

OUTCOMES

The monthly E-Newsletter from Doctors of Nursing Practice, Inc.
and the Academy of Doctorally Prepared Nurses



- [Organizational Update: Evolving](#)
- [Membership Opportunities](#)
- [Advertise, Sponsor, and Endorse](#)
- [5 Question Survey: Quick and Easy](#)
- [Articles and Links of Interest](#)
- [Repository Examples](#)
- [Conference Archives](#)
- [PICOTalks: For a great cause](#)
- [Doctoral Nursing Foundation](#)
- [Dissemination Team](#)
- [Online Community](#)
- [Care Giver's Corner Monthly Article](#)
- [Unlocking Growth and Sustainability through Partnerships](#)

- [Leadership Strategies to Reduce Surgical No-Show Rates](#)
- [Posting YOUR Doctoral Project in a Repository](#)
- [A New Membership Benefit: Nexclinic](#)
- [HIVE NURSE](#)
- [Moore Statistics Consulting](#)
- [Academy of Doctorally Prepared Nurses update](#)
- [Journal of the Academy of Doctorally Prepared Nurses Update](#)
- [Links and Resources](#)

DNP, Inc./ADPN Organizational Updates

The Ongoing Evolution of DNP Inc.: Immediate Next Steps

Welcome to all, and a word of appreciation to those that have been a reader and active in the happenings of **Doctors of Nursing Practice, Inc.** (DNP Inc.) and its associated entities: the **Academy of Doctorally Prepared Nurses** (ADPN) and the **Journal of the Academy of Doctorally Prepared Nurses** (JADPN). Those that have tracked our events and evolution have seen changes taking place, and also a stagnation when it comes to realizing the strategic planning.

In the month of July 2026 we officially rolled out Membership options, and this month continue to highlight the steps, the benefits, and the long-term benefits of membership for you, your organization, and the strategic plans of **DNP Inc.**, **ADPN**, and the **JADPN**.

Here's a reflection of the evolutionary steps that brought us to our efforts today. National DNP conferences brought together dedicated doctorally prepared nursing colleagues to present and share the benefits of individual and collective efforts. Collaboration was noted and more was encouraged. The creation of a journal that could be a vehicle to share these types of efforts were recommended, and many colleagues shared their thoughts and recommendations on how to make this happen. These efforts culminated in the creation of the **Academy** and helped to lay the foundation for the **Journal**. Efforts were devoted to the development of these entities as subsidiaries of DNP Inc. and other colleagues shared insights and recommendations on how to move this forward.

As with any business operation, funding is the bedrock for building sustainable operations. Revenue from [Scholarly Projects Repository](#) helped. Those organizations that have agreed to be a part of the [Dissemination Team](#) have also helped to support these efforts. Unfortunately, revenue from national conferences over the past several years has been flat or negative regarding providing funds for the growth of other aspects of this organization.

Multiple requests for funding have been sent to numerous philanthropic individuals and organizations, yet the general expectation of these groups is to help specific patient populations - not to enhance the communication and collaborative skills of doctorally prepared nurses. So, asking for grants so far has not shown a good return on investment.

This leads us to the membership initiative. All three sites (**DNP Inc.**, **ADPN**, and the **JADPN**) are now an alliance to improve healthcare outcomes. Membership in one area of the effort supports the growth and development of all initiatives.

The next large step is the activation of the ecosystem of collaboration for the **Academy of Doctorally Prepared Nurses**. This directly related to the membership efforts so that we can work with colleagues with a mutual dedication to this cause. Volunteers are essential, and those that are invested members can help to move this process forward also. Please see the Membership Page in this newsletter for more information and links. We are still pressing forward with the following services:

[OUTCOMES](#) / [Scholarly project repository](#) / [Mailing list](#)
[Advertising, sponsorship, and endorsement opportunities](#) / [Online Community](#)
[Scholarship opportunities](#) / [PICOTalks](#) / The [foundation](#)
[Academy of Doctorally Prepared Nurses](#) / [Dissemination team](#)
[Listing of doctoral programs](#) / [Volunteerism](#)

Warm regards to all,

David Campbell-O'Dell, DNP, APRN-IP, FNP-BC, FAANP
President/CEO: **DNP Inc.**, **ADPN**, and **JADPN**

Membership: Building an Ecosystem for Professional Growth

Please review and consider the [Membership Plans](#) on this page.

