

NURS-FPX6214 Assessment 3: Telehealth Technology Implementation Plan

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Telehealth Technology Implementation Plan

Implementation means putting a plan into action. Project Implementation is one of the crucial phases of a project. Project implementation is the stage where the project plan is put into action. It involves managing a project and using the available resources to meet the objectives set in the planning stage (Ellimoottil et al., 2018). For this assessment, we will examine the implementation of the telehealth technology project and the introduction of videoconferencing into the psychiatric department of Medhill Mental Health Clinic, targeting PTSD treatment in the youth population. An adequacy assessment of the existing technology infrastructure, assigning tasks and responsibilities, the implementation schedule, staff training, the collaboration strategy, and the post-deployment evaluation and maintenance strategy will be explored.

Adequacy Assessment of the Technology Infrastructure at Medhill Mental Health Clinic

Several factors will be required for the new videoconferencing technology to work effectively. The factors that will affect the effectiveness of the latest technology include internet availability, strength, and bandwidth. Videoconferencing in the psychiatric department cannot be introduced without internet connectivity. The internet connectivity at Medhill is strong and fast, thus supporting the project implementation. Additionally, an IT support staff is always available to assist in case of technical hitches. The existing technology does not require software upgrading.

However, the available hardware will not be enough for all departments when the psychiatric department is included. We will need additional equipment, specifically staff laptops, high-quality speakers and microphones, and Voice over IP conference phones for the staff who may need to work remotely, for the program to be effective. Other changes to be made include relocating the psychiatric department to rooms that will enhance privacy. It is essential to note

that the target patient population, youths, is equally crucial for the project's success. The assessment did not consider whether the youths can effectively use videoconferencing despite access to technology devices. Further information on educating the target population on telehealth use could improve the assessment.

Assigning Tasks and Responsibilities for Deployment of Videoconferencing Technology

The tasks and responsibilities that need to be completed include identifying a good technology devices dealer, purchasing the devices, testing and installation, training staff, preparing soft copies and printing flyers to create awareness of digital PTSD treatment among the youths, and conducting regular monitoring and evaluation. The tasks assigned to the team members are as follows: Hosea, the assistant director, will identify and purchase equipment. Maria, the IT support staff, will do the testing and installation. Joan and Simon, PTSD psychiatrists, will be responsible for creating awareness. The tasks I will delegate include looking for the videoconferencing equipment and purchasing, developing tools for awareness creation for the youths, and installing and testing the equipment.

Essentially, I will conduct the staff training and participate in the monitoring and evaluation responsibilities. According to Rutledge and Gustin (2021), task delegation when implementing a telehealth project leads to the project's success. More so, proper delegation of tasks enhances the quick adaption of telehealth technologies since the staff was involved in the implementation. The rationale for task delegation is that it eases the project implementation through shared responsibilities, helps save time, and outlines a clear direction on who is to do what, thus allowing each team member to be held accountable for their delegated tasks. It also ensures tasks are carried out in the best way possible since they are delegated based on what each team member does best.

Developing an Implementation Schedule

We will apply the PIVOT approach to implement the new videoconferencing telehealth technology in the psychiatric department. The PIVOT approach means the personalized implementation of video telehealth, as proposed by Lindsay et al. (2019). This approach will inform our implementation schedule. The PIVOT approach will be used since it entails introducing the new technology in personalized assessments and training the end-users, getting feedback on the progress, and having practical assistance to increase the adoption of the latest technology, which are all essential for the project.

For the first three weeks, we will train the psychiatric department staff in rotations using the existing videoconferencing devices in other departments. The fourth week will be the testing week, whereby the trained staff will be assessed on the training effectiveness. The second month will be the equipment's purchase, installation, and testing. Awareness creation of the digital PTSD provision services will occur during the third month before launching the program at the end of the third month. After launching the videoconferencing technology in the psychiatric department, we will monitor, evaluate, and integrate the things learned during the following three months.

Staff Training Requirements and Strategies

The technical and professional competencies required for the training are the ability to use the technology, time management, patient interaction, and assessing PTSD cases requiring in-person treatment (RHI hub toolkit, 2019). The staff that will be trained include all PTSD department staff, that is, the nurses and psychiatrists, the social workers, and the Information communication and technology staff, who will be the support staff. Their roles concerning the new technology are care provision to PTSD patients, assisting the care providers, and technical

support, respectively. The staff will use the latest technology to improve access to PTSD and general mental health help, especially targeting the most affected population, youths aged 18-24. The training will take place in the first three weeks of the implementation.

