

Type: PICOT

Subject: Week 6 Assignment: EBP Change Process form

Subject area: Nursing

Education Level: Undergraduate/College

Length: 8 pages

Referencing style: APA

Preferred English: US English

Spacing Option: Double

School: Chamberlain University

Title: EBP Change Process Assignment

Instructions: The purpose of this assignment is:

- To apply the PICOT elements identified in the Week 2 Check-In as the foundation for a nursing change process using the ACE Star Model and a systematic review as evidence.
- The information from the 'Illustration' part of our lessons in Weeks 1-6 will mentor you through this process. Your change process is to be set up as a pilot project.

Course Outcomes

This assignment enables the student to meet the following course outcomes:

- CO 2: Proposes leadership and collaboration strategies for use with consumers and other healthcare providers in managing care and/or delegating responsibilities for health promotion, illness prevention, health restoration and maintenance, and rehabilitative activities. (PO 2)
- CO 8: Selects evidence for best practices when planning professional nursing care involving systems, processes, and devices for individuals, families, aggregates and communities. (PO 8)

Week 6 Assignment: EBP Change Process form

ACE Star Model of Knowledge Transformation

Follow Nurse Daniel as your process mentor in the weekly Illustration section of the lesson.

Please do not use any of the Nurse Daniel information for your own topic, nursing intervention, or change project. Nurse Daniel serves as an example only to illustrate the change process.

Name: _____

Star Point 1: Discovery (Identify topic and practice issue) Identify the topic and the nursing practice issue related to this topic. (This MUST involve a nursing practice issue.)

(Discovery)

The topic, nursing practice issue, rationale and scope of the problem were clearly identified and described.

Hip fractures are quite common in the older population and are among the major causes of mortality and disability in this population. Even though recent improvements in medical technology for treating elderly patients have led to better fracture fixation and surgical outcomes, the discussion will focus on clinical pathways that have been created to improve patient outcomes even more while reducing the amount of time patients need to stay in the hospital after a hip fracture.

Briefly describe your rationale for your topic selection. Include the scope of the issue/problem.

Hip fractures are pretty common in older people and are one of the main reasons why they die or can't work. Even though technological advances in how older patients are treated have led to better fracture fixation and surgical results, clinical pathways have been made to improve patient outcomes even more while reducing the length of time they have to stay in the hospital after a hip fracture. These clinical pathways have also been devised to decrease the length of time a patient spends in the hospital. As the population ages and becomes more fragile, more

and more people suffer hip fractures each year. Approximately \$9 billion is spent each year in the United States to treat the 250,000 people who suffer hip fractures. By 2050, the estimated increase in the senior population might cause a doubling in the occurrence.

Star Point 2: Summary (Evidence to support need for a change) describe the practice problem in your own words and formulate your PICOT question.

Fractures of the hip are a serious problem for the elderly because of the high rates of disability and death they bring with them. Increases in the elderly population are expected to place a new strain on healthcare facilities and their staff in the not-too-distant future. Even though technological advances in the treatment of hip fractures have led to better fracture fixation and surgical outcomes, data from the past shows that trying to set up a clinical pathway for hip fractures may lead to an increase in costs and a decrease in mortality, length of stay in acute care, and length of stay in hospital.

Population---adults 65 yrs and older with hip fracture

Implement of clinical pathway

Comparison----current practice, or patients not receiving the clinical pathway

Outcome----reduce hospital length of stay by 35% or whatever of the his fracture patients compared to the current rate

Timeframe---30 days

Clinical question: In adults 65 years and older with hip fracture how does implementation of clinical pathway current practice, or patients not receiving the clinical pathway reduce hospital

length of stay by 35% or whatever of the hip fracture patients compared to the current rate in a period of 30 days?

List the systematic review chosen from the CCN Library databases. Type the complete APA reference for the systematic review selected.

Mukherjee, K., Brooks, S. E., Barraco, R. D., Como, J. J., Hwang, F., Robinson, B. R., & Crandall, M. L. (2020). Elderly adults with isolated hip fractures-orthogeriatric care versus standard care: A practice management guideline from the Eastern Association for the Surgery of Trauma. *Journal of Trauma and Acute Care Surgery*, 88(2), 266-278.

https://journals.lww.com/jtrauma/Fulltext/2020/02000/Elderly_adults_with_isolated_hip_fractures_8.aspx

List and briefly describe other sources used for data and information. List any other optional scholarly source used as a supplement to the systematic review in APA format.

Backman, C., Harley, A., Papp, S., Webber, C., Poitras, S., Berdusco, R., ... & French-Merkley, V. (2022). Feasibility, acceptability, and preliminary effects of PATH FOR timely transfer of geriatric HIP fracture patients from hospital to rehabilitation to home (PATH4HIP): a protocol for a mixed method study. *Pilot and feasibility studies*, 8(1), 1-11.