There are four tiers to explore to demonstrate your involvement and support the growth of **DNP Inc., ADPN, and the JADPN**

Associate: [\\$100 per year](#) or [\\$10 per month](#)

- * Access all web services, all sites
- * Includes the cost of posting your project or dissertation in the repository
- * 1 year advertising in OUTCOMES to share your personal story or information about your business
- * Addition to the mailing list
- * Listing as an Associate Member on all three sites

Scholar: [\\$200 per year](#) or [\\$20 per month](#)

- * Include all associate membership services, plus
- * Active inclusion of the development of the Academy - inclusion in the planning, expansion and implementation of services
- * Discount for webinars, offerings, and all services offered, plus continuing education opportunities.

Leader: [\\$300 per year](#) or [\\$30 per month](#)

- * Includes all associate and scholar membership services, plus
- * Access to quarterly leadership projects and think tanks that will move the needle to actively improve healthcare outcomes through collective collaboration
- * Serve on advisory boards and strategic committees to enhance the nursing profession
- * Chair membership committees for emerging doctoral leaders
- * Provide a PICOTalk presentation to share your personal and professional story to support professional growth and development

Partner: [\\$1000 per year](#) or [\\$100 per month](#)

This is a corporate membership to include any and all academic institutions, health care service organizations, and leaders in policy and the insurance industry

- * All services offered in the Associate, Scholar, and Leader tiers
- * Inaugural subscription to the Journal of the Academy of Doctorally Prepared Nurses
- * Access to advanced digital tools and educational services
- * Recognition of your organization as a founding institutional partner
- * Up to 3 members of your organization can serve on the Executive Roundtable and Priority Advisory committees as listed in the Leadership category.

These tiers of membership reflect your level of commitment to the development of the nursing profession. Services listed above are the beginning descriptions of what will be provided for each level of activities.

Being a part of this process requires dedication and a modest financial investment. The return on investment will be tremendous when the products of our collective efforts are realized. Be a part of this ecosystem of collaboration to show our collective skills to produce improved outcomes.

Question? Please contact us [HERE](#).

Membership means growth. Be a part of this process today!

Advertise, Sponsor, and Endorse

You have many opportunities to demonstrate your support for nursing, while sharing information about yourself and your organization.

As **DNP Inc., **ADPN**, and the **JADPN** continue to expand, your options to share more about your organization grow in direct proportion.**

**Multiple opportunities are available to advertise, sponsors and endorse.
Check out the options listed below!**

Website:

Three websites to advertise - DNP Inc., ADPN, JADPN

OUTCOMES:

Monthly e-newsletter, advertise to 11,000+ subscribers

Webinars:

Sponsor and support ADPN efforts

Membership:

Four tiers to be involved at your level of interest

PICOTalks:

Experts and leaders share candidly

Career Listing:

Opportunities for doctorally prepared positions

Foundation:

Support colleagues' work to improve outcomes

Online Journal:

Peer-reviewed vehicle to share doctorally prepared success

Click the options on this page to make the most of these opportunities.

DNP, Inc./ADPN Monthly Survey Results

Thank you to those that responded to the July 2026 survey exploring the benefits and utilization of webinars as a means of professional growth. Responses show that webinars are valuable, yet those offered for free are most desired. Also, about 1/2 have participated in the development and presentation of webinars. Do the responses below reflect your thoughts, experiences, and point of view?

Question 1: One underdeveloped service of DNP Inc./ADPN is webinars. Please share your thoughts regarding this platform of communication.

I engage in webinars at least 2 times per year.

100% very much to absolutely, **0%** somewhat to not at all

Question 2: I believe webinars are convenient and timely for my professional and personal life.

100% very much to absolutely, **0%** somewhat to not at all

Question 3: I have paid for webinars in the past.

65% very much to absolutely, **35%** somewhat to not at all

Question 4: I believe paid webinars are a good investment for my career.

30% very much to absolutely, **70%** somewhat to not at all

Question 5: I have participated in the development and/or delivery of webinars within the past 10 years..

55% very much to absolutely, **45%** somewhat to not at all

Does the result of this survey align with your thoughts and experiences?

[Click HERE to participate in](#)
[THIS month's survey.](#)

Important Articles and Links

We proudly list multiple articles written by DNP, PhD, and EdD prepared colleagues. They are displayed on the Academy of Doctorally Prepared Nurses website.

