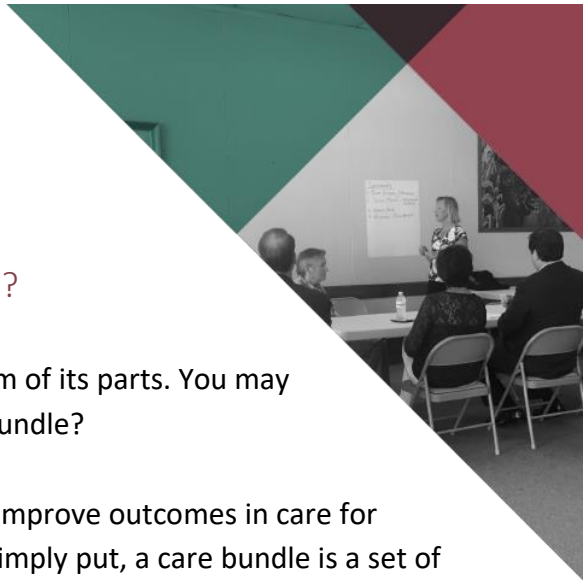
SOLUTION: The Nursing Bundle of Best Practices



WHY DO WE CALL THIS GROUP OF SOLUTIONS A **BUNDLE**?

The crux of the term **bundle** is that the whole is more than the sum of its parts. You may have heard this buzzword and wondered: What exactly is a care bundle?

Conceived by a group of intensive care practitioners in a quest to improve outcomes in care for ventilated patients, the concept of care bundles was developed. Simply put, a care bundle is a set of three to five evidence-based practices—interventions supported by research—that when used together cause significant improvement in patient outcomes. The interventions or components that make up the bundle must be grounded in solid research and, most importantly, all of the elements of the bundle must be performed in a series of steps by one healthcare team within the same time frame to ensure that clinical improvement occurs. A step in the process must not be eliminated or else the intended effect will be altered.

In recent years, the use of the bundling concept is being applied to overall best practices in nursing care as something that is being termed "The Nursing Bundle".

Utilizing a nursing bundle across all nursing departments in your organization brings many benefits:

- Improved care, as demonstrated by an improvement in patient satisfaction scores.
- Improved Nursing Satisfaction with care provided
- A way to implement change more effectively through the use of the bundle.

Let me explain. Evidence based care is always better care. When we, as healthcare professionals implement research and science into our practices, great things happen. The issue with this is that we are asking a multitude of humans with various levels of education and differing work backgrounds across several departments, several shift lengths, and a 24-hour operation dealing with life and death to ***change their behaviors.***

We like to call this "forming new habits". It sounds better than the change word, but the work involved for you as a leader is still the same. We heard a speaker state at a medical conference that physicians do not

adopt research into their practice until it has been around for 13 years. At the pace our world changes in healthcare- that is old research at that point.
We work with nursing leaders across the country who tell us that they do in fact have a form of the nursing bundle in place in their departments, and organizations. They have, in fact, placed serious emphasis on the bundle over the past 10 years.
YET, when we ask the next question, "Is it happening every patient, every day, and every care provider no matter what?" 100% of them will shake their heads and say "no."

Behavior change is hard! Creating new habits is very difficult for our employees. We must persevere, one care provider at a time! The nursing bundle is indeed, here to stay, and leaders everywhere still need best practices on how to implement a bundle that will stay.

Your first step is to describe what the bundle looks like for nursing and other care disciplines in your organization. We recommend that if you already have elements of the bundle in place (even if they are not practiced routinely), that you place them together as a bundle to refresh them in this new way for your employees.

If you have not implemented any of the 6 practices of our recommended bundle, then start small with your implementation. "Roll Out" the elements of your bundle (2 a year is a good pace), and then continue on as you study and adjust, and move to the next element of a bundle. If you already have some of the elements in place of the nursing bundle, but they are not hardwired, and need a refresh, glean that information from your nurses and go at it. We recommend you refresh a portion of the Nursing bundle twice a year as well. Remember, people learn at a different pace, and everyone can learn something new every day. Your nursing staff will recognize the value and emphasis you place on the nursing bundle when pieces of it are refreshed on a bi-annual basis.

How do you determine a bundle element? How did bundles get formed in the first place?

