Nurse Support Program I

Required Coordinator Training

Maryland Health Services Cost Review Commission

Erin Schurmann, MPA, PMP,Chief, Provider Alignment and Special Projects

Benjamin Quintanilla, Nurse Consultant NSP I Program

16 September 2022

Agenda

- Welcome (Erin Schurmann)

- Introduction and Overview of NSP I (Benjamin Quintanilla)

- Break

- Program Planning: Navigating the Documents (Benjamin Quintanilla)

- Budget and Financial Forms (Benjamin Quintanilla)

- Break

- Online tool demonstration (May Chava)

- Recap and Next Step (Benjamin Quintanilla)

- Q & A

NSP I Advisory Committee Members

- Monica Nelson (Chair)   Mercy

- Mary Masimore   Carroll

- Jean Seifarth   Western Maryland

- Michael Zhuravel   UMM

- Vanessa Velez   Greater Baltimore Medical Center

- Sherry Councell   UMD Shore

- Debbie Kisner   MedStar Franklin Square

- Dorna Hairston   The Johns Hopkins Hospital

- Betsy Day   Mt. Washington
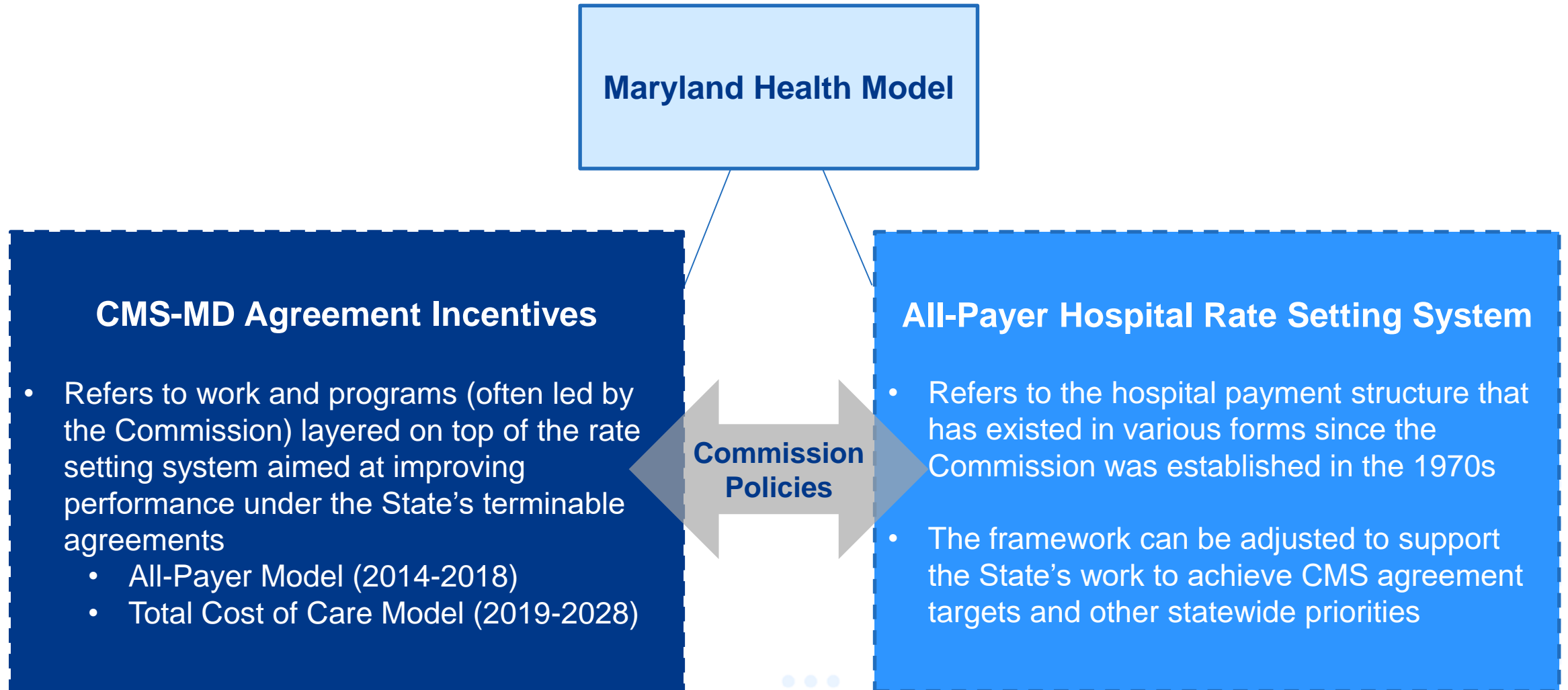
HSCRC - Who We Are

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

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

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

Maryland's Unique Healthcare System: Overview

Maryland Health Model

CMS-MD Agreement Incentives

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

Commission Policies

All-Payer Hospital Rate Setting System

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

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

Introduction & Overview of NSP I

Benjamin Quintanilla

Nurse Consultant, NSP I

Funding for NSP I

- Hospitals receive NSP funds through rates set by HSCRC

- Equal to 0.1% of each hospital's gross patient revenue

- For FY 2023, $19 Million was added to hospital rates to fund nursing initiatives

- Hospitals allowed to carry funds over via COVID budget adjustment in FY 21, 22 and FY 23

History of NSP I

1986 • HSCRC initiates the Nurse Education Support Program

2000 • Nursing Support Program I was established

2001 • The first five-year NSP I grant cycle was approved by the Commission

2012 • The NSP I program realigned aims with the Institutes of Medicine's (IOM) recommendations in its Future of Nursing Report

2017 • The NSP I program is approved by the Commission for another five-year grant cycle (until FY 2022)

2022 • The Nurse Support Program I (NSP I) will be an ongoing program with permanent funding. The NSP I staff will provide annual reports on the funded activities and accomplishments.

