Module 4: Healthcare Program Design and Implementation (Weeks 7-8)

Learning Objectives

**Students will:**

* Analyze health policies
* Analyze opportunities for RNs and APRNs to participate in policy-making
* Analyze strategies for overcoming challenges for participating in policy-making
* Recommend strategies to improve the advocacy and communication of policy-making opportunities
* Analyze healthcare programs
* Analyze the role of the nurse in healthcare program design
* Analyze the role of the nurse as advocates for target populations of healthcare programs
* Analyze the role of the nurse in healthcare program implementation
* Analyze healthcare teams necessary for implementing healthcare programs

Instructions starts here for Discussion 1: Evidence Base in Design

When politics and medical science intersect, there can be much debate. Sometimes anecdotes or hearsay are misused as evidence to support a particular point. Despite these and other challenges, however, evidence-based approaches are increasingly used to inform health policy decision-making regarding causes of disease, intervention strategies, and issues impacting society. One example is the introduction of childhood vaccinations and the use of evidence-based arguments surrounding their safety.

In this Discussion, you will identify a recently proposed health policy and share your analysis of the evidence in support of this policy.

**To Prepare:**

* Review the Congress website provided in the Resources and identify one recent (within the past 5 years) proposed health policy.
* Review the health policy you identified and reflect on the background and development of this health policy.

By Day 3 of Week 7

**Post** a description of the health policy you selected and a brief background for the problem or issue being addressed. Explain whether you believe there is an evidence base to support the proposed policy and explain why. Be specific and provide examples. Supported by at least three current, credible sources. See next page for the References (Resources)

Learning Resources

***Note:****To access this week’s required library resources, please click on the link to the Course Readings List, found in the****Course Materials****section of your Syllabus.*

Required Readings

Milstead, J. A., & Short, N. M. (2019). *Health policy and politics: A nurse’s guide* (6th ed.). Burlington, MA: Jones & Bartlett Learning.

* Chapter 5, “Public Policy Design” (pp. 87–95 only)
* Chapter 8, “The Impact of EHRs, Big Data, and Evidence-Informed Practice” (pp. 137–146)
* Chapter 9, “Interprofessional Practice” (pp. 152–160 only)
* Chapter 10, “Overview: The Economics and Finance of Health Care” (pp. 183–191 only)

[American Nurses Association (ANA). (n.d.).](https://www.nursingworld.org/practice-policy/advocacy/%22%20%5Co%20%22Advocacy.%22%20%5Ct%20%22_blank)*[Advocacy](https://www.nursingworld.org/practice-policy/advocacy/%22%20%5Co%20%22Advocacy.%22%20%5Ct%20%22_blank)*[. Retrieved September 20, 2018, from https://www.nursingworld.org/practice-policy/advocacy/](https://www.nursingworld.org/practice-policy/advocacy/%22%20%5Co%20%22Advocacy.%22%20%5Ct%20%22_blank)

[Centers for Disease Control and Prevention (CDC). (n.d.).](https://www.cdc.gov/injury/pdfs/policy/Brief%204-a.pdf%22%20%5Co%20%22Step%20by%20step%3A%20Evaluating%20violence%20and%20injury%20prevention%20policies%3A%20Brief%204%3A%20Evaluating%20policy%20implementation.%20%22%20%5Ct%20%22_blank)*[Step by step: Evaluating violence and injury prevention policies: Brief 4: Evaluating policy implementation](https://www.cdc.gov/injury/pdfs/policy/Brief%204-a.pdf%22%20%5Co%20%22Step%20by%20step%3A%20Evaluating%20violence%20and%20injury%20prevention%20policies%3A%20Brief%204%3A%20Evaluating%20policy%20implementation.%20%22%20%5Ct%20%22_blank)*[. Retrieved from https://www.cdc.gov/injury/pdfs/policy/Brief%204-a.pdf](https://www.cdc.gov/injury/pdfs/policy/Brief%204-a.pdf%22%20%5Co%20%22Step%20by%20step%3A%20Evaluating%20violence%20and%20injury%20prevention%20policies%3A%20Brief%204%3A%20Evaluating%20policy%20implementation.%20%22%20%5Ct%20%22_blank)

[Congress.gov. (n.d.). Retrieved September 20, 2018, from https://www.congress.gov/](https://www.congress.gov/%22%20%5Co%20%22Congress.gov.%20%22%20%5Ct%20%22_blank)

Klein, K. J., & Sorra, J. S. (1996). The challenge of innovation implementation. *Academy of Management Review, 21*(4), 1055–1080. doi:10.5465/AMR.1996.9704071863

**Note:** You will access this article from the Walden Library databases.

Sacristán, J., & Dilla, T. D. (2015). No big data without small data: Learning health care systems begin and end with the individual patient. *Journal of Evaluation in Clinical Practice, 21*(6), 1014–1017. doi:10.1111/jep.12350

**Note:** You will access this article from the Walden Library databases.

Tummers, L., & Bekkers, V. (2014). Policy implementation, street level bureaucracy, and the importance of discretion. *Public Management Review, 16*(4), 527–547. doi:10.1080/14719037.2013.841978.

