

Assignment 1

Enhancing Chronic Disease Management and Preventive Healthcare Policies

Chronic diseases such as diabetes, hypertension, cardiovascular diseases, and obesity continue to pose significant public health challenges. Despite advances in treatment and prevention, healthcare systems must strengthen their policies to ensure effective disease management and improve patient outcomes. Effective chronic disease management (CDM) includes early diagnosis, patient education, lifestyle modifications, medication adherence, and regular monitoring. Additionally, preventive healthcare policies promote wellness and reduce long-term healthcare costs by focusing on disease prevention strategies such as vaccinations, screenings, and health education (Caron et al., 2023). This discussion evaluates existing policies related to chronic disease management and prevention, identifying areas for improvement and alignment with federal and state regulations.

Policy Analysis

This evaluation focuses on a not-for-profit regional hospital in New York, widely recognized for its dedication to high-quality, patient-centered care. The hospital serves a diverse population across Bronx County, Westchester County, Rockland County, and parts of Orange County, offering both acute and outpatient services. The surrounding communities exhibit notable socioeconomic disparities, with approximately 11% of residents living below the poverty line and over 22% relying on Medicaid for healthcare coverage (Reynolds et al., 2019). These challenges highlight the critical need for comprehensive chronic disease management programs and preventive healthcare initiatives to improve health outcomes, particularly for underserved populations.

The hospital has implemented a Chronic Disease Prevention and Management (CDPM) Policy to address the rising burden of non-communicable diseases. This policy emphasizes early screening, patient-centered education, lifestyle interventions, and digital health tools to track patient progress. Key components include routine diabetes and hypertension screenings, smoking cessation programs, nutritional counseling, and telehealth services for remote monitoring. However, gaps remain in patient adherence to treatment plans and the integration of behavioral health services for patients with chronic conditions (Heath et al., 2024).

Comparison to Healthcare Law or Guidelines

The Affordable Care Act (ACA), the Centers for Disease Control and Prevention (CDC) Chronic Disease Prevention Programs, and the U.S. Preventive Services Task Force (USPSTF) guidelines provide the foundation for evaluating the hospital's CDPM policy. The ACA has significantly expanded access to preventive services, mandating insurance coverage for screenings, vaccinations, and counseling for chronic disease prevention. The CDC's National Diabetes Prevention Program (DPP) and Million Hearts initiative focus on reducing diabetes and cardiovascular disease risks through community-based programs. Additionally, USPSTF guidelines outline evidence-based preventive services such as routine blood pressure checks, cholesterol screenings, and tobacco cessation programs (Smith et al., 2023).

The hospital's CDPM policy aligns with federal and state regulations by promoting access to screenings, digital health tools, and community-based wellness programs. However,

adherence to USPSTF guidelines on preventive screenings is inconsistent, particularly in underserved populations with limited healthcare access (Reynolds et al., 2019). Improving community outreach programs and incorporating mobile health clinics could enhance accessibility and align the hospital's policy with national healthcare standards.

Legal and Ethical Implications

Non-compliance with chronic disease management and prevention policies carries legal, ethical, and financial implications. The Affordable Care Act (ACA) mandates preventive care coverage, and failure to offer these services could result in penalties or loss of federal funding (Caron et al., 2023). Ethically, healthcare providers have a responsibility to promote patient well-being, and neglecting chronic disease prevention contradicts this principle. Financially, untreated chronic conditions contribute to increased hospital readmissions, higher treatment costs, and reduced patient quality of life.

Neglecting chronic disease management policies can also negatively impact healthcare equity. Lower-income communities often face barriers to healthcare access, leading to higher rates of preventable diseases. Addressing these disparities requires targeted community health programs and increased investment in preventive healthcare education and screenings (Heath et al., 2024).

