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DNP INC. ORGANIZATIONAL UPDATE

From what I see in any media, the world is looking forward to a better year in 2021. We are also anticipating a better year, but it will be forever changed. Processes, habits, and expectations are changed as we move into a new way of life. As DNP prepared colleagues we are instrumental and integral to these changes to help assure the safety and health for all of those that we affect.

Are you prepared for these changes? Are we, collectively, fully aware of what we will be called upon to do in the next few years? Truly, no one has all of the answers, yet being prepared is our best strategy.

Doctors of Nursing Practice, Inc. continues to support and enhance the professional abilities and innovation of our nursing colleagues. This is enhanced by our Annual National Conference, this year taking place in August in Chicago.

Other services are being analyzed for efficacy, feasibility, and sustainability by a group of advisors and organization supporters. This process of self-analysis and collection of recommendations will take place in the first quarter of 2021. If you have an interest in helping to guide and build DNP Inc. please contact me at info@DNPInc.org.

The mission of Doctors of Nursing Practice, Inc. is to improve healthcare outcomes by promoting and enhancing the doctorally prepared nursing professional.

The organization is dedicated to:

- Providing accurate and timely information
- Supporting, developing and disseminating professional practice innovation
- Collaborating in a professional manner that demonstrates universal respect for others, honesty, and integrity in communications and,
- Responding with open discussions and dialogues that promote the evolution of advanced nursing practice and the growth of the DNP degree.

We welcome you to visit the site, tap into the available services and offer your support and talents to help maintain the momentum of growth and development for us all.

Please visit the DNP Inc. website at www.DoctorsofNursingPractice.

Best wishes to all,
David Campbell-O'Dell, DNP

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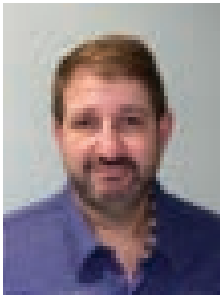
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SPOTLIGHTING LEADERSHIP AND QUALITY IMPROVEMENT ENDEAVORS: MAKING A DIFFERENCE DURING CHALLENGING TIMES

In reflection, the year 2020 was a major turning point in history largely defined by the unprecedented global coronavirus pandemic. Vital insights have been gained during 2020, yet clearly these historical times will be studied for years to come. Practices in healthcare distinctly differed. Pivoting was necessary, complexities soared, while pitfalls of dangerous gaps in safety and quality existed. Tirelessly nursing professionals made enormous contributions, which were integral to optimizing health care outcomes. Amid the pandemic turmoil, intense pressures on health care entities and professionals to deliver safe and high-quality healthcare were among priorities. Accordingly, Doctor of Nursing Practice (DNP) graduates prepared in specialized advanced nursing practice are poised to serve as catalysts for evidence-based practices, patient safety, and quality improvement (QI) in practice settings.



In his current role as the *Associate Vice President of Excellence and Healthcare Informatics* at Temple University Hospital in Philadelphia Pennsylvania, **Dr. Mark Meyers, DNP, MBA, RN, NEA-BC** was in a unique and pivotal position to lead safety and quality initiatives during the pandemic. During an interview conducted, Dr. Meyers shared perspectives on how he capitalized on his early nursing trajectory and more recent DNP academic preparation at Drexel University as foundational driving forces around evidence-based practices, safety, and QI. Leadership and communication; safety and QI; and the historical pandemic are among three themes highlighted in this newsletter.

Career Trajectory/Role Contributions

Many paths are possible in the nursing profession and where one ends up may not have been part of the intended or planned journey. This was applicable to Dr. Meyers who conveyed that his transition to the QI leadership position was not planned. His career path encompassed many strengths to build upon. As a nurse for twenty-three years, Dr. Meyers attributed much of his career success to early mentorship. During his beginning career as an ICU nurse he explained, “I had great mentors who taught me what it means to be a nurse. They held me accountable and cared about me and the patient. Today, there is a hesitancy to hold each other accountable.” This he believed to be one of the reasons why there are QI issues.

