Executive Summary

This report to Congress is in response to sections 831(f) and 831A(e) of Title VIII of the Public Health Service (PHS) Act which states:

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 development and enhancement of the nursing workforce. The overarching NEPQR Program provides 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 annual report for fiscal year (FY) 2015 and provides (1) a description of the nursing workforce priority areas and grant cohorts and contracts under the NEPQR authority, and (2) project summaries of all of the FY 2015 grants and cooperative agreements and their linkages to the priority areas.

The FY 2015 NEPQR appropriation was $39.9 million, which supported 90 grants and cooperative agreements and 3 contracts. Consistent with section 805 of the PHS Act, preference in funding was given to projects that substantially benefit rural and/or underserved populations or help to meet the public health nursing needs in state or local health departments. Appropriated funds were expended for costs associated with application reviews, award processing, and follow-up performance oversight.

In FY 2012, the NEPQR Program transitioned from supporting broad-based grants in the program’s three original priority areas, which were (1) Education, (2) Practice, and (3) Retention, to supporting specific, emerging high-priority areas in nurse education, practice, and retention (e.g., interprofessional collaborative practice and veterans’ initiatives). In FY 2015, the program’s three remaining broad-based Education, Practice, and Retention grants completed their final year of continued funding totaling $1,131,402.

In FY 2015, NEPQR funding also supported 87 new and continuing cooperative agreements in the emerging high-priority areas for the (1) Interprofessional Collaborative Practice (IPCP), (2) Veterans’ Bachelor of Science in Nursing (VBSN), and (3) Coordinating Center for Interprofessional Education and Collaborative Practice (CCIECP).
• IPCP cooperative agreements strengthen nursing’s capacity to advance the health of patients, families, and communities through innovations in IPCP with 55 cooperative agreements totaling $25,818,608.

• VBSN cooperative agreements strengthen the quality of care and expand the nursing workforce through increased enrollment of military veterans in Bachelors of Science in Nursing programs with 31 cooperative agreements totaling $9,691,755.

• 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 $737,991 in NEPQR funds was supported in FY 2015.
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Acronym List

ACN Advanced Care Nurses
ACU Accountable Care Unit
BSN Bachelor of Science in Nursing
BHW Bureau of Health Workforce
CCIECP Coordinating Center for Interprofessional Education and Collaborative Practice
CHD Cincinnati Health Departments
EHB Electronic Handbook
ERH Episcopal Retirement Homes
FQHC Federally Qualified Health Center
FY Fiscal Year
GOT Care! Geriatric Outreach and Training with Care
HRSA Health Resources and Services Administration
IPCP Interprofessional Collaborative Practice
JSI John Snow Incorporated
LGBT Lesbian, Gay, Bisexual, and Transgendered
NCLEX-RN National Council Licensure Examination for Registered Nurses
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>NEPQR</td>
<td>Nurse Education, Practice, Quality, and Retention</td>
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<tr>
<td>NPA</td>
<td>Nurse Patient Advocate</td>
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<tr>
<td>PHS</td>
<td>Public Health Service</td>
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<tr>
<td>RN</td>
<td>Registered Nurse</td>
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<tr>
<td>VBSN</td>
<td>Veterans’ Bachelor of Science Degree in Nursing</td>
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<tr>
<td>VICT</td>
<td>Virtually Integrated Care Team</td>
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I. Legislative Language

This report is being provided to Congress, as required by sections 831(f) and 831A(e) of Title VIII of the Public Health Service (PHS) Act which states:

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 annual report for fiscal year (FY) 2015 for the Nurse Education, Practice, Quality, and Retention (NEPQR) Program. The report provides (1) a description of the nursing workforce priority areas and the grants, cooperative agreements, and contracts funded under the NEPQR authority; and (2) project summaries of all of the FY 2015 grants and cooperative agreements.

II. Introduction

The Health Resources and Services Administration’s (HRSA) mission is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs. In support of the mission, HRSA’s Bureau of Health Workforce (BHW) provides policy leadership and grant support for health professions workforce development to make sure that the United States has the right clinicians, with the right skills, working where they are needed. Additional information about BHW and its programs is available at http://www.hrsa.gov/about/organization/bureaus/bhw/.

The NEPQR Program has broad statutory authority to address development and advancement of the nursing workforce. The NEPQR Program provides 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.

III. Overview

The NEPQR Program seeks to strengthen the nursing workforce and improve nurse retention and quality of care by expanding the nursing pipeline, promoting career mobility, providing continuing education, and supporting retention activities. In FY 2012, the NEPQR Program transitioned from supporting broad-based grants in the program’s three original priority areas, which were (1) Education, (2) Practice, and (3) Retention, to supporting specific, emerging...
high-priority areas in nurse education, practice, and retention (e.g., interprofessional collaborative practice and veterans’ initiatives). A full list of the original NEPQR priorities is included below. Note that quality is integrated throughout all of the priority areas.

**Education Priority Area**
- **E1**: Expanding enrollment in baccalaureate nursing programs to help people enter the nursing field for the first time.
- **E2**: Providing education in new technologies, including distance learning methodologies.

**Practice Priority Area**
- **P1**: Establishing or expanding nursing practice arrangements in noninstitutional settings to demonstrate methods to improve access to primary health care in medically underserved communities.
- **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.
- **P3**: Providing quality, coordinated care and other skills needed to practice in existing and emerging organized health care systems.
- **P4**: Developing cultural competencies among nurses.

**Retention Priority Area**
- **R1**: 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 (RN) or advanced education nurses in order to meet the needs of the nursing workforce.
- **R2**: Developing and implementing internships and residency programs in collaboration with an accredited school of nursing to encourage mentoring and the development of specialties.
- **R3**: Assisting individuals through career ladder programs to obtain education and training required to enter the nursing profession and advance within the profession.
- **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.