**Note:** You will access this article from the Walden Library databases.

EXAMPLE DISCUSSION WRITING

**Mental Health Access**

Mental health access through the emergency department is a problem throughout the United States. Many people with acute mental health issues seek care through the emergency department simply because they have no other options for immediate help. The proposed bill H.R. 2519, addresses the problem of EDs not having enough resources to manage and treat patients with acute mental health episodes affectively. This bill would provide funding to aid in additional inpatient psychiatric beds, crisis clinics, and emergency psychiatric units for mental health patients with an acute episode. (*Actions - H.R.2519 - 116th Congress (2019-2020): Improving Mental Health Access from the Emergency Department Act of 2020*, n.d.). The issue remains that people come into the ED for suicidal or homicidal ideation, and we have no inpatient psych beds available to get them the help they desperately need. I have personally witnessed having to hold a suicidal patient in the ED for over 24 hours until either a bed becomes available, or released back on the street, only because we do not have the resources necessary to accommodate them.

I believe there is significant evidence to support this policy and the need for increased resources for mental health patients. Acute mental health patients are seeking emergency care at an alarming rate. One in eight patients in the emergency department seeks help for acute mental health issues or substance abuse. (Laderman et al., 2018). This number continues to grow despite the lack of resources emergency departments have to hand out. Lack of resources for these patients also results in increased wait times and delays in emergency care that they need. Mental health patients simply do not get the treatment they require by sitting in the emergency department for hours or even days. (PR Newswire, 2017). Acute mental health issues are a growing concern in emergency departments across the U.S., and something needs to be done.

**References**

*Actions - h.r.2519 - 116th congress (2019-2020): Improving mental health access from the emergency department act of 2020*. (n.d.). Congress.gov. Retrieved October 12, 2020, from <https://www.congress.gov/bill/116th-congress/house-bill/2519/actions>

Laderman, M., Dasgupta, A., Henderson, R., & Waghray, A. (2018, January 26). *Tackling the mental health crisis in emergency departments: Look upstream for solutions*. healthaffairs.org. Retrieved October 12, 2020, from <https://www.healthaffairs.org/do/10.1377/hblog20180123.22248/full/>

PR Newswire. (2017). Waits for care and hospital beds growing dramatically for psychiatric emergency patients. *PR Newswire US.*

TUTOR CHECK GRADING RUBRIC DETAIL

**Rubric Detail**

*Select****Grid View****or****List View****to change the rubric's layout.*

Name: **NURS\_6050\_Module04\_Week07\_Discussion\_Rubric**



|  | **Excellent** |  | **Fair** | **Poor** |
| --- | --- | --- | --- | --- |
| **Main Posting** | 45 (45%) - 50 (50%)Answers all parts of the discussion question(s) expectations with reflective critical analysis and synthesis of knowledge gained from the course readings for the module and current credible sources. Supported by at least three current, credible sources. Written clearly and concisely with no grammatical or spelling errors and fully adheres to current APA manual writing rules and style. |  | 35 (35%) - 39 (39%)Responds to some of the discussion question(s). One or two criteria are not addressed or are superficially addressed. Is somewhat lacking reflection and critical analysis and synthesis. Somewhat represents knowledge gained from the course readings for the module. Post is cited with two credible sources. Written somewhat concisely; may contain more than two spelling or grammatical errors. Contains some APA formatting errors. | 0 (0%) - 34 (34%)Does not respond to the discussion question(s) adequately. Lacks depth or superficially addresses criteria. Lacks reflection and critical analysis and synthesis. Does not represent knowledge gained from the course readings for the module. Contains only one or no credible sources. Not written clearly or concisely. Contains more than two spelling or grammatical errors. Does not adhere to current APA manual writing rules and style. |
| **Main Post: Timeliness** | 10 (10%) - 10 (10%)Posts main post by day 3. |  | 0 (0%) - 0 (0%) | 0 (0%) - 0 (0%)Does not post by day 3. |
|  |  |  | 13 (13%) - 14 (14%)Response is on topic and may have some depth. Responses posted in the discussion may lack effective professional communication. Responses to faculty questions are somewhat answered, if posed. Response may lack clear, concise opinions and ideas, and a few or no credible sources are cited. | 0 (0%) - 12 (12%)Response may not be on topic and lacks depth. Responses posted in the discussion lack effective professional communication. Responses to faculty questions are missing. No credible sources are cited. |
|  | . |  | 12 (12%) - 13 (13%)Response is on topic and may have some depth. Responses posted in the discussion may lack effective professional communication. Responses to faculty questions are somewhat answered, if posed. Response may lack clear, concise opinions and ideas, and a few or no credible sources are cited. | 0 (0%) - 11 (11%)Response may not be on topic and lacks depth. Responses posted in the discussion lack effective professional communication. Responses to faculty questions are missing. No credible sources are cited. |
|  |  |  | 0 (0%) - 0 (0%) | 0 (0%) - 0 (0%)Does not meet requirements for participation by posting on 3 different days. |
|  |