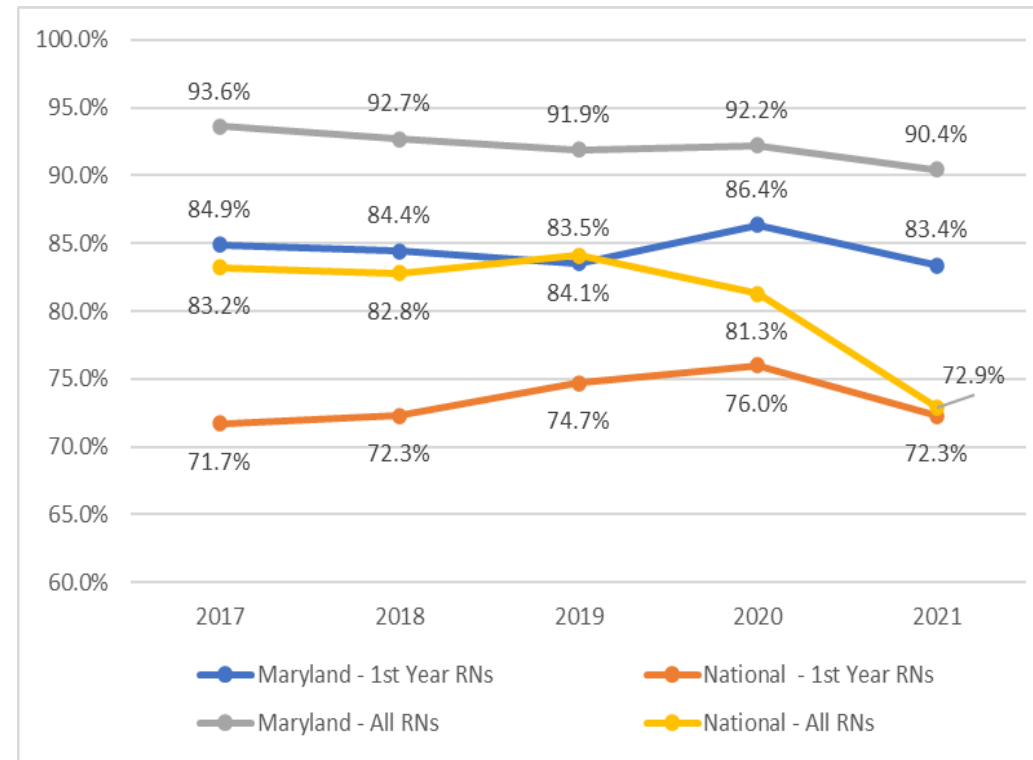maryland
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# Focus Areas of the NSP I Program

- Education and Career Advancement

  - Nurse Residency Programs

  - Advancing Nursing Degrees

  - Transition to Leadership Roles

- Patient Quality and Satisfaction

  - Certification

  - Continuing Education

- Advancing Nursing Practice

  - Achievement of Nursing Excellence (ANCC Magnet or Pathway to Excellence designation)

  - Evidenced-Based Practice, Quality Improvement, and/or Research projects

Achievements FY 2017 to FY 2021

- For first year RNs, the retention rates for Maryland hospitals averaged 85 percent
- National average is at 73 percent

Achievements FY 2017 to FY 2021
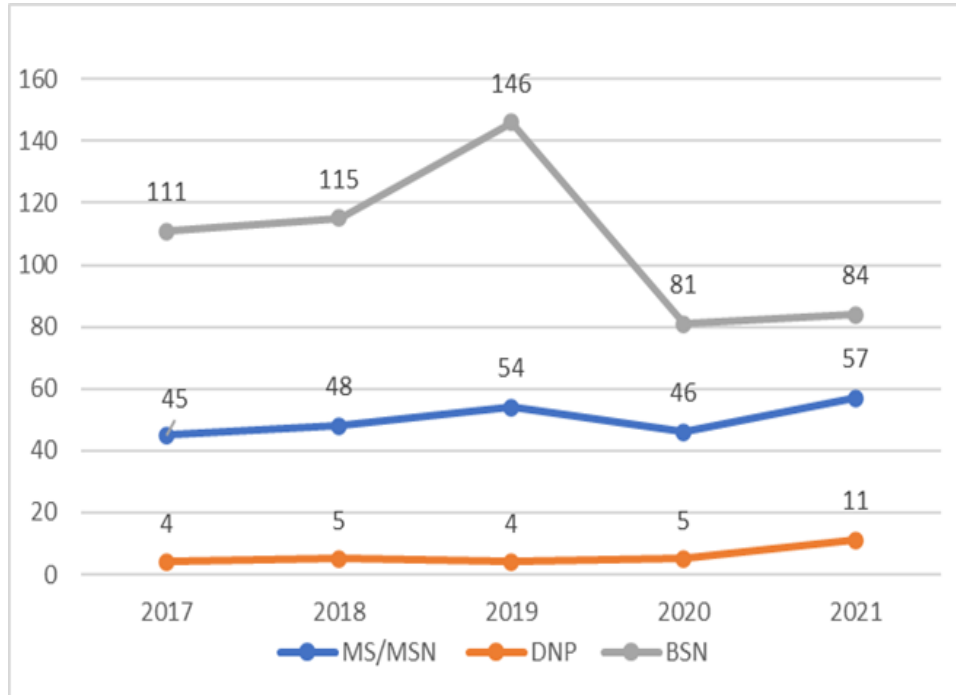
Between 2017 and 2021, 27% increase in MS/MSN grads vs 24% decline in BSN grads

- In FY 2021, 67 percent of RNs in Maryland hold a BSN or higher (Final NSP II FY 2023 Report, 2022).

- Through the NSP I funds, there was a 22 percent increase in the number of hospital-based nurses holding BSN and Advanced degrees between 2017-2021.

