

Type: Research Paper

Subject: Evidence based Practice project

Subject area: Nursing

Education Level: Masters Program

Length: 4 pages

Referencing style: APA

Preferred English: US English

Spacing Option: Double

Title: Evidence-Based Practice Proposal - Section E: Implementation Plan

Instructions: in 1,000-1,500 words, provide a description of the methods to be used to implement the proposed solution. include the following: 1. describe the setting and access to potential subjects. if there is a need for a consent or approval form, then one must be created. although you will not be submitting the consent or approval forms in topic 5 with the narrative, you will include the consent or approval forms in the appendices for the final paper. 2. describe the amount of time needed to complete this project. create a timeline. make sure the timeline is general enough that it can be implemented at any date. although you will not be submitting the timeline in topic 5 with the narrative, you will include the timeline in the appendices for the final paper. 3. describe the resources (human, fiscal, and other) or changes needed in the implementation of the solution. consider the clinical tools or process changes that would need to take place. provide a resource list. although you will not be submitting the resource list in topic 5 with the narrative, you will include the resource list in the appendices for the final paper. 4. describe the methods and instruments, such as a questionnaire, scale, or test to be used for monitoring the implementation of the proposed solution. develop the instruments. although you will not be submitting the individual instruments in topic 5 with the narrative, you will include the instruments in the appendices for the final paper. 5. explain the process for delivering the (intervention) solution and indicate if any training will be needed. 6. provide an outline of the data collection plan. describe how data management will be maintained and by whom. furthermore, provide an explanation of how the data analysis and interpretation process will be conducted. develop the data collection tools that will be needed. although you will not be submitting the data collection tools in topic 5 with the narrative, you will include the data collection tools in the appendices for the final paper. 7. describe the strategies to deal with the management of any barriers, facilitators, and challenges. 8. establish the feasibility of the implementation plan. address the costs for personnel, consumable supplies, equipment (if not provided by the institute), computer-related costs (librarian consultation, database access, etc.), and other costs (travel, presentation development). make sure to provide a brief rationale for each. develop a budget plan. although you will not be submitting the budget plan in topic 5 with the narrative, you will include the budget plan in the appendices for the final paper. 9. describe the plans to maintain, extend, revise, and discontinue a proposed solution after implementation.

Evidence-Based Practice Proposal

Name

Institutional Affiliation

Course

Instructor

Date

Evidence-Based Practice Proposal - Section E: Implementation Plan

The Setting and Access to Potential Subjects

At present, the rising financial and economic strain of preventing and controlling cardiovascular disease is one of the major hurdles for health care systems globally. Congestive Heart failure (HF) is one of the most costly diseases in chronic conditions, partially due to 50% of CHF patients recovering within 1 year. Evidence indicates that about 50% of all readmission are avoidable or are caused by insufficient discharge training, lack of adherence or inability to monitor a clinician at an early stage (Ware et al., 2018). There is growing evidence of an efficient method for meeting these needs of a variety of chronic conditions, including CHF, by complete integration health care systems. While more conventional self-care measures, such as wellness coaching or patient learning, are often difficult to adopt. Healthcare technology is one way to help self-care initiatives. Meta-analyzes of CHF show that TM reduces the use of health care, increases CHF clinical outcomes and improves the quality of life related to CHF patients. The findings however differ widely from systematic reviews, and zero results were recorded by two of the most important studies, the Tele-HF and BEAT-HF (Davoudi Kongsofla et al., 2019). One issue is the outcomes of quality checks and the treatment itself or the extent to which patients have assented to it during this analysis are often not discussed. As a quality of treatment at Ted Rogers Research center for Heart function in Toronto, Canada, the Medly Software for Patients with CHF is being introduced in an algorithm driven Smartphone-based TM program. The Medly initiative aims to enhance patient self-control and decrease the use of health care in a similar way to other HFTM services (Wali et al., 2019). Medly is provided to patients who are entered into the Medly program, which requires a small data schedule and the Medly app which

has already been configured by a smartphone (Samsung Galaxy Grand Prime). Patients also get a Bluetooth-enabled blood pressure monitor and weight.

Methods and Instruments

Mixed approaches would be used to obtain data for the 4 goals. This method includes a multiple pre-and post-test design for the assessment of impacts on patients, patient adherence and costs. Quantitative data will provide data collected under the guidance and mentoring (including data on the use of healthcare and reports obtained from the laboratory by means of the charts) and data on TM system use. Additional hospital management information data will be obtained by baseline, 1 month, 6 months, 12 months and 24 months survey questions. The qualitative element is a single case study in its embedded form (Ware et al., 2018). A telehealth analyst provides training to patients on how to use the Medly app and the related devices when they participate in the Medly program. Medly device monitoring clinicians will take part in a standardized training session about 1 month before software deployment. A user manual is given to both patients and doctors to complement personal training and the telehealth expert's contact information, who provides technical assistance during normal business hours (Davoudi Kongsofla et al., 2019).

Interventions

As part of a routine treatment system at the Ted Rogers Center of Excellence for Heart Function in Toronto, Canada, the Algorithm-based Mobile TM platform for patients with HF, the Medly Program is now being introduced (Wali et al., 2019). The Medly Program aims at improving the self-management of patients and reducing health care use, which is comparable to

other HFTM program. Medly model includes a smartphone, Samsung Galaxy Grand Prime (SGP) with a restricted data plan and the Medly software already downloaded for patients participating in the Medly Program. The Bluetooth weight and blood pressure cups are also supported (Davoudi Kongsofla et al., 2019). Patients will use this technology to measure their symptoms with the Medly app in the early morning, to take normal readings for weight and blood pressure. After these 3 thresholds have been processed either through an algorithm or an automated self-care guidelines are automatically shown in the Medly app in consultation with HF clinicians (Son et al., 2020). Patients also have access for these parameters to graphs showing historic patterns. To support patients meet their expectations, they are immediately called on their primary telephone line unless they have read before 10 AM (Ruppar et al., 2016).

