

# **The DNP-Prepared Nurse Practitioner Improving Patient Outcomes through Executive Leadership and Quality Improvement in Federally Qualified Health Centers**

Theresa Jennings, DNP, ARNP, FNP-c  
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**IOWA** | NURSING

## DISCLOSURES

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- Clinical Assistant Professor – University of Iowa College of Nursing
- Family Nurse Practitioner – Community Health Care, Inc

DR. EMILY SINNWELL, DNP, ANRP, FNP-BC, PMHNP-BC

- Clinical Assistant Professor – University of Iowa College of Nursing
- Family and Psychiatric Nurse Practitioner – Proteus and Broadlawns Medical Center

The authors have no disclosures to report.

## OBJECTIVES

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By the end of this presentation, the participant will be able to:

- recognize the **eight essentials of doctoral nursing practice** as a foundation for success of the DNP prepared nurse practitioner working to improve healthcare outcomes.
- describe reasons why the Doctorate of Nursing Practice (DNP) prepared nurse practitioner is qualified to serve in **quality improvement and executive leadership roles**.
- list examples of how the DNP prepared nurse practitioner can **improve population health outcomes** through quality improvement and executive leadership roles.

## DOCTORATE OF NURSING PRACTICE (DNP): HISTORY<sup>1</sup>

Dr. Loretta Ford and Dr. Henry Silver created the first training program for Nurse Practitioners at the University of Columbia

1965

1970's  
Defining the role and results with increased availability

Cost and the economic value

1980's

1994  
New England Journal of Medicine published article about NP role

American Association of Critical-Care Nurses Position Statement on the Practice Doctoral in Nursing

2004

2006  
Support for DNP as entry to practice by 2025 and redesign of DNP Essentials to support IOM

## DOCTORATE OF NURSING PRACTICE (DNP): COURSE WORK

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"Doctoral education in nursing is designed to prepare nurses for the highest level of leadership in practice and scientific inquiry" (AACN, 2006)<sup>2</sup>

3-4 years of full-time study including summers

12 months minimum of full-time post-master's study

Minimum of 1,000 hours of practice hours

Final DNP Project

Core classes:

- Advanced Health/Physical Assessment
- Advanced Physiology/Pathophysiology
- Advanced Pharmacology

## EXAMPLE PLAN OF STUDY: DNP-FAMILY NURSE PRACTITIONER

### YEAR 1

<b>Fall</b>
Applied Epidemiology
Evaluating Evidence for Practice
Advanced Practice Role I: Introduction
<b>Spring</b>
Advanced Physiology Online
Health Systems, Finance, and Economics
Leadership and Management Essentials
<b>Summer</b>
Health Policy, Law, and Advocacy
Genetics/Genomics for Advanced Nursing Practice

### YEAR 2

<b>Fall</b>
Clinical Data Management and Evaluation
Population Health for Advanced Practice
<b>Spring</b>
Quality and Safety
Social Determinants of Health and Health Systems Inequities

### YEAR 3

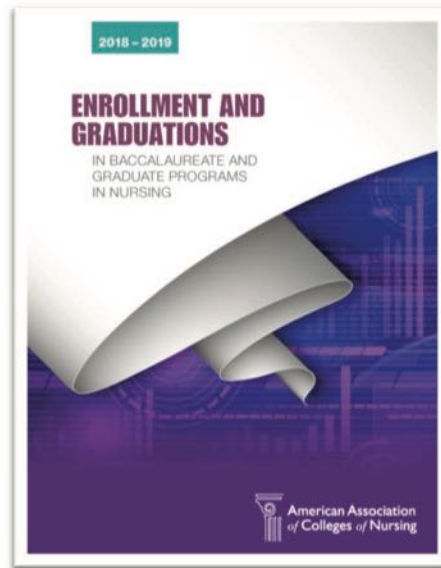
<b>Fall</b>
Mental Disorders in Advanced Practice
Pathophysiology for Advanced Clinical Practice
Doctor of Nursing Practice Project I
<b>Spring</b>
Health Promotion and Assessment for Advanced Clinical Practice
Pharmacotherapeutics for Advanced Practice Nursing
Advanced Diagnostics and Therapeutic Procedures for Primary Care
Doctor of Nursing Practice Project II
<b>Summer</b>
Graduate Pharmacology Specialty

### YEAR 4

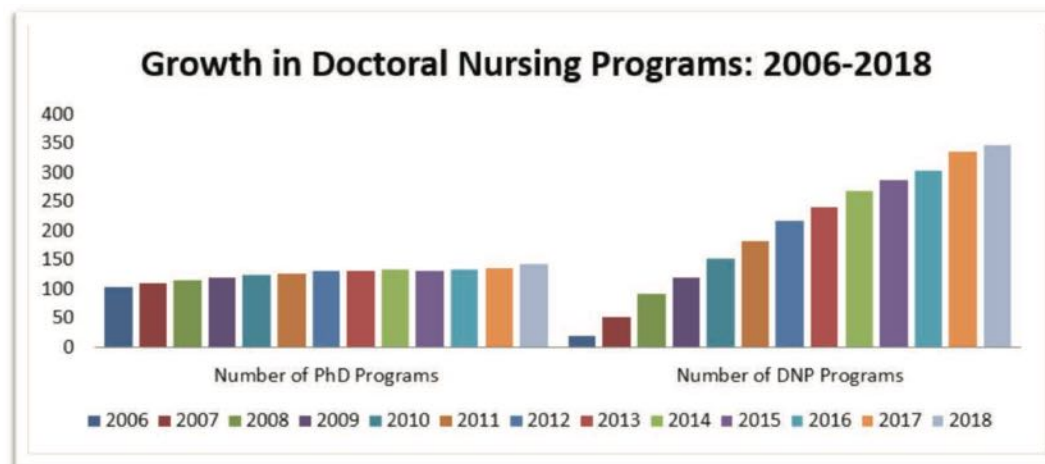
<b>Fall</b>
Primary Care: Infants, Children, and Adolescents I
Primary Care: Adult and Older Individuals I
Advanced Practice Clinical Practicum I
Doctor of Nursing Practice Project III
<b>Spring</b>
Primary Care: Infants, Children, and Adolescents II
Primary Care: Adult and Older Individuals II
Advanced Practice Clinical Practicum II
Advanced Practice Role I: Integration
Doctor of Nursing Practice Project IV
<b>Summer</b>
Advanced Practice Clinical Practicum III

