

## **PACU Pause: Time for Patient Safety**

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**Introduction:** The post-anesthesia care unit (PACU) of a comprehensive cancer center identified time constraints when receiving surgical patients from the operating room (OR).

**Identification of the problem:** Complex procedures performed in high-paced OR environments risk communication breakdowns between anesthesia, surgical, and PACU nursing teams. The PACU RN does not have dedicated time in connecting the patient to the electrocardiogram (ECG) monitor, assess vital signs (VS), view operative site(s) dressings, IVs/additional lines, or drains, while simultaneously receiving bedside report from anesthesia and surgical teams. If critical pieces of information are missed, this could lead to delays in care, potentially causing patient harm.

**QI question/Purpose of the study:** The project's aim was to improve communication during handoffs using the PACU Pause, an evidence-based process. The PACU Pause allows the PACU RN time to perform patient-centered care tasks prior to receiving bedside report from anesthesia and surgical teams.

**Methods:** A baseline survey of PACU RNs was conducted to determine satisfaction with the current bedside report handoff process. The survey identified opportunities and need for dedicated time prior to initiating the bedside report. The PACU team and anesthesia collaborated on essential patient-centered care tasks and important elements to include in the bedside report. Three months of data were collected (i.e., 17-item satisfaction survey on revised bedside report handoff process) and evaluated.

**Outcomes/Results:** PACU RNs demonstrated increased satisfaction in 16 of 17 items on the bedside report handoff process. Performing patient care tasks while simultaneously receiving bedside report from anesthesia and surgical teams was one item showing need for improvement.

**Discussion:** Communication improved between PACU RN, anesthesia, and surgical teams. The PACU Pause provided dedicated time for essential patient-centered care tasks to occur prior to the initiation of a structured bedside report handoff.

**Conclusion:** The PACU environment conditions continue to show support for sustainment in not initiating the bedside report prior to completing essential patient-centered care tasks to avoid missing pertinent information needed to provide high quality care to patients after surgery.

**Implications for perianesthesia nurses and future research:** Reiterating the importance of a structured PACU Pause bedside report handoff process not only increases nurse satisfaction, but also benefits patients in supporting conditions for heightened awareness and conditions for high quality safe patient care.