

Safety in Practice

WHAT IS A CARE BUNDLE?

Reliability in healthcare is a failure-free operation over time. This equates to ensuring patients receive all the evidence-based care they are entitled to receive.^{1,2}

In relation to care bundles this means ensuring that patients receive optimum care at every contact. A care bundle is a structured way of improving processes of care to deliver enhanced patient safety and clinical outcomes.

The process for achieving reliability is by testing individual measures to ensure they are the correct measures, and then testing a combination of measures (i.e. a care bundle). Therefore the key measure in a care bundle is the composite score which measures the level of compliance with all measures for all patients.

The care bundle data collection tool is a way of sampling whether optimum care is being delivered. This approach is therefore very different from traditional auditing approaches that are designed to identify whether individual measures are being implemented.

WHAT MAKES UP A CARE BUNDLE?

- 4-5 elements
- All or none compliance
- Binary Yes/No
- Measurement done by a clerk if possible
- Avoid being specific i.e. not 39 weeks – “mature fetus”
- Should encourage local definition/customisation
- Mix of easy and hard
- Spread over patients journey / functions
- Occur in same place and time – but often not possible in same time in primary care
- Backed by scientific evidence
- Creates teamwork and communication
- Multiple functions of care essential for desired outcome
- Clinical decision on use is respected but needs to fall into 80/20 rule

¹ Institute for Healthcare Improvement, Improving the reliability of health care, Innovation Series 2004

² Bowie, P. Reporting and learning from harmful events *Practice Nurse* 19 November 2010

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WARFARIN CARE BUNDLE

Practices will randomly sample of 10 patients per month on Warfarin, to see if they are reliably receiving the following care:

1. Is there evidence that the last advice on warfarin dosing given to the patient followed current local guidelines or used computer assisted decision making?
2. Is the target INR and duration of treatment clearly documented in the notes?
3. Since the last blood test, has the patient been taking the correct dose as ordered by the treating GP?
4. Has the INR been taken within 7 days of the planned date?
5. Is it recorded that the patient has received education about warfarin in the past 12 months?
6. Have all measures been met?

MEDICATION RECONCILIATION CARE BUNDLE

Practices will randomly sample 10 patients per month who have had a medication change during a hospital admission (as documented in the Electronic Discharge Summary (EDS)), in order to see if they are reliably receiving the following care:

1. Has the Electronic Discharge Summary (EDS) been viewed by a clinician within 24 hours of receipt?
2. Has Medicines Reconciliation (a process in which the GP reviews the discharge prescription and then decides which drugs the patient should continue, or be recommenced, on) occurred within 2 working days of the EDS being received by the practice?
3. Has the patient's current regular medication list been updated? (*Select N/A in the data collection form if no changes were made*)
4. Is it documented that any medication changes have been discussed with the patient or their representative within 7 days of receipt? (*Select N/A in the data collection form if no changes were made*)
5. Have all the measures been met?

RESULTS HANDLING CARE BUNDLE

Practices will randomly sample 10 patients per month for whom a Laboratory test for FBC, eGFR, LFTs or TFTs has been ordered to see if they are reliably receiving the following care:

1. Were the test results reviewed by a clinician within 1 working day of being received?
2. Was a definitive decision recorded by a clinician on ALL test results within 7 calendar days of being received?
3. Have the decisions for ALL test results been 'actioned' by the practice, including the patient being informed as instructed? (*If no actions are required record as N/A*)
4. Was the patient informed as instructed? (*If no instruction record as N/A*)
5. Have all the measures been met?

In addition please answer the following:

6. During the past month have you carried out a process to identify results which have not been returned to the practice?
7. How many of these tests were not received?

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OPIOID CARE BUNDLE

Practices will randomly sample 10 patients who have been prescribed opioid derived analgesia more than once in the past 6 months, to see if they are reliably receiving the following care:

1. Is there a clear indication within the clinical record for an opioid derived analgesic to be used/initiated?
2. Is there evidence that the analgesic ladder has been used prior to the patient being prescribed an opioid derived analgesic?
3. Is there a clear management plan? Evidence that side effects, self management and timely review have been discussed with the patient.
4. Is there a documented reason for any premature prescription requested?
5. Has clinical review occurred effectively prior to the second prescription being issued?
6. Have all of the above been met?