## DOCTORATE OF NURSING PRACTICE: PROGRAM TRENDS<sup>3</sup>

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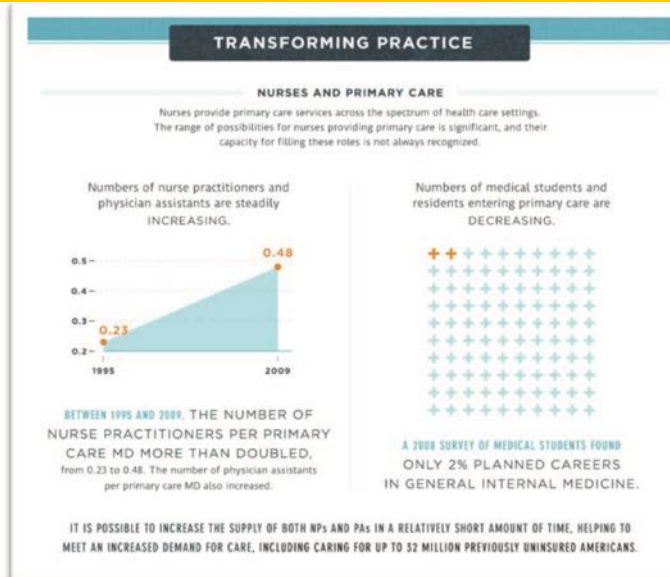


## DOCTORATE OF NURSING PRACTICE: PROGRAM TRENDS<sup>4</sup>

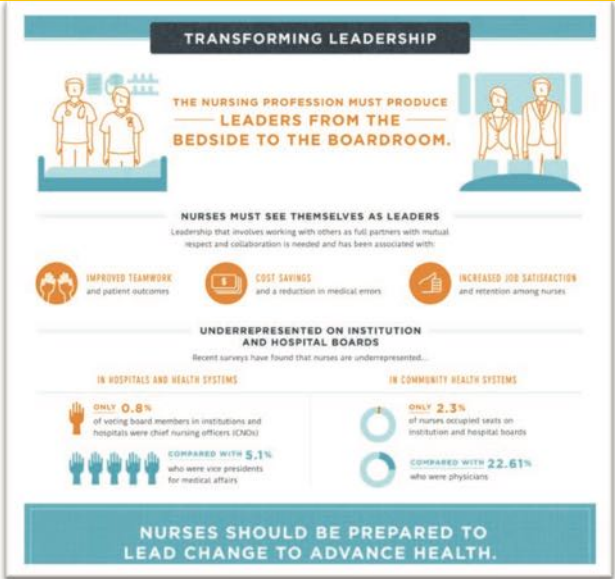




# INSTITUTE OF MEDICINE REPORT: THE FUTURE OF NURSING – LEADING CHANGE, ADVANCING HEALTH<sup>5</sup>



# INSTITUTE OF MEDICINE REPORT: THE FUTURE OF NURSING – LEADING CHANGE, ADVANCING HEALTH<sup>5</sup>



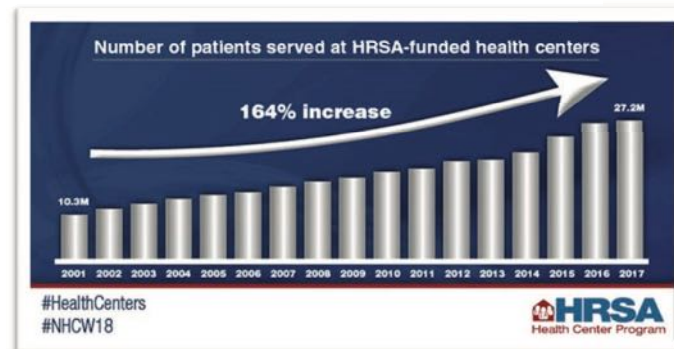
## FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) <sup>6</sup>

Provide medical, behavioral health, & dental care in underserved areas

- Offers services regardless of ability to pay

Receive funds from Health Resources and Services Administration (HRSA)

- HRSA funds nearly 1,400 health centers operating approximately service delivery sites.
- More than 27 million people rely on these clinics for care



## FEDERALLY QUALIFIED HEALTH CENTERS: ACUTE CARE COST SAVINGS IMPACT <sup>6</sup>

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Coordinated, comprehensive, community care

