

**PATIENT-CONTROLLED ANALGESIA:  
IMPROVING PATIENT HAND OFF AND INCREASING PATIENT SAFETY**

Team Leaders: Reshma Thomas BSN RN CCRN

The University of Texas MD Anderson Cancer Center, Houston, Texas

Team Members: Jisha T. Pappachan BSN RN,  
Kunjumol Saban MSN RN CCRN, Neethu Valimattathil BSN RN CMSRN

**Background Information:** Patient-controlled analgesia (PCA) is an effective method for administering opiates to patients for pain relief and gives 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 of Project:** The aim of this project was to improve nursing knowledge and awareness about the correct institutional procedure of documenting PCA administration and verification. The goal of this project was to improve the need for an interdisciplinary approach to prevent patient harm at all stages of analgesia administration and monitoring.

**Process of Implementation:** Prior to implementation of the project, the team conducted PCA documentation audits of 27 patients admitted to the non-operative unit from March 1<sup>st</sup> to August 30<sup>th</sup> 2015. A review of the 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 Power Point presentation, one-to-one discussion, and collaboration with all inpatient units related to deficient PCA documentation and compliance.

**Statement of Successful Practice:** 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 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. 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.

**Implications for Advancing the Practice of 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.