## Implementation Plan

## Introduction:

Description of Problem and Change/Intervention/Program

Non-compliance with medication regimens in the adult heart failure (HF) patient population correlates with poor outcomes and increased hospital readmission rates. Having a nurse-driven outpatient follow-up program could increase adherence and decrease morbidity and hospitalization rates.

How will you build awareness, interest, and knowledge to garner commitment for the change amongst front-line staff? Write <u>four</u> action steps with details and provide a rationale, resources, time frame, and potential barriers for each.

Action item – describe with some detail	Rationale	Resources needed	Time frame	Potential barriers
Poll/engage key staff regarding their current understanding of the issues surrounding medication non-compliance in HF patients.	Identify staff's current level of knowledge of the problem.	Identify staff that routinely provide care and treatment for HF patients in the organization.	4 – 6 weeks to identify staff, complete surveying, and compile data	Identifying all appropriate staff members, nursing, APRN, physicians, pharmacy, etc. Reaching and engaging all staff efficiently
2. Share information about financial, morbidity, and mortality impact of HF medication non-compliance	For those unaware identify that it is a problem with significant implications, provide education	Evidence-based research to show scope and impact of problem	3 weeks to disseminate information.	Possible lack of interest.
3. Share information regarding improvement in outcomes and readmission rates with increased medication compliance in HF patients.	Illustrate how impacting one metric in a complex patient problem can have measurable positive impacts.	Evidence-based research to show scope and impact of problem	3 weeks to disseminate information.	Lack of interest. Staff resistance if they perceive it will increase their workload.
4. Utilize patient/family impact statements, qualitative data to show the human impact of HF and the disease process	Put a human face to suffering the HF disease process causes.	Qualitative data and personal reports from HF patients, family members, caregivers.	4-6 weeks to gather data, condense it to a quickly consumable	Challenges in making data relatable.
Outside experts or personal stories are an evidence-based way to garner support and attract attention to the issue.	It may help people reluctant to engage in change see beyond numbers to individual impact.		form and distribute it to appropriate staff.	

How will you gain support from healthcare executives and other key decision-makers needed for the change? Write <u>four</u> action steps with details and provide a rationale, resources, time-frame and potential barriers for each.

Action item	Rationale	Resources needed	Time frame	Potential barriers
Present the current state of HF patients in the organization. Recent admission, readmission, and patient medication compliance rates.  Note: This student presented the "WHY you should care" to the key stakeholders.	Will illustrate that it is a present and current problem for the organization that needs attention	Information related to HF population current for the organization. Number of admissions, readmissions, current rates of medication compliance with this population	2 weeks to compile data and form a presentation. 12-36 months of data needed for the presentation.	Being able to obtain requested data and obtain it promptly.
Present current costs of care of HF patients to the organization  NOTE: This student	Will identify the financial impact of current practice for managing HF	Information regarding HF admissions and readmissions, payor mix to identify reimbursement for	2 weeks to compile information and form a presentation. 12-36 months	Being able to obtain requested data and do so promptly. Being able to
presented the business case to those who will make the decision to fund the project.	patients.	care provided, the average cost to organization per admission, and per readmission per HF patient.	of data needed for the presentation.	drill down HF admissions versus admissions with HF as history or incidental issue
3. Present data supporting improved outcomes and decreased organizational costs with improved HF patient medication compliance  3. Present data supporting improved and improved outcomes and decreased organizational costs.	Will show financial and human impact that organization can make. Illustrates project is financially beneficial for the organization.	Evidence-based research identifying improved outcomes and decreased costs.	2 – 4 weeks to compile information and relate it to the current organizational HF patient population	Availability of quality research to support outcomes. Availability of organization-specific HF patient data.
Present projected cost for change implementation and projected positive financial impact 6,12, and 24 months post-implementation	Illustrates that the initial cost of change will be recouped and recovered by positive outcomes it produces	A financial plan outlining the cost of the project. Projected savings per HF patient to the organization with decreased readmission rate related to increased medication compliance	2 – 4 weeks to compile information and connect it to the current organizational HF patient population	Development of financial plan with no prior experience doing so. Concisely and convincingly identifying the savings the change will produce for the organization.