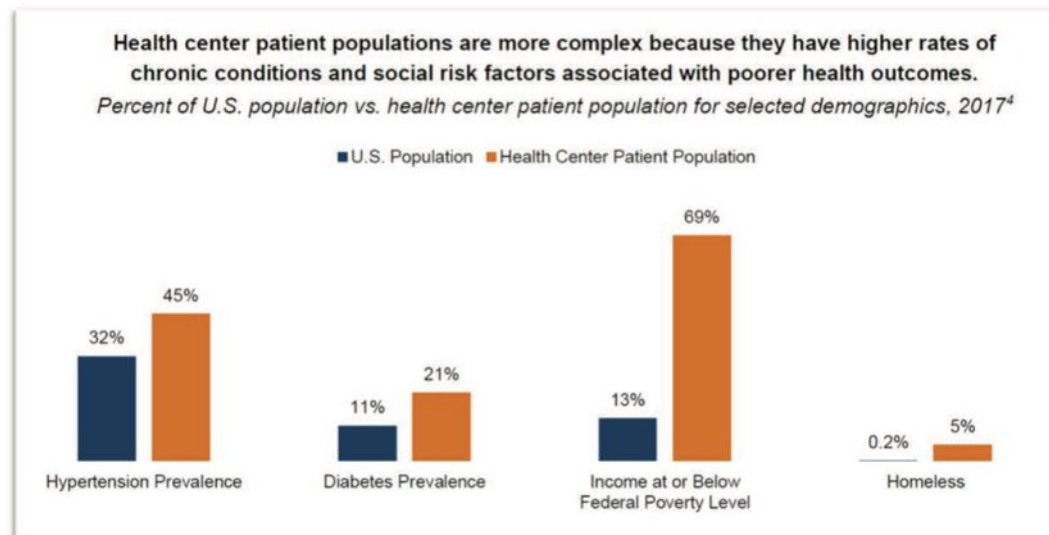
- Patient centered medical home model
- Underserved communities



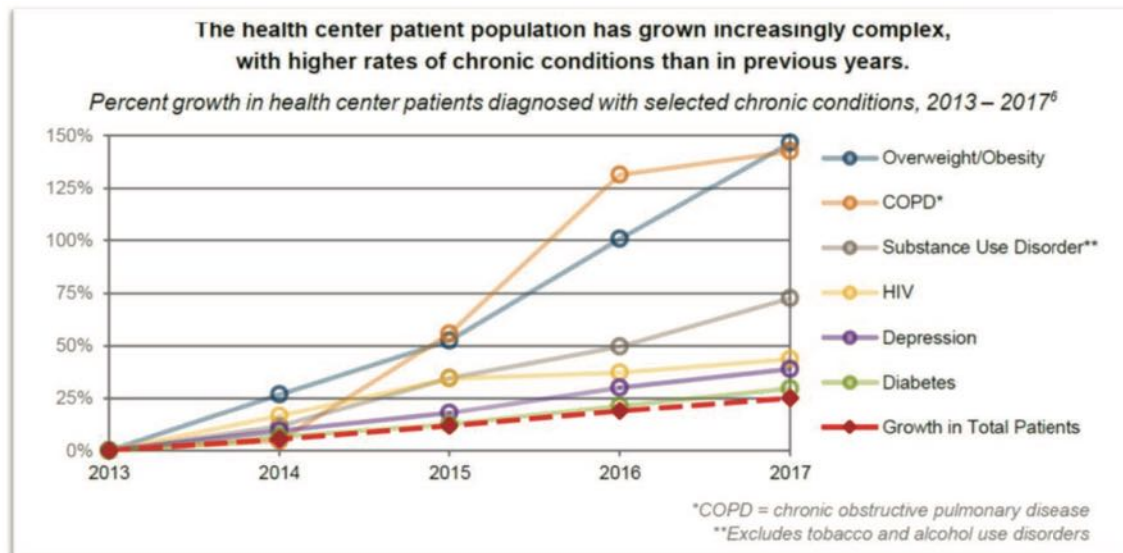
### Acute Care Cost Savings Impact:

- FQHC patients had 24% lower spending across all settings
  - 33% lower spending on specialty care
  - 25% fewer inpatient admissions
  - 27% lower spending on inpatient care

## FEDERALLY QUALIFIED HEALTH CENTERS: CHRONIC CONDITIONS IMPACT <sup>7</sup>



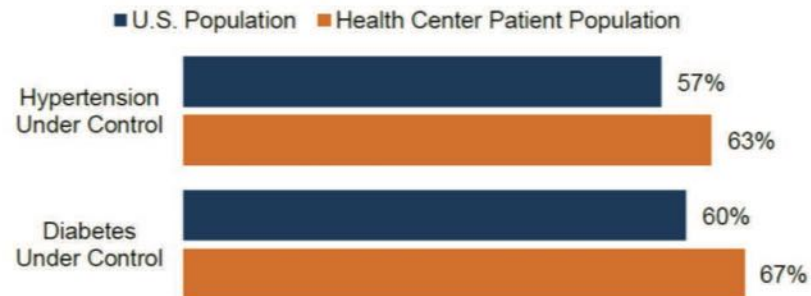
## FEDERALLY QUALIFIED HEALTH CENTERS: CHRONIC CONDITIONS IMPACT<sup>7</sup>



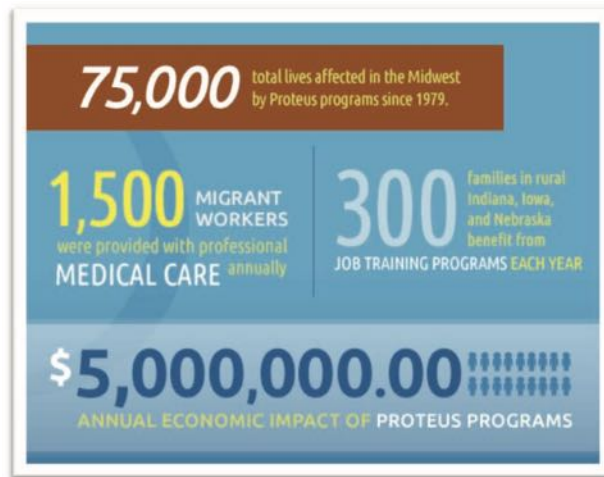
## FEDERALLY QUALIFIED HEALTH CENTERS: CHRONIC CONDITIONS IMPACT<sup>7</sup>

