

OUTCOMES

THE E-NEWSLETTER OF DOCTORS OF NURSING PRACTICE, INC.



The end of the year brings no greater joy than the opportunity to express to you season's greetings and good wishes. May your holidays and New Year be filled with joy.



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Editor:

David Campbell-O'Dell
DNP

What is COHCA?

The health policy arena can be confusing for all healthcare providers. As a Nurse Practitioner, I may have opinions about policy issues based on how these policies affect myself and my patients. But what about other healthcare professionals? How do these health policies affect them and their patients? These questions were the basis of a multi-disciplinary health care advocacy organization in Ohio.

What is COHCA?

In 2011, a group of health-care professionals united to create a new political advocacy association based on a novel concept- a multi-disciplinary organization that espoused mutual respect, organizational transparency and a patient-centered focus. Thus, was the Council for Ohio Health Care Advocacy born.

As health care colleagues, we share some common beliefs, including believing in the patient's needs as THE priority, that health care professionals who work as a team in concert with the patient provide the best patient outcomes and that our collective educations and experiences are needed to affect those outcomes. Only then will the quality and accessibility of patient care be maintained. COHCA unites members of various health care disciplines with the intent of effecting legislative changes enabling professionals to practice to the full scope of their education, training and ability.

COHCA is a non-profit corporation committed to uniting health care professionals from multiple health disciplines to collaborate in a positive, collegial manner at the Statehouse just as they have done in the clinical arena. This is a unique paradigm in the health care lobbying arena.

COHCA is dedicated to being both reactive in evaluating current and proposed health-care policy as well as being proactive in proposing new policies that include legislative and regulatory processes. Both tasks are accomplished utilizing the same criteria proposed through six questions.

Whether evaluating or deciding to propose new legislation, COHCA asks:

1. Does the issue focus on patient-centered topics?
2. Does the issue affect patient care and safety?
3. Does the issue affect access, cost or quality of patient care?

4. Does the issue promote cross-professional practice/education?
5. Does the issue have an effect/impact on providers?
6. Does the issue have a practical or timely interest?

COHCA's decision to address a policy is determined based on the positive responses to the questions.

COHCA is dedicated to improving both the care of patients and positive outcomes for the patient. If this is appealing to you and you practice in Ohio, please join us at www.cohcaonline.org.

Jill Beavers-Kirby, DNP, MS, ACNP-BC

Jill Beavers-Kirby received her Doctorate of Nursing Practice at The Ohio State University in May 2011. She currently serves Coordinator of Nurse Practitioner Programs and Associate Professor at Mount Carmel



College of Nursing; she has served in this role since November, 2015. She also serves as a Visiting Professor for Chamberlain University in 2014. She has been a Board Certified Acute Care Nurse Practitioner since 2005 and she is also Board Certified as an Adult Nurse Practitioner. She has worked in a variety of patient settings most recently in hematology working with patients who had leukemia

and lymphoma. She is licensed as a Registered Nurse in 12 states which permits her to educate students across the U.S. She has an extensive teaching history which includes Health Policy, Health Assessment, and Transition to Professional Roles for Nurse Practitioners. Dr. Beavers-Kirby is a founder, past president, and president elect for the Council for Ohio Health Care Advocacy (COHCA). She is also a devoted patient advocate and is actively involved with the Ohio Nurses Association Legislative Committee and she is an Ambassador for the Arthritis Foundation Policy.

Aesthetic Nursing Becomes a Specialty in Brazil

Inspired by a society that values a youthful looking and healthy appearance, the aesthetic field continues to grow globally (Landau, 2006). Aesthetic procedures have increased 461% in the U.S. alone (American Society for Aesthetic Plastic Surgery [ASAPS], 2012). Botulinum Toxin A (Botox) is still the number one cosmetic procedure with a growth of 3,824% in the period of 1997 and 2009 (Prendergast & Shiffman, 2011). Regardless, increasing demand for other aesthetic procedures such as dermal fillers, radiofrequency (RF), and more recently mesotherapy, carboxytherapy, and platelet rich plasma (PRP); all of which assist in combating visible signs of natural aging, is also observed. The target area is not only the face but body is part of the rejuvenation process.

Professional nursing in Brazil has gained the rights to be called Aesthetic Nurses. Many of the nurses practicing in the aesthetic field prior to this date had a dermatology background or specialization. Aesthetic Nurses in Brazil are presently authorized to perform many of the procedures done here in the United States by estheticians, permanent make-up artists, electrologists, physiotherapists, nutritionists, physician assistants, nurses, and nurse practitioners. Legislation has granted rights for micro and dermo pigmentation, which is known here in U.S. as micropigmentation. Other procedures already part of the Aesthetic Nurses' repertoire are laser hair removal, electrotherapy which involves the use of ultrasound and tens unit, sclerotherapy, lymphatic drainage, mesotherapy, nutraceuticals, nutricosmetics, peeling, cryo-lipolysis, cavitation, and vacuum therapy (Conselho Federal de Enfermagem [COFEN], 2016).

