

[NM-330] The Development and Implementation of a Standardized, Multidisciplinary ICU to OR Patient Care Handoff

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Introduction

In the perioperative setting, handoffs occur frequently as patients transition through the preoperative, intraoperative and postoperative settings. Transitions in care are particularly vulnerable periods that threaten patient safety due to rapidly changing clinical scenarios, coupled with communication errors. The purpose of this abstract is to describe the development and implementation of a standardized, multidisciplinary preoperative ICU to OR patient handoff.

Development

The setting of our intervention is a quaternary care, level 1 trauma children's medical center, which includes neonatal, pediatric and cardiovascular intensive care units, as well as multiple specialized surgical services. Our institution has previously focused perioperative handoff improvements in the postoperative setting, including the development of standardized 'OR to PACU' and 'OR to ICU' handoff protocols. In these settings, handoff forms are prepared for each patient with pertinent data extracted from the electronic medical record. These forms serve as a visual guide for providers who deliver handoffs at the bedside using the previously validated I-PASS mnemonic (illness severity, patient summary, action list, situation awareness, and synthesis by receiver). Given the results of our standardized postoperative handoffs with respect to increasing communication transfer and efficiency, we hypothesize that standardizing preoperative ICU to OR handoffs will also improve communication and efficiency.

Implementation

The transfers of care from the ICU to the OR will be evaluated using a modified postoperative handoff audit tool which has been adapted to the preoperative period (1). Also, measurements of efficiency and provider satisfaction will be collected. Prior to implementation of the intervention, the vested multidisciplinary teams have been consulted and participated in educational modules explaining the new handoff format. The day of implementation will be well publicized, with study investigators onsite to assist the transition. After a four week period, auditors will again evaluate the handoff. The verbal transfer of patient information and handoff efficiency will be analyzed with a Mann-Whitney U test and the provider satisfaction survey will be analyzed with a Fisher exact test.

Conclusion

A growing body of literature focusing on patient safety during perioperative handoffs focuses on the postoperative period. We developed a preoperative handoff protocol by applying both previously studied literature and institutional experience from our postoperative handoff protocol in order to improve safety as well as OR efficiency during the transport of critically ill patients from the ICU to the OR.

References

1. Nagpal K, Abboudi M, Fischler L, et al. Evaluation of postoperative handover using a tool to assess information transfer and teamwork. *Ann Surg* 2011; 253: 831-837.