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The health center model achieves better outcomes for complex patients, even while serving patients with higher rates of chronic conditions and social risk factors.  
*Percent of population with hypertension and diabetes under control, 2017<sup>8</sup>*



## FEDERALLY QUALIFIED HEALTH CENTERS: FINANCIAL & QUALITY IMPACT



**proteus**  
Job Training • Health Care • Assistance



 **Community Health Care, Inc.**  
Opening Doors to Health Care

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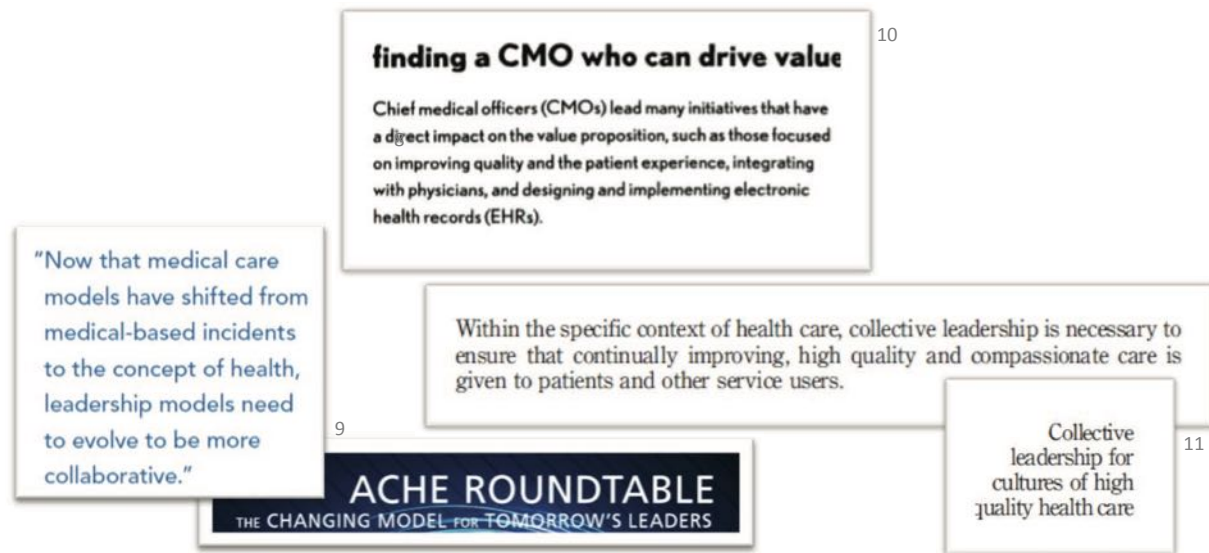


# QUADRUPLE AIM



## FEDERALLY QUALIFIED HEALTH CENTERS: EVOLVING LEADERSHIP NEEDS

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# FEDERALLY QUALIFIED HEALTH CENTERS: LEADERSHIP NEEDS

The responsibilities of the Quality/Clinical Compliance Manager include the following areas:

- Implementation of CQI program, Risk Management, Disease Management and other Quality Assurance (QA) projects. Promote and support the Patient Centered Medical Home primary care model (PCMH)
- Manages the clinical CQI/PI (performance improvement) program to ensure the highest quality of care
- Assists with ongoing compliance activities, develops and ensures implementation of policies and procedures related to standards of conduct and compliance with applicable laws and regulations, particularly those pertaining to community health centers and other identified areas related to the development, implementation, maintenance of, and adherence to the company's policies and procedures
- Responsible for monitoring adherence to clinical practice guidelines through EMR base chart audits
- This data collection/chart audits will be done as needed and quarterly or yearly and will focus on lifecycle issues (e.g. pediatrics, adult, geriatric, etc.) individual provider's performance and on collective data for chronic diseases (e.g. diabetes, asthma, etc.)
- The Manager will compile and summarize findings for the Executive Leadership Team and the CQI/PI committee
- Responsible for assisting clinical leaders in data acquisition to enable them to monitor their programs for "key measures" to improve quality
- Investigates clinical incident reports and submit them to the Medical Director for review
- Coordinates periodic patient satisfaction surveys and work with the CQI in devising solutions to improve customer service
- Assesses and reports compliance to clinical requirements on an on-going basis
- Works with the Executive Leadership Team to incorporate the Health Disparities Collaborative, Dashboard Measures and 330 Grant Objectives into the CQI program
- Assists the Executive Leadership Team in developing and recommending solutions for CQI changes identified by monthly and quarterly CQI reports
- Assists the Executive Leadership Team in presentation of CQI reports and initiatives at the provider meetings, QIC committee and BCI Board as needed
- Monitors outcome measures and implementation of newly implemented CQI programs
- Assists the Executive Leadership Team in investigating and developing solutions for QA problems within the clinics
- Monitors clinics' compliance with OSHA and HIPAA regulations and employee safety requirements
- Coordinates clinical data review as it relates to the Federal 330 grant health plan
- Facilitates Patient Centered Medical Home (PCMH) renewal
- Identifies payor care gaps
- Updates and implements new Bay Clinic protocols, policy and procedures and standing orders
- Assists Director of Clinical Operations with Risk Management Program for Bay Clinic

## CANDIDATE CHARACTERISTICS

- **MUST be MISSION DRIVEN.**
- **PATIENT-Centric** and fiscally responsible.
- A high level of comfort, interest and capability working in a community-based environment
- Able to sell & champion change.
- Delivers results in measurable, quantifiable fashion; has a bias for action and strong execution skills.
- Understands clinical operations, health care finance, cost management and healthcare delivery across the continuum.
- Holds people accountable, can make tough decisions and is able to have the difficult conversations.
- **Boots on the ground, visible leader** who is a strong communicator, a coach and a mentor.
- Empowering, supportive and promotes a culture of "Joy in Service".

