The Doctor of Nursing Practice: Preparing Nursing Leaders in Practice for Transforming Healthcare
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Objectives
1. Describe the new DNP degree to prepare practice doctorates in nursing
2. Discuss the nursing skillsets needed to address cost, care and quality initiatives in healthcare
3. Describe new roles for the practice doctorate in nursing to impact quality and safety for patients

Our World is Changing
Fact or Fiction?
- The U.S. spends more on healthcare than any other large country

Fact or Fiction?
- The U.S. has higher level of per capita income than any other large country
  - Higher income is associated with higher health care spending; but, not necessarily better outcomes
  - ≈34% of the spending gap

Fact or Fiction?
- Discretionary Medical Decisions
  - U.S. spends 5x more on physicians than peer countries
  - ≈37% of spending gap
  - Higher cost for advanced care
  - Medical specialists and availability of high tech treatment
  - ≈ 21% of the cost differences may be associated with higher cost treatment decisions

Fact or Fiction?
- The U.S. rates first in overall health care system performance when compared to a group of six peer countries

Fact or Fiction?

- Americans live shorter lives and experience more injuries and illnesses than people in other high-income countries.

**It's A FACT!**

- 27 countries now outperform the U.S. on life expectancy at birth.
- U.S. has the highest infant mortality rate (6.7 per 1,000 live births) of 17 peer countries.
- Ischemic heart disease mortality among males in the U.S. is 129 per 100,000, which is higher than our peer countries (except Finland).

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We Need Delivery System and Payment Transformation

**Current State** – Producer-Centered
- Volume Driven
- Unsustainable
- Fragmented Care Systems
- FFS Payment Systems

**Future State** – People-Centered
- Outcomes Driven
- Sustainable
- Coordinated Care Systems
- New Payment Systems
- Value-based purchasing
- Accountable Care
- Episode-based payments
- Care Management Fees
- Data Transparency

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Snapshots

"One minute she was eyeing her hospital bill, and the next minute..."
The Impetus to the Doctor of Nursing Practice

• “Sick health care system”

Core Competencies needed for Health Care Professionals

• Patient Centered-Care
• Work in Interdisciplinary Teams
• Employ Evidence-Based Practice
• Apply Quality Improvement
• Utilize Informatics

Impetus to the Doctor of Nursing Practice

• IOM Future of Nursing report
  • Nurses need to be at table
    • Be full partners with physicians and other health professionals, in redesigning health care in the U.S.
  • More education
    • Enhance nurses’ capacity to improve the quality and safety of care delivery
    • There is an expectation for nurses to lead
  • Expand the reach of advanced practice nurses
  • Responsibility to meet society needs

Reflecting on the DNP Trajectory

• The key foundational theme of the degree is the word PRACTICE
• Practice implies and connotes the need for measurable outcomes
DNP definition

“Practice-focused doctoral programs are designed to prepare experts in specialized advanced nursing practice. They focus heavily on practice that is innovative and evidence-based, reflecting the application of credible research findings” (AACN, 2006).

The DNP is a Degree, Not a Role

The NP in DNP is not Super Nurse Practitioner!!

Definition

- Advanced nursing practice is broadly defined by American Association of Colleges of Nursing (AACN, 2004) as:

   any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy. (p. 2)

History of Doctoral Education in Nursing

Early doctorates: PhD in other disciplines

- 1924—EdD at Columbia University—Prepare nurses to teach at college level
- 1934—First PhD in Nursing at New York University
- 1960—DNS degree—Boston University, focus on development of theory for a practice discipline, but research requirements same as PhD
- 1970’s—PhD preparation in nursing more common
- 1979—ND -- Case Western Reserve--lacked a uniform approach to preparation

History of Doctoral Education in Nursing: the development of the DNP

- 2001—University of Kentucky admits first DNP class
- 2002—AACN task force formed on the Practice Doctorate
- 2004—AACN Position Statement on the Practice Doctorate: recommended that the Doctor of Nursing Practice (DNP) degree would become the terminal degree for nursing practice by 2015.
Growth in Doctoral Nursing Programs: 2006-2013

Expected Health Care Impact
- Facilitation of inter-professional collaboration to solve health care issues, influence the structure of health care and achieve improved health care outcomes
- Improved systems of care that promote health and wellness for patients, families, and communities
- Innovation toward new models of health care and quality outcomes
- Evaluation of health care delivery and effectiveness
- Increased political influence and shaping health policy by nursing
- An expanded theoretical and scientific foundation for practice and education
- Health care availability to underserved/vulnerable population
- Identification and development of strategies to eliminate disparities in health care

Why is this Important?
- Dramatic economic shifts impact healthcare
- Healthcare outcomes produced by our healthcare system indicate that there is a gap…
- Integrating the practice doctorate in nursing into the healthcare system – a disruptive innovation
  - We must look at new ways of doing things
  - Our work now represents a whole different set of values, interactions, and intersections
  - Requires the ability to integrate, coordinate, and facilitate dramatic changes in our work (Porter O’Grady & Malloch, 2011)
- An Opportunity to Address the Healthcare Shift
  - The DNP has the potential to be a facilitator of change