Aesthetic Nurses in Brazil are already preparing to secure authorization for performing procedures which are slightly more invasive that were not granted yet. Botox, dermal fillers, PDO threads, and PRP are among the many procedures that involve an instrument which nurses are the most competent professions to deal with – a needle. The Sociedade Brasileira de Enfermagem Estética (SBEE), established early this year, was instrumental in the conquer and recognition of the Aesthetic Nurse professional. Its president Anderson Spinola was present in the meeting when the procedures were approved. Mr. Spinola explained about the different peeling depth and sclerotherapy helping these procedures to be approved.

COFEN (2016) stipulated that nurses in aesthetics should perform a complete assessment and establish an individualized plan of care prior to performing a procedure. Aesthetic Nurses in Brazil use the North American Nursing Diagnosis Association (NANDA) nursing diagnosis while providing care. A home care regimen should be well thought out as nurses are authorized to buy products for enhancing aesthetic patients' outcome. Protocols outlining each procedure should be in place and of course good documentation to prove the care given. Finally, aesthetic nurses should keep themselves up-to-date with all the aesthetic procedures.

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**Adherbal "Herb" De Souza Neto, DNP, WHNP-BC, MEP-C
Shining Way Esthetics & Wellness**

Nurses are Doctors Too, Even in Canada!

Our colleague, Dr. Donna Alden-Bugden lives in Winnipeg, Manitoba, Canada. She earned her DNP degree here in the United States and is facing a policy battle. In order to use the title Doctor or Dr. in Canada, a constitutional change is required. This is a tremendous challenge and Donna is boldly moving forward with this effort.

She has started a GoFundMe page asking for your help. Participate in discussions [HERE](#), and make a donation to this caused [HERE](#). Let's help our colleague and neighbor!

Resources for All Doctorally Prepared Nurses

[Clinical Research Nursing: Scope and Standards of Practice](#)

[JAMA Forum: Partnering with Nurses to Transform Primary Care](#)

2017 DNP Conference Poster Survey

The DNP National Conferences strive to provide a vehicle for colleagues to share their expertise and talents demonstrating our contribution to health care. Each year we include poster presentations. These presentations have evolved to include digital posters with dedicated times for presenters to share their expertise during the conference. This process has been enhanced over the past few years, and is still being enhanced.

Your input and constructive feedback of this survey will help conference planners enhance this element of the conference for the future. Please [click into this link](#) to complete this survey.

Your time and efforts are appreciated.

CONTRIBUTORS WANTED

If you or someone you know would like to share an article in OUTCOMES, please see the guidelines and contact us any time.



ORGANIZATIONAL UPDATE

As we close out 2016 and head boldly into 2017 it's only right to reflect and thank the many people that have contributed to the growth and development of the DNP degree, the profession of nursing, and improving health care outcomes. Everyone will acknowledge the tremendous growth of the Doctors of Nursing Practice degree while we all strive to impact outcomes as students, graduates, and faculty. There are many stakeholders that have a vested interest in the success of this degree. We salute all that have contributed and offered their expertise and talents to support this evolution as we press forward together to achieve higher levels of success into the new year and beyond.

This month we roll out the Dissemination Team – an effort to support colleges and schools of nursing to assure student success in sharing the results of scholarly projects. See the information included in this and future newsletters to be a part of this initiative. Other initiatives that have been in the works are slated to roll out in 2017. With your caring support more growth and development is inevitable. Stay tuned and participate as we all work together to improve outcomes with our skilled contributions.

CONVERSATIONS OVERHEARD IN THE DNP ONLINE COMMUNITY:

Opinion of the American Board of Comprehensive Care

What are the opinions of the American Board of Comprehensive Care DNP certification exam?

<http://doctorsofnursingpractice.ning.com/forum/topics/opinion-of-the-american-board-of-comprehensive-care>

DNP Group Projects for Capstone

A colleague of mine presented during one of faculty meetings that there was some discussion among DNP programs regarding DNP group projects for the capstone. I was wondering if anyone has information about this.

<http://doctorsofnursingpractice.ning.com/forum/topics/dnp-group-projects-for-capstone>

DNP Essentials

Is advanced practice an MSN in any specialty or is it in clinical roles such as NP, CNS, CNL?

<http://doctorsofnursingpractice.ning.com/forum/topics/dnp-essentials>

DNP Groups of Interest:

- [Pediatric DNPs](#)
- [DNPs in Correction](#)
- [DNPs Working in Substance Abuse Treatment](#)
- [DNPs in Geriatric Specialization](#)

If you know of an event that supports the growth and development of nursing colleagues, please post it to the **EVENTS** page. It's free, and reaches thousands every month. Click the **ADD** button on [this page](#) to post an event.

