Understanding Care bundles – what are Care bundles and why should we use them?

Still a bit of a ‘catchphrase’, many new clinicians wonder what exactly a care bundle is. The essence of the term ‘care bundle’ is that the whole is more than the sum of its parts. Developed by the “Institute for Health Care Improvement” [www.ihi.org] to improve intensive care processes in hospital settings, care bundles are a systematic way of measuring and improving care processes by grouping together interventions that are more effective if given together than alone.

The underpinnings of developing a care bundle: Identifying processes which:

- Are descriptive rather than prescriptive: “how” to deliver the best care, not “what” the care should be.
- DEFINE A PATHWAY: REFERRAL, ENGAGEMENT, ASSESSMENT, INTERVENTION, TRANSITIONING
- Are evidence-based and support local clinical opinion that, when performed collectively and reliably, improve service user outcomes.
- Enable access to interventions that meet strong clinician agreement.
- Support that each bundle element should be relatively independent.
- Are developed by teams with the involvement of others from services of interest– this will improve the likelihood of acceptance and success.
- Allow for local customization and appropriate clinical judgment (best practice).
- Are the responsibility of the whole clinical team.

Care bundles are more than a care pathway or package. The aim is to ensure everyone receives the best care, based on evidence and local clinical opinion, 100% of the time. A care bundle is a structured way of improving processes of care to deliver enhanced clinical outcomes; this means ensuring infants, children, young people and their family/whānau receive optimum care at every contact.

Written in a clear and straightforward way, care bundles provide:

- Guidance
- Time-efficiency to achieve a general consensus from which you can deviate with the right rationale
- Quality of Care – to achieve significant improvements in service user outcomes.
Care Bundles and ICAMHS

- Care bundle principles have been adapted to Infant, Child and Adolescent Mental Health Services (ICAMHS) within a Choice and Partnership Approach (CAPA) context.
- In ICAMHS many infants, children, young people and families/whānau present with more than one problem.
- Care bundles provide a systematic way of monitoring and improving care.
- Group interventions together to be more effective.
- Care bundles are an agreed set or cluster of interventions that a team will provide for a particular concern, based on best practice and local clinical opinion.
- Informed by standards and evidence.
- Written in a clear and straightforward way, therefore are quick and easy to monitor regularly.
- Should also be informed by service user and family/whānau views. What they find works...

While the elements of care within the care bundles formalise care, their success is influenced by the implementation processes used to support the care bundle in practice; the work practices of team members therefore needs to become a focus of the intervention.

How should a care bundle be used in practice?

Bringing about changes in practice is not easy. A care bundle is a quality improvement tool which can identify both where care is underpinned by best practice and where improvements are needed. To ensure that a care bundle is effective, there should be measurement of the intended outcomes. The results of the care bundle outcome measurements should be discussed with all members of the team involved. The team, having listened to the ‘voice’ of service users, then need to take ownership of the issues identified and commit to changing the way care is provided, using tools such as the PDSA cycle.

Principles of successful outcome measurement:

- Regular reviews of HONOSCA / HONOS or other outcome measurements.
- Check in with child, young person and their family/whānau at regular intervals regarding goal achievement.
- The support of all members of the practice team is pivotal.
- Feedback from other participant/partner services.
- Results should be discussed with every member of the team.
- The results should be used to plan and implement future improvement initiatives to improve the service-user experience.
Developing a Care Bundle:

**STEP 1 Know the Current Best Practice**

Pick one group of concerns that your team sees could benefit from a Care bundle approach. Examples that have been tested include ADHD, depression, conduct disorder and eating disorder. The aim is to choose an area where a combination of approaches will be better than one approach.

- Identify the elements of care based on best practice standards
  - NICE Guidelines
  - RANZCP
  - Ministry of Health
  - Evidence Based Practice web-pages of WWW

- Identify areas where there is a lack of evidence

- Team Discussion – What is the consensus about how this guidance may be applied to the cultures and daily realities of the families/whānau you see in your community?

**STEP 2 Local Agreement on Best Practice Care Bundles**

For your chosen area:

- Agree as a team, what the current state of evidence and guidance is for the concern you have chosen.

- Agree as a team which approaches and interventions are best for any part of the concern where there is a dearth of evidence.

- Invite and include local partner agencies to be part of the process.

- Consult with young people/families/whānau and incorporate their views about what works into the care bundle.

**STEP 3 Implement and Monitor Care Bundle usage**

- Write the care bundle for your chosen area in a quick, easily accessed format e.g. as a checklist printed and placed in the file for MDT.

- Consider providing a list of clinical and psycho-educational resources to support the care bundle.

- Determine how will you monitor adherence, frequency of use and success
  - Consider regular review of the care bundles when auditing file documentation or at 3/6/12 monthly reviews.

- How will you ensure that you act on the results of the monitoring?

- What will be the best way to provide feedback to staff on using the care bundle?