborative Expert Panel (2011) outcomes to structure solutions to clinical issues and improve patient outcomes. Project goals are to (1) develop faculty expertise and leadership in interprofessional and technologically supportive resources to provide a current, high-quality education to nursing, physician assistant, and medical students; (2) implement a culturally-responsive, respectful, and technologically sound collaborative interprofessional practice curriculum to prepare nurses, physician assistants, and medical students to deliver high-quality, efficient, team-based care in a dynamic environment; (3) focus interprofessional education on models and practices that lead to improvement in patient outcomes; and (4) evaluate the program and disseminate best practices.

**University of Southern Indiana, Evansville, IN**

*FY 2013 Funding:* --  
*(New) FY 2014 Funding:* \$346,638

**Focus:** Creates new opportunities for nursing and health students to actively participate and learn in interprofessional team-based care alongside experienced professionals. Six clinical sites provide patient-centered interprofessional experiences in rural and urban primary care sites, as well as in patients’ homes, to address the chronic health needs and preventive care of two populations: (1) urban and rural veterans served by the Marion, Illinois VA Medical Center, and

(2) underserved patients in three of the most socio-economically disadvantaged, culturally diverse neighborhoods in Evansville, Indiana.

**University of Tennessee, Chattanooga, TN**

(Continuing) *FY 2013 Funding: \$475,376*

(Continuing) *FY 2014 Funding: \$488,005*

**Focus:** Cultivates at least nine interprofessional teams in which emergent nurse leaders will engage in team building, collaborative problem solving, and care coordination with interprofessional peers. In response to regional health indicators and workforce needs, the University of Tennessee, Chattanooga designed the interprofessional approach for geriatric education strategies. The project provides interprofessional clinical training opportunities for nursing students using high-tech simulation and standardized patient support through a virtual learning environment, to facilitate interprofessional engagement. It demonstrates innovation by focusing on the continuum of care and patient transitions among care settings.

**University of Tennessee, Knoxville, TN**

(Continuing) *FY 2013 Funding: \$438,046*

(Continuing) *FY 2014 Funding: \$452,999*

**Focus:** Provides support for the University of Tennessee-Knoxville College of Nursing to provide comprehensive health care services for patients and their families in a nurse-managed, school-based health clinic system. Interprofessional care provided to patients and their families at the Vine School Health Center, a joint cooperative between the College of Nursing and Knox County Schools, strengthens nursing's capacity to advance the health of patients, families, and communities in collaboration with professional educators and social workers.

**University of Tennessee, Knoxville, TN**

(New) *FY 2013 Funding: \$500,000*

(Continuing) *FY 2014 Funding: \$500,000*

**Focus:** Creates an interprofessional team comprised of professionals from nursing, architecture, civil and environmental engineering, and law enforcement who identify, evaluate, and address, through community-based professional practice, the health and disaster readiness needs of rural Appalachian enclaves in Clay County in Southeastern Kentucky. Clay County is an isolated area with poor health and compromised disaster readiness due to unsafe housing and shelters, environmental contamination, drug abuse, and lack of disaster education and resources. The project is extraordinary in two ways: (1) it brings together disciplines that rarely work together in collaborative practice, and, (2) it operates on an integrated model of community engagement, knowledge sharing, interprofessional practice, and joint planning between the interprofessional team and the community.

**University of Texas Medical Branch, Galveston, TX**

(Continuing) *FY 2013 Funding: \$292,874*

(Continuing) *FY 2014 Funding: \$298,733*

**Focus:** Creates an interprofessional practice environment that delivers high-quality care to a vulnerable population of medically fragile children through an innovative collaboration with Child Protective Services (CPS). The program provides practice opportunities for nurses and other health professions students in the client's home, thereby stressing the importance of

community- and family-based service. Faculty from nursing, medicine, and physical/occupational therapy work together and utilize a web site that orients students to collaborative team care, CPS services, and special needs of medically fragile children.

**University of the Incarnate Word, San Antonio, TX**

(Continuing) *FY 2013 Funding: \$473,464*

(Continuing) *FY 2014 Funding: \$486,842*

**Focus:** Integrates the clinical resources of a primary care practice setting with the academic resources of nursing, optometry, pharmacy, physical therapy, and health care administration within a faith-based, private university in the provision of interprofessional collaborative care. The University of the Incarnate Word, School of Nursing and Health Professions strengthens nursing's capacity to advance the health of patients, families, and communities by leading the implementation of patient-centered interprofessional practice within a Federally Qualified Health Center.

