

# Application of a 'Care Bundle' for implementation of guidelines

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## Overview

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

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## 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

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## 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

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## 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**

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## 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

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## ED Stroke & TIA Care Bundle



- ✓ Rapid initial stroke screen
- ✓ ABCD<sup>2</sup> 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

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## 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

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## 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.

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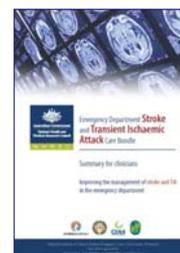
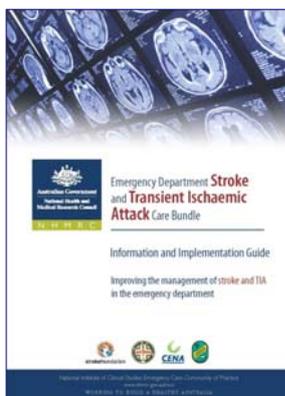
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## Implementation resources



[www.nhmrc.gov.au/nics/programs/emergency/stroke\\_tia.htm](http://www.nhmrc.gov.au/nics/programs/emergency/stroke_tia.htm)



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## Acknowledgements



Annette Lenstra

Dr Jay Weeraratne

NICS Stroke Clinical Reference Group

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## NHMRC contacts & web pages



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### Care Bundle Resources

[www.nhmrc.gov.au/nics/programs/emergency/stroke\\_tia.htm](http://www.nhmrc.gov.au/nics/programs/emergency/stroke_tia.htm)

### National Stroke Foundation (Australia) Guidelines

[www.strokefoundation.com.au](http://www.strokefoundation.com.au)

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