Benchmark Analysis

To assess the effectiveness of the CDPM policy, the hospital must compare its performance to industry benchmarks in chronic disease management, patient engagement, and preventive care uptake. Key benchmarks include diabetes control rates, hypertension control rates, and preventive screening compliance. The National Committee for Quality Assurance (NCQA) recommends an HbA1c level of below 7% for well-managed diabetes, making it an essential benchmark for evaluating hospital data against national standards (Smith et al., 2023). Similarly, the American Heart Association (AHA) recommends maintaining blood pressure below 130/80 mmHg, highlighting the importance of tracking hypertension management outcomes to ensure adherence to best practices. In addition, the U.S. Preventive Services Task Force (USPSTF) establishes screening recommendations for cancer, diabetes, and cardiovascular risks, making it crucial for the hospital to compare its screening rates to national averages to assess performance (Reynolds et al., 2019).

While the hospital's policy supports preventive healthcare and chronic disease management, adherence rates to recommended screenings and follow-up care remain below benchmarks. Additionally, gaps exist in patient participation in wellness programs and digital health monitoring tools (Caron et al., 2023). Implementing incentive-based participation models and expanding community outreach efforts can help bridge these gaps, ultimately improving chronic disease outcomes and patient engagement.

Quality Improvement Implications

Adherence to chronic disease management and prevention policies is crucial for improving patient outcomes and reducing long-term healthcare costs. Prioritizing preventive healthcare strategies ensures that patients receive early interventions, reducing complications and hospitalizations. To enhance policy effectiveness, the hospital can implement targeted community health programs, telehealth and digital monitoring, behavioral health integration, and financial incentives for preventive care (Heath et al., 2024).

Expanding mobile health clinics and community partnerships can increase access to screenings and wellness education, ensuring that underserved populations receive essential preventive care services (Smith et al., 2023). Enhancing digital health tools, such as remote patient monitoring (RPM) for hypertension and diabetes, can improve patient adherence and allow healthcare providers to track health trends more effectively (Reynolds et al., 2019).

Addressing mental health concerns related to chronic disease management, such as stress and depression, through integrated behavioral health services can further improve patient engagement and overall well-being (Caron et al., 2023). Additionally, offering insurance premium reductions or wellness rewards can encourage regular health check-ups and lifestyle changes, promoting long-term adherence to preventive healthcare practices.

Failure to meet preventive care benchmarks can have severe legal and financial consequences. Hospitals that fail to implement evidence-based chronic disease management strategies may face regulatory penalties, increased readmission rates, and loss of patient trust. Additionally, a lack of focus on preventive healthcare can lead to rising healthcare costs and resource strain (Heath et al., 2024).

Conclusion

The hospital's Chronic Disease Prevention and Management (CDPM) Policy aligns with national standards, including ACA, CDC, and USPSTF guidelines. However, gaps in patient adherence, preventive screening compliance, and behavioral health integration indicate a need for enhanced outreach programs, digital health tools, and financial incentives. By addressing these areas, the hospital can improve chronic disease outcomes, reduce healthcare disparities, and promote a proactive approach to patient well-being.

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Assignment 2

NHS FPX6004 Healthcare Law and Policy

There is a dire need to have a policy and practice guidelines in place to address benchmark metric underperformance in a healthcare organization (a New York-based hospital in this study). Benchmarks from local, state or federal policies like CMS and CDC are to ensure safe and high quality care and minimize risk to patients. If you don't meet those benchmarks you put patient safety at risk, risk legal penalties and may get financially penalized with reduced reimbursement.

Current Benchmark and Underperformance Score

In this organization (the hospital), hand hygiene is the benchmark metric under review. WHO and Leapfrog's Hand Hygiene Standard recommends 90% or higher as the benchmark for effective infection prevention. Internal audits show that the hospital's hand hygiene compliance is at 75% which is 15% below the standard (Mathur, 2021). This big gap requires immediate intervention through revised policies, staff training and better monitoring system. Addressing this gap will not only align the organization with regulatory requirements but also patient outcomes and HAI rates.

Why Create the Policy

Creating policy and practice guidelines to address benchmark underperformance is necessary for compliance with healthcare laws and patient outcomes. Benchmark metrics are often mandated by local, state or federal healthcare policies to measure quality and safety of care (Mathur, 2021)

. When a healthcare organization fails to meet those benchmarks like timely reporting of infections or consistent hand hygiene compliance it not only risks legal penalties and loss of accreditation but also patient safety. Having clear policies ensures staff accountability, streamline process and culture of continuous improvement.