The table below displays the funding amounts and numbers of NEPQR grants, cooperative agreements, and contracts that HRSA awarded in FY 2015. As required by section 805 of the PHS Act, preference in funding was given to projects that substantially benefit rural and/or underserved populations or help to 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 grant reviews, grant processing, and follow-up performance reviews.
### Table 1 – FY 2015 Funding and Awards

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<thead>
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<th>Fiscal Year &amp; Programs/Contracts</th>
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<th>Total Number of Contracts</th>
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<td>90</td>
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<td>Interprofessional Collaborative Practice Cooperative Agreements</td>
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<td>Veterans’ Bachelor of Science in Nursing Cooperative Agreements</td>
<td>31 (of the 90)</td>
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<td>Coordinating Center for Interprofessional Education and Collaborative Practice Cooperative Agreements</td>
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<td>REI Systems, Inc.</td>
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<td>Institute of Medicine</td>
<td>--</td>
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<td>$15,000$^3</td>
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</table>

$^1$ Contract for information technology support and electronic management of NEPQR grants

$^2$ Contract to provide grantee support and training

$^3$ Contract to support interprofessional practice and education and social determinants of health initiatives

### A. Broad-based Education, Practice, and Retention Grants

In FY 2015, HRSA funded three broad-based Education, Practice, and Retention grants totaling $1,131,402. These grants were in the practice priority area, specifically establishing or expanding nursing practice arrangements in noninstitutional settings (e.g., Nurse Managed Health Centers) to demonstrate methods to improve access to primary health care in medically underserved communities.

### B. Interprofessional Collaborative Practice Cooperative Agreements

The Interprofessional Collaborative Practice (IPCP) cooperative agreements aim to strengthen nursing’s capacity to advance the health of patients, families, and communities. IPCP cooperative agreements support the development and implementation of innovative practice models that use collaborative interprofessional teams comprised of nurses and other health professionals. The cooperative agreements are consistent with the NEPQR practice 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 2015, HRSA awarded 26 new and 29 continuing cooperative agreements totaling $25,818,608.
C. Veterans’ Bachelor of Science Degree in Nursing Cooperative Agreements

The Veterans’ Bachelor of Science Degree in Nursing (VBSN) cooperative agreements aim to strengthen the quality of health care and expand the nursing workforce through increased enrollment of veterans in Bachelor of Science in Nursing (BSN) programs. VBSN cooperative agreements are consistent with the NEPQR education priority and support the development and implementation of innovative practice models that enable veterans to earn BSN degrees. The cooperative agreements prepare veterans to make the transition from their former military role to that of a civilian nurse. Specifically, schools provided enhanced support services to veterans enabling their enrollment, retention, graduation, and passing of the National Council Licensure Examination for Registered Nurses (NCLEX-RN). In FY 2015, 11 new and 20 continuing cooperative agreements totaling $9,691,755 were awarded to schools of nursing to modify their existing BSN programs by making them veteran-supportive.

D. Coordinating Center for Interprofessional Education and Collaborative Practice

In FY 2012, HRSA 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. The CCIECP serves as a respected source for unbiased, expert guidance to the health care community on issues related to interprofessional education and collaborative practice, and it 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, raising the visibility of high quality, coordinated, team-based care that is well-informed by interprofessional education and best practice models. In FY 2015, HRSA awarded a single continuing cooperative agreement to CCIECP for $787,991, of which the NEPQR Program funded $737,991, and an additional $50,000 was co-funded with PHS Act Title VII dollars, as this program was jointly carried out under a Title VII authority (section 747 of Title VII of the PHS Act).

In addition to HRSA’s support, the CCIECP is also funded in part by the Josiah Macy Jr. Foundation, the Robert Wood Johnson Foundation, the Gordon and Betty Moore Foundation and the University of Minnesota.

E. Contracts

In FY 2015, the NEPQR Program supported three contracts. HRSA awarded one contract for $163,957 to REI Systems Inc. for information technology support for BHW’s Division of Nursing and Public Health programs, including enhancements to the Electronic Handbook (EHB) which is used to manage grantee applications and reporting. HRSA awarded one contract for $138,124 to John Snow Incorporated (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 Uniform Data Systems reporting program. HRSA awarded one contract for $15,000 to the Institute of Medicine to support programmatic efforts focusing on interprofessional education and collaborative practice and the social determinants of health.

IV. FY 2015 Project Summaries for New Competition Awards and Existing Grantees with Continuing Funding

Sections A through D below contain FY 2015 programs with both new and continuing funding. All 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 also received a preference for substantially benefitting rural and/or underserved populations or for helping meet the public health nursing needs in state or local health departments. As a result of the independent objective review process for the funding opportunity announcement in FY 2014, HRSA funded 26 new cooperative agreements to IPCP projects in FY 2015.

A. Broad-based Education, Practice, and Retention Grants - P1 Grantees: Establishing or Expanding Nursing Practice Arrangements

Louisiana State University System, New Orleans, Louisiana

(Continuing) Funding: $575,381

Focus: Supports a Nurse Managed Clinic in New Orleans East which is 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, and it improves access to primary health care, reduces health disparities, and enhances the quality of life for a medically underserved community.
The Regents of the University of California, Irvine, California

(Continuing) Funding: $292,250

Focus: Establishes a nursing practice arrangement to improve an underserved community’s access to primary care and to provide clinical training to undergraduate and graduate nursing students from the University of California, Irvine. The care network minimizes barriers to access with team-based, family-centered care across the lifespan with specialists in pediatrics, women’s health, chronic disease management, pharmacists, social services, nutritional counseling, dental, x-ray, and laboratory services for predominately Hispanic or Latino communities in Orange County.

