**Infection Control and Prevention in Critical Care**

**Protection of Human Rights**

The authors have considered every corner of human rights in this article. They state that their quality standard is designed in such a way that it ensures equitable improvement in health for all persons, ranging from those with hearing and visual impairment to the physically challenged. An interpreter is to be hired in the case where the consumer of this information is unable to acquire the information as needed. They also state that the communication used in the development of the quality standard is meant to be culturally binding and it appreciates all people from diverse backgrounds. The authors also call upon commissioners to use the same standards in their local areas and ensure that they eliminate any form of discrimination in use of the quality standards.

**Research Design**

The researchers used a systematic review design for their study. It involved reviewing evidence-based nursing literature to acquire quality information on the best practices in controlling HAIs. The data was collected from sources such as infection control websites, other set standards as well as reasoned judgement from commissioners. The research design was then generalized to cover a number of settings, including hospitals, prisons, schools and mental health services among others.

**Population and Sample**

After a close examination on the literature and the up-to-date qualities, the authors were able to select their sample of six quality standards. Therefore, the sample is n=6. These six statements include (1) antimicrobial stewardship, (2) Responsibility of the institutions, (3) hand hygiene, (4) use of urinary catheters, (5) use of vascular-access devices and (6) educating the patients on ways of preventing and controlling HAIs. The target population was the larger group of infection control and prevention standards. The aim of the study was to see how these standards could be used in preventing HAIs in hospital settings. Therefore, with the selected sample, the researchers could meet their objective.

**Data Collection and Measurement**

All the information was collected from nursing journals, health institutions in Britain and recognized websites for every statement. The data was then counterchecked with NICE previous standards to ensure that information was consistent and reliable. Examples of these data sources include the British National Formulary and Health and Social Care Information Center. These sources were termed as local data source.

**Procedures**

After the data was collected, it was checked against NICE list of NAIs control standards. If the data was consistent and up-to-date, then it was recognized as a reliable source and forwarded for citation. All the data sources are given with a direct hyperlink to the external sites. All data used for the study was endorsed by NHS England. The data was then examined to ensure that it met the requirements of the Health and Social Care Act (2012).

**Results**

**Data Analysis**

After the data screening procedure, all the collected information was forwarded for analysis. NHS England and Health and Social Act (2012) ensured that the information was consistent and reliable. The researcher then used their skills in infection control in the analysis of the facts and findings.

**Reliability and Validity**

The information used in this study is highly reliable and valid. It was checked by NHS England among other supporting organisations. The consent of commissioners also had an impact on the validity and reliability of the data.

**Discussion**

**Interpretation of Findings**

The researchers identified antimicrobial stewardship as one of their statements. In their interpenetration, they stated that the practitioners were supposed to ensure correct prescription of drugs, after full consultation and complete understanding of the disease being treated. They also identified organisational responsibility as their second statement. Under this standard, they required all health institutions to take full responsibility of their workers, enhance collaboration and ensure surveillance as a way of controlling HAIs. Third, the researcher identified that hand decontamination was a necessary requirement in the fight against HAIs. This statement requires the practitioners to ensure hand hygiene, before and after interacting with the patient and patient’s environment. Fourth, the researchers stated that urinary catheters should be used and inserted professionally in fighting urinary tract infections. The fifth statement asks professionals to make use of vascular access devices in accordance to set guidelines and ensure that they remove them with immediate effect if no longer required. The final quality standard requires commissioners and nursing personnel to educate patients on the need for prevention and control. According to the authors, this form of mass education will play a critical role in quality improvement and prevention of HAIs.

**Global Issues**

The researchers are highly qualified professionals in the field of infection control. Therefore, in my assessment, I feel that they are credible and reliable sources of information on HAI control. The findings of the study can be used in a wide range of medical care settings all over the world. Generally, these quality standards will help practitioners to minimise cases of HAIs in many hospital settings.

