

# A Clear Path Forward: Improving Perioperative Communication

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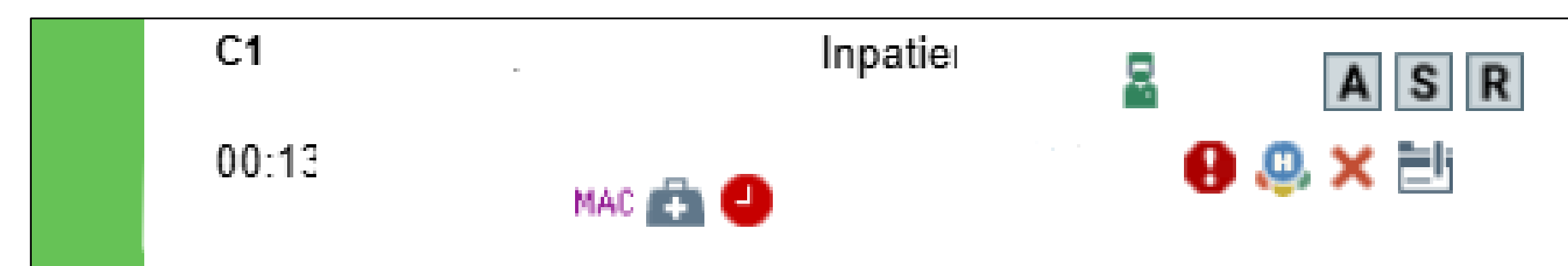
## Background

- The Joint Commission identifies handoff communication as essential to safe transitions of care.<sup>1</sup>
- Inconsistent communication before surgery can put patients at risk and delay care.<sup>2</sup>
- Standardized communication can improve clarity, efficiency, and teamwork.<sup>3</sup>

## Problem

Information about whether a patient was ready for surgery was communicated through status board icons, but staff did not always interpret icons the same way. This led to confusion, delays, and unnecessary calls between teams.

### Status Board Used Before Surgery



**Figure 1.** Example of the status board used to show whether the patient was ready for surgery. **A** = anesthesia, **S** = surgery, **R** = nursing.

## Objectives



- **Standardize** how teams communicate patient readiness before surgery
- **Clarify** team responsibilities
- **Improve** visibility of unfinished work and reduce unnecessary calls

## Implementation



## Handoff Checklist

**Figure 2.** Standardized checklist created by the workgroup to show which tasks must be completed by nursing, surgery, and anesthesia before a patient goes to the operating room.

PPMC PRE-OP PATIENT HANDOFF CHECKLIST		
NURSING "R"	SURGERY "S"	ANESTHESIA "A"
<p>▶ <b>PRE-OP RN WILL COMPLETE:</b></p> <ul style="list-style-type: none"> <li>Nursing Assessment</li> <li>Accu Check/HCG Test</li> <li>PIV Insertion/Assessment</li> <li>Release/Initiate Orders</li> <li>Family Communication/Text Messaging Sign-up</li> </ul> <p>▶ <b>INTRA-OP RN WILL:</b></p> <ul style="list-style-type: none"> <li>Confirm Consents</li> <li>Complete Pre-op Assessment</li> </ul> <p><small>The pre-op RN is responsible for clicking off the "R" to signify completion.</small></p>	<p>▶ <b>PRE-OP RN WILL CONFIRM:</b></p> <ul style="list-style-type: none"> <li>H&amp;P Note</li> <li>Day of Surgery Note</li> <li>Surgical Consent</li> <li>Blood Consent (if needed)</li> <li>T&amp;S &amp; ABO/Rh Orders</li> <li>Site Marking/Site Clipped (if applicable)</li> </ul> <p>▶ <b>PRE-OP RN WILL COMPLETE:</b></p> <ul style="list-style-type: none"> <li>Universal Protocol</li> </ul> <p>▶ <b>SURGEON WILL:</b></p> <ul style="list-style-type: none"> <li>Sign in for 1st starts</li> <li>Complete Pending Tasks</li> </ul> <p><small>The pre-op RN is responsible for clicking off the "S" to signify completion.</small></p>	<p>▶ <b>ANESTHESIOLOGIST WILL COMPLETE:</b></p> <ul style="list-style-type: none"> <li>Anesthesia Consent</li> <li>Anesthesia Physical Exam</li> <li>Anesthesia Plan</li> <li>Anesthesia ROS/Medical History</li> </ul> <p>▶ <b>RAAPS WILL CONFIRM:</b></p> <ul style="list-style-type: none"> <li>All Nursing, Surgery, and Anesthesia Tasks Completed</li> </ul> <p>▶ <b>PRE-OP RN WILL COMPLETE:</b></p> <ul style="list-style-type: none"> <li>Regional Bedside Timeout</li> </ul> <p><small>The attending anesthesiologist is responsible for clicking off the "A" to signify completion.</small></p>

## Outcomes

- Standardized icon use **improved** visibility of which team still had outstanding tasks.
- The percentage of nursing and surgery icons marked complete at the same time decreased from 34% to **27%**, suggesting clearer role separation and more accurate communication.

## Implications

- Standardization can strengthen handoff communication, patient safety, and efficiency before surgery.
- Clear communication can improve workflow visibility and reduce variation across teams.
- Standardized workflows are practical, cost effective, and transferable to other surgical settings.

## Acknowledgements

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## References



Please use this QR code to access references