University of Southern Indiana, Evansville, Indiana

(Continuing) Funding: $263,771

Focus: Establishes a nursing practice arrangement to operate three community health centers under the direction of the University of Southern Indiana College of Nursing and Health Professions. The health centers are located in designated health professional shortage areas and medically underserved areas with the goal of reducing disparities in access to primary health care by providing services to underserved and/or vulnerable populations without regard to income or insurance status. The health centers also provide valuable clinical training to nursing and other health professions students in IPCP while providing health care to an underserved and diverse population.

B. Interprofessional Collaborative Practice Cooperative Agreements

Altamed Health Services Corporation, Los Angeles, California

(New) Funding: $498,902

Focus: Strengthens and expands a culturally-competent, interprofessional practice environment in a community clinic setting, targeting a low-income, Latino safety-net population at the largest Federally Qualified Health Center (FQHC) in California. The IPCP team is led by an RN-level Clinical Care Coordinator and consists of physicians, pharmacists, health educators, Promotoras, social workers, and a transitional care coach for patients requiring acute care. The model also includes the integration of an RN-level Interprofessional Practice Coach who is responsible for building the capacity of the nursing staff and other care team members.

Catholic Health Initiatives Institute for Research and Innovation, Englewood, Colorado

(New) Funding: $496,765

Focus: Implements and evaluates the Virtually Integrated Care Team (VICT) model, designed to enhance the collaborative practice environment in the acute care setting. The model leverages the use of information and communication technologies to streamline workflows, promote effective discourse, and integrate real-time surveillance – all coordinated by Advanced Care Nurses (ACNs). In the VICT model, the ACN directs the care of the patient remotely, in partnership with an interprofessional care team, via a Virtual Command Center connected to patient rooms through videoconferencing equipment. The interprofessional team is comprised of the ACNs, unit-based RNs, licensed practical nurses, certified nursing assistants, hospitalists, specialty physicians, social workers and case managers (and allied health professionals,
according to patient needs) who coordinate patient care, as well as the patients and their family members/caregivers.

**Community Health Center, Inc., Middletown, Connecticut**  
*(New) Funding: $403,758*

**Focus:** Develops nurse leaders and improves patient outcomes by expanding nurse care coordination for approximately 1,500 medically and psychosocially complex patients per year. The IPCP team is comprised of nurses, physicians, psychiatrists, nurse practitioners, social workers, clinical pharmacists, nutritionists, a self-management expert, and access to care specialists. The program utilizes a model of knowledge transfer through case-based learning and discussion that develops the skills of clinicians to improve patient outcomes. This project is strengthened by collaborations with Quinnipiac University and Middlesex Hospital Homecare, and it also facilitates interprofessional education opportunities with nursing, pharmacy, and medical students.

**Community Health Network Foundation, Inc., Indianapolis, Indiana**  
*(Continuing) Funding: $499,831*

**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 Los Angeles, Los Angeles, California**  
*(New) Funding: $500,000*

**Focus:** Expands and improves the effectiveness of 27 IPCP teams and 350 nurses and other health care professionals at two clinic sites in the Ambulatory Care Network of the Los Angeles County Department of Health Services, which is the second-largest county safety-net health system in the nation, serving over 730,000 racially diverse, low-income Los Angeles County residents annually. IPCP team members include physicians, nurse practitioners, RNs, certified medical assistants, administrators, and *promotoras.*

**County of Multnomah, Portland, Oregon**  
*(Continuing) Funding: $487,040*

**Focus:** Develops an 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 IPCP teams (including community health workers) to integrate physical and mental health services and foster coordination of care between the correctional facility and community settings.
Emory University Nell Hodgson Woodruff School of Nursing, Atlanta, Georgia

(Continuing) Funding: $498,792

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 following four essential components of ACUs enable this awardee to accomplish the clinical and service outcomes: (1) unit-based teams, (2) patient-centered workflow through the implementation of structured interdisciplinary bedside rounds, (3) the use of unit-level performance data to inform ongoing practice and process improvement, and (4) 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.

Florida Atlantic University, Boca Raton, Florida

(Continuing) Funding: $500,000

Focus: Partners with the Diabetes Education and Research Center, a Nurse Managed Clinic, and with two FQHCs 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.

Florida International University, Miami, Florida

(New) Funding: $483,190

Focus: Develops a school-based nurse-managed clinic at a high school in Liberty City, Florida, to increase access to primary care and enhance health outcomes for students and families. Additionally outreach is being provided to elementary and middle schools that are feeder schools focusing on preventative health and environmental issues. The IPCP team includes nursing, athletic training, health services administration, physical therapy, occupational therapy, speech therapy, dentistry, and social work.

Fulton DeKalb Hospital Authority, Atlanta, Georgia

(New) Funding: $498,404

Focus: Implements an overarching model for interprofessional collaborative care that includes planning for the needs of patients and families, identification of process and system issues causing delay in care, evaluating clinical outcomes, and implementing risk reduction strategies to prevent patient harm. The IPCP team includes a nurse as the team leader, as well as a physician resident, pharmacist, case manager, and community health worker. These expanded team members are included in rounds on an as needed basis. A certified Patient Education Specialist and Pain Clinical Nurse Specialist assess all targeted patients and serve in a consultative role to the bedside core team.
Hospice of Henderson County, Flat Rock, North Carolina

(Continuing) **Funding:** $471,443

**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. 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, Pennsylvania

(Continuing) **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).

Idaho State University, Pocatello, Idaho

(Continuing) **Funding:** $500,000

**Focus:** Uses an interprofessional collaborative care model to provide health care services to the underserved refugee population in Idaho through the interprofessional education of nursing and other health discipline students. The project involves at least 8 faculty and 95 students from 7 disciplines over the 3 years. Undergraduate and graduate students participate from the nursing, pharmacology, dietetics, and audiology programs in the first year, expanding to include physical therapy, occupational therapy, and public health students in years 2 and 3. Additional collaboration with the Idaho Office for Refugees and the Saint Alphonsus Federal Way Clinic provide opportunities for comprehensive care delivery to this vulnerable, underserved population. Collaborative practice is modeled by student/faculty teams through the disciplines committed to this project and through community partnership with the Idaho Office for Refugees.

