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DECEMBER 1, 2018

OUTCOMES

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

DECEMBER

ABSTRACT SUBMISSIONS ARE NOW OPEN FOR THE 2019 12TH NATIONAL DOCTORS OF NURSING PRACTICE CONFERENCE WASHINGTON, DC

2019 12th National Conference Washington, DC

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Editor
David G. Campbell-O'Dell
DNP, ARNP, FNP-BC, FAANP

2019 Twelfth National Doctors of Nursing Practice Conference: Washington, D.C.

AUGUST 7-9, 2019

Contributions of the DNP Prepared Nurse: Policy Influencing Outcomes

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CONFERENCE HOMEPAGE

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Doctoral of Nursing Practice Use of Technology to Save Lives

The purpose of this paper is to discuss the potential of technology to help save lives. In my DNP journey, this has been a pivotal transition. The DNP Essential IV addresses the use of information systems and technology to improve or transform healthcare (American Association of Colleges of Nursing, 2007). According to Sewell (2016), about 80% of the United States population is online. Therefore, as a DNP student, knowledge how to use a variety of technology applications, identify ways technology can improve communication, and how to analyze data leading to positive healthcare change is making a difference in my clinical practice (Sewell, 2016).

Technology helps us data mine, find information to answer clinical questions, and present information in meaningful ways. As a student, I have learned new ways to remain up-to-date with evidence-based practice which is vital to improving healthcare outcomes and optimizing safety (The Joint Commission, 2017). I have gained knowledge about apps, blogs, videos, presentations, statistical analysis, and writing skills. Online platforms for healthcare provider education, such as HealthStream (2018), provides infrastructure for sharing information.

Technology aids with future alignment with the Institute of Medicine Future of Nursing Report's recommendation to create an opportunity for improved communication, interprofessional collaboration and networking to share information, tools, best practices, and stories for improvement (National Academies of Sciences, Engineering, and Medicine, 2018). Online technology promotes a rapid way of communicating evidence-based practice. I have used technology from the Agency for Healthcare Research and Quality (AHRQ) TeamSTEPPS 2.0 to develop teamwork and improve communication in obstetrics. I think it has had positive patient outcomes, perhaps even saved lives on the maternity floor, which is my clinical practice. A well-functioning team can reduce errors, improve staff and patient satisfaction leading to safer patient care with high-quality outcomes (Agency for Healthcare Research and Quality, 2017). This is so true in obstetrics where the stakes are high. The program is free and available online via the following link: https://www.ahrq.gov/teamstepps/about-teamstepps/index.html (Agency for Healthcare Research and Quality, (2017).

Information technology further enhances quality outcomes by contributing to improving the efficiency of retrieving, sharing, and comparing data (Hybarger, Steigmeyer, Lee, & Woolley, 2014). The DNP transition role has taught me new skills in statistical analysis. Technology allows a way to store, retrieve, and share data to help bridge gaps leading to improved patient-centered health care initiatives (Drehrer, H.M. & Glasgow, M.E.S, 2017). Monitoring data from patient satisfaction scores is a great example. My DNP project targets analyzing Press Ganey patient satisfaction data related to staff responsiveness and Hill-Rom patient call bell use reports. I will use this and compare it to overall patient satisfaction and improved patient safety.

In summary, technology and information technology is vital for optimizing scholarship, evidence-based practice, patient safety and high-quality outcomes. Technology supports working smarter. Technology enhances flexibility and efficiency with communication and data in a variety of platforms. There is potential to reduce errors, improve staff satisfaction, and deliver good patient care (The Joint Commission, 2016).

The DNP role transition has helped me recognize own strengths to build collaborative relationships with other healthcare providers leading to safer, high-quality outcomes. Author suggests using TeamSTEPPS 2.0 to improve communication skills and build high-functioning teams to reduce errors, improve staff attitudes, and lead to higher patient satisfaction and safer, high-quality outcomes (Agency for Healthcare Research and Quality, 2017). The DNP nurse is astute in leadership and gains confidence to bridge gaps, build high-functioning teams, and identify new ways of adapting theoretical frameworks optimizing outcomes. Technology is instrumental in this endeavor. Using technology has the potential to save lives.

