Direct Care Nurses empowered as Unit Champions Increase Compliance for Opioid Sedation and Pain Documentation

**Background**

**Life-Threatening** complications can occur from unintended opioid-induced sedation during recovery from anesthesia.

**Signs and Symptoms**
- Hypoxia
- Respiratory depression
- Anoxic brain injury
- Death

**Prevention or early recognition can be life-saving!**

**Local Problem**

ACMC = high surgical volume with no inpatient beds

Throughput issues with high patient “boarding” time in PACU

Patient Safety Concern = reassessment of surgical patient “boarding” in PACU to prevent opioid-induced sedation

**Methods (PDSA) continued**

**DO**
- Unit champions submitted an action plan (see figure 3)
- Goal = 90% compliance with documentation

**STUDY**
- 100% compliance with RN education
- Peer to peer coaching with non-compliance
- Improvement but not to goal

**ACT**
- Unit champions submitted 2nd PDSA cycle (see figure 3)

**Results**

(see figures 1 and 2)

**Baseline Data** - May 2021
- Sedation documentation = 17%
- Pain documentation = 23%

**End of Year Results** - December 2021
- Sedation documentation = 90%
- Pain documentation = 100%
- Unit champions = 2 cycles of PDSA

Grace stated, “Being a unit champion has increased my awareness of the importance of excellence in our nursing practice.”

Delaney stated, “Being a unit champion has allowed me to stay informed and educated on current policies and competencies. Working closely with my coworkers to improve our outcomes has allowed me to develop leadership skills and build rapport with my coworkers. These skills have allowed me to grow as a nurse.”

Maria stated, “It has been very challenging to be part of the unit champion program for the pain and sedation audit. It reminded me to be resourceful and creative to find solutions to our unit’s needs. Much like how nursing is, we must individualize care for each of our patient’s health issues. And we need the partnership and collective action of our peers to achieve our unit goals.”

**Discussion**

- Nurses’ knowledge and documentation compliance for reassessment for opioid-induced sedation was greatly improved, which improves patient outcomes
- Empowered Direct Care RNs to “own” the process improvement project and make changes

**Limitations**

- Single-site hospital perianesthesia department
- Challenges with maintaining the education and compliance

**Implications for Practice**

- Opioid medications are essential to pain management in the perioperative setting
- PACU RNs need to be empowered to bring change that will improve patient outcomes
- PACU RNs need to be educated on the importance of preventing and recognizing opioid-induced sedation, which will improve opioid related adverse events
- Next steps – quality improvement competency for individual PACU RNs to help maintain culture change
- Recommendations – measuring patient outcomes with improvement in process compliance

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