

Value & Impact: The First DNP Decade

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Observations of the first 10 Years

- DNP is sexy
- Demand is high
- Opportunity is ripe
- Education is variable
- Practice is variable
- Outcomes & impact cannot vary



The Plan for Today

1. Use criticisms to improve, &





2. Articulate the value proposition.





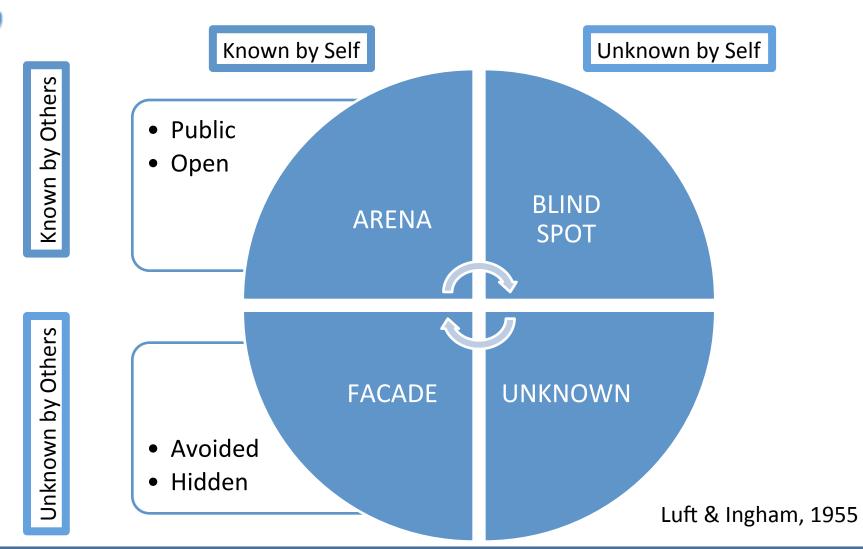
Look into the past



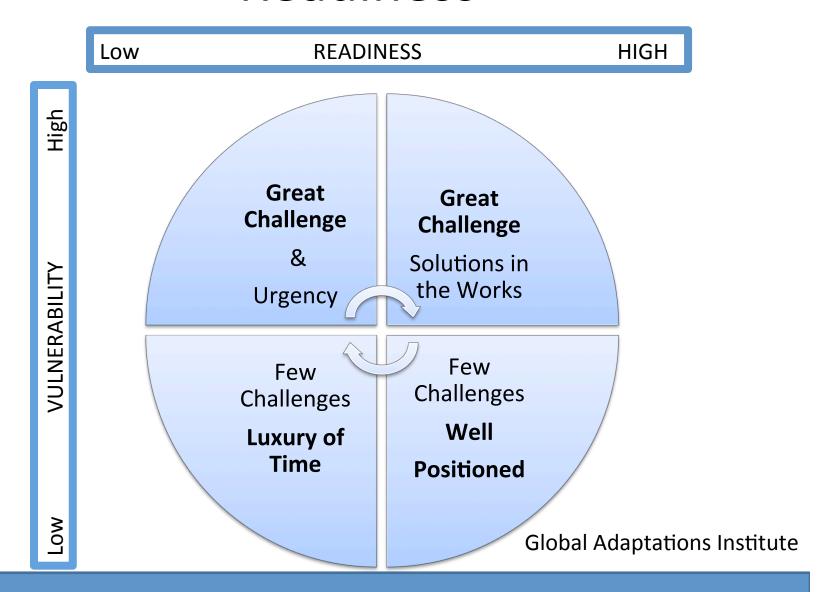


Bring it!

Johari Window



Readiness



Criticisms!

a. Lite beer of doctoral education



c. Profit motives

d. Lazy way to a doctorate









The lite beer of doctoral degrees...

Rigorous Education Ongoing Performance Improvement

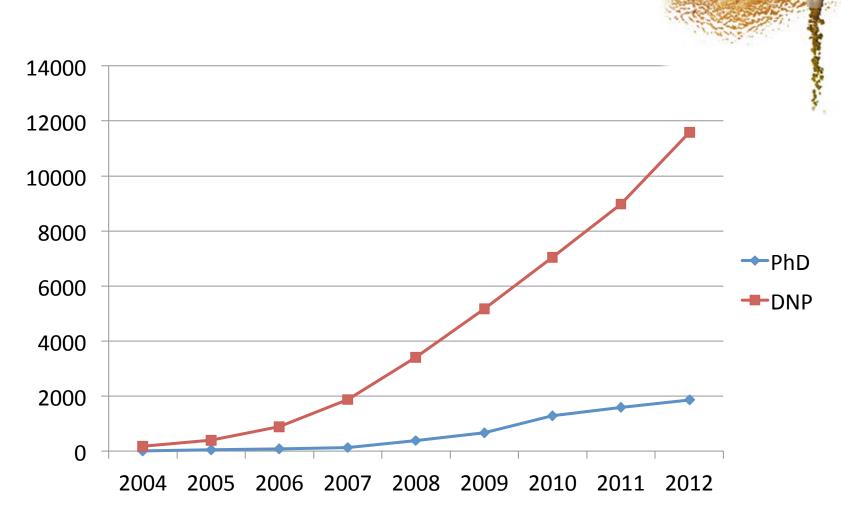
- Not a masters on steroids
- Not a mini PhD
- Clear focus on needs for nursing
 - Direct Care
 - Systems
 - Technology to support care
 - Policy to support quality
- "Practice what we learn and teach what we practice"





- The numbers don't support the hypothesis
 - I never wanted a PhD
 - I am a clinician not a researcher
 - I will teach but not at the expense of my practice
 - I love practice.....this one's for me

The brain drain criticism...



