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Introduction

Ineffective handoff communication is a significant patient safety risk in healthcare. In 2009, the Joint Commission published the National Patient Safety Goal 2E stating that hospitals should implement a standardized process for handoffs (1). We established a standardized handoff for transfer of care between the OR team and PACU nurse. We subsequently evaluated the following factors: quantity of patient information transferred, PACU nurse satisfaction, and handoff duration.

Methods

31 articles were identified in a review of anesthesia literature on PACU handoffs (2). Based on these articles, post-operative information transfer recommendations were identified. This information was presented to the PACU nurse in the I-PASS format, which is used hospital-wide as a guide to effective communication. I-PASS stands for illness severity, patient summary, action list, situation awareness, and synthesis by receiver. Each member of the PACU handoff was instructed in the components of the standardized handoff and the PACU nurses recorded the information on a form that was developed to mirror these components.

Handoffs were randomly observed by study personnel throughout the day before and after implementation of the standardized handoff. Data collected by the observers included date, duration of handoff, surgical service, providers at the bedside, number of questions asked, number of distractions, and whether the necessary information was transmitted during the handoff. PACU nurses were also invited to complete satisfaction surveys before and after the implementation process.

Results

41 audits in the pre-implementation phase and 45 in the post-implementation phase were evaluated. Overall information transfer scores increased significantly from a mean score of 48.8 +/- 9.8% to 82.6 +/- 15.1% ($p < 0.0001$) (see Figure 1). 22 PACU nurse satisfaction surveys were completed after the pre-implementation phase and 14 were completed after the post-implementation phase. Mean satisfaction scores between the paired and unpaired surveys were not significantly different, but paired mean total satisfaction scores increased significantly from 36.3 +/- 6.8 to 43.7 +/- 4.8 ($p = 0.004$). The duration of the handoffs showed a downward trend, but did not change significantly after implementation of our standard handoff (4.1 +/- 2.5 min to 3.5 +/- 1.9 min, $p = 0.10$).

Conclusion

The development of a standardized handoff protocol for PACU handoffs demonstrated an increase in patient information transfer, an increase in PACU nursing satisfaction with the process, and did not increase handoff duration.

References

1 The Joint Commission. Improving handoff communications: meeting national patient safety goal 2E. Joint Commission Perspectives on Patient Safety 2006;6:9-15.

2 Segall N, Bonifacio AS, Schroeder RA, et al. Can we make postoperative patient handovers safer? A systematic review of the literature. *Anesth Analg* 2012; 115: 102-115.