Having effective policy and practice guidelines is necessary to address shortfalls in meeting healthcare benchmark metrics like hand hygiene compliance or timely infection reporting. Benchmark metrics are established by local, state and federal healthcare policies to ensure patient safety, improve clinical outcomes and compliance with standards like CDC, CMS and The Joint Commission. When metrics are not met it reflects gaps in quality and performance that may lead to increased risk of healthcare associated infections (HAIs) to patients and staff. Policies for these underperformances can guide staff behavior, promote accountability and standardize practice to improve overall performance (Chakma et al., 2024)

. For example having real time monitoring system for hand hygiene or streamlining infection reporting protocol can address the identified issues and align with regulatory requirements and best practices.

Repercussions If Nothing is Done

Not addressing these gaps can have serious consequences. From patient safety perspective, infection control lapses can result to increased HAI, longer hospital stay, higher morbidity and mortality. Legal consequences are financial penalties, loss of accreditation or disqualification from Medicare and Medicaid programs. Noncompliance can also damage the organization's reputation and erode public trust and patient satisfaction.

There is evidence from multiple sources. Studies show robust infection prevention strategies like hand hygiene audits and electronic tracking of compliance reduce HAIs.

Organizational Policy and Practice Guidelines

To improve hand hygiene compliance and timely infection reporting this policy proposes an Infection Prevention and Benchmark Compliance Program. The program will enforce hand hygiene protocols through staff training, visual reminders and regular audits. An electronic hand hygiene monitoring system will track compliance and provide real time feedback. Timely infection reporting will be enhanced by creating a central infection data repository with automated reporting reminders. A multidisciplinary team will oversee compliance, identify gaps and provide staff support to ensure consistency. This will create a culture of accountability, reduce hospital acquired infections and improve patient safety.

Compliance with Healthcare Policy

This proposal is in alignment with the Patient Safety and Quality Improvement Act of 2005 (PSQIA) which promotes transparency and accountability in healthcare and the CDC Core Infection Prevention Practices which emphasizes proper hygiene and infection control (Smith, 2020). It also meets the Conditions of Participation (CoPs) established by CMS so the hospital can continue to be funded and accredited. By focusing on these metrics the hospital can meet federal and state regulations, improve patient care and protect its reputation as a high performing hospital.

Policy Proposal and Practice Guidelines

To address the benchmark underperformance in hand hygiene compliance and timely infection reporting the hospital should have a policy that includes evidence based practice guidelines. To improve hand hygiene the hospital can adopt electronic monitoring systems that track compliance in real time and provide automated feedback. Visual reminders, staff training and a culture of accountability can also help adherence. To improve timely infection reporting the hospital can integrate advanced infection surveillance software to identify and communicate potential outbreaks quicker (Chakma et al., 2024)

. This will meet CDC and Joint Commission standards and create a safer environment for patients and staff. Additionally antimicrobial stewardship programs can reduce hospital acquired infections by promoting appropriate antibiotic use and preventing drug resistance.

Environmental, Regulatory, and Resource Considerations

These practice guidelines are however limited by environmental factors such as staff workload, hospital arrangement and inadequate sanitation infrastructure which can affect the success of these practice guideline. Overcrowded facilities, for instance, might elevate the risk of hygiene lapses, and lack of proper maintenance with equipment can delay reporting. The key element of staying open and avoiding penalties, consequences or even accreditation jeopardy as per CMS's Conditions of Participation is to meet regulatory requirements such as those set by the CDC for infection control. More cost barriers could also come into play, like funding for electronic monitoring systems or having enough staff to facilitate training and reporting as examples (Armstrong-Novak et al., 2023)

. Financial means to support such initiatives, right allocation of resources and conspiring leaders and staff are imperative to overcoming these barriers in order improvise a mechanism for assured quality.

