

OUTCOMES

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



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Editor:
David Campbell-O'Dell DNP

REGISTER TODAY

FOR THE 2017

10TH NATIONAL DOCTORS

OF NURSING PRACTICE

CONFERENCE

NEW ORLEANS!!!

SB 445 Home Health Care Planning Improvement Act

Home health care is a valuable asset for patients and providers. There are numerous benefits of home health services such as protecting personal freedom and saving money. According to senior care writer Carol Mack, research shows that home health care services improves patient mobility, lessens pain with movement, improves bladder control, decreases shortness of breath and improved activities of daily living. Even with all of these proven benefits, obtaining the services of home health care can be a long, cumbersome process. Senate Bill (SB) 445 seeks to make Home Health care services more accessible.

SB 445, a bipartisan legislation, was introduced by Senators Susan Collins (R-ME) and Ben Cardin (D-MD) on February 27, 2017. The bill would allow nurse practitioners (NPs), clinical nurse specialists (CNSs), and certified nurse midwives (CNMs) to order home health care services.

Current Medicare policy precludes these advanced practice registered nurses (APRNs) from guaranteeing appropriate, timely care for their patients. Medicare has recognized the autonomous practice of these APRNs for almost two decades because they provide the majority of skilled care for home health patients. Although APRNs are authorized to perform face-to-face assessments of a patient's needs, a physician must certify the assessment. This redundancy in authorization seems unnecessary.

It has been proven that APRNs provide high-quality, affordable health care in areas where access to physicians may be limited - especially in medically-underserved urban and remote rural areas. Presently, APRNs with patients who need home health care services are compelled to delay care to their patients while a physician who will verify the APRN's assessment is located. This leads to inconvenience for the patient because of delays in care, but these delays can also lead to healthcare complications. Medicare also incurs increased costs while beneficiaries unnecessarily suffer longer hospital stays or they are discharged too soon without appropriate follow-up services.

A study in 2011 conducted by Dobson DaVanzo and Associates found that the Home Health Care Planning Improvement Act could save Medicare \$252 million over 10 years.

The Home Health Care Planning Improvement Act would protect patients and improve the efficiency of healthcare delivery by allowing APRNs to sign the final plan of care by ordering home health care services for their most vulnerable patients in accordance with state law.



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

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.

2017 10th National Conference New Orleans Plenary Speaker

Dr. Sylvia is Associate Professor at the Medical University of South Carolina College of Nursing; Instructor at the Johns Hopkins School of Nursing; and President and CEO of ForestVue Healthcare Solutions providing expertise in population health analytics, strategy, systems and program level interventions, and educational programs.

The focus of her leadership, practice, and academic appointments for over 15 years has been in population health management with clinical oversight; program design, development, and evaluation; and clinical analytics.

She developed the first textbook in clinical analytics focused on the needs of the DNP in translating evidence into practice and continues to provide leadership on DNP curriculum development.

She has a rich clinical background in acute and ambulatory care with experience from multiple perspectives, including academic health systems, payers, providers, and community health organizations.

She completed her BS in Nursing at the University of Vermont in 1999; MSN/MBA degree in 2004 from the Johns Hopkins University School of Nursing and Carey School of Business; and PhD in 2009 from the Johns Hopkins University School of Nursing.



Martha L. Sylvia, PhD, MBA, RN



*2017 Tenth National Doctors of Nursing Practice Conference
New Orleans*



*2017 Tenth National Doctors of Nursing Practice Conference: New Orleans
Celebrating 10 Years: Diversity & Inclusion in Practice*

Conference Objectives

1. Reflect the progress of DNP practice through the last decade,
2. Explore the ways diversity contributes to strength and impact on health care outcomes,
3. Highlight the ways DNP prepared professionals mitigate the impact of health care disparities, and,
4. Discuss innovative and inclusive approaches to practice led by DNP prepared nursing professionals.