Check out this [IMPORTANT LINKS FOR DOCTORALLY PREPARED NURSES](#)

**These articles were shared by the authors, or are public domain. If you have an article or see an opportunity to share a link of valuable information, please make it happen.
Share and enhance our professional growth and development.**

**As more articles are collected, they will be displayed on the Academy of Doctorally Prepared Nurse (ADPN) web site. Do you have one to share?
Submit it to: info@DNPInc.org**

We are honored to receive and post articles from DNP colleagues - and DNP colleagues to be. Kindly share your thoughts, insights, curiosities, and challenges in a brief article to be posted in a future issue of OUTCOMES. Graduates, faculty, and students are welcomed to contribute.
Challenge student to submit articles. The content is likely to be of interest to all readers/colleagues.

Topics may include:

**Informatics' Impact on Health Care Outcomes
DNP Prepared Nurses' Successes and Challenges in Policy Formation
Doctoral Prepared Nurses Demonstration of Collaborative Success
Expertise in aggregate/population health outcomes
Entrepreneurial expertise: How to start and maintain a practice
Collaboration to improve academic outcomes
Including all doctoral prepared nurses to enhance diversity**

See [OUTCOMES](#) past issues. Click [HERE](#) to contribute!
Kindly share this invitation with colleagues!

Take advantage of this opportunity to reach more than 11,000 per monthly mailing and over 33,000 in the regular outreach to those that may have an interest in doctorally prepared nursing. Articles submitted can include practice information, opinions, editorials, and reflect work performed in your work environment (as a student, faculty, clinician, administrator, researcher, policy expert, and/or informatics specialist).

We look forward to hearing from you to help publish your work.

Scholarly Project Repository Examples

Here's an example of a doctoral scholarly project. Check it out!

[Person-Centered Care to Manage Behavioral and Psychological Symptoms of Dementia in the Elderly](#), by Aseda Aborgah, DNP, RN, LNHA from Bradley University

All projects are searchable by a keyword of your choice, the University, the Category (Clinical, Academia, Administration, Informatics, or Policy), the year the project was completed, or the type of organization where the project took place.

We are now more robust as we continue to reflect the skills and talents of colleagues to help improve healthcare outcomes.

Display your completed project. Now is the time!

- All posted projects are included in FaceBook, LinkedIn, X, and Instagram posts at least three times over three years. That's great exposure for free!
- Show your work to a larger audience of professionals and consumers/customers.

Click **[HERE](#)** to learn more about the benefits of listing your work in the DNP Scholarly Project Repository.

[THIS LINK](#) will take you to the data entry page.

Conference Archives

[The First National DNP Conference took place in 2008 in Memphis](#)

[2009 Conference was in Miami](#)

[San Diego hosted the 2010 Conference](#)

[2011 Conference was celebrated in New Orleans](#)

[St. Louis hosted the 2012 Conference event](#)

[2013 Conference took place in Phoenix](#)

[Nashville was the gracious host for the 2014 Conference](#)

[2015 Conference took place in Seattle](#)

[Baltimore was the great location for the 2016 Conference](#)

[2017 Conference was again celebrated in New Orleans](#)

[Palm Springs provided a warm welcome for the 2018 Conference](#)

[2019 we jumped to Washington DC](#)

2020 was the Covid Pandemic Shutdown - No Conference

[Chicago hosted the 2021 Conference](#)

[2022 Conference was in Tampa](#)

[We had a virtual conference in 2023](#)

[2024 Conference and ADPN inaugural summit to place in Key West](#)

[Key West again hosted a conference in 2025](#)

If interested in future face-face conferences, **[CLICK HERE](#)**

PICOTalks - something new to help us all

PICOTTalks

Professionalism, Innovation, Collaboration {or Creativity} and Outcomes

PICOTalks are similar to TED Talks (though we cannot use that name).

The benefit of PICOTalks is to help generate funds for the Foundation to successfully help colleagues.

The invited speaker offers their expertise without charge, and the viewer is asked to donate to the [Foundation](#) to support nursing excellence.

We are happy to post links in the biographical information included below your image. See the [View PICOTalks Here](#) page archived in the **Academy of Doctorally Prepared Nurses** web site. On that page, view the presentation



Lisa A. Campbell, DNP, RN, PHNA-BC, FAAN
Building Bridges, Not Walls: A Nurse's Guide to Advancing Health Equity in Challenging Times

Daniel J. Pesut, PhD, RN, FAAN
Creativity and Innovation in Nursing: Thoughts and Action



*Three more presenters are scheduled to be recorded.
Are YOU interested in being a PICOTalk Presenter?*

The DNP Foundation assists colleagues in realizing their plans to impact health care delivery. All donations are 100% tax-deductible.

