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Improving Quality of Documentation in Perianesthesia Care Units to Increase Nurse Satisfaction and Patient Safety: A Quality Improvement Project

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Improving Quality of Documentation in Perianesthesia Care Units to Increase Nurse Satisfaction and Patient Safety: A Quality Improvement Project

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Abstract

**Background:** Quality documentation in healthcare settings is essential to ensure nurse satisfaction and patient safety. Documentation templates for patient charting should be in a format that follows best practice nursing care and captures all necessary assessments and interventions ordered by providers for patient care. A quality improvement project was conducted in a Perianesthesia Care Unit (PACU) to evaluate the nurse satisfaction with the use of a new and revised documentation template for pain block procedures.

**Local Problem:** Within the PACU of a Same Day Surgery center, a problem was identified regarding the nurse dissatisfaction with the template in place for post pain block documentation. The original template in place did not follow best practice and did consist of most of the provider orders necessary to complete when recovering a patient from a pain block procedure.

**Methods:** Surveys were distributed to nurses on the PACU, evaluating their satisfaction with the original template in place for pain block procedures. With the use of a Plan-Do-Study-Act (PDSA) model, interventions were implemented with the use of an educational poster to present and enhance the nurses’ knowledge on best practice care for pain block procedures. A print out of the revised template was also presented to the nurses, which captured all provider orders and standard care. Post surveys were then distributed to the PACU nurses to evaluate their satisfaction of the revised template for future use, based off the template presentation.

**Results:** The pre-intervention survey responses showed that 100% of the six PACU nurses were dissatisfied/very dissatisfied with the original template in place. After the presentation of the educational poster and revised template for future use, the post survey results showed that the new template increased nurse satisfaction to 100%, with the new template. A team of operating room (OR) nurses were added into the post survey results separately due to their contribution to patient care with pain block procedures. After verbalizing their dissatisfaction with the original template, the post survey results also showed that 100% of the OR team was satisfied with the new template presented to them.

**Conclusion:** The revision of the documentation template for future use in nerve block care, showed an increase in nurse satisfaction. This process improvement shows that use of a documentation template that follows best practice is crucial to ensure quality documentation, nurse satisfaction, and patient safety. Future quality improvement projects and research should consider this intervention other healthcare settings as it is important to ensure all documentation follows current nursing standards and best practice care.

**Keywords:** nerve block assessment, pain block, best practice documentation, nursing care for nerve block, and postoperative
Introduction

Problem Description

The Same Day Surgery (SDS) unit serves to properly prepare patients for surgical procedures, and provide safe and efficient care postoperatively. After receiving feedback from the nurses on the unit, the problem identified in this unit was nurse dissatisfaction with the documentation template for post pain block procedure, specifically in the perianesthesia care unit (PACU). Both preoperative and post operative care requires thorough patient assessments and documentation of the care provided. The assessments completed during admission are important components of the preoperative care phase as well. Nursing assessments should be a continuous collection of patient information including their needs and overall evaluation of the patient, that can be documented afterwards. Proper nursing documentation should include (not limited to) two patient identifiers, reassessment information, additional data discovered through assessment, valuables and belongings location, discharge plan, cardiovascular and respiratory status, and much more (Toney-Butler & Unison-Pace, 2023). Since postoperative assessments and documentation is compared to baseline information, it is crucial that nurses are assessing these parameters to ensure patient safety and quality documentation.

On the PACU unit, patients can be admitted for interventions such as a local nerve block, which is performed to help relieve pain in a certain area of the body. Proper postoperative interventions for these patients include applying ice in a timely manner during assessment of the injection site to prevent pain or discomfort. This also includes verifying the patient’s identity, asking the patient of any new numbness/tingling, ambulation and vital signs, use of assistive devices, written and verbal review of discharge education, and patient confirmation of
understanding and readiness for discharge. The original post pain procedure documentation template was very vague and consisted of a checklist that did not ask for documentation of any of these factors, and did not allow for proper and quality patient charting (See Appendix A). The elements of the template only included three sets of patient vital signs, patient’s pain level, biopsy/wound assessment, time of patient discharge, and confirmation of removal of patient identification bracelet (B. Crumley Aybar, personal communication, February 13, 2024).

Proper and thorough documentation of patient care is a crucial skill that nurses must possess. Documentation in nursing is in fact defined as “written evidence demonstrating that the nurse’s authorized and moral responsibilities were met in order for care to be assessed” (Shafiee et al., 2022, p. 1). Comprehensive documentation by the nurse is necessary for many reasons including the quality of patient care/outcomes, safety, communication, and practice accountability (Shafiee et al., 2022, p. 1). To improve the documentation in the PACU, the post procedure pain template needed to be updated, and include checklists of the essential parameters previously stated for proper nursing assessments and documentation. With the implementation of the new template, the PACU nurses should be able to complete thorough and proper documentation in a timely manner. This would not only improve nurse satisfaction, and patient care, but also help ensure that nurses are completing every important part of an assessment and including it in the patient chart for any future review or care planning.

Available Knowledge

The quality of nurse documentation in acute care settings holds significant importance for both patient safety and nurse satisfaction. Documentation in clinical nursing is an overall representation of the care process that was provided for the patient, and is a resource for nurses
to look back on to evaluate the care that was given (De Groot et al., 2022). While ensuring that thorough and quality documentation of patient care is being recorded, it is important to ensure that standard assessments and providers’ orders are being completed. Quality documentation can require a great amount of time, which can increase nurses’ stress during their shifts. It has been shown that on top of the heavy workload nurses have, the amount of time spent on documentation can result in additional stress (De Groot et al., 2022). The use of documentation system that is easy to navigate or chart in, could improve the documentation process which may result an increase in the delivery of safe patient care and nurse satisfaction. This literature review aimed to address the issues with nurse documentation, while also tying in the necessary assessments for a nerve block pain procedure in SDS settings, specifically in the PACU. This literature discussed standard assessments and why thorough documentation is necessary. A review of the literature was conducted to address the research question: In nurses working in the perianesthesia care unit, would creating a template for post pain procedure documentation, compared to the current minor procedure documentation, improve nurse satisfaction and patient safety, over a 3 month period?

**Search Methods**

The data in this literature focuses on necessary assessments and interventions provided after a nerve block procedure, along with the importance of an effective documentation system in the electronic health records (EHR). The databases used to retrieve this information included Medline, Cumulated Index to Nursing and Allied Health Literature (CINAHL), Google Scholar, and OVID. The keywords and phrases used to search for the literature included “nerve block assessment,” “best practice documentation,” “nursing care for nerve block,” and “postoperative”.
For relevancy reasons, limitations of the retrieved articles were publications before 2014, published in other languages, did not have full text available, and duplicates. The inclusion criteria consisted of articles within the past 10 years, articles in English, full text available, and high levels of evidence. The inclusion criteria also consisted of a focus on research discussing documentation, necessary assessments of nerve block procedures, and potential complications. The research excluded articles that were not relevant to the documentation or assessment of nerve blocks. Exclusion criteria also included articles that were low-level of evidence, with the exception of one article that had specific relevancy to the topic.

The screening process initially resulted in 838 articles from the databases stated earlier, where 239 duplicates were then removed. Following that, articles that aligned with the exclusion criteria were also removed, leaving 225 articles to be assessed for eligibility. Lastly, 127 articles were removed due to the fact that they were not related to the topic, 72 removed from lack of focus on assessments or documentation, 7 removed as they did not discuss pain, and 14 articles removed due to low-level of evidence.

**Critical Appraisal of Article 1**

This systematic review conducted by McCord et al. (2022) discusses the causes and issues associated with nurse practice workarounds (NPW), while also examining the implications and strategies for prevention. Nurse practice workaround is known as completing a task in a way that diverges away from policies, regulations, and rules (McCord et al., 2022). According to the Joanna Briggs Institute (JBI) levels of evidence, this systematic review is ranked as level 1. The study included 13 English articles between the years of 2014 and 2020. The sample size of these studies ranged from 13 to
6,745 participants, and consisted of a majority of acute units (9 out of the 13), in diverse settings with a least 1 study conducted from different countries ranging from the United States, Africa, and European countries such as Australia, Sweden, United Kingdom, Denmark, Norway, etc. These articles also consisted of both qualitative and quantitative designs, where nurses reported their reasons for NPW, contributing factors, and prevention strategies. The study showed a variety of causes/patient care processes that results in NPW. However, it is important to note that documentation was identified as one of these frequent processes, due to reasons such as difficulties using the EHR system, and the need to document on paper (McCord et al., 2022).

The strengths of this systematic review is the wide variety of settings the studies were conducted from. This helps put into perspective how generalized this issue is, while still specific to acute care settings. A weakness to consider in this study is that the search results may have been limited due to a variety of possible terminology such as “cutting corners” rather than “nurse workaround” (McCord et al., 2022). Due to the lack of research on NPW, another weakness to consider is that studies used in this systematic review were scored low in quality. This results imply that there is an issue with nurse practice when it comes to documentation, and many other factors, along with an increase in nursing stress. However, there is a need to explore further more into this discussion and consider further research to implement prevention strategies.

**Critical Appraisal of Article 2**

A randomized clinical control trial (RCT) was performed by Lee et al. (2023) and consisted of 74 adults participants, between the ages 20 and 70 years old, who were undergoing a microvascular decompression procedure (MVD), which required the use of a scalp nerve block. The study was performed to evaluate the efficacy of a scalp nerve block, in regard to reducing
pain postoperatively. The participants were enrolled between the dates of January 29, 2021, to January 7, 2022, and were assessed for exclusion criteria including: hypersensitivity/adverse effect of local anesthetics, use of antidepressant medication, creatinine level greater than 2.0 mg/dL, platelet count less than 50,000, and history of drug abuse. Due to disapproval of the IRB, group allocation for the nerve block was not permitted to be blinded. Instead, the surgeons, anesthesiologists, and outcome assessors were blinded (Lee et al., 2023). To study the efficacy of the nerve block, the outcome results were measured by pain scores and opioid consumption, which was measured in morphine milligram equivalents (MME). Another outcome variable that was examined in this study was complications of the nerve block site including, bleeding, hematoma, or nerve injury. The results of the study showed that the nerve block was successful in reducing pain postoperatively, due to the lack of complications and low MME scores.

The strengths of this RCT include the fact that it is ranked as a level 1 per the JBI level of evidence. Participants also had a baseline assessment to avoid issues that could alter results. The study did have limitations such as administration of pethidine due to shivering, rather than pain control, along with the fact that the providers were blinded rather than the participants (Lee et al., 2023). The implications to consider with this information is that future research could benefit from a larger population of participants, while considering other factors such as the average anesthesia duration, and nerve block effects in other areas such as nausea and vomiting. While this factors are not specific to template in this QI project, this still aligns with the inclusion criteria because anesthesia duration and adverse affects such as vomiting are important factors/ complications to consider for future research.
Critical Appraisal of Article 3

A double-blinded randomized control trial was performed by Elkassabany et al. (2016) to assess if the alternative use of an adductor canal block (ACD), rather than a femoral nerve block (FNB), would result in reduction in fall risk for patients. The study consisted of 62 participants, who were scheduled to undergo and total knee arthroplasty (TKA) and had to be assessed for the exclusion criteria including: allergies to the local anesthetics or preoperative pain medications, chronic pain, history of revision surgeries or second surgery of bilateral TKA, patients with a body mass index (BMI) > 40 kg/m2, impaired kidney functions, or coagulopathy. The participants were randomly assigned to either the ACD group or the FNB group based off a computer-generated table (Elkassabany et al., 2016). After 24 hours and 48 hours, the patient’s pain level was assessed along with the assessment of their gait and balance with use of the Tinetti Scale. Their muscle strength, Timed Up and Go (TUG), and ambulation distance were also considered. Patients who scored less than a 19 on the Tinetti Scale were considered high fall risk. The results showed that when comparing both the ACD and FNB groups, there was not a significant difference in pain, fall risk, TUG, or average ambulation distance. They also showed that patients were at high fall risk within the 24 hours. It was noted that the ACD group had greater muscle strength.

One of the strengths of this study is that the same physical therapist, who was blinded in the study, was used to evaluate and provide all the results in this study, which guaranteed consistency. Limitations to consider in this study are that sensory and motor function should have been assessed immediately after the block itself, rather than after the surgical procedure. A few other limitations in this study were that individuals with chronic pain were excluded, which
potentially limits the generalizability of these findings, and the choice of anesthetic agents was not in the researcher’s control (Elkassabany et al., 2016). Despite these limitations, this randomized control trial is a level 1 piece of evidence according to the JBI levels of evidence. However, the weaknesses of this study could imply for future research on this topic that is broadened such as including a larger population or use of different anesthetics. It is also important to note that Elkassabany et al. (2016) states that this study assessed muscle strength and fall risk due to the fact that FNB is associated with increased falls because of decreased muscle strength and coordination impairment. This research is informative to this QI project, it supports the fact that patients are at fall risk after a nerve block procedure, therefore their gait, ambulation, and pain level needs to be assessed after the procedure.

**Critical Appraisal of Article 4**

A study by Joshi et al. (2016) was performed with a qualitative review, to evaluate both single injection peripheral nerve blocks (sPNB) and continuous infusion of peripheral nerve blocks (cPNB). While focusing on the pain management after nerve block injections, this study also aims to explore the benefits, risks, and potential opportunities to improve patient outcomes. According to the JBI level of evidence, this study is ranked as level 1 as it discusses the meta-analyses of randomized controlled trials that have researched these factors. The researchers of this article used PubMed to search and review literature work published up to 2015, with use of the search terms “nerve block,” with the terms “efficacy/effectiveness,” or “safety or complication or adverse event” (Joshi et al., 2016, p. 525). Through analysis of the literature, the study found that regardless of the chosen nerve block technique or location, possible risks associated with the procedure include neurologic symptoms such as pain, tingling, or pins and
needles feeling. Both techniques of the nerve blocks can also create the risk of vascular punctures and/or bleeding. Although further research has been recommended, studies have suggested that specific injection sites of PNBs can increase a patient’s risk of falls, due to weakness of the quadriceps (Joshi et al., 2016). These findings are also informative to this QI project, as it aligns with suggested criteria to assess and document on in the revised documentation template. The authors emphasize that settings that use cPNB, must implement safe protocols and communication to ensure the best care for their patients. They also stress the important of providing patients with education and follow-ups. Although this is discussed specifically with cPNB, it is relevant to sPNB as they state the difference between the two is anesthesia duration.

Strengths for this study included the fact that the selected literature were articles that were specifically relevant to the topic, and were only systematic reviews and meta-analyses which ensured high levels of evidence. A weakness to note in this study is that it was published in 2016, utilizing research that has been published up to 2015. While although it is within the past 10 years, this might suggest more up to date research to analyze more current findings.

**Critical Appraisal of Article 5**

An article published by Imelda Wright in 2011, is an educational discussion specifically on peripheral nerve blocks performed in outpatient settings. This article is a low level of evidence as it does not provide evidence-based research and is published more than 10 years ago. However, it is still relevant to this discussion as it focuses on foundational knowledge, adverse effects, and interventions/assessments for nerve blocks in out patient settings. This is a useful foundation on the topic in which the high level article support with evidence-based research. It
also implicates that more research and studies are needed in this area. Although Wright’s educational article is low level evidence and does not discuss evidence-based practices, it is significant and relevant to this review as it specifically explains nerve block procedures in outpatient settings and how it is progressing into a more common procedure. The article is relevant as it shares the necessary assessments of a nerve block and the signs and interventions of adverse effect, which is supported with the higher level studies in this review. Due to the articles publishing date, it would be beneficial to revisit this discussion with newer studies.

**Evidence Synthesis**

The quality of nursing documentation in clinical settings primarily relies on the standards policies (documenting necessary assessments), and the ease of the EHR. The ease of quality documentation is essential to nurse satisfaction and ensuring safe care to patients. McCord et al. (2022) completed a systematic review on NPW to explore its causes and prevention strategies, due to the fact that NPW can lead to many negative outcomes including health errors and nurse stress. Among all the studies utilized in this systematic review, it is important to note that one of the two nurse processes identified in NPW was documentation, where almost half of the studies (6 out of 13) identified a relation between the two. While a variety of causes of NPW were addressed, for the relevancy of this literature review, the cause to focus on is difficulty using the EHR system, which often results in paper notes (McCord et al., 2022). In addition to these findings, it was also discovered that stressors can lead to NPW, which can eventually result in burnout. Again, a variety or prevention strategies were address, but for relevancy reasons this review will focus on one in regard to documentation, which is finding new ways to record medical information. While this systematic study is supported by previous research and findings,
the articles were found to be low quality as the topic did not have much research on it. This implies further research on NPW and if suggested prevention strategies have shown progress.

Lee et al. (2023) and Elkassabany et al. (2016) both completed studies on specific factors to assess after a nerve block such as: pain, sensation (tingling, pins and needles), ambulation, gait/balance, and potential complications (bleeding, hematoma, etc). While these studies specifically focus on the nerve block’s efficacy for each factor, it is relevant to this literature review as they state necessary assessments following a nerve block for safety reasons. Specifically in Lee et al.’s article, the authors state that vital signs and any complication from the nerve block such as an injury or bleeding, must be assessed immediately (2023). Patient pain scores were assessed due to correlate with opioid consumption after the nerve block for a surgical procedure, however, it highlights the importance of the block’s purpose to reduce pain and the need to assess it. With limitations such as lack of generalization and lack of control as to which variable is blinded, future research should consider broadening populations and testing with different blind assignments.

Joshi et al. (2016) provided a meta-analysis that covers potential risks and best practice care for patients with peripheral nerve blocks. The author covers similar risks and complications as Lee et al. (2023) article, which supports the necessary assessment that needs to be done for a nerve block. Specifically with this study, the authors link these assessments to ensuring patient safety, and also including significant orders such as patient education and signs of infection to report or call provider for. Although the articles used in this study are dated from later periods, they hold significance to what needs to be assessed and documented after a nerve block administration and implicate a need for updated research.
Implications for the Quality Improvement Project

The literature in this review supports the need for improvement with the identified problem in the PACU, within the SDS unit. In this outpatient setting, nerve blocks are a commonly performed procedure that require thorough assessments, monitoring, and documentation. A documentation template specific to the nerve block procedure is necessary to ensure accurate and quality documenting is being done, and safe patient assessment is being completed following provider orders and best nursing practice. Essentially, this improvement may result in increased nurse satisfaction as it would decrease their stress, ensure errors are prevented, and save time with paper notes and creating a separate section to document assessments.

An overall limitation on this topic of discussion is that evidence-based practice on this nerve blocks alone and documentation of nerve blocks was very difficult to find. Among the articles retrieved, an abundant amount were published over 10 years ago and not within recent years. Due to this limitation, the articles used in this review discuss nerve blocks specifically with surgical procedures. Despite this, the articles still align with the problem in PACU due to the fact that the study outcomes were based solely on the nerve block itself. The NPW article discusses documentation issues that align with the problem identified in the PACU, with difficulty using the EHR template. This ties in well with the following articles that discuss complications and assessments after nerve blocks, which supports which checklists need to be added onto a new template specific these blocks. With the use of this research, a template specific for pain procedure nerve blocks was created to ensure that standard nerve block
assessments was being performed and documented accurately and following best nursing practice.

