Annotated Bibliography

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Replace the word journal with either research or study.

McNeill, L. (2017). Back to Basics: How Evidence-Based Nursing Practice Can Prevent Catheter-Associated Urinary Tract Infections. *Urologic Nursing Journal*, *37*(4), 204–206 Retrieved September 18, 2019 from Ebscohost database.

According to the authors, each year, an estimated 1.7 million patients suffer healthcare-acquired infections (HAIs) in the United States (U.S.), with 99,000 of those resulting in death (Institute for Healthcare Improvement [IHI] McNeill, 2017. The journal emphasizes how catheter-associated urinary tract infections urinary tract infections (UTIs) have a straight relationship between the placement of indwelling urinary catheters and healthcare providers not using proper hand hygiene allowing the introduction of harmful bacteria to the perineal area. Alarming consequences from CAUTIs in the infected patients discovered were increased morbidity, mortality, and length of hospital stays.

Additionally, the ~~journal~~ study describes how the Institute for Healthcare Improvement (IHI), has developed prevention methods in which nurses play a crucial role by implementing evidence-based practices that aim to decrease the current statistics of healthcare-acquired infections. Among these measures we find the four essential components of CAUTI prevention: avoid unnecessary placement of indwelling catheters, the use of aseptic technique while healthcare providers insert the catheter, use evidence-based guidelines for proper catheter management while in place, and finally and very important to remove the catheter as soon as possible. The appropriateness of the journal is the relevance of adherence to the nurse-driven protocol which include ensuring nurses follow the guidelines for catheter insertion, education, nurse competency, and ensuring catheter is properly maintained. Most importantly, nurses are patient advocates who have the ability to reduce the prevalence of this common HAI, by collaborating with physicians to determine the need of inserting a catheter.

Adams, J. M. ; Maja djukic, (2018). Influence of Nurse Leader Practice Characteristics on Patient Outcomes: Results from a Multi-State Study. *Nursing Economic$*, *36*(6), 259–267. Retrieved September 19, 2019 from http://citytech.ezproxy.cuny.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=hch&AN=133645950&site=ehost-live&scope=site

This study is the first to examine the relationship between nursing leadership characteristics and their direct influence on nurse-sensitive patient outcomes.. The researchers utilized the Leadership Influence over Professional Practice Environments Scale ~~which was used~~ to collect data on nurse leaders’ practice characteristics. The results build on the substantial body of nursing research which has demonstrated an association between patient outcomes and the work environment of nurses, and the role of nurse leaders in shaping that environment. Moreover, offering more evidence of the importance of nursing leadership to quality patient care, this study also points to ways in which organizations can better support and position nurse leaders to influence the outcomes of care. Furthermore, this study ~~points~~ identifies ways in which organizations can better support and position nurse leaders to influence outcomes of care. Patient outcomes or adverse events were assessed using unit-level data provided by each participating hospital. Data provided by the hospitals included rate of falls with injury, central line-associated bloodstream infections (CLABSI), and catheter-associated urinary tract infections (CAUTI) (Adams, 2009; Adams & Natarajan, 2016). The objective was developed through a thorough process of literature review, exposure to expert contributions and observations, and a secondary directed content analysis of qualitative and quantitative data with the goal of identifying the ways in which nurse leaders are able to influence patient outcomes in hospital settings.

Quinn, P. (2015). Chasing Zero: A Nurse-Driven Process for Catheter-Associated Urinary Tract Infection Reduction in a Community Hospital. *Nursing Economic$*, *33*(6), 320–325. Retrieved September 18, 2019 from Ebscohost database.

According to Quin, (2015) due to treatment costs and lack of reimbursement, community hospitals are charged with implementing innovative strategies that will reduce the incidence of hospital-acquired catheter-associated urinary tract infections (CAUTI). In this journal is emphasized how a nurse-driven system for decreasing the number of hospital-acquired CAUTI is effective and useful for a community hospital. One nurse with accountability for implementing a simple evidence- based protocol can dramatically decrease the total incidence of hospital-acquired CAUTI. The basis for the success of this initiative relied heavily on the ease of using the eight-point *Question the Foley* criteria, which has the main purpose of minimizing the incidence of hospital-acquired CAUTI, by having nurses evaluate which urinary catheters can be continued and which ones are no longer needed to be used for a specific purpose . Another part of the initiative is the availability of the electronic medical record interdisciplinary collaboration, and support from nursing and physician administration. In order to obtain effective results, the collaboration and support from nursing leadership, the goals for patient safety by reducing hospital-acquired CAUTI can become a reality in a short period of time is needed.