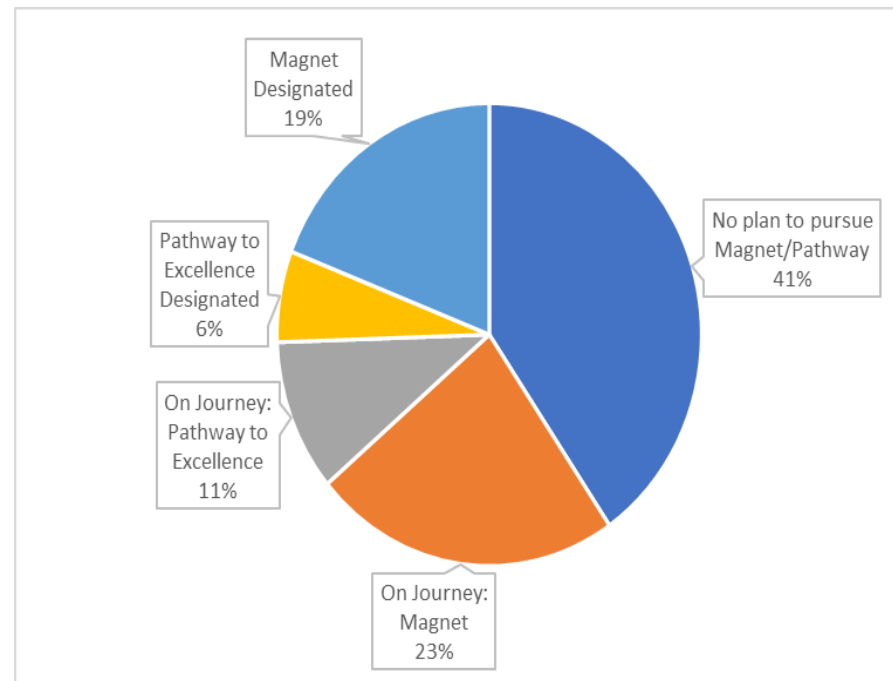# NSP I Achievements in FY 2017 to FY 2021

- The NSP I program funds initiatives that support courses and the associated costs to obtain and maintain certification

- Certification offers patients and families the validation that the nurse caring for them has demonstrated the experience and knowledge in the complex specialty of critical care (American Association of Critical-Care Nurses, 2022).

- The number of certified nurses increased by 10 percent between FYs 2017 and 2021. From 1800 in FY 2017 being certified to 3200 being certified in FY 21

NSP I Achievements in FY 2017 to FY 2021

- The American Nurses Credentialing Center (ANCC) Magnet® Recognition Program recognizes healthcare organizations for quality patient care, nursing excellence, and innovation in professional nursing practice.

- Between FYs 2017 and 2021, nine (9) hospitals in Maryland have successfully achieved Magnet®

- Three (3) have achieved Pathway to Excellence® designation with funding from the NSP I program (Graph 4).

- Sixteen (16) hospitals are pursuing either Magnet® or Pathway to Excellence® designation in FY 2021.

