



30-Second Pause: An Evidence-Based PACU Handoff Process

C.J. Marshak, MN, RN, CPAN; Sadeeka Al-Majid, RN, PhD
MemorialCare Orange Coast Medical Center, Fountain Valley, California

Background

- Handoff process is critical for accurate communication between clinicians during patient transfer from the operating room to the PACU (Pucher et al. 2015).
- Eighty percent of medical errors occur due to failure of communication during handoff process (Joint Commission, 2012).
- Due to the palpable dissatisfaction of PACU nurses with existing hand off process between the OR nurse, anesthesiologist, and PACU receiving nurse, the PeriOperative UBC (Unit Based Council) recommended identifying and implementing an effective hand off process that is based on empirical evidence.
- A 30-second pause upon patient arrival in PACU has been suggested to improve patient safety and PACU nurse satisfaction with the SBAR report.

- The 30-second pause is a period of silence upon patient arrival in PACU and while the patient is being connected to the PACU monitoring equipment. This pause allows the PACU nurse to complete a brief initial assessment before signaling readiness to receive verbal SBAR report.

Objectives

- The objectives of this performance improvement project were to:
 - implement a 30-second pause upon patient arrival from the OR into the PACU before the handoff process begins
 - assess the effect of this process on PACU nurses' satisfaction

Process of Implementation

- Following the approval by the UBC and prior to implementation:
 - PACU and OR nurses as well as the anesthesia staff were educated on the followings:
 - Rationale for the 30-second pause process
 - "Pause/Quiet time" procedure including cue to indicate readiness to begin report
 - SBAR content based on prior PeriOperative Peer Review Project



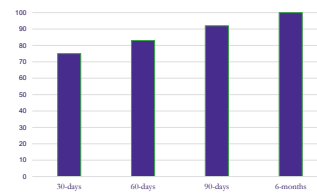
Measurements

- Percent of time the 30-second pause occurred.
- Satisfaction of PACU nurses was measured at baseline, at 30, 60 and 90 days following implementation. PACU RNs rated their responses to the following questions on a 5-point Likert scale:
 - I was satisfied with the PACU handoff for this patient
 - O. R. nurse assisted with connecting patient to monitor/O₂/equipment
 - I indicated when to start the verbal SBAR report
 - The SBAR report from OR RN was satisfactory
 - The SBAR report from the anesthesiologist was satisfactory

Statement of Successful Practice

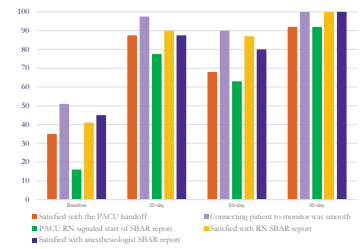
- The 30 second pause occurred in 75%, 83%, 92% and 100% of cases at 30, 60, 90, and 180 days, respectively (Figure 1)
- PACU nurses' satisfaction increased from 35% strongly agree at baseline to 92% strongly agree at 90 days.
- O. R. nurse and/or anesthesiologist assisted to connect the patients to monitor in 100% of patients at 90 days compared to only 51 % at baseline
- PACU nurse signaled initiation of the verbal SBAR in 92% of patients at 90 days compared to only 16% at baseline
- PACU nurses' satisfaction with O.R. RN's report increased from 41% strongly agree at baseline to 100% strongly agree at 90 days.
- PACU nurses' satisfaction with the anesthesiologist's report increased from 46% strongly agree at baseline to 100% at 90 days

Figure 1. Percent of time 30-second pause occurred



Statement of Successful Practice

Figure 2. Changes in Nurses' Satisfaction with PACU Handoff Process



Implications for Practice

- Implementation of the 30-second pause
 - Improved PACU nurses' satisfaction and readiness for report
 - Improved content of SBAR report
 - During the 90-day process, other opportunities for improvement were identified.

Acknowledgement

- Special appreciation goes to:
 - OCMC perioperative nurses, anesthesiologists and UBC for their support and enthusiastic participation.
 - PACU volunteers who helped compile the surveys