Lewis & Clark Community College, Godfrey, Illinois

(Continuing) **Funding:** $459,941

**Focus:** Provides services of primary care, health education, and prevention to medically underserved populations in rural and urban areas of southwest Illinois. The team includes practitioners in nursing, dentistry, exercise science, occupational therapy, and mental health. The focus is on primary health care, disease prevention, and health education at a nurse managed center with outreach provided through a mobile health unit. A key feature of the practice model is the clinical care coordinator, who is responsible for interprofessional communication and
activities among the health care professionals and patients. Students from the fields of nursing, dentistry, exercise science, and occupational therapy also support the services.

**Loyola University, Maywood, Illinois**  
(Continuing) Funding: $498,299

**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. The project provides interprofessional training for providers, faculty, and students; redesigns care delivery in the Family Practice/Access to Care Clinic and School-based Health Center; and expands interprofessional clinical experiences in primary health care and community settings. The project also increases the number of nursing, dietetics, social work, medical students, and staff who are prepared for interprofessional environments to increase access, coordinate care, and promote population health.

**Medical University of South Carolina, Charleston, South Carolina**  
(New) Funding: $432,107

**Focus:** Improves patient and population health outcomes within a network of FQHCs in South Carolina. The team includes physicians, nurse practitioners, physician assistants, pharmacists, nurses, nurse case managers, community health workers, nutritionists, biomedical informaticists, and front desk clerks. The project utilizes a coaching model for interprofessional collaboration and a team-based quality improvement training program. The project is a model academic/FQHC partnership for student training in IPCP and seeks to improve organizational infrastructure (e.g. personnel/information technology) to support IPCP.

**Meridian Hospitals Corporation, Neptune, New Jersey**  
(New) Funding: $497,054

**Focus:** Improves care coordination and transitions for older adult patients and implements interprofessional education and practice initiatives that directly impact patient care outcomes in the over age 75, frail, and elderly patient population. A geriatric consultation team consisting of the gerontological advanced practice nurse, clinical pharmacist, geriatric education program manager, and a health education transition coordinator engaged geriatricians, medical residents, and members of the team, such as social workers, nutritionists, case managers, geriatric clinical scholars, and RN cultural ambassadors, as well as patients and families, in order to improve health care within the existing clinical system.

**Metro Community Provider Network, Inc., Englewood, Colorado**  
(Continuing) Funding: $499,674

**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 over 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 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 members intent to leave.

National University, La Jolla, California

(New) Funding: $499,999

Focus: Uses an interprofessional health care team (faculty-supervised nursing and health
professional students) to deliver services onsite at designated locations throughout an
underserved community, as well as community-based interventions, providing comprehensive
direct care to patients served. Remote biometric monitoring is used between onsite visits to
follow clinical trends. The IPCP team consists of a project director, advanced practice nurses,
medical social worker, project manager, project coordinator, medical director, evaluator, health
educator, and an office secretary.

New York University, New York, New York

(Continuing) Funding: $499,983

Focus: Demonstrates an 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’ contributions 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.

Northeastern University, Boston, Massachusetts

(New) Funding: $400,000

Focus: Increases access to coordinated primary care services for older adult dental patients and
trains at least 120 nurse practitioner and dental student teams. The model consists of a
multi-team structure including Core, Coordinating, and Contingency teams. The Core Team is
composed of a nurse practitioner and dentist who are responsible for providing direct primary
and dental care services. The Coordinating Team members include a Practice Manager and
Patient Services Liaison who are responsible for care coordination, resource management, and
support services. The Contingency Team includes dental assistants, registered dental hygienists,
and dental specialists who are called upon as needed.

Providence Health Foundation, Inc., Washington, District of Columbia

(Continuing) Funding: $444,375

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
management 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.
Reading Hospital and Medical Center, Reading, Pennsylvania  
(New) Funding: $483,465  
**Focus:** Provides continuous diabetes care to high-risk patients from inpatient admission to discharge and supports care transitions to home and community. The project interventions include the use of Certified Diabetes Educators to provide inpatient diabetes education, motivational interviewing, and transition coaching to follow up outpatient and community care. The IPCP team is led by RNs trained as Certified Diabetes Educators, and includes bedside nurses, additional Certified Diabetes Educators (who also serve as transition coaches), endocrinologists, hospitalists, and registered dietitians.

Regents of the University of Michigan, Ann Arbor, Michigan  
(New) Funding: $483,811  
**Focus:** Improves the IPCP environment at Community Health and Social Services Center, which is an FQHC in Detroit, Michigan. The program is training RN chronic care coordinators to lead interprofessional teams to improve the quality of health care and health outcomes by improving shared decision making within the primary care practice team. The program is also improving the potential of the current electronic health records and developing an efficient systems-based work plan. The IPCP team will consist of two RN chronic care coordinators, physicians, family nurse practitioners, social workers, support staff, and information technology staff.