To enhance the specific goal of hand hygiene compliance, the practice guidelines derived from the evidence based practice approach involve the implementation of strategies including the training of the staff, providing them with real time feedback and the use of electronic monitoring devices. This ensures that the staff is well informed on the protocols that are laid down while feedback ensures that these practices are adhered to. Such tools can assist in the identification of the compliance level, assessment of the gaps, and planning of the required interventions. These strategies are consistent with the CDC and WHO

recommendations, and are in conformity with the federal healthcare policies including the PSQIA and CDC infection prevention standards.

Ethical Evidence-Based Guidelines

These should be done while ensuring that the ethical considerations on cultural inclusivity are observed so as to ensure that none is discriminated against in the process. For instance, the training materials should be translated into different languages and the staff should be reminded to embrace people of different culture.

These changes will have a direct effect on the stakeholders especially the healthcare workers in the process of developing a stronger framework. This will lead to increased accountability of the nurses, doctors and other infection control staff and may also lead to changes in their work practices for instance, they may have to learn how to use the monitoring systems more frequently or attend more training sessions. But these measures should have the potential to create a better working environment, minimize stress and produce better results for the patients.

Importance of Stakeholder Engagement in Policy Development

It is therefore important to involve the following key stakeholders in the development of a practical and effective IC&P policy; the health care providers, infection control professionals, managers, patients and the members of the community. This is because the frontline workers are in a position to ensure that the infection control measures including hand hygiene and PPE use is adhered to. Such specialists in infection control have the knowledge on the best practices, while the hospital administrators make sure that there are adequate materials and encouragement for the exercise. Engaging patients and community representatives helps ensure the policy is culturally sensitive and meets the diverse needs of the population served.

Better Implementation and Compliance

Stakeholder involvement is good for policy design but also for implementation and ongoing success. When staff are part of the process they are more likely to adopt the policy and therefore higher compliance and better infection control outcomes. Administrators can provide the resources, patient advocates can help with communication and education and regular feedback from these groups allows for continuous improvement of the policy so it stays relevant and responsive to challenges.

Roles in Implementing Infection Control Policies

To implement the Infection Control and Prevention (IC&P) policy effectively collaboration among key stakeholders is important. Healthcare providers, infection control specialists, administrators and patients. Healthcare providers (doctors, nurses, support staff) will be responsible for following the updated infection prevention protocols. Regular training, real time compliance tracking and feedback systems will keep them engaged and accountable. Infection control specialists will lead the monitoring and auditing processes to ensure infection control standards are met and identify areas for improvement (Smith, 2020). Administrators will provide the resources and integrate infection prevention into broader quality initiatives and create a culture of safety. Patients and community members will be educated on infection prevention and asked to provide feedback on their hospital experience so the hospital can refine its practices.

Stakeholder Collaboration is Key to Policy Success

Stakeholder collaboration is important for the IC&P policy to be successful. When everyone staff, administrators and patients are part of the process the policy becomes everyone's responsibility and compliance and patient safety improves. Regular feedback and audits will

allow for continuous improvement so the policy can adapt to real world challenges. Patients being engaged ensures infection control becomes a norm not just a set of rules.

Conclusion

Conclusively, implementing an effective Infection Control and Prevention (IC&P) policy requires a collaborative approach with healthcare providers, administrators, infection control specialists and patients. By aligning with federal and state regulations, improving training and monitoring and creating a culture of accountability the hospital can reduce healthcare associated infections and improve patient safety. Everyone being involved ensures the policy is not only implemented but continuously refined so the hospital can be a safer and more efficient place for patients and staff.

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Assignment 3

Annotated Training Agenda

Policy Name: Electronic Health Records Implementation (EHR)

Purpose: Equip pilot/staff with the skills and knowledge required to effectively use the EHR system and ensure compliance with organizational and regulatory requirements.

Training Details

Length and Number of Class Sessions

Number of Sessions: 3 sessions.

Time: 10:00 AM- 12:00 PM

Total Training Duration: 12 hours over two weeks (2 hours daily, 6 days a week).

Location of Classes

Primary Location: Simulation lab for hands-on practice.

Supplementary Location: Classroom for lectures and discussions.