Dr. Meyers gained leadership and management experience in subsequent positions as a Nursing House Supervisor, Unit Manager, and the Director of Emergency/Trauma services. Consulting work with equipment central to practice added to his expertise. Being tech savvy lead to an inpatient role bridging processes between information technology (IT) and clinicians/ICU staff to incorporating operational practice readiness. Dr. Meyers held a cadre of nursing roles comprising a wealth of expertise and skills. Regardless of the accomplishments, he was transparent in expressing “I did not feel prepared for the QI director position.” Capitalizing on strengths attained during his career, while turning weaknesses into opportunities were clearly the building blocks to his success.

Leadership and Communication

Leadership competencies can take time to achieve and the ability to lead a particular skillset. Leaders should evaluate themselves on an ongoing basis to identify strengths, weaknesses, and to maintain a self-awareness to actualize potential. Leadership development necessitates planning and is intentional to progress and attain the full potential as an effective leader. Embracing and pursuing lifelong learning has been recognized as a crucial component and an expectation for nursing professionals (Institute of Medicine [IOM], 2011). Dr. Meyers credited accomplishments during his DNP education to advancing leadership competencies and skills. He was highly confident in stating communication skills are the number one essential trait for leaders. “A leader has to be a really good listener. Ninety-five percent of issues are based on communications.” A usual practice for Dr. Meyers when meeting with colleagues is to repeat back what was communicated. This facilitates an opportunity to modify communication style and concentrate on what people should practice. Conversely, he performs the same practice repeating back to others. For rising talents, Dr. Meyers talked about resilience and despite being an expert in a field, responsibilities of a new role can lend to a leadership curve. “This occurs when one realizes they know nothing and they fall off a cliff. Resilience is when one rises back up in gaining experience and confidence over time. It happens to all leaders.”

SPOTLIGHTING LEADERSHIP CONT'D

Quality Improvement

Now in his position for several years, the expertise gained has transpired into confidence. It was clear when talking with Dr. Meyers that his passion is about improving patient and organizational outcomes. Like many nurses, he found himself in a position where he had to self-educate in order to gain role specific knowledge, skills and confidence to lead in an area where he had limited experience. He acknowledged that DNP education shaped his approach to learning, his leadership style, and consistent use of data to drive decisions. The focus of his current role is on identifying quality gaps within his organization. A major gap he has been working on over the past several years is his organization's Leapfrog grades. "The Leapfrog Hospital Safety Grade assigning A, B, C, D and F grades to more than 2,600 U.S. hospitals based on their ability to prevent harm, including: rate of inpatient injuries, prevalence of inpatient infections, and medical and medication errors (Leapfrog Group, 2020). The Safety Grade is 100% transparent and makes its methodology and all underlying data openly available to the public. Compiled by a National Expert Panel—and based on national, publicly reported measures of patient safety data—the Safety Grade is the gold standard for evaluating patient safety and is the only hospital safety assessment to be peer-reviewed and published in the *Journal of Patient Safety*" (Leapfrog Group, 2020). The Safety Grade is 100% transparent and makes its methodology and all underlying data openly available to the public. Compiled by a National Expert Panel—and based on national, publicly reported measures of patient safety data—the Safety Grade is the gold standard for evaluating patient safety and is the only hospital safety assessment to be peer-reviewed and published in the *Journal of Patient Safety*" (Leapfrog Group, 2020).

Dr. Myer's leadership has positively impacted these measures and his team in achievement of quality goals, once thought to be unreachable. He attributes the success to starting the problem-solving process with the end users and consistently remaining aligned to organizational goals. One example is a DNP colleague in the Quality Department who spent several weeks simply observing a challenging issue in ICU related to patient satisfaction and infection rates. The conversations and problem-solving that occurred during that time was a critical factor in identifying the root causes of the problems, creating trust with the unit nurses, and engaging staff in implementing solutions. Dr. Meyers stated that "even though times are challenging, we can't take our foot off the gas, we must stay focused and drive quality outcomes. In the end, it is all about the patient."