Profit motive



Whose profit concerns us?

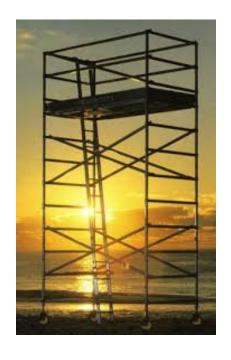
- Clinicians
- Those who employ DNPs as opposed to MDs?
- Systems & organizations
- Higher education
- Volume vs quality
 - Puppy mills
 - Breeders

1 Lazy person's doctorate



- Rigorous practicums
- Rigorous education
- Scholarly output
- Address real, substantial problems & needs
- Accomplish measurable improvement
- Provide amazing care
- Disseminate

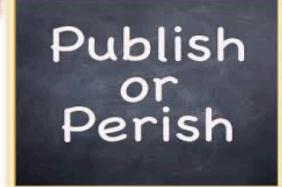
1 Lazy person's doctorate











SHARE WHAT YOU KNOW!

2

DNP is right

Now we must demonstrate value

Market Customer **Products** Benefits Alternatives Proof

The Value Proposition

- What is the market?
- What is the real customer's perspective?
- What products or services will be offered?
- What benefits will the market derive?
- What are the alternative services or products?
- What evidence do you have to establish your value?





Demand Expectations Technology Scrutiny Aging Chronicity Complexity **Diversity** Disparity



Exhibit ES-1. Overall Ranking

Country Rankings							
1.00-2.33	*				業		
2.34-4.66		4					00000
4.67-7.00	15000000	-		STATE	0.000		
	AUS	CAN	GER	NETH	NZ	UK	US
OVERALL RANKING (2010)	3	6	4	1	5	2	7
Quality Care	4	7	5	2	1	3	6
Effective Care	2	7	6	3	5	1	4
Safe Care	6	5	3	1	4	2	7
Coordinated Care	4	5	7	2	1	3	6
Patient-Centered Care	2	5	3	6	1	7	4
Access	6.5	5	3	1	4	2	6.5
Cost-Related Problem	6	3.5	3.5	2	5	1	7
Timeliness of Care	6	7	2	1	3	4	5
Efficiency	2	6	5	3	4	1	7
Equity	4	5	3	1	6	2	7
Long, Healthy, Productive Lives	1	2	3	4	5	6	7
Health Expenditures/Capita, 2007	\$3,357	\$3,895	\$3,588	\$3,837*	\$2,454	\$2,992	\$7,290



Overall Ranking

Country Rankings

Top 2*											
Middle	<u>></u>					無					
Bottom 2*		*				×		+	•		CHECK .
	AUS	CAN	FRA	GER	NETH	MZ	NOR	SWE	SWIZ	UK	US
Overall Ranking (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/ Capita, 2011 **	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy
Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians;
2013 International Health Policy Survey; Commonwealth Fund National Scorecard 2011; World Health
Organization; and Organization for Economic Cooperation and Development, OECD Health Data, 2013
(Paris: OECD, Nov. 2013).





Challenging to access
Not evidence based
Fragmented
Redundant



Expensive

Impersonal

Procedural

Insensitive

Risky



Accessible
Evidence Based
Integrated
Eliminating redundancy



Individualized
Less Expensive
Respectful
Risk Reducing







Pathways
Clinics
Programs
Education
Consultation
Protocols

INNOVATION



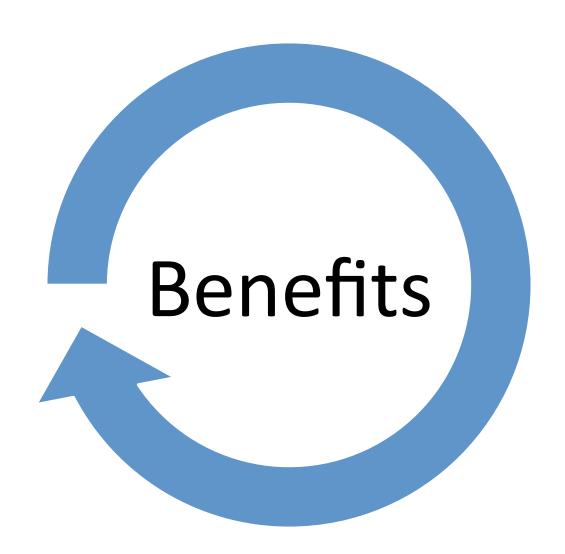
Practice Environment Reforms

RCPI

Team Solutions
Communication
Evaluation
Consultation
Apps
Decision Support



INNOVATION





Improved Clinical Outcomes

Increased compliance with CPAP (Di Napoli)

