

DEVELOPING AN IMPLEMENTATION PLAN

Name:

Grade Course:

Tutor's Name:

Date

Methods of Obtaining Approvals and Securing Support

Since human subjects are important in this plan, I will submit my plan to the institutional review board (IRB) with the aim of approving my plan on ethics and protection of human subjects by minimizing risks, and enhancing confidentiality and privacy of patients. After being approved by IRB, I will enhance Inclusions and stakeholder support. This will entail including all interested individuals and organizations in the creation of my plan by addressing their concerns, thanking them for their contributions and even asking them to not only support, but also request them to lobby for the final plan product.

I will also encourage transparency in everything I do by holding open meetings with stakeholders and avail necessary documents to the public for scrutiny.

As suggested by Tuckman (2011), I will also involve the administration continuously and informing them as the plan and decision-making unfolds. Nevertheless, will submit my plan for vetting, a process that peer review by experts as well as interested faculty, staff and students. Though this might be time consuming, it will improve the chances of approving and gaining more support. Last but not least, I will enhance flexibility in my plan with the aim of ensuring that it is a living document by articulating plan every day. This process according to Tuckman (2011) is important in recognizing errors in the plan that when removed will provide the kind of flexibility as well as wiggle room for the leadership and fellow staff will require in developing a comfort zone with the plan.

Current Problem, Issue, or Deficit Requiring a Change

Currently, whenever a nurse move back to the nurse station thinking that he/she has completed attending to a patient, he/she hears normal sounds of phone rings and call lights from patient rooms that he/she has just come from helping the patient get back to bed after

falling. They are then forced to go back to the room forcing a smile on his/her face. The patient requests pain or cough medicine, and the nurse wonders why the patient had not requested the coughing or pain medicine when he/she was in the room earlier. These frequent phone calls are frustrating to nurses especially in places that are under-staffed, forcing every nurse to attend to a large number of patients and if every patient is calling every now and then requesting this and that can inflict strain in nurses that are already filled with stress due to workload (Duffin 2010). This has been leading to low retention levels of nurses in hospitals, making the situation even worse.

In addition, if such calls are not answered on time, it can put the safety of the patient in jeopardy as apart from reducing his/her satisfaction level. This reduces their performance of care to patients which has reduced patient satisfaction scores by 60%, especially because of poor answering of phone calls by nurses. In addition, this has resulted to 37% increase in call light use due to high rates of emergency instances in patient rooms within shorter time intervals. As a result, the number of complaints both from nurses and patients has been high in health facilities.

Basically, Accidents in form of patient falls within hospitals remains to be an all time highly recorded inadvertent occurrence. Tucker, Bieber, Attlesey-Pries, Olson, and Dierkhising, (2012) reports that patient related falls have become a concern worldwide and the rates stand between 2.2 and 17.1 falls in every 1000 days in a hospital bed. These falls are quite devastating to both the patients and their relatives with around 60% of the falls resulting in some sorts of injuries while about 15% of the falls resulting in grave bodily harm (Sherrod, Brown, Vroom, & Sullivan, (2012). In addition, though Gombar, Smith-Stoner & Mitchell-Mattera, (2011) does not give statistics on the number of hospitals facing low patient

satisfaction levels in the world, but Gombar, Smith-Stoner, & Mitchell-Mattera, (2011) insists that Gravity of low patient satisfaction levels in hospitals is very high.

Detailed explanation of proposed Change

In dealing with these current problems, I propose the implementation of hourly rounding, which according to Sherrod, Brown, Vroom, and Sullivan, (2012) is a proactive nursing practice of monitoring patients based on the predetermined steps to address the needs and room environment of the patient. In this case, hourly rounding timetable will be stacked on the door of every patient room indicating the time that the patient should be attended to. This implies that before leaving the room, the nurse should ask the patient if he/she needs something else, and even gives him/her about two minutes for the patient to figure out something that he/she might require before the next round. After completing the round, the nurse is required to sign the hourly rounding timetable as he/she exit the patient room and tell the patient when the next nurse will be coming to carry out the hourly round.

There are many hourly rounding models that can be adopted by the hospital or healthcare facility depending on the frequency of rounding per shift, the number of patients in the hospital or healthcare facility and number of nurses in the facility. Based on this fact, the hourly rounding table should be made based on the model that rounding will be taking place after every hour during the morning and evening shift, and after every two hours during the night shift. An important consideration that is made at reaching these model patients should not be weakened from their sleep especially at night unless the nurse is administering treatment. However, in case the patient is not in need of a nurse frequently, the patient is free to discuss with the nurse on the appropriate time period that the patient thinks the nurse should come in his/her room especially when it is not time for treatment administration. This

implies that the program should be flexible enough to include patient's views and opinions on the hourly rounding program.