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Doctorally Prepared Nurses: Network of Scholars
- Role of the scientist
  - Researcher develops theories and generates knowledge about large areas of reality (Reed & Shearer, 2011)
- Role of the practitioner
  - Researcher is problem solving and producing local/contingent situation information

Phases of Knowledge Development
- Exploration – knowledge discovery (quantitative/qualitative)
- Explication – theory evaluation
- Engagement – implement, evaluate, disseminate knowledge (program evaluation and QI)
- Optimization – revising/refining interventions (Velasquez, McArthur, Johnson, 2011)
Conceptual Model Doctoral Nursing Roles

DNP Concept Model

DNP Skillset

Advanced Practice Knowledge
- Traditional DNP Roles (Nurse Practitioner, Clinical Nurse Specialist, Nurse Midwife, Nurse Anesthetist, Nurse Executive)
- Additional DNP Knowledge based on Essentials of DNP Education

Innovative Roles

Use of Evidence Based Knowledge
Generation of Practice Based Knowledge

Advanced Practice Knowledge - The Essentials of DNP Education

I. Scientific Underpinnings for Practice
II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
V. Health Care Policy for Advocacy in Health Care
VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
VII. Clinical Prevention and Population Health for Improving the Nation’s Health
VIII. Advanced Nursing Practice (AACN, 2006)

DNP Impact

Patient ↔ Population
Outcomes
System ↔ Policy
### DNP Impact
- Funneling evidence-based practice to the bedside
- Funneling practice-based evidence to research
- Nursing theory refinement/development
- Work in interdisciplinary teams
- Institutional policy change
- Shared Academic appointments

### Goals of Health Care Reform
- Aligns with DNP skills
- Increased emphasis on education and prevention in population health
- Increased accountability
- Expanding access
- Changing payment system
- Increasing Value = increase quality/decrease cost

### The DNP in Action
- **Phenomenon:** Missed reimbursement in Primary Care office due to missed opportunities, lack of documentation & IT reporting
- **Theory:** Donabedian
  - Improve quality by addressing structure, process to improve outcomes
- **Literature Review:** PCMH and Chronic Care Model, IT literature
  - Unconventional sources: Insurance data bases, Pay for Performance guidelines

### Planning/Implementation
- **Project Plan:** Present business case to physician owners to justify RN quality coordinator
- **Intra & Interprofessional Collaboration:** Administration, Insurance industry rep, PHO IT registry, nursing, physicians
- **Practice Innovation /Implementation**
Evaluation and CQI

- Evaluation of Results
- Continuous Quality Improvement (CQI)
- Evaluation of Outcomes: Based on structure and process changes
- CQI: evaluation of financial outcomes, improving processes, workflow, expansion of quality team to capture incentives

Outcomes

- Refinement of Interdisciplinary PCMH model
- Dissemination of best practices within and outside organization
- Development of nursing roles in healthcare to improve quality
- Important for systems to disseminate outcomes for value-based reimbursement
  ($1.35 million in incentive reimbursement to practice in 4.5 years)

Expectations of the DNP-Summary

- Function within organizations to affect populations and systems; translate advances in science within a local context to improve outcomes for patients/populations
- Leadership and Interprofessional skills
- Design, evaluate and improve the system using data to drive innovation and measure outcomes
- Shape local to national health policy affecting financing, regulation & access

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DNP Roles

- Traditional APRN Role (Practice)
  - Nurse Practitioner
  - Clinical Nurse Specialist
  - Nurse Midwife
  - Nurse Anesthetist
- Health System Leadership
- Executive Informatics
- Policy

Susanna Sirianni
DNP, RN, ACNP-BC, CCRN

- Nurse Practitioner
  - managing critically ill and injured patients in the SICU.
- Hospital lead for Sepsis Quality Improvement Project
  - Sinai Grace Hospital, Detroit Medical Center, Department of Surgery
- DNP Scholarly Project: An Interprofessional Approach to Sepsis Care
- Impact: Improved application of evidence, decreased mortality, decreased cost, increased collaboration
- Saved $1 million – Choose Wisely Campaign
Denise O'Brien DNP, RN, ACNS-BC, CPAN, CAPA, FAAN
Perianesthesia Clinical Nurse Specialist
University of Michigan Hospitals & Health Centers/Department of Operating Rooms/PACU
- **DNP Scholarly Project**: Intraoperative Risk Factors Associated with Pressure Ulcer Development in Critically Ill Patients
- **Impact**: Focus on perioperative outcomes, national and international dissemination

Lisa Fetters DNP, RN, CCNS, CEN
- **Director Quality and Patient Safety**
  Emergency Physicians Medical Group
  35 Emergency Department and 8 Urgent Care sites
- **DNP Scholarly Project**: Fall Risk Factors in Emergency Department Patients
- **Impact**: Increased patient satisfaction, increased collaboration, improved systems that increase safety, decrease cost

Kristel Ray DNP, ANP-BC
- **Associate Professor**
  Mott Community College
- **DNP Scholarly Project**: High Fidelity Simulation As A Strategy for Interprofessional Education: A Teaching Innovation Within the Community College
- **Impact**: Focus and development of Interprofessional education using simulation in combination with other technology.

