DNP Essentials are Instrumental to Effective Health Policy Advocacy

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Purpose

• To highlight DNP leadership in building consensus among nurses for improved health care policy advocacy.

• Describe IFN recommendations and initiatives to pilot those recommendations

• Describe challenges and tactics used in building an alliance among diverse nursing groups

• Review DNP Essentials that are instrumental for health policy advocacy
The Initiative for the Future of Nursing (IFN)

- **Partnership**
  - Robert Woods Johnson Foundation
  - Institute of Medicine
- **Charge**
  - Produce an evidence-based report
  - Make recommendations for the future of nursing

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**Key Recommendations from the IFN Report**

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- Effective workforce planning and policy-making require better data collection and information infrastructure. (IFN, 2010)

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**RWJF Future of Nursing: Campaign for Action**

Collaboration with AARP

- Action Coalitions have been formed in 15 states, including New York, to:
  - Initiate implementation measures
  - Move key nursing-related issues forward at the local, state and national levels
  - Ultimately: Lead change that will improve the health care system

(http://www.rwjf.org/pr/product.jsp?id=72096)
New York Action Coalition Responsibilities
• Engage stakeholders from a variety of sectors;
• Fashion a state-prioritized list of recommendations;
• Gain media exposure;
• Inform policymakers on key issues; and
• Reach out for on-going support

Exciting time for Nursing!
• 2004—AACN: DNP Entry to Advanced Practice by 2015
• 2006—DNP Essentials released
• 2006—Coalition for Patients’ Rights
• 2008—NCSBN Consensus Model for APRN Regulation: LACE
• 2009—Carnegie/Benner—Educating Nurses
• 2009—IFN Convened—Recommendations Released 2010

Potential to advance the profession
• National momentum
• External support
Need for Nursing organizations to move beyond historical challenges and work together
• Bulk of legislative work occurs at the state level
• Opportunity for practitioners to be involved

2010—NYPNA was founded
New York Patient Nurse Alliance
Executives
CNSs
CRNAs
NPs
Regulators
RNs

Challenges in NY
• History
  – Poor relationships between nursing organizations
  • Separate statutes for APRNs
  • Varying degrees of autonomy
  • Competing priorities
  • Lack of trust

Tactics to bring nurses together
• Participating groups invited to broadly reflect nurses in the state
• Neutral facilitator
• Efforts to ensure transparency
• Begin with areas of common agreement
• Allow all ideas, concerns, thoughts, fears to be discussed
• Promote consensus-building
What is Consensus-Building?

From Organizational Science/Business

• A 5-stage, iterative process
  – Convene group
  – Clarify responsibilities
  – Deliberate / Brainstorm
  – Reach decision
  – Implement decision

(Susskind, 1999)

Goals of Consensus-Building

• Seek overwhelming agreement among all stakeholders
  – As close to unanimity as possible
• Maximize possible gains for everyone involved

(Susskind, 1999)

Consensus

• Not dependent on a leader, but rather taps the knowledge and skills of everyone in the group
  – Facilitator role is neutral
• Better option than majority because there is no disenfranchised minority
  – Optimally, all should be able to live with final decisions
Finding Agreement Among Nurses

• Daily grind
  – Differences are stark
  – Strategies may compete

• Global View
  – Commonalities are easily seen

• Start with Agreement!

Levels of Abstraction
Organizational Science

• Begin where we have near complete agreement
• Find common ground
• Begin to restore trust

Species of Interaction Criticism
http://interactionculture.wordpress.com/2008/10/19/species-of-interaction-criticism/
Organizing Nurses in NYS

- First met in 2010 to consider creating a state-level coalition based on the national Coalition for Patients’ Rights
- Inclusive group to broadly represent nurses in NYS
  - Nursing Regulators
  - Nursing Educators
  - Nursing Organizations in NY
    + CNS, CRNA, Exec, NP, RN
- Group determined that there was enough diversity and sufficient work to be done within Nursing at the state level
  - Consensus: Limit to nursing, include public partnership projects

NYPNA Mission
- “Improving quality and access to care for New Yorkers by ensuring the ability of nurses to practice to the full extent of their education”

NYPNA Objectives
- Promote consumer choice of health care provider
- Promote access and availability of health care
- Ensure the ability of nurses to practice to the full extent of education and scope
- Advance nursing education
- Support Alliance members’ common goals.
Projects of Interest to NYPNA Participants

• Educate public and policy-makers about Nursing
• Address NY issues related to Nursing Scope
• Participants not currently interested in taking positions on various pieces of legislation related to nursing in the state

NYPNA & NYAC

• Organizational Missions and Objectives are closely aligned
  – NYPNA has been asked to formulate a single, inclusive proposal for nursing scope of practice issues for NYAC Scope Workgroup
  – NYPNA is reaching out to partners for a Communications and Media Relations project to educate the public about Nursing

DNP Essentials

Health Policy Advocacy
DNP Essentials

- Essential I: Scientific Underpinnings
  - Develop and evaluate new practice approaches
    - nursing theories and theories from other disciplines
      - How can we approach this differently?
      - What science can we draw on to inform and support our approach?

- Essential III: Clinical Scholarship
  - Translation, application and evaluation of science
    - Ability to bring evidence into the policy-making arena
    - Helpful in building collaboration, support, partners
    - Evidence helps steer decisions away from political/historical biases
    - Ability to disseminate new conceptual models
DNP Essentials

• Essential IV: Info Systems
  – Communication skills
  – Levels of Abstraction
  – Conceptual ability and technical skills

http://architects2zebras.com/2009/01/13/principled-architects/

DNP Essentials

• Essential VII: Clinical Prevention and Population Health
  – Synthesize concepts in developing, implementing and evaluating interventions to improve access patterns—micro and macro
    • Sometimes clinical interventions require policy change

DNP Essentials

• Essential VIII: Advanced Practice Nursing
  – Develop partnerships
  – Demonstrate systems thinking
  – Educate and guide others through complex transitions
  – Use conceptual and analytical skills in evaluating links between policy issues.
In conclusion...

Nurses are interested in creating a better, less fragmented and costly health care system.

DNP education provides a strong foundation for leadership in health care policy and advocacy to produce needed change.

References

- RWJF’s Future of Nursing: Campaign for Action Names 10 State Groups as Regional Action Coalitions (http://www.rwjf.org/pr/product.jsp?id=72096) access date June 17, 2011
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