Rutgers, The State University of New Jersey, Newark, New Jersey  
(Continuing) Funding: $498,081  
**Focus:** Integrates mental health services into a community based, nurse-managed, community-directed health initiative. The interprofessional team includes pre-licensure and graduate nursing students, medical students, physical and respiratory therapy students, and 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, South Dakota  
(New) Funding: $486,937  
**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 IPCP nurse-led clinics regularly engage interprofessional teams where nurses integrate care with the disciplines of pharmacy, social work, nutrition, and 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 by engaging with individuals, providing mutual care planning, and providing encouragement of positive lifestyle behaviors for urban adults and elders, as well as the rural underserved within the Sanford Healthcare System.
Shepherd University, Shepherdstown, West Virginia

Focus: Implements an enhanced interprofessional diabetic management program to provide health care to at least 210 diabetic patients. Additionally, the program provides practice opportunities for nursing, medical, social work, psychology, exercise physiology, and family and consumer science students. The IPCP care team includes the patient and a physician, nurse practitioner, dentist, dental hygienists, IPCP Diabetic Care Coordinator, Diabetic Health Educator, and a dietician/nutritionist. Depending on the individualized care plan, the team also includes a behavioral health therapist, enhancement services (transportation, free or low-cost medication assistance, or other social services), and social workers.

Southern Illinois University, Edwardsville, Illinois

Focus: Integrates primary care in an existing clinic and provides public health interventions through community outreach to a diverse and underserved population in the Metro-East St. Louis area. The project creates an interprofessional primary care hub, integrating faculty and practitioners from the disciplines of nursing, pharmacy, dental medicine, and social work. The interprofessional Nurse Patient Advocate (NPA) model focuses on patient-centered care, maximizes the impact of the interprofessional team, and improves health care outcomes and access to care. An advanced practice nurse serves as the NPA to coordinate care and facilitate communication and collaboration among the care team and the patient. The care environment provides opportunities for interprofessional care experiences, services, and research for undergraduate and graduate students.

Summa Health System, Akron, Ohio

Focus: Establishes a nurse-led IPCP patient-centered Falls Risk Reduction Clinic that improves processes of care for falls prevention, decreases falls, and decreases costs to the health care system. The Falls Clinic is located in the current Center for Senior Health at Summa Health System and serves at-risk elders in a five county radius from diverse referral sites. The Falls Clinic is managed by a Geriatrics Nurse Practitioner and includes pharmacists; physical therapists; the local Area Agency on Aging; Emergency Medical Services; social work; home care; and physicians from geriatrics, emergency medicine, and primary care.

Texas Tech University Health Sciences Center, Lubbock, Texas

Focus: Improves access to quality primary health care for vulnerable individuals in Lubbock County through an interprofessional collaborative practice model of care, which includes nursing, pharmacy, dietetics, and social work. The program helps improve the quality of health care services by providing enabling services to the most vulnerable groups served by the center, such as outreach and care coordination particularly in the chronic disease management programs. The practice site is an FQHC that is nurse-managed, which is operated by the School of Nursing at the Texas Tech University Health Sciences Center.
The Regents of the University of Colorado, Aurora, Colorado

Focus: Expands practice environments comprised of nursing and other professional disciplines engaged in collaborative practice innovations. The practice site is Sheridan Health Services, an FQHC that is nurse-managed and a faculty practice site 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 Research Foundation of State University of New York, Stony Brook, New York

Focus: Launches the PACE Center for Senior Health and Wellness, a partnership with the Stony Brook University School of Nursing, School of Dental Medicine, and School of Social Welfare to increase access to health promotion, disease prevention, and social services for vulnerable older adults with multiple chronic conditions, their families, caregivers, and communities. Additionally, this project increases the number of nurses skilled in IPCP by providing collaborative clinical training opportunities for 170 interprofessional student team triads consisting of adult-gerontology nurse practitioner students, dental students, and social welfare students.

The Tides Center, San Francisco, California

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, physicians, 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, which is an African American community where there is an identified lack of access to primary care services and, correspondingly, poor health outcomes.

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

Focus: Creates the Elder Lesbian, Gay, Bisexual, and Transgender (LGBT) Collaborative Care Program 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. The project includes an innovative program that provides health and wellness, community and transitional care, and primary care and mental health care services.

Trustees of Indiana University, Indianapolis, Indiana

Focus: Cultivates interprofessional environments within Indiana University Health, Indiana’s largest health care system, and primary care rural health clinics in central Indiana by leveraging
academic and practice partnerships among Indiana University Schools of Health, Nursing, and Medicine, as well as the 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. The program also fosters leadership development among emerging nurse leaders who demonstrate the IPCP competencies needed to engage in collaborative problem solving and care coordination.

University of Alabama at Birmingham, Birmingham, Alabama  
(Continuing) Funding: $496,519

Focus: Implements an innovative interprofessional model around transitional care coordination to reduce 30-day hospital readmissions in heart failure patients. The project’s interprofessional model 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 California San Francisco, San Francisco, California  
(Continuing) Funding: $498,794

Focus: Expands an existing Primary Care Outreach for Persons with Mental Illness Program beyond co-location to develop a replicable structure that creates an interprofessional collaborative model for integrating primary and behavioral health care. The existing program, established in 1994, is a community-based, nurse-managed outreach practice model that delivers primary health care at the site of residential treatment for mentally ill adults. This medically underserved and ethnically diverse population has multiple co-morbidities related to their treatment, environmental factors, and well-documented disparities in care.

University of Cincinnati, Cincinnati, Ohio  
(New) Funding: $420,915

Focus: Institutes interprofessional bedside rounding and grand rounds in a Level II trauma center serving medically complex surgical patients to strengthen collaboration and communication among health care professionals and patients, share learning and best practices, and improve patient outcomes. The IPCP team consists of nurses, physicians, pharmacists, discharge planners, social workers, and other providers as dictated by patient care needs. This project expands opportunities for nurses to lead and practice in team-based, IPCP environments and to utilize technology to facilitate communication, patient care planning, and teamwork. The project also provides nursing and other health care professional students in education and clinical experience in an IPCP model of care.