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To receive contact hours for this activity, the participant must:
Attend selected breakout and plenary sessions in their entirety
View and engage with the poster presenters
Complete evaluation forms reflecting participation, insights and feedback

This activity has been submitted to the Western Multi-State Division for approval to award nursing contact hours. The Western Multi-State Division is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

For more information regarding contact hours, please call Stephen Campbell-O'Dell at 1-888-651-9160 option 2

16 CE's anticipated



CONVERSATIONS OVERHEARD IN THE DNP ONLINE COMMUNITY

[VA Hiring Push for NPs/APRNs](#) posted by David Campbell-O'Dell to support the US Department of Veterans Affairs. [Click Here](#) to see the PDF Flyer.

[1,900 Year Old Advice on Adversity](#) by Eileen O'Grady, a great supporter and expert that shares her expertise and talents to enhance quality of life. Check it out. You'll be glad you did.

[Wisdom Alert!](#) Cheryl Ann Green shares a challenge to us all.

[DNP vs. PhD for Nurse Educators](#) by Daiguri Frieling shares a perspective that resonates with all in both practice and academia.

[Does Your Program Teach Billing and Coding?](#) By Suzanne Martin asks for assistance to support her students and colleagues.

DNP Groups of Interest:

[Missouri DNPs](#)

[Ohio DNP Network](#)

[Minnesota Network of Practicing DNPs](#)

[Midwest DNP Clinical Scholars](#)

And others.

July and August Events:

[AANN 2017 Stroke Conference](#)

[NPACE Primary Care Conference](#)

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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JUNE 2017 DNP, INC SURVEY RESULTS

June 2017 Survey Results: The practice of nursing and influence on teaching

The June 2017 survey asked for points of view on if nursing practice is about seeing patients or something else. The results were interesting.

Question 1: As a DNP prepared nurse (graduate or student), I work with patients on a regular basis providing care services.

52% very much to absolutely, 48% somewhat to not at all

Question 2: Nurses at all level should continue to work with patients and/or patient populations at some level.

70% very much to absolutely, 30% somewhat to not at all

Question 3: It is not important for a seasoned nurse to continue to see patients in order to teach.

11% very much to absolutely, 89% somewhat to not at all

Question 4: Teaching nursing students does not require an ongoing practice of nursing seeing patients.

22% very much to absolutely, 88% somewhat to not at all

Question 5: Teaching in an academic setting is nursing practice.

43% very much to absolutely, 57% somewhat to not at all

What do you think? Do these findings reflect your experiences?

Click [HERE](#) to take the July 2017 survey



ORGANIZATIONAL UPDATE

Two (perhaps three) big things are happening at Doctors of Nursing Practice Inc. First we are proud to announce that the Journal of the Doctor of Nursing Practice (JDNP) and Doctors of Nursing Practice, Inc. are combining efforts to meet mutual goals of enhancing and promoting the nursing discipline by supporting the professional needs of the DNP prepared nurse. Keep your eyes open for more coming your way in this regard. This is a win-win-win effort for all involved.

More big news is that the 10th National Doctors of Nursing Practice conference is coming together well. Registration is open but rooms are limited. Please click into the registration page for more information and listing of presenters (plenary, breakout, mini-podium and poster). The National DNP Conferences is the only venue dedicated to demonstrating the outcomes of DNP and doctorally prepared nurses to health care, administration, policy, informatics and education. We look forward to seeing you at the 10th National Doctors of Nursing Practice Conference, September 13-15, 2017 in New Orleans.

The third item to discuss is the on-going growth and success of the Scholarly Projects repository. This has been a long-term labor and it is finally finding its stride. Check into the [Doctoral Project Repository](#) page and also view the [Doctoral Project Dissemination Team](#) for options to assure that your college or university is involved in this effort.