Novel Pandemic

One of the other topics that was highlighted in our interview with Dr. Meyers was the impact which COVID has had on his work and his ability to create sustainable change. An extremely challenging situation occurred during the first wave of COVID-19. There was a dire state where a disproportion supply-to-demand of safety equipment was occurred. The QI department was identified early in the organization's emergency response plan as a key resource for managing and distributing personal protective equipment (PPE). This was a huge responsibility. Critical supply shortages presented challenges and assuming control of PPE for distribution was necessary. This was "extremely challenging" but a necessary endeavor rooted in sufficient allocation of equipment over time to ultimately ensure continued quality of care for the patients and safety for the workforce. Effective leadership was essential and working collaboratively as a team.

Overall, Dr. Meyers framed the situation as an opportunity to give back as a quality and safety leader. He acknowledged as an emergency preparedness team member it is a part of the quality and safety department's responsibility, which was key in managing this process. His department became the distribution hub and believed their strategic approach to resource allocation is what has allowed providers to have an adequate supply of PPE throughout this pandemic. Processes were improved during the second wave of COVID-19 lending to sustainable change.

SPOTLIGHTING LEADERSHIP CONT'D

Conclusion/Future

Our conversation with Dr. Meyers was energizing and thought provoking. What makes us strong leaders? How do we stay focused and provide leadership during such challenging, uncertain times? The common themes of leadership skills, the importance of effective communication, and maintain the passion to improve patient and organizational outcomes were evident through his stories. He emphasized the importance to always ask the tough questions, even when it is difficult. He encourages use of data to drive decisions. He was openly thankful for how his doctoral education influences his ability to think and lead differently. Dr. Meyers offered consistent messages: be thankful for those who mentored you, invest in our next generation-coach, focus all of your work on measurable outcomes, value your colleagues' perspectives and remember to always hold yourself and others accountable! Dr. Meyers is a wonderful DNP exemplar who is making a difference in our profession and most importantly, for the community he serves.

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Co-Authors:



Brenda Douglass, DNP, APRN, FNP-C, CDE, CTTS
 DNP Program Director
 Associate Clinical Professor
 Drexel University



Jeannie S. Garber, DNP, RN, NEA-BC
 Professor of Nursing
 Doctor of Nursing Practice (DNP) Program
 School of Nursing
 James Madison University

MONTHLY DNP INC. SURVEY

The December 2020 Survey explored how DNP education correlates with job function and career success. What are your thoughts on these findings?

Question 1: As a DNP prepared graduate, I am able to implement the tenets of this degree in my place of work.

66% very much to absolutely, 33% somewhat to not at all

Question 2: I am able to operationalize my education into my current work environment.

61% very much to absolutely, 39% somewhat to not at all

Question 3: The foundations of DNP education coincide with the needs of my career trajectory.

61% very much to absolutely, 39% somewhat to not at all

Question 4: The skills gained as a result of my DNP educational efforts have enhanced my ability to improve health care outcomes.

67% very much to absolutely, 33% somewhat to not at all

Question 5: I am frustrated with my position after earning the DNP degree as it has not altered or improved my ability to expand my career opportunities.

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

These results underscore optimism, pointing to the need to recognize and develop processes to continue to enhance the professional growth and development of DNP prepared colleagues.

Click [HERE](#)
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January 2021 DNP Survey

DNP INC. FEATURED REPOSITORY PROJECTS

Dissemination Team Information

Is your DNP Program a part of the Dissemination Team? This is a collective effort to support the dissemination of completed DNP student projects. See [THIS PAGE](#) for details. A modest annual investment provides a \$5 discount for all students in your program that upload their completed projects to the DNP Repository.

