

Evidence based practice

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



Reading Research Literature #2 - Week 6 Type your answers to the following questions using complete sentences and correct grammar, spelling, and syntax. Click Save as and save the file with your last name and assignment, e. g., NR439_RRL2_Smith. Submit to the Reading Research Literature #2 basket in the Dropbox by 11: 59 pm MT Sunday at the end of Week 6. The guidelines and grading rubric for this assignment may be found in Doc Sharing.

Title: RRL#2

Name: [replace this text with your name]

Questions 1-5 pertain to:

Cherlin, E. J., Curry, L. A., Thompson, J. W., Greysen, S. R., Spatz, E., Krumholz, H. M., & Bradley, E. H. (2013). Features of high quality discharge planning for patients following acute myocardial infarction. *Journal of General Internal Medicine*, 28(3), 436-443. doi: 10. 1007/s11606-012-2234-y
<http://search.ebscohost.com.proxy.chamberlain.edu:8080/login.aspx?direct=true&db=rzh&AN=2012018670&site=ehost-live>

1. Describe the data collection procedure.

Teams of 3-4 members made site visits between 2008 and 2009 where they conducted interviews. They came from diverse backgrounds. Before the interviews, the researchers went through training on how to carry out the interviews. The interviews followed a standard interview guide. The researchers audio-recorded the interviews and later transcribed the audio recordings. After the interviews, there were debrief sessions involving a psychologist.

2. How were the data analyzed?

Data analysis was in two stages. The first stage employed the constant comparative method, which involved coding teams of six members. Each member reviewed transcripts independently and then they later compared their results before coming to a consensus. The second stage involved teams of three members. They used a focused analysis to reanalyze the data. There were ten main codes and eighteen sub-codes. Through the constant comparative method, the researchers analyzed thematic differences between hospitals depending on their performance. They used the ATLAS. TI Scientific Software, version 6. 2 to analyze the codes they developed.

3. Describes the limitations in the study.

The study was an exploratory type and therefore it was not possible to generalize the findings. Lower-performing hospitals also lack the ability to organize for PCP follow-up. There was also a risk that the participants may have made misrepresentations during the interviews.

4. Describe the authors' conclusions.

The authors concluded that the findings of the study conform to their previous theories about the improvement of the care for patients with AMI. Efficient communication and coordination across different fields is the key to the achievement of high quality discharge. The survival of patients after AMI may be dependent on specific discharge planning processes.

5. How does this advance knowledge in the field?

The results of the research would be of great benefit especially in the provision of comprehensive discharge care. The research identifies some distinguishing features that would be helpful in the handling of patients with AMI. The results of the research also open the door for further studies in the

field to determine the relationship that exists between the features identified and hospital RSMR.

Questions 6-10 pertain to:

Ancheta, I. B. (2006). A retrospective pilot study. *Dimensions of Critical Care Nursing*, 25(5), 228-233. <http://search.ebscohost.com.proxy.chamberlain.edu:8080/login.aspx?direct=true&db=rzh&AN=2009297932&site=ehost-live>

6. Describe the data collection procedure.

The researchers collected demographic data and classified it into groups and sub-groups in terms of age, marital status and ethnic background. The basis for the classification of data concerning medical treatment was on the management of heart failure. Dose, frequency and strength were the factors that influenced the classification in this category. As for risk factors, the cardiologist determined the NYHA classification based on functional status. There were several ways of measuring ejection fraction. Some of them were the thallium scan, echocardiogram and cardiac catheterization. There was also use of the multiple gated acquisition scan. Data on cardiac device depended on responses to questions regarding the use of different devices.

7. How were the data analyzed?

The researchers used Statistical Analysis to analyze the data. There was use of chart reviews to dispel any risk of duplication of patients visiting the cardio vascular center. The reporting of the population and medical information was through descriptive statistics.

Demographic and medical information

8. Describes the limitations in the study.

As the study was retrospective, availability of data was a problem. The information was incomplete in some cases and the records were not up to date. That was because of recent changes in the patients' insurance and cardiologist.

9. Describe the authors' conclusions.

Managing CHF is a complex program. There are other methods to deal with the devastating illness such as nutritional programs. The research provides findings in relation to the management of patients with heart failure. The recommendations from the study would help healthcare providers as they care for heart failure patients.

10. How does this advance knowledge in the field?

The research provides recommendations on how healthcare institutions may improve the management of heart failure. The recommendations on the use of some drugs to treat heart failure would be of great benefit to the industry as it gives guidelines that can guide health care givers.