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NOVEMBER 2016 DNP, INC SURVEY RESULTS

November 2016 Survey Results: The DNP Influencing Patient Care Outcomes

The **November 2016** survey aimed to capture a snapshot of what DNP graduates are doing to influence patient care outcomes. We hope that you find the results interesting.

Question 1: On an ongoing basis, are you involved in measuring health care outcomes?
45% very much to absolutely, 55% somewhat to not at all

Question 2: Does your job put you in a position to impact health care outcomes directly or indirectly?
55% very much to absolutely, 45% somewhat to not at all

Question 3: Does your current position have an influence on patient care delivery?
63% very much to absolutely, 37% somewhat to not at all

Question 4: Do you work with patients either directly or indirectly on a part-time or full-time basis?
57% very much to absolutely, 43% somewhat to not at all

Question 5: Is the main thrust of your current position directed toward nursing students?
40% very much to absolutely, 60% somewhat to not at all

These findings suggest that the majority of the respondents are in positions to influence patient outcomes but not all are able to make this effort a reality.

What do you think? Are these findings reflective of your experiences?

Click [HERE](#) to take the December 2016 survey

DNP, Inc. Project Dissemination Team



Be a part of disseminating doctoral practice projects that improve outcomes.

The mission of *Doctors of Nursing Practice, Inc. (DNP Inc.)* is to improve health care outcomes by promoting and enhancing the doctoral prepared nursing professional.

Click [HERE](#) for more information

All nursing doctoral degree prepared colleagues and programs are welcomed to participate. Any colleague or organization that is dedicated to demonstrating improved health care outcomes through doctorate in nursing preparation are encouraged to contribute.

Useful Links

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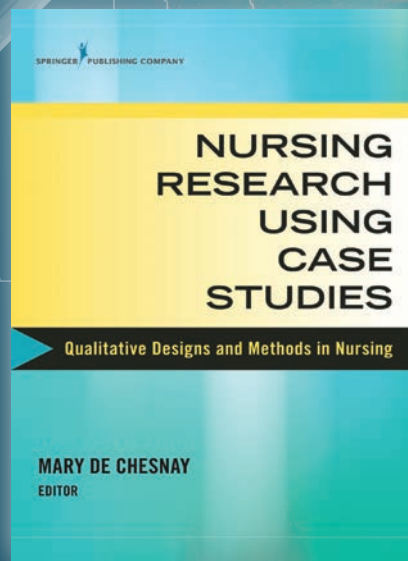
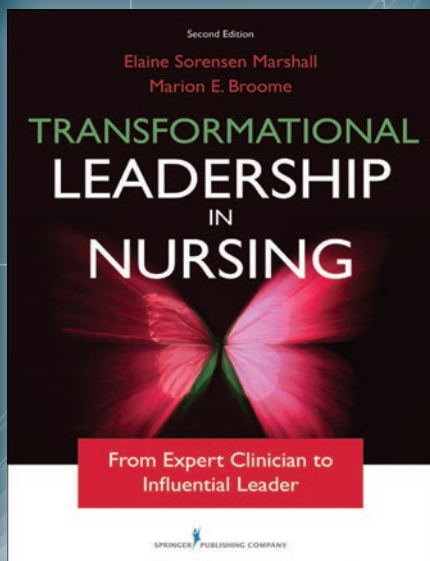
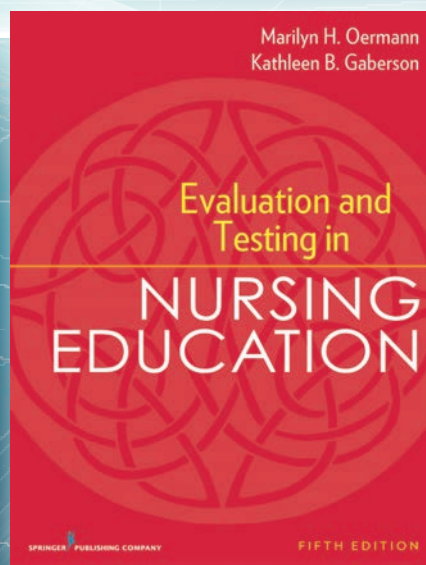
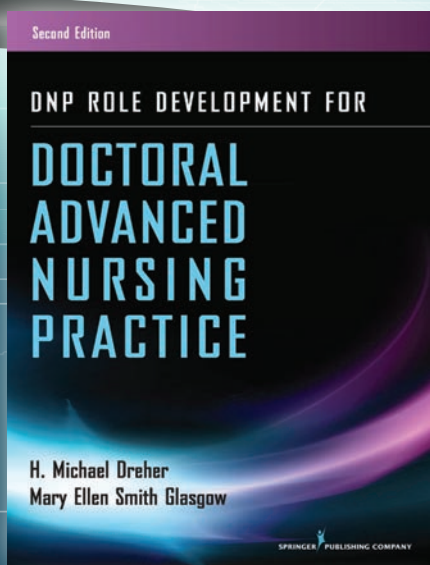
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