

Bridging the Communication Gap from Preop to Phase II



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Purpose

Provide a standard efficient tool to communicate patient information from Preop to PACU, prompt complete PACU handoffs from anesthesia and surgery which then flows to Phase II to improve overall patient care and safety.

Background

- Lacked a standard method to communicate patient information and parent requests obtained by Preop RN to PACU RN, which was most noticeable and needed for more complex pediatric patients.
- Lack of template for PACU RN to obtain report from anesthesia and surgeon allowed for inconsistent handoffs with potential gaps and need to page back for more information or appropriate orders.
- Phase II RN received inconsistent and brief handoffs with the potential need to search out the information or contact the provider for appropriate orders.
- New RNs found it challenging to obtain appropriate information at PACU and Phase II handoff without a structured method.

Objectives

Develop a tool to:

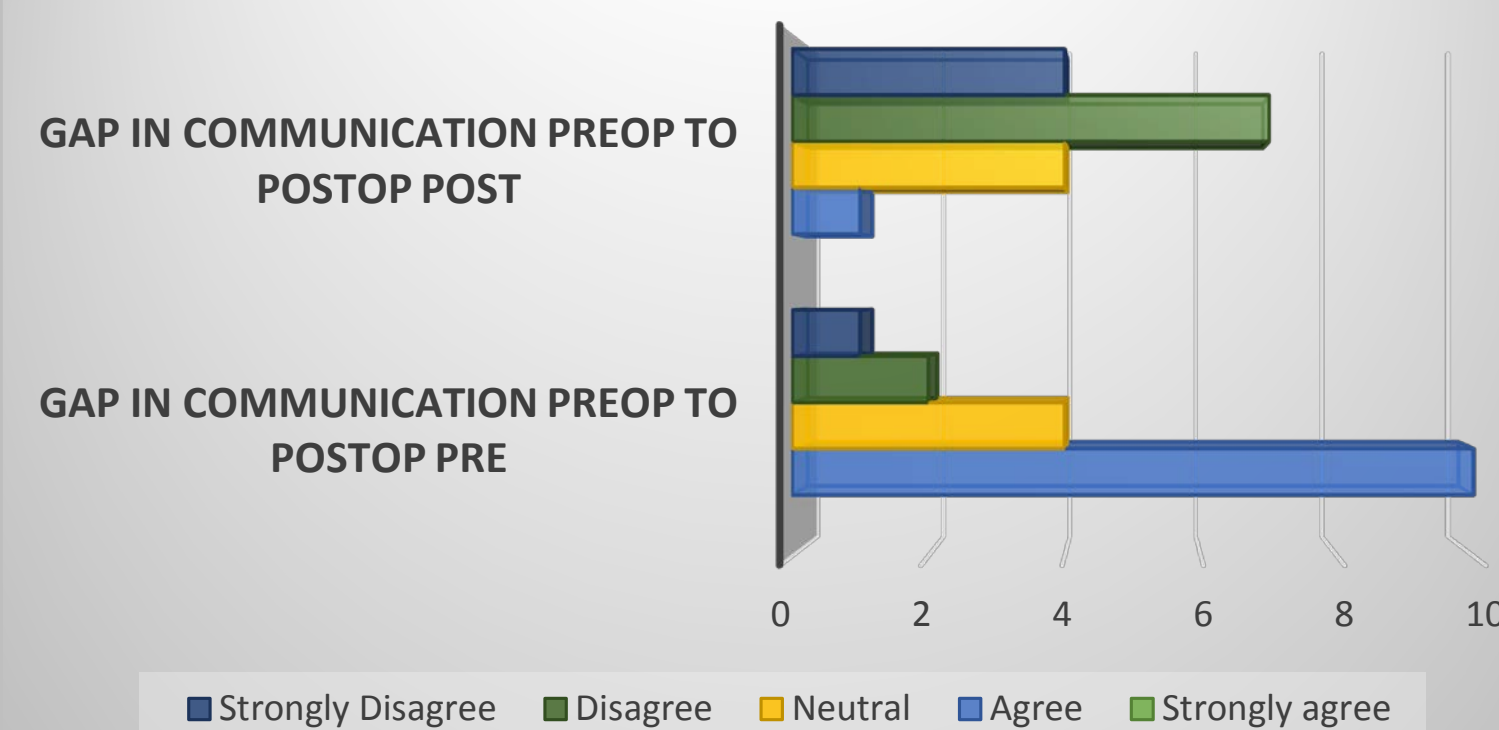
- Provide standard communication of patient information from Preop to PACU
- Provide prompts to obtain more complete PACU handoffs from surgery and anesthesia colleagues
- Provide structure for RN to RN handoffs downstream from PACU
- Result in improved patient care, safety and efficiency

