

## **GREEN MEANS GO: SAFER PACU TRANSITIONS**

Team Leaders: Amy Kohl MSN RN CCRN, E. Chris Skinner MSN RN CAPA ,  
Lauren Speakman MBA BSN RN CCRN, Susan Volk MSN RN CPAN CCRN  
Christiana Care Health System, Newark, Delaware

Team Members: Maureen Haislett BSN RN CPAN, Kevin Hawkins, Senior Business Analyst,  
Penny Rathmanner BSN RN CAPA RN-BC

**Background Information:** Medication safety is often cited in literature, along with strategies to reduce medication errors. The PACU uses a specific order set, tailored to the needs of the post-surgical patient, including high-risk opioid medications that are administered by carefully trained PACU nurses. Once PACU discharge criteria are met, the RN is expected to discontinue the orders in Powerchart. Completing this task has been problematic, with baseline data showing only 76% of powerplans are discontinued prior to the patient leaving PACU. This scenario creates a safety concern because these medication orders could potentially be executed outside of the PACU setting.

**Objectives of Project:** Our goal is 95% compliance with discontinuing the orders before the patient leaves PACU, thus reducing the possibility of a patient receiving these medications.

**Process of Implementation:** The team utilized lean methodologies to identify barriers to the process and areas of opportunity. Verbal and email reminders were deemed ineffective. Visual reminders and cues were identified as an opportunity. Thus, strategies were implemented, including the following: 1.) RNs were asked to document on the charge sheet and transport communication tool when orders were discontinued. 2.) Technology was leveraged by adding a field in our electronic documentation system. Color changes from red to green were used when the event is set. 3.) An automated report was launched to track compliance with discontinuing the orders prior to the patient leaving PACU. 4.) Collected information was shared with staff verbally and on white boards.

**Statement of Successful Practice:** During the first twelve weeks of interventions, compliance increased by 15% to 91%. Acknowledging our goal of 95%, the team is continuing to improve the process through staff education and technology enhancements. Interventions to remind staff and enhance handoff communication related to discontinuing the anesthesia powerplan have improved compliance.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Medication safety is improved due to the decrease in potential for high-risk PACU medications to be administered outside of the peri-anesthesia environment. As PACU moves toward electronic documentation, this initiative supports leveraging technology to create a culture of medication safety.