

STOP! In the Name of Safety... Implementing a Pause in PACU Handover

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Background Information: Handover communication is an essential part of safe patient care. In a unit like the PACU, we depend on quality report from the OR team to initiate our interventions for the patients we receive. Historically, OR RNs who are pressed to achieve increasingly stringent turnover times have been in a hurry to finish handover to the PACU RN, regardless of the patient stability upon admission in the PACU. This has led to staff dissatisfaction and unsafe patient care conditions.

Objectives of Project: To implement a safety pause in the PACU in 100% of handovers from units transferring patients to the PACU.

Process of Implementation: A pre-survey was done which revealed that all PACU RNs feel strongly about the need to implement a safety pause. After approval by the practice council, education was done for two weeks for PACU, OR, Endoscopy, DI and Cath Lab staff. Literature on safety pause was made available. Upon arrival, the RN with the patient helps settle and attach the patient to the monitor. Unless there are urgent interventions needed, the PACU RN assigned to the patient states: "I'm ready for report. Let's identify our patient." The handover report then commences.

Statement of Successful Practice: Within a month of project initiation, all the units handing over care of patients to PACU staff has started to comply with a safety pause. Initially, the PACU RNs and PCPC members had to coach individual RNs on the need for a safety pause. Currently, a survey being done has noted 100% compliance from a stratified sample of handover reports done in the PACU.

Implications for Advancing the Practice of Perianesthesia Nursing: The safety pause quality improvement project has emphasized the principle of safety despite efficiency. In units like ours, that measures patient stay in minutes, the push to do everything faster can sometimes blind clinicians to the unintended consequences of speed. Implementing a pause allowed the RNs to focus on the information being communicated during verbal report. This has also made PACU RNs cognizant of our behavior when we handover the patient to the floor and Phase II, ensuring that the receiving RN is able to focus on the information, before we commence bedside report.