From B17 Bomber to Bedside: Using a Bundle Methodology to Enhance Quality

Kim Jordan MHA, BSN, RN, NE-BC
Lehigh Valley Health Network, Marie.Jordan@lvhn.org

Carolyn L. Davidson PhD, RN, CCRN, FNP-BC
Lehigh Valley Health Network, Carolyn_L.Davidson@lvhn.org

Debra Peter MSN, RN-BC
Lehigh Valley Health Network, Debra.Peter@lvhn.org

Kim Holleran BSN, RN, CMSRN
Lehigh Valley Health Network

Follow this and additional works at: http://scholarlyworks.lvhn.org/patient-care-services-nursing
Part of the Nursing Commons

Published In/Presented At
B17 Bomber to Bedside: Using a Bundle Methodology to Enhance Quality

Marie K. Jordan, MHA, BSN, RN, NE-BC; Carolyn Davidson, PhD, RN, CCRN, FNP-BC: Patient Care Specialists - Medical-Surgical Division
Lehigh Valley Health Network, Allentown, Pennsylvania

Aim:
- Promote patient SAFETY;
- Optimize QUALITY;
- Successfully PREPARE for upcoming regulatory agency visits.

Project Design:
- Formed a workgroup of stakeholders from the medical-surgical division, inclusive of unit educators and the nursing quality administrator.
- Focused on ‘How to improve quality outcomes?’
- Developed a ‘Quality Bundle of Care’ checklist to address priorities of care, compliance with network processes and quality issues, including:
  - FALL and PRESSURE ULCER prevention,
  - MEDICATION safety,
  - CATHETER-ASSOCIATED URINARY TRACT INFECTION prevention,
  - RESTRAINT reduction,
  - PAIN management,
  - The Joint Commission National Patient Safety Goals,
  - High risk/low volume skills and problem prone issues.
- Communicated expectations to unit staff of the new process.

Results:
Representatives of the medical-surgical division at Lehigh Valley Health Network were charged to design a process that would actively engage and empower staff in quality issues to:

Background:
Healthcare’s current dynamics and evolving national and state regulations are driving safer and more effective patient care. Recognizing the challenges nurses face daily to provide and document the most optimal care possible, a process was explored to enhance staff performance and improve overall outcomes.

Method:
- Checklist methodology and efficacy informed and guided the process (Berenholtz, 2004; Gwande, 2009)
- Review individual patient’s plan of care utilizing the ‘Quality Bundle of Care’ checklist
- Coach staff during the review on topics r/t quality improvement, such as:
  - High risk for skin breakdown: Have we tried an alternative pressure reducing surface? Have we collaborated with the dietitian? Are we using specialty skin products? Have we determined and documented a skin risk score daily and updated the plan of care?
  - High risk for falls: Have we considered the low bed? Have we appropriately identified the patient at risk for falls using unit prompters? Have we determined and documented a fall score daily and updated the plan of care?
  - Actively dying: Have we considered additional supportive resources for the family who is present? Have we considered the bereavement cart?
  - Indwelling urinary catheter: Have we collaborated with the physician to determine the ongoing necessity of the indwelling catheter? Have we implemented and documented the urinary catheter bundle?
- Collate data every 2 weeks for units to review, discuss and action plan, as necessary
- Conduct medical-surgical division Quality Retreats bi-annually to discuss data, trends, and action plans

Significance to Nursing:
A structure driven by unit-based clinical leaders promotes staff engagement in quality outcomes. The combination of a transformational leader, standardized tool, formal process and feedback of results in real-time contributed positively to quality outcomes and improved safety for our patients. In addition, the tool can be used by any clinician (unit council member, management team) as a self or peer review.

References: