

## **Post-Operative Surgical Team Handoff to Bedside PACU Nurse**

Primary Investigators: Jessica Iwaszek BSN RN

UCHealth University of Colorado Hospital (UCH), Aurora, Colorado

**Introduction:** This Project aims to improving patient safety in the acute post-operative period. This project will not only improve patient safety in the acute post-op phase, but will also help improve open communication between the PACU RNs and the surgical teams. Essential patient information at the time of a patient transfer is crucial for maintaining patient safety.

**Identification of the problem:** A pre-survey revealed 98% of surveyed PACU RN staff would like a post op surgical team handoff and 90% of UCH Metro PACU RN's reported that they had experience patient safety issues or delays in care they believe were related to no surgical handoff. An inefficient communication between the surgical team and the PACU RN was identified by the Perioperative Improvement Survey at UCH Metro.

**QI question/Purpose of the study:** A standardized combination of verbal and written handoff process/protocol will help PACU maintain continuity of patient care and safety.

**Methods:** Pre project data was collected from the PACU RN staff via survey. For one month, bedside surveys were attached to patients of the Orthopedic Spine surgical team to determine if a surgical team member came to give a bedside report. Four months after end of the trial, repeat beside surveys were collected for Orthopedic Spine patients to determine continued compliance to the proposed hand off protocol.

**Outcomes/Results:** 30 sample cases occurred in the four week trial showing 100% compliance for surgical bedside hand-off. During the second four week phase, data was collected for thirty-two surgical cases showing 87.5% compliance.

**Discussion:** Trial period compliance suggests this hand off protocol could be implemented successfully throughout other surgical teams. Decrease in compliance may be due to unforeseen situations in which beside hand off was impossible. With continued education, implementation of a standardized protocol is like to increase compliance in the future.

**Conclusion:** The standardized combination of verbal handoff protocol will improve interdepartmental communication and help PACU RNs maintain continuity of patient care and safety.

**Implications for perianesthesia nurses and future research:** Limiting factors to this workflow, include: prolonged wake-up of the patient in the OR, physician running several rooms concurrently, back-to-back cases requiring the surgical team to go to pre-op immediately after a case, or responding to urgent pages on another unit.