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North of England
Commissioning Support

Care Bundle

Wound Management

North of England Commissioning Support
Medicines Optimisation on behalf of Cumbria CCG

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Author Name	Email Address
Lynne Palmer	Lynne.palmer@cumbria.necsu.nhs.uk



1. Introduction

1.1. What is a care bundle?

A care bundle is a set of interventions that, when used together, significantly improve patient outcomes. The measures chosen reflect best practice and are based on NICE quality standards or other national guidance. Care bundles have been used extensively and successfully in Secondary Care, their use in Primary Care is more recent. This care bundle is based on the work of Healthcare Improvement Scotland and the Scottish Patient Safety Programme in Primary Care.

Reliability in health care is a failure-free operation over time. This equates to ensuring patients receive all the evidence-based care they are entitled to receive.

A care bundle is a structured way of improving processes of care to deliver enhanced patient safety and clinical outcomes. In relation to care bundles, this means ensuring that patients receive optimum care at every contact. The process for achieving reliability is to implement this set of measures (a care bundle). The key measure in a care bundle is the score which measures the level of compliance with all measures for all patients.

The care bundle data collection tool is a way of sampling whether optimum care is being delivered by applying the bundle to a sample of patients. This approach is therefore very different from traditional auditing approaches that are designed to identify whether individual measures are being implemented.

1.2. What makes up a care bundle?

- 4-5 measures
- All or nothing compliance
- Measurement done by a non-clinician if possible
- Spread over patient's journey
- Evidence based
- Creates teamwork and communication
- Multiple functions of care essential for desired outcome

1.2.1. How should a care bundle be used in practice?

A care bundle is a quality improvement tool which can be used in general practice to identify both where care is in line with best practice and where improvements are needed. Some are disease specific and some are medication specific. The latter may also be known as patient safety bundles if they relate to high risk medication.

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Bringing about changes in practice is not easy. To be an effective tool the results of the care bundle measurements must be discussed by ALL members of the team involved in the care of the patient. The practice team then need to take ownership of the issues identified and commit to changing the way care is provided, using tools such as the 'Plan, Do, Study, Act' (PDSA) cycle.

Principles of successful measurement:

- The support of all members of the practice team should be obtained
- Data should be collected anonymously
- The results should be discussed by every member of the team
- The results should be used to plan and implement improvement initiatives
- Clinician support may be needed initially by the data collector until they are familiar with the measures.

1.3. Records

The care bundle is not a performance tool and so there is no requirement to report the measures achieved. The practice should keep a reflective log of improvements.

1.4. Resources

This care bundle has the following supporting resources:

- A word document data collection form
- An excel spreadsheet data collection form with a graphing function
- A reflective log template

Further information on Care Bundles and Improvement Models can be found at www.healthcareimprovementscotland.org/pspc.aspx

Further advice can be obtained from the Medicines Optimisation team, and specific queries about this care bundle can be directed to the author (details are on the front page).

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2. Wound Management

2.1. Search Criteria

Please identify a random sample of up to 20 adult patients a month in your practice prescribed dressings or other wound management product. Use the data collection form to record the answer to each measure and transfer this to the spreadsheet. This should be repeated over a period of time, and the results discussed by the clinical team at regular intervals. Use of the spreadsheet will enable changes in practice to be monitored and compliance with the care bundle to be measured.

2.2. Measures

01

Measure	Has there been a formal assessment carried out by an appropriate clinician (e.g. nurse, GP) on the wound, and recorded in the patient's notes?
Rationale	<p>This should include:</p> <ul style="list-style-type: none">• Size of wound• Type of wound• Location of wound <p>This will provide a baseline in order to assess if the wound is healing. An appropriately qualified clinician must decide on the type of dressing for a particular type of wound</p>

02

Measure	Is the wound being reviewed regularly, and information recorded in the patient's notes?
Rationale	<p>This review should include</p> <ul style="list-style-type: none">• Healing process• Size of wound <p>This will ensure that there is regular clinician input, and that healing is progressing as expected</p>

03

Measure	If the wound has been treated for more than 8 weeks, have the relevant specialist clinicians (e.g. Tissue viability nurses, lymphoedema nurses, vascular nurses etc.) been consulted?
Rationale	<p>Wounds that are taking a long time to heal may need more specialised products, or need to be assessed to confirm that the most appropriate dressing is being used for that type of wound.</p> <p>If the wound is of less than 8 weeks duration, please mark as NA</p>

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04

Measure	Has the patient's nutritional status been assessed and recorded in their notes?
Rationale	If the patient is malnourished, this may prolong the healing process. Nutritional needs may have to be addressed

05

Measure	Are the quantities requested appropriate?
Rationale	Query quantities over 10 dressings per month – most dressings can stay in place 3 to 5 days, unless the wound is infected. Check if the patient has multiple wound sites, as there will be a need for larger quantities of dressings, or different dressings for different wound types.