Demonstrate your support by donating today.

There are many opportunities to donate at the individual and corporate levels.

Our profession and your colleagues thank you!

Doctoral Nursing Foundation: From the Classroom to the Boardroom



The **Doctors of Nursing Practice Foundation** assists nursing colleagues in realizing plans to impact health care delivery and improve outcomes. Many doctoral projects are lacking the support needed to assure sustainability. The goal of this Foundation is to support innovation and sustainability of projects and collaborative initiatives, including other colleagues.

Doctors of Nursing Practice, Inc., is a non-profit charitable 501(c)(3) organization dedicated to improving outcomes by enhancing and improving the practice of the doctorally prepared nurse. All donations are 100% tax-deductible according to IRS Code section 170.

In collaboration with the **Academy of Doctorally Prepared Nurses** and the **Journal of the Academy of Doctorally Prepared Nurses**, the synergy of all nursing professionals is maximized to realize common goals and improve patient healthcare services.

Please be a part of this process by making a tax-deductible donation that will support the efforts of the doctorally prepared scholar. The intent is to impact health outcomes through projects and initiatives that reflect the education and expertise of the doctorally prepared professional nurse in all categories of practice, regardless of work environment, ethnicity, race, or geographic location.

Show your support by clicking the Donation tab below. There are many opportunities to donate at the individual and corporate levels. Your tax-deductible donations make a difference in supporting colleagues generate improved outcomes and generate innovation.

Be a part of something valuable to us ALL!

[Donate Today!](#)

[View Donor List](#)

Doctoral Project Dissemination Team

Now is the time to partner with **DNP Inc.** and **ADPN**. Show how your university supports innovation and dissemination of scholarly work. Help your students demonstrate skills and talents that impact outcomes! Check out the [Dissemination Team](#). Offer the extra nudge to publish and share successful projects for all to see. If your program is not listed below, join this team to enhance our profession and support colleagues. For \$150 per year, you provide a discounted rate to your doctoral student graduates.

As a Partnership Tier member, you provide this service your current and former students. More information can be found [HERE](#).

[Chaminde University](#)

[Charles R. Drew University of Medicine and Science](#)

[Wilmington University](#)

[University of Maryland](#)

[Sacred Heart University](#)

[Lourdes University](#)

[Oak Point University](#)

[Post University/American Sentinel College of Nursing](#)

[Saint Louis University](#)

Join the Dissemination Team Today!

Sign Up Today! [Click HERE to learn more!](#)

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Online Community

The DNP Online Community has become stagnant and stale. Groups have had minimal participation, and the listing of events has been arduous with no visits showing a minimal return on investment. We will be evolving to a membership driven online community in the future. Please check it out!

FORUMS

- [Academy of Doctorally Prepared Nurses Initiatives](#)
- [DNP Education – Preparing for Practice](#)
- [DNP Student Concerns](#)
- [The AACN Essentials Conversation Continues](#)
- [The Controversy of the DOCTOR Title](#)
- [Is nursing a professional degree?](#)
- [Respond to the DNPInc/ADPN Monthly Survey: 5 Questions](#)
- [DNPs in Diversity, Equity, and Inclusion](#)
- [The Controversy of the DOCTOR Title](#)
- [Commission's Foundational Report on Racism in Nursing](#)
- [DNP Professional Growth](#)
- [Blind Review if Blind to Discrimination](#)

BLOGS

- [*The Question that Changed My View of Nursing: What Happens to Patients when Nurses are Missing?*](#)
- [*Pick Two: The Challenge of Speed, Cost, or Quality*](#)
- [*60 nursing programs opening, expanding, ending in 2025*](#)
- [*Choosing a DNP Program: Ideas to Consider*](#)
- [*The Impact of Whiteness on the Education of Nurses*](#)
- [*The Role of the Nurse Scientist and Nursing Research within a National Integrated Health Care System*](#)
- [*A Symptom of a Deeper Structural Disease?*](#)
- [*Conference Decision Humor*](#)
- [*Is DEI Dead or a Relic of the Past?*](#)
- [*The Hill We Climb, by Amanda Gorman*](#)
- [*Who's an Anesthesiologist? Turf War Sparks Trademark Dispute*](#)

The Caregivers' Corner

This month I would like to discuss a personal situation with all of you, since I believe it is an issue that could be addressed by the DNP Community. Hopefully, there are a few DNPs who work in Oncology, and are interested in Caregiver issues who will read this article.