- 5+ years' experience in a management role
- Experience with an FQHC organization (preferred not required)
- Knowledge of the legal and regulatory healthcare environment
- Experience with implementing and using EMR/EHR systems
- Knowledge and experience with licensing/accrediting agencies and managed care organizations
- Exceptional interpersonal skills

## THE DNP AND LEADERSHIP IN FEDERALLY QUALIFIED HEALTH CENTERS

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Doctoral-Prepared Nurse Practitioners are educated and qualified to meet the organizational leadership needs of FQHCs

- Understand clinical needs of patients and communities
- Understand system-based quality improvement to improve clinical outcomes for complex populations
- The Eight Essentials of Doctoral Education for Advance Nursing Practice further outline the readiness of the DNP in quality improvement & executive leadership roles
  - Impact population health outcomes
  - Impact future of our healthcare system



## THE 8 ESSENTIALS OF DOCTORAL EDUCATION FOR ADVANCED NURSING PRACTICE <sup>2</sup>

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I. SCIENTIFIC UNDERPINNINGS

II. LEADERSHIP FOR QI

III. EVIDENCE-BASED PRACTICE

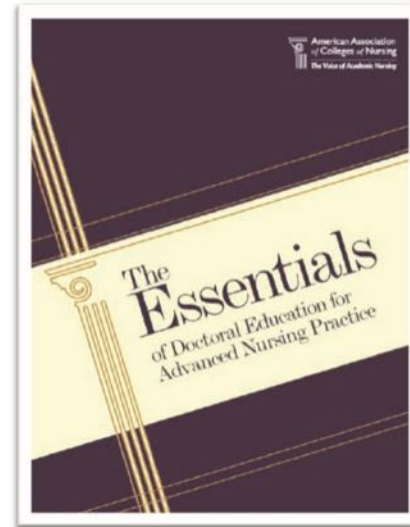
IV. INFORMATION SYSTEMS

V. HEALTH CARE POLICY

VI. INTERPROFESSIONAL  
COLLABORATION

VII. POPULATION HEALTH

VIII. ADVANCED NURSING PRACTICE



## I. SCIENTIFIC UNDERPINNINGS FOR PRACTICE<sup>2</sup>

### SCIENTIFIC UNDERPINNINGS

LEADERSHIP FOR QI

EVIDENCE-BASED PRACTICE

INFORMATION SYSTEMS

HEALTH CARE POLICY

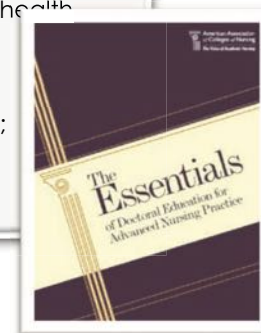
INTERPROFESSIONAL  
COLLABORATION

POPULATION HEALTH

ADVANCED NURSING PRACTICE

The DNP Program prepares the graduate to:

1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.
2. Use science-based theories and concepts to:
  - Determine the nature & significance of health & health care delivery phenomena;
  - Describe the actions & advanced strategies to enhance, alleviate; and ameliorate health & health care delivery phenomena as appropriate;
  - Evaluate outcomes
3. Develop & evaluate new practice approaches



# I. SCIENTIFIC UNDERPINNINGS FOR PRACTICE

SCIENTIFIC UNDERPINNINGS

LEADERSHIP FOR QI

EVIDENCE-BASED PRACTICE

INFORMATION SYSTEMS

HEALTH CARE POLICY

INTERPROFESSIONAL  
COLLABORATION

POPULATION HEALTH

ADVANCED NURSING PRACTICE

DNP Coursework : pharmacology, pathophysiology,  
clinical practicum, quality and safety,  
population health



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## I. SCIENTIFIC UNDERPINNINGS FOR PRACTICE

SCIENTIFIC UNDERPINNINGS

LEADERSHIP FOR QI

EVIDENCE-BASED PRACTICE

INFORMATION SYSTEMS

HEALTH CARE POLICY

INTERPROFESSIONAL  
COLLABORATION

POPULATION HEALTH

ADVANCED NURSING PRACTICE

### Examining the Roles and Competencies of Nurse Leaders, Educators, and Clinicians With a Doctor of Nursing Practice at an Academic Medical Center

*Esther Chipps, PhD, RN, NEA-BC  
The Ohio State University Wexner Medical Center, Columbus, Ohio  
The Ohio State University College of Nursing, Columbus, Ohio*

*Todd Tussing, DNP, CENP, NEA-BC  
The Ohio State University College of Nursing, Columbus, Ohio  
Ohio State University Hospital East, Columbus, Ohio*

*Ruth Labardee, DNP, RN, CNL  
The Ohio State University Wexner Medical Center, Columbus, Ohio*

*Mary Nash, PhD, RN, FAAN, FACHE, NEA-BC  
The Ohio State University Wexner Medical Center, Columbus, Ohio  
The Ohio State University College of Nursing, Columbus, Ohio*

*Kimberly Brown, DNP, RN, NEA-BC  
The Ohio State University Wexner Medical Center, Columbus, Ohio*

### TACTICS<sup>13</sup>

- Include scientific theory in nursing leadership initiatives & discussions
- Use scientific theoretical-based approaches
- Build clinical research teams