**Rationale**

This quality improvement was initially intended to be guided by the use of the Define-Measure-Analyze-Improve-Control framework (DMAIC). This model is a method commonly used in healthcare to identify specific areas of improvement, and remove inefficiencies or potential errors (Ilin & Bohlen, 2023). With the use of the DMAIC framework, the problem is defined as nurse dissatisfaction with the use of the current template for pain procedures. For the measuring phase, surveys were to have been administered for the nurses before the intervention to assess efficacy of the current documentation and nurse satisfaction, which were to have been analyzed to determine the problem. The improve phase was to have included the use of nurse feedback to implement a new documentation template, which was to have been followed with creation of the new template as a trial implementation coupled with nurse education and post surveys sharing feedback about the trial with the new documentation template to assess the status of nurse satisfaction as the control phase. The control phase typically ensure sustainability of the implementation, however due to the time frame of this project, feedback from the PACU nurses was provided to the leadership team, about their plan of continuing with the use of this new template, or the old one.

**Global Aim**

The global aim was to improve nurse satisfaction and patient safety in the PACU. The process began with the patient’s admission from the pain clinic into the PACU. The process ended with the PACU nurse completing and signing their documentation note. By working on the
process we expect an increase in nurse satisfaction and quality documentation. It was important to work on this now to have more time focused on patient care, and ensure patient safety by following best practice.

**Specific Aim**

The specific aim is to improve the nurse satisfaction with the post pain procedure documentation by 50%, with the education and use of a new documentation template, by July 26, 2024.

**Methods**

**Context**

An assessment of the Purpose, People, Patients, Processes, and Patterns (5 P assessment) was conducted within the microsystem to identify opportunities for a quality improvement (QI) project. The microsystem is a Perianesthesia Care Unit (PACU), specifically in a Same Day Surgery unit, where there was an opportunity to improve nursing satisfaction with the documentation template for post pain procedures. Initially, there was not a specific template in place for post pain procedures. The template being used for these patients did not contain all the necessary assessments that are ordered by the provider, or that are considered best nursing practice a following a review of evidence-based literature. The purpose of this QI project was to support best nursing practice, through the creation of a template for the PACU nurses to use for documentation on post pain procedures. The documentation template should consist of a checklist for nurses to follow necessary orders, after a nerve block. These orders will ensure quality documentation, time efficiency, and patient safety due to nurses completing the full
assessment. As a result, it is believed this may increase nurse satisfaction with documentation in the PACU.

After a review of the PACU processes, a frequent process that was revealed was patient care following procedure to address pain. Chronic pain has been shown to be a common complaint among the veterans due to the physical nature of military service, therefore nerve blocks are a commonly performed procedure. The procedures include a nerve block with the use of anesthetics, that are performed by the medical provider and cared for by the PACU nurse in recovery. The responsibility of the PACU nurse is to immediately assess the patient and provide care once they are admitted to the PACU. This includes assessment of the injection site, vital signs, sensation and pain, ambulation and gait, bleeding or adverse effects. The PACU nurse also has a responsibility of ensuring safety by ensuring patient identity at time of admission, verifying a safe driver, and verbalization that the patient is ready to be discharged. Interventions for patient care also necessary such as offering the application ice on the injection site and offering patients a warm blanket when they enter the PACU.

**Cost/Benefit Analysis**

The implementation of a new documentation template is not only suggested to increase nurse satisfaction, but it may also be a time efficient and cost effective change. First, it is important to consider the change itself has very little cost associated with it, as the implementation of a new documentation template is done by the hospital’s information technologist (IT). It would generally take the IT nurse about an hour or less to create this template, which is considered in cost effective factors. According to U.S. Bureau of Labor Statistics, Health Information Technologists in New Hampshire make around $30.28 an hour
(2024), where in comparison to that, medical surgical/PACU nurses have an hourly wage of about $45.42 (2023). The amount of time it should take for PACU nurses to document in the computer itself is about 10 minutes, but with the original template, the nurses were spending an extra 10 minutes per patient to document (20 minutes total). With typically 8 patients a day, this equates to 80 extra minutes a day in documentation, which equates to $(46.5 \times 1.3) = $55.50 per day. If the change took one hour to create, according to the Bureau of Labor statistics it would be about 30 dollars for IT to make the changes, which in this case should be compared to the extra $55.60 every day for nurses to document. The cost to make the change would be covered in less than one day of nursing time/cost. Theoretically, this would improve both time efficiency and patient outcomes due to the ease of being able to move patients quicker and create more time for other patients.

By contrast, complications from a nerve block procedure can also result in high costs. Although nerve block procedures are safely performed by professionals with all safety precautions and measures be taken, it is important to know that risks or complications may be associated. Common complications from a nerve block include bleeding or infection of the site, permanent nerve damage, damage to surrounding tissues, or local anesthetic systemic toxicity (Wiederhold et al., 2023). A systematic review conducted by Calciolari et al., (2023) studied common adverse effects/complications for nerve blocks and the high costs associated with them. As stated earlier, the most common complications found among the studies were infection, nerve lesion, abscess, peripheral neuropathy, etc. The data specifically from these studies showed that the incidence in complications was 137 in 10,000 patients, and a median claim of $39,524.00 in costs of complications (Calciolari et al., 2023). This data shows why it is important to follow
best practice and provider orders, and why more time is needed for patient centered care, rather than documentation. The sooner these symptoms are caught during assessment, the less likely they are going to progress and result in a high cost recovery process.

**Interventions**

The intervention for this QI project included the education of the PACU nurses with best practice based off the literature, and the creation of a new documentation template that supports best practice, specifically for post pain procedure patients. This revised template replaced the previous template that was being used for pain procedures, and was formatted with a checklist of that follows both provider orders, and best nursing practice that is discussed in the evidence-based literature. The template consisted of a checklist of the following post-op orders of a nerve block including key assessments such as: patient’s pain level, new numbness/tingling, ambulation/gait. The checklist also includes safety considerations such as verified driver, verified patient identify, and patient’s verbalization of readiness for discharge. Interventions for the patient care, such as application of ice or use of assistive device(s), are also key factors that were included. With the help of IT, this documentation template was implemented into the EHR for nurses to utilize on nerve block patients post-operatively. Theoretically with this intervention, the nurses should have been able to document at bedside, and follow the checklist as they complete their standard post nerve block assessment on their patient. This is very crucial to both nurse satisfaction and patient safety as it has been found that documentation that is being done on paper at bedside, and then put into the EHR is a two step process that is time consuming and could results in errors (Ehrler et al., 2021).
While the PACU nurses are aware of provider orders and standard assessments required after a nerve block, the nurses were also given a brief presentation on the findings of best practice and use of the new template. The education was provided to ensure their understanding of why these assessments and interventions need to be completed, and why it was incorporated into the creation of the new documentation template.

