Bedside Handoff Between the Peri-Anesthesia Care Unit and Medical-Surgical Unit

Primary Investigator: Ann-Marie Bermingham BSN
Brigham & Women's Faulkner Hospital, Jamaica Plain, Massachusetts

Introduction: This evidenced-based practice (EBP) project was instituted after noting many rapid response activations (RRT's) on the medical-surgical unit in a community hospital in the greater Boston area.

Identification of the problem: Prior to this project, the handoff process involved the PACU nurse calling report to a nurse on the medical-surgical unit who would then provide report to the clinical nurse caring for the patient. Research has suggested that multiple handoffs results in increased patient errors, decreased patient satisfaction, decreased communication, and decreased continuity of care (Bradley & Mott, 2013; Drach-Zuhavy & Hadid, 2013; Groves, Manges, & Cawiezell, 2016; Kerr & McKinlay, 2013; McMurray, Chaboyer, Wallis, & Ferherston, 2010; & Sand-Jecklin & Sherman, 2014). In addition, multiple handoffs are not consistent with recommended best practices (American Society of PeriAnesthesia Nurses [ASPAN], 2016), who recommend that "Handoff report should be completed before or at the time of transfer. There should be an opportunity for the provider assuming care to ask the transferring nurse questions." (ASPAN FAQ, 2017).

EBP Question/Purpose: What is the effectiveness of bedside handoff between the PACU and medical-surgical unit in decreasing the rate of rapid response activations? The purpose of the project was to decrease the number of rapid response activations on the medical-surgical unit.

Methods/Evidence: After a review of the literature and best practices it was determined that the PACU nurses should transfer the patients to the medical-surgical unit and give bedside handoff to the nurse scheduled to care for the patient. Pre-data was collected several months prior to the intervention and post-data was collected monthly after initiation of the bedside handoff.

Significance of Findings/Outcomes: There was a 50% decrease in the number of rapid response activations within three months after instituting bedside handoff between the PACU and medical-surgical unit. Nurses, patients, and families reported satisfaction with the process. In addition, it improved communication, decreased patient complications, and proved to be less time consuming.

Implications for perianesthesia nurses and future research: Bedside handoff between the PACU and medical-surgical unit demonstrated a decrease in rapid response activations and is a practice that should be continued. Bedside handoff allows for a quick assessment of the patient with the PACU nurse and nurse assuming care present, and immediate response to any identified issues. Future research should examine patient and nurse satisfaction, and timeliness of handoff.