We will evaluate the training's effectiveness using the critical performance indicators assessments during the training process. The set key performance indicators will include the number of patients treated using videoconferencing technology, the number of care providers able to use the new technology and patient feedback assessments. The training's effectiveness will be based on the assumption that training materials and resources will be available, the hospital will have funds to cater for the cost of training, and the training staff will be available and ready for the training.

Developing a Strategy for Collaborating with Patients and other Healthcare Providers

A collaboration strategy will be required for the patients and other healthcare providers. The patients and other care providers will be provided 24/7 support through a downloadable desktop and mobile application. Since the end-users might react positively or negatively to the new technology, we should be prepared to deal with it. The youths might accept the use of the technology, leading to an increased number of PTSD patients, which will translate to an increased workload for the psychiatric department. Some psychiatric staff will be allowed to work remotely as more staff are employed in the department, thus improving patients' access to PTSD care and providing conducive working conditions for the care providers.

The factors that might inhibit the youths' acceptance of the new videoconferencing technology and care providers' acceptance of the new technology include connectivity issues and the unavailability of ICT support when needed. The leadership styles required for the implementation of this project are delegative leadership and participative leadership. Introducing

telehealth technology is a complex project that involves task delegation with the key stakeholders and leading by participation, thus the leadership styles. The collaboration strategy is based on the assumption that both the patients and the care providers will have access to ICT support 24/7.

Developing a Post-Deployment Telehealth Technology Evaluation and Maintenance

Strategy

The strategy that will be used to evaluate the project post-deployment is maintaining regular monitoring of the equipment and assessing the PTSD patients' experience with the videoconferencing technology. The impact of the videoconferencing technology on the workflow will also be assessed in the long and short term. Evaluating the telehealth technology helps identify what is working and what is not, thus informing the change to be incorporated (Kho et al., 2020). The criteria that will be applied to evaluate the initiative's success are the effectiveness of the psychiatric department staff in using videoconferencing in care provision, the number of PTSD patients using the technology, and the care outcomes of PTSD patients.

Conclusion

The implementation phase is one of the essential phases in a telehealth technology introduction project. It is where the plan is put into action. Implementing the videoconferencing technology in the psychiatric department will follow the above-discussed plan, schedule, and approaches. The collaboration strategy discussed above will be used for the patients and the care providers. The project will also be evaluated after the deployment to assess its effectiveness and incorporate lessons learned to improve its efficacy.

References

- Cummings, G. G., Tate, K., Lee, S., Wong, C. A., Paananen, T., Micaroni, S. P., & Chatterjee, G. E. (2018). A systematic review of leadership styles and outcome patterns for the nursing workforce and work environment. *International Journal of Nursing Studies*, 85, 19-60. <https://doi.org/10.1016/j.ijnurstu.2018.04.016>
- Ellimoottil, C., An, L., Moyer, M., Sossong, S., & Hollander, J. E. (2018). *Challenges And Opportunities Faced By Large Health Systems Implementing Telehealth*. *Health Affairs*, 37(12), 1955–1959. <https://doi.org/10.1377/hlthaff.2018.05099>
- Evaluation Strategies and Considerations for Telehealth Programs (2019). *RHI hub Toolkit*. Retrieved from <https://www.ruralhealthinfo.org/toolkits/telehealth/5/evaluation>
- Kho, J., Gillespie, N., & Martin-Khan, M. (2020). A systematic scoping review of change management practices used for telemedicine service implementations. *BMC Health Services Research*, 20(1). <https://doi.org/10.1186/s12913-020-05657-w>
- Lindsay, J. A., Day, S. C., Amspoker, A. B., Fletcher, T. L., Hogan, J., Day, G., Helm, A., Stanley, M. A., Martin, L. A. (2019). Personalized Implementation of Video Telehealth. *Psychiatric Clinics of North America*. <https://doi.org/10.1016/j.psc.2019.08.001>
- Rutledge, C. M., & Gustin, T. (2021). Preparing nurses for roles in telehealth: Now is the time. *The Online Journal of Issues in Nursing*, 26(1). <https://doi.org/10.3912/OJIN.Vol26No01Man03>