

## Background

- Transfer of care of patients travelling from PACU/ED to medical surgical floors can be inconsistent and frustrating to both sending and receiving parties. This transfer usually involves faxing a written report and/or calling the floor to give a verbal report to the receiving nurse.
- Nurses in the PACU complain of multiple attempts contacting floor nurses to confirm proper handoff. In turn, floor nurses state that report isn't always thorough.
- "Intra-hospital handover requires clear processes, to promote high-quality information sharing. Ensuring these processes are broad and acceptable across units may ensure nurses' needs are met." (Tobiano, Ting, Ryan, Jenkinson, Scott & Marshall, 2020)
- The objective is to standardize the handoff between PACU/ED and all eleven medical surgical floors. Since both units transfer patients to these floors, the goal was to develop a standardized *nonverbal* report that maximizes the quality of information given while minimizing time spent trying to pass information along.

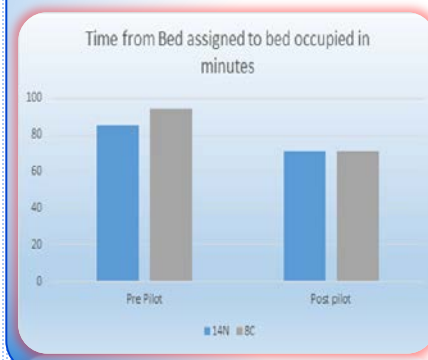
- **P** – Nonverbal report of patients from PACU/ED to floors is inconsistent and delays patient transfer
- **I** – Create a standard outline to be used by PACU/ED for inpatient floors
- **C** – Time from bed assigned to bed occupied
- **O** – Maximize quality of nonverbal report while minimizing report time

## Methods

- This was a quality improvement project
- Representatives of all eleven units, PACU, and ED met to streamline a template that every nurse would use in our electronic medical record. All involved were educated on expectations.
- The amount of time between bed assigned to bed occupied was measured monthly.

## Results

- The nonverbal portion of report relies on a series of texts, using hospital provided staff cellular phones.
- Once the report is reviewed, the sending nurse receives a text response from the receiving charge nurse.
- The amount of time between bed assigned to bed occupied was measured monthly.
- The national benchmark of bed assigned to bed occupied is 60 minutes. Before the start of this project, the average time for PACU was 85-94 minutes, using the two most utilized floors.
- Although we hadn't met the benchmark yet, the average time decreased 7-17% (71-87 minutes).



## Discussion

- There is some positive feedback from both sides, stating that "report is more thorough" and that "there's more accountability".
- By utilizing the electronic advances available, safe transfer of care can occur more expeditiously. This will enhance flow of patients to their target destination and increase the patient and nurse experience. PACU nurses feel they can use their time more judiciously in the hands-on care of their patients rather than spending long amounts of time, tethered to the telephone, away from the bedside.
- As with any project, staff compliance is the common limitation. There were issues with charge nurses not logging in as charge nurse, causing PACU/ED nurses to have to call the floor to locate the charge.

## References

- Tobiano G, Ting C, Ryan C, Jenkinson K, Scott L, Marshall A. 2020. Front-line nurses' perceptions of intra-hospital handover. *J Clin Nurs*. 29(13-14): 2231-2238
- Richter J, McAlearney A, Pennell M. 2016. The influence of organizational factors on patient safety, *Health Care Management Review*. 41: 32-41.