An Outline of the Data Collection Plan

In order to provide an objective measure of implementation progress, descriptive statistics will be generated for the measures of the performance. In addition, there will be 2 independent researchers reviewing transcripts and records using the Qualitative Review System Method (Davoudi Kongsofla et al., 2019). An initial coding round uses a deductive method in search of themes that fit the structures in the CFIR. An open codification method, using researchers who are searching for unexpected themes not reflected in the guiding CFIR context, would be inductive for a second round of coding. The two reviewers address the themes and codes of the independent reviewers in the study. In order to provide an objective measure of implementation progress, descriptive statistics will be generated for the measures of the performance (Ware et al., 2018). In addition, there will be 2 independent researchers reviewing

transcripts and records using the Qualitative Review System Method. An initial coding round uses a deductive method in search of themes that fit the structures in the CFIR. An open codification method, using researchers who are searching for unexpected themes not reflected in the guiding CFIR context, would be inductive for a second round of coding. The two reviewers address the themes and codes of the independent reviewers in the study (Son et al., 2020).

The Strategies to Deal with the Management of Any Barriers, Facilitators, and Challenges

Coaching nurses on how to use innovation before successful implementation has been achieved. Most studies examined the significance of the trust of nurses with using innovation and also described insufficient training as a barrier (Son et al., 2020). This will particularly evident in technical innovation. The training period varies during the study. The study of implementation of the new wound dressing will offer a two week preprocessing step that contributes to good implementation (Wali et al., 2019).

The Feasibility of the Implementation Plan

The costs are measured for a time frame of six months. In particular, before the Medly Program is being carried out, we will compare costs versus costs after the patients have been registered (Ruppar et al., 2016). This time period has been selected, as it reflects the time horizon that most of the health consequences and costs associated with the use of the Medly program. Most of the cost variables are automatically reported and triangulated by clinicians using official statistics where possible. Costs issues are then applied to the patient result surveys and conducted at baseline and for six months (Ware et al., 2018).

The Plans to Maintain, Extend, Revise, and Discontinue a Proposed Solution after Implementation

As implementation has been non-linear but staggered, measurement of this method must be sufficiently versatile to recognize possible variations. The possibility that a vendor can provide sites with information at an early stage that helps to support their success at a later stage could increase with a well-defined system of implementation and knowing how typically successful progress is made during these phases in order to help evaluate and calibrate their efforts effectively and whether or not this is the case (Ware et al., 2018). Although leadership styles such as environment and culture have consistently affected successfully their execution, it is less clear if failures occur and why these failures have occurred on the site. Much can be learnt from sites which start to enforce the EBP, and which, in addition to effective sites, fail to meet milestones like start-up or sustainability (Ruppar et al., 2016).

References

- Davoudi Kongsofla, M., Najafi Ghezeljeh, T., Saeidi, A., Peyravi, H., & Kiaroosta, N. (2019). Design and Evaluation of a Smartphone-Based Application to Manage the Treatment of People with Heart Failure. *Iranian Journal of War and Public Health*, 11(3), 125-131.
- Ruppar, T. M., Cooper, P. S., Mehr, D. R., Delgado, J. M., & Dunbar-Jacob, J. M. (2016). Medication adherence interventions improve heart failure mortality and readmission rates: systematic review and meta-analysis of controlled trials. *Journal of the American Heart Association*, 5(6), e002606.
- Son, Y. J., Lee, Y., & Lee, H. J. (2020). Effectiveness of Mobile Phone-Based Interventions for Improving Health Outcomes in Patients with Chronic Heart Failure: A Systematic Review and Meta-Analysis. *International journal of environmental research and public health*, 17(5), 1749.
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- Ware, P., Ross, H. J., Cafazzo, J. A., Laporte, A., & Seto, E. (2018). Implementation and evaluation of a smartphone-based telemonitoring program for patients with heart failure: mixed-methods study protocol. *JMIR research protocols*, 7(5), e121.

Appendixes

Project timeline

Table 1. Timing of outcome assessments for the impact evaluation

Domain and measure	Baseline	1 month	6 months	12 months	24 months	Exit
Health service utilization						
30-day readmission		X ^a				
Number of hospitalizations	X		X	X	X	X
Number of days in hospital	X		X	X	X	X
Number of emergency department visits	X		X	X	X	X
Number of heart failure-related outpatient visits	X		X	X	X	X
Number of visits to family doctors	X		X	X	X	X
Changes to medication	X		X	X	X	X
Clinical outcomes						
Left ventricular ejection fraction	X			X	X	
Blood work: BNP ^b , creatinine, sodium, potassium, hemoglobin, and uric acid	X		X	X	X	X
Visual analogue scale for dyspnea	X	X	X	X	X	X

	SHFM ^c	X					
Self-care							
	SCHFI ^d	X	X	X	X	X	X
	EQ-5D-5L ^e	X	X	X	X	X	X
	MLHFQ ^f	X	X	X	X	X	X

^aX: data is collected at this time point.

^bBNP: brain natriuretic peptide.

^cSHFM: Seattle Heart Failure Model.

^dSCHFI: Self-Care of Heart Failure Index.

^eEQ-5D-5L: EuroQol five-dimensional.

^fMLHFQ: Minnesota Living with Heart Failure Questionnaire.