IMPLEMENTATION OF EVIDENCE-BASED PERIOPERATIVE HANDOFF COMMUNICATION

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Frequent, brief and complex handovers, establish the need for clear communication in the perioperative environment. Due to the clinical instability of the postoperative patient, the PACU nurse simultaneously performs patient care tasks with information transfer by the operating room and anesthesia staff. The combination of nursing care tasks with information transfer makes communication of intraoperative information susceptible to loss and error. Accurate, pertinent and timely patient information transfer along with standardized communication between care providers at handoff points facilitates perioperative patient safety.

The purpose of this evidence-based project was demonstrate how a structured handoff tool and standardized process could increase effective perioperative communication of essential elements of care, assist in the timely recognition of patients at risk for clinical deterioration in the initial postoperative period (phase one), and improve perioperative nurse satisfaction. This project supports compliance with established regulatory standards for handoff communication and eliminates waste from the handoff process.

The Iowa Model for Evidence-Based Practice provided the framework for this project. A perioperative collaboration team identified opportunities for waste elimination in handoff by completing a LEAN Six Sigma value stream map. A perioperative specific handoff tool (Perioperative PEARLS) was developed and implemented following perioperative staff education. The results of handoff observation audits will be analyzed using a trend analysis. A pre-post likert scale survey will be administered as a measure of the handoff process change on perioperative nurse satisfaction.

This evidence-based practice project is scheduled for implementation in January 2012 as a DNP capstone course requirement. Anticipated project completion is March 2012.

A structured handoff tool and standardized OR to PACU transition process supports compliance with regulatory standards of care and eliminates waste from handoff. Evidence-based perioperative handoff communication facilitates expedited patient evaluation, rapid interventions, reduction in adverse events and a safer perioperative environment. Improvement in handoff communication increases perioperative nurse satisfaction. The next phase of this evidence-based practice project will be the inclusion of the preoperative unit in the handoff process. This will demonstrate the continuum of efficient and safe perioperative patient care.