ELEMENTS OF A BUNDLE:

- A bundle is Interdisciplinary. Involve other clinical departments and physicians in your formation of a bundle.
- A bundle is a small set of practices. Each element of our bundle stands alone as a best practice. If you overwhelm your employees with 15 new things to add to their practice every day, you are not likely to be successful. All elements of the bundle need to make sense to them in order to become a new way they work.
- A bundle is presented as scientific, and research driven. You will have employees who want to see the research that tells them how they should interact with patients in a new way, when they have not changed their care in 30 years!
- A bundle requires measurement**.** Be ready, willing and able to provide measurement with each element of the bundle. Be sure you measure both employee engagement and patient satisfaction. Every patient satisfaction survey will have questions associated with each element of the bundle. (e.g. a responsiveness question for purposeful rounding, a nursing communication score for bedside hand-offs between shifts.)
- A bundle improves patient outcomes. The outcomes improved need to be holistic in nature. Look at the big picture. Outcomes like patient and family engagement, nurse and care provider satisfaction, physician satisfaction, quality scores, safety outcomes, patient satisfaction, value-based purchasing outcomes, and growth and market share outcomes. When nurses can point to an outcome, or result and you, as a leader, have connected the dots for them that they were able to improve outcomes with their work- the magic never ends! People in your workforce are competitive. They want to know they work for a winning team.

So, the purpose of a nursing bundle is to commit to a set of evidence-based practices that can improve nursing outcomes for all patients – not just for patients receiving a specific intervention or having a specific diagnosis.

OUR RECOMMENDATIONS FOR A NURSING BUNDLE OF BEST PRACTICES:

- Bedside Shift to Shift and Department to Department Hand-Off.
- Post Discharge Phone Calls to Home and Community Partners
- Patient Engagement in The Use of Whiteboards and Communication Tools
- Purposeful Rounding
- Teach Back on All Patient and Family Education.
- Primary/Charge RN's Rounding with Physicians.

Use the Nursing Bundle of Best Practices to make Improvements across every aspect of care you are trying to improve.

Please note that you can utilize the bundle to improve literally everything in your single department, or patient care areas overall.

Consider the examples below:

You are a leader of an inpatient medical unit, and your QUIET scores are at an all-time low. You perceive your staff are partying it up in the halls all night long, but patients tell you when you are doing your Validation Rounding that it is quite enough at night, but they are woken up 16 times a night. How would you use the bundle to improve Quiet?

Well, you would train your night shifters to say the following when they are readying their patients for sleep and doing their rounding "I will do my best to not wake you when I do my rounds every 2 hours. It is for your safety that I am in here or check on you. Your rest and sleep are important to your healing though, so tell me how I can make your room and bed what they need to be for your best sleep?"

Enter the small, inexpensive kit of lavender and ear plugs your employees put together for each patient. When Bedside shift report is happening in the morning, the employees ask the patient "How was your rest? How could we make it better tonight?"

Implement a quiet time during the day for napping, and write it on the whiteboard, so visitors are aware. Have the primary RN focus on sleep and rest with the physician when they visit the patient together that day.

A patient interaction focus using the bundle can virtually improve anything you need to be improved! When you are discussing scores and needed improvement at a team meeting, propose the change in that way.

Inject the change/improvement needed into each piece of the bundle. This will also give your employees another "why" practicing within a nursing bundle of best practices is important.

Again, we know that likely you have implemented the pieces of the nursing bundle already. Our hope with this Solution is that you will see the positive implications of calling these separate entities a bundle and utilizing them for great results!

OUR CALL TO ACTION ON THE NURSING BUNDLE OF BEST PRACTICES:

- Start small and grow your bundle!
- Do not wait for one aspect of the bundle to be firm in the practice of every, single provider. You can begin to get results with your early adopters!
- Persevere with time and patience through the employees who are not adopting the change readily into their practices.
- Persevere with validation of the change, celebration of the change, and coaching to those who do not adopt the change.
- Watch and monitor your data to use it for cause for celebration and coaching moments.

**Please note that Solutions of each individual piece of the Nursing Bundle can be found in the Nursing Team section on our website.*

Subject	Policy Number	Page
Nursing Bundle	6100-N-04	1 of 3
Source	Origination Date	Last Revision
Patient Care - General	1/07	9/14
Review Dates	Approved By	
2/08, 12/11, 9/14	Peg Smith/ Julie Hoffman	

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PURPOSE

The Nursing Bundle is a model of patient care that focuses on behaviors that drive nursing quality, safety, and ensure nursing excellence for the patients we serve. Nursing excellence is achieved when a patient perceives the care to be delivered by competent and caring professionals and when the care is individualized for each patient. The Nursing Bundle consists of evidence-based practices, which are founded in clinical research and will drive improved clinical outcomes and enhanced patient and nursing satisfaction.