NSP I Achievements in FY 2017 to FY 2021

- **Percent of Maryland Hospitals by ANCC Status, FY 2021**

Magnet Designated 19%

No plan to pursue Magnet/Pathway 41%

Pathway to Excellence Designated 6%

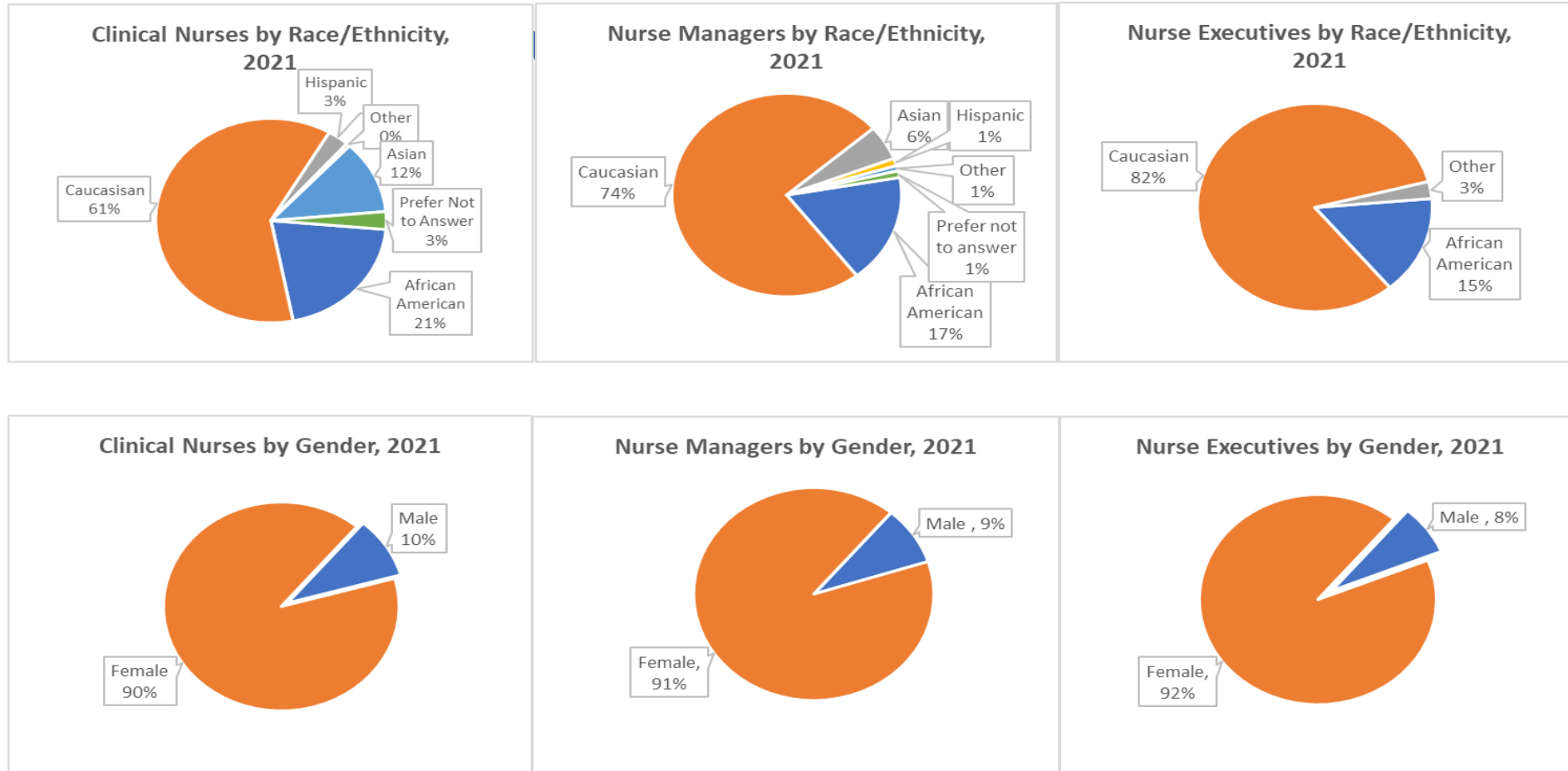On Journey: Pathway to Excellence 11%

On Journey: Magnet 23%

NSP I Achievements in Diversity

- As the spotlight has grown on health disparities, the need for providers who look like the patients they are serving has become an important mission for nursing schools and should extend to post graduation as well

- Nationally, 27 percent of RNs are from racial and ethnic minority groups (HRSA, 2019). The HSCRC began collecting data for all clinical nurses, nurse managers and nurse executives employed at Maryland hospitals in FY 2020

- Acute care hospitals involved in NSP 1 reported an overall, 36 percent of clinical RNs are represented by ethnic and racial minorities in FY 2021.

- For Nurse Managers and Executives, ethnic and racial minorities account for 25 and 17 percent, respectively

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NSP I Achievements in Diversity

- **Demographics for Clinical Nurses, Nurse Managers and Nurse**

Clinical Nurses by Race/Ethnicity, 2021
- Hispanic 3%
- Other 0%
- Asian 12%
- Prefer Not to Answer 3%
- African American 21%
- Caucasisan 61%

Nurse Managers by Race/Ethnicity, 2021
- Asian 6%
- Hispanic 1%
- Other 1%
- Prefer not to answer 1%
- African American 17%
- Caucasian 74%

Nurse Executives by Race/Ethnicity, 2021
- Other 3%
- African American 15%
- Caucasian 82%

Clinical Nurses by Gender, 2021
- Male 10%
- Female 90%

Nurse Managers by Gender, 2021
- Male, 9%
- Female, 91%

Nurse Executives by Gender, 2021
- Male, 8%
- Female, 92%

Roles of HSCRC & Advisory Committee

- ## HSCRC

  - Funding source for Nurse Support I grants

  - Regulator to approve program budgets

- ## Advisory Committee

  - Environmental scanning of nursing landscape

  - Provides technical assistance to NSP coordinators

  - Recommendations on programs and data

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Roles of Hospitals

- ## NSP Coordinators

  - Gatekeeper for the grant

  - Manages changes in scope/budget

  - Reports activities to HSCRC

- ## Chief Nursing Officer (CNO)

  - Works with NSP coordinator to align NSP with the mission and vision of nursing within organization

- ## Chief Financial officer (CFO)

  - Attests to budget and expenditures

NSP I
Received Permanent Funding !!!
FY 2022

NSP I Recommendations
FY 2017 - 2022

Recommendations for Future Funding

Continue funding for next cycle (FY 2018-2022)	Broaden the NSP goal to include all hospital-based RNs	Refine categories for eligible funding, add category for growing nurse leaders	Establish categories of initiatives that are not eligible for funding	Establish NSP I Advisory Board	Revise forms to align with the data collect tool	Develop and implement a data reporting and analytic tool

Continued Monitoring / Improvement

1 • Improve reporting of NSP I program expenditures and increase accuracy of hospital outcome data

2 • Monitor turnover data for RN critical need orientation programs

3 • Determine the demand for nursing transition (refresher) programs that enable RN to re-enter the profession

4 • Monitor trends in nurse recruitment and retention rates, as well as, agency nurse usage

5 • Create an advisory board connection

Future Advisory Board Initiatives

- Create a "Summit" for hospitals to showcase NSP I initiatives

- Create future education to publicize the NSP to RN's in the state

- Disseminate annual report with participating hospitals.

- Create HR education on NSP I data

- Continue HSCRC resource web site for coordinators

PROGRAM PLANNING:
Navigating the Documents

First Things First---How Much is Budgeted?

- In the Beginning Budget your amount will be auto filled

- Your hospital and amount
  - 0.1% of patient revenue is the maximum allowance

Grand Total

|◄ ◄ **1** ► ►| 10 ▼ items per page

Approved FY Budget -	$471268
Variance to Approved FY Budget -	$0

Program Definitions and Planning

- Once the amount is identified, programs can be planned in accordance with the NSP I Categories program Definitions and your budget.

Planning Process

- Involve your CNO in planning & CFO in budget review and sign off
  - A designee for the CNO or CFO can sign off if either is out or if facility is transitioning to a new one

- Grant funds must align with aims and goals of the NSP I program

- Funds may be reallocated within the grant program during the year
  - Approval from HSCRC staff is needed to redirect funds to a new initiative

Examples of Expense Changes

- Change that does not need approval:
  - You determine that in addition to holding preceptor workshops, you need to send another nurse manager to the Nurse Leadership Academy. You have dollars for both initiatives and decide that sending the manager is a high priority. Report that the funds were shifted to this category in the end of the year expenses—no approval needed.

- Change that needs approval from the HSCRC:
  - You have hired fewer grads than anticipated but want to start a summer student nurse extern program in June. You have money to redirect to this program. You then submit a program Change for to the HSCRC staff.