Programs that have signed on for the Dissemination Team effort includes [Sacred Heart University](#), [San Jose State University](#) and [Purdue Global University](#). Regardless of your current plans for a repository, consider supporting a broader method to disseminate the talents of your program's graduates.

DNP Repository Featured Scholars

The contributions and posting of doctoral projects in the DNP repository continue 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](#):

[Promoting Bone Health Through Utilization of a Nurse-Led Protocol](#), by Millicent W. Mucheru, DNP, RN, a graduate of Touro University Nevada

[Improving T2DM Management in Adults Through Implementation of DSME Protocol](#), by Suzette Rebecca Ryan, DNP, APRN, AGPCNP-C, AGCNS-BC, a graduate of Touro University Nevada

[Implementation of a Suicide Crisis Management Plan at an Urban Outpatient Psychiatric Facility](#), by Suzanne E. Bilé, DNP, MSN, PMHNP-BC, a graduate of Touro University Nevada

[Reducing Hospital Readmission in a Skilled Nursing Facility: Utilizing the INTERACT Quality Improvement Program Tools](#), by Habtamu Lenessa Egata, DNP, MSN, RN, a graduate of Touro University Nevada

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.

DNP INC. ONLINE CONVERSATIONS

Conversations and Discussions in the DNP Online Community

The new and improved DNP Online Community is gaining traction. The OLD online community (with NING in the URL) will expire at the end of March w2021. Please sign-up for the new site's online community by clicking the Login option on the top right-hand corner of www.DoctorsofNursingPractice.org home page.

Groups including:

[Virginia Association of DNPs \(VADNP\)](#)

[DNPs of Color \(DOCs\)](#)

[DNPs Seeking Positions in Academia](#)

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If you have an event that supports the growth and development of nursing colleagues, please send information via an email to: info@DNPInc.org so that we may post it for others to access.

NURSE MENTORSHIP

Mentorship has a long-standing history in business, law, medicine, and, more recently, in professional nursing practice. Many healthcare organizations have implemented formal mentorship programs to promote the development of professional relationships, to promote retention, and increase job satisfaction among new graduate nurses (Vatan & Temel, 2016).

Recently, my workplace developed and implemented a nursing mentorship program. The driving force behind this program was a high turnover rate for new nurses and nurses who separated employment within the first year of hire. The purpose of the mentorship program is to establish a mutual relationship between an experienced nurse and a new nurse. The hospital extended the mentorship to include experienced nurses who transfer to a new department. The program provides a framework for the passage of wisdom, caring, and confidence between an experienced and new nurse. The objectives of the program are:

- To provide the new hire and or transferring nurse with a qualified mentor for six months after unit orientation is completed.
- To provide encouragement for the mentee in a collaborative relationship, which in turn promotes satisfaction and retention.
- To support the professional, personal, and interpersonal growth of the mentee into the organizational culture.

The hospital has seen a decrease in new graduate nurse turnover and increased job satisfaction since this program was implemented. In reflecting on this mentorship program, the complex healthcare environment, and the increasing demand for advanced practice nurses, I believe an opportunity exists for the mentorship program to be extended to advanced practice nurses, including DNP-prepared nurses. The organization strongly supports advanced practice nurses, and the nursing workforce includes many nurse practitioners, nurse anesthetists, and clinical nurse specialists. A gap exists as advanced practice nurses are not utilizing the mentorship program. The organization could modify the existing mentorship program or implement a new mentorship program to accommodate advanced practice nurses.

The nursing profession, including advanced practice nurses, plays a significant role in today's healthcare environment. Waite and Nardi (2017) state that the healthcare environment is complex and continually changing, and for DNP prepared nurses to excel in this environment, mentorship is critical. Further, mentorship is the single most influential way to develop doctorally prepared nurses successfully (Waite & Nardi, 2017). Mentorship for DNP-prepared nurses can minimize transition shock by promoting role development and assimilation into the advanced practice role. Further, mentorship can increase professional productivity, job satisfaction, and retention. Investing in a mentoring program for newly advanced practice nurses can also provide reciprocal benefits for future nurse mentors (Waite & Nardi, 2017).