**Qualitative Article Summary**

**Method**

**Protection of Participant’s Rights**

This article has no section describing the protection of participant’s rights. It is worth noting that the paper did not involve specific individuals for the study and hence no need for the legal and ethical considerations.

**Research Design**

The researchers used a descriptive research design to develop evidence-based recommendations for practice in managing and preventing HAIs. This design included consulting previous literature and other statistical reports in developing a graded recommendation for particular interventions.

**Sample and Setting**

At this point, it is important to note that the authors did not use human beings for the sample selection. In other words, the study did not involve human participants in any way. However, they selected pneumonia, central line-associated diseases, nosocomial infections and catheter-related-infections as the most prevalent HAIs in a hospital setting (n=4). In their analysis, they included other additional conditions with their respective cause and recommendation for control.

**Data Collection**

In this study, the researcher used internet search for gathering the information. The activity involved scavenging the internet for data, statistical reports and evidence-based nursing interventions. The data was then collected, sorted and prepared for analysis.

**Procedures**

The researchers developed a sorting criteria. All the information collected was only included in the sample if it met some set standards. These were defined as follows;

* Evidence adopted from the opinion and views of leading authorities, experts, nursing committees and experienced clinicians.
* The evidence must be extracted from at least one trial conducted randomly and under controlled environment
* The evidence must be adapted from at least one analytical studies undertaken appropriately, by professions and under controlled settings.

**Enhancement of Trustworthiness**

The authors developed a new system of recommendation as a way of enhancing their trustworthiness. The new GRADE system would assign a grade 1 (for strongly agree –highly recommended) and grade 2 (for a weak suggestion). Therefore, if their recommendation is assigned grade 1, then it is highly recommendable. If assigned a grade 2, then it is weak and hence a mere suggestion. This action was meant to minimise reporting false recommendations and acknowledging that their suggestion is not the best.

**Data Analysis**

In the data analysis task, the researchers sorted the data and treated it as separate for every condition and healthcare setting. For instance, in preventing CLABSI, the set on data analysis and mode of intervention is treated differently from observing hand hygiene in inserting vascular devices and while interacting with a patients suffering from pneumonia. Therefore, data analysis was treated as a different task for every setting and for the particular HAI.

**Theoretical Integrations**

As stated earlier on, this study depends on theoretical and empirical literature. Therefore, before the researcher develop any recommendation, they must consult the theoretical literature and identify the areas of integration as well as fields of difference. This course of action is systematic, one after the other throughout the study.

**Discussion**

The entire study is a recommendation task. Therefore, the researchers discuss the recommendations for every condition. However, for the most basic practices in prevention of HAIs, the researcher stated that that the first step in prevention and control of HIAs in the health system is to identify patients that need isolation and then determine the type of separation required. Other measures of preventing illnesses include droplet precautions, avoiding intubation, use of central venous catheters, maintaining unobstructed urine flow and use of EPA-registered disinfectants. The researchers also explored factors such as advanced aging, prior antibiotics, acute renal failure, indwelling catheters, mechanical ventilation and significant trauma and found that they increased the risk of developing a nosocomial infection. The best intervention strategy in such an event is observing hand hygiene. The authors identified five practices before and after handling a patient. The nurse practitioner must ensure hand hygiene before establishing touch, before aseptic procedures, after being exposed to patient’s body fluids, after creating contact with a patient and after interacting with the patient environment. The best practice in washing hands include using alcohol-based agents and 0.5% chlorhexidine. Practitioners should choose to get a copy of the article to get the full recommendation list.

**Global Issues**

These researchers show a high level of expertise in presenting their ideas in a systematic manner. Their choice of language is suitable for both the patients and the nursing professionals. Similarly, these researchers are qualified in the nursing field research and has high academic qualifications. Therefore, this research is credible and reliable. As a summary of assessment, I find this article to be an important handbook for nursing staff in their struggle to prevent and control HAIs in various hospital settings. All involved stakeholders should choose having a copy of the recommendations and use these guidelines in preventing and controlling various types of HAIs in the health care environment.

**References**

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