NSP I Categories:
(1) *Lifelong Learning Programs*

- Nurse Residency program for Newly Licensed RNs (NLRN)

- Transition to Specialty Practice programs for NL and Experience RNs

- Academic Nursing Programs:
  - RN Advanced Degree Programs
  - Nursing Student Programs

- Continuing Education:
  - Internal
  - External
  - Professional Certification

NSP I Categories:
(2) *Leadership*

- Transition to New Nursing Leadership Roles

- Professional Advancement Programs

- Leadership, Preceptorship, Mentorship Programs

NSP I Categories:
(3) *Advancing Practice of Nurses*

- Nursing Excellence Programs

- Shared Governance

- Projects to build nursing science

Programs Inconsistent with NSP I Goals **WILL NOT** be Approved

Examples of inappropriate use of NSP I funds include:

- New position---admission nurse

- New position---safety nurse

- CPR programs for staff

- High school mentorship programs

- Celebrations, parties

Program Description

Log into the on-line NSP I tool

- Select: "Program Description" to enter specific programs into the template

- Program categories are consistent with the overall goals of NSP I

- "Program Description" and "Anticipated Outcome (s)" are free text fields

Program Description

Program Descriptions

2020 ▾ | Howard County General Hospital ▾ | Search | Export

Approved by HSCRC

Change Request

Program	Target Group	Program Description	Anticipated Outcome(s)	Program Status	Implementation Date
Continuing Education (External)	Clinical RNs	Attendance at Vizient NRP national conference as a presenter	2 NLRN residents will submit a poster and be selected for presentation at the national conference	Ongoing	02/01/2020
Continuing Education (External)	Nurse Leaders	Attendance at/travel to Vizient/NRP national conference.	NRP coordinator and director will attend/travel to national conference with residents.	Ongoing	03/01/2020
Leadership, Preceptorship, Mentorship Programs	Clinical RNs	Preceptor workshop for RNs	At least 95% of 15 RNs will successfully complete 4 hour preceptor workshop	Ongoing	07/01/2019
Leadership, Preceptorship, Mentorship Programs	Clinical RNs	Charge Nurse workshop	At least 95% of 10 RNs will complete the 8 hour workshop.	Ongoing	07/01/2019
Nurse Residency Program For Newly Licensed RNs	Clinical RNs	Provide transition program and residency seminars for newly licensed RNs. NSP funds support 1.0 Residency Coordinator, 0.4 Orientation Coordinator, and 48 seminar hours for 35 NLRN. Funds pay Vizient membership fee.	Train and retain >95% of newly licensed RNs hired during FY20	Ongoing	08/05/2019
Nursing Excellence Programs	Nurse Leaders	Funds 0.5 FTE of Magnet program co-director	Scheduled work plan is completed and evaluated. Pllanned councils implemented, social media communications implemented, nurse recognition program implemented.	Ongoing	07/01/2019
Nursing Student Programs	Nursing Students	12 Students will hire into the PCT/Extern program and orient for 148 hrs each and then work for summer)total of 10 weeks full time)	>95% students will complete summer program and remain on staff in PRN status when returning to school.	Ongoing	06/01/2020

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SMART Goals

Use the SMART goal format when writing the program description and measures of success:

Example---Nurse Residency Program

Categories	Subareas	Program/ Project Name	Target Group	Program Description	Anticipated Outcome	Ongoing or New Program	Implement ation Date
Achieve Higher Levels of Education:	Transition into Practice Programs	Nurse Residency Programs for Newly Licensed RNs	Newly licensed RNs with less than one year experience in the acute care setting	Plan to hire 40 NLRNS in FY 2018. Each Resident will be expected to complete the Vizient/AACN 1 year Nurse Residency Program. NSP1 Funds requested to support salaries for Nurse Residency Coordinator position (1.0 FTE), and Orientation Coordinator (0.3 FTE). Salary—NRP class hours (48 per RN) for all residents. Non-salary--cost of Vizient membership and supplies	≥95% of the NLRNS will complete the residency program	HCGH has had an RN Fellowship Program on-going for > 10 years, and joined the Vizient NRP Program in March 2017.	8/7/17

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Example---Nursing Student Program

Categories	Subareas	Program/ Project Name	Target Group	Program Description	Anticipated Outcome	Ongoing or New Program	Implementation Date
Achieve Higher Levels of Education:	Transition into Practice Programs	Nursing Student Programs	PCT Extern Program	Hire 15 student nurses into a ten week program (160 hours of orientation and 6 weeks working as a PCT (UAP) in the Float Pool. At the completion of the initial ten week program, the extern commits to work PRN until graduation.	75% of the PCT Externs will be hired into the NRP upon graduation.	Ongoing	June 2018

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Measures of Success (Outcomes)

- We cannot improve what we cannot measure

- Identifying measures of success let us know if the change made a positive difference

- Annual report requires:

  - Program-specific outcome measures

  - A process in facility to collect required data points

Clarifying Terms When Measuring Results

Quantitative Data (Defines)

- Quantity, amount, range

- Concrete attribute

- Amenable to arithmetic or statistical manipulation

Qualitative Data (Describes)

- Narrative description of observations

- Intangible attributes

- Analyze using interpretation

Measurement Plan

NSP Program (measure)	How will we measure it? (metric)	How often will we measure? (frequency)	Where will the data come from?	Who will collect the data?

QUESTIONS

End of Year Data Submission
Benjamin Quintanilla, HSCRC

Always Think About the Data

- Data is required or annual report in addition to program-specific outcomes

- Gain familiarity with requirements and establish a measurement plan early in the fiscal year

- Expenditures in year-end budget report must match the expenditures reported in the annual program report

- Caution!---some of the data for RNs is in FTEs and some is in "bodies"---review the questions closely!

FTEs--Definition

- ## Standard FTE definition for HSCRC:

  - Full Time Equivalent

  - Equal to a nurse working 80 hrs. per PP x 26 PP= 2080 hrs. annually (1.0 FTE)

  - Ex: Nurses who work 3 12-hour shifts weekly are 0.9 FTE

- ## For program description:

  - FTE calculations are made only for anyone who has a salary supported by the grant

  - Do not calculate FTEs for the number of nurse residents, or nurses in training programs

Reporting Overview

Data collection tool/guidelines:

- On-line

- Reporting categories

- Finance has a role in supporting the report

- HR has a role in supporting the report

- Educational meeting on reporting to be held

Annual Report---Data Metrics

- On-line tool

- Open the tool and select 'export' to create a document that will be a worksheet and can be distributed to others

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NSP I Data Metrics

NSP I Data Metric

| 2020 ▾ | Howard County General Hospital ▾ | Search | Export | Validate |

SECTION 1: Contact Information

Enter the following contact information for reporting hospital(s), Nurse Support Program (NSP) I Coordinator, Chief Nurse Executive, and Chief Financial Officer.

