

# OUTCOMES

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



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2016 is moving quickly! Many changes are taking place in both academia and practice that impact DNP prepared practice and education. We welcome contributors to future issues of OUTCOMES to help share the talents and expertise of colleagues. We continue to share trends in DNP education and thoughts from our readers.

The January 2016 Survey points to both satisfaction and collaboration perceptions of doctorally prepared nurses. Future surveys will also provide a snapshot of who we are and where we are going. We welcome the opportunity to share your insights! Please contact us any time.

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## THE NINTH NATIONAL DOCTORS OF NURSING PRACTICE CONFERENCE: BALTIMORE OCTOBER 5-7, 2016



### Baltimore Marriott Inner Harbor at Camden Yards

Join colleagues at this year's event to celebrate successful methods of collaboration to improve health care outcomes and explore future opportunities and challenges. Presentations that address collaboration to include practice partners, academia, professional organizations and policy will be presented.

**Abstract submissions are open until 3/31/16**



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## THE TRIPLE AIM AND NURSING: DNP'S CONTRIBUTIONS

(first published in ADVANCE For Nurse Practitioners)

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

The Triple Aim is a phrase and framework coined by the Institute for Healthcare Improvement (IHI). It is a cornerstone concept that articulates these key elements: 1. Improving the patient experience of care to include quality and satisfaction, 2. Improving the health of populations; and 3. Reducing the per capita cost of health care. The health, care and cost of services delivered in any and all health professional efforts support this paradigm of the triple aim.

The work supported by the IHI is remarkable and is moving health care delivery systems forward with firm steps. Please visit their web page to see the great work being done by this valuable organization. ([www.ihl.org](http://www.ihl.org))

Where do DNP prepared nursing professionals fit into this triple aim? The Eight Essentials of Doctoral Education as articulated by the American Association of Colleges of Nursing point out the educational expectations of those earning the DNP degree. By extension, these essentials imply practice competencies. The DNP project identifies healthcare problems; identified evidence-based interventions to address these problems; intervenes to address practice and/or policy interventions and finally measures an improved outcome as a result of the intervention. Application of evidence to practice is the hallmark expectation of the DNP prepared nursing professional. Does this align with the Triple Aim? If so, to what degree is the DNP professional meeting this expectation? If DNP prepared nurses are not making the most of the triple aim, what are we doing?

In 2014 the Seventh National Doctors of Nursing Practice conference took place in Nashville, TN. The theme of the conference was "The DNP in Practice: the Health, the Care and the Cost".

Plenary sessions, keynote speakers, pre-conference workshops, breakout sessions and poster presentations made for a very rich three days of sharing and education. Was the goal of the conference realized when addressing the triple aim of health, care and cost? Those that attended the conference must answer that question. Exemplars of activities and practice improvement initiatives were shared that address these three elements.

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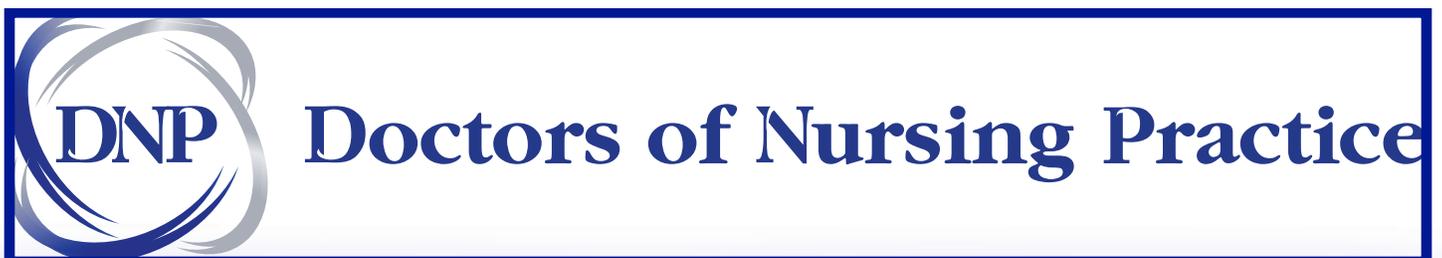
### **The Triple Aim and Nursing: DNP's Contributions continued**

Reviewing the titles of presentations we can see that most addressed healthcare delivery. Not all addressed the health of populations yet it could be said that it was implied. Finally, the articulation of bottom-line costs from each presentation was addressed to some degree, but may not have been as quantifiable as expected. As a group of DNP prepared and interested nursing professionals, the ability to influence a change in practice to achieve a measurable outcomes is growing each year. Now's the time to step back and ask the question: Are we (as nurses) in this process alone or in collaboration?

The framework of the Triple Aim can be appreciated by all involved in the delivery of healthcare services to include all clinicians, administrators, policy experts, and any number of industries that are influenced by these types of efforts. The DNP prepared nurse is evolving into a complimentary role that could be an integral contributor to the multiple settings and systems. However, the DNP prepared nurse is not "designed" to work in isolation. Collaboration while providing substantive content and support to projects and initiatives that improve outcomes is the hallmark of the DNP professional.

Reflecting on the Triple Aim - is the DNP poised to contribute to improve the patient experience of care to include quality and satisfaction, improve the health of populations, and reduce the per capita cost of health care? Absolutely, though not by contributions through nursing interventions alone. The DNP prepared professional is emerging to be a catalyst of change and is gaining traction in the preparation to shift the delivery of healthcare. This is a lofty goal, but every day more DNP prepared nurses are stepping into the arena. It's great to see us collectively up our game and work with the team of colleagues both within and outside of our discipline. Collaboration is the basis for our work and our success.

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# ORGANIZATIONAL UPDATE

DNP, Inc is proud to exhibit at the [2016 AACN Doctoral Education Conference](#) in Naples, FL. It was great to see so many friends and colleagues and introduce DNP. Inc. to so many attendees.



The *DNP Projects Repository* development is moving forward and is 90% ready to launch. This interactive database will afford the opportunity for increase ease of dissemination while highlighting both the nursing practice scholar and the DNP academic program. The foundation will help fund these projects. It is growing and now accepting donations that will support colleagues in their efforts to improve health care outcomes.

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# JANUARY 2016 DNP, INC SURVEY RESULTS

## The January 2016 Survey Results

- **79%** of respondents stated that the DNP educational program they attended met their expectations.
- **30%** of respondents earned their DNP degree through a BSN to DNP program.
- **85%** stated that their professional nursing practice has been enhanced as a result of their doctoral education preparation.
- **84%** of respondents work closely with other nurses
- **85%** work closely with professionals from other disciplines.

### What does this mean?

1. Not everyone that graduated with a DNP degree thought their program was great.
2. **70%** of all respondents earned the DNP degree from an MSN to DNP program
3. **15%** did not believe that the DNP enhanced practice, and
4. **15-16%** of DNP graduates do not work with other nurses or other health care professionals.

Click [HERE](#) to take February 2016 survey

# The American Board of Comprehensive Care



**THE AMERICAN BOARD OF COMPREHENSIVE CARE ORGANIZATION IS IN THE PROCESS OF PERFORMING A 5-YEAR INCUMBENT JOB ANALYSIS. YOUR HELP IS NEEDED TO COMPLETE THIS IRB APPROVED SURVEY. PLEASE CLICK HERE:**

<https://www.surveymonkey.com/r/DNPClinicalPractice>

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