

BETA BLOCKER COMPLIANCE: MAKING IT HAPPEN

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The preoperative department struggled with missed beta blocker documentation and would be notified weeks later by an outside source who audited the charts. The PACU educator began to daily audit the surgical schedule for beta blocker compliance.

What started as a clean-up in the preoperative area turned out to be a hospital-wide initiative. Approximately 30% of surgical patients came from the inpatient or emergency department. When inpatient charts were included in the daily review two problems were identified. First, beta blocker documentation was inconsistent especially in patients sent from the medical units and secondly, medication reconciliation was not complete. The objective of this project was to improve beta blocker documentation to 100%.

An inservice to update staff on hospital formulary beta blockers was completed along with instructions to document date and time of last dose. Individual nurses were counseled when documentation was not complete. Hospital policy states patients will have medication reconciliation completed within 24 hours. When incomplete documentation was identified the PACU educator notified the manager via email. The expectation was the manager would speak to the individual nurse who admitted the patient. Follow-up education on SCIP measures was assigned to all nurses who send or receive a surgical patient.

These initiatives were labor intensive. Data was reported monthly to hospital council meetings. Working together throughout the organization nursing was able to increase beta blocker compliance from 80% to 96%, 16% improvement. Safety is a team effort; it was a team that turned around beta blocker compliance.