

## **Tell Me a Story: Enculturation of Handover Communication in PeriAnesthesia**

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**Background Information:** PACU practiced handover communication in 2018. Antagonistic staff viewed handoffs as unnecessary. Communication can mitigate workflow and patient safety concerns (Ross, 2020). The Perioperative Clinical Practice Council (PCPC) decided to implement a consistent pre-anesthesia handover and anesthesia handoff report.

**Objectives of Project:** We aimed to implement pre-anesthesia reports by 2021, and require anesthesia handoff reports by 2022, for all procedures. We envisioned enculturation by 2023 - RNs and anesthesiologists accepting handoff reporting. We inferred that achieving these leads to outcomes that improve workflow, satisfaction, and patient safety (Njambi et al.,2021).

**Process of Implementation:** The PCPC convened a pre-anesthesia handover team of OPS, PACU and OR staff. It discussed the challenges of pre-operative handover. The OR facilitator role allowed circulators to get pre-operative reports. The ad hoc pinpointed essential elements of reporting. Documentation in the Electronic Health Record (EHR) was audited for compliance. The updated report form and pre-procedure checklist reflect multi-unit handover needs (Mamaril, 2022). The Practice Council facilitated inpatient and ED participation. 2020, the PCPC and ED UPC convened a task force on ED pre-operative handoff. The PCPC collaborated with anesthesiologists to implement anesthesia handover report, identifying required elements for structured handoff (Lambert & Adams, 2018). PACU audited compliance and shared feedback with Anesthesia.

**Statement of Successful Practice:** By 2022, OPS compliance with pre-anesthesia reports is 100%. Despite inadequate report content from inpatient and ED, OR RNs expect pre-operative handover. Currently, anesthesiologists report to the post-anesthesia RN, with elements consistently met by 9 of 12 providers (Halterman et al., 2019). We went from no pre-anesthesia handover nor anesthesia handoff reports to their enculturation as standards of care.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Lack of communication is implicated in 80% of healthcare errors (Ross, 2020). Handover report is essential in care transfers. Perianesthesia struggled to get other units and healthcare team members to engage due to constraints in a demanding environment. A multi-phase process improvement facilitated change management and acceptance (Abraham et al.,2023). Correlating this to clinical outcomes will further our understanding of the value of consistent, quality handover reports at care transitions (Piazza et al., 2021).

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