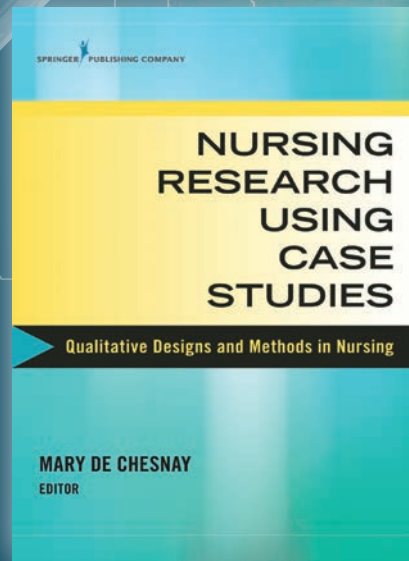
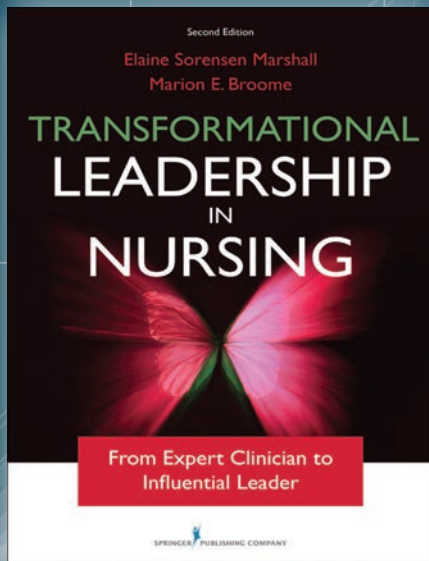
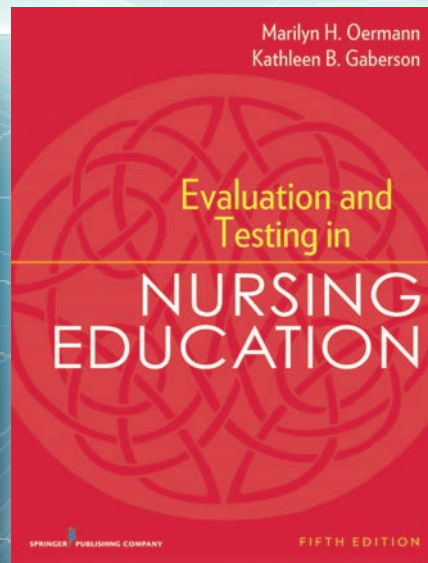
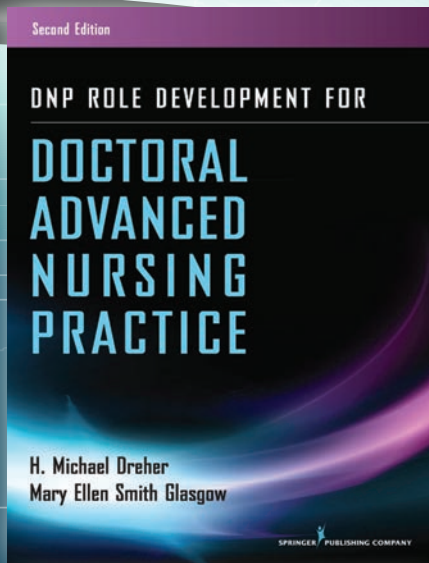
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DNPs in Nursing Academia: Why Should DNPs Be Faculty?

Is the DNP prepared nurse suitable to be in the faculty role, “practicing” primarily in the world of academia? While it is true that DNP nurses have a unique practice-based perspective and training, is this equivalent to the research-based PhD that many nursing faculty currently possess? The American Association of Colleges of Nursing (AACN) (2006) outlines essentials of DNP programs, but does not specifically mention that students are prepared to enter the role of faculty upon successful completion. The AACN states that basic DNP curriculum does not prepare the graduate for a faculty role any more than the PhD curriculum does (AACN, 2006). Therefore, it is not only possible for DNP prepared nurses to succeed as faculty but also for DNP nurses to flourish in helping prepare future nurses.