**University of Washington, Seattle, WA**

(New) *FY 2013 Funding: \$497,372*

(Continuing) *FY 2014 Funding: \$490,098*

**Focus:** Creates practice environments comprised of nursing and other professionals collaborating and communicating effectively to increase care access; achieve high-quality, safe, efficient, effective, equitable patient/population-centered outcomes; and increase the number of nurses with interprofessional skills. The project implements and evaluates an IPCP relationship-centered practice model (i.e., *Promoting First Relationships*) at Providence Everett Healthcare Clinic, which serves a diverse, medically underserved, impoverished population with complex physical and mental health needs, complicated by financial and social issues. The project also provides interprofessional education and interprofessional research and practice experiences for nurses, nursing students including emerging nurse leaders, and other health care providers within the community.

**University of Washington, Seattle, WA**

*FY 2013 Funding: --*

(New) *FY 2014 Funding: \$497,172*

**Focus:** Develops, implements, and evaluates an interprofessional patient-centered model of care at a Regional Heart Center, which serves a diverse, medically-underserved, rural population with advanced heart failure. The advanced heart failure direct care team works to improve the quality, safety, and efficiency of care using an interprofessional approach for patients who have a high prevalence of poor health habits (e.g., history of cigarette smoking), obesity, coronary heart disease, and decreased access to primary care. The target populations for this project are patients with advanced heart failure and their families referred locally and regionally from the states of Washington, Wyoming, Alaska, Montana, and Idaho, especially the elderly which is a group with significant unmet health needs.

**Virginia Commonwealth University, Richmond, VA**

(New) *FY 2013 Funding:* \$489,693  
(Continuing) *FY 2014 Funding:* \$498,911

**Focus:** Expands an innovative, nurse-led interprofessional model centered within a community of low-income, urban elders with a high chronic disease burden. A pilot program at Dominion Place, a Section 8 housing building housing 247 older adults, identified a need for community-centered care coordination. Based on evidence-supported principles of effective care coordination, including medication management, patient education, transitional care, and communication with primary care providers, the project strengthens Dominion Place’s services and expands the program to two additional congregate buildings. The program provides comprehensive, patient-centered care near patients’ home environments while providing a rich educational setting for students from four professions.

**Vista Community Clinic, Vista, CA**

*FY 2013 Funding:* --  
(New) *FY 2014 Funding:* \$496,452

**Focus:** Trains BSN students assigned to Vista Community Clinic Interprofessional Care Teams that include an RN, physician/nurse practitioner, medical assistant, and diabetes care coordinators for field practice at a community clinical site. Care teams will be trained in interprofessional practice competencies by the Institute for Palliative Care. The project targets 500 adult patients with uncontrolled diabetes who are predominantly low-income minorities residing in North San Diego County.

**K. Veterans Bachelor of Science in Nursing Program**

**Davenport University, Grand Rapids, MI**

(New) *FY 2013 Funding:* \$327,284  
(Continuing) *FY 2014 Funding:* \$276,013

**Focus:** Targets veterans with prior medical training combined with combat medical experience who desires to earn a BSN degree. The pre-licensure program follows a traditional campus-based model, and provides holistic, wrap-around support services to address the unique needs of veterans. The program also enhances the already established and proven high quality BSN program. Veterans enroll at either one of three campuses located in Grand Rapids, Midland, or Warren, Michigan.

**Duquesne University of the Holy Spirit, Pittsburgh, PA**

*FY 2013 Funding:* --  
(New) *FY 2014 Funding:* \$248,985

**Focus:** Increases enrollment, progression, and graduation of veterans earning a BSN degree. The project features a curriculum and personalized supports customized to the unique needs of veterans, including academic credit for prior health care training and experience. Veterans are offered two tracks for completing their degree, which are a 12- to 18-month accelerated curriculum, or an online RN-BSN (option for existing RNs). An emphasis is placed on veterans’ health. Recruitment efforts target veterans from underserved rural and inner-city counties in Southwestern Pennsylvania.

