Evidence-Based Intervention

Name

Institution Affiliation

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The impacts of EBP are evident in improving the quality of care. Most healthcare organizations have established competency that is based on EBP programs, which are restructuring the delivery of care. This has been instrumental in the attainment of efficiency and effectiveness of interventions, as well as minimizing risks. The change of an organization to EBP implementation requires the alignment of organizational goals to address the prevailing clinical problems. The following is a change proposal for EBP on the flu and influenza vaccine.

**Intervention of Intervention**

The recommended EBP intervention of flu and influenza is education. It plays a significant role in promoting compliance with the vaccine. The Health Brief Model (HBM) should be incorporated into the development of the education program (Spoltore, 2016). It aims at changing the negative beliefs and attitudes of parents on the flu and influenza vaccine, leading to an improvement in the rate of immunization. Some parents prevent their children from being vaccinated due to religious or personal beliefs. They should be taught on all aspects of the vaccines right from its side effects, risks, and how it works to ensure that they accept their children to be vaccinated. The education should address the risks of infection, symptoms, and the risks of infecting their friends in school or at home.

**Evaluations of the Intervention**

Existing literature suggests that vaccination is among the most effective means for preventing flu and influenza in children. However, the rate of immunization for children is still low despite the recommendation for vaccination. Therefore, healthcare teams should consider vaccination programs that are reinforced by education to promote compliance of children (Johnson, 2018). Researchers have identified a lack of information on vaccines, misconceptions, attitudes, and safety with the effectiveness of a vaccine in parents. Children that have previously contracted flu or influenza and those that could not access vaccine have the least chances of vaccination due to the resistance of their parents (Spoltore, 2016). There is a strong recommendation for children to be vaccinated to protect them and their peers from exposure to infections. Communities that have adapted vaccination and education for children are more likely to record low rates of influenza infections, which enable them to meet the goal of Healthy People 2020.

**Objective**

The objective of the intervention is to incorporate evidence-based practices in the control of flu and influenza in children. It involves developing an education program for both parents and children that should accompany vaccination. The program should be based on the health belief models, benefits, and susceptibility for addressing influenza vaccination, addressing perceptions and beliefs of their parents. The program also aims to assess the significance of education to increase the rates of vaccination and, therefore, the rate of infection control in children.

**Resources**

The education program will require print material like brochures that will be used to pass additional messages to children. They may be made freely available for download by their parents on the website of the organization or supplied to their schools. Web-based tools like Flu Vaccine Finder and MedFinder will also be used to reinforce the education program (Johnson, 2018). At the end of the education program is vaccination using Nasal spray, egg-free vaccine, and flu shot.

**Anticipated Measures**

The anticipated measure of this intervention is the effectiveness of the education program through vaccination rates in children. It also aims to measure the dissemination plan to report the program evaluation to inform the organization of the outcome of the vaccination. The ultimate measure is to reduce the rate of influenza and flu infection in children and also in public schools.

**Evaluation of the Intervention**

The evaluation of this intervention will be based on the success of achieving its objectives. An example is a reduction in infection of flu and influenza from 11% to 8%, and a reduction in the cost of controlling these infections in healthcare organizations by 25%. A formative evaluation process will be conducted to assess the progress of the intervention and also to predict its success.

References

Johnson, F, J. (2018). Evidence-based interventions: Improving influenza vaccination rate among health care workers (HCWs) targeting direct care-givers. Retrieved from https://scholarworks.umass.edu/cgi/viewcontent.cgi?article=1139&context=nursing\_dnp\_capstone

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