The Implementation Plan

Name

Institution

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The implementation plan will involve the description of the strategies that will be included in executing the program of applying semi-fowler’s positioning strategy instead of supine positions to ICU patients with the aim of preventing ventilated-associated pneumonia (VAP). The theory of the research indicates that supine positioning in ICU patients has increased the risks of VAP infections that have affected most patients and prolonged their hospital stays (Wang et al., 2016). The possible solution discussed has indicated that the use of semi-fowler’s positioning has been deemed effective to reduce the risks associated with VAP and is needed in healthcare institutions to promote the delivery of high-quality care services.

**The Setting of the Implementation Plan**

The primary objective of the implementation plan is to ensure the safety of patients in ICUs based on the nursing practices applied to prevent the high prevalence of VAP infections. There will be no need of seeking approval or consent forms as it will be a universal plan to improve the healthcare services in all the ICU departments in the healthcare system. This plan will take place in all the ICU departments in the healthcare facilities. The setting of the facilities will be the acute care and the medical-surgical units where patients require extensive healthcare services and the nurses are subjected to critical analysis of the patients’ situations. Also, the ICU beds to be used will be specified in a “head-bed-elevation” as it will help improve the situations of the patients in the critical care departments (Allen, 2020). The patients in ICU will be educated and explained of the proposed plan to involve semi-fowler’s positioning as a way of improving their health status and recovery process.

**TimeLine for the EBP Implementation**

The implementation will involve different phases that will help overcome the timeframe barrier. These phases will be implemented in 12 months and will begin by obtaining the baseline data of finance required, information technology, and quality council team. Staff education of the nurses and physicians in the ICU departments will be the second phase which will be for a month after the beginning of the implementation plan. The third phase will be gathering and analyzing the data obtained from the education plan. The fourth phase will be based on the presentation of the findings and the last phase will be the submission of the findings to the relevant council for quality control measures. The completion of each phase will not be chronological as it will depend on the success of each phase. However, phase one will begin in January, the second phase will commence in April, phase three after three months, and the last phase will be completed at the near end of the year of implementation.

**The Budget and Resource List**

The EBP program will be implemented based on the availability of a budget and resources that will enhance its success. The budget is aimed to be an estimate of $10,000 which will be shared by the available resources and operations requiring financial obligations. For instance, the first approach will be obtaining and accessing information technology resources that will be used in ICU departments to improve the delivery of high-quality care services. The IT department will be improved by an estimate of $3,000. The second category of the budget will be directed to the training and education program for nurses and staff in ICUs. The estimated budget for training will be $3,000. The third category will be obtaining the resources such as hospital beds and other machines that are efficient in improving health services in ICUs. The estimated budget for these resources will be $2,000. The last category of the budget will be the time frame and other resources that will be used for the implementation process. This will use an estimate of $2,000 and will cater for other miscellaneous expenses of the EBP project. Other resources will include human capital such as nurses and experienced medical leaders to be employed in the ICU departments.

**Research Design for Data Collection**

The implementation will utilize a qualitative approach to collect data that will be useful in determining the success of the EBP program. Using a qualitative approach will be deemed effective as it will help save resources and time while conducting the research and obtaining data. Also, the process will be efficient as it will help obtain first-hand human experience of the program users and the patients that will be helped in the process. It will also help document random surveys of patients and the nurses involved, monitor the impacts of the semi-fowler’s positioning, evaluate data of improved health care services, and the random observations will portray actual results of the interventions implemented by the medical operations in ICU to prevent the high prevalence of VAP incidences (Kallet, 2019).

**The Methods and Instruments to Monitor the EBP**

The EBP implementation will utilize a questionnaire and an observation plan to monitor the effectiveness of the proposed program. This will help obtain real-time and one-on-one information from the parties involved in the ICU departments. For example, the nurses and staff working in the ICU departments will provide information that will be used to evaluate whether the EBP will be a success. the questionnaire will seek answers of how the proposed program has or will help improve the delivery of high-quality care services and the reduced rates of complaints from patients and the reduction of the high prevalence of VAP incidences (Bassi et al., 2017). The questionnaire will obtain information such as the improved care services, enhanced incident reporting parameters, and the employee and patient satisfaction levels in the ICU departments.

**The Process of Delivering the Intervention**

The EP will need training and education for the users and the staff in the ICU department to influence its success. This will be offered soon after the start of the program as it will be included in a computer program that is aimed at ensuring the success of the project. Nurses and the staff in the ICU department will be given the handouts in software copy of their role and requirements in enhancing the success of the project. Also, the intervention program will be considered a success if there will be interprofessional collaboration in the ICU department (Kallet, 2019). Delivering the intervention program will therefore begin by understanding and defining the cause of the problem, identifying the causal factors, and suggesting the possible interventions that would reduce issues of VAP incidences. Lastly, there will be training on the uses of the technology and quality beds for enhancing the use of semi-fowler’s positioning in the ICU department.

**Stakeholders in the EBP Plan**

The EBP plan will be implemented based on the involvement of collaboration from different stakeholders in the ICU department. The primary stakeholders will include nurses, patients, ICU leaders, ICU staff, IT department leaders, Quality Improvement members, and the health facility leadership team. Their role in influencing the success of the program will differ but will be with the main goal of improving the delivery of high-quality care services in the healthcare department (Coppador, Bellani, & Foti, 2019). For example, the health facility leaders will ensure the availability of budget and resources, the nurses will help implement the intervention plan, and the staff will present an environment that is deemed effective to improve the lives of the patients in the ICU department.

**Potential Barriers to the Implementation Plan**

The EBP project is aimed at success despite the possibilities of various barriers. The department is prepared to mitigate the potential barriers which could affect the program. For example, some of the potential barriers could include ineffective communication between the parties involved and the lack of defined goals and objectives of the intervention plan. However, these barriers will be overcome through frequent meetings with the parties involved and communication with the stakeholders to enhance the success of the project. Also, the quality control team will be active in the field to ensure all the resources and processes align with the success objectives.

**Feasibility of the Implementation Plan**

The plan is achievable based on the availability of resources and human capital that will help prevent the occurrence of the challenges affecting the EBP plan. The success of the project will depend on the availability of the resources and a controlled budget, the presence of talented and high-skilled nurses and healthcare professionals in the ICU departments, and the already-established patient-centered goals that will help overcome the challenges affecting the interventions of VAP incidences (Coppador, Bellani, & Foti, 2019). The EBP plan has also identified the preferences of the program which will help overcome the challenges that might occur. Therefore, with the availability of information and resources, the project will succeed and it will help overcome the challenges associated with VAP incidences in ICU departments.

References

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