Evidence-Based Practice Project Proposal: Evaluation Plan

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Heart Failure patients have a high 30-day readmission rate, high mortality rate and a low life expectancy. In a bid to help heart failure patients, the EBP proposal enhances the usual care given to patients prior to discharge and after discharge. The proposal seeks to give individualized care to the patients before they have been discharged and telemedicine to remotely monitor the patient's weight and vitals. The EBP proposal provides a rationale to give a higher life expectancy to those suffering from Heart Failure.

Expected Outcomes in the EBP proposal

The EBP proposal seeks to combine telemedicine and individualized care to provide care for the HF patients. Through this implementation, there are expected outcomes that include reduced mortality rate. The reduction of mortality rate is expected as the warning signs of HF are noted early by remote monitoring and the provision of individualized education helps the patients to have enough knowledge on the same (Gensini et al., 2017). Additionally, the EBP proposal seeks to improve drug adherence through giving follow-up calls and individualized education that helps the patients to learn the importance of taking drugs and not skipping the dosages. An improved quality of life is also expected in the HF patients as with the remote monitoring, follow-up calls, and individualized patient education, will help the patient to learn more about the condition, warning signs, and the ways of efficient self-care (Gensini et al., 2017). The usual care in HF patients is not efficient enough in reducing the 30-day re-admission rate and the hospital days (Gensini et al., 2017). However, the EBP proposal is expected to reduce the hospital days, 30-day readmission rates, and the overall expenditure spent on HF treatment due to effective management, self-care education, and follow-up. The EBP proposal seeks a patient-centered approach in delivering care to bring in better quality of life, reduce

hospital days, readmission rates, improve self-care, improve drug adherence, and .reduce the costs spent due to HF (Gensini et al., 2017).

Data Design and Tools

The EBP proposal utilizes the use of quantitative design in the use of a control group and an intervention. Quantitative study designs can utilize different tools of data collection including observation, questionnaires, and interviews. However, for the EBP proposal, the choice of questionnaires seemed to suit the project's need. The study has many variables that will be measured and through questionnaires, this is made possible. Additionally, questionnaires also provide the study with easy methods to analyze data. Variables are easy to study in the questionnaires due to the consistency of questions provided (Timmins, 2015).

Statistical Test for the Project

The design of the project is quantitative hence there are two groups that will undertake the evaluation process. The best statistical tool to help analyze the functional status questionnaire is the t-test. This test is appropriate for the EBP proposal due the two groups that will receive the different types of care hence their differences are is what is to be evaluated. Additionally, t-test is also used in situations where only the post-test results of the two groups are needed (M.K Trochim, 2021). The EBP proposal evaluation process will occur every 30 days which is post-test checking.

Methods Applied to Data Collection Tool

Questionnaires are differently put out depending on the subject which each project is aiming to study. In this EBP proposal, the type of questionnaire chosen is the functional status Questionnaire. The FSQ tool is in line with EBP proposal as it assesses the participants'

physical, psychological, social, and role functionality. The questionnaire will be administered after every 30 days to both those in the control group and the intervention group. The variables that will be assessed in the FSQ include the quality of life, the re-admission the patient has had before 30 days were over, number of hospital days, disease progression, and the ability to adhere to drugs and self-care.

Strategies for Outcomes that are Non-positive

In EBP proposal, the implementation stage may be swift but after the evaluation, the outcomes of care may be not as expected. In such a case, there are strategies put in place to check for alternatives, enquire on the cause of the problem, or get a solution to disable the project from the healthcare immediately before causing more adverse effects (Mathieson et al., 2018). Brainstorming and surveys could be presented to the stakeholders at their different roles to get knowledgeable on where the project's problem is. Through this, the EBP proposal could get a solution to implement so as to get better outcomes. Additionally, in the case of the EBP proposal getting adverse effects, one of the options either the telemedicine or individualized education could be stopped to help analyze one at a go. Through this, the root cause of the EBP failing could be known or if the two projects cannot run hand-in-hand. The EBP proposal could also be discontinued from the organization and another solution sought as the usual care is continued (Mathieson et al., 2018).

Plans to Maintain, Extend, Revise, and Discontinue Proposed Solution

The Evidence-Based Project proposal needs to be maintained, revised, and there being a plan to discontinue the proposed solution at the end of the process. The EBP proposal can be maintained by motivating the stakeholders and having strong leaders that are able to delegate

duties the right way (Institute of Medicine (US) Committee on the Work Environment for Nurses and Patient Safety & Page, 2019). Maintenance will also be done through regular education of the stakeholders and educating new staff on the protocols to be followed. Due to the workforce having a hard time shifting from the usual care, provision of brochures all over the working areas would help remind them of the new system. Additionally, a new system could be input where the nurse discharging the patient, should fill in a form pertaining the patient and the care they gave out. Positive outcomes of the EBP proposal will lead to more funding and the need to extend the project to more HF patients. This could be done by publishing the results of the study. All EBP proposals need to be revised to tie any ends that could lead to non-positive effects. After evaluation, the loose ends are marked and solutions got through involving stakeholders (Institute of Medicine (US) Committee on the Work Environment for Nurses and Patient Safety & Page, 2019). The discontinuation of the solution is done through prior informing the stakeholders that the solution provided is only for testing purposes. This information is essential as the stakeholders play the biggest role in all the stages of the EBP proposal. Education in this stage is key as it helps in the discontinuation of the proposed solution in the EBP proposal.

References

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