IMPROVING HANDOFF

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Background Information: PACU was requested to implement Phase I recovery for Transcatheter Aortic Valve Replacement (TAVR) recovery. Collaboration between the PACU and the Cardiovascular Step Down Unit (CVSU) resulted in face to face handoff expediting patient throughput and safety. The CVSU staff come to PACU, receive report and take the patient to their room. With this success we surveyed both units to move forward and implement for all patients going to CVSU.

Objectives of Project: The goal of this project is to improve patient safety, throughput efficiency, and communication with other units by implementing face to face hand off. For the purpose of this project we decided to focus on the CVSU.

Process of Implementation: A satisfaction survey was developed to identify barriers among the PACU staff and the receiving units. These surveys were passed out to all PACU nurses and to all CVSU nurses. We then asked that the receiving unit's nurse come to PACU when the patient was ready to transport. Bedside report was given and an opportunity for questions from receiving nurse was provided. This was a one-month trial. We then repeated the satisfaction survey to get feedback on the success of this project.

Statement of Successful Practice: Requiring face to face report improved communication between the sending and receiving units. The improved communication resulted in decreased hold time in PACU, and a verbalized sense of security for the patient. The ability to review vital signs, incision sites, and plan of care together increased patient safety.

Implications for Advancing the Practice of Perianesthesia Nursing: By implementing the face-to-face hand off, we are able to ensure proper communication, improve patient safety, improve patient and staff satisfaction, and decrease hold time in PACU.