**Study of the Interventions**

The study of the intervention was evaluated through surveys created specifically for the PACU nurses in regard to the current template in use. The initial survey consisted of 3 questions that assessed how easy the nurses found to the template to be used, changes they would make, and a checklist of orders that are in the current template. Upon revision, the ease of use did not directly reveal the level of nurse satisfaction of the template. An updated version of the survey was re-administered with the original 3 questions, and the addition of a fourth question in regard to satisfaction (See Appendix B). Following the educational presentation and the creation of the new pain procedure template, the same survey was planned to be distributed to the team of PACU nurses, where the answers and feedback were to be compared to the responses from the pre-surveys. The surveys were used to determine if the specific aim of increasing nurse satisfaction with the post procedure documentation process by 50% was achieved.

**Measures**

As previously stated, this QI project is measuring nurse satisfaction with documentation contents embedded in the pain procedure template. The instrument used was a survey (pre and post) completed by the PACU nurses, that measured the whether or not there was an
improvement with nurse satisfaction with the new documentation template. The survey consisted of questions for open feedback, the content needed in the documentation, nurse satisfaction, and perceived ease of use. The number of nurses in the post survey that selected “satisfied” or “very satisfied” with the new template, and the number of doctor’s orders added were accounted for (See Appendix B). The operational definition of satisfaction in this project is defined as contentment and agreement that the template has met expectations for best practice and quality documentation. The operational definition of ease of use is how simple the template is to navigate and document in. The project specifically measured perceived satisfaction along with quality documentation and assessments. The findings from the results may be both reliable and valid, however, due to time constraints a reliability test is not able to be completed. With the feedback from the key stakeholders that the survey is an accurate reflection of their concept of satisfaction, the measurement tool seems to be valid. Due to the lack of research specifically on satisfaction with documentation, there are not many measurement tools that have been tested for validity and reliability, therefore, this may be the first time use to measure this specific topic. Despite this limitation, the survey tool was appraised for content validity by a Master's prepared PACU nurse, and all participants responded appropriately without any questions regarding the survey. It may be useful to consider this limitation for future quality improvement projects or research.

**Analysis**

The responses were analyzed descriptively comparing the results from the pre-intervention surveys to the post intervention surveys. Due to the small sample of participants (6 nurses), the numbered responses was put into a chart as a visual aid for the data. Qualitative data
was collected from questions #1 and #2 as they are open ended questions for nurses to provide feedback about the current templates, in regard to what changes they would suggest (See Appendix B). Question #1 asked for a response with the use of a Likert Scale, which provided categorical data that was analyzed by reporting frequency and percentage. Question #2 provided a yes/no choice with the option to provide free text if yes was selected and was then was analyzed by noting patterns and themes from the nurses’ open feedback. The survey responses were appraised after the education and implementation of the revised template noting nurse satisfaction, and addition of correct orders. The fourth question was a Likert-style item addressing nurse satisfaction with the original and revised templates and reported as categorical data. Due to the amount of participants, inferential statistical analysis was not conducted. However, this future research on this topic would benefit from experimenting with a larger population.

**Ethical Considerations**

Ethical considerations were taken into account for this QI project to ensure safety of all participating individuals. First, to ensure confidentiality of the respondents, the surveys were anonymous and participants were informed they would be prior to completing them. Also before administering the surveys, the QI project and the surveys were thoroughly explained to the nurses so they were aware of purpose and expectations. Participants were also informed of information such as the fact that this work was analyzed in aggregate, how the data was kept secure, and who will have access to this data. Additionally, no individual identifiers were provided in this project. Initially, the ages and numbers of years with experience were considerable factors of this project, however it was not taken in account due to the few number
of staff nurses, responses by age could indicate identity. Lastly, this proposal was reviewed by
the University of New Hampshire Department of Nursing to determine that it met the criteria of a
Quality Improvement project, which is exempt from full Institutional Review Board (IRB)
review.

Results

Initial steps of the Intervention(s) and Evolution

After completing a 5 P assessment within the PACU and identifying the problem, the first
step for the interventions included the administration of the pre-survey which was distributed to
the PACU nurses (Appendix B). The survey mainly evaluated nurse satisfaction with the current
template, along with the criteria embedded within it. The next step was to create a draft of the
desired template covering all the criteria necessary for pain block documentation, which was
submitted to the leadership team and IT for approval and implementation. Due to necessary
changes requested by the IT team, the template was sent for Medical Review which resulted in
an implementation delay due to time constraints. This resulted in a modification with the QI
project, where a print out of the submitted template was distributed to the nurses, and used as a
model to present the future implementation, rather than the hands on use of the new template in
the EHR (See Figure 1).

Figure 1 - Timeline of Template Implementation
While awaiting approval from Medical Review, an educational poster was created for the participating nurses, prior to the implementation and distribution of post surveys. The educational poster highlighted the important findings and information from the literature review regarding nerve blocks and documentation. The identified problem, survey results, and expected outcomes were also included. As a supplement to the educational poster, a themes poster was also distributed, which displayed the most common topics discussed in the literature such as gait, ambulation, pain level, patient safety and education, etc. A presentation was held with all participating nurses, discussing the information found from the literature, and the need for a new template. At this time, the proposed template was presented both electronically and as a paper print out. A post survey followed the presentation, requesting feedback and satisfaction on the new template as presented for future use (Appendix C). Another modification that is important to note, is that three of the original six PACU nurses were not included in the post implementation phase due to unit transfers. In addition, another group of 5 nurses, the operating room (OR) nurses, were added to the post implementation surveys. After the pre-surveys were distributed, the unit had an increase of OR nurses floated to help with staffing and patient care. After verbalization of their dissatisfaction with the pain template, it was found to be beneficial to include these participants in the post survey results. After the initial pre-surveys had already been recorded, several of the OR nurses assisted with pain procedures and verbalized their dissatisfaction with the template. With their feedback, they were a separate cohort of participants with the presentation of the new template.