In reflecting on this organization's mentorship program, another gap exists when nurses enter a new leadership role. Currently, there is no formal mentorship program for leadership positions. Vitale (2018) states that "there's evidence that nurse leaders are ill-equipped in terms of knowledge and may lack support and guidance to manage the challenges inherent in the role, such as productivity, job satisfaction, and retention concerns" (p. 8). Mentorship for nurse leaders can be effective in promoting the leadership development of new nurse leaders. Additionally, mentorship is an evidence-based strategy for leadership succession planning (Vitale, 2018). For this organization, extending the mentorship program to nursing leadership positions and succession planning signals an opportunity for improvement.

The benefits of nursing mentorship programs cannot be understated, but gaps exist for the mentorship of advanced practice nurses and nurse leaders. Do you think there are benefits to a formal mentorship program for advanced practice nurses and nurse leaders? Can a mentorship program for staff nurses be modified to incorporate advanced practice nurses and nurse leaders, or should the programs be developed individually to reflect the needs of each group?

NURSE MENTORSHIP CONT'D

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Lizelle Hill, MSN, RN
EKU DNP Student



DNP Foundation News

The DNP Foundation is a service offered by Doctors of Nursing Practice, Inc. to help support DNP prepared colleagues to complete or expand scholarly practice projects. The Foundation is currently in a stage of growth in preparation for awarding grants to enhance and demonstrate how DNP prepared colleagues are impacting health care outcomes.

To learn more about the foundation and how you may be a part of the process, visit [CLICK HERE](#).