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Life After Earning the DNP Degree: A Personal Journey

Hello, I am Jeanetta Stomer. I earned my DNP and have a license to work as a Family Nurse Practitioner APRN. I have always wanted to be a nurse, ever since I played "hospital" with my dolls as a child. Now, I am passing on the craft of nursing to students at Aspire Healthcare Solutions, a school in which I am a co-founder.

I train students to become certified nursing assistants (CNAs), Patient Care Technicians and phlebotomists. The four-month program to become a CNA also connects students with a nursing mentor who will help them navigate their future career path.

Currently, I am planning to launch a new business called NP Health Information Station. This will be a nurse practitioner owned and operated house call and telehealth clinic that offers healthcare to individuals by using evidence-based competencies to address and promote the care of patients.

My path through the nursing field was not an easy one. Hard work, long nights, working full-time and raising 2 great kids made it all worth it. Here's a snap shot of where I started. I began work as a medical assistant, then became a licensed practical nurse, later earned a Bachelor's degree, then a Master's degree to work as a Family Nurse Practitioner. In July 2017 I earned the highest degree in this discipline: Doctor of Nursing practice.

One important goal that I address in my practice is the quality care and patient satisfaction. It is important that patients understand that the practitioner makes health care services a top priority. I plan to implement this action by seeing patients by appointment only and making sure that I give as much time needed for patients to ask questions and for me to provide needed education.

A second goal that is a passion improving the health of the populations. As a DNP FNP-C practitioner, I reflect on my past career and continue to focus on patient needs. My plan for the next phase of professional development and practice is to start slow, and with continue to dedicate my focus on the patient's needs, including mental, emotional, spiritual, nutritional and educational needs. One of the initiatives of my business startup (NP Health Information Station) is to offer patients a biweekly fruit and vegetable voucher with a great organization called New Leaf Foundation. This is a phenomenal organization and I'm proud to partner with them.

New Leaf Foundation's belief is to support change in the community from the ground up. This is done by organic gardening and farming in urban communities. I have partnered with many organizations to meet the needs of patients in the community from mental health to assistance in understanding the importance of Advanced Directives. The goal and passion of patient care is constant: Meet the patients where they are, and provide them with the information about resources in their community. This helps patients understand that they are in control of their own healthcare independence. Patients Always Come First!

More progress about the progress and development of NP Health Information Station will follow in the future. My plan as a DNP prepared practitioner is to address the directives of The Triple Aim framework, one intervention at a time.

#1 Vouchers (Fruit/Vegetables)

#2 Advanced directive services in the home

#3 Low cost, affordable payment plans

#4 Addressing mental health needs through affordable collaborations

Stay tuned I will share more of my journey with you in the near future.

Jeanetta Stomer, DNP FNP-C

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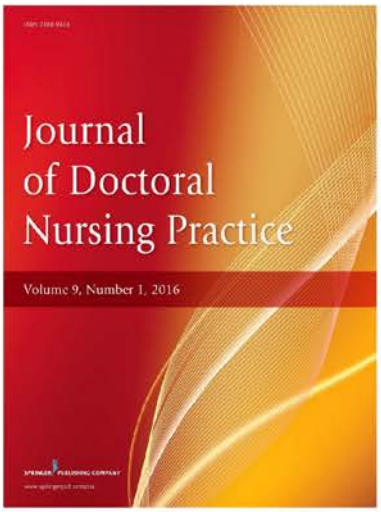

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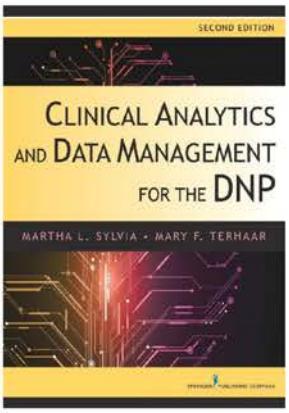