Resources Needed

Teaching Staff:

Two EHR trainers with expertise in system navigation and troubleshooting.

One IT support specialist for technical assistance.

Equipment:

Computers or tablets preloaded with the EHR software.

Projector and screen for instructional materials.

Step-by-step user manuals and quick reference guides.

Technology: Access to a simulated EHR environment for practical exercises.

Supplies: Writing materials, sign-in sheets, and progress tracking forms.

Training Agenda

Training Agenda Outline	Annotation
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Introduction (15 Minutes)	Welcome and Overview:
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Good morning! I thank you all for being here with us today. First and foremost, I would acknowledge the importance of the issue of dealing with tremendous amount of data conventionally. The tiring paperwork certainly comes with great chances of human error and mismanagement of other imperative roles that you play. Implementation of electronic health records is undoubtedly paramount in this regard. Your expertise and dedication can prove to be helpful in order to reduce burden on medical staff, ensure data accuracy, minimize healthcare workforce burnout, and ultimately provide better healthcare services. This training is composed of three sessions. The first sessions focuses on system features, such as patient data entry, navigation of electronic charts, managing lab orders, and generating reports. This foundational knowledge ensures you can use the system efficiently, reducing errors and saving time during patient care (Aguirre et al., 2020). The hands-on practice session will immerse you in real-world scenarios using the EHR system, allowing you to actively engage with its functionalities under guided supervision. Finally, meticulously devised assessments will help you reinforce and evaluate the knowledge and skills gained during the prior sessions. By incorporating quizzes, scenario-based exercises, and competency checklists, nurses can actively apply what they have learned in realistic scenarios, ensuring retention and practical understanding.

Understanding the EHR Policy(30 Minutes) Purpose, Scope and Objectives

The policy of implementing electronic health records (EHRs), is intended to make managing, retrieving, and storing patient health data easier. EHRs increase productivity, lower errors, and improve provider-to-provider communication by centralizing data, all of which improve patient outcomes. Features that save time and enhance decision-making, such as real-time updates, simple access to patient records, and connection with diagnostic instruments, are what make them effective (Aguirre et al., 2020). Additionally, EHRs are made to adhere to the Health Insurance Portability and Accountability Act (HIPAA), which guarantees that patient data is safely safeguarded by strong data encryption, audit trails, and access controls while enabling the legitimate exchange of information to promote continuity of care.

Key Provisions and Guidelines:

Security, interoperability, and efficient usage to improve healthcare delivery are highlighted in key provisions for Electronic Health Records (EHRs). While the Health Information Technology for Economic and Clinical Health (HITECH) Act encourages "Meaningful Use" to enhance the quality of care, the HIPAA protects patient privacy through encryption, access controls, and safe data management. EHRs must ensure data integrity through audits and version controls, and facilitate smooth data sharing utilizing standards such as Health Level Seven (HL7). The right of patients to view and modify their records is guaranteed, and staff training guarantees the efficient and secure use of technology.

Roles and Responsibilities (20 Minutes) Roles and Responsibilities of Healthcare Staff:

The implementation of an EHR system will require collaboration across medical staff (Fennelly et al., 2020). Physicians will document patient encounters and provide feedback, while nurses will manage data entry, coordinate care, and assist patients with portals. Administrative staff will handle scheduling, billing, and compliance, and IT teams will ensure system maintenance and security. Clinical information providers will optimize workflows, train staff, and monitor performance, while project managers will oversee implementation and address challenges. Leadership will provide strategic oversight, allocate resources, and foster adaptability. Together, these roles will ensure the EHR system is effectively adopted to enhance patient care.

Practical Application:

Since everyone knows his/her role, let's conduct an exercise that can provide an example of how the roles can be played effectively in real life. The collaboration and interconnectedness among the entire staff structure ensures effective implementation and output (Valentina et al., 2019).

Training Strategies (30 Minutes) Interactive Lectures:

We will start implementing the policy delivering the brief yet interactive lectures first. Interactive lectures are an effective introductory training strategy for implementing an EHR policy.

