Enhancing the Perianesthesia Handoff Tool to Improve Communication and Patient Safety

Primary Investigators: Marilou Magnaye MSN RN CCRN, Lindsay Ditty BSN RN
Penn State Health Hampden Medical Center, Enola, PA

Introduction: Handoff, as defined by The Joint Commission, is the transfer and acceptance of patient care responsibility achieved through effective communication. Pertinent patient information must be consistently shared among the perioperative staff to ensure continuity and safety. One of the most common reasons handoff communication fails is the lack of a consistent or standardized documentation tool. At the time of this project, no standardized perioperative handoff tool existed within the Perianesthesia Department, resulting in variability in communication and missed information.

Identification of the Problem: In the Perianesthesia Department, there was no standardized handoff tool in place to guide communication during transitions of care from Preop to PACU. The absence of a structured format led to inconsistencies in information exchange, omissions of critical details, and unproductive staff time spent clarifying or repeating information.

QI Question/Purpose of the Study: The purpose of this quality improvement project was to improve perioperative handoff communication by enhancing the existing handoff tool to promote standardization, accuracy, and completeness of information, thereby improving patient safety during transitions of care in the Perianesthesia Department.

Methods: The existing handoff tool was evaluated and revised based on the needs of the perianesthesia patient population and staff feedback. A trial of the revised handoff tool was conducted to gather feedback from staff regarding its clarity, completeness, and ease of use. Necessary revisions were made based on the feedback received. A paper handoff tool and standard work guidelines were developed, and education was provided to all perioperative staff to ensure consistent utilization.

Outcomes/Results: Following implementation, staff reported improved satisfaction with the handoff tool and enhanced quality and completeness of information exchange during bedside handoff. Communication errors and omissions were reduced, and interdisciplinary collaboration improved.

Discussion: The implementation of an enhanced, standardized perianesthesia handoff tool improved communication and promoted safer, more efficient transitions of care.

Conclusion: Enhancing the perianesthesia handoff tool strengthened communication and supported safer, more efficient patient transitions between Preop and PACU.

Implications for perianesthesia nurses and future research: Standardized handoff tools improve patient care by decreasing communication errors and promoting meaningful interaction among perioperative staff. Future efforts should focus on integrating the tool into electronic documentation systems and evaluating its long-term impact on patient outcomes and staff efficiency.