**Excelsior College, Albany, NY**

*FY 2013 Funding: --*  
*(New) FY 2014 Funding: \$349,316*

**Focus:** Builds on significant existing resources including a Veteran’s Center, partnerships with veterans’ organizations, 2-year colleges, and hospitals. Veterans receive academic credit for military training, test preparation for the RN licensing examination (i.e., the National Council Licensure Examination for RNs [NCLEX-RN]), faculty mentoring, and career services tailored to veterans. Clinical experiences take place in students’ home communities under the guidance of Excelsior faculty or approved mentors from their community or place of employment. Faculty receives professional development training on meeting veteran students’ needs.

**Florida International University, Miami, FL**

*(New) FY 2013 Funding: \$335,420*  
*(Continuing) FY 2014 Funding: \$335,420*

**Focus:** Builds upon the unique leadership skills, abilities, experience, education, and training that military medics possess and is designed to enhance veterans’ learning retention, graduation, and preparation for the RN licensing examination (i.e., NCLEX-RN). The Medic-to-BSN accelerated program enables diverse veterans to be trained to provide culturally and linguistically competent, high-quality, professional nursing care. Through didactic, classroom, and simulation training, veterans deliver care in culturally diverse health care facilities and communities. Students receive training in interprofessional collaborative practice and have opportunities for clinical experiences in community settings with underserved populations in fast-paced, highly technical environments.

**Florida International University, Miami, FL**

*FY 2013 Funding: --*  
*(New) FY 2014 Funding: \$350,000*

**Focus:** Capitalizes on the prior military medical education received by veterans (particularly those trained as medics and corpsmen) who can transition to the role of professional nurses. Veterans are prepared to provide culturally and linguistically competent care in culturally diverse South Florida health care facilities. The ‘Medic to Nurse’ program is an accelerated BSN program designed to provide a unique opportunity for veterans to train in fast-paced, high stress, and highly technical work environments.

**Francis Marion University, Florence, SC**

*FY 2013 Funding: --*  
*(New) FY 2014 Funding: \$184,378*

**Focus:** Builds on veterans’ knowledge and health care skills gained during their prior military service and provides competency-based simulation experiences that provide them with college credit. The project provides support services to enable veterans to progress, graduate, and practice locally. Veterans are actively recruited from two major medical centers in Florence and two associate-degree programs at 2-year technical colleges located in the economically depressed 12-county region known as Pee Dee, South Carolina.

**Hampton University, Hampton, VA**

(New) *FY 2013 Funding:* \$349,689  
(Continuing) *FY 2014 Funding:* \$349,991

**Focus:** Increases veterans' enrollment and graduation from the Hampton University School of Nursing's baccalaureate curriculum with counseling, mentoring, curriculum adaptations, test preparations, and appropriate recognition of related military education and experiences. Using a three-pronged approach, veterans obtain their BSN degree through one of three tracks. Track 1 is a 4-year curriculum designed for veterans with few college pre-requisites and limited health care experience. Track 2 is a 3-year curriculum designed for veterans with Licensed Practical Nursing credentials that wish to earn BSN degrees. Track 3 is a 2-year accelerated online format designed for working veterans with RN licenses, who wish to earn their BSN degrees.

**Jacksonville University, Jacksonville, FL**

(New) *FY 2013 Funding:* \$205,266  
(Continuing) *FY 2014 Funding:* \$213,115

**Focus:** Equips veterans with the knowledge, skills, and abilities that build upon prior health care training and experience. The project provides mentorship and other support services for veterans to maximize their chances for a successful educational experience and transition to civilian professional nursing careers. The project offers veterans three different career pathways to choose from that lead to obtaining the BSN degree. Track 1 is designed for veterans who upon completion of their BSN degree requirements must prepare to take the RN licensing examination (i.e., NCLEX-RN). Track 2 is designed for veterans who are already licensed as RNs, but lack a BSN degree. Track 3 is an accelerated online BSN program for RN-licensed veterans who can handle the rapid program pace delivered in an online format.

