



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





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)





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

(FON-NY)





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!

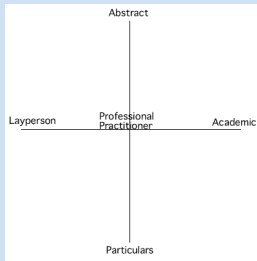




Levels of Abstraction

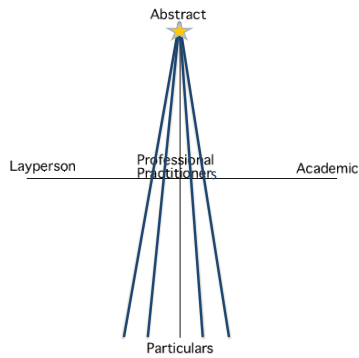
Organizational Science

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



Species of Interaction Criticism
http://interactioncriticism.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





Organizing Nurses in NYS

- Formed:
 - New York Patient Nurse Alliance (NYPNA)
- Developed:
 - Mission
 - Objectives
- Adopted:
 - Consensus-Building Model
- Secured:
 - Websites for future development





- 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

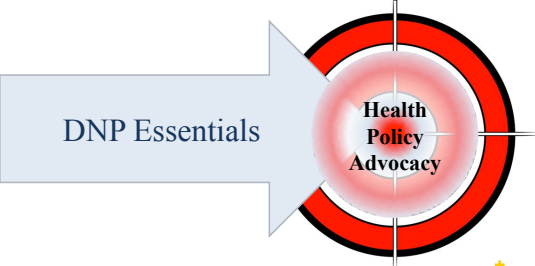




NYPNA & NYAC

- 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

- II: Organizational and Systems Leadership
 - Create new models
 - Communicate effectively
 - Develop initiatives
 - Cultural sensitivity
- V: Health Care Policy for Advocacy
 - Lead
 - Advocate for nursing
 - Analyze policies
 - Influence stakeholders
- VI: Interprofessional Collaboration
 - Communicate/Collaborate
 - Lead teams
 - Create change





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?





DNP Essentials

- 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





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.



Seven horizontal lines for writing notes.


References

- AACN. (2006). *The Essentials of Doctoral Education for Advanced Practice Nursing*. Washington, DC: AACN.
- FON-NY. (n.d.). *Welcome*. Retrieved March 30, 2011, from Future of Nursing New York State: <http://ifnrc-ny.org/leadership/welcome.htm>
- IFN. (2010). *The Future of Nursing: Leading Change, Advancing Health*. National Academy of Sciences.

Seven horizontal lines for writing notes.

- 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
- Susskind, L.E., McKearney, S., & Thomas-Lamar, J. (1999). The Consensus Building Handbook: A comprehensive guide to reaching agreement. Thousand Oaks, CA: SAGE

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