SURGICAL TEAM TO PACU RN HAND OFF TO IMPROVE PATIENT SAFETY

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FOCUS

Describe the Process that was Improved pre-implementation:
Post operative hand off from the surgical team to the PACU RN was examined for this process improvement project. Currently at UCH there is no standardized surgical team to PACU RN hand off. There is currently no expectation of a member of the surgical team to give a post op hand off. UCH follows American Society of Anesthesiologists Standards requiring a bedside hand off from the Anesthesiologist to the PACU RN. This project centered around patient safety in the acute post-operative period. This process improvement would improve patient safety in the acute post-op phase and improve open communication between the PACU RNs and the surgical team. Essential patient information at the time of a patient transfer is crucial for maintaining patient safety.

Which Dimension of Performance and Prioritization did this project address: Efficiency, Safety, Staff Satisfaction, Effectiveness, Patient Centeredness

Prioritization: High Potential for Improvement and Patient Safety

Identify the stakeholder team: PACU BDC, PACU RNs. All surgical teams have been identified as take part in this project. Michelle Ballou, MBA, MD, RN, Frank Newcombe, Chelsea Chapman, Krista Hall, Felicity Fisk MD, Lindsay Schroeder, AGPCNP, MSN, Vivean Schroeder, MD, Robert McIntyre, MD, Christopher Lane, MD, Nathan Wassertel, MD, Jessie Larson, PA-C, MPAS, MS, Mark Wilcox MD, Kelsey Goon, MD, Jaime Arruda MD

What was the current knowledge about the process?: A post operative hand off from a surgical team member is not required. UCH does have a Direct OR to ICU handoff Transfer process that includes a handoff from the OR RN to the bedside RN 1 hour before arrival to the unit, and then a bedside handoff from the PeriAnesthesia and a member of the surgical team to the bedside RN when the patient arrives on the unit.

What were the sources of variation: This process is not standardized for PACU, thus bedside hand off is inconsistent. Data from RN surveys revealed that there were patient safety issues or delays in care believed to be related to no surgical hand off. Multiple RL’s reported by RNs have been identified as potential patient safety issues, delay in care, or conflicting orders. An inefficient or lack communication between the surgical team and the PACU RN was also identified by the Perioperative Improvement Project. This was addressed when developing a perioperative services value stream mapping (VSM).

What did the review of literature reveal about best practice for the process? (also discuss the literature search process and ultimately, how many articles were reviewed) According to data from the AANA Patient-Centered PeriAnesthesia Communication, a failure to communicate effectively is amongst the top causes of sentinel events, and that “A constant stream of communication was maintained with several stakeholders throughout this process including Michelle Ballou, Frank Newcombe, and Chelsea Chapman. Dr. Erin Schroeder was contacted immediately following the end of the initial trial phase. The attempt was to send a survey to the team members to inquire if they felt bedside hand off was time wasted, if they felt it difficult to give a bedside hand off, and if they felt the received less calls/pages or less interruptions in the OR from nurses while the patient was in the PACU. Unfortunately, the Ortho Spine team was unable to provide this data after several failed attempts to contact them.

What is the plan for dissemination of findings: This poster will be presented at the 2023 ASPAN National Conference. The abstract for this project was submitted to the American Society of PeriAnesthesia Nurses (ASPAAN) for consideration for poster presentation at the 2024 ASPAN National Conference.

References

- Wolfson L, Heslop F, Paykel LS. Practice guidelines for the transfer of patients from the operating room to the postoperative care unit. Anesthesiology. 1992;76(5):1172-74.

PLAN

Describe the process you went through to identify the selected improvement. After being identified as a problem, the plan to improve bedside hand offs was through a UExcel Credentialing Project was encouraged by the PACU DBC. Key stakeholders were identified and approved for the project to improve post operative hand off was approved by the PeriOperative Services leadership team.

Describe how you rolled out your selected improvement. Due to the large variety of surgical specialties at UCH, the surgical teams were identified for initial intervention. The three teams identified were all Orthopedic specialties, all General Surgery teams, and Neurosurgery. Initial bedside surveys revealed Orthopedic specialists giving bedside hand-offs least. Ortho Spine and Trauma teams were chosen as a focus. An email invitation template to participate in a hand off trial was created and distributed to team members from these teams. Ortho Spine team members agreed to a 4 week trial period in which bedside hand off would be monitored for four weeks. Ortho Spine teams declined participating in a trial at this time.

What outcomes did you select to measure and how did you measure them? The frequency of a post operative bedside hand off given on patient admission to PACU. Hand off could be given right before the patient arrived, at exact arrival time, or given within fifteen minutes of a patient’s arrival to PACU. The data was tracked as a bedside survey attached to each Ortho Spine patient chart and given to the PACU RN.

DO

Describe what happened: A key surgical team agreed to a hand off trial. For one month, bedside surveys were attached to 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 bedside surveys were collected for Orthopedic Spine patients to determine continued compliance to the proposed hand off protocol. This trial yielded data in favor of implementing this improvement project.

Barriers encountered: Not all stakeholder feedback has been in favor of this project unless it can absolutely prove value added versus waste. During an initial meeting with the Perioperative ACMOs, there were several key concerns of when a hand off might not be added value but may be considered wasted time. Based on the results of this communication, each one of these scenarios was carefully addressed with a potential work flow process map.

Several surveys did not respond to emails sent in regards to trialing a bedside hand off. Several attempts were made.

A key surgical team responded and agreed to an initial meeting but rejected partnering for a hand off trial.

The time between reaching out to teams and actually setting up meetings and implementing processes was often lengthy.

Residents rotate throughout the surgical teams requiring frequent reeducation about bedside hand off process.

Some resident reported not believing in the “culture” of having to give a bedside report to an RN.

CHECK

A pre-trial survey revealed:

- 98% of surveyed PACU RN staff would like to receive a post op surgical team handoff.
- 90% of the UCH Metro PACU RN’s reported that they had experienced patient safety issues or delays in care that they believed were due to no surgical handoff.

A bedside pre-trial survey revealed that out of three selected surgical teams to investigate, Orthopedic teams were consistently absent for a bedside hand off compared to other teams. (Figure A)

A bedside survey of Orthopedic Spine yielded results of an in-person bedside hand off occurring 100% of the time during the trial period. (Figure B)

A bedside survey of Orthopedic Spine yielded results of an in-person bedside hand off occurring 100% of the time.

What is the plan for sustainability, revision and re-testing, or abandoning for the selected improvement?

Due to limited data at this point in the project, the plan is to continue attempting bedside hand off with different surgical teams. This project will be ongoing. At this current time, the OB/Gyn team has agreed to a four week bedside handoff trial.

This data collection has only taken place in the Central PACU. The next step would be collect data from the same teams when they are working in the East PACU.

Post operative hand off has been identified as an issue by the VSM so continued efforts to improve this are ongoing.

A follow up meeting with the Perioperative ACMOs will be scheduled in the next coming months to provide the data collected during this initial trial phase. The purpose of this data sharing will be to support that a bedside hand off is value added and not waste.

Discuss how you followed up with stakeholders regarding implications and recommendations. A constant stream of communication was maintained with several stakeholders throughout this process including Michelle Ballou, Frank Newcombe, and Chelsea Chapman. Dr. Erin Schroeder was contacted immediately following the end of the initial trial phase. The attempt was to send a survey to the team members to inquire if they felt bedside hand off was time wasted, if they found it difficult to give a bedside hand off, and if they felt the received less calls/pages or less interruptions in the OR from nurses while the patient was in the PACU. Unfortunately, the Ortho Spine team was unable to provide this data after several failed attempts to contact them.

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