

Promoting Patient Safety With Perioperative Handoff Communication

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BACKGROUND

- Frequent handovers occur in the PACU which are often brief and complex.
- Simultaneous tasks are performed by PACU staff during information transfer by operating room (OR) and anesthesia staff.
- Combining nursing care tasks with information transfer makes perioperative information susceptible to loss and error.
- Knowledge of essential elements of care is critical to ensure patient safety in the immediate postoperative period.
- Accurate, pertinent and timely information is needed to ensure recognition of any changes in patient condition, to improve problem-solving and critical decision-making.
- Standardized perioperative communication at handoff points will facilitate safety, and limit complications.

PROBLEM

Lack of complete, accurate communication at points of transition is a major issue affecting the quality and safety of patient care in the current healthcare system.

CLINICAL QUESTION (PICO)

For patients in the initial postoperative period, does the use of a structured perioperative handoff communication technique improve transfer of essential elements of patient care and increase perioperative nurse satisfaction?

DESIRED OUTCOMES

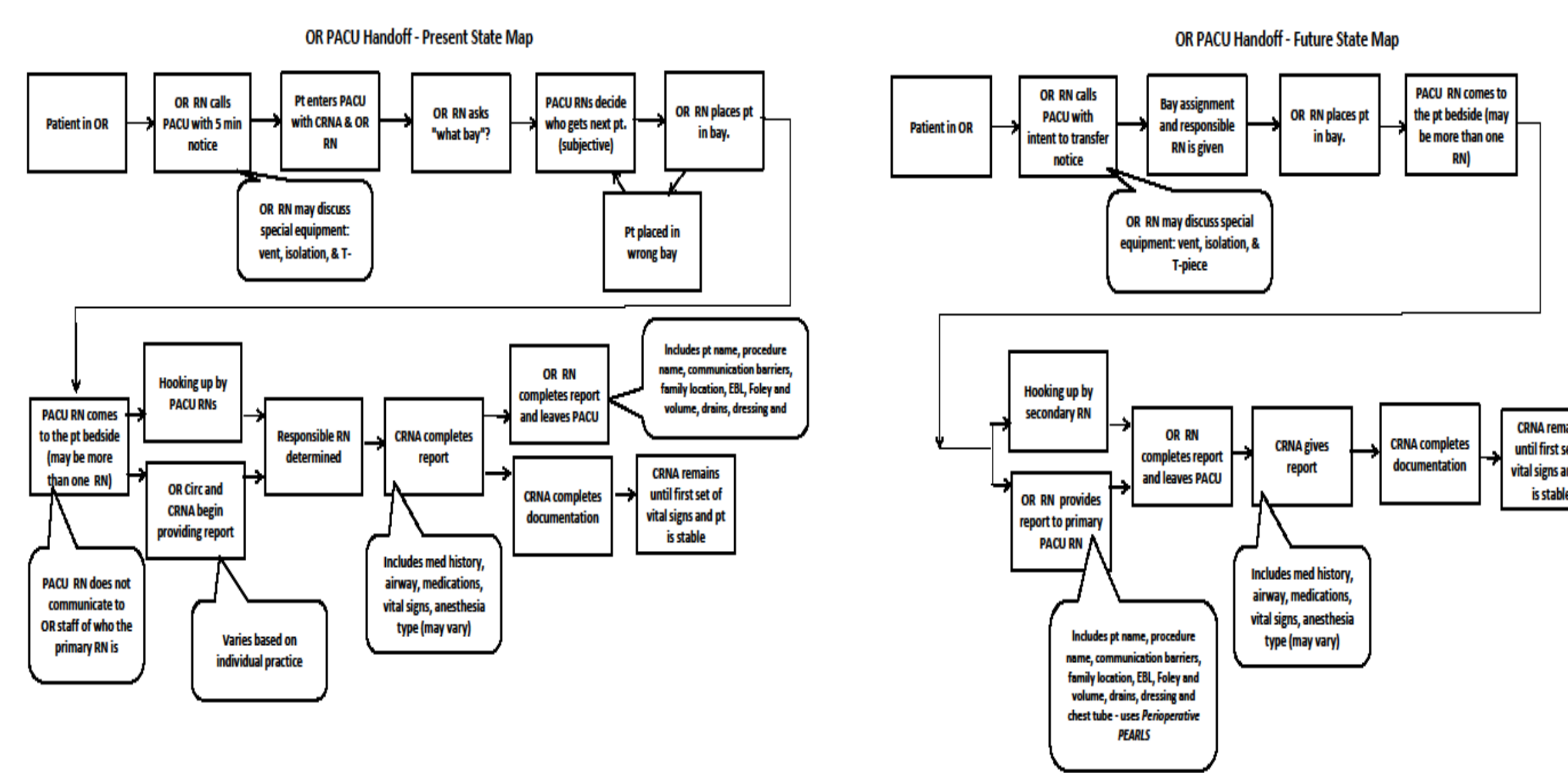
- Improved effective communication of essential elements of care in the immediate postoperative period (first 1-2 hours after surgery)
- Prevention of perioperative patient harm, adverse events and negative outcomes
- Increased nurse satisfaction with perioperative handoff compliance with regulatory standard for handoff communication