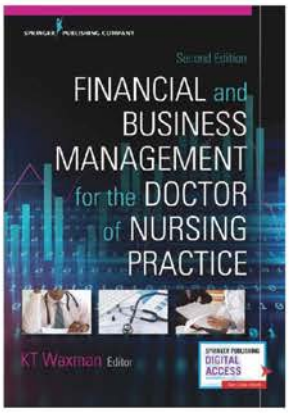

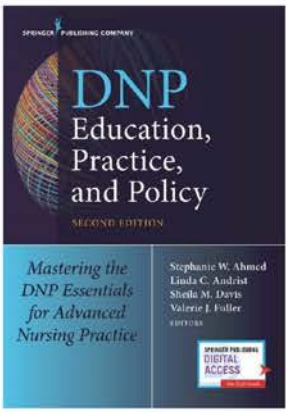

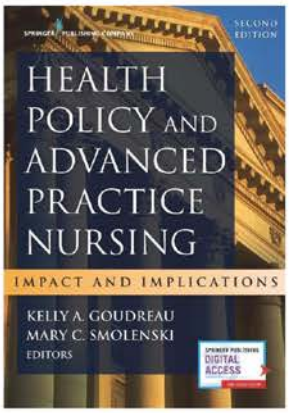

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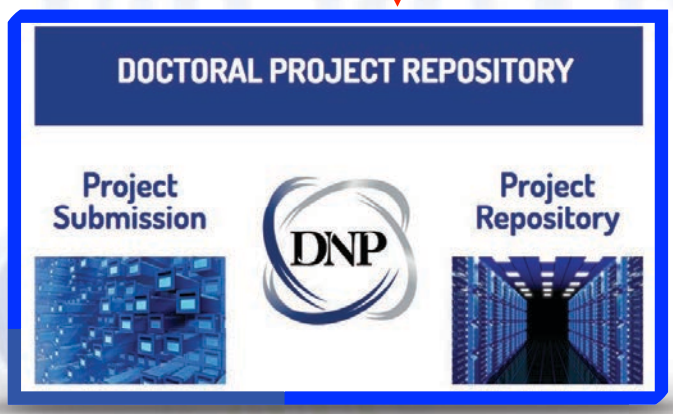

- *Showcase DNP practice projects to share outcomes with colleagues and consumers.*
- *Educate patients, organizations and health care systems on the contributions of the DNP prepared nursing professional.*
- *Support DNP educational programs and practice partners to demonstrate the influence of the DNP prepared nurse.*
- *One time charge per student listing of $30 to defray cost of repository development and maintenance.*

CLICK HERE FOR MORE INFORMATION

DNP, INC. REPOSITORY FEATURED PROJECTS

The contributions and posting of doctoral projects in the DNP repository continues to reflect the skills and talents of DNP prepared colleagues. Here's a sample of what can be found in the **DNP Doctoral Project Repository**:

Team Building in Memory Care Staff by Dr. Eva Marie Lawrence-Fisher, a graduate of Touro University Nevada.

Developing Pediatric Pulmonology Infection Control Guidelines by Dr. Robert John Lucia, a graduate of Bradley University.

Cultural Competency in Nursing Education: Eliminating Lesbian, Gay, and Bisexual and Transgender Health Disparities by Dr. Zachary Nethers, a graduate of Chatham University.

The Impact of Telephone Follow-Up Calls on 30-Day Readmissions in Older Adults Post Total Joint Replacement Surgery by Dr. Maame E. Osei, a graduate of Brandman University.

The Doctoral Project Repository is an archive of curated documents. This archive is not peer-reviewed and does not replace or presume any publication effort. Each listing is owned by the individual that uploads the completed academic scholarly practice project. This service allows you to share ideas and work products into both the scholarly and consumer communities.

Is your doctoral project in the repository? Are colleagues and graduates of your university listed? **Click here** to learn more and to upload your project.

CONVERSATIONS OVERHEARD IN THE DNP ONLNE COMMUNITY

[Nurses who are doctors] Originally posted in 2010, this information is still pertinent.

[How to handle the stress of doctoral education], by Christina Campbell

[Primary care refresher ideas?] By Margaret Baker. Can you assist her with her request?

[Non-clinical DNP in Public Health Nursing], by Vivianne Jakobs

[Your Thoughts] (about an NPR article and title limitations), by Susan Engle

[Imposter Syndrome] by Margaret Baker.

[DNP Essentials] – a Question by Marilyn Elaine Sims Whitening.

[Please Call Me Doctor] – an article by a colleague in the Scientific American Blog Network

[DNP Capstone Project], by Carrie Horack

DNP Groups of Interest: (the latest activity in the Online Community)
DNP of Color - DOCs
Comprehensive Complex Care DNP
Texas DNP
Idaho DNPs

Events of Interest to DNP Students and Graduates
[National Organization of Nurse Practitioner Faculty Special Topics Conference], December 6-7, 2018

[AACN: Faculty Practice Pre-Conference, Research Leadership Network Program, Doctoral Education Conference], January 16-19, 2019

[National Advisory Council for Nursing Research], January 29-30, 2019

[National League for Nursing Special Summit 2019 Call for Manuscripts], opens February 1, 2019

[AACN: Master's Education Conference], February 21-23, 2019

[AONE: Nurse Manager Institute], February 26-28, 2019

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 2018 DNP, INC SURVEY RESULTS

November 2018 Survey explored of the interest the DNP graduate and the challenges of obtaining satisfactory continuing education. The idea of a certification in quality improvement is also explored. What do you think?

Question 1: I struggle to find continuing education offerings that are interesting to me as a DNP graduate.
39% very much to absolutely, 61% somewhat to not at all

Question 2: Continuing education that focuses on applying evidence to practice is what I would like to access for my on-going professional development.
74% very much to absolutely, 26% somewhat to not at all

Question 3: Quality improvement techniques and processes are important for my professional growth.
83% very much to absolutely, 17% somewhat to not at all

Question 4: If a certification for quality improvement were made available for DNP graduates, I would be interested in learning more.
48% very much to absolutely, 52% somewhat to not at all

Question 5: I would be interested in obtaining a certification that reflected elements of DNP educational preparation to demonstrate my expertise.
70% very much to absolutely, 30% somewhat to not at all

Do these findings reflect your point of view?

Click HERE to take the December 2018 Survey

ORGANIZATIONAL UPDATE

One of the challenges of assuring that services are provided to help enhance and develop professional colleagues is to understand needs and desires. In many venues we hear that there is a need for greater visibility, increased access to decision makers, and a greater range of educational offerings. These are the types of issues that DNP Inc. is striving to address. First, through the annual National DNP Conference we are honored to highlight the talents of colleagues around the country. The DNP website reflects the contributions and professional investment of skills made by professional associates through publications, comments, feedback, and supportive posts.

Health care systems and processes continue to evolve rapidly, and the nursing discipline is adapting to these changes. The DNP prepared colleague is in a unique position to expedite and prepare us to improve practice and realize better outcomes. The educational system that teaches DNP students is also changing rapidly and is working to not only meet the needs of students today, but also to meet the needs of graduates into the future. This wheel of activity is spinning on many fronts, and we all benefit from this evolution.

Here's an open invitation to all readers: Please share your thoughts and insights in the Online Community. Submit an article to appear in OUTCOMES, the monthly electronic newsletter for and about DNP prepared professional nurse. Mark your calendar for the 12th National DNP National Conference to take place August 7-9, 2019 at the Fairmont Washington, DC Georgetown. We welcome your comments and contributions that help to support all in our profession, in particular the doctorally prepared nurse, as we press forward to improve healthcare outcomes.