**National University, La Jolla, CA**

*FY 2013 Funding:* --  
(New) *FY 2014 Funding:* \$350,000

**Focus:** Increases the number of medics and corpsmen who apply to, enroll in, and graduate in 22 months after meeting all nursing pre-requisites. The program grants advanced standing by awarding college level credit using nationally recognized transcript evaluation methods, credit-by-examination options, and competency-based evaluation of prior learning and experience. Veterans are provided with academic support, mentoring, career planning services, and RN licensure examination test preparation. Faculty members learn about military culture and strategies for teaching veteran students.

**Regents of the University of Michigan, Ann Arbor, MI (Flint Campus)**

*FY 2013 Funding:* --  
(New) *FY 2014 Funding:* \$349,601

**Focus:** Increases enrollment in and completion of the baccalaureate nursing degree for military veterans with prior medical experience, by reducing barriers that prevent veterans from transitioning to nursing careers. The accelerated BSN program offers transition enrichment services and academic supports that will enable veterans to successfully complete their degree and pass the RN licensing exam (i.e., NCLEX-RN). Staff development activities are provided using evidence-based strategies for assisting veterans, with special emphasis on clinical and job placement in underserved neighborhoods and communities.

**Shenandoah University, Winchester, VA**

(New) *FY 2013 Funding:* \$312,025  
(Continuing) *FY 2014 Funding:* \$298,838

**Focus:** Overcomes barriers and challenges associated with medically-trained veterans transitioning into civilian nursing and education environments. Two career tracks are offered. Track 1 is a pre-licensure program, and Track 2 is an accelerated second degree BSN program. Veterans are given mentoring and other academic support services; individual assistance in evaluating their financial, academic, and psychosocial needs; and may receive academic credit (where appropriate) based on their transcripts and military-acquired medical experience.

**State University of New York, Stony Brook, NY**

(New) *FY 2013 Funding:* \$296,763  
(Continuing) *FY 2014 Funding:* \$316,317

**Focus:** Enables veterans to build upon their existing knowledge, skills, and training to progress to licensure as a RN and obtain a BSN degree. Three career pathways are offered to obtain the BSN. Track 1 is a 2-year upper division pre-licensure program, Track 2 is an accelerated 1-year program for veterans obtaining the BSN degree as their second degree, and Track 3 is a RN-to-BSN completion program for already licensed RNs. In addition to mentoring, academic, and psychosocial support services, the program provides connections/contacts with clinical facilities to improve employment opportunities for veteran BSN graduates.

**The George Washington University, Washington, DC (Ashburn, Virginia Campus)**

*FY 2013 Funding:* --  
(New) *FY 2014 Funding:* \$349,041

**Focus:** Facilitates the transition from military service into the civilian nursing sector. The George Washington University School of Nursing's plan for awarding academic credit incorporates an evaluation of each veteran's military transcript using the American Council on Education recommendations and assessing the veterans' field experience in the clinical skills simulation lab for possible advanced placement in the BSN program.

**University of Alabama at Birmingham, Birmingham, AL**

(New) *FY 2013 Funding:* \$315,969  
(Continuing) *FY 2014 Funding:* \$309,273

**Focus:** Implements an innovative program for veterans with military medical experience to more easily transition into a professional nursing career and earn a BSN degree. The program increases upper division enrollment and retention rates of veterans, especially those from rural and underserved communities. The program also provides educational, professional, personal, and social support for veterans and enhances faculty's knowledge, skills, and attitudes regarding the unique needs of veterans enrolled in the program.

**University of Hawaii Systems, Honolulu, HI**

*FY 2013 Funding:* --  
(New) *FY 2014 Funding:* \$349,472

**Focus:** Builds upon service member's military discipline, team focus, and specialized medical skills. The program seeks to overcome educational and employment barriers experienced by veterans when they transition to the civilian sector by assisting them to earn BSN degrees. The

project will implement a statewide academic partnership model that will facilitate veterans' enrollment, progression, and graduation with a BSN degree using multi-level, evidence-based strategies. The project will increase employment opportunities for diverse veterans in the rural counties of Kauai, Maui, and Oahu, Hawaii.

**University of Kentucky, Lexington, KY**

*FY 2013 Funding:* --  
*(New) FY 2014 Funding:* \$110,000

**Focus:** Awards academic course credit to veterans, reducing the degree completion time by up to one semester using competency-based learning for prior training and experience and American Council of Education criteria. A network of groups and agencies facilitate student learning, program completion, and enhance employment opportunities. Faculty development training includes military culture, nursing care of veterans, and strategies to overcome issues that may impact veterans' learning and success. The program focuses on the health care needs of Kentucky's rural population.