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## II. ORGANIZATIONAL & SYSTEMS LEADERSHIP FOR QUALITY IMPROVEMENT & SYSTEMS THINKING<sup>2</sup>

SCIENTIFIC UNDERPINNINGS

LEADERSHIP FOR QI

EVIDENCE-BASED PRACTICE

INFORMATION SYSTEMS

HEALTH CARE POLICY

INTERPROFESSIONAL  
COLLABORATION

POPULATION HEALTH

ADVANCED NURSING PRACTICE

The DNP Program prepares the graduate to:

1. Develop & evaluate care delivery approaches that meet current & future needs of patient populations
2. Ensure accountability for quality of health care & patient safety
  - a. Use advanced communication skills to lead QI and patient safety initiatives in health care systems
  - b. Employ principles of business, finance, & health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives
  - c. Develop and/or monitor budgets
  - d. Analyze the cost-effectiveness of practice initiatives
  - e. Demonstrate sensitivity to diverse organizational cultures & populations, including patients and providers
3. Develop and/or evaluate effective strategies for managing ethical dilemmas



## II. ORGANIZATIONAL & SYSTEMS LEADERSHIP FOR QUALITY IMPROVEMENT & SYSTEMS THINKING

SCIENTIFIC UNDERPINNINGS

LEADERSHIP FOR QI

EVIDENCE-BASED PRACTICE

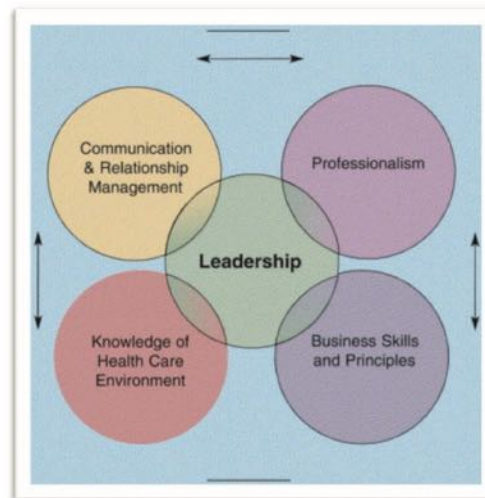
INFORMATION SYSTEMS

HEALTH CARE POLICY

INTERPROFESSIONAL  
COLLABORATION

POPULATION HEALTH

ADVANCED NURSING PRACTICE



TACTICS<sup>13</sup>

- Fill senior level quality teams with DNPs
- Increase access to quality data
- Track DNP-led QI projects and outcomes
- Develop new nurse sensitive indicators

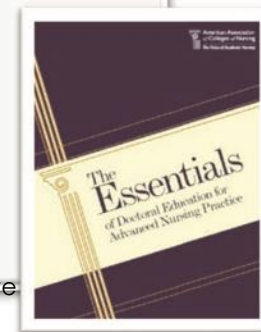
American Organization of Nurse Executives:  
Nurse Executive Competencies <sup>14</sup>

SCIENTIFIC UNDERPINNINGS  
LEADERSHIP FOR QI  
**EVIDENCE-BASED PRACTICE**  
INFORMATION SYSTEMS  
HEALTH CARE POLICY  
INTERPROFESSIONAL  
COLLABORATION  
POPULATION HEALTH  
ADVANCED NURSING PRACTICE

### III. CLINICAL SCHOLARSHIP & ANALYTICAL METHODS FOR EVIDENCE-BASED PRACTICE<sup>2</sup>

The DNP Program prepares the graduate to:

1. Critically appraise existing literature to determine & implement EBP
2. Design & implement processes to evaluate outcomes
3. Design, direct, & evaluate QI methodologies
4. Develop practice guidelines to improve practice and environment
5. Use information technology & research methods to:
  - Collect data, design database, & analyze data
  - Design evidence-based interventions
  - Predict & analyze outcomes
  - Examine patterns of behavior & outcomes
  - Identify gaps in evidence for practice
6. Function as practice specialist
7. Disseminate findings from EBP and research to improve healthcare outcomes



### III. CLINICAL SCHOLARSHIP & ANALYTICAL METHODS FOR EVIDENCE-BASED PRACTICE

SCIENTIFIC UNDERPINNINGS

LEADERSHIP FOR QI

**EVIDENCE-BASED PRACTICE**

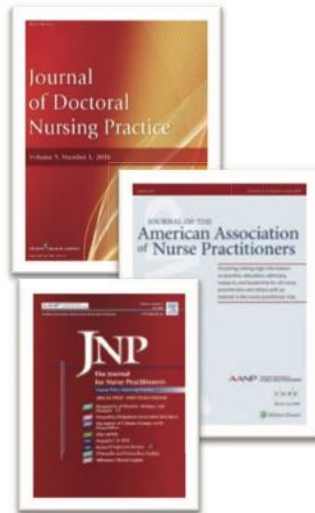
INFORMATION SYSTEMS

HEALTH CARE POLICY

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COLLABORATION

POPULATION HEALTH

ADVANCED NURSING PRACTICE



#### TACTICS<sup>13</sup>

- Include EBP emphasis within job description roles
- EBP mentors for new staff
- Formalize teaching roles with affiliated college of nursing.
- Time for scholarly activities including national presentations & publications showcasing the DNP role
- Track EBP activities with descriptions & outcomes

SCIENTIFIC UNDERPINNINGS  
LEADERSHIP FOR QI  
EVIDENCE-BASED PRACTICE  
**INFORMATION SYSTEMS**  
HEALTH CARE POLICY  
INTERPROFESSIONAL  
COLLABORATION  
POPULATION HEALTH  
ADVANCED NURSING PRACTICE