University of Connecticut, Storrs, Connecticut  
(Continuing) Funding: $458,104

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, Florida  
(Continuing) Funding: $489,891  
Focus: Implements an innovative 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 Maryland, Baltimore, Maryland  
(New) Funding: $345,384  
Focus: Expands front door primary care, nurse care management, and entitlement program eligibility determination using a mobile unit for the medically underserved, ethnically diverse uninsured populations in Prince Georges and Montgomery Counties. Expanded services add a family medicine physician, a clinical pharmacist, and a bilingual outreach worker and expand the capacity of the existing nurse-managed faculty practice, which includes a family nurse practitioner, a nurse care manager, and a social worker.

University of Missouri System, Kansas City, Missouri  
(New) Funding: $487,808  
Focus: Strengthens community-based primary health care delivery while facilitating IPCP for a target population where up to 20 percent are enrolled in Medicaid, with an additional 20 percent on Medicare. The IPCP teams include physicians, advanced practice nurses, social workers/counselors, pharmacists, dentists/dental hygienists, and RNs, along with graduate social work students. The advanced practice nurses provide leadership to the IPCP teams for coordinating patient and population-centered care. The project goals are (1) to create an atmosphere of seamless health care delivery in which each member of the IPCP team takes responsibility for developing or contributing to the physiological and behavioral health needs of patients accessing these clinics, and (2) to provide optimal learning opportunities for graduate nursing and social work students as members of patient centered IPCP teams.

University of North Carolina at Chapel Hill, Chapel Hill, North Carolina  
(Continuing) Funding: $487,892  
Focus: Creates interprofessional teams with nurses, physicians, and other professionals that coordinate quality emergency department care in four hospital learning collaboratives to promote nursing’s capacity to lead teams. Nurse-led interprofessional teams include patients/families and health care professionals that learn “about, from, and with each other” to collaboratively design care that improves patient/family and clinician outcomes.
University of South Alabama, Mobile, Alabama  
(Continuing) Funding: $442,671

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 outcomes to structure solutions to clinical issues and improve patient outcomes. The 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, and 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, Indiana  
(Continuing) Funding: $383,027

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 which are (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 and culturally diverse neighborhoods in Evansville, Indiana.

University of Tennessee, Knoxville, Tennessee  
(Continuing) Funding: $319,743

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 (1) brings together disciplines that rarely work together in collaborative practice; and (2) 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-Pan America, Edinburg, Texas  
(New) Funding: $497,320

Focus: Establishes a primary care clinic at the John A. Peña Primary Care and Substance Abuse Clinic to provide medical assistance and substance abuse services to teens/adolescents and their entire family. Additionally, care is provided through the use of a mobile unit and a designated rural area (e.g., school gym) set up on a periodic basis with a full array of services that include client assessments, health screenings, immunizations, primary care, and follow-ups and developmentally-appropriate health education. The interprofessional team consists of nurse practitioners, physician assistants, physicians, nurses, clinical lab personnel, dietitians, social workers, occupational therapists, speech therapists, and pharmacists.
University of Washington, Seattle, Washington

(Continuing) Funding: $499,541

Focus: Creates practice environments comprised of nurses and other professionals collaborating and communicating effectively to (1) increase care access; (2) achieve high quality, safe, efficient, effective, and equitable patient/population-centered outcomes; and (3) increase the number of nurses with interprofessional skills. The project implements and evaluates an IPCP relationship-centered practice model at Providence Everett Healthcare Clinic, which serves a diverse, medically underserved, and 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, Washington

(Continuing) Funding: $497,268

Focus: Develops, implements, and evaluates an interprofessional patient-centered model of care at a Regional Heart Center, which serves a diverse, medically-underserved, and 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 and especially the elderly which is a group with significant unmet health needs.

University of Wisconsin System, Milwaukee, Wisconsin

(New) Funding: $439,173

Focus: Develops a community-centered health home model focused on immigrant and refugee health services that links an academic nurse managed health center, a community-based social service organization, and a Medical Family Health Clinic in order to increase access to comprehensive, collaborative, coordinated, culturally relevant, and community-focused primary health care. The IPCP team includes nurses, physicians, community health workers, case managers, nursing students, medical students, and physicians-in-training (students from allied health fields will be added over the course of the project).

Virginia Commonwealth University, Richmond, Virginia

(Continuing) Funding: $499,980

Focus: Expands an innovative, nurse-led interprofessional model centered within a community of low-income, urban elders with a high chronic disease burden. The program is being implemented at Dominion Place, a Section 8 housing building that houses 247 older adults, which has been identified as needing community-centered care coordination. Based on

2 The University of Washington, Seattle has two separate awards for two separate projects.
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 buildings. The program provides comprehensive, patient-centered care near patients’ home environments while providing an educational setting for students from four professions.

**Vista Community Clinic, Vista, California**

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

**Funding:** $496,772

**Wake Forest University Health Sciences, Winston-Salem, North Carolina**

**Focus:** Designs, implements, and evaluates the effectiveness of a patient centered interprofessional team based care delivery system that can provide a cohesive IPCP environment led by emerging nurse leaders. The interprofessional team will be proficient in team-based competencies and foster a collaborative practice environment, which optimizes practice across the team, values shared-decision making, individualizes care for patients and caregivers, and shapes effective transitional care. This care delivery system innovation moves beyond providing ongoing care to patients after discharge to equipping patients and their caregivers with the knowledge, skills, and resources necessary to prevent future functional decline and hospital readmission.

**West Virginia University Research Corporation, Morgantown, West Virginia**

**Focus:** Improves the health outcomes of vulnerable acute care patients through the provision of team-based, patient-centered care using the Interprofessional Collaboration for Vulnerable Acute Care Patients Model. The established academic-service partnership implements, evaluates, refines, and extends interprofessional collaborative practice in a statewide health referral system. The model addresses diverse individual, group, organizational, and contextual perspectives. This can include health professionals, patients and families, clinical departments or practice teams, as well as the health system and local factors. The goal of the model is to improve health outcomes for vulnerable patients who are at increased risk for injury during hospitalization.