PERIOPERATIVE PEARLS	
PLACE PATIENT LABEL HERE	
PATIENT IDENTIFICATION Use 2 Verifiers Caregiver Communication Tool	
NURSE	ANESTHESIA
Procedure Performed: Primary Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Other: _____ Communication Needs: <input type="checkbox"/> Interpreter <input type="checkbox"/> Sign Lang Interpreter Past Medical History: <input type="checkbox"/> Blind <input type="checkbox"/> C-Def <input type="checkbox"/> HOH <input type="checkbox"/> MRSa <input type="checkbox"/> PPD: _____ <input type="checkbox"/> VRE Allergies: <input type="checkbox"/> NKA Precautions: <input type="checkbox"/> Skin <input type="checkbox"/> Seizure <input type="checkbox"/> Aspiration Isolation Type: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet Personal Items: <input type="checkbox"/> Dentures <input type="checkbox"/> Glasses <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Jewelry <input type="checkbox"/> Piercings <input type="checkbox"/> Prosthesis Personal Items Disposition: <input type="checkbox"/> Family <input type="checkbox"/> Patient <input type="checkbox"/> Security <input type="checkbox"/> Other: _____ Position During Surgery: <input type="checkbox"/> Supine <input type="checkbox"/> Prone <input type="checkbox"/> Jack Knife <input type="checkbox"/> Lateral <input type="checkbox"/> Lithotomy - Type of Stretcher: _____ <input type="checkbox"/> Candy Cane <input type="checkbox"/> Allen Extremities: <input type="checkbox"/> Ted Hose <input type="checkbox"/> SCDs <input type="checkbox"/> Pulses <input type="checkbox"/> Tourniquet Other: _____ Events (Adverse) Intra-Op: _____ Equipment: <input type="checkbox"/> CPM <input type="checkbox"/> NGT <input type="checkbox"/> OrthoPat <input type="checkbox"/> Wound Vac: Intermittent / Continuous Suction (circle one) Elimination: <input type="checkbox"/> Foley <input type="checkbox"/> Supra-public <input type="checkbox"/> I&O <input type="checkbox"/> Straight Cath <input type="checkbox"/> Other: Amount: _____ Assessment: <input type="checkbox"/> Skin <input type="checkbox"/> Incision <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neuro Drains/Location: <input type="checkbox"/> JP <input type="checkbox"/> Hemovac <input type="checkbox"/> Penrose <input type="checkbox"/> Blake Tube <input type="checkbox"/> Packing <input type="checkbox"/> G-Tube <input type="checkbox"/> Chest Tube: R <input type="checkbox"/> L <input type="checkbox"/> Urology Stents: <input type="checkbox"/> R <input type="checkbox"/> L Dressings: Location _____ Number _____ Drainages: <input type="checkbox"/> Yes - Type _____ <input type="checkbox"/> No Drainage Relationship: Family: _____ <input type="checkbox"/> Surg Wait Room Radiology: <input type="checkbox"/> CXR <input type="checkbox"/> Other: _____ Referral-Wound Care RN: <input type="checkbox"/> Order Completed & On-Chart Recommendations: _____ PACU-to-Inst RN: _____ Accucheck-Result: <input type="checkbox"/> H&H <input type="checkbox"/> BMP <input type="checkbox"/> CBC <input type="checkbox"/> PT/PTT <input type="checkbox"/> Preg Test Labs Other: _____ Antibiotic: <input type="checkbox"/> Yes - Time Last Dose: _____ <input type="checkbox"/> No Antibiotic Blood Products Pre-Op/Post-Op: _____ Surgical Unit: _____ Room #: _____ Special Devices: <input type="checkbox"/> Implants: _____ Spiritual Needs: _____ Special Needs: <input type="checkbox"/> DVT Protocol <input type="checkbox"/> Specialty Bed Behavioral Health Issues: _____	Past Medical History: <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cardiac <input type="checkbox"/> CAD <input type="checkbox"/> COPD <input type="checkbox"/> CVA <input type="checkbox"/> Diabetes <input type="checkbox"/> ETOH <input type="checkbox"/> HTN <input type="checkbox"/> Liver Dis <input type="checkbox"/> OSA <input type="checkbox"/> PVD <input type="checkbox"/> Renal Disease <input type="checkbox"/> Seizures <input type="checkbox"/> Smoking <input type="checkbox"/> TB <input type="checkbox"/> Thyroid Other: _____ Pain Management: <input type="checkbox"/> Block Pump <input type="checkbox"/> Epidural <input type="checkbox"/> Block PCA Pump <input type="checkbox"/> Other: _____ EBL Volume: _____ cc Equipment: <input type="checkbox"/> Ventilator <input type="checkbox"/> T-Piece Other: _____ Anes Type: _____ Anes Meds Given / Not Given: _____ <input type="checkbox"/> Beta Blocker Follow-up Post-Procedure Radiology: <input type="checkbox"/> CXR - if needed in PACU Recommendations: _____ Lines: Peripheral - Location: _____ Port - Location: _____ <input type="checkbox"/> Central <input type="checkbox"/> Arterial <input type="checkbox"/> CVP <input type="checkbox"/> PICC Critical Values: _____ Left In Bag - IV Fluid: _____ cc Blood Products: _____ Special Devices: <input type="checkbox"/> Pacemaker <input type="checkbox"/> AICD <input type="checkbox"/> Insulin Pump <input type="checkbox"/> Other: _____ Special Concerns: _____
RN NOTES - Enter Delay Codes Worksheet Only - not part of medical record Give Sheet to Inpatient RN	

IMPLEMENTATION

- Iowa Model of Evidence-Based Practice – framework
- Observation. Direct observation of handoff from the OR to PACU
- Assessment. A four-point Likert scale questionnaire on perioperative handoff content was administered to staff.
- Handoff tool development. Handoff tool entitled *Perioperative PEARLS*. Each letter in the word *PEARLS* corresponds to essential elements of care unique to the perioperative patient population.
- Team formation. OR nurse champion, PACU nurse champion and a CRNA champion recruitment to participate in a handoff collaboration group.
- Staff education. Handoff tool *Perioperative PEARLS* and standardized process focus of education.
- Nurse satisfaction assessment. Four -point Likert scale administered both pre and post-practice change implementation.
- Handoff observation. Results of handoff audit tool tabulated and analyzed
- Evaluation. Completion of the post-practice questionnaire

LEAN SIX SIGMA VALUE STREAM MAPS



RESULTS