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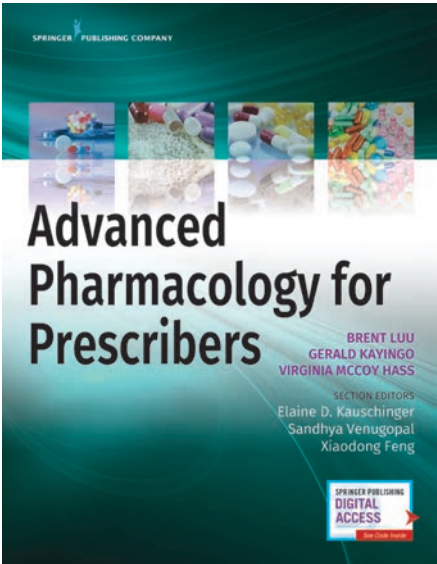
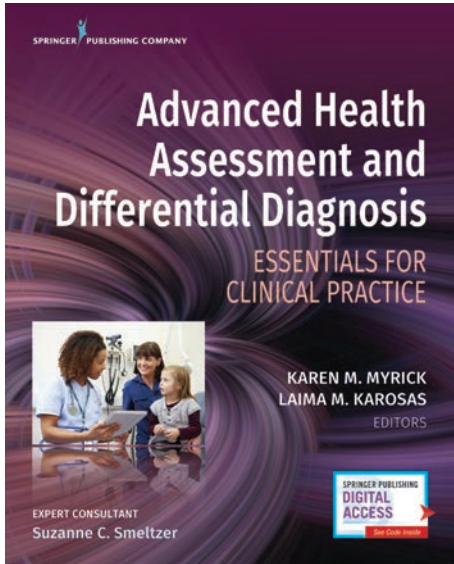
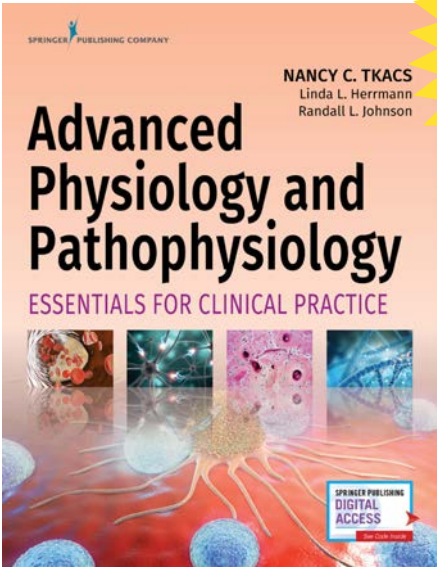
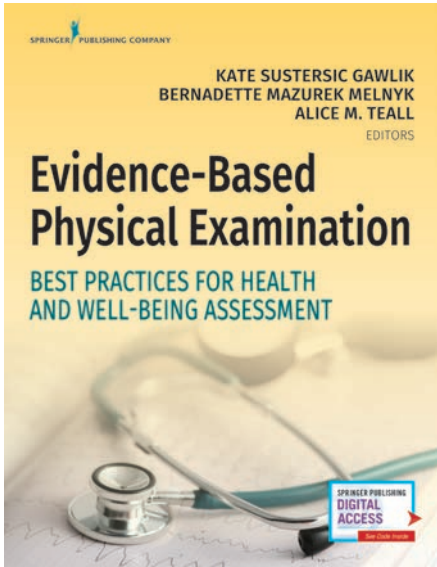
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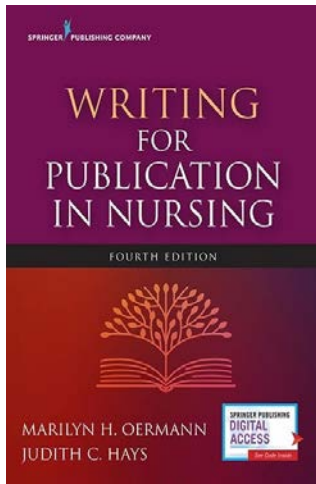
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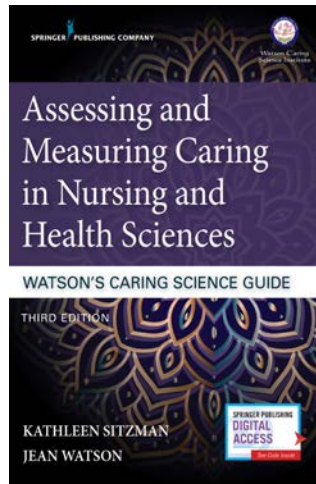
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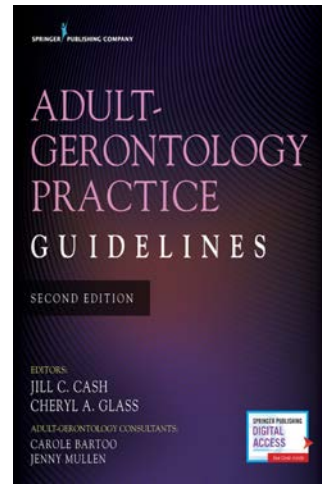
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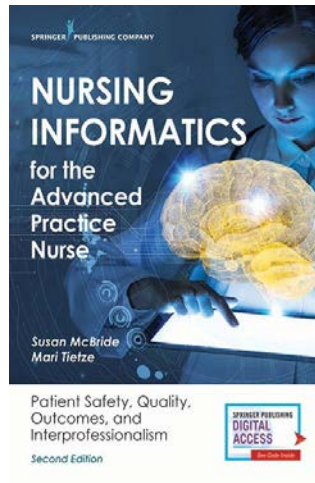