▸ 1. Sponsoring Hospital: Contact information for your hospital. Do not abbreviate the name of your hospital. Enter the name as it appears on legal correspondence.

▸ 2. Nurse Support Program Coordinator: Contact information for the NSP I Coordinator. Note, the NSP I Coordinator may be contacted by HSCRC staff with questions about data entered into this Annual Report.

▸ 3. Chief Nurse Officer: Contact information for your Chief Nursing Officer.

▸ 4. Chief Financial Officer: Contact information for your Chief Financial Officer.

SECTION 2: End of the Year Expenses

Enter the exact amount of NSP I grant funds (in whole numbers) spent by your organization in the selected FY.

▸ 5. Enter the exact amount (in whole numbers) salary and wages and program/project costs (non-salary and wages) used for NSP I-related projects/programs in the selected FY.

▸ 6. For each category below (use definitions located on pages 4 to 7) enter the exact total amount in whole numbers (i.e., salary and wages and program/project expenditures) the amount of funds used to support it in the selected FY. All spaces must have a numeric answer entered. Enter 0 if your NSP I initiative did not support a category. Verify the total amount for the reported categories in Question 6 equals the total amount in Question 5.

If NSP I funds were used for a program not commensurate with the categories listed below enter the amount of funds spent on the project/program in the box designated as Other. Additionally, provide a complete explanation of the project/program and how it meets the intent of the NSP I program aims in Question 7.

For each of the categories below enter the exact amount of NSP I funds spent in the selected FY.

▸ 7. This question is required if you reported using NSP I funds for a project/program not commensurate with the listed categories. Explain the rationale for the project/program(s) including its purpose and outcomes and describe how it aligns with the program aims of NSP I. Finally, state whether a request for program change(s) and revised budget were submitted to HSCRC staff for review and approval.

SECTION III: Metrics

Data Collection Tool---Bodies or FTEs?

EXAMPLE: Section III: Program/Project Metrics

- For this section, if you are asked to enter the "Number of RNs," enter the actual number of bodies.

- **Do not enter numbers using full time equivalents (FTEs) unless specifically directed**

Category: Nurse Residency Program

14. Enter the Number of NLRN who completed your Nurse Residency Program or other orientation programs in the selected FY.

	Enter number of nurses not FTE's

15. Enter the Number of newly hired NLRN who left your organization voluntarily or involuntarily in less than one year of employment in the selected FY. <p>Attrition is defined as the reduction in the number of employees or participants that occur when people leave because they resign, retire, etc., and are not replaced.<p> Voluntary attrition is defined as the actual number of RN that left the hospital by choice for family moves, new position/career advancement, retired etc. in the last FY.<p> Involuntary attrition is defined as the actual number of RN that left the hospital when the employer requested them to leave in the last FY.

	Number of NLRN who VOLUNTARILY left the program in the selected FY
	Number of NLRN who INVOLUNTARILY left the program in the selected FY
0	Total

16. Enter the Number of NLRN completing the program by degree type in the selected FY. Enter 0, if you do not have access to these data.

	Number of ADN/diploma
	Number of BSN
	Number of generic MS/MSN
0	Total

Data Collection Tool---Bodies or FTEs?

SECTION 4: Hospital Metrics

Complete all requested data in this section. Enter data using Fulltime Equivalents (FTE).

FTE is a measure of hours worked by one employee on a full-time basis (equivalent to 2,080 hours per year). It converts hours worked by multiple part-time employees into a standard unit of measure. FTE can be calculated by dividing the total labor hours worked by RN for the FY by the number 2,080. To calculate the number total number of RN FTE include worked hours for ALL RN positions (i.e., nurse administrators, clinical nurses, RN in support roles, internal float pool staff, etc.). Do not include RN not employed by your hospital such as per diem, agency, supplemental or traveler nurses.

Consult your Chief Nursing Officer or designee for assistance with this information.

72. Enter vacancy data in FTE for RN for the selected FY<p> Vacancy is defined as the number of budgeted RN FTE vacant at the end of the FY. <p>Vacancy Rate Data

	Number of Vacant Positions in FTEs in the selected FY
	Number of Budgeted Positions in FTEs in the selected FY

73. Enter voluntary and involuntary RN turnover data in FTE for the selected FY <p> Voluntary turnover is defined as the number of RN FTE that voluntarily left the hospital in the last FY. Turnover is calculated by dividing the number of FTE that resigned, retired, expired, or were terminated by the actual (employed) FTE during that same time period, for this analysis use selected FY data. <p> Involuntary turnover data is defined as the number of RN FTE requested by management to leave the hospital in the last FY.

	Number of RN in FTE that voluntarily retired, resigned, expired or terminated (not including per diem, agency, supplemental or travelers)
	Number of RN in FTE Involuntarily Terminated (not including per diem, agency, supplemental or travelers)
	Number of Actual/Employed (Not Budgeted) RN in FTE

74. Enter retention data in FTE for RN for the selected FY.<p> Retention is defined as the number of newly hired RN FTE who did not end their employment in nursing positions at their organizations. Retention is calculated using job turnover data consisting of the number of RN FTE who ended their employment on the unit (resigned, retired, or terminated by the hospital) during the previous FY and the number of hired RN FTE in the same time.<p>Retention data of newly hired RN (newly licensed RN and experienced RN who were recently hired) in the selected FY

	Number of newly hired RN in FTE who resigned
	Number of newly hired RN in FTE

75. Enter amount of agency RN use in FTE for the selected FY. Do not include per diem nurses employed by your hospital. If no agency RN were used by your organization enter 0 in both columns.<p> Agency nurse is defined as an RN not employed by the hospital. The nurse may work as a traveler or on a per diem basis. He/she independently contracts work through a nursing agency. The hospital pays the Nursing Agency for nursing services, not the nurse

