THE PERIOPERATIVE HANDOFF PROTOCOL: APPLICATION OF A MULTIDISCIPLINARY MODEL TO PROMOTE TEAMWORK AND REDUCE PERIOPERATIVE MISCOMMUNICATION
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Background/ Problem:
Miscommunication frequently occurs when patient care is transferred from one team of providers to the next. The Joint Commission acknowledges this concern and recommends a standardized approach for conducting patient handoffs. In particular, postoperative handoffs from ORs to PACU/ICU are complicated by the transfer of both clinical information and medical equipments.

Objective:
The postoperative handoff protocol provided a standardized, stepwise framework. Purposes: establish a series of ordered, non-simultaneous steps; utilize a reference checklist for reporting; focus on tangible contingency planning through anticipatory guidance statements, remove role ambiguity for patient care responsibility, and time for questions.

Process:
Upon PACU patient’s admission, the nurse’s priorities are to connect patient to the monitor and briefly assess the patient for airway, breathing and circulation. This is followed by series of handoff reports by the OR Nurse, Surgeon and Anesthesia following the reference checklist including potential harm to patient.

Successful Practice:
Using a pre-post design, we measured the success of protocol implementation at the Johns Hopkins PACU and its impact on handoff providers’ satisfaction. The PACU, percentage of surgical reports given during postoperative handoffs increased from 21.2% to 83.3%. The percent of anesthesia reports given remained high (100%) for pre- and post-intervention. OR nurse overall report was 98%. Overall, satisfaction with postoperative handoffs significantly improved.

Implications:
Institution-wide education on this protocol has been incorporated into curriculum for nurses and providers’ orientation. We have customized the handoff protocol and checklist to enhance the universality of implementing this project across different ICUs and PACUs.

References: