

Evaluation of Plan

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The main outcome of this plan is to achieve a decrease in CLABSIs at BSWI by implementing a VAT to assess, manage, insert, and educate all lines that are ordered. Consistency in care will improve the quality of care and safety of the patients. Goals created for this plan need to incorporate the SMART method. The SMART method consists of goals that are created specific, measurable, achievable, relevant, and timely (Bjerke & Renger, 2017). By utilizing the SMART method when creating goals, it provides clarity and focus on outcomes and assists with mainstreaming the evaluation process (Bjerke & Renger, 2017). Outcomes that will be measured will include CLABSI rates, complications associated with lines, first-time insertion success, and patient satisfaction. The pros to these outcomes are consistency in care that will improve the quality of care and safety of the patients as well as save the organization money.

An evaluation plan fosters collaboration and increases buy-in. The following plan will impact quality improvement, prevention, and education.

Evaluation Plan

XEvaluation n Question	Outcome	Indicator	Data Source	Target
What is the CLABSI rate?	Decrease CLABSI rate	# of patients with central lines and # of infections reported.	EPIC Database Reporting	80% reduction in CLABSI with implementation of VAT
How many complications have occurred?	VAT to have minimal complications.	# of lines inserted on patients and # of complications reported	EPIC Database Reporting	Complication rate of less than 1%
How many attempts happened during insertion of line?	VAT to insert lines on first attempt.	# of attempts and # of lines placed	EPIC Database Reporting	98% of lines to be placed on first attempt

What is the patient satisfaction rate of IV quality at BSWI?	Patient satisfaction scores to increase with implementation of VAT	Compare press ganey surveys pre VAT and post VAT	Press Ganey Survey	50% increase in patient satisfaction
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Johnson et al., 2017, discussed the positive influences a VAT has in an acute care hospital. Results included that a dedicated VAT reduced CLABSI rate, improved quality of care, and improved patient satisfaction. Assumptions for the evaluation plan are based on literature reviews.

Discussion

Advocacy

Nurses are advocates for improvement as they are the front line of patient care and are the driver of change. They transform organizations to provide a higher quality of care. The role of nurses is crucial in leading change and driving for quality improvement. Dempsey & Assi, 2018, sums up that staff who feel supported and who are engaged will show the desired outcomes. Leading changes and improving the quality and experience of care starts from the top. Leadership actions play an essential part in improvements. Senior leadership must be engaged as this creates a supportive culture of change. The leadership team must incorporate clear set expectations with implementation. Gifford et al., 2017, states that leadership is instrumental in creating a supportive environment with positive staff attitudes to improve patient care and outcomes.

Establishing a VAT will allow nurses to advocate safe care for their patients as well as decrease their anxiety with managing central lines. According to Johnson et al., 2017, the

healthcare field gains of a dedicated VAT are a reduction in CLABSIs, improved quality of care, and patient satisfaction. The intervention plan will strengthen interprofessional collaboration by implementing that the nurses in ICU and CCU will discuss with the VAT upon ordering lines to ensure appropriateness which will improve the quality of care. According to Bosch & Mansell, 2015, establishing collaboration is the key to improving patient outcomes and they have five ingredients for team success, which are role clarity, trust and confidence, the ability to overcome adversity, the ability to overcome personal differences, and utilizing collective leadership. The VAT will emphasize these factors to demonstrate effective interprofessional collaboration. The VAT will be responsible for educating staff on managing lines properly, so a trusting relationship will be a focus. It is unknown how the VAT will establish the relationship until the team is developed.

Future Steps

The current project is based on the implementation of a VAT for ICU and CCU to insert and manage central lines. The project can be improved by implementing throughout the facility which will allow for a bigger impact. By implementing house-wide, all patients needing any line will be evaluated by the VAT to ensure appropriateness. Evidence-based practice has shown that VATs improve patient outcomes as well as patient satisfaction. Implementing the VAT throughout the hospital is a win-win for BSWI. It is assumed that the Plan-Do-Check-Act (PDCA) model will be utilized during the intervention plan. PDCA is an improvement model used to carry out the change.

Reflection on Leading Change and Improvement

Throughout working with the project, it is easily visible that this change is certain to decrease CLABSI rates at BSWI. Evidence-based practice has proven that a dedicated VAT

assists with the decrease in CLABSI rates and incidences. Change faces many challenges, but when managed correctly the outcomes will outweigh the barriers. The key factor in change is leadership. Hussain et al., 2018, emphasizes that leading organizational change requires employee involvement by utilizing Lewin's change model. Lewin's model of change involves three stages, which are unfreezing, change process, and refreezing. Applying this model of change allows one to lead change effectively and can be a benefit to future leadership growth.

Quality improvement (QI) assists in implementing change effectively. The completed intervention, implementation, and evaluation plans can be incorporated into one's personal practice by keeping in mind the reason behind QI, which is improvement. Driving QI in personal practice involves understanding five quality improvement essentials: adaptive leadership and culture, analytics, evidence-based best practices, adoption, and financial alignment (Falk & Tinker, 2017). Another perspective in QI is applying the Institute of Medicine's six aims of improvement, which are safe, effective, patient-centered, timely, efficient, and equitable (Agency for Healthcare Research and Quality, 2018). These aims allow for a better understanding of the relevance of QI. Including these components will allow for successful QI in healthcare.

References

- Agency for Healthcare Research and Quality. (2018). *Six domains of health care quality*. Ahrq.gov. <https://www.ahrq.gov/talkingquality/measures/six-domains.html>
- Bjerke, M. B., & Renger, R. (2017). Being smart about writing SMART objectives. *Evaluation and Program Planning*, 61(1), 125–127.
<https://doi.org/10.1016/j.evalprogplan.2016.12.009>
- Bosch, B., & Mansell, H. (2015). Interprofessional collaboration in health care. *Canadian Pharmacists Journal / Revue Des Pharmaciens Du Canada*, 148(4), 176–179.
<https://doi.org/10.1177/1715163515588106>
- Dempsey, C., & Assi, M. J. (2018). The Impact of Nurse Engagement on Quality, Safety, and the Experience of Care. *Nursing Administration Quarterly*, 42(3), 278–283.
<https://doi.org/10.1097/naq.0000000000000305>
- Falk, L., & Tinker, A. (2017). *The Top Five Essentials for Quality Improvement in Healthcare EXECUTIVE REPORT*. <https://www.healthcatalyst.com/wp-content/uploads/2016/06/Top-Five-Essentials-for-Quality-Improvement.pdf>
- Gifford, W., Graham, I., Ehrhart, M. G., Davies, B., & Aarons, G. (2017). Ottawa Model of Implementation Leadership and Implementation Leadership Scale: mapping concepts for developing and evaluating theory-based leadership interventions. *Journal of Healthcare Leadership*, Volume 9, 15–23. <https://doi.org/10.2147/jhl.s125558>
- Hussain, S. T., Lei, S., Akram, T., Haider, M. J., Hussain, S. H., & Ali, M. (2018). Kurt Lewin's Change model: a Critical Review of the Role of Leadership and Employee Involvement

in Organizational Change. *Journal of Innovation & Knowledge*, 3(3), 123–127.

<https://doi.org/10.1016/j.jik.2016.07.002>

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Johnson, D., Snyder, T., Strader, D., & Zamora, A. (2017). Positive Influence of a Dedicated Vascular Access Team in an Acute Care Hospital. *Journal of the Association for Vascular Access*, 22(1), 35–37. <https://doi.org/10.1016/j.java.2016.12.002>

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