Process Measures and Outcomes
With the use of Plan-Do-Study-Act (PDSA), the first cycle included the pre survey (Appendix B) which was distributed to the initial six PACU nurses. The PDSA was used rather than the DMAIC model due to the delay in implementation. The first PDSA cycle evaluated nurse satisfaction with the presented template, where the next PDSA cycle will be a larger trial with the actual electronic use of the template in the EHR. The survey was used to examine the ease of use of the original template with the options of easy, okay, or difficult. Out of the six nurses, four reported the template as easy to use (67%), two nurses reported okay (33%), and zero reported the template as difficult to use. This first question also had a free text section to elaborate on the answer where four nurses declined to answer and two of the nurses left feedback. After a qualitative review, recurring patterns were identified including missing assessments for pain procedures, and lack of accommodation to pain procedure documentation. The nurses were also asked if they would make changes to the original template with the dichotomous options of yes or no, and 100% of the nurses chose “yes”. This question also consisted of a free text box to elaborate on changes they would make, where recurring patterns and themes were identified: new template specifically for pain procedures, addition of check boxes, and addition of ordered assessments for pain blocks. The survey listed the eight assessments and safety interventions ordered by the provider for a nerve block (Appendix B), where nurses were asked to select the ones they found in the original template. Out of the 8 items listed, pain level was the only item checked off by all 6 nurses, where the rest of the items were not selected by any respondents, implying the template does not consist of the necessary assessments/interventions. Lastly, the survey asked the respondents about their satisfaction with the template with the use of the Likert Scale, where 33% of the nurses reported dissatisfied, 67%
reported very dissatisfied, and none of the nurses reported that they were satisfied/very satisfied (Figure 2).

**Figure 2 - Pre Survey Results (Question #4 - Nurse Satisfaction)**

Following the distribution of the pre-intervention surveys, a presentation was held along with the distribution of educational posters to the PACU nurses, along with the new addition of OR nurses. After being presented with education and the print out of the new template coming in place, the nurses were provided with a post survey in regard to a pilot use of the presented template. The first question asked “*Does the proposed documentation seem beneficial for future use?*” (Appendix C). The respondents were given the dichotomous options of yes or no, where 100% of the nurses from units selected “yes.” The second question was also dichotomous, asking if the proposed template captures all the necessary orders and activities for pain blocks. Results showed that 100% of the nurses from both groups selected “yes” for question two. Question three was an open feedback question that provided qualitative data. The nurses were asked their perceptions on the proposed template, along with strengths and limitations. Through analysis, recurring patterns and themes were identified within these answers such as: improvement, quicker/saves time, coherent, captures all criteria, easier to use. The recurring pattern for strengths noted check boxes and free text boxes, making it easier to document and ensure
assessments. There were not any limitations listed as nurses mentioned they will have to test out the pilot template first. Lastly, the nurses were asked about their satisfaction with the template as presented, using a Likert scale from very dissatisfied to very satisfied. In total, 100% of the nurses were satisfied or very satisfied (Figure 3). Results showed that specifically for the PACU nurses, 100% were very satisfied with the presented pilot template.

**Figure 3-Post Survey Results (Question #4- Nurse Satisfaction)**

![Survey Results Graph](image)

**Contextual Elements & Observed Associations**

Contextual elements in this QI project included identifying key stakeholders and individuals affected by the changes. After identifying the problem with the documentation template, the pre-surveys for implementation were created. Upon distribution of the survey to the nurses, they were informed on the reason for the survey, the change that will take place, and who it will affect. By taking part in the survey and sharing their feedback on the template in place, the nurses on the unit expressed their readiness for change. Along with the unit nurses, both the mentor nurse who assisted in the implementation, and the charge nurse who approved the implementation, indicated their readiness for the change as well. With the participant’s readiness for the change, the highly expected outcome was going to be an increase in satisfaction. Some other contextual elements to consider were ages and years of experience. Based off these factors,
nurses might have different perceptions/preferences in regard to documentation such as the use of check boxes or free text. While the nurses in the QI project expressed their readiness for change, and key stakeholder to consider was IT, who had competing priorities resulting in a delay in the provision of the new template in electronic form. The original process including making an entirely separate form for pain procedures, however, IT suggested to keep it as one template that separates and tailors to pain procedures, which then had to be approved by Medical Review. This resulted in a delay and necessary modifications to the QI project, including a print out presentation of the pilot template use, rather than the hands on use of the template in the EHR.

Unintended Consequences

As stated previously, an unexpected problem was the delay in launching the live version of the documentation template. While the initial plan was to create a new template to select separately for pain block procedures, IT suggested it would be best to keep the template to flow together as one, and select a separate drop down tailored to pain procedures. Because of the recommended changes, the request was sent for further review, and the nurses were presented with a print out of the template for future pilot use. The next PDSA cycle will include the actual live launch of the template for nurses to physically use when recovering pain block procedures in EHR. Because of the modification and change to PDSA cycle, a change was also made to the post-surveys which were supposed to be the same ones distributed pre-implementation. A new survey was created to tailor the first PDSA cycle, and asked for responses reflecting the presentation.

Details about Missing Data
This QI project originally started out with the six PACU nurses who utilized the pain procedure template. The initial process plan was for the six nurses to complete the pre-implementation survey, and the post-implementation survey to evaluate their satisfaction with the new template, compared to the old one. Three of the six PACU nurses were missing for the post-implementation phase, due to unit transfers. However, data was still able to be collected and analyzed considering 50% of the nurses still participated. Other missing data that is important to address is the OR nurses in the pre-implementation phase. The OR nurses began utilizing the pain block procedure template after this phase, where they verbalized their dissatisfaction with the original template. With their verbal feedback, they were added to the post-implementation survey for evaluation with satisfaction.

**Discussion**

**Summary**

**Key Findings**

The goal of this QI project was to increase nurse satisfaction and patient safety with the specific aim to increase nurse satisfaction by 50%, which was measured by the results in both the pre and post surveys. The specific aim was achieved as results showed that the three out of six remaining PACU nurses were satisfied with the proposed documentation template. The data collected in this QI project supports the findings on best practice care for a nerve block procedure. The data also supports the need for quality documentation in hospital settings, to ensure nurse satisfaction and patient safety. The key findings in this project included that a proper template specific to its procedure can ensure that best practice and provider’s orders are being followed. The findings from the literature provided recurring themes and patterns on
proper assessments to complete after a nerve block procedure, supporting the provider orders in
the PACU for pain procedure patients. In addition to that, the pre-survey results showed that only
one of the eight necessary assessments/interventions were on the initial template. More key
findings to note in this project is that in the pre-implementation phase, 100% of the nurses were
dissatisfied/very dissatisfied with the previous template, where in the post-implementation phase
100% of the nurses were very satisfied/satisfied with the revised template. It is also important to
note the key finding from the qualitative review of the nurses open feedback, which highlighted
recurring patterns such as ease of use, time efficiency, and the benefits from check boxes/free
text lines. These findings support that expected outcomes of the new template which was to save
time charting and create a format that is helpful for the nurses to follow.

