THE EFFECTS OF A “PACU PAUSE” AND PERIOPERATIVE HANDOFF PROTOCOL IN PROMOTING SAFETY AND IMPROVING PROVIDER SATISFACTION

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BACKGROUND

• According to The Joint Commission Center for Transforming Health Care (2013), The Joint Commission (TJC) has attributed 40% of serious medical errors to misinformation during handoff between medical providers.
• Problem Identified: PACU nurses receive handoff from the perioperative team concurrently during monitor-line setup, vital signs and airway assessment. Post-anesthesia patients are at substantial risk for clinical instability. Distractions during report can result in communication gaps and adverse patient outcomes.

METHODS

• The evidence supported standardizing handoffs to optimize safety.
• A quasi-experimental study was done by observing perioperative handoff content pre/post implementation of a standardized handoff protocol.
• The Johns Hopkins Perioperative Tool Kit, Johns Hopkins School of Medicine and Healthcare System, was used as a model.
• A satisfaction survey tool and educational video were utilized with consent from the Johns Hopkins University Health System.
• The “PACU PAUSE” was branded requiring a pause for monitor-line setup prior to handoff.
• Participants included anesthesia providers, surgeons, prep room, OR and PACU RN staff.
• SBAR handoff templates were developed for anesthesia providers and OR nurses as a reference.
• Participants were educated using multiple formats.
• A handoff audit was created to track omissions of a “PACU PAUSE” and 17 other critical elements in the perioperative handoff.
• Handoffs were audited pre/post intervention (N=26 pre-intervention / N=26 post-intervention).
• Handoff satisfaction surveys were obtained pre/post-intervention from two groups: anesthesia providers/OR nurse and PACU RN staff.

RESULTS

Pre/Post Intervention Audits and Satisfactions Surveys:

• The quantitative analysis comparing audits of pre/post-intervention showed a 37% overall increase (40.16% to 77.36%), p< 0.01 in critical elements exchanged.
• Utilization of a “PACU PAUSE” for monitor-line setup increased 50%, (42.3% to 92.3%) pre/post-intervention.
• The qualitative analysis showed slight improvement in anesthesia provider/OR nurse handoff satisfaction (92% to 100%), and a 47% improvement (46.7% to 93.3%) in the PACU nurses’ handoff satisfaction pre/post-intervention.

• Specifically, satisfaction of the PACU nurses with implementation of the “PACU PAUSE” rose 59% (37% to 96%).

CONCLUSIONS

The implementation of the “PACU PAUSE” and standardized perioperative handoff protocol had a significant effect in promoting safety in handoff practices and improved satisfaction of all providers.

REFERENCES


E.NAHR Complete and MEDLINE Complete databases were utilized in this Level III quasi-experimental study. Eight articles were removed because desirable populations (adults or nursing [perioperative], resulting in 52 articles used for the synthesis.)