Rationale for Selecting Proposed Solution

Basically, I propose hourly rounding as a solution to the problem because the current times and generation does not require the nurse to ask the patient an ambiguous question like "how is you doing" and "is there anything you are in need" after which the nurse moves to another patient and ask similar questions, which hourly rounding discourages. The current times are about the nurse enter the room, state the reason of his/her visit, the nurse performs specific tasks including fostering the relationship, meeting every need of the patient and providing necessary care consistently (Deitrick et al, 2012). Universal inquiries as demanded by hourly rounding including checking "pains, comfortable position, toileting and making sure frequently used items are within reach, otherwise known as the four P's: pain, positioning, personal needs (utilizing the restroom) and placement" (Tucker, Bieber, Attlesey-Pries, Olson, & Dierkhising 2012).

Hourly rounding ensures that everything in need of the patient like bed light, bedside table, tissues, water, garbage, television as well as call light, telephones and other possessions are all the position that can be accessed by the patient. As a result, the presence of hourly rounding table ensures that the patient understands that the nurse or other practitioners will be availing themselves consistently to deal with any problem they encounter. This is very important in reducing call-light usage by 10% apart from reducing life threatening by 10% (Deitrick, et al 2012). This is because everything they need is at their reach. This is also very important in reducing the distance walked by nurses every day in the hospital or health facility by 20% (Meade, et al 2006). This also helps in reducing frustrations among practitioners

because patients will not be in need of them frequently, hence increasing retention rates in hospitals/healthcare facility. The number of falls in general will reduce as patients will always be left in a safe position, hence increasing the patients' safety. Summing up all these advantages of hourly rounding program in the hospital, Deitrick, et al, (2012) state the program has the ability of increasing patient satisfaction scores by 12%.

Description of Implementation Logistics

This program will be integrated in the current system three months after the approval by the hospital leadership and fellow staff members. This time allowance is to allow training and capacity building of leadership and staff on the implementation of the new system especially in terms of transition from the current to the new system, apart from making necessary changes on the timetable to allow a change in the workflow. However, there will be no major changes in the organizational structure. This is because the Directors and Executives will experience no change in their responsibilities and obligations. However, departmental heads including medical and operational service department will be required to make and develop an hourly rounding timetable for patients in their departments and ensure its implementations by carrying out impromptu investigations.

In addition, patient care managers will also be given the responsibility of supervising service providers to ensure that nurses are available at any particular time to attend to a patient as a required. They will also be required to go round patient rooms and wards to collect patient views and opinions concerning the time period they perceive effective and efficient based on their special needs in case of any. The service providers on the other hand will have to adjust to the new system while implementing their responsibilities. As a result, the departmental heads will be responsible for initiating change and educating the staff by if

possible invite experts to train staff on the new system implementation and prepare learning materials like pamphlets.

On the other hand, patient care managers will be responsible for overseeing the implementation process. This is because it is the responsibilities of the patient care managers to not only oversee schedules, but also basic functions of human resource under their supervision.

Resources Required for Implementation

Implementing this program will require Maximum Corporation from staff members including departmental heads, patient care managers and service providers. Since this plan aims at improving patient safety and satisfaction by improving relationships, there is need to employ twelve more service providers especially nurses and physical therapist. However, the number of cooks and laundry workers can remain the same in number.

In addition, during education and capacity building, there will be need training materials including pamphlets, handouts, posters as well as PowerPoint presentations. Basically, handouts and pamphlets will be prepared from published materials and experiences gained from those that have already practiced the strategy.

In assessing the effectiveness of the system, the knowledge of participants before and after the implementation questionnaires, surveys and pre-and-post test tools will be used. Basically, these tools will be prepared by the departmental heads in consultation with the patient care managers and service providers. Basically, questionnaires and survey will be used to measure satisfaction levels of patients in the hospital. In addition, nurse's satisfaction levels will be assessed based on questionnaires, while pre-and-post test analysis will be carried out to

compare retention rates and call-light usage before and after the implementation of the system.

To make the system more effective, alarm technologies need to be installed to ensure nurses are reminded of hourly round at a particular place.

In terms of funds, the hospital will have to budget for at least \$100,000 that will be used for allowances for those that will be involved in training, hiring new nurses on this year's financial year, searching, printing and producing materials including pamphlets, manuals, posters and manuals. In addition, funds will be required in purchasing and installing alarm systems in the health facility or hospital.

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