Useful Links

DNP PROGRAM LIST

FACULTY RESOURCES

INDIVIDUAL BLOGS

VALUABLE LINKS

CAREER LISTINGS

GROUP PAGES

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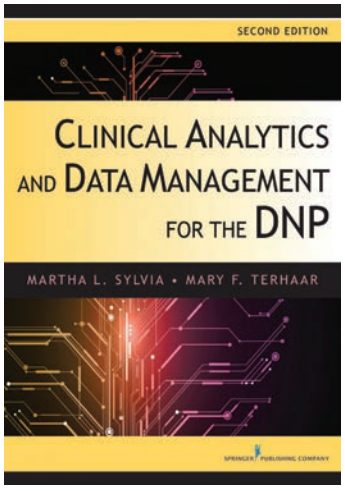

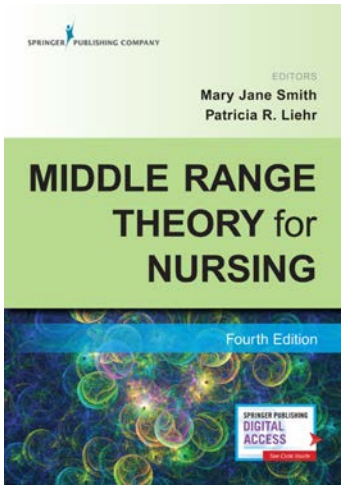

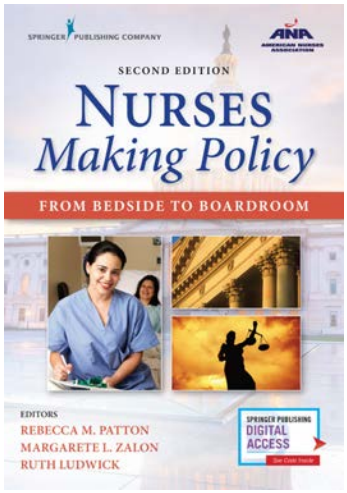

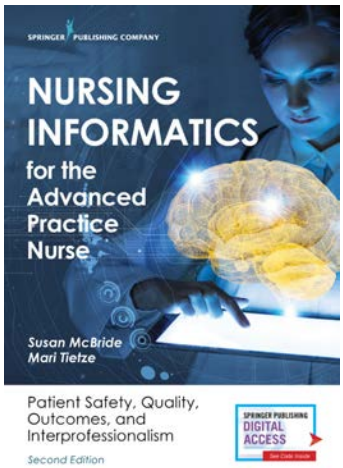

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2019 ABSTRACT SUBMISSION CRITERIA

2019 DNP National Conference
August 7-9, 2019
The Fairmont Washington, DC, Georgetown

Conference Theme: Contributions of the DNP Prepared Nurse: Policy Influencing Outcomes

Abstracts submitted, must be aligned with the conference theme and address the conference objectives:

Objectives

After participation in the 2019 Twelfth National Doctors of Nursing Practice Conference Washington, DC, attendees will be able to:

1. Identify processes of developing and implementing policy to improve healthcare outcomes.
2. List examples of how the DNP prepared nurse participates in policy development and implementation in academia, clinical practice, administration, research and informatics.
3. Describe ways that DNP prepared nursing professionals collaborate to influence change.

Submission Deadline

All submissions must be completed by **11:59 PM Eastern, February 15, 2019.** No submissions or edits will be accepted after the deadline.

All presenters attending the conference **listed on the abstract submission are expected to register and attend the full three-day conference.** Every author listed on the abstract will be required to provide biographic and conflict of interest disclosure information during the abstract submission. The provided Biographical/Conflict of Interest (BIO/COI) form must be completed for each author. It is the responsibility of the primary author to assure that all documents are included before submitting the abstract. The abstract will not be reviewed if this information is missing.

A maximum of four presenters may be listed per abstract submission. Once an abstract is accepted for presentation, changes to this list of presenters including credential and affiliations may not be made. Presenters cannot be added, and substitutions will not be accepted. The primary author must attend and present.

The primary author is the point of contact for all communications regarding the 12th National DNP Conference. This person will be responsible for assuring that the abstract submission process is complete, and all presenter BIO/COI forms are complete and uploaded for review by the conference nurse planner.