It was a year on July 3rd that my youngest daughter was diagnosed with breast cancer. I went to every appointment with her, so what I am reporting are accurate details.

After the initial mammogram and ultrasound, came the biopsy. She was told she had Stage one breast cancer. She was told the tumor was very small and listed as

Stage 1, Grade A. She was then reassured that this was an early diagnosis and could be treated conservatively. She was further assured of a likely, excellent outcome.

She had only one to two percent chance of recurrence, if, she followed the plan. There were three steps: first a lumpectomy (with sampling of lymph nodes), then radiation treatment for a week or two, and finally, she could take a pill for the next five years, to assure the cancer stayed in remission.

She asked if she needed to have a mastectomy on at least the breast that was impacted. The Breast Surgeon, the Oncologist, and the Radiologist all supported the plan that had been put forward. Influenced, I believe, by there being no BRACA gene in our family.

My younger sister was diagnosed with Breast Cancer at about the same time. Her cancer was more aggressive. She had positive lymph nodes and had a mastectomy. She is followed by a Breast Clinic in Syracuse and happy with her care. She had no radiation but was put on a hormone blocker and an oral cancer drug. She struggled with side effects, but proper dosing handled her side effects. She is doing well, at this time.

My daughter had her lumpectomy about three weeks later. She was reassured the margins around the tumor were sufficient. The lymph node samples all came back negative. She recovered from that okay. She took off the weekend after her surgery, then returned to work. She works from home, so has some control over her hours.

About two weeks later, she had a week of radiation treatments. She followed all her instructions and protected her skin and again, did well. Then came the hormone blockers. She failed the first five. Side effects included overall joint pains, significant weight gain, elevated lipids, and perhaps most impacting, brain fog. The latter was so bad it was causing issues at work. They finally tried a low dose of Tamoxifen. This drug blocked her anti-depressant and after a week she told me she felt like killing herself.

She stopped the Tamoxifen. Never in the course of treatment did she see a pharmacist. When I suggested this would benefit patients, I was told the clinic had a pharmacist.

As she returned for follow-up the NP and the Oncologist said there was nothing more, they could do. She saw her Surgeon after her first follow-up mammogram. It was negative. The nurse in that clinic first said they would send her back to her Primary Care Provider. However, after the Surgeon, of all people, listened to her whole experience, he said he would see her every six months. He further explained: the tumor has a one to two percent chance of recurrence just that first year. Then it increases by one to two percent every year.

(continued next page)



The Caregivers' Corner (continued)

My concerns are obvious. There is a website for women who have early-stage breast cancer. They are all reassured, it is effectively treated by three simple steps. They are not told of the potential for severe side effects. I don't hear anyone saying they saw a pharmacist. Nearly **50%** of women prescribed these medications stop them for side effects. Shouldn't patients be told this? Someone should have sat down with my daughter and explained Tamoxifen, that is better tolerated, was never a choice for her? No one ever mentioned the lipid elevations and increased risk for heart attacks was never discussed? A recent study shows these drugs are only 50% effective.

I initially suggested to her that it would not be that simple. At the end of the day, it was still cancer. She was determined not to have a mastectomy. I continue to support her and her decisions. Although, I believe, with more information, she would have made a different choice. Now time will tell what will happen.

See more insights and reflections of wisdom from our colleague, Dr. Rosemary Henrich. She will continue in future issues of OUTCOMES. Her publications can be found on Amazon using [this link](#).

[View Dr. Henrich's CV Here.](#)

Unlocking Growth and Sustainability through Partnerships

Organizations and individuals that partner and support each other can go further and be stronger as a result of collective efforts.

When independent roots intertwine, they create a foundation strong enough to weather any storm and bear fruit no single tree could grow alone.

(This wise statement was created by my AI collaborator, Gemini.)

Doctors of Nursing Practice, Inc., along with its subsidiaries the **Academy of Doctorally Prepared Nurses** and the **Journal of the Academy of Doctorally Prepared Nurses** encourage you to partner to maximize common goals and improve patient healthcare services and outcomes. Together we can weather any storm and produce products together that cannot be achieved individually.

Consider what **DNP/ADPN/JADPN** can do for you and your company:

- Display and promote your company's accomplishments (academic and service organizations)
- Provide a vehicle for your clinical staff, university faculty, and students to share their talents and expertise. Touting professional growth and accomplishments. Improving healthcare outcomes and enhancing the nursing discipline
- Utilize a platform to publish the talent and accomplishments of members of your organization through newsletters and a peer-reviewed online journal
- Demonstrate a collaborative front that enhances company image through services that promote similar goals, mission, and vision.