**University of North Carolina at Greensboro, Greensboro, NC**

*FY 2013 Funding:* --  
*(New) FY 2014 Funding:* \$306,023

**Focus:** Targets medically-trained veterans in Central North Carolina and South Central Virginia. The program offers academic mentoring, specialized support services, and awards academic credit for medical training and life experience. Two separate tracks are offered. Track 1 is for pre-licensure students to accelerate completion of the generic BSN program and prepare for the RN licensing exam (i.e., NCLEX-RN). Track 2 is for current RNs to accelerate completion of their BSN degrees. Clinical experiences are tailored to the individual learning needs of veterans by partnering with agencies in diverse and medically underserved communities.

**University of South Florida, Tampa, FL**

*(New) FY 2013 Funding:* \$349,773  
*(Continuing) FY 2014 Funding:* \$319,975

**Focus:** Capitalizes on the strengths, skills, and experiences of veterans (including numerous faculty members who are themselves veterans and recognized experts in military health) and uses the college's established network of VA Hospital and other clinical training sites to ensure faculty and clinical preceptor preparation in support of veteran BSN students. The Creating Access to RN Education for Veterans program is an accelerated BSN hybrid program mixture of classroom and online courses tailored for veterans with health care experience. The program grants academic credit for relevant military training to accelerate BSN education and facilitates student academic and professional licensure success, as well as post-graduate employment.

**University of Southern Mississippi, Hattiesburg, MS**

*FY 2013 Funding:* --  
*(New) FY 2014 Funding:* \$315,629

**Focus:** Veterans will be given credit for six semester hours toward their BSN degree and may challenge up to five semester hours of nursing courses. Intersession and summer classes are offered to facilitate veteran students finishing their BSN degree expeditiously without down time.

Mentoring, academic, and other support services are provided, as needed. Faculty members with military backgrounds serve as resource persons to educate other faculty members on teaching and meeting the unique needs of veterans.

**University of Texas at Arlington, Arlington, TX**

(New) *FY 2013 Funding: \$291,408*

(Continuing) *FY 2014 Funding: \$274,725*

**Focus:** Provides a competency-based means for awarding academic nursing credit toward a BSN degree for veterans with prior military medical training and experience. The project offers veterans academic supports that reduce barriers to obtaining BSN degrees and equip them to successfully complete the program, pass the RN licensing exam (i.e., NCLEX-RN), and enter the health care workforce. Faculty members are given professional development training to increase awareness of military culture and learn successful strategies for teaching veteran nursing students.

## **L. Coordinating Center for Interprofessional Education and Collaborative Practice**

**Regents of the University of Minnesota, Minneapolis, MN**

(Continuing) *FY 2013 Funding: \$721,425*

(Continuing) *FY 2014 Funding: \$738,285*

**Focus:** CCIECP accelerates the transformation of health care in the United States through the active engagement and connecting of the interprofessional education and practice communities. The health care transformation creates a new nexus between the rapidly transforming health care system and higher education. CCIECP uses an approach that builds on the significant past and current efforts and stakeholder commitments that have laid the foundation for interprofessional principles, guidelines, and goals. Three leading foundations focused on health, health professions education, patient care, announced a public-private partnership, and pledged additional support for and CCIECP. The Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation, and the Gordon and Betty Moore Foundation collectively committed up to \$6 million in grant support over 5 years (2012 - 2017).

## **V. Conclusion**

As discussed above, given the program's broad authority, NEPQR grantees support the needs of the nursing workforce by enhancing nursing education, improving the quality of patient care, increasing nurse retention, and strengthening the nursing workforce. In FYs 2013 and 2014, NEPQR grants, cooperative agreements, and contracts continued to support the three priority areas of education, practice, and retention, as well as interprofessional and veterans' initiatives. These activities support the dynamic changes taking place in the nursing profession. Based on the successful implementation of NEPQR in FYs 2013 and 2014, HRSA will continue to support these efforts and similar projects while addressing emerging workforce needs.