

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 80% of serious medical errors to miscommunication 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.

PURPOSE

Evidence Based Practice Question:

Will a “PACU PAUSE” and a standardized perioperative handoff protocol enhance communication while improving satisfaction of the perioperative team?

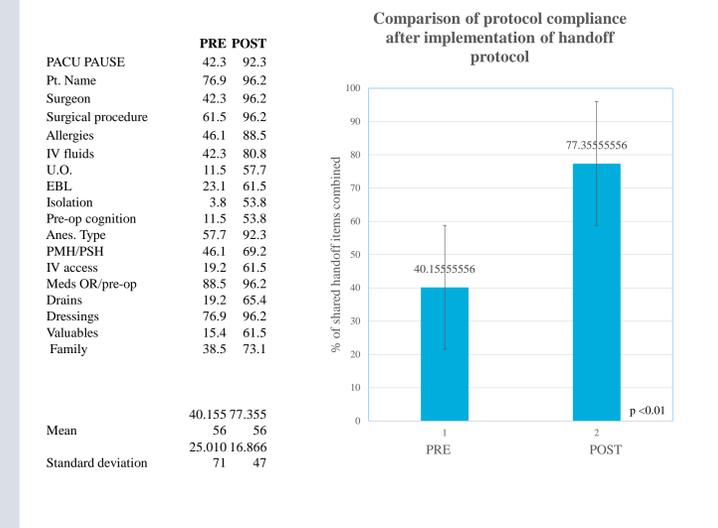
METHODS

- 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 Satisfaction 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%).**

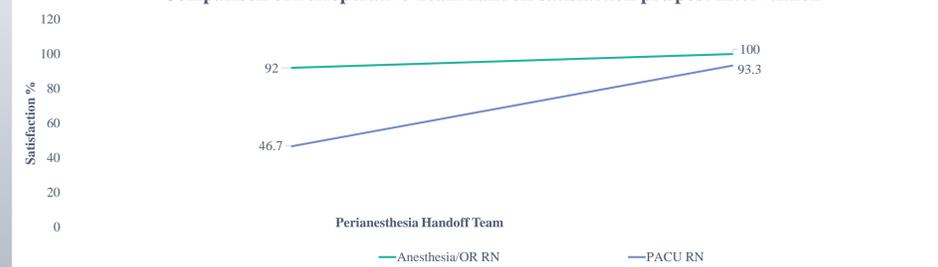


Centra Perioperative Handoff Process

Perioperative Handoff Process	Anesthesia Provider SBAR Handoff	OR Nurse SBAR Handoff
Post-Surgical debriefing before surgeon leaves OR	Situation: <ul style="list-style-type: none"> • Patient name, age, DOB • Surgeon, surgical procedure, complications • Allergies, current medications • Special precautions 	Situation: <ul style="list-style-type: none"> • Patient name, age • Surgical procedure performed • Allergies/OSA • Special Precautions (*isolation) • Position (if other than supine)
Surgeon verbalizes key post-op concerns prior to transport	Background: <ul style="list-style-type: none"> • Anesthetic/Airway/Paralysis reversal • Pertinent Past Medical History/Past Surgical History • Pre-cognitive Status • Medications given • EBL/UOP/Fluids 	Background: <ul style="list-style-type: none"> • Pre-cognition (if not duplicating) • Pertinent medications • Devices • Skin condition
OR RN calls PACU	Assessment: <ul style="list-style-type: none"> • Current Condition-Key events • IV lines, infusions • Procedures-blocks • Critical lab values 	Assessment: <ul style="list-style-type: none"> • Lines • Surgical site dressings • Blood available • EBL/UOP
PACU charge RN assigns bay	Recommendations: <ul style="list-style-type: none"> • Stat orders needed • “The key concern I have with this patient is.....” 	Recommendations: <ul style="list-style-type: none"> • Valuables/belongings • Family status/Contact person • Surgeon reported key concern
Patient name announced	PACU PAUSE for monitor-line setup	
Anesthesia Provider SBAR handoff		
OR nurse SBAR handoff		
PACU nurse clarifies any issues		
Handoff is complete		



Comparison of Perioperative Team handoff satisfaction pre/post-intervention



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

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*CINAHL Complete and MEDLINE Complete databases were utilized in this Level III quasi-experimental study. Eight articles were removed lacking desired population (adult) or setting (perioperative), resulting in 12 articles used for the synthesis.