Partner with **DNP/ADPN/JADPN. [Let's create more together.](#)**

Leadership Strategies to Reduce Surgical No-Show Rates and Improve Patient Access

by Olga Zaslavskiy, FNP-BC, RN, CLC, GNR, DNP Student, Eastern Kentucky University

Despite scheduled surgical procedures for unwanted pregnancy being time-sensitive, no-show rates remain high among reproductive-age patients. Missed surgical appointments represent a significant challenge for healthcare systems, contribute to delayed care, increased procedural risks due to advancing gestational rates, inefficient use of surgical and operating room resources, and emotional distress for the patients. Surgical no-show rates negatively impact workflow, creating gaps in operating room schedules and limiting access to and availability of care for other patients. Barriers such as transportation challenges, childcare, inadequate pre-procedural counseling, fear, financial strains, and limited social support disproportionately affect underserved and low-income populations. DNP-prepared nurses possess strong leadership and systems-thinking abilities, enabling them to lead quality improvement initiatives that address these system barriers and improve patient outcomes and organizational efficiency. This aligns with the American Association of Colleges of Nursing (AACN) Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking (AACN, 2021).

Background and Significance

The causes of no-show events vary and include personal factors, fear of the procedure, lower patient education levels, cultural stigma, prejudice, misinformation, and lower socioeconomic status (Grande et al., 2026). Adequate patient education and clear instructions are especially important for younger patients and those with lower levels of education (Grande et al., 2026). The article "No-show prevention strategies for Endoscopic Procedures" finds that an educational telephone intervention by endoscopy nurses decreases no-show rates, increases compliance with exam-preparation protocols, decreases patient anxiety, and yields a favorable economic outcome. To optimize the intervention's effectiveness, it is advisable to train a nurse to contact booked patients at least five days before the procedure, as this approach is the most effective and efficient strategy for reducing this phenomenon (Grande et al., 2026). Recognizing the economic losses caused by no-shows is important. For example, in the UK in 2020, no-shows for outpatient endoscopy procedures led to an estimated annual loss of over \$1 billion (Oikonomidi et al., 2023). Besides financial losses, inefficient use of operating rooms and resources also harms access for other patients.

Role of DNP Nurse Leaders in Decreasing No-Show Rates

DNP nurses play an important role not only in implementing the change but also in identifying the problem and the need for change. Identifying patterns in missed surgical appointments, gathering baseline data, identifying gaps in communication between patient and staff, identifying the most affected patient population, and developing a targeted intervention. DNP leaders can then implement strategies to reduce surgical no-show rates through patient-centered interventions, interprofessional collaboration, and evidence-based practice. Current proven strategies to reduce surgical no-show rates include: sending reminders the day before surgery via phone or text, making preoperative educational calls from nursing staff, providing clear, simple instructions, and giving patients a written copy of the instructions before they leave the clinic. Overall, proper patient education remains a key strategy for appointment compliance (Grande et al., 2026).

Call to Action

By implementing targeted leadership strategies that address both patient-level and system-level factors contributing to surgical no-show rates, DNP leaders can promote more efficient surgical services and greater access to care for the patients. By using data-driven decision-making, interprofessional collaboration, and patient-centered interventions, DNP-prepared nurses can decrease surgical no-show rates, optimize the utilization of surgical room resources, and reduce inefficiencies within the healthcare systems. Continuous leadership in this area is critical to sustaining improvement.

References

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Posting Your Doctoral Project in a Repository

In past issues of **OUTCOMES** we explored the options available to display scholarly work in various repositories. The repository integrated in the **Doctors of Nursing Practice, Inc.** website is about to complete a transformation. We are moving away from the database that is imbedded in WordPress, to an off-the-shelf form development and display tool. If you have heard of Gravity Forms and Gravity Kit, you know what we are doing with this database of scholarly projects.

While modifying this database, we are now able to address various environments where the project took place, including academic environments. We are also soliciting and welcoming projects (and dissertations) from our PhD, EdD, DNSc, DBA, and other doctoral degrees completed by nursing colleagues. The new database format accepts data in this listing and displays them in various ways that was not available in the past.

Now is the time to post your scholarly project, regardless of how long ago you completed it. But which type of repository is right for you? Are you interested in publishing your work, or have you already submitted a manuscript based on your final doctoral project ?

