

Evidence based practice

[Health & Medicine](#), [Nursing](#)



Article Critique The article identified for critique in this paper focuses on a study on an evidence-based practice on bundled strategies for ventilator-associated pneumonia, VAP. This paper analyses the aim of the study, its participants and the findings. These findings will be critical in defining its implications on care for respiratory patient and the impact it would have on my future practice together with critiquing the study in general.

Introduction

This research study appreciates VAP as a major burden in healthcare due to the associated mortality, cost of healthcare, period of hospital stay and the increased ventilator days. As such, this study aims at reviewing the available literature with regard to VAP bundle; describe the risk factors and etiology and explain the bundled practices; discuss the framework that would promote knowledge translation of VAPBs to clinical set-up; and finally identify the areas needing further research and how this could be use to curb VAP incidence. Despite the paper having the limitation of unclear data collection process, its strength in diversity, thus reliability comes out in the use of inclusion criteria to source data from various search engines – Cochrane Collaboration, PsycINFO, CINAHL, EMBASE and MEDLINE - giving a sample of six peer-reviewed studies published between 1997 and 2007. Each of these studies examined the bundled practices. The findings of the study indicate that the bundled VAP, VAPB practices reduce the rates of VAP. In addition, the practice reduces mortality rates, the length of stay under intensive care and the ventilator days. There was also an indication of increased compliance among clinicians with regard to VAPB protocols as the VAP rates decrease.

Implication of Findings to the Care of Respiratory Patient

Even though the study suffered unclear methodology, it provides useful insights on care for patients with respiratory complications. In this study, McCarthy, Santiago and Lau (2008) appreciate the need for evaluating the efficacy of VAPBs against the common ventilator care practices using RCTs (randomized controlled trials) employing clinical outcomes like mortality rates, ventilator days and VAP rates as indicators. However, the study fails to measure the effectiveness of the relationship between VAPBs and the outcomes.

Impact of Findings to My Future Practice

The findings in this paper point towards the need to implement research-based VAPBs into the normal clinical practice. For effective implementation, I will adopt the PARIHS (Promoting Action on Research Implementation in Health Services) conceptual framework as it effectively informs on transfer of knowledge and translating bundled strategies into practice. In addition, the employment of PCDA (Plan-Do-Check-Act) methodology would integrate the various components in small change increments. I will take up the role of a champion nurse to facilitate such change in a patient, identify the best delivery methods and assist in re-piloting revise VAPB component among other staff. The PCDA approach would be helpful in propagating positive behavior change.

Conclusion

This study supports the fact that bundled practices reduce VAP incidence and prevalence. However, the paper suffers unclear structure which makes its methodology unclear to the audience. Even so, the use of various search

engines to gather information proves effective as it provides insightful information on patient care and the practice in general, supporting the need to adopt the PCDA methodology and PARIHS frameworks in bundled practices.

Reference

McCarthy, S. O., Santiago, C. & Lau, G. (2008). Ventilator-associated bundled strategies: an evidence-based practice. *Worldviews on Evidence-Based Nursing*, 5(4), 193 - 204.