# Improving the Quality and Consistency of OR to PACU Handoff

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## Introduction

The Joint Commission Provision of Care standard PC.02.02.01,(EP)2, states: "The organization's process for handoff communication provides the opportunity for discussion between the giver and receiver of information." The American Society of Perianesthesia Nurses (ASPAN) supports a complete and systematic approach to the transfer of care, as best practice. RNs have identified the need for a standardized OR/PACU transfer process and handoff.

## Identification of Problem

Observation audits identified a lack of an existing standardized handoff report process. Overlapping information and/or omissions were noted during the OR-PACU report process. Handoff report was noted to be provided while the PACU RN was performing patient care tasks and/or assessing critical elements. Opportunities for improvement to meet regulatory recommendations and to improve patient safety were identified.

## Purpose

To develop a standardized process for handoff/SBAR (Situation, Background, Assessment, Recommendation) report from OR (Anesthesia Providers and OR RNs) to the receiving PACU RN.

## Question

Does utilizing a standardized SBAR tool improve multiple elements of OR to PACU handoff and result in increased patient safety?

## Methods

A literature review was conducted.

Additional resources included the:

- The Joint Commission
- National Patient Safety Goals
- ASPAN Position Statements

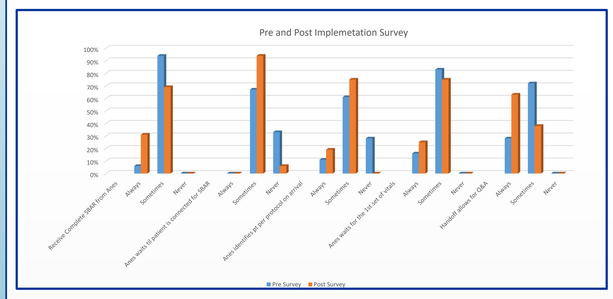
The next steps taken:

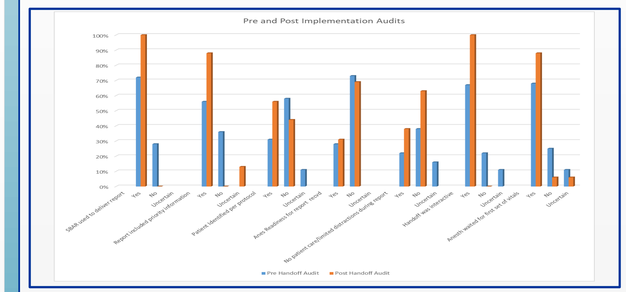
- An Anesthesia SBAR champion was identified
- SBAR tool was developed
- Education for the tool and the importance of SBAR was completed with Anesthesia providers and PACU RNs
- Pre and post audits and surveys were completed to evaluate the adherence to SBAR usage and it's effectiveness

## Process of Implementation

- Literature supports a consistent, systematic OR to PACU handoff report
- Anesthesia and nursing jointly developed an SBAR tool
- Anesthesia and PACU RNs received education on the tool
- Pre and post surveys were conducted to identify report completeness, patient identification, timing, and ability to be interactive
- Audits were completed to identify post intervention outcomes

## Results Data




## Outcomes/Results

The standardization of SBAR elements and appropriate timing was demonstrated to reduce variability, increase consistency, improve efficiency, and ensure safety of the surgical patient population. Standardizing the handoff process has shown a decrease in reported safety events, including no medication errors post SBAR implementation. Anecdotally, PACU nurses verbalized improved satisfaction.

## Discussion

Utilizing an evidence-based report tool, such as SBAR improves OR to PACU handoff communication, consistency, and patient safety. Engaging RNs and Anesthesia providers proved to be a successful approach when setting out to revise the OR-PACU handoff process.

## Implications for the Future

- A standardized process for handoff report should be incorporated into the process for all OR to PACU patient handoffs
- A consistent/standardized handoff report process which improves communication can be collaboratively developed
- Implementing a tool, such as SBAR, decreases risk of errors and omission of critical data elements

## Conclusion

- SBAR format of handoff was effective
- Collaborative development of SBAR guidelines enhanced efficiency
- Teamwork contributed to staff and provider's compliance with the tool
- Report should be completed when the nurse and provider are jointly ready
- SBAR resulted in more consistent and interactive communication between the OR and the PACU
- Inadequate and/or inconsistent OR to PACU report can result in a delay in patient care and avoidable errors

## Special Acknowledgements

The Perianesthesia Nursing Staff
The Perianesthesia Leadership Team
The Anesthesia Provider Team
The Operating Room Nurses

## References