Consider these peculiarities of repositories:

1. If you publish in your school's repository, only you, faculty, and possibly future students will see it. Does it contribute to the science of nursing and influence sustainable healthcare outcomes? Probably not. So go ahead and place your work in your school's archives, but your efforts should not stop there.
2. Let's say you post your work in a professional organization like Sigma Theta Tau International. Is this valuable? Absolutely it is, but it is not accessible by those that do not know how to maneuver that system. STTI is a great organization, but does your work collect the attention and potential to mold the future of healthcare by this repository alone? Again, probably not, but it is worth uploading to store your work in a worthwhile organization.
3. Should you place your work in a scholarly search engine such as Ovid? Again, it's a good idea, but who will see it other than those that have access to an academic library's search engine to see the databases of work such as what is provided by this database? Will the end consumer see this posting? I believe you can see where we are going with this. It's a good option but does not meet the expectation of dissemination and influencing healthcare outcomes which is the foundation of a doctoral study.
4. Here's another option: [The Doctoral Project Repository](#) will make your work available for colleagues, faculty, students that follow you, scholars, and those that can make the most of your expertise and wisdom to improve healthcare outcomes and make a difference in someone's life. This repository is a curated collection of documents that can be found by anyone with an internet connection. The holding has a unique URL that you can share with colleagues, organization, and interested groups that would benefit from your efforts.

Click [HERE](#) to begin your doctoral project submission

Click [HERE](#) to View Available Repository Projects

A New Benefit of Membership

Being a Member at the Associate, Scholar, Leader, or Partner Tier has a new benefit.

DNP Inc. and **ADPN** are proud to partner with **Nexclinical** to help clinical practices spend less time on administrative work and more time caring for patients.

Nexclinical provides modern practice support designed to reduce the daily workload that slows your team down. From patient calls and scheduling to insurance support, prior authorizations, and after-hours coverage, **Nexclinical** helps your practice stay responsive without adding more staff to manage.

If you have ever spent valuable clinical time on hold for a prior authorization while patient work continued to pile up, **Nexclinical** can help take that burden off your team.

As a member of the **DNP/ADPN/JADPN Alliance**, you also receive an exclusive **10% discount** on **Nexclinical** services.




PRACTICE SUPPORT, SIMPLIFIED

Are you and your staff spending too much time on admin work?

We help you stay focused on patient care without hiring or managing more staff.

Nexclinical takes ownership of your calls, insurance work & after-hours coverage.

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We are proud to share information about a great organization that is making a strong impact on nursing and health care outcomes.

[Welcome to HIVE Nurse](#)

**The two founders of HIVE Nurse are:
Elizabeth Miller Walters, DNP, CPNP-PC, PMGT-BC
and
Ashely Kellish, DNP, RN, CCNS, NEA-BC**

The HIVE Nurse offers:

- **Innovative micro-learning cross-pollination transforming nursing CE education, professional development and collaboration across all healthcare ecosystems.**
- **By cross-pollinating insights from nurses, healthcare organizations, and evidence-based practice, HIVE Nurse builds “Hive-Powered” learning communities that strengthen leadership, teams workflows, and patient outcomes - together, like a HIVE, not in silos.**
- **Built for nurses, by nurses. - a learning community that grows with you.**

**Doctors of Nursing Practice, Inc.,
Academy of Doctorally Prepared Nurses, and the
Journal of the Academy of Doctorally Prepared Nurses are
proud to collaborate with these talented colleagues to
enhance our profession.**

**Keep your eyes open for future products and services as a
result of this joint business venture.**

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Submit an Article to OUTCOMES!

Submit an article to showcase your thoughts and expertise. We all are better off when you share your insights. If you are a student, ask your faculty to endorse your efforts for course credit and recognition. This is the way to support dissemination to support everyone's professional engagement and growth.

When you are ready to submit your article, [CLICK THIS LINK](#).

[Browse past issues of OUTCOMES](#) (published since 2015) to see the wisdom and talents of nursing colleagues.



Academy of Doctorally Prepared Nurses

INNOVATION | COLLABORATION | IMPROVED OUTCOMES

Well, it's about time that the **Academy of Doctorally Prepared Nurses** stand up and walk on its own, don't you think? The structure and function of this organization is dependent on the level of support and interactions of the participants. Our efforts to build membership is a good next step to have colleagues focus on topics and issues that are pertinent to doctorally prepared nurses. Those that have voiced an interest are appreciated, yet this that make the investment and dedication to participate will be the cadre that moves the needle.