Relevance to Rationale and Specific Aim(s)

This PDSA cycle proved that a new documentation template for pain procedure could
have a positive impact on nurse satisfaction and patient safety. Initially, the QI project was
following the use of the DMAIC model, as only one intervention phase was planned to take
place. Because only one intervention was planned to take place, the DMAIC model was the
initial QI model due to the fact that the area of improvement was identified, and the next steps
were to analyze the results from one phase. The PDSA cycles are typically experimental, where
small trials are performed before continue with much bigger trials (Barr & Brannan, 2024).
Similarly to this QI project, the presentation of the print copy of the template was a small trial,
that will be evaluated before moving onto a larger trial, the physical use in the EHR system.
Due to an unexpected delay, an alternative intervention took place, pushing the physical template
implementation in the EHR to a future date in a second PDSA cycle. The pre and post surveys
were still used to assess nurse satisfaction, and for qualitative reviews on strengths and weaknesses of the template. The PDSA cycle was used in place of the DMAIC model, which proved that the nurses were satisfied with the presentation of the future pilot use of this template. The specific aim of this QI project was to improve nurse satisfaction with the post pain procedure template by 50% by July 26th, 2024. Although three out of the six PACU were unable to participate in the post-implementation phase, the goal of 50% was still achieved as the remaining three nurses were satisfied with the new documentation template, along with the additional OR nurses. With these results, a second PDSA cycle should take place in the future with the physical use of the new documentation template implemented into the EHR.

**Strengths of QI project**

This QI project had many strengths to consider. Some strengths in this project is that all participating nurses were eager and ready for the change. In addition, the project had support from both a precepting nurse and from leadership, who reviewed and approved the change. It is also a great strength that not only were all nurses ready for the change, but this also influenced another team of nurses (OR nurses) to participate and provide their feedback, as they were dissatisfied with the template as well. It is also important to note that the implementation resulted in very little cost.

**Interpretation**

**Association between the Intervention(s) and Outcomes**

The association between the interventions and outcomes showed that creating a template that follows best practice and provider orders will improve nurse satisfaction with documentation. The purpose of the educational posters and presentation was to inform the OR
and PACU nurses about the evidence-based research that supports the need for the new documentation template. The outcome of the education intervention showed that the nurses gained more insight and understanding on the need for a new template. The printed presentation of the new template showed an increase in nurse satisfaction as evidenced by the post survey responses. It is also important to highlight the core reasons for the increase in satisfaction such as ease of use, time efficient, and following nurse preference for documentation. On the first day that template went live in the EHR system, a few nurses did a trial for pain procedure patients. Both the PACU and OR nurses verbalized how much time the new documentation saved them, along with providing them a checklist to ensure patient assessments and provider orders are being completed. It is important to note that these outcomes are also associated with an increase in patient safety. Due to the ease of use and optimal format, nerve block initial and ongoing assessments are documented in an appropriate and timely manner. Not only does this ensure that the patient themselves are safe, but the time efficiency allows for a quicker recovery which opens up more time for other patients to be cared for properly.

The literature in this QI project provided research and evidence that supports quality documentation and safety for patient care in nerve block procedures. This review of the literature was crucial to implement prior to this QI project to ensure that best practice was being followed and embedded into the new documentation template. The review supported necessary assessments, interventions, and the urgency of documenting patient complications from a nerve block. It was also important to collect to ensure there was supporting evidence to present to both nursing teams, as to why a new template needs to be created for pain procedures. The outcomes of the interventions did not associate with negative experiences or feedback. The educational
resources and template presentation seemed to associate with an increase in nurse satisfaction with documentation.

As stated earlier, this project had an impact on many different people within the microsystem. The nurses themselves were able to address a problem in the unit that had affected their satisfaction, and their concern for patient care. This project provided them with a new template that allows quality documentation and proper patient care, resulting in less stress for the nurses. Similarly, this project also assured that patients were receiving safe and appropriate care following their procedure, reducing their risk of complications or readmission. Another microsystem that was impacted by this project was the pain clinic that performs the nerve blocks. This project helped provide support and safe care for their patient post procedure, and decreased the likelihood of patients being readmitting or dissatisfied with their procedure. The time efficiency also led to a reduction in unnecessary additional time spent on patients, and created more time for other patients to come in and receive proper care. This would also decrease patient wait time in the pain clinic if patients are being brought into the recovery room in a timely manner.

Comparison of results with findings from other publications

The results from this QI project aligned with the findings from the publications in the literature review. The results from McCord et al. (2022) discussed how documentation was a key process identified in NPW due to difficulty using the EHR system, also linking in connection to increased nurse stress. The findings from the QI project show that creating a template for the nurses that is easy to use, is likely to decrease workarounds, or shortcuts, and can increase satisfaction levels instead of stress. The findings from Lee et al. (2023) and Elkassabany et al.
(2016) discussed that post nerve block procedures, patients must be assessed for pain, sensation, gait, and ambulation. Along with their findings, Joshi et al. (2016) also discusses the importance of assessing and immediately documenting complications of the injection site such as bleeding or nerve injury. These findings are consistent with the findings from the QI project which discuss the same assessments that are ordered from the doctor. The new template also consists of free text spaces for nurses to document any observed complications during assessment.

**Reasons for any differences between observed and anticipated outcomes**

Fortunately, this QI project did not result in many significant differences between observed outcomes and anticipated outcomes. The anticipated outcome was increase nurse satisfaction with the template by at least 50% within the PACU, and the observed outcome did show that half of nurses were satisfied with the presentation of the new template. Not only did the project achieve these anticipated outcomes, but in addition, the project was expanded to include the participation of the OR nurses as well, who were satisfied with the intervention. The one difference to consider is that the expected outcome of increased satisfaction was specifically in regard to a new template in the EHR system. Due to delays with IT, the satisfaction reflected the future template in paper format rather than electronic for pilot use.

