Planning for Community and Organizational Change

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Summary of Villa Health Case Scenario

Based on the views of residents and stakeholders in Jordan City, it is valid to argue that the community grapples with multiple health challenges that increase people's susceptibility to safety threats, such as chronic conditions. The overriding themes of the residents' views include poverty, mental health issues among learners due to bullying, opioid overdose, risky lifestyles, and behaviors like overemphasizing carbs, processed foods, and physical inactivity. Also, the community struggles with limited access to insurance coverage, potential exposure to lead poisoning, dental health issues, domestic violence, and increased costs of chronic health conditions. These problems emanate from poverty, health illiteracy, and infrastructural deficiencies. Therefore, this paper proposes an overhaul of the current healthcare systems in the community by emphasizing telemedicine modalities to improve access to quality care, reduce the cost of care, and improve communication between people and healthcare professionals.

Benefits and Implications

Telemedicine technology can have positive implications and benefits for the current healthcare systems. According to Kichloo et al. (2020), this technology improves patients' health by allowing real-time interactions between patient populations and healthcare professionals. Also, it forms the basis of other advanced technologies like mobile health (mHealth), telecommunication, and remote patient monitoring. Similarly, Anthony Jnr (2020) argues that telemedicine supports virtual services such as continuing health education, administrative meetings, and physician-led training. When implemented in the context of the Jordan Community, this technology can support health literacy programs, ensure that healthcare programs interact with a large consumer base, and reduce the costs associated with in-person clinical visits.

Potential Barriers to Organizational and Community Change

Although telemedicine can enable healthcare organizations to address health challenges in the Jordan Community, some barriers compromise the technology's usability and sustainability.

Sagaro et al. (2020) contend that implementing telemedicine in rural areas is susceptible to various constraints, including inadequate resources, computer or e-health literacy limitations, people's level of education, unawareness of telemedicine products, and the bandwidth of neighborhoods. In Jordan City, issues of poverty, infrastructure deficiencies, and people's unawareness of telemedicine technology and its components can compromise the technology's effectiveness and sustainability. Therefore, it is vital to implement mechanisms for addressing these barriers before incorporating telemedicine into the community's healthcare systems.

Strategies for Changing Barriers into Opportunities and Resolving Conflicts

It is essential to transform barriers to sustainable implementation of telemedicine into opportunities by enabling health organizations and people to embrace change. At the organizational level, developing e-health policies, updating institutional ICT infrastructure, addressing staff turnover, and tackling resistance to change is vital (Sagaro et al., 2020). Also, communicating change, obtaining employee buy-in, and creating a sense of urgency are profound approaches to aligning organizational culture with the sustainable implementation of telemedicine.

At the community level, healthcare policymakers can address barriers to the effective incorporation of telemedicine products by educating the public about the technology's usability and benefits, mobilizing resources through stakeholder collaboration to improve neighborhood bandwidth and access to telemedicine products, and developing a grant program for institutions that spearhead telemedicine. These measures can address the problem of resource constraints and infrastructural deficiencies in Jordan City.

Strategies for Helping Organizational Stakeholders Understand and Evaluate the Proposed Change to an Existing Healthcare System

Addressing resistance to change at the organizational level is vital to helping stakeholders understand and evaluate the proposed change. The ideal strategies for improving stakeholders' understanding and acceptance of the change proper include creating an interactive process of soliciting their knowledge, experiences, feedback, and values, embracing transparency and precision

when communicating with interdisciplinary team members, and creating a sense of urgency through communicate change objectives and desired outcomes (Boaz et al., 2018). These strategies are vital in cultivating a sense of ownership of the change initiative and obtaining stakeholders' buy-in for the project.

Conclusion

Jordan City grapples with multiple health concerns, including poverty, mental health conditions, opioid overdose, increased costs of chronic diseases, risky behaviors and lifestyles, and limited access to insurance coverage. While these challenges compromise people's health and well-being, it is essential to overhaul the existing health systems to incorporate telemedicine products responsible for providing virtual care to patients in distant settings. This technology improves access to quality and timely care, proper communication between healthcare professionals and consumers, remote nursing practices, and continuing public education. Therefore, it can support health literacy programs and reduce care costs. Although barriers like resource constraints, limited bandwidth, network coverage, and people's unawareness of telemedicine compromise the technology's sustainability, it is possible to address these barriers by encouraging stakeholder collaboration, mobilizing resources, educating the public, and applying for a comprehensive telehealth grant program.