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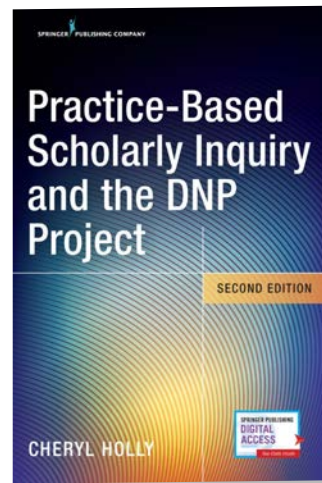
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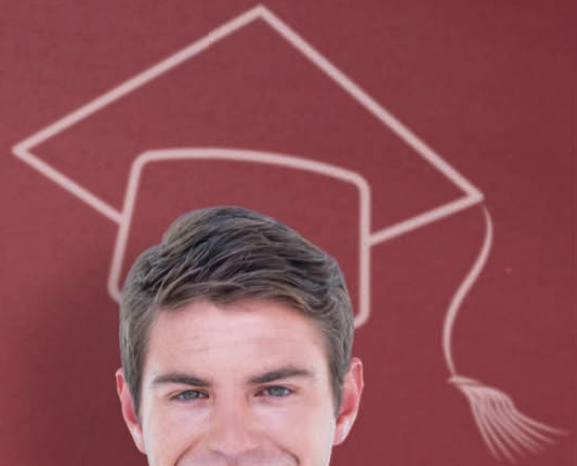
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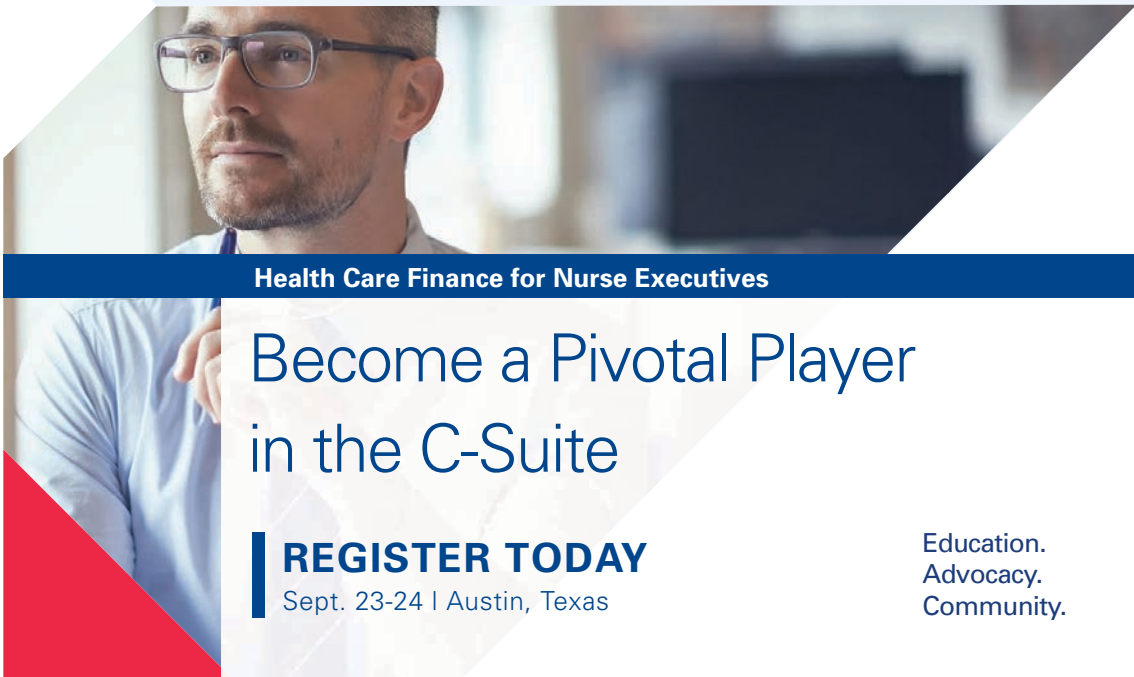
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In these tough times we must rely on the generosity of colleagues. We have exhausted all other avenues for funding and are currently financing operations from personal funds. All donations are tax deductible since DNP, Inc. is a 501c3 corporation.

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