Improved Perioperative Handoff Through Informatics
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Background Information: Handoff communication is Joint Commission National Patient Safety Goal which went into effect in 2006. Ineffective communication between healthcare providers can lead to sentinel events and may be the primary reason for errors in healthcare (Nether, 2017). In our perioperative area we use the electronic medical record (EMR). “Using an embedded EMR report for handoff can improve communication by ensuring all care team members have access to the most up-to-date information.”

Objectives of Project: Our objective was to identify a seamless electronic way to use the EMR for a proper handoff. This report can be used for handoff through the patient’s visit in the perioperative setting, which begins up the patient’s arrival.

Process of Implementation: Input from pre-operative, operating room, anesthesia, and the post-anesthesia care unit staff was reviewed to identify the critical elements for hand-off in the perioperative setting. Intraoperative information is often recalled from memory leading to omission of critical data or incomplete information during the patient handoff. Upon reviewing the literature, we find that many of the reasons for missing information is that information is illegible on paper documentation. We consulted the nursing informaticists to determine if we would be able to use a pre-existing report template or if possibly needed to create one. Using the critical elements previously identified, we formulated the template. We then asked for feedback at our unit based council meetings with the staff. Once we agreed on the template, we rolled it out in our area and are currently evaluating its effectiveness.

Statement of Successful Practice: A handoff tool was developed that is comprised of the critical elements previously identified by staff and information documented in the EMR. This tool contains the essential information that may be lost as the patient progresses through the perioperative care continuum.

Implications for Advancing the Practice of Perianesthesia Nursing: As we move forward and the information of our patient’s care is documented in an electronic format, we should be able to use it to its full potential and provide safe effective patient care.