Faculty Deficits and DNP Acceptance

In 2014, 68,938 qualified nursing student applicants were turned away from either baccalaureate or graduate nursing programs in the United States due to various factors including faculty shortages at two-thirds of baccalaureate programs (AACN, 2017). An increase in DNP programs means the DNP degree could help address the nation’s nursing faculty shortage.

The DNP is relatively new compared to other doctoral degrees that nursing faculty may possess such as a PhD in either nursing or a health related field, a DNS or DNSc, or an EdD. Nursing faculty with these other degrees may be reluctant to accept DNP prepared nurses thinking that they may not be prepared to fulfill the role of faculty since they do not have an extensive instructional or research based background. Benner, Sutphen, Leonard, and Day (2010) oppose this view as they called for a reformation of current practices of nursing education and the necessity of incorporating both research based theory and practice to change the entire process of educating tomorrow’s nurses. The discontinuity between theory based on research and its application to practice was identified years ago with the average time of 17 years for the implementation of research findings into practice (Morris, Wooding, & Grant, 2011). The DNP terminal practice doctorate “does not only advance our profession but also provides the opportunity to close the gap between education and practice” (Danzey et al. 2011, p.312).

Scholarly work is not limited to scientific research and DNP prepared nurses engage in various forms of scholarship. The profession of nursing uses Boyer’s Model of Scholarship to help define the types of work that these advanced degree nurses are capable of implementing: scholarship of discovery, teaching, practice, and integration (Boyer, 1990, as cited in Danzey et al. 2011). In regards to teaching, DNP prepared nurses may be in a better position than PhD prepared nurses since the focus of their training is in the practical application of evidence-based knowledge as opposed to the theoretical basis. By putting the theory into practice, it can be proposed that nursing students will learn “how” to implement research findings after they learn the “why” or theoretical basis, especially in the clinical setting. Without the clinical expertise of the DNP to test research results of the PhD prepared nurse in the real world, the validity of the findings would be suspect. Additionally, strategies specific to the teaching practice of scholarship can be implemented by the DNP prepared nurse to evaluate the effectiveness of such instructional methods and other innovative educational programs (Danzey et al. 2011). While many do not think of DNPs as being at the heart of the discovery part of scholarship, DNP nurses can use practical experiences to shape research studies and collaborate with PhD prepared colleagues. This provides a unique contribution that is valuable to the academic setting training new nurses to enter the profession. Finally, when addressing the topic of integration as a form of scholarship, DNP prepared nurses (due to past experiences and training in their doctoral programs) understand and value the impact of interdisciplinary teams of health professionals to make positive changes in patient outcomes. This concept can pertain to the world of nursing academia where faculty must interact with students, administrators, and those from other disciplines to maximize the educational experiences of their students.

Tenure and the DNP Prepared Faculty

Other factors justify DNP prepared nurses’ place in the academic setting, and therefore support the notion that these advance practice nurses have just as much right as a PhD prepared nurse faculty member to be eligible for tenure positions. Nicholes and Dyer (2012) described three key benefits of tenured DNP faculty based on surveying nursing faculty and deans who possessed PhD degrees. 1. Allowing DNPs to achieve tenure status actually allowed programs to recruit quality-nursing professors to make valuable contributions to programs by participating on committees and engaging in other collaborative efforts. 2. Evidence supports the DNP as a terminal degree for practice professionals and that practice is necessary to teach students in clinical settings. This is supported by a rich history of other practice professionals in faculty roles including attorneys, physicians, and pharmacists. 3. The final reason that DNPs were considered worthy of tenure was the ability of these nurses to engage in the same types of scholarship as PhDs (including research, teaching, and service) on some level and utilize this scholarly work to drive changes in policy and health care. While those in the world of academia have voiced concerns about the DNP preparation being less rigorous and questionable in terms of scholarship, evidence related to the success of DNP nurses in areas that support the Institute for Healthcare Improvement’s triple aim of improving quality and outcomes while reducing cost of care reaffirm their place in various practice settings. Examples of such successful initiatives by DNP prepared nurses include reducing reoccurring health problems after discharge, reduction in length of intensive care unit hospitalization, and reduction in readmissions (Terhaar, Taylor, & Sylvia, 2016).

