Patient-Controlled Analgesia: Improving Patient Hand Off and Increasing Patient Safety

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**Background**

Patient-controlled analgesia (PCA) is an effective method for administering opioids to patients for pain relief, while giving patients a sense of control over their pain. Post procedural patients admitted without proper PCA documentation and hand-off verification can lead to a break in continuity of care and compromise patient safety.

A need was identified to assess and review correct PCA documentation and verification for patients who are admitted to a non-operating room recovery unit.

**Objectives**

The aim of this project was to improve nursing knowledge and awareness about the correct institutional procedure of documenting PCA administration and verification.

- Review the current data of PCA documentation compliance in the Non-OR Recovery unit.
- Collaborate with interdisciplinary teams to review current practice and assess knowledge level.
- Educate staff about deficient PCA documentation and compliance.
- Review post implantation data to prevent harm at all stages of analgesia administration and monitoring.

**Implementation**

Prior to implementation of the project, the team conducted PCA documentation audits of 27 patients admitted to the non-operative unit from March 2015 to August 2015.

A review of data collection showed that of the 27 patients audited, only 11% patients had the correct PCA documentation and verification. The nursing staff was then educated through several teaching methodologies that included a PowerPoint presentation, one-to-one discussion, and collaboration with all inpatient units related to deficient PCA documentation and compliance.

Post implementation data was collected from December 2015 through March 2016. Of the 28 patients admitted with PCA, audited documentation showed 71% with correct documentation and verification.

The remaining 29% of undocumented patient transfers were analyzed extensively and the reason for lack of proper documentation was identified through a step by step approach.

New measures were added to the education Power Point and one on one discussion with nursing staff to remediate the identified problems.

**Statement of Successful Practice**

Post implementation data was collected from December 2015 through March 2016. The results were evaluated through direct one on one observation and through the analysis of the number of incidents reported in our safety intelligence monitoring system.

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**Implications for Perianesthesia Nursing**

This practice of collaboration and education of correct PCA documentation and verification in the immediate post procedure area enhances patient safety and pain satisfaction, while reducing medication error.

Maintaining open communication between units regarding PCA medication documentation while transferring is critical to improving safety outcomes.

**Acknowledgements**

- P3 Non OR Recovery Unit

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