As **DNP Inc.**, **ADPN**, and the **JADPN** persists in its mission and vision, we recognize and appreciate that organizations persevere because of the culture and structure that makes endurance possible.

“He who has a why to live can bear almost any how.” Friedrich Neitzsche

Clarity of purpose is an anchor after initial excitement and passion fades and challenges stack up. Hardship is a situational state, not the identify of the organization.

With the above in mind, clarifying the purpose and direction and mission of **DNP Inc.**, **ADPN**, and the **JADPN** bears repetition and deeper exploration. Strategies follow.

The mission of Doctors of Nursing Practice, Inc. the Academy of Doctorally Prepared Nurses, and the Journal of the Academy of Doctorally Prepared Nurses to improve healthcare outcomes by promoting and enhancing doctorally prepared nursing professionals.

These organizations are dedicated to:

- **Providing accurate and timely information**
- **Supporting, developing, and disseminating professional practice innovation**
- **Collaborating in a professional manner that demonstrates universal respect for others, honesty, and integrity in communications, and,**
- **Responding with open discussions and dialogues that promote the evolution of advanced nursing practice and the growth of the doctorally prepared colleagues.**

This mission and vision have been constant and remains the focus of organizational strategies and structure.

[Sign up to be a Member to support these plans.](#)

Dissemination will occur through the **Journal of the Academy of Doctorally Prepared Nurses** and **OUTCOMES**, the monthly e-newsletter for and about improving healthcare outcomes.

Please refer to the **[Academy Initiatives](#)** page for more information. Scroll to the bottom to click on the forum to share your thoughts, insights, and ideas.



Journal of the Academy of Doctorally Prepared Nurses

— DISSEMINATION | PROFESSIONAL GROWTH | IMPROVED OUTCOMES —

As mentioned in the Organizational Update section of this newsletter, the next big step is the download of the open source journal from the [Public Knowledge Project](#), an open source online journal application developed by [Simon Fraser University in Toronto, Canada](#). This open source publishing platform for scholarly journals, monographs, and pre-prints are a leading force in the global embrace of open access to research for the benefit of all. It is the most widely used publishing software in the world. After multiple explorations this option is the one chosen.

Once in place the real work begins to build the infrastructure for this journal. Your help in being a part of these foundational efforts is needed and appreciated.

This online journal infrastructure allows for the submission of manuscripts, vetting and blind-reviewing, and feedback to authors. These mechanisms are relatively standard for all journals, yet this particular journal has several unique challenges that will require a functional and dedicated editorial board.

Job descriptions for the journal have been developed and are published on the [Journal of the Academy of Doctorally Prepared Nurses](#) site. Building a cadre of dedicated members is now the next steps needed to bring this journal to life.

User roles for this online journal include:

Site Administrator, Journal Manager
Journal Editor, Section Editors
Authors, Reviewers
Copyeditors, Layout Editors, Proofreaders, Subscription Managers, and of course
Readers of the published journal.

Similar to the Academy, this is driven by members who have made an investment of their time and efforts to be a part of this group process. Planting a seed for the future, these members will likely move forward to assist in the management of the journal and the academy as leaders, editors, and managers of several essential processes. This is a part of the succession planning for these organizations.

[Sign up to be a Member to support these plans.](#)

Healthcare delivery is changing rapidly. Political, social, and financial influences alter how we devise plans and implement initiatives. When there is a successful outcomes in one corner of the world, it should be disseminated and appreciated by all that have an interest. One of the goals of the [Journal of the Academy of Doctorally Prepared Nurses](#) is to aggregate findings, and publish a state-of-the-nursing science manuscript to provide a definitive manuscript on best practices. For those in academia, how many times have you reviewed the work of graduate nursing students regarding hospital acquired infections? We have the potential to share a summary of these efforts to help future nurses build and grow systems that are build on experience along with the available evidence.

The **Academy** and the **Journal** celebrate the diverse talents of doctorally prepared nurses who work in concert to improve healthcare delivery locally, nationally, and internationally.

Please email contact@jadpn.info to share your thoughts and curiosity.

Links and Resources

The mission of ***Doctors of Nursing Practice, Inc. and the Academy of Doctorally Prepared Nurses*** is to improve healthcare outcomes by promoting and enhancing doctorally prepared nursing professionals. Services are available to support students, graduates, faculty, employers, and stakeholders with an interest in the doctoral degrees in nursing. Click the links below to explore options and opportunities.



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Career Opportunities for
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