Approval Process

- Budgets and program descriptions are due on May 2023

- Programs must meet the aims and goals of the grant to give hospitals discretion in spending, but programs that are part of hospital operations will not be approved

  - Program requests are reviewed by the Advisory Board and recommended for approval

  - The Advisory Board may request clarification as needed

- Final approval by the HSCRC completed on June 2023

- Rate requests are submitted to the Commission

Resource Team

- Advisory Board Members
  - Serve as resources for assigned group of hospitals
  - Contact information is distributed

- HSCRC Staff
  - Oscar Ibarra
  - Erin Schurmann
  - Benjamin Quintanilla
  - Claudine Williams

QUESTIONS

End of Year Program Submission
Benjamin Quintanilla, HSCRC

End of Year Program Description

EOY Program Descriptions

| 2020 ▾ | Howard County General Hospital ▾ | Search | Export |

Approved by HSCRC

Program	Target Group	Program Description	Anticipated Outcome(s)	Outcomes Met-Brief Description	Outcomes Not Met-Brief Description
Continuing Education (External)	Nurse Leaders	Attendance at/travel to Vizient/NRP national conference.Attendance at Vizient NRP national conference as a presenter	NRP coordinator and director will attend/travel to national conference with residents.2 NLRN residents will submit a poster and be selected for presentation at the national conference		Unable to participate in this National conference due to COVID-19.
Leadership, Preceptorship, Mentorship Programs	Clinical RNs	Preceptor workshop for RNs. Charge Nurse workshop	At least 95% of 15 RNs will successfully complete 4 hour preceptor workshop. At least 95% of 10 RNs will complete the 8 hour workshop.	.	Preceptor Workshop, originally scheduled for April 2020, did not occur due to COVID-19. Charge Nurse Workshop, originally scheduled for May 2020, did not occur due to COVID-19.
Nurse Residency Program For Newly Licensed RNs	Clinical RNs	Provide transition program and residency seminars for newly licensed RNs. NSP funds support 1.0 Residency Coordinator, 0.4 Orientation Coordinator, and 48 seminar hours for 35 NLRN. Funds pay Vizient membership fee.	Train and retain >95% of newly licensed RNs hired during FY20	Nurse Residency Program was fully implemented in FY 2020. NLRNs were hired in 3 cohorts in 8/19. 10/19, and 3/20. Although, we had planned to hire 35 nurses, 53 were actually hired. Over the course of the year, retention was around 80%. Some transition seemed to be related to COVID-19. More details in Data Metrics report.	
Nursing Excellence Programs	Nurse Leaders	Funds 0.5 FTE of Magnet program co-director	Scheduled work plan is completed and evaluated. Pllanned councils implemented, social media communications implemented, nurse recognition program implemented.	Planned work on enhancing Shared Governance Model is progressing on scheduled. New Nursing Congress implemented. DAISY recognition program fully implemented. Increasing numbers of nurses	

- **Give brief description on goals met**
- **Give brief description on goals not met**

Purpose of the Year-End Submission

- To report on selected NSP I programs for a given fiscal year

- Approved Program Description Form will mirror End of Year program description form
  - New change Program description form will automatically pre-fill description block on the End of Year form.

- Actual accomplishments achieved in each program

- CNO must attest to the accuracy of the document via online tool

Budget & Financial Submission
Benjamin Quintanilla, HSCRC

Beginning Budget Submission

Purpose of the Budget Form

- To report projected NSP I spending for a given fiscal year
  - Funds are determined as 0.1% of total patient revenue
  - Exact amounts are sent by HSCRC
  - Only NSP I funds should be reported. DO NOT REPORT additional hospital contributions
  - Budget cannot exceed allocated funds (Online program will not allow budget to be closed out)

- Funds must be used to benefit Nursing (including Advance Practice Nursing)
  - Program Categories are HSCRC approved venues
    - Any additional category should be approved by HSCRC prior to submission
  - Common exclusions:
    - Food & Drinks
    - Executive Salaries

- Online Submission via NSP data collection tool

- Deadline for submission is determined by HSCRC

Definitions

- Program Category
  - Description of funds usage

- Full Time Equivalents
  - Hours worked by employee(s) funded by NSPI
  - If the program supports multiple employees such as residency program, FTE reporting is not necessary

- Salary, Wage & Fringe Benefits Expense
  - Employee salaries for the reporting period
  - 20% should be allocated as fringe benefits in addition to salaries

- Non-Salary Program Expense
  - Any non payroll expense such as educational material

- Any changes to the budget after submission require a change submission to be filed for review and approval by HSCRC prior to implementation

Year-End Submission

Purpose of the Year-End Submission

- To report actual NSP I spending for a given fiscal year

- Approved Budget should mirror Beginning Budget Submission Form
  - New change Program description form will automatically pre-fill description block on the Beginning Budget and EOY form.

- Actual Program Costs
  - Facilities can include additional hospital contributions, but are NOT required
  - All NSP I allocated funds must be accounted

- CFO must attest to the accuracy of the document via online tool

Definitions

- ## Program Category

  - Description of funds usage

- ## Full Time Equivalents

  - Hours worked by employee(s) funded by NSPI

  - If the program supports multiple employees such as residency program, FTE reporting is not necessary

- ## Salary, Wage & Fringe Benefits Expense

  - Employee salaries for the reporting period

  - 20% should be allocated as fringe benefits in addition to salaries

- ## Non-Salary Program Expense

  - Any non payroll expense such as educational material

QUESTIONS

Recap & Next Steps
Oscar Ibarra, HSCRC

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Timeline for Annual Reporting FY 24