How will you build an implementation team? Write <u>four</u> action steps with details and provide a rationale, resources, time frame, and potential barriers for each.

Action item	Rationale	Resources needed	Time frame	Potential barriers
1. Identify departments/employees that have an impact on HF patients.  Specifically looking for engaged staff/change champions  NOTE: This student describes both who needs to be on the team and also uses change theory.	Multiple disciplines will have contact with a HF patient, and each makes their impact on the patient and can impact their treatment and education Early adopters and influencers with strong presence can influence other staff to get on	Organization department list. Patient tracer following a patient journey through the organization to ensure identification of personnel/departments involved in the patient journey.	2 weeks	Perceived ideas regarding who interacts with HF patients preventing identification of all key personnel.
2. Identify and engage an appropriate mix of skills and perspectives. Clinical, executive, education, etc.	Ensure all aspects of the multifaceted project are represented, and differing views presented.	Discuss with departmental and organizational leadership to identify non-clinical team members that would be beneficial contributors	2 weeks	Clinical staff reluctance to accept input from non-clinical personnel for a perceived clinical issue. Lack of interest or engagement from non- clinical staff.
3. Partner with organizational IT department.	IT will be used both in the final project and through the change process. To allow for flexibility in meeting and engaging the implementation team, IT alternatives to face-to-face meetings should be implemented.	IT team support	2 weeks	Some team members may be reluctant to engage in using technology to meet versus face to face.
4. Engage leadership to ensure support for team and project.	Involved implementation staff may require flexibility in scheduling, overtime, or other resources. Having leadership support upfront will help the employee feel supported and remove some possible barriers.	Project overview, timeline, and resources needed to share with leadership, so all individuals are on the same page.	2-4 weeks to allow for meetings with leadership and adjustments to schedule for team members if needed.	Leaders may not feel comfortable committing resources. Staffing limitations may limit flexibility for meetings, training, etc. Leaders may not see the benefit of the project and may not support it to their staff.

How will you promote action and adoption of the change? Write <u>four</u> action steps with details and provide a rationale, resources, time frame, and potential barriers for each.

Action item	Rationale	Resources needed	Time frame	Potential barriers
1. Auditing and Monitoring  NOTE: This is an evidence-based strategy.	Allow staff to see progress toward the goal.	Person to collect data and way to distribute or post info.	4 weeks for development.	Delays in developing process due to other responsibilities or lack of resources.
2. Structured debriefings	Allow structured time and arena for staff to share ideas and concerns regarding the change process. Allows staff to feel heard, the opportunity to provide on-the-spot training and education if needed. Helps reinforce that while change is happening, their voice is still important. Opportunity for feedback on how the project is going.	Leadership support to provide opportunities for staff to attend debriefing. Parties with debriefing education/experience to allow sessions to be productive and not just complaining.	4 weeks for development and allowing multiple opportunities for sessions to cover as many staff members as possible.	Lack of leadership support. Staff may not engage.
3. Share outcomes with staff	Sharing outcomes allows staff to see the impact of their work and the results of change. Can alleviate stress from the change process.	Pre and post-change data regarding HF patient admission, readmission, and medication compliance rates. Patient/caregiver reports of the impact of the program.	6-12 months to allow for effects of change and data collection	Obtaining data. Outcomes may not show an impressive or positive impact. Length of time between implementation and data distribution to staff may leave staff feeling like efforts aren't making any improvement or change.
4. Reward and Recognition	Providing rewards and recognition is a way of promoting positive behavior change	Reward token or format in which to recognize those who are following the process	2 months to plan, then implement at launch and ongoing for at least 6 months	Lack of resources