

Culture Shock: Bundling a Culture of Compliance

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Disclosures

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No Disclosures

Introduction

Background

A need was identified to increase quality bundle compliance scores. This project has a pre intervention/post-intervention design. The intervention included the setup of a “Room in Ruins” by the unit quality liaison. The “Room in Ruins” idea came from a staff survey of perceived barriers to bundle compliance. The top barrier was identified as a lack of understanding of the components of a bundle.

Aim Statement

The aim of the Culture Shock project was to increase total bundle compliance for Central Lines from 69% to 75% and Falls from 75% to 80% and decrease events of harm by 5% from FY2018 to FY2019 for the Medical Oncology Unit (Med Onc).

Methods

Process Measures

- Assessment of perceived barriers to bundle compliance.
- All staff participated in a patient room simulation, Room in Ruins, to identify potential deficiencies in bundle compliance.
- All staff attended an educational session which provided an explanation of all aspects of bundle compliance.
- All staff educated on how events of harm impact the patients' length of stay and cost to Vidant.
- Wheel of Safety handouts posted in each pod with all elements of the bundle readily visible.

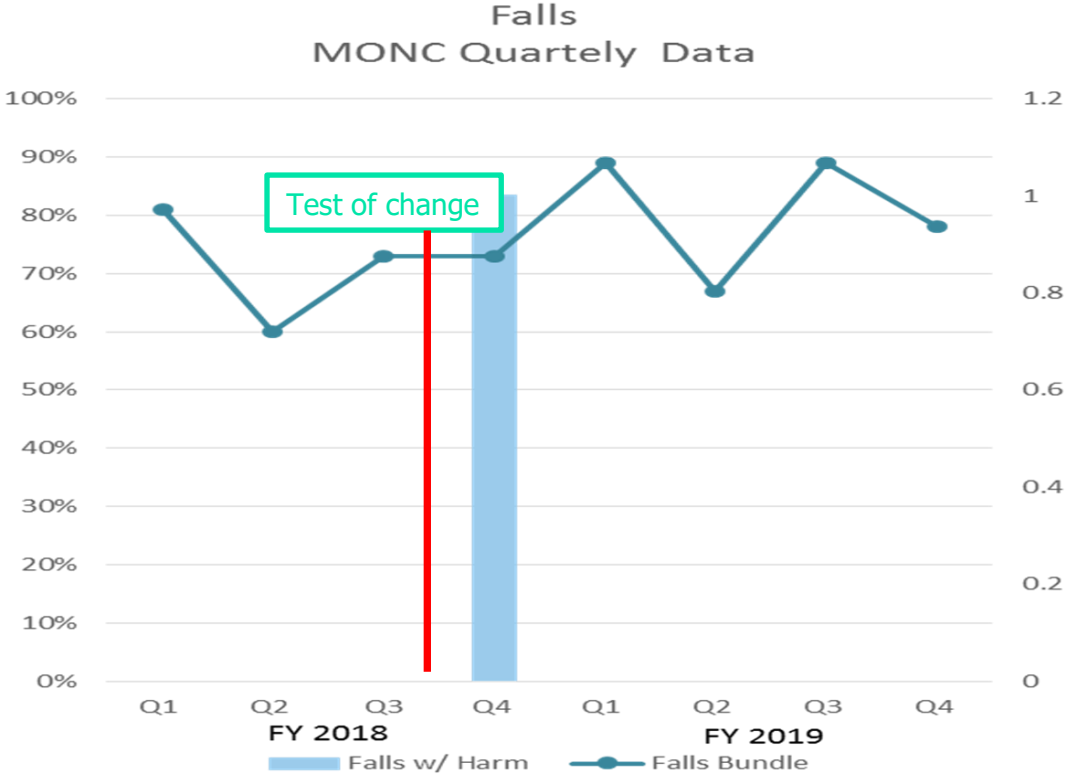