**Xavier University, Cincinnati, Ohio**

**Focus:** Serves vulnerable and underserved pre-K-12 grade students and their families and senior residents in retirement homes. The project includes the City of Cincinnati Primary Care Health Centers and Episcopal Retirement Homes (ERH), nine Cincinnati Health Departments (CHD) school-based health centers, five CHD health centers, and five ERH residential settings. The IPCP team includes nurses, physicians, occupational therapists, social workers, psychologists,
pharmacists, and dentists. Services provided include health services administration, mental health counseling, and special education.

C. Veterans’ Bachelor of Science Degree in Nursing Cooperative Agreements

College of St. Scholastica, Inc., Duluth, Minnesota

*(New) Funding: $306,323*

**Focus:** Develops initiates, delivers, and evaluates a BSN program tailored for rural veterans using the Implementation of a Nursing Veterans’ Initiative to Transform Education model to provide three cohorts of veteran nursing students with consistent interaction with veteran nursing faculty members, non-veteran nursing faculty who have received relevant training in military culture, veteran peers majoring in nursing, and practicing veteran RNs.

Davenport University, Grand Rapids, Michigan

*(Continuing) Funding: $304,527*

**Focus:** Targets veterans with prior medical training combined with combat medical experience who desire 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 one of three campuses located in Grand Rapids, Midland, or Warren, Michigan.

Duquesne University of the Holy Spirit, Pittsburgh, Pennsylvania

*(Continuing) Funding: $335,010*

**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-to-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, New York

*(Continuing) Funding: $347,612*

**Focus:** Builds on significant existing resources including a Veteran’s Center, partnerships with veterans’ organizations, 2-year colleges, and hospitals to help veterans get their BSN. Veterans receive academic credit for military training, test preparation for the 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 receive professional development training on meeting veteran students’ needs.
Florida International University, Miami, Florida  

**Focus:** Builds upon the unique leadership skills, abilities, experience, education, and training that military medics possess and it is designed to enhance veterans’ learning retention, graduation, and preparation for the 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 IPCP and have opportunities for clinical experiences in community settings with underserved populations in fast-paced, highly technical environments.

Florida International University, Miami, Florida³  

**Focus:** Increases veterans’ enrollment in and completion of a BSN program through a career ladder project at Florida International University, Nicole Wertheim College of Nursing and Health Sciences. The program is a specific BSN accelerated program for veteran students aimed at improvement of health outcomes (e.g., obesity, selected chronic illnesses, and HIV/AIDS) for the increasingly diverse population in South Florida. The program is designed to reduce health disparities through improvement of health care access and improvement of the quality of nursing care by providing a program that prepares diverse BSN-prepared veteran RNs. These veteran RNs will provide culturally/linguistically competent care in culturally diverse health care facilities and communities.

Florida State University, Tallahassee, Florida  

**Focus:** Builds upon the unique leadership skills, abilities, and training that military veterans possess in order to reduce their burden of transitioning into professional nursing careers. The project includes a BSN career ladder program that targets veterans who have served in non-medical specialties, those who were corpsmen in the Navy or Coast Guard, or medics in the Army or Air Force. Veterans who served in non-medical specialties will be eligible for the traditional program, while those who served in medical specialties will be eligible for the 12-month accelerated course of study. The program integrates veterans’ previous experience and training in an innovative way that awards advanced academic standing for prior health care experience/training.

Francis Marion University, Florence, South Carolina  

**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 2 major medical centers in Florence and

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³ The Florida International University has two separate awards for two separate projects.
2 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, Virginia

(Continuing) Funding: $345,452

Focus: Increases veterans’ enrollment and graduation from the Hampton University School of Nursing’s BSN curriculum by providing counseling, mentoring, curriculum adaptations, test preparations, and appropriate recognition of related military education and experiences. 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. Track 3 is a 2-year accelerated online format designed for working veterans with RN licenses.

Jacksonville University, Jacksonville, Florida

(Continuing) Funding: $221,199

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 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 are prepared for a rapid program pace delivered in an online format.

Jefferson College of Health (AKA Carillion Medical Center) Sciences, Roanoke, Virginia

(New) Funding: $347,145

Focus: Provides an innovative and flexible approach to an educational career ladder program that reduces the barriers faced by veterans desiring to transition into a nursing career. The programs offer veteran students key benefits including (1) flexibility in designing an individualized plan of study that recognizes the unique practice skill sets and medical skills that the veteran has acquired through military service, and (2) strong personal and academic support services.

National University, La Jolla, California

(Continuing) 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.
North Carolina Central University, Durham, North Carolina  
(New) Funding: $349,983  
Focus: Creates a program for veteran students with the tools to facilitate timely completion of the BSN program. The project objectives are to (1) design and implement a program of academic and social services on campus and in the wider community to recruit, retain, and support the progress of veterans in the nursing program; (2) create an assessment strategy to facilitate the appropriate placement of veterans in the nursing program curriculum; (3) organize ongoing faculty development activities to address instructional and advisory needs of veteran students; and (4) develop a career services coordination center that offers mental health services referrals and follow up, student success resources, and career development assistance.

Regents of the University of Michigan, Ann Arbor, Michigan (Flint Campus)  
(Continuing) Funding: $336,232  
Focus: Increases enrollment in and completion of the BSN 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 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.

Roseman University College of Health Sciences, Henderson, Nevada  
(New) Funding: $350,000  
Focus: Uses a block system of curricula delivery, a summative assessment paradigm, and offers veterans academic credit for experience gained during military service. Goals include (1) increasing the number of veterans admitted to BSN and Accelerated Bachelor’s in Nursing programs by 15 percent in the next 3 years; (2) developing a replicable model which assesses veteran competency to award nursing academic credit for education and experience attained during active and reserve service; and (3) enhancing faculty’s ability to provide an educational environment and culture of respect that addresses the physical, emotional, and environmental issues affecting veterans in order to minimize barriers to their transition into the nursing program of study.

