

Abstract

Purpose: The purpose of this quality improvement project was to collaborate with intensive care unit (ICU) professionals to develop an ICU Liberation Bundle protocol and educational intervention to improve bundle documentation and reduce length of stay.

Design: This pre-post project was implemented over one month in two ICUs with 47 beds in a large community trauma center in the western United States. The intervention included a one-hour video on the updated ICU Liberation Bundle protocol, the new rounding format, and in-services. Documentation compliance was measured using an automated electronic health record (EHR) report which assessed each bundle element for documentation completion for one month before and after the intervention.

Results: 54 caregivers completed the educational video intervention, and in-services were provided to physicians, nurses, respiratory therapists, rehabilitation therapists, care managers, and spiritual care chaplains. 117 pre-intervention and 104 post-intervention documentation reports were collected. A chi-squared test of independence was completed on pre-post element documentation compliance. Statistically significant changes in documentation compliance were present for the family element for both non-ventilated patients, $X^2(1, N = 136) = 17.179, p < .001$; ventilated patients, $X^2(1, N = 85) = 4.683, p = .030$; and spontaneous awakening trial (SAT) documentation $X^2(1, N = 136) = 17.179, p < .001$.

Conclusion: An ICU Liberation Bundle educational module with supportive rounding and in-services were effective in improving documentation practices. The EHR's ICU Liberation Bundle report is an effective to monitor compliance and to identify opportunities for continuous quality improvement in the ICU.

Key Words: Interprofessional Education, Intensive Care Units, Critical Care Nursing, Quality Improvement, Patient Care Bundles, Patient Care Team, Documentation, Electronic Health Records