References

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Appendix A: Grant Proposal

Need Statement

People in Jordan City grapple with various issues that compromise their health and wellness, including limited access to insurance coverage, risky behaviors like physical inactivity, mental health challenges due to bullying, opioid overdose, and overemphasizing carbs and processed foods. Consequently, these issues have exacerbated chronic conditions' costs (Villa Health, n.d.). Based on the community needs assessment, it is essential to note that these health concerns emanate from poverty, infrastructural deficiencies, and poor health literacy. As a result, this proposal aims to facilitate the implementation of telemedicine technology at the organizational level and leverage the widespread use of mobile technology (mHealth) to improve care accessibility and affordability while supporting community education programs.

Program Description

The program emphasizes upgrading the existing organizational technology infrastructure to incorporate telemedicine products. The primary objective of this strategy is to integrate telemedicine technology with mobile technology (mHealth) to facilitate virtual interactions, remote collaboration, public education, distant vital sign monitoring, and the promotion of preventive behaviors. The organization has a functional electronic health system (EHR) and a computer system. Therefore, it will only revamp these infrastructures to include cameras, mobile applications, teleconferencing modalities, dashboards, and speakers. The estimated project planning, implementation, and evaluation time is 18 months.

Program Evaluation

The project's evaluation plan will consist of two types of assessments: formative and summative. Formative assessments will occur at the end of every month to evaluate the processes and

project development. Formative evaluations will reveal any impediments and areas of improvement. On the other hand, a summative assessment will occur in the 15th month to assess the alignment of the project with the strategic goals and desired outcomes. Also, this evaluation will determine whether to upgrade, modify, sustain, or suspend the project.

Summary

The proposed project will impact community health and well-being by bridging the chasms in healthcare accessibility, affordability, and utilization. For instance, integrating telehealth technology and mHealth can improve care quality by reducing the costs associated with in-person visits to healthcare facilities, facilitating individualized care, supporting community education programs, and enhancing remote diagnosis, treatment, and management of chronic conditions. Also, these technologies can support preventive behaviors by enabling interactions between patient populations and healthcare professionals. Although the project will face various challenges like resource constraints, community unawareness of telemedicine products, resistance from some healthcare professionals, and internet connectivity issues, proper planning, resource mobilization, interdisciplinary collaboration, and leveraging the widespread use of smartphones will enhance the chances of success.

Appendix B: Project Budget

Categories	Startup	1st Year	Other Sources of Revenue	Justification
Compensation and motivation			Resource mobilization and organizational financial reserves: $400,000	
▪ Senior leaders and managers (3)	-	$100,000		They will communicate change, form teams, and oversee the project.
▪ Support Staff (5)	-	$50,000		They will conduct non-medical tasks during the project's implementation.
▪ Physicians (3)	-	$70,000		Physicians will test the applicability of the project by simulating teleconferences and virtual care.
▪ Nurses (8)	-	$70,000		Nurses collaborate with other professionals to ensure the effective functioning of telemedicine technology.
Fringe Benefits			-	
▪ Insurance benefits		15,000		The implementation team will not incur any cost of care during the project implementation.

Consultation or Contract services			-	
▪ Contracting additional healthcare professionals	30,000	60,000		External healthcare professionals are necessary to ensure coordination between the organization and community during the project implementation.
▪ IT specialists	20000	40000		IT experts will train employees on the project and facilitate the implementation of telemedicine technology.
Equipment			-	
▪ Camera and speaker systems, monitors, video otoscopes, electronic stethoscopes, high-definition video modalities, and toolkits for specialized care.	150000	250000		These components are prerequisites for telemedicine implementation and sustenance.
▪ Laptops	5000	4000		Laptops are required for

			-	
Materials				
Travel			-	
▪ Travel bonuses	9000	15,000		Travel incentives will motivate employees to implement and sustain the project.
Miscellaneous or Other			-	
▪ Training	1,000	2,000		Training will enhance employees' knowledge and awareness of the project.
▪ Meetings	-	1000		This allocation will account for materials like notebooks, pens, and other resources

▪ Internet	500	1,500		Revamping the internet connection will be essential to facilitate the project.
Total Expenses	**$215500**	**$678,500**		**Total = 894,000**