

## Paper Session D3: Diffusion of Evidence-Based Practice

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

Carolyn L. Davidson, PhD, RN, CCRN, APRN, Lehigh Valley Health Network, Allentown, PA ~ Kim Jordan, MHA, BSN, RN, NE-BC, Lehigh Valley Health Network, Allentown, PA

The burgeoning quality milieu challenges nurse leaders to deliver care that is safer and more effective. Our strategy has capitalized on the use of a unit based staff specialist and systematically engaged staff nurses in quality processes to optimize outcomes. Faced with changes in economics, units underperforming to benchmark and seemingly endless regulatory expectations (CMS-never events), it was clear that a major reconstruction of the current processes was critical. These challenges coupled with the well chronicled checklist methodology, catapulted the administrator to evolve the unit based staff specialist from one focused primarily on staff orientation, to one focused on the enhancement of critical thinking and quality improvement. Working collaboratively with the Nursing Quality department the staff specialists developed a template based on a broad 'brainstorming' session to include content that was the most pertinent, critical and appropriate for a checklist. The current 'Quality Bundle Tool©' consists of 134 items which address a wide array of topics. Each day a patient and nurse are selected on the unit to review the patient and medical record documentation in tandem. This process focuses on enhancing critical thinking of staff, providing real time educational interventions and assists in cooperatively developing enhanced plans of care. The reviews are rotated throughout the nursing staff and shifts to create a platform for addressing priorities of care, quality issues and compliance with processes. The 'Quality Bundle Tool©' and process have been utilized since February 2009 - resulting in approximately 20 audits monthly per unit. Every two weeks the data from the reviews is entered into a database and is available electronically within three days. Further, data is collated for monthly, quarterly, semi-annual or annual reviews by unit and division. Within this division, 50% of the units realized a decrease in falls, pressure ulcers, catheter-associated urinary tract infections, and medications errors. Despite challenging and complex health care environments, our approach has allowed clinical leaders to become unit-based 'Chief Quality Officers' and engage staff in quality competencies. The bedside nurses on the medical surgical units have can improve and sustain a best practice culture.