Implementation

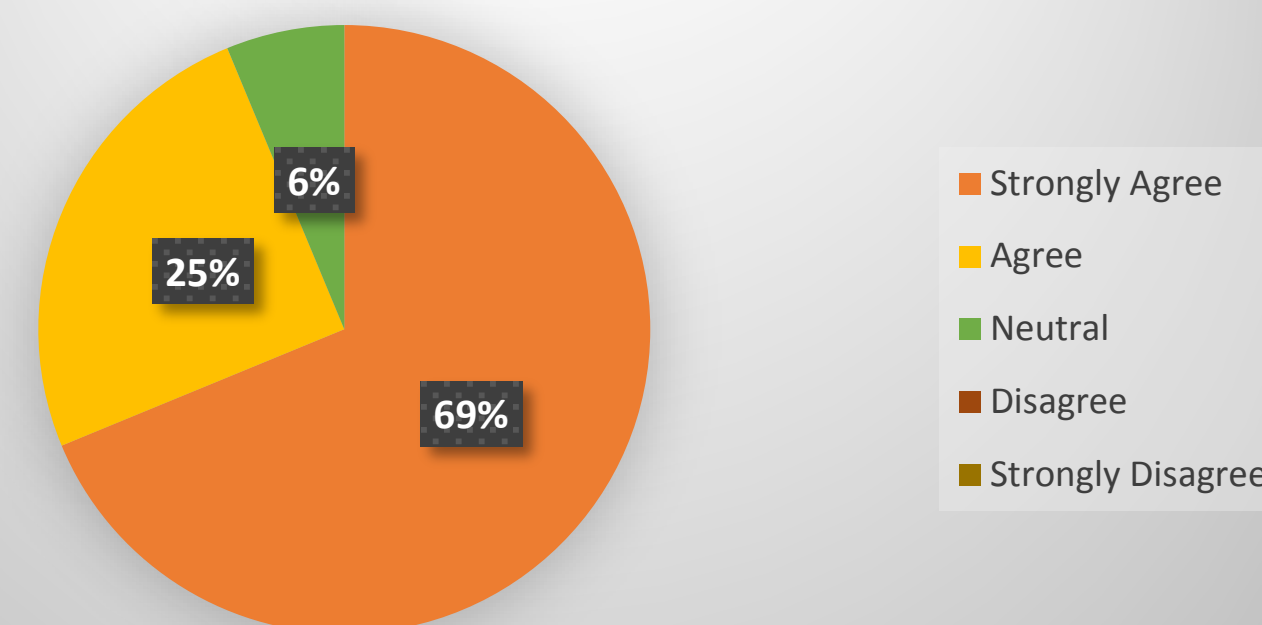
- Reviewed literature on PACU handoffs, looked at several handoff tools that had been developed but not implemented, created new tool, trialed it, and revised it to be more user and format friendly
- Surveyed staff about Preop to PACU and PACU handoffs
- Educated staff, implemented tool, requested feedback for revisions, monitored usage of tool, resurveyed staff
- Continue to review usage of tool biannually and revise accordingly

Results

Communication Gap Preop to PACU



Improved nursing handoff PACU to Phase 2



Portion of Preop Sheet:

Altered Abilities & Devices:

Sight: Decreased--- None (Left Right Bilateral
Glasses Contacts **OUT**

Hearing: Decreased--- None--- Uses Device
Hearing Aids BAHA Cochlear

Ambulation: None--- Minimal--- WC Only
Wheelchair Crutches Walker

Speech: Absent--- Minimal--- Delayed for Age

Cognitive/Behavior: Follows Commands Cooperative

Baseline O₂: Always--- PRN--- HS--- Flow Rate: _____
Normal Limit: _____

CPAP/BiPAP: Always--- PRN--- HS--- Settings: _____

Home Vent: Always--- PRN--- HS--- Settings: _____

Seizure History: Last Seizure: _____

Portion of PACU Sheet:

Procedure & LDA's: (tubes/drains/sites)

Surgical Site/Dressings:
Dermabond
Steri-Strips
Sutures
Remove Dressing: _____

Testing in PACU: Imaging/Labs

Conclusions

"...this has been a phenomenal change. The sheet is a game changer for an efficient, comprehensive handoff...making our jobs easier and the care of our kids better." from fellow RN email 2/2/21

With minimal time invested, the preop RN completes the front side of the sheet that addresses patient care needs or family requests. The PACU RN reviews the preop portion before receiving the patient and completes the reverse side with a structured format to prompt anesthesia and surgery reports. The sheet is then used for Phase II or inpatient report for high quality handoffs overall.

New RNs find the handoff sheet provides the framework for obtaining complete handoffs from surgery and anesthesia providers with improved downstream report.