

Evidence-Based Practice Proposal - Section C: Solution Description

Tiffany Young

NUR-590 Evidence-Based Practice Project

Stefanie Fogarty

July 8, 2020

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This paper discusses the implementation of an education intervention as an intervention to decrease HA1C levels among patients diagnosed with diabetes mellitus.

Proposed Solution

Diabetes is a global epidemic with a social, personal, and economic health burden and is associated with a sedentary lifestyle and other behavioral factors. The worldwide diabetes prevalence among people aged 20-79 exceeded 400 million (Adu et al., 2019). Besides, diabetes remains a leading cause of mortalities globally. It accounted for more than 1 million deaths the year 2015, which was a 60% increase from 1 million deaths that occurred in 2000.

This EBP proposes the establishment of home and classroom diabetic training and education along with medication assistance as an effective intervention to decrease the HA1C levels among rural Americans with abnormal HA1C levels. According to Adu et al. (2019), education is a health-coach intervention that targets behavior change and self-determined goals resulting in better self-care and management actions. Education and training improve a patient's self-efficacy and understanding. Improved understanding increases individual knowledge on the association between diabetes self-care actions and how they impact outcomes (Cooke et al., 2015). In contrast, self-efficacy promotes a person's innate ability to execute tasks directed towards achieving good glycemic control.

This intervention is not only appropriate but also realistic for implementation in the organization since it is affordable, and nurses have up-to-date knowledge and resources to obtain information about DM. This enhances their ability to engage in evidence-based research

processes of collecting appraising and synthesizing research articles. Besides, all healthcare staff understands the relevant procedures and policies that support quality improvement initiatives.

Organization Culture

The proposed healthcare organization is a regional medical clinic that provides care to more than 60,000 people within the geographical regions it serves. The healthcare organization embraced quality and patient safety culture as championed in its vision and mission statements, goals, and objectives. The organization's philosophy accepts accountability for failures within the system that they have minimal or little control. Besides, the organization's administration uses the collaborative leadership style, which incorporates other health stakeholders in decision-making and management of healthcare teams (Zareban et al., 2014).

Expected Outcomes

Post-implementation, it is expected that patients who will continuously take part in the education and training sessions will have a 10% decrease in the HA1C levels. As suggested by García et al. (2015), they will have good glycemic control, improved quality of life, fewer complications, and decreased diabetes-associated deaths.

Method to Achieve Outcomes

The author will organize an initial training to identify potential knowledge gaps about the subject among participants. During implementation, a team that comprises of a physician, nurse, dietician, physiotherapist, and laboratory technician will conduct training and education. Each of these members will have a specific role to perform as follows. The nurse will record and ensure up to date information of patients who attend the training and education. The physician will educate patients about DM medications, the dietician will discuss healthy nutritional habits while the physiotherapist will educate participants about physical activities. The role of the laboratory

technician will be to perform a series of HA1C tests and to maintain an up to date record of the findings.

Outcome Impact

Upon the implementation of the proposed intervention, it is expected that there will be a 10% decrease in HA1C levels. A low HA1C level is an indicator of good blood glucose control and decreases microvascular and macrovascular associated risks hence improved quality of care (Cooke et al., 2015). Since education and medication assistance will be tailored to address individual knowledge gaps, the overall outcome will increase patient self-care responsibility and subsequent patient-centered quality care.

Conclusion

This EBP suggests the establishment of home and classroom diabetic training and education and medication assistance as the most effective intervention to decrease HA1C levels in the target population. The organization to implement this EBP adopted a patient-focused and quality culture that is reflected in its mission, vision, goals, and objectives and well as the organization's philosophy. The expected outcome is that patients HA1C level will decrease by 10% within three months.

References

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