Due to time constraints, the anesthesia to post-anesthesia care unit (PACU) RN handoff can be incomplete leading to potential harm to the patient. The PACU RN is unable to place the patient on monitors, assess vital signs, operative sites, IVs, tubes/drains, etc. while simultaneously receiving bedside report from anesthesia and surgical teams.

This may lead to further gaps in communication that can impact care.

The purpose of this project was to improve communication and staff satisfaction during handoffs with the PACU Pause.

The PACU Pause is a standardized process which improves the quality of handoff in the PACU setting.

**Interventions**

- Identified information gaps and recognized the need for a "pause" to allow for safe bedside report to occur.
- Informed/collaborated with anesthesia team on PACU Pause elements.
- Educated PACU team on PACU Pause process.
- Assessed PACU RNs with 17-item satisfaction survey on bedside report process.

**Problem/Issue**

**Purpose**

**Results**

**Summary**

- PACU RNs demonstrated increased satisfaction in 16 of 17 items on the PACU Pause bedside report survey.
- One item did not show improvement in satisfaction—“handoff communication was done simultaneously as connecting patients to monitors”.

**Future Plans**

- Reinforce areas of improvement.
- Revisit and re-educate avoiding handoff during tasks such as connecting to monitors.
- Reiterate the importance of the PACU Pause bedside report in daily huddles monthly and staff meetings.
- Conduct follow-up survey (June 2023).

**Select References**