<https://pilotfeasibilitystudies.biomedcentral.com/articles/10.1186/s40814-022-01079-z>

This article looks at the feasibility, acceptability, and preliminary effectiveness of PATH4HIP, which is a pathway intervention for getting elderly hip fracture patients from the hospital to rehabilitation and then back home as soon as possible after surgery.

Erichsen Andersson, A., Gillespie, B. M., Karlsson, M., Malchau, H., Nellgård, B., Wikström, E., ... & Tillander, J. (2022). Reduction of early surgical site and other care related infections in 3553 hip fracture patients: lessons learned from the 5-year Safe Hands project.

Antimicrobial Resistance & Infection Control, 11(1), 1-10.

<https://aricjournal.biomedcentral.com/articles/10.1186/s13756-022-01153-4>

This article addresses surgical site infection (SSI), which is a catastrophic complication linked with increased pain and death following acute hip fracture surgery. The purpose of the research was to evaluate early cases of SSI, sepsis, pneumonia, and urinary tract infections over the course of five years, both before and after the Safe Hands programme was put into place.

Min, K., Beom, J., Kim, B. R., Lee, S. Y., Lee, G. J., Lee, J. H., ... & Lim, J. Y. (2021).

Clinical practice guideline for postoperative rehabilitation in older patients with hip fractures.

Annals of Rehabilitation Medicine, 45(3), 225-259.

<https://synapse.koreamed.org/articles/1150894>

This article highlights how the growing global elderly population is creating an increase in the frequency of hip fractures, which is a problem for healthcare systems due to the related morbidities and high risk of death. Frail elderly people who have had hip fractures often experience a worsening of their preexisting conditions as well as an increased risk for developing new issues. Comprehensive rehabilitation is crucial for fostering the recovery of lost physical function and limiting consequences, both of which may be accomplished via the use of a multidisciplinary approach.

Morri, M., Forni, C., Guberti, M., Chiari, P., Pecorari, A., Orlandi, A. M., ... & Ambrosi, E.

(2022). Post-hospital care pathway for individuals with hip fracture: what is the optimal setting

and rehabilitation intensity? An observational study. *Disability and Rehabilitation*, 44(16), 4241-4248.

<https://www.tandfonline.com/doi/abs/10.1080/09638288.2021.1897692>

This article examines the ways in which healthcare systems are devoting an increasing amount of resources toward the treatment of hip fractures. In order to develop an efficient care route, it is necessary to first identify "optimal post-hospital care." The purpose of their research was to characterize the post-hospital care route of persons who had hip fractures and to evaluate the connection between that pathway and the degree to which that individual was able to regain their independence four months following surgery.

Briefly summarize the main findings (in your own words) from the systematic review and the strength of the evidence.

There was a reduction in both the preoperative and total lengths of stay in acute hospital after the introduction of the clinical pathway. Additionally, patients spent less time in rehabilitation hospitals, which led to shorter overall stays. In 2018, the average amount of time spent in the preoperative period was 6.1 days. In 2019, on average, it was cut down to 2.53 days from previous years. In the years that followed, during which the clinical route was in full operation, there was a consistent and progressive improvement in the amount of time patients spent in preoperative care.

In the past, elderly patients with hip fractures received a lower level of medical attention than younger patients did because older people were seen as having a lower level of medical urgency. These fractures are also usually thought of as being "easy" to cure when compared to other types of fractures. Because of this, it was determined that they were fractures that were appropriate for novices to study and understand. But over the course of the

last ten years, this "conventional" method has undergone significant development. These osteoporotic fractures should be handled with vigorous medical and surgical treatment, according to an increasing body of research, which has produced outstanding results and favorable clinical outcomes.

Outline one or two evidence-based solutions you will consider for the trial project.

- The shorter the interval between when surgery is scheduled and when it really takes place, the fewer problems and higher survival rate.
- The therapeutic approach includes a considerable decrease in the preoperative waiting period, which is a huge success.
- Everyone from medical physicians and nurses to therapists and medical social workers collaborates in a rehabilitation facility to speed up the patient's recovery. The length of time a patient has to spend in the hospital may be significantly reduced with the help of community nurses and therapists who provide post-discharge rehabilitation and encourage early vigorous walking exercise.

Star Point 3: Translation (Action Plan) Identify care standards, practice guidelines, or protocols that may be in place to support your intervention planning (These may come from your organization or from the other sources listed in your Summary section in Star Point 2)

Incorporating the clinical route step by stage throughout the many departments is one of the care criteria chosen for the research. The pre-operative, intra-operative, post-operative, transfer, and post-operative phases were identified.

List your stakeholders (by title and not names; include yourself) and describe their roles and responsibilities in the change process (no more than 5).

