

Type: Research Paper
Subject: Comparative Qualitative Research Design
Subject area: Nursing
Education Level: Undergraduate/College
Length: 2 pages
Referencing style: APA
Preferred English: US English
Spacing Option: Double
Title: Nursing research
Instructions: please see the attached documents for what i am looking **to achieve**

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C361: Evidence-Based Practice and Applied Nursing Research

Instructor's Name

Assignment Due Date

Impact of the Problem on the Patient

Heart failure (HF) affects more than 5 million Americans and is considered as the leading cause of hospitalization and readmission among older adults in the U.S. Attempts to reduce the rate of readmission is nationally identified as a priority given that more than 20% of Medicare beneficiaries admitted for HF related complications are readmitted after 30 days thus making the rate of readmission to be high. As a result, this increases the mortality rate of HF patients, increases the cost of treatment and limits the time that HF patients can spend with their families.

Impact of the Problem on the Organization

Healthcare organizations and facilities reporting higher than expected risk adjusted rates of HF readmission are heavily penalized by reducing their Medicare payments and their publicly reported rating are reduced. As a result, these organizations and facilities lack enough resources to care for HF patients.

The PICO components

P -Heart failure readmissions

I – Education and follow up

C – No education or follow up

O – Decreased readmission rates

Evidence Based Practice Question

Among Heart failure patients does the intervention of education and follow up lower the problem of readmission or death as compared to not providing the intervention of education and follow up.

Research Article

Background Introduction

This research article seek to evaluate the impacts of person-centered help through telephone in two chronically ill patients categories i.e. chronic obstructive pulmonary disease (COPD) and chronic heart failure (CHF).

Methodology

The researchers randomized 221 patients who are 50 years and above with COPD and /or CHF to normal care compared to normal care plus a person-centered telephone-support treatment for a period of six months. Participants were telephoned by a registered nurse first in order to co-create a person centered health strategy, to discuss and evaluate the effectiveness of the plan

Level of Evidence

Randomized controlled trial

Data Analysis

The study groups were characterized using descriptive analysis. Fisher's exact test was used to identify the differences between the study groups based on group's characteristics. In addition, a logistic regression analysis was conducted to identify the odd ratios with 95% level of confidence for enhanced composite score. Finally a Mann-Whitney U-test score was used to analyze inter-group variations based on GSE score changes.

Ethical Considerations

Ethical principles throughout the study was maintained by developing a contractual agreement between the COPD and/or CHF patient as an active partner in the process of decision making and care.

Quality Rating

Quality ratings of the study were achieved since it included all sections of a standardized peer reviewed research article.

Analysis of the Results / Conclusions

In patients with CHF and/ or COPD, results of the study found that person-centered telephone support services minimized the risk of decreased self-efficacy without elevating the clinical events up to 6 months post discharge.

Non-Research Article

Background Introduction

On annual basis heart failure treatment consumes the largest portion of healthcare budget of more than \$39 billion in the U.S. Hospitals and healthcare organizations are the largest beneficiaries due to HF related complications with HF readmission rates ranging between 17-25%.

Type of Evidence

Non-research evidence

Level of Evidence

Level V-Experiential and non-research evidence

Quality Rating

High quality-the non-research article has Consistent, generalizable results; sufficient sample size for the study design; adequate control; definitive conclusions; consistent recommendations based on comprehensive literature review that includes thorough reference to scientific evidence

Author's Recommendations

For efforts to be successful, like this, a team leader must assign responsibilities and tasks, work collaboratively and actively monitor the work progress.

Recommended Practice Change

As an attempt to prevent and reduce the prevalence rate of COPD and CHF, it would be important for all healthcare entities to collaborate by acquiring necessary resources and equipment needed to care for COPD and CHF patients. Moreover, thorough training is needed to ensure that healthcare professionals are well equipped and understand the implications of increased readmissions due to medical errors both to them and the healthcare organization at large.

Key Stakeholders

Registered nurse practitioners, Medicaid and Medicare, healthcare organizations, and the American Heart Association

Barrier to Implementation

Some of the common barriers to the implementation of an effective COPD and CHF prevention and treatment programs include limited equipment and resources in healthcare facilities, limited healthcare providers with adequate knowledge on how to treat CHF and COPD patients, medication errors that results to increased readmissions, and lack of frequent medical follow-ups.

Strategy to Overcome the Implementation Barrier

Person-centered telephone follow up is closely related to reduced rate of readmission among COPD and CHF patients

Indicator to Measure the Outcome

The number of post-discharge 48-hour phone calls, registered nurse (RN) use of script, and 30-day unplanned readmissions.

References

- Ruggiri, J. C., Milner, K. A., & Buonocore, D. (2019). Implementing post-discharge 48-hour scripted call for patients with heart failure: An evidence-based practice quality improvement project. *Medsurg Nursing, 28*(3), 183-187.
- Fors, A., Blanck, E., Ali, L., Ekberg-Jansson, A., Fu, M., Lindström Kjellberg, I., ... & Ekman, I. (2018). Effects of a person-centred telephone-support in patients with chronic obstructive pulmonary disease and/or chronic heart failure—A randomized controlled trial. *PLoS One, 13*(8), e0203031.

References

- Suresh, B. S., De Oliveira, G. S., & Suresh, S. (2015). The effect of audio therapy to treat postoperative pain in children undergoing major surgery: A randomized controlled trial. *Pediatric Surgery International*, *31*(2), 197-201.
<https://doi.org/10.1007/s00383-014-3649-9>
- Ruggiri, J. C. (2019). Implementing Post-Discharge 48-Hour Scripted Call for Patients with Heart Failure: An Evidence-Based Practice Quality Improvement Project. *MEDSURG Nursing*, *28*(2), 183–187.