Application of a ‘Care Bundle’ for implementation of guidelines

Sue Huckson
National Health & Medical Research Council
National Institute of Clinical Studies

Overview

• What are the challenges when implementing guidelines?
• Why a Care Bundle?
• The Emergency Department Stroke & TIA care Bundle
Challenges to implementing guidelines

- Too many recommendations to implement
- Guidelines often written as a large series of recommendations
- Measuring impact of guideline implementation
- Lack of ongoing audit and feedback processes

Why a care bundle?

- A small group of evidence-based clinical practice points that, when combined, define best care and significantly improve patient outcomes
- An all or nothing intervention
- Must be completed in the same space and time
- Provide point of measurement
- Designed to complement the clinical decision making process
Criteria for inclusion

Each practice point in a care bundle must:
- Be based on **sound evidence**
- Be in need of **improvement**
- Be **achievable** in terms of resources
- Not be **controversial**
- Be **measurable**

Development process

- Based on the Australian National Stroke Foundation (NSF) 
  *Clinical guidelines for acute stroke management (2007)*
- Developed over 18 months
  - 21 recommendations relevant to the ED
  - Decision matrix used based on the inclusion criteria
  - Further refinement to identify recommendations that triggered subsequent best practice
  - Two stage national and international review process
- Endorsed by NHMRC, NSF and relevant colleges
- Evaluation in progress
ED Stroke & TIA Care Bundle

✓ Rapid initial stroke screen
✓ ABCD² assessment when TIA suspected
✓ Urgent* CT or MRI
✓ Nil by mouth until bedside swallow screen (within 24 hours) for stroke

* ‘Urgent’ is considered as soon as possible, but certainly less than 24hrs

ED Stroke & TIA Care Bundle

✓ Aspirin administered as soon as possible**, if haemorrhage excluded
✓ Physiological monitoring and treatment:
  neurological status
  blood glucose
  blood pressure
  hydration status

** ‘As soon as possible’ is considered within 24hrs
What is not included?

**Stroke Unit Care**
- Rapid transfer to appropriate stroke expertise follows on from ‘rapid initial stroke screen’ if available

**Thrombolysis**
- In Australia only recommended for institutions that have provided organised care in place and support provided by clinicians with expertise in stroke management.

---

Implementation resources

Acknowledgements

Annette Lenstra
Dr Jay Weeraratne
NICS Stroke Clinical Reference Group

NHMRC contacts & web pages

Sue Huckson, Effective Practice Program Director
sue.huckson@nhmrc.gov.au

Care Bundle Resources

National Stroke Foundation (Australia) Guidelines
www.strokefoundation.com.au