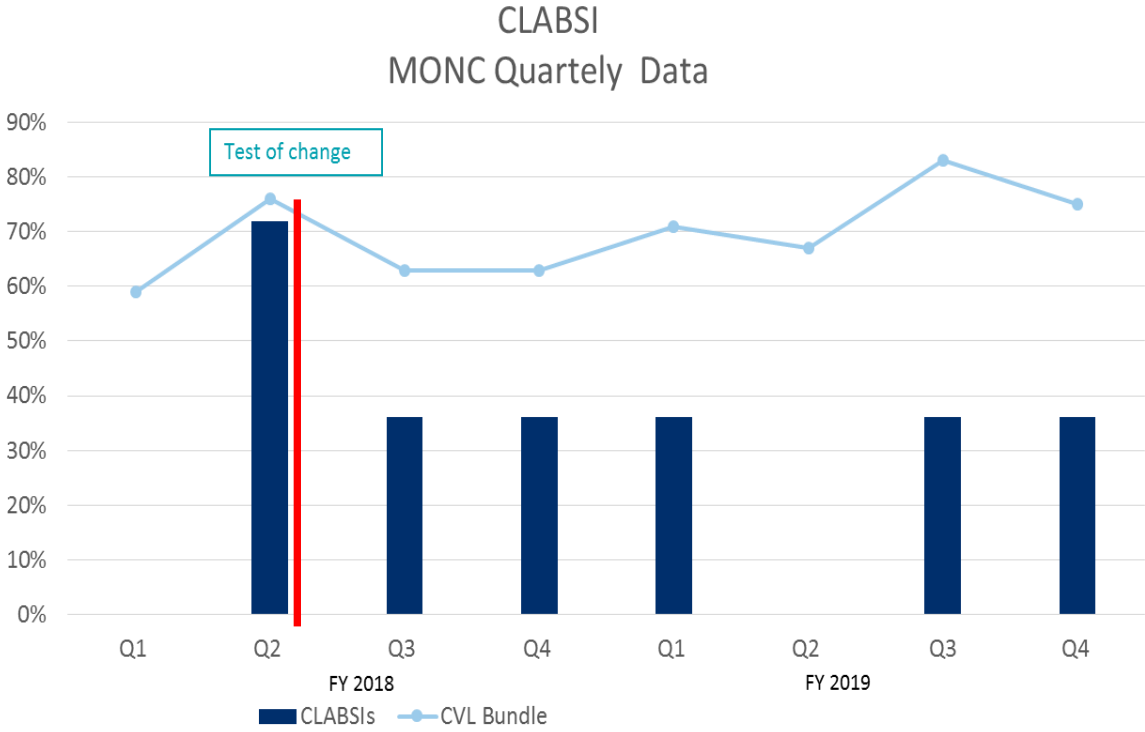
Outcome Measures

- Increased compliance in 2 out of 4 bundles: Central Line and Falls.
- 2. Reduction in events of harm for Central Line and Falls.
- 3. Total cost savings of \$39, 791.
- Outcomes were evaluated through the use of quality bundle audit tools and tacking events of harm.

Results

- What Did You Do to Improve (PDSA Cycles):
- Plan: Increase bundle compliance on MONC and decrease events of harm.
- Do:
 1. Evaluated barriers to bundle compliance via survey.
 2. Facilitated participation in Room in Ruins.
 3. Evaluated knowledge of bundles by reviewing participants' ability to identify deficiencies in Room in Ruins.
 4. Provided education on all components of each bundle.
 5. Placed Wheel of Safety at each pod for reference.
- Study: Followed bundle compliance rates as reported by the Office of Quality.
- Act: Continuous education provided to the staff regarding bundle components and the impact of events of harm on length of stay and cost.

Results



Conclusion

Increasing bundle compliance and decreasing events of harm was made possible through the use of an interactive scenario, Room in Ruins, and provision of continuous education regarding bundle components with the Wheel of Safety and impact of care on patient outcomes. Interventions of simulation and education allowed for increased compliance and cost savings. These measures have continued to produce favorable outcomes.