## IV. INFORMATION SYSTEMS/TECHNOLOGY & PATIENT CARE TECHNOLOGY FOR THE IMPROVEMENT & TRANSFORMATION OF HEALTH CARE<sup>2</sup>

The DNP Program prepares the graduate to:

1. Design, select, use & evaluate programs that evaluate & monitor outcomes
2. Analyze elements necessary to the selection, use and evaluation of health care information systems & patient care technology
3. Develop & execute data extraction from practice information systems and databases
4. Provide leadership in the evaluation/resolution of ethical and legal issues relating to use of information, IT, and patient care technology
5. Evaluate consumer health information sources



SCIENTIFIC UNDERPINNINGS  
LEADERSHIP FOR QI  
EVIDENCE-BASED PRACTICE  
**INFORMATION SYSTEMS**  
HEALTH CARE POLICY  
INTERPROFESSIONAL  
COLLABORATION  
POPULATION HEALTH  
ADVANCED NURSING PRACTICE

## IV. INFORMATION SYSTEMS/TECHNOLOGY & PATIENT CARE TECHNOLOGY FOR THE IMPROVEMENT & TRANSFORMATION OF HEALTH CARE

HRSA Data<sup>15</sup>:

- 99% of FQHCs have EHR
- Send prescriptions, safety checks, decision support, reminders
- Clinical information exchange – 80%
- Patient engagement – 90%
- Data collection – 99%

TACTICS<sup>13</sup>

- Appoint DNPs as active members of EHR teams
- Involvement in technology selection related to nursing and patient care
- Participate in EHR optimization practices

## V. HEALTH CARE POLICY FOR ADVOCACY IN HEALTH CARE<sup>2</sup>

SCIENTIFIC UNDERPINNINGS

LEADERSHIP FOR QI

EVIDENCE-BASED PRACTICE

INFORMATION SYSTEMS

**HEALTH CARE POLICY**

INTERPROFESSIONAL  
COLLABORATION

POPULATION HEALTH

ADVANCED NURSING PRACTICE

The DNP Program prepares the graduate to:

1. Analyze health policies from various perspectives
2. Develop & implement institutional, local, state, federal, and/or international health policy
3. Influence policy makers through active participation on committees, boards, task forces
4. Educate others regarding nursing, health policy, & patient care outcomes
5. Advocate for the nursing profession within policy & healthcare communities
6. Develop, evaluate, & provide leadership for health care policy that shapes health care financing, regulation, and delivery
7. Advocate for social justice, equity, & ethical policies



## V. HEALTH CARE POLICY FOR ADVOCACY IN HEALTH CARE

SCIENTIFIC UNDERPINNINGS

LEADERSHIP FOR QI

EVIDENCE-BASED PRACTICE

INFORMATION SYSTEMS

**HEALTH CARE POLICY**

INTERPROFESSIONAL  
COLLABORATION

POPULATION HEALTH

ADVANCED NURSING PRACTICE



**HEALTH CENTER  
Advocacy Network** 16

### Why Advocacy?

Advocacy is critical to ensure the continued funding and public support for community health centers.

Engaging your staff, board, and community members in advocacy efforts is imperative in order to strengthen the future of your community health center, and others around the country.

### TACTICS<sup>13</sup>

- Devote time to active leadership roles in nursing organizations
- Develop mentorship programs
- Nominate colleagues for local, state, & national opportunities

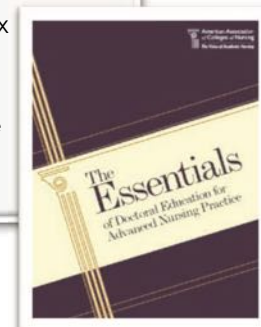


SCIENTIFIC UNDERPINNINGS  
LEADERSHIP FOR QI  
EVIDENCE-BASED PRACTICE  
INFORMATION SYSTEMS  
HEALTH CARE POLICY  
**INTERPROFESSIONAL  
COLLABORATION**  
POPULATION HEALTH  
ADVANCED NURSING PRACTICE

## VI. INTERPROFESSIONAL COLLABORATION FOR IMPROVING PATIENT & POPULATION HEALTH OUTCOMES<sup>2</sup>

The DNP Program prepares the graduate to:

1. Employ effective communication & collaborative skills in development & implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products
2. Lead interprofessional teams in the analysis of complex practice and organizational issues
3. Employ consultative & leadership skills with intraprofessional and interprofessional teams to create change in healthcare and complex healthcare delivery systems



SCIENTIFIC UNDERPINNINGS  
LEADERSHIP FOR QI  
EVIDENCE-BASED PRACTICE  
INFORMATION SYSTEMS  
HEALTH CARE POLICY  
**INTERPROFESSIONAL  
COLLABORATION**  
POPULATION HEALTH  
ADVANCED NURSING PRACTICE

## VI. INTERPROFESSIONAL COLLABORATION FOR IMPROVING PATIENT & POPULATION HEALTH OUTCOMES

Competing health care systems and complex patients:  
An inter-professional collaboration to improve outcomes  
and reduce health care costs  
Lauran Hardin, MSN, RN-BC, CNE,<sup>a,b,c</sup>, Adam Kilian, MD,<sup>a,c</sup>,  
Kristin Spykerman, MSW, CAADC,<sup>d</sup>

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The Roles of Patient-Centered Medical Homes  
And Accountable Care Organizations  
in Coordinating Patient Care  
Agency for Healthcare Research and Quality  
U.S. Department of Health and Human Services  
540 Gaither Road  
Rockville, MD 20850

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TACTICS<sup>13</sup>

- Educate senior administration about DNP capacity
- Create DNP-led teams of interdisciplinary professionals to create & disseminate solutions
- Increase interdisciplinary collaborative efforts

