Decreasing Controlled Substance Discrepancies in the Post-Anesthesia Care Unit with CSAR (Controlled Substance Administration Reconciliation)

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Introduction: Accurate documentation of controlled substances administration in the post-operative environment is an integral part of optimizing patient safety. It ensures accuracy of patient records and enhances communication between care providers. Discrepancies can result in unsafe patient outcomes, punitive consequences, and be detrimental to both patients and nurses.

Identification of the Problem: Controlled substance discrepancies have been an issue in PACU and impact the accountability and accuracy of important documentation. Current practice for administering controlled medications is through incremental dosing. This workflow calls for the medication to be stored in between doses and the unused portion to be wasted within 1 hour. The majority of discrepancies stem from nurses inaccurately documenting the administration and/or wastage in the Electronic Medication Administration Record (EMAR) and/or Pyxis. This in turn prompted audits by the inpatient hospital Pharmacy, narcotic discrepancy reports, and CS Safe entries (Cedars Sinai internal reporting system) of involved clinicians.

QI Question/Purpose of the Study: To decrease the number of narcotic discrepancies by ≥50% within two years as measured by the CS-Safe reports.

Methods: 5 AHSP PACU was used to initiate CSAR. Request was submitted for an optimization that serves as a hard-stop feature reminding nurses to reconcile their controlled substances prior to chart closure. Working with a Data Analyst, we created a section called CSAR that would launch when chart closure is attempted without CSAR documentation. This hard stop allows nurses the opportunity to review the MAR, inspect locked drawers for unused meds, and perform wastage in Pyxis if needed.

Outcomes/Results: Fiscal year (FY) 2021-2022, there were 53 controlled substance discrepancies prior to CSAR implementation. After CSAR was launched, the number of controlled substance discrepancies from FY 2023-2024, was only 17.

Discussion: The project was discussed in huddles, newsletter, and staff email to remind nurses of CSAR and reinforce the importance of accurate and timely documentation and wastage of controlled substances.

Conclusion: The implementation of CSAR was successful in reminding nurses to reconcile their controlled substance administration and wastage as evidenced by a 68% decrease in narcotic discrepancies.

Implications for perianesthesia nurses and future research: Following a successful launch in 5 AHSP PACU, the initiative was expanded to include other 5 PACUs in the Perianesthesia department.