

NURS FPX 4030 Assessment 4

Remote Collaboration and Evidence-Based Care

Through virtual collaboration and clinical data-driven approaches, a new standard of care has been set in contemporary healthcare delivery, where both patients' well-being and the quality of care are improved significantly. Taking advantage of remote communication resources such as telemedicine, virtual counseling, remote monitoring, and digital health platforms that set bars aside the geographical direction and help healthcare professionals collaborate efficiently across distances (Keesara et al., 2020). For clinicians, the collaborative approach also extends to interdisciplinary teams, thus the care becomes comprehensive and holistic (Halpern et al., 2020). The evidenced-based approach depends on concrete guidelines, systematic reviews, and electronic records to make clinical decisions based on the most conclusive evidence. Through clinical decision-making systems, this process is even further enhanced by providing real-time suggestions for medical care (Osheroff et al., 2020). Using constant learning and training, healthcare practitioners keep themselves up to date with the latest evidence in clinical practice, giving them an edge to provide the best, personalized care to each patient.

Evidence-Based Care Plan to Improve the Safety and Outcomes

Based on the case study, utilizing the multidisciplinary remote collaboration approach aimed at alleviating CHF in rural areas necessitates the development of an evidence-based care plan for a 65-year-old male patient diagnosed with CHF. The case provider is Dr. Johnson who virtually consults with a team that consists of a cardiologist, a nurse, and a pharmacist and this is to offer comprehensive health care to the patient. The cardiologist suggests managing the symptoms with the use of ACE inhibitors and diuretics, while a nurse recommends implementing a telemonitoring system, which will allow to control patient's vital signs periodically and detect cases of symptom exacerbations. The pharmacist highlights the importance of medication adherence education as well as counseling for both the patient as well as the family member. Mr. Johnson acknowledges that the team has given all their valuable input in the patient care plan and will schedule the virtual visit to monitor the progress and will adjust the patient care plan as needed (American Heart Association, 2020). Along with the patient's medical status and the assessment of the patient's function, the family, their health literacy, financial resources, and health-care utilization patterns should inform the plan. Through the focus on those items, the healthcare team witnesses the delivery of care with optimal safety and outcomes for patients while using the capabilities of telemedicine in rural areas.

Ways to Use Specific Evidence-Based Practice Model

In designing the care plan for the patient with congestive heart failure (CHF) in the given case study the Stetler Model of Evidence-Based Practice was very helpful, allowing us to keep track of every important aspect. It was a multi-step affair, so to speak. First, the team had to get familiar with the patient's symptoms, medical history, and diagnostic results to have a clear idea of what the patient might need. Hence, shortly after it was the mistake of the doctor's diagnosis of CHF that was also mentioned as well as the treatment recommendations was the phase of the validation. The researchers followed the next phase where they compared the different evidence-based interventions, which included the traditional in-person monitoring with the best-suited approach for the patient's rural community; telehealth intervention (Smith, J. D. 2020).

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Next, the utilization stage targeted the multidisciplinary team as it formulated an integrated care plan that centered on medication management, home monitoring through telecommunications, medication adherence education as well and lifestyle modifications that were gauged from the validated evidence and comparison review. Secondly, the follow-up visits were done virtually irregularly to check on the patient's progress and efficacy of the implemented interventions. The team that implemented the model that was carefully developed by Stetler was able to establish a care plan that was self-evident, corresponding to the patient's problems, and oriented on improving patient outcomes for the patient with CHF.

Most Relevant Evidence

Derived by an amalgamation of evidence from different sources, the most relevant and useful care plan for the patient with congestive heart failure (CHF) in the case study has been formulated. First of all, the patient's clinical presentation such as shortness of breath, fatigue, leg swelling and also his prime medical history hypertension helped the medical team to understand in depth the degree and nature of his CHF. These variables acted as landmark medical points when making decisions on what particular treatments could be most useful in controlling symptoms and improving heart function. Further to the findings of the echocardiogram, the diagnostic results were paramount in not only setting the CHF diagnosis but also providing clinical data on the patient's heart condition and guiding management options. Furthermore, the team with the multidisciplinary background, including the cardiologist, nurse, and pharmacist, additionally offered very important guidance on health plans. Their knowledge and practical advice about medication, telemonitoring, medication adherence education, and lifestyle changes made our care plan as complete as possible because their experience and research were used as the basis (Smith, J. D. 2020). Also (the foundational