Judy Paul DNP, RN, NEA
- **Market Chief Nurse Executive**
  Physicians Regional Healthcare System
- **DNP project**: An Examination of Nurse Caring and Hospital Acquired Pressure Ulcers
- **Impact**: Understands program design and aligns with population health to drive business objectives of the organization to achieve regulatory objectives.
  Centralized telemetry increased patient safety

Ann Sheehan DNP, RN, CPNP
**Assistant Dean for Practice**
GVSU Kirkhof College of Nursing
Pediatric Nurse Practitioner, Director GVSU Family Health Center, Doctoral
- **DNP Scholarly Project**: Growing Grassroots Advocacy: Implementation of a Legislative Tracking Tool
- **Impact**: Multidimensional (university, student, clinic). Strategic planning has resulted in a 60% increase in patient visits and revenue.
- **MICNP President elect**

Stephanie Brady DNP, PMHCNS-BC
- **Vice President of Care Transitions**: St. John Providence Health System- Corporate Administration
- **DNP Scholarly Project**: The impact of mindfulness meditation on a culture of safety on an inpatient psychiatric unit
- **Impact**: 5 CMS demonstration projects $6 million dollars to evaluate 4 care coordination models (Community Care Transitions, High Intensity Care Model, Patient Care Liaison Role, Telephonic Case Management Program with 24/7 Nurse Rescue Line, Telephonic High Intensity Care Management to reduce readmissions). Restructured ambulatory rehab saving $500,000. Wrote business plan for Senior Services - $250,000 additional revenue.
Suzie Burke-Bebee, DNP, MSIS, MS, RN

Senior Health Informatician
Office of the Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services (HHS).

DNP Scholarly Project: Building Health Information Technology Capacity: They May Come but Will They Use It?

IMPACT: Health informatics policy. Part of the original team organizing and facilitating the HHS activities promoting the National Health Information Infrastructure (NHII) leading to the creation of Office of the National Coordinator for Health Information Technology (ONC).

Other Evolving Roles
- Director of Nursing Practice and Work Environment (ANA)
- Director, Nursing Outcomes Improvement - Magnet Programs
- Vice President of Professional Performance, Practice & Innovation

Data application
- Apply clinical data to policy and practice
- Use data for program evaluation/decisions
- Measure outcomes that matter
- Movement toward big data – EHR, medical data, meaningful use
- Magnet models – require measurement in 24 of 49. Using a data table instead of story. Tied to translation of research.
- Move from process to outcomes to IMPACT

System Roles Utilize Elements of Essentials
System roles
- Risk management
- Infection control
- Interprofessional Practice
- Disaster management
- Safety and regulatory requirements

Clinical Population Health
- Rapid cycle QI
- Advanced Specialized Nursing Practice
- Local context focus
- Value based care using novel technology
- Embed research in practice

Expansion of Specialty Tracks
- Informatics
- Nursing Education
- Executive Leadership
- Health Care Quality
- Public Health
- Disaster Preparedness
- Other specialty clinical tracks such as palliative care
Academic Call to Action

- DNP product must be on target with the needs of the health system.
- Must provide students with effective skills in data management, collaboration, project management and outcome measurement.
- Ongoing review of standards and rigor
- Measurement of the impact of DNP prepared individuals on patient, population and policy-related outcomes
- Practice/ Expand academic-practice partnerships

DNP Call to Action

- Partner with health care leaders, scientists, clinicians, patients, families, and community members
- Utilize your skillset to move organizations forward
- Embed research into clinical care systems
- Balancing competing demands of aggregate metrics (e.g., benchmarks, dashboards, standards of care) with individualized, patient-centered care & personalized medicine informed by genetics and genomics
- Demonstrate impact via measurable outcomes that matter
- Disseminate the impact!

Public Health Call to Action

- Engage DNP students & graduates in evaluation of large datasets and use of assessment in identifying key population health needs
- Help DNP students connect with community and social service sectors
- Engage DNP students in policy analyses and development of policy briefs

Nursing Leadership Call to Action

- Executive leadership acceptance and advocacy for DNP prepared nurses
  - Promote DNP prepared individuals for appropriate positions across healthcare continuum
  - Develop new roles for DNP prepared nurses
  - Build the business case for employing DNP graduates and work with them to evaluate ROI
- Practice/ Expand academic-practice partnerships
- Incorporate DNP students and graduates into key system change initiatives
- Engage DNP students in assessing strategic priorities

Evolving Roles for DNP

- Opportunity to develop new roles focused on cost and quality management that benefit individual patients, populations, organizations and communities
- DNP is a degree that provides enhanced skills for a variety of roles from clinical to corporate
- New skills in practice innovation, translation of research into practice, measurement, and inter-professional leadership are in demand.

References

References