- Nurses (the primary stakeholder group) handle the highest numbers of patients; therefore, effective for implementing the clinical pathway procedure. As a nurse, I will play a primary role in implementing and teaching the patient the importance of pathway.
- The management takes part in formulating healthcare policies and initiatives to improve the quality of patient safety. In addition to developing ideas, they also offer training for and manage the employees that will carry them out.

Patients, who will ultimately benefit from these refined procedures

What specifically is your nursing role in the change process? Other nursing roles?

The patient has to get instruction from the nurse on the appropriate ways to manage edema and discomfort. It is essential to instruct patients in activities that will both preserve the health of the muscles that have not been impaired by the condition and strengthen the strength of the muscles that are required for transferring and utilizing assistive devices.

List your stakeholders by position titles (charge nurse, pharmacist, etc.). Why are the members chosen (stakeholders) important to your project?

- The nurse in charge (1), who is responsible for all nurses' acts.
- Managerial nurse (1) whose primary responsibility will be to ensure that the clinical pathway implementation is followed.
- Care units in wards and units are led by team leader nurses (4) who are responsible for enforcing a culture of responsibility among their staff members.

- The figures are reasonable for the program's preliminary testing phase.

What type of cost analysis will be needed prior to a trial? Who needs to be involved with this?

The necessary cost analysis prior to the trials is the implementation of the clinical for hip fractures over the course of a month, and recalculation of the same metric before and after the implementation of the new protocols. We anticipate a decrease in hospital stay requirements and expenditures.

Star Point 4: (Implementation) Describe the process for gaining permission to plan and begin a trial. Is there a specific group, committee, or nurse leader involved?

The Nurse Manager will be the one to grant permission to plan and implement the trial program. She will play a crucial role in presenting to the hospital's oversight board to ensure compliance with ethical guidelines and benefits for patients and practitioners. The approval to plan and implement the trial program would then begin with the Nurse Manager. Patients who have suffered from hip fractures will have the nurse manager oversee the implementation of the route approach.

Describe the plan for educating the staff about the change process trial and how they will be impacted or asked to participate.

The agenda for the nurse practitioner's and physician's meeting that takes place at the beginning of each week on Monday morning. This meeting is where the strategy for teaching staff members is discussed. After they have received the information, they will be informed of the new guidelines and instructed to engage in individual study in order to get ready for the briefing that will be done before shift change three times a week for the next three months for

all of the nursing staff and physicians working in shift. The sessions will be conducted twice a month for the first three months, and then once a week for the last three months. It is anticipated that the information, training, and modeling that is offered would result in changes in both behavior and practices.

Outline the implementation timeline for the change process (start time/end time, what steps are to occur along the timeline).

Start of the program: Dec 30, 2022

End-date for the program: June 30

Dec 30 (Monday) – Staff briefing on the program and the changes it introduces

Dec 31 (Tuesday) – Start of the thrice-a-week sessions until June 30, 2023.

April 1, 2023 – once a week training and education sessions until June 30, 2023.

List the measurable outcomes based on the PICOT. How will these be measured?

In healthcare settings, the issue is shown by the rising rates of death and length of stay for patients who have suffered a hip fracture. Disregard for the clinical pathway on hip fractures is to blame for the issue. There has been minimal effort to enhance patient outcomes by fostering a culture of safety in hospital settings, despite the fact that hip fractures are a leading cause of death.

What forms, if any, might be used for recording purposes during the pilot change process. Describe.

Length of stay (LOS) – the recorded numbers will show the reduced number of days in hospital stay.

What resources are available to staff (include yourself) during the change pilot?

-Checklists

-Posters

- Flashcards

Will there be meetings of certain stakeholders throughout the trial? If so, who and when will they meet?

As mentioned above, a program-setting conference will be held at the beginning of the trial in which nurses, doctors, and the relevant leaders will discuss the overall goals of the trial and establish the program's foundational principles. In addition, each shift's nurses and doctors will have a weekly meeting with their team leader for further education, briefings on patient progress, and peer evaluation. Practitioners will be able to keep up with the latest modifications and recommendations in suggested practice thanks to these meetings.

Star Point 5: (Evaluation)

How will you report the outcomes of the trial?

The results of the experiment will be detailed in a report that will be submitted to the management and board of governors of the hospital. The report will discuss the positive developments and advancements that have occurred as a result of the implementation of the clinical pathway. In addition, the steering committee will prepare a PowerPoint presentation that will be used throughout the staff meetings to highlight the progress that has been done as well as the future performance goals.

What would be the next steps for the use of the change process information?

The gathered data will serve as a guide for determining whether or not the implemented adjustments have resulted in a decrease in the hospital stay for patients with hip fracture. In addition to this, the information will shed light on other approaches that may make the situation even more favorable.