Case Studies and Real World Scenarios:

Our training will also focus on Case studies and real life examples. Case studies offer real-world examples that assist staff in understanding how the policy applies in typical settings, they are a useful training tool for implementing EHR policies (Musa et al., 2023). Participants can investigate the difficulties and best practices associated with EHR use, including data entry, patient privacy, or system problems, by examining particular examples. Staff members can explore ideas and comprehend how the policy affects patient care and workflow by using case studies, which promote critical thinking and problem-solving skills.

Peer Review and Simulations:

To reduce errors and ensure collaboration we will also take peer review and simulation into consideration. Peer review and simulations are effective in implementing EHR policy by

providing hands-on experience and encouraging collaborative learning. Peer review allows colleagues to assess each other's performance, share feedback, and identify best practices, ensuring consistent application of the policy and improving the overall quality of care. Simulations help employees practice using the EHR system in realistic scenarios, building confidence and reducing errors.

Q&A to Clear Doubts (10 Minutes) Clarifying Confusion:

We will first identify and clear any doubts. Medical staff members can ask concerns and get any doubts they may have about the EHR policy answered during a Q&A session. It guarantees that they comprehend the system's operation and how it impacts their workflow.

Taking Care of Particular Issues:

Due to their positions, staff members may have particular concerns, and the Q&A enables customized explanations. This guarantees that the individual needs of all personnel, including administrative and clinical professionals, are met.

Strengthening Learning

During the Q&A, staff members can reinforce their learning by talking about real-life situations and issues. Additionally, it helps avoid misconceptions that can result in errors after the EHR system is put into place.

Final Steps (15 Minutes) Summarizing the Classes:

Class of each session will conclude with key takeaways. A detailed summary will be provided to ensure nothing is skipped.

Resources and Support:

The members will be provided with relevant resources including guidelines and manuals to operate the EHR system. Furthermore, contact information will also be provided so that every participant can reach out to the concerned person.

Follow Up:

Follow-up sessions will also be announced in case some participants need any session again to cater unresolved issues.

Acknowledgement:

In the end, all participants will be thanked for their proactive involvement in the entire class. They will be reminded of their importance in implementing this effective policy.

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1 Digital Health Records Implementation Presentation Speaker Notes Slide 1 Policy Overview I'll be introducing the policy for the implementation of digital health records today. Tsai et al. (2020) suggest that in order to increase data accuracy, optimize workflows, and strengthen adherence to HIPAA standards, this program replaces paper-based health records with electronic health records. The basis for improved care quality and operational efficiency is laid by electronic health records (EHR), which removes duplications, saves time, and enhances care coordination with real-time data access. Slide 2 Why the Policy is Necessary The current conventional system certainly shows: high error risks, delayed access to patient data, and limited compliance with modern standards. EHR addresses these issues by enabling quicker, more informed decision-making and fostering collaboration across care teams (Oyeyemi Adeniyi et al., 2024). Most importantly, it ensures healthcare regulations compliance, improving safety and accountability. Slide 3 Pilot Group Description 2 The ICU nursing staff is ideal for the pilot due to their high patient turnover and reliance on accurate record management. Their feedback will help refine the system before a broader rollout. The ICU's fast-paced, high-stakes environment will allow us to assess EHR's impact on workflow efficiency and care quality comprehensively (Kleib, 2021). Slide 4 Metrics for Evaluation Key metrics include documentation error rates, time to retrieve records, and compliance with current processes. Post-implementation will measure error reduction, time savings, and staff feedback on usability. These comparisons will quantify improvements and identify areas for adjustment, ensuring a successful transition (Lee, 2024). Slide 5 Training Implementation Training includes three sessions over two weeks, focusing on system features, hands-on practice, and assessments. Resources like simulation labs, trainers, and manuals will ensure readiness. Sessions combine classroom instruction and practical application, giving staff the skills needed to implement the EHR system confidently (Dash et al., 2019). Slide 6 Conclusion The Digital Health Records policy enhances data accuracy, compliance, and care quality. The ICU pilot will provide insights to optimize the system before organization-wide adoption. Comprehensive training ensures readiness, laying the groundwork for a successful, sustainable transition. 3

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