Reducing Healthcare Costs While Improving Patient Health Outcomes and Safety: Checklist and Case Studies in Making Patient-Controlled Analgesia (PCA) Safer

Faces of Tragedy: PCA-Related Patient Deaths

Amanda Abbiehl

Lenore Alexander
active member of my daughter, Leah, dead in her hospital bed. When I brought Leah to Cedars-Sinai hospital in Los Angeles that Friday morning, she was

Leah Bate
Leah’s mother, Lenore, describes the impact of losing her daughter: "I could not watch. I rocked back and forth while kneeling down outside her room. I remember a group of people and light shining down. Amanda was

Justin Micalizzi
Justin’s mother, Dale Ann Micalizzi, describes the impact of losing her son: "I remember his dark hair and eyes looking down at me. Remember my husband and I would glance at each other knowing what was happened yesterday. The pain of seeing my child in this condition was unfathomable. I left his room as the trauma team took him away. Justin’s condition was unfathomable. I left his room as the trauma team took him away."

Louise Hassen
Louise Hassen, whose son Michael died in a hospital bed, describes the impact of losing her son: "I must have asked myself every day since Michael died, "Why? Why did this happen to our family? Why have the wrong things been done? Why?"

Safety Checklist

Targeting PCA Use

1. Risk factors that increase risk of respiratory depression should be:
   - 
2. Level of pain
3. Adequacy of ventilation

PCAPump Check of Skill Change and Every Other Hour and Change (Recommended)

Patient self-assessment: Have you
1. Level of pain
2. Adequacy of ventilation

Electronic monitoring validated:
- Pulse oximetry
- Capnography

Patient assessment/condition has been added to flow sheet: PCA testing and monitoring

Safety Checklist for PCA Use

1. PCA Pump Initialisation, Refilling, or Programming Change
2. PCA Monitor Identification, Location, or Program Change
3. Patient self-assessment: Have you
   - Level of pain
   - Adequacy of ventilation

This checklist is not intended to be comprehensive. A summary of the recommendations for patient safety is contained on the website: http://promisetoamanda.org/?page_id=32

60% Reduction in PCA Adverse Events

For Amanda’s story, please see: http://promisetoamanda.org/?page_id=32

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About PPHNS

Physician-Patient Alliance for Health & Safety (PPAH) is an advocacy organization dedicated to improving patient health and safety, focusing on reducing adverse events, improving health and safety, and reducing costs.

Three Times Likely to Result in Injury or Death

- PPHNS Patient Safety Network and User Safety Experience (USE) survey 2008-2011, data collected by Pennsylvania Patient Safety Authority
- 21,960 patient safety events reported to USE, categorized into six broad types that account for 88% of adverse events: toxicology, drug errors, surgical and procedural issues, medical equipment errors, medication errors, and patient handling errors
- "The ROI of Safer PCA: Eliminating Adverse Events and Improving Patient Safety While Reducing Costs"

5 Tips on How to Improve Patient Safety

With the Help of Technology

1. Focus on what is right for the patient.
2. Don’t be misled by the way things “have always been done.” Let technology help you care for patients.
3. Realize that any new technology or technique may have unintended changes to routine, but remember that this is better than having an adverse event.
4. Ensure changes help caregivers better manage their own daily work days.
5. Get closer to the patient.

For any questions or this entire issue please see: http://ppahs.org/2012/03/20/physician-patient-alliance-for-health-safety.html