**Costs and strategic trade-offs, including opportunity costs**

The costs associated with the implementation of the interventions was very minimal. As stated previously, the implementation was actually a cost effective change due to the fact that amount of money used for IT to create the template, was less than the amount of money spent on extra time needed for PACU nurses to document with the initial template. Not only did the implementation save costs from decrease on documentation time, but the new template was also
created to ensure patient safety. This is likely to decrease patient complications, which would decrease the costs associated with treating patient complications. One of the unexpected changes in the project, was the group of OR nurses who floated to the PACU and expressed dissatisfaction with the initial template as well. With the addition of the OR nurses to this QI project, and providing them with a user friendly template that does not require training, this will reduce staff shortage in the PACU, time PACU nurses will spend on patients, and the need or cost for training float nurses.

**Limitations**

One of the limitations to consider in this QI project is the sample size of participants. The original participating group only consisted of six PACU nurses, and then concluded with an additional five OR nurses. Important factors to consider with this limitation is that due to such a small amount of participants, certain factors could not be analyzed due to the risk of breaching confidentiality. In the beginning of this project, age and number of years of experience were factors to consider as they can have a strong association to documentation preference and satisfaction/dissatisfaction. Due to such a small number of nurses, their age and years of experience could very likely indicate identity. For future projects on this topic, it would beneficial for project leads to experiment and analyze findings with larger populations. This can provide findings for documentation in both larger groups of PACU nurses and other units within hospitals as well. It would also be beneficial for future research to consider studying age and years of experience to this topic, to identify potential links with documentation satisfaction. Another limitation to consider is that the initial aim was to improve nurse satisfaction with the implementation of a new template, in electronic format. Due to delays in IT, satisfaction with the
new template in paper format was assessed. Although the nurses were satisfied with the presentation of the template, and verbalized satisfaction with the pilot trial, it would be valuable for the next PDSA cycle to focus on findings for the long term, physical use of the actual template in the EHR system while simultaneously providing patient care.

Conclusions

*Usefulness of the Work*

Documentation and nurse satisfaction are two of the many core factors that are important in healthcare, especially to ensure patient safety. The goal of this QI project was to improve nurse satisfaction with documentation, and to also ensure best practice is being used in the PACU setting for pain block procedure care. The development of a documentation template that is both easy to navigate and consisted of all necessary orders/interventions from the provider, was very useful in reducing stress and also improving the quality of documentation. With the use of a documentation template consisting of orders that follow best practice, nurses will save time on charting and can be confident that all assessments and interventions are being completed, which will increase patient safety.

*Sustainability and Potential for Spread*

Due to the increase in nurse satisfaction and the positive outcomes associated with the new template, it is feasible and very important to continue following. The sustainability can be maintained by assuring that providers and nurse are staying up to date with current nursing care standards to reflect current evidence-based practice. By staying up to date with best practice, healthcare facilities should continue modifying documentation templates to follow current nursing standards.
The outcomes of this QI project support the fact there is potential for spread, and that this improvement can be used in other units/healthcare settings. Quality documentation and patient safety are not issues confined to the PACU settings, but rather are crucial factors in all areas of healthcare. This QI project was feasible and associated with very little costs and consequences, therefore, other units within healthcare facilities could consider implementing this change as well to assure their nurses are following best practice and documenting accordingly.

**Implications for Practice and for Further Study in the Field**

The results from both the pre-intervention survey and post intervention survey are important to consider for practice and further study. For a long period of time, nurses in this unit were dissatisfied with their documentation template for important reasons such as time-consuming documentation and missing criteria. This also resulted in a need for bedside notes during patient care, which can cause difficulty remembering which assessments and interventions were completed when brought over to the computer. The results after the new template presentation shows that the new template increased satisfaction due to reasons such as saving time, easy use, and captures all necessary orders. With these results, it is beneficial for other healthcare settings to consider assessing their documentation charts and templates, to ensure proper nursing standards, patient safety, and satisfaction among their unit nurses.

Although this QI project consisted of a few limitations, it would be useful to consider them for future research in the field. Further studies could consider evaluating nurse satisfaction and effectiveness of documentation templates in other specialties and fields. Researchers may also want to consider look at other factor that impact perspective on quality documentation such as age and years in the nursing field.

**Suggested Next Steps**
The QI model used for this implementation was the Plan-Do-Study-Act (PDSA) model. Due to unexpected changes, the first PDSA cycle was the presentation of the new template to assess nurse satisfaction for future use, rather than the actual use in the EHR system. Next steps would include a second PDSA cycle, which is a pilot trial of the actual use of the template in the EHR system while providing patient care after a pain block procedure. While nurses did verbally express satisfaction and positive outcomes on the first day of the live template, it would be beneficial to continue evaluating the outcomes of long-term use.

In conclusion, effective documentation increases nursing satisfaction and also supports best practice for patient safety. The implementation of a revised template for thorough documentation of care following an intervention to address persistent pain is a crucial component of quality patient care.
References


Joanna Briggs Institute. (2013, October). LEVELS OF EVIDENCE FOR EFFECTIVENESS.


Appendix A- Minor Procedure Template

<table>
<thead>
<tr>
<th>Template: POST-PROCEDURE MINOR</th>
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<td>SAFE GUARDING AND DISPOSING OF PATIENT WRISTBANDS:</td>
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Appendix B - Pre-Survey: Before Implementation

Manchester VA Same Day Surgery - Pain Procedure Template

1. How easy is it to use the minor procedure template to document pain patient post procedure care?
   ______ Easy ______ Okay ______ Difficult

   Explain:

2. Would you make changes to the minor procedure template?
   ______ Yes ______ No

   If yes, please explain how you would change the minor procedure template:

3. Does the current minor template include all required information for pain procedure patients including:
   ______ Pain level
   ______ Numbness/Tingling
   ______Ice applied
   ______ Driver verified
   ______ Post procedure ambulation
   ______ Use of assistive device(s)
   ______ Verified identity with patient
   ______ Patient verbalized readiness for discharge

4. How satisfied are you with the current minor procedure template to document pain patient post procedure care?
   ______ Very Dissatisfied ______ Dissatisfied ______ Satisfied ______ Very Satisfied
Appendix C - Post Survey

Manchester VA Same Day Surgery - Pain Procedure Template

PACU RN_________ OR RN_________

1. Does the proposed documentation template seem beneficial for future use?
   ____ Yes  ____ No

2. Does the proposed template capture all the necessary orders/activities/assessments/interventions for pain procedures?
   ____ Yes  ____ No

3. What are your perceptions on the new template? Any strengths or limitations?

4. How satisfied are you with the template as presented?
   ___ Very Dissatisfied  ____ Dissatisfied  ____ Satisfied  ____ Very Satisfied  ____ Unsure