Cont’d Page 12



**Mary-Lee C. Helbing
MSN, RN, ANP-BC**

**DNP Student Wilkes
University, PA**

DNPs in Nursing Academia: Why Should DNPs Be Faculty? **Cont'd**

DNP Driving New Models of Service

In addition to engaging in scholarship, DNP prepared nurses are appropriately equipped to take on leadership roles in nursing academia. As part of the AACN's (2006) *Essentials of Doctoral Education*, the curricula of DNP programs must meet criteria outlined, including that of Essential II (Organizational and Systems Leadership for Quality Improvement and Systems Thinking). Although it is easy to envision the elements of this second essential in a healthcare system, some of the same concepts apply to the field of nursing education. DNP prepared nurses exemplify leadership characteristics in their ability to understand and appropriately manage organizations in order to make effective system and policy changes. Furthermore, due to their educational background, DNP nurses have the ability to form new models of care delivery specific to the mission of nursing education. This work based on current evidence and scientific developments specific to nursing in turn can influence organizations at various levels to make an impact on economic decisions and even cultural approaches. Therefore, the DNP prepared faculty serves as a leader on committees or even to the whole academic program. Some examples of essential components in nursing programs that the DNP has specific educational preparation for are the implementation of interdisciplinary collaboration and the need for cultural considerations when offering care. Ultimately, the incorporation of these methods and new instructional strategies will impact the bottom line of preparing prospective nurses to deliver safe, competent care in the most efficient way possible.

DNP/PhD Team

The Institute of Medicine (IOM) (2010) called for the number of doctoral prepared nurses to double in number in order to reinforce the profession's value to practice and its ability to change healthcare, as we know it. In turn, with the right educational preparation these nurses can lead the charge and engage in interdisciplinary efforts with the goal of improving patient outcomes. DNP prepared nurses do not define a new role, as nurses with this degree are educated based on certain essentials of practice that allow them to assume a variety of roles and the leadership responsibilities associated with them. The DNP credential refers to a set of knowledge and skills to be applied across different roles and settings in service of improving care, quality, cost, and outcomes (Sebastian, 2014, as cited in Terhaar et al., 2015, p.5). In utilizing this knowledge to the fullest potential combined with experience as a practicing clinician, the DNP prepared nurse can team up with the PhD prepared nurse to synergize scholarship and practice. Doing so will change the profession by helping to bridge the gap between theory and practice and improve outcomes in various settings. The field of nursing academia combines clinical, research, and education and therefore is an appropriate starting point to begin this revolution which will ultimately lead to accomplishing global health initiatives and transform the care delivery process as we know it.

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JDNP AND DNP INC.: A GREAT TEAM

The Journal of the Doctor of Nursing Practice (JDNP) and Doctors of Nursing Practice, Inc. (DNP Inc.) have joined forces to help promote the profession of nursing and enhance the doctorally prepared nurse. For many years the JDNP (formerly known as Clinical Scholars Review) has published peer-reviewed articles demonstrating and challenging all in our profession while demonstrating the expertise and impact of the DNP prepared nursing professional. Springer Publishing Company representatives, the editor of the journal, and leaders in DNP Inc. have enjoyed the process of exploring possibilities while anticipating short and long term strategies for mutual success.

Plans to offer this journal to colleagues affiliated with DNP Inc. through the web site, foundation, continuing education, and conferences are coming together. It is a great pleasure working with Dr. Stephen Ferrara, the editor of this journal. [Click Here](#) to view more information about this journal. Kristine Kulage is the Managing Editor and she brings years of experience and talent to this journal. Great plans are being developed to help meet the mutual goals of DNP Inc. and JDNP. Manuscript submissions are always welcomed. Please view the link above for more information.

It is an honor to work with Stephen, Kristine, and experts at Springer Publishing to make this idea a reality. Please keep your eyes open for future opportunities to grow professionally, and support others in this process.