

Improving Nursing Compliance with Documentation of LDAs Placement and Removal in the Perioperative Setting

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Background Information: “Charting” patient care seems simple. However, the process contains numerous challenges. Upon admission to the PACU, nurses identified missing documentation related to LDA placement and removal by preoperative and intraoperative nursing staff. This included PIVs, Drains, and Surgical Incisions. This impacts postoperative nursing practice, patient continuity of care, and postoperative outcomes. PACU nurses must document these unrecorded LDAs in the patient’s electronic medical record (EMR) to perform a comprehensive LDA assessment. Additionally, timely removal of previous LDAs in pre-operative documentation is essential to prevent assessments on wrong LDA sites by OR and PACU nurses.

These deficiencies resulted in incomplete, inaccurate, and untimely documentation, e.g., CAUTI bundle documentation, PIV, and drains assessments.

Objectives of Project: To ensure accuracy, completion, and timeliness of documentation related to the placement and removal of LDAs, enabling us to provide continuity of care and optimize patient outcomes.

Process of Implementation:

- Conducted a survey among PACU nurses to address issues affecting postoperative patient outcomes. Feedback revealed LDA’s placement and removal was a recurring issue.
- Conducted staff in-service sessions for pre-op and intraoperative nurses, emphasizing the accuracy of LDAs documentation, including timely assessments in improving PACU nursing practice and ensuring continuity of care. During these sessions, we provided real-time guidance highlighting the need for additional PACU documentation requirements when LDAs were absent from the patient’s admission chart.
- Conducted pre- and post-implementation chart audit reviews to identify non-compliant nursing staff with documentation of placement and removal of LDAs.

Statement of Successful Practice: Post-intervention chart audit results revealed improved documentation compliance with LDAs placement and removal by preop and intraoperative nurses.

The pre-intervention audit revealed that 41% (n=20) out of (n=49) charts had one or more LDAs missing, and 33% (n=16) showed LDAs from previous encounters. Post-intervention audit revealed that out of (n=24) charts, an average of 8% (n=2) had one or more LDAs missing, and 15% (n=4) showed LDAs from previous encounters.

Implications for Advancing the Practice of Perianesthesia Nursing:

This project emphasizes the importance of accurate documentation for both current staff and new hires, ensuring a standard approach. This will result in improved admission efficiency, timely LDA maintenance, and prompt awareness of patient conditions.