APPLICABILITY

Chandler Regional Medical Center
Mercy Gilbert Medical Center

POLICY

The following components of the Nursing Bundle will be done on the appropriate units:

Component	Brief Description	Units/Departments
Hourly Rounding	Staff checking on the patient on preset basis and demonstrating designated behaviors	*All inpatient Units*
Individualized Care	Staff ensuring that each patient's expectations of very good and/or excellent care are defined, and every effort is mad to meet the patient's expectations. We can't always control achieving this.	*All inpatient Units*
Bedside Report.	Staff completing the shift report at to the bedside and including the patient.	*All inpatient Units*
Discharge Phone Calls	Discharge (D/C) phone calls are made by RN staff in the D/C Call Center. All patients are called within 2 days of discharge and ongoing calls are made to patients diagnosed with CHF and AMI up to one-month post discharge	*All inpatients and ED patients*

Due to variable patient needs, status and capabilities in the ICU, adherence to all elements may vary. Upon admission, the nurse will inform the patient of the components of the Nursing Bundle and why they are being done.

Hourly Rounding

1. Hourly Rounding protocol is determined by department and is either *hourly from 7 am – 10 pm, then every 2 hours from 10 pm – 6 am or every 2 hours, 24hours a day)*
2. The nurse assigned to the patient will be responsible for ensuring that rounding is done. At the beginning of the shift, remind the patient that you will be doing rounds.
3. The patient will be rounded on to assure that all their care needs are met. The rounds do not have to be done 60 and/or 120 minutes apart, but sometime during designated hour.
4. Opening key words should be used to reduce the patient's anxiety. Such as *"I am here to do my rounds."*
5. Perform scheduled tasks, which allows for inclusion of scheduled work in the rounding process so that everything can be accomplished in one trip.
6. Assess and address the 3 P's of pain, potty, and position. By addressing each of these proactively, call lights, patient falls, and decubiti can be reduced, and the patient's sense of comfort can be enhanced. (3 P's vary in MCH areas to meet individual needs)
7. Assess additional comfort needs for example -fluffing the pillows, straightening the sheets, filling water pitchers.
8. Conduct an environmental assessment of the room to determine if there are any needs the patient has not identified (put call light, telephone, TV control, bedside table, water pitcher within reach). Assess overall safety of the environment.
9. Use closing key words to see if the patient needs anything else. Such as, *"Is there anything else I can do for you while I am here?"*
10. Explain when the patient can expect someone to. This helps the patients begin to cluster their requests around the rounds.
11. Document the round if needed in the appropriate way. If the patient is asleep, do not wake the patient up. An environmental check must still be completed.

Individualized Care

1. At admission, the admitting nurse identifies one or two key actions from the patient's perspective that will assist in reducing the patient's anxiety.
2. The nurse documents the actions on the Care Board and explains to the patient and family how this will be used during the hospitalization.
3. At the beginning of the shift, the nurse reviews the plan of care for the shift, reviews any questions the patient has and asks the patient what the two most important needs the patient has for that shift that if met would make them very satisfied with their care.
4. The nurse documents the plan of care for the shift, as well as the patient identified needs on the Care Board and explains to the patient and family how this will be used during the hospitalization.
5. Make sure that there is a clear differentiation between the plan of care and what is important to the patient.
6. Make sure the patient understands what is written on the Care Board. Use patient friendly language and avoid the use of abbreviations and/or medical terminology.
7. The nurse reviews the pain scale, has the patient identify the tolerable pain level, notes it on the Care Board, and when the patient can have the next pain medication, if needed.

Bedside Report

1. Patient care assignments will be ready at the beginning of the shift.
2. Oncoming nurse reviews the assignment sheet and locates off-going nurse for report.
3. Any confidential or information that cannot be shared in front of the patient communicated prior to entering the room.
4. The 2 nurses knock at door and enter.

5. The off-going nurse introduces the on-coming nurse and manages that nurse up.
6. The off-going nurse informs the patient of the bedside report for example, *"because we want to keep you informed of your condition, we are going to do change-of-shift report now."*
7. Nurse asks visitors to step out of the room, then asks the patient if they want anyone that is present to be in the room to discuss plan of care/healthcare issues (this must be done prior to report). If the patient wants one of the visitors to be in the room the nurse will ask that person to return to the room.
8. The 2 nurses, using SBAR format, stand at the bedside and relay information regarding the patient's situation, background, assessment, and recommendations.
9. Both nurses check the supplies, IV's, monitors, equipment, and wounds as necessary.
10. Nurses ask the patient if there are any questions or if there is anything else they want discussed.
11. The off-going nurse thanks the patient.

Discharge Phone Calls

1. Initial Discharge phone calls are made within 48 hours after discharge from the D/C Call Center.
2. Phone calls are made by an RN or designee.
3. The call will focus on the patient's condition, D/C instructions, prescribed medications and follow up appointment(s).
4. The documentation regarding the call is entered into the patient's medical record.

REFERENCES

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