Samford University, Birmingham, Alabama  
(New) Funding: $349,768  
Focus: Expands an existing program by adding a BSN degree option designed for military veterans. This innovative option fulfills a need within the nursing profession by providing BSN prepared veterans who have the knowledge, skills, and attitudes necessary to continuously improve the quality and safety of the health care system of the 21st century. Graduates hold competencies that transcend those of other BSN prepared nurses because of the integration of military training and experience with the arts and sciences.

Shenandoah University, Winchester, Virginia  
(Continuing) Funding: $307,177  
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 they may receive academic credit (where appropriate) based on their transcripts and military-acquired medical experience.

**State University of New York, Stony Brook, New York**  
*(Continuing)*  
**Focus:** Enables veterans to build upon their existing knowledge, skills, and training to progress to licensure as an 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. 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, District of Columbia (Ashburn, Virginia, Campus)**  
*(Continuing)*  
**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 veteran’s field experience in the clinical skills simulation lab for possible advanced placement in the BSN program. The veteran students receive an Individualized Road Map detailing the program of study, evidence-based mentorship, and support services. Built into the BSN degree program are 12 graduate credits of core work that can be transferred into the Master of Science in Nursing program.

**Texas A&M University, Corpus Christi, Texas**  
*(New)*  
**Focus:** Develops and implements a career ladder program to increase the enrollment, progression, and graduation of veterans in BSN programs. The VBSN program facilitates the transition of veterans into the field of professional nursing by building upon the skills, knowledge, and training acquired during their military service in order to increase their employment opportunities; increase and diversify the health workforce; and ensure that health care providers are trained to provide high quality care that is culturally and linguistically aligned with the communities they will serve. The program also reduces barriers for veterans transitioning into nursing careers through the employment of a caseworker; implements the proven Clinical Coach Mentoring Model; and provides the entire BSN curriculum online and up to 50 percent of the clinical training online as well.

**Texas Tech University Health Sciences Center, Lubbock, Texas**  
*(New)*  
**Focus:** Provides an innovative, flexible educational experience, which provides access for veterans to complete a BSN, pass NCLEX-RN, and transition into the professional nursing workforce using a 12-month curriculum. The project awards academic credit for prior military
medical training/experience and leadership skills, reduces barriers, increases diversity, and addresses the growing demand for BSN prepared nurses. Approaches include clinical simulation and the clinical coaching model.

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

(Continuing) **Funding:** $306,994

**Focus:** Implements a 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 the veterans who are enrolled in the program.

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

(Continuing) **Funding:** $349,472

**Focus:** Builds upon service members’ 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 in earning BSN degrees. The project implements a statewide academic partnership model that facilitates veterans’ enrollment, progression, and graduation with a BSN degree using multi-level, evidence-based strategies. The project also increases employment opportunities for diverse veterans in the rural counties of Kauai, Maui, and Oahu, Hawaii.

**University of Kentucky, Lexington, Kentucky**

(Continuing) **Funding:** $258,406

**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, North Carolina**

(Continuing) **Funding:** $345,659

**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 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, Florida

(Continuing) Funding: $292,811

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 the Veteran’s Affairs 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 and postgraduate employment.

University of Southern Mississippi, Hattiesburg, Mississippi

(Continuing) Funding: $349,991

Focus: Provides corpsmen with credit for 6 semester hours toward their BSN degree. Veterans also have the opportunity to receive credit by examination for up to 5 semester hours of nursing courses. Intersession and summer classes are offered to facilitate veteran students in 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, Texas

(Continuing) Funding: $252,472

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 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.

Wayne State University, Detroit, Michigan

(New) Funding: $349,347

Focus: Creates an accelerated VBSN educational model targeted towards the unique needs of veterans to award academic credit towards their BSN degree for prior health care experience and training. The project staff identify and assess the academic, social, and emotional needs of veteran students and their families when building an individualized educational plan based on the veterans’ training and experience in health care. Staff also facilitate mentoring to ensure successful passage of the NCLEX-RN exam, provide supportive services (both academic and personal) to veteran students to ensure smooth transition and success during the program and after graduation, and improve employment opportunities for veterans in the field of health care through our numerous veteran and health care employer partners.

Wright State University, Dayton, Ohio

(New) Funding: $332,183

Focus: Facilitates the transition of military members with health care experience to professional nurses through a program recognizing the unique needs of the veteran student. This program is
supported by an Advisory Council consisting of university representatives, veterans, and community members who meet quarterly to review outcomes and develop strategies for program improvement. VBSN courses are designed for adult learners with military health care experience. Existing clinical agreements with the local military medical center, Veteran’s Affairs Medical Center, public health departments, and the disaster-preparedness center prepare students to care for the underserved, elderly, rural, and military family/patient populations.

D. Coordinating Center for Interprofessional Education and Collaborative Practice

Regents of the University of Minnesota, Minneapolis, Minnesota (Continuing) Funding: $737,991

Focus: 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.

V. Summary

As discussed above, the NEPQR Program supports the needs of the nursing workforce by funding academic, service delivery, and continuing education projects designed to enhance nursing education, improve the quality of patient care, increase nurse retention, and strengthen the nursing workforce. In FY 2015, NEPQR awards supported the practice priority areas through the broad-based Education, Practice, and Retention program and the Interprofessional Collaborative Practice Program, as well as NEPQR’s other cooperative agreements, the Veterans’ Bachelors of Science Degree in Nursing and the CCIECP. These activities support the dynamic changes taking place in the nursing profession. Based on the successful implementation of NEPQR in FY 2015, HRSA will continue to support these efforts and similar projects while addressing emerging nursing workforce needs.