## VII. CLINICAL PREVENTION & POPULATION HEALTH FOR IMPROVING THE NATION'S HEALTH<sup>2</sup>

SCIENTIFIC UNDERPINNINGS

LEADERSHIP FOR QI

EVIDENCE-BASED PRACTICE

INFORMATION SYSTEMS

HEALTH CARE POLICY

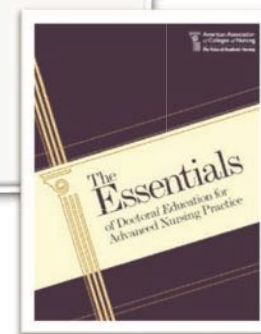
INTERPROFESSIONAL  
COLLABORATION

POPULATION HEALTH

ADVANCED NURSING PRACTICE

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## VII. CLINICAL PREVENTION & POPULATION HEALTH FOR IMPROVING THE NATION'S HEALTH

SCIENTIFIC UNDERPINNINGS  
 LEADERSHIP FOR QI  
 EVIDENCE-BASED PRACTICE  
 INFORMATION SYSTEMS  
 HEALTH CARE POLICY  
 INTERPROFESSIONAL COLLABORATION  
**POPULATION HEALTH**  
 ADVANCED NURSING PRACTICE

### Patient Incentives from Payers Encourage Preventive Care Visits

Payers are turning to patient incentives in order to encourage beneficiaries to engage in preventive care visits that may keep them healthier for longer.

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### UNIFORM DATA SYSTEM

- Population Characteristics
- Chronic Conditions
- Preventive Services

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### TACTICS<sup>13</sup>

- Organize and lead processes related to prevention
- Provide education to support staff working to improve health outcomes
- Design new & innovative care delivery models

## VIII. ADVANCED NURSING PRACTICE<sup>2</sup>

SCIENTIFIC UNDERPINNINGS

LEADERSHIP FOR QI

EVIDENCE-BASED PRACTICE

INFORMATION SYSTEMS

HEALTH CARE POLICY

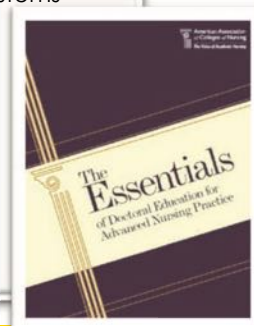
INTERPROFESSIONAL  
COLLABORATION

POPULATION HEALTH

**ADVANCED NURSING PRACTICE**

The DNP Program prepares the graduate to:

1. Conduct comprehensive and systematic assessment of health and illness in complex situations, incorporating diverse & culturally sensitive approaches
2. Design, implement, & evaluate therapeutic interventions
3. Develop therapeutic partnerships with patients and other professionals to facilitate optimal care and patient outcomes
4. Demonstrate advanced levels of clinical judgement, systems thinking, & accountability in designing, delivering, and evaluated evidence-based care
5. Guide, mentor, and support other nurses
6. Educate and guide individuals and groups through complex health and situational transitions
7. Use conceptual and analytical skills in evaluating links among practice, organizational, population, fiscal, and policy issues



## VIII. ADVANCED NURSING PRACTICE

SCIENTIFIC UNDERPINNINGS

LEADERSHIP FOR QI

EVIDENCE-BASED PRACTICE

INFORMATION SYSTEMS

HEALTH CARE POLICY

INTERPROFESSIONAL  
COLLABORATION

POPULATION HEALTH

**ADVANCED NURSING PRACTICE**

### The NP difference

Yet the long alliance between nurse practitioners and FQHCs is due to more than finances – and may benefit patients in unique ways, says Alii.

"Nurse practitioners gravitate toward healthcare for underserved populations because it's part of their culture, their mindset," she says. "Nurses are the ones who do the hand-holding, who educate, who come in after the provider is gone and say, 'Did you understand everything? Do you need help?' And so many FQHC patients need that level of care."

Many nurse practitioners grew up in the communities they serve, and so tend to have deep familiarity with the lives of their patients – what Troy Long, M.D., a population health specialist with Kaiser Permanente, calls "lived experience." They share their patients' culture and understand their challenges and strengths, he says.

And those qualities can help to keep patients engaged in their care to improve outcomes.

Andrew Van Wieren, M.D., an internist and medical director at Esperanza Health Centers, an FQHC in Chicago, agrees.

"Nurse practitioners do tend to be more empathetic and mission-oriented," he says. Van Wieren also notes that, at his organization, nurse practitioners are often the most open to innovation.

"It's our NPs who champion ACO participation and take the lead in participating in e-consults," he says.

### TACTICS<sup>13</sup>

- Teach others about DNP academic preparation
- Role modeling and education to APNs without the DNP
- Create healthy nursing practice environments
- Showcase areas of DNP practice
- Precept students

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## CONCLUSIONS

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- The **eight essentials of doctoral nursing practice** are a foundation for success of the DNP prepared nurse practitioner working to improve healthcare outcomes
- Doctorate of Nursing Practice (DNP) prepared nurse practitioners are qualified to serve in **quality improvement and executive leadership roles**
- DNP prepared nurse practitioners can **improve population health outcomes** through quality improvement and executive leadership roles

## CONCLUSIONS

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“We need to realize and to affirm anew that nursing is one of the most difficult of arts. Compassion may provide the motive, but knowledge is our only working power. Perhaps, too, we need to remember that growth in our work must be preceded by ideas, and that any conditions which suppress thought must retard growth. Surely, we will not be satisfied in perpetuating methods and traditions. Surely, we shall wish to be more and more occupied with creating them” (Nutting, M.A, 1925) <sup>22</sup>



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