May15, 2023
- Budgets and Program Descriptions due to HSCRC

May 19, 2023
- Advisory Committee convenes to review program descriptions

May 22, 2023
- HSCRC emails approvals/ requests for revisions to hospitals
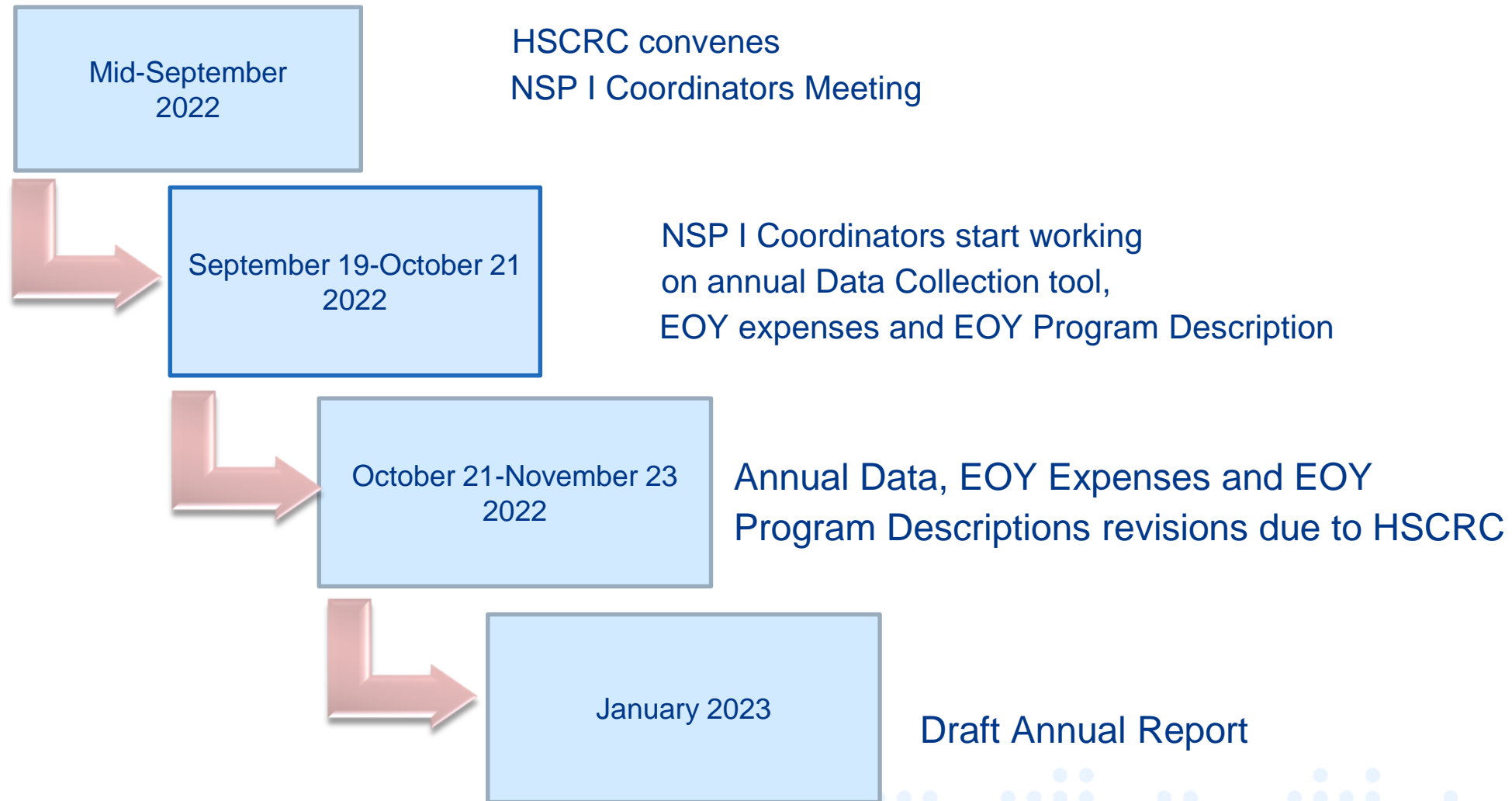- Schedule 1:1 meetings if necessary

June 5, 2023
- Revisions to budget and Program Descriptions due to HSCRC

July 3, 2023
- HSCRC sends approvals to revisions

Timeline for Annual Reporting For FY 22

Mid-September 2022

HSCRC convenes
NSP I Coordinators Meeting

September 19-October 21 2022

NSP I Coordinators start working
on annual Data Collection tool,
EOY expenses and EOY Program Description

October 21-November 23 2022

Annual Data, EOY Expenses and EOY
Program Descriptions revisions due to HSCRC

January 2023

Draft Annual Report

Reminders

- EOY Summary for Program Description
  - Similar to initial program description
  - Will allow for coordinator to indicate whether their goals were met or not met
  - Will enter description of how goals were met or not met

- Data Metrics tool
  - Demographics section added to data metrics tool
    - Work on this early

- COVID Budget Adjustment
  - Allows unused funds from FY 22 to be carried over to FY 23
    - Do not expect this to occur annually

WARNING: DUE DATES ARE CLOSER THAN THEY APPEAR

Useful NSP 1 links

- NSP 1 online data collection tool

  - https://nsp1.hscrc.maryland.gov/

- NSP 1 information site

  - https://nursesupport.org/nurse-support-program-i/meetings/

- NSP 1 training Video

  - https://nsp1.hscrc.maryland.gov/images/NSPTraining.mp4

- Annual Unit Rates and Global Budget Revenue

  - https://hscrc.maryland.gov/Pages/hsp-gbr-tpr-update.aspx

WARNING:
DUE DATES
ARE CLOSER
THAN THEY
APPEAR

What if I need HELP?????!!!!

- Contact the Technical Assistant assigned to your hospital

- Contact Ben, Oscar or Claudine
  - Oscar Ibarra: Oscar.Ibarra@Maryland.gov
  - Benjamin Quintanilla:
  - Benjamin.quintanilla@Maryland.gov
  - Erin Schurmann
    erin.schurmann@maryland.gov
  - Claudine Williams: Claudine.Williams@Maryland.gov

- Contact other NSP I coordinators

NSP 1 Online Tool Demonstration
May Chava, Aileron Consulting