Review and Acceptance

Notification of abstract selection or non-selection status will be sent **via email** in May 2019. The primary author/presenter will be required to confirm his or her conference attendance and ability to present. All other authors that will attend the conference must also confirm their plans to attend and present. **Please be sure that email addresses provided in the abstract submission process are valid, and that your system settings allow you to received mail from this system.** We strongly urge you to send yourself a test email from the login page of the abstract submission site. **Invited presentations will be scheduled after the *Primary Author* has completed their conference registration.**

If you do not receive notification of acceptance or non-selection for your abstract by June, 2019, please send an email inquiry to conference staff at skco@dnpinc.org

General Presenter Requirements

If accepted for presentation, **all presenters must register for and attend the conference and be available to present on any of the three days of the conference.** Registration fees for presenters are discounted. Presenters assume all costs related to travel, accommodations, and registration. Failure to register will result in the forfeit of the presentation.

Presenter requirements:

- Assume responsibility for obtaining all copyright permissions for content.
- The *Primary Author* for the presentation must submit an electronic version of the presentation (Poster, mini-podium, or breakout podium presentation) by **11:59 PM Eastern, June 15, 2019. *Modifications cannot be made after that deadline, nor will presenter be able to upload their presentation during the conference***.
- **Once approved, absolutely no changes may be made to the abstract or poster.**
- Handouts of all presentations (poster, mini-podium, and breakout podium) are recommended for distribution to interested conference attendees. Provision of these handouts is the responsibility of the presenter. We recommend you bring 200+ printed handouts. The conference organizers will not provide copies of handouts for conference attendees.
- Laser pointers will not be provided so please bring your own if you would like to use one.
- All Breakout Podium and Mini-Podium presentations will be recorded, so please be sure to speak into the microphone and help to assure that all audience questions are also recorded.

Digital Poster presenter requirements:

- **As this is a digital poster presentation, please do not bring a hard-copy poster to the conference for display**.
- **All presentations must be submitted in PPT or PPTX format (Standard 4:3)**. Please do not send your presentation in PDF as it cannot be accommodated.
- **Poster presenters will be required to provide two 10-minute oral presentations**.
- In the single-slide poster presentation include the following in large font centered at the top of the poster:
  - ○Presentation title
  - ○Author(s) name
  - ○Institution or organization where the work was completed
  - ○Include the address, phone number and email address of the primary author.

Deliver our poster presentation in a methodical sequence so that others can follow the logic of

- your presentation. A good method is setting up your poster in a column format so that individuals interested can read your poster, first vertical, then top to bottom, and then left to right.
- **Use a type size that can be read easily from a considerable distance (4 feet or more).** Try using a type between **18-22 pt**. The title should be larger than the rest of the text. Select a font such as Times New Roman, Arial, or Helvetica.
- Posters should stimulate discussion, not give a long presentation. Therefore, **keep text to a minimum, emphasize graphics,** and make sure every item in your poster is necessary.
- Space your information proportionally: divide your poster either horizontally or vertically into three or four sections, and place your materials within those spaces. **(Standard 4:3)**
- Approved versions of posters will be loaded onto the DNP Conference Web Site prior to the conference, provided releases have been given and the materials are approved before the deadline for the site. They may also be loaded onto the conference mobile app.
- Submit all Power Point (PPT) via email to skco@dnpinc.org no later than the deadline listed in the invitation letter.

Mini Podium presenters will be required to:

- Have 15 minutes for the presentation with a **7-slide maximum** excluding title and reference slide. This 15-minute presentation includes time for any questions or answers from attendees.
- Submit all Power Point (PPT) via email to skco@dnpinc.org no later than the deadline listed in the invitation letter.
- Provide the title of the conference on the first slide.

Breakout Podium presenters will be required to:

- Have 45-50 minutes for the presentation and 10-15 minutes for questions and answers
- Submit all Power Point (PPT) via email to skco@dnpinc.org no later than the deadline listed in the invitation letter.
- Provide the title of the conference on the first slide.