framework for evidence-based guidelines and literature on CHF management was another significant factor additional to this. This provided a direction to the interventions as well as gave information about the current practice and recommendations). In the end, the received value of the collected data critically depends on its clinical usefulness, adequacy, and alignment with current best practice dos and don'ts guidelines, all of which combined enable the medical team to elaborate a focused care course for the patient addressing their specific circumstances and designed to reach the optimal results.

Benefits and Propose Strategies

An interdisciplinary collaboration of a remote team is a desirable option that comes with multiple benefits of care planning, particularly suiting the cases witnessed in the congestive heart failure patient scenario. It permits the care of patients in a way that brings to bear the expertise of all manner of healthcare professionals so that treatment plans that are customized for each person can be formulated. Remote cooperation also allows for quick connection to highly specialized care and thus overcomes the barriers from the distance towards catering to patients most favorably in areas with underserved rural areas. Additionally, this tool facilitates the accurate and timely sharing of information with the team members and therefore enforces prompt interventions and improves patient care outcomes. On the flip side, remote cooperation also poses some challenges such as communication obstacles, technical issues, and fear of data leaks. To tackle these problems efficient communication tools, training programs, research processes, and extensive data security systems should be implemented (Smith, J. D. 2020). Looking to the future, interdisciplinary collaboration in care situations should be further aimed at continuity of care, shared decision-making, telehealth-supported solutions, and quality improvement evidence-based. Through the integration of favorable elements and avoidance of barriers to interdisciplinary work in distant teams, healthcare institutions can achieve the best care and increase results for their patients.

References

Desai, A. S., Maclean, T., Blood, A. J., Bosque-Hamilton, J., Dunning, J., Fischer, C., Fera, L., Smith, K. V., Waghlikar, K., Zelle, D., Gaziano, T., Plutzky, J., Scirica, B., & MacRae, C. A. (2020). Remote optimization of guideline-directed medical therapy in patients with heart failure with reduced ejection fraction. *JAMA Cardiology*, 5(12), 1430.

<https://doi.org/10.1001/jamacardio.2020.3757>

Neubeck, L., Hansen, T., Jaarsma, T., Klompstra, L., & Gallagher, R. (2020). Delivering healthcare remotely to cardiovascular patients during COVID-19. *European Journal of Cardiovascular Nursing*, 19(6), 147451512092453.

<https://doi.org/10.1177/1474515120924530>

Saunders, H., Gallagher-Ford, L., Kvist, T., & Vehviläinen-Julkunen, K. (2019). Practicing healthcare professionals' evidence-based practice competencies: An overview of systematic reviews. *Worldviews on Evidence-Based Nursing*, 16(3), 176–185.

<https://doi.org/10.1111/wvn.12363>

Shayan, S. J., Kiwanuka, F., & Nakaye, Z. (2019). Barriers associated with evidence-based practice among nurses in low- and middle-income countries: A systematic review. *Worldviews on Evidence-Based Nursing*, 16(1), 12–20.

<https://doi.org/10.1111/wvn.12337>

Smith, K., Ostinelli, E., Macdonald, O., & Cipriani, A. (2020). COVID-19 and telepsychiatry: Development of evidence-based guidance for clinicians. *JMIR Mental Health*, 7(8).

<https://doi.org/10.2196/21108>

Speroni, K. G., McLaughlin, M. K., & Friesen, M. A. (2020). Use of evidence-based practice models and research findings in magnet-designated hospitals across the united states: National survey results. *Worldviews on Evidence-Based Nursing*, 17(2), 98–107.

<https://doi.org/10.1111/wvn.12428>

van Os, J., Guloksuz, S., Vijn, T. W., Hafkenscheid, A., & Delespaul, P. (2019). The evidence-based group-level symptom-reduction model as the organizing principle for mental health care: Time for change? *World Psychiatry*, 18(1), 88–96.

<https://doi.org/10.1002/wps.20609>