Decreased sedation in ICU (Jablonski)

Improved quality of bowel prep (VanDongen)

Decreased urinary catheter days in ICU (Ascenzi)

Decreased false alarms (Cvach)

Decreased length of itinerary for cough (Patton)



Increased compliance with guidelines

PAP testing (Johnson & Anderson)

S.T.A.B.L.E. in neonates pre transfer (Diehl-Svrjcek)

Cold meds in children (Lozman)

Hep B Regimen (Thomas)

Group therapy (Memel)

Heart Failure (Kim & Chang)



Improved Systems of Care

Decreased waiting time in ER (Lombardo)

Decreased time till tertiary care (Newton)

Access to psych APRN in rural US (Southard)

Prep for DC for CHF (Baptiste)

Prep for DC from NICU (Lo Sasso)



Leadership & Team Function

Senior leadership behaviors (Piertzyk)

Reducing negative leadership behaviors (Mc Auliffe)

Reducing distraction during med admin (Perschke)

Peri-op safety culture (Baker)



Improved Systems of Care

Follow up and TIA Care in Virginia (Marshman)

Pedi home care practices (Peacock)Responding

to hyper-oxia in NICU (Deuber)



Resources and tools

Pancreatic Cancer (Coleman)

Birth Control for returning veterans (Kairys)

Lymphedema prevention (Phillips)

Using NDNQI to improve practice (Groff-Paris)

Children's fever management (Monsma)

Screening for heart disease (Kashani)

Resources to reduce Childhood obesity (Brei)



Needs of diverse populations

Chronic hypertension in Uganda (Katende)

Managing pressure ulcers in low resource (Holland)

Reducing change of shift errors in Lebanon

(Younan)

Using NDNQI to improve practice (Groff-Paris)

Children's fever management (Monsma)

Screening for heart disease (Kashani)





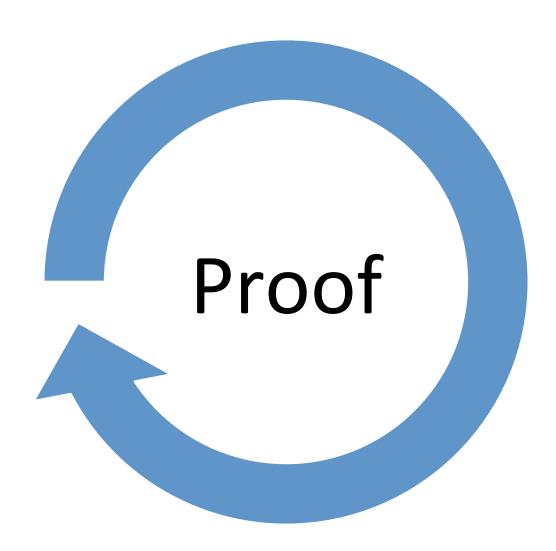
Physician Assistants
Doc-in-the-BOX
Pharmacists
Health Coaches
Trainers
Lay people
Physicians



Get it right or Lose the moment



The next big thing





120 projects

100% achieve outcomes (last 3 years)

Statistical significance

Clinical significance

Social significance

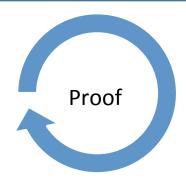


Publications

• 160 (JHU)

• 200 (Duke)

How about you



Presentations

ONS

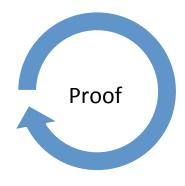
AWHONN

MAGNET

STTI

NANN

DNP Inc.



Media

- NPR
- Cosmopolitan
- Better Homes and Gardens
- Local TV
- Local Radio
- KEEP IN CONTACT WITH YOUR ALMA MATER!

My Thesis

• DNP is right

• It works

Criticisms cannot be allowed to come true

• Lean in demonstrate value

Our Challenge

Academe

- 1. Provide solid base
 - Practice
 - Innovation
 - Collaboration
 - Evaluation
 - Dissemination
- 2. Meet demand
- 3. Deliver quality

Practice

- 1. Show 'em what you've got
 - Evidence based
 - Effective
 - Efficient
 - Individualized
 - Innovative
- 2. Collaborate
- 3. Disseminate

DNP Value Proposition

The **Products** Options Proof Market Benefits & Customer & **EVIDENCE** Alternatives Experience Services

Aging	Competence	Pathways	Outcomes	Physicians	Philips
Complexity	Personalized	Procedures	Less waste	PAs	Ayvazian
Chronicity	Professional	RCPI	Lower cost	Pharmacists	Cvach
Poly- pharm	Compassionate	Apps & tools	Less suffering	Others	Ayvazian
Wellness	Goal Directed	Services	Info Flow	Internet	Kashani
Disparities	Safe	Decision Sup	Consistency	Coaches	Newton
Diversity	Quality	Innovative	Inappropriate care avoided	No care	Van Dongen



The right idea!



The right knowledge, skills & tools!



It works!



Look into the future