1st NATIONAL SURVEY of PATIENT CONTROLLED ANALGESIA PRACTICES

PPAHS Physician-Patient Alliance for Health & Safety
www.ppahs.org

This survey was conducted during March & April 2013*

168 Respondents

- 18% Physicians
- 35% Non-Physicians (Nurses, R.T.s)
- 47% Pharmacists

Respondents include...

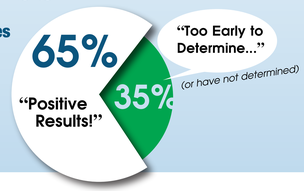
- Hospitals from across 40 States
- Institution Type: Non-Teaching 45% / Teaching 55%
- Hospital Size Range: 14 – # of beds – 1,500+; MEDIAN = 200

Technological Safety Practices

CONTINUOUS ELECTRONIC MONITORING

Reduces...

- Adverse Events
- Costs
- Expenses



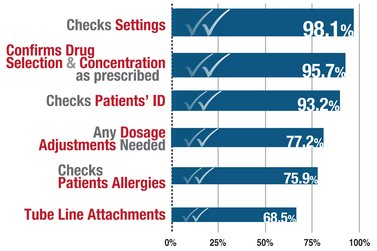
HOSPITALS USING SMART PUMPS

- 81% USE for ALL PATIENTS
- 16% DOES NOT USE SMART PUMPS
- 3% USE for SOME PATIENTS

Failure to Check PCA Connections & Settings

May Jeopardize Patient Safety

% TIMES WHEN TWO HEALTHCARE PROVIDERS DOUBLE-CHECKS PCA PUMP @initiation @refilling @programming change



1/10 HOSPITALS PERFORMED 1 or Less DOUBLE-CHECKS

(...to ensure correct patient, receiving correct dosage, programmed & attached correctly!)

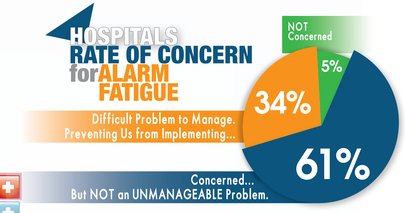
Clinical Relevance for Perioperative Nurses

1. Ensure in the preoperative area that significant **clinical risk factors** are **consistently assessed**, including identifying opioid naive patients.
2. **Individualize all alarm parameters** for the patient, double check and verify continuous electronic monitoring is in use.
3. **Complete hand-off communications** post operative in the transition of care from OR to PACU and PACU to general floor, including any originally assessed patient risks and reassessment of any additional factors such as length of surgery and type of anesthesia.
4. **Verify hand-off or transition of care** from nurse-to-nurse that continuous electronic monitoring is in place, has been maintained and double checked.
5. **Double check PCA** dosing, pump parameters, and continuous monitor settings.
6. Identify in post operative orders any additional time points for **reassessment of the patients risk factors**, in particular for opioid naive patients.
7. Include in post operative orders **daily lead changes** and hands off communication on lead changes to decrease nuisance alarms.
8. **Continuous electronically monitor with oximetry and capnography** until there is a specific order and a complete patient assessment has been completed with no evident signs of respiratory compromise.

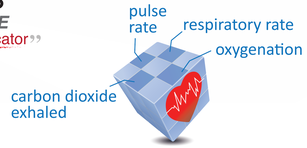
Role of Alarm Fatigue

9/10 HOSPITALS BELIEVE REDUCING FALSE ALARMS WOULD INCREASE USE of PATIENT MONITORING DEVICES (i.e. OXIMETER or CAPNOGRAPH)

HOSPITALS RATE OF CONCERN for ALARM FATIGUE

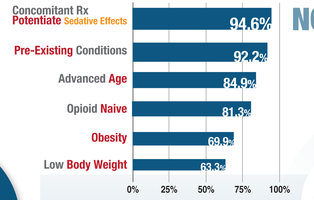


7 OUT OF 10 HOSPITALS *WOULD LIKE* "a Single Indicator"



Risk Factors Not Considered could result in *Patient Harm/Death*

% ... FOR PATIENTS INITIATING PCA



1 OUT OF 5 HOSPITALS NOT ASSESSING Being Opioid Naive

3/10 HOSPITALS DON'T CONSIDER OBESITY a factor

3 out of 20 hospitals aren't considering Advanced Age a factor

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