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

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