PennState Health
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ENHANCING THE PERIANESTHESIA HANDOFF TOOL TO IMPROVE COMMUNICATION AND PATIENT SAFETY

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INTRODUCTION

Handoff, as defined by The Joint Commission, is the transfer and acceptance of patient care responsibility achieved through effective communication. Within the perioperative setting, effective handoff communication among healthcare team members is an essential component of safe patient care. Pertinent patient information must be consistently shared among 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.

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 clarity, completeness, and ease of use. Necessary revisions were made based on this feedback. Strategies to improve communication included standardizing essential data elements, maintaining a consistent order of information transfer, and incorporating user-friendly design features. A paper handoff tool and standard work guidelines were developed, and education was provided to all perioperative staff to ensure consistent utilization.

Pre Op Bay and Pre Op Nurse:

Procedure:

Anesthesia Plan: ☐ GA ☐ Block ☐ Spinal ☐ MAC ☐ Local

Disposition: ☐ D/C home ☐ SDD ☐ Admit

Pt. Alerts: ☐ Allergies ☐ Latex ☐ Falls ☐ Isolation ☐ Limb __

Allergies:

Support Person: (Name, Relationship and Number)

☐ Waiting ☐ Call for Ride _____ mins away

Belongings: ☐ w. Family ☐ Locker ☐ w. pt (IR)

PT STICKER (once pt arrives to unit place sticker)

Patient Name: _____

Surgeon Name: _____

Pertinent PMH ☐ NO PMH

Neuro.	☐ Stroke ☐ TIA ☐ Seizures ☐ Dementia
Cardiac	☐ CAD/Stents/CABG hx ☐ HTN ☐ HLD ☐ CHF ☐ Arrythmias: _____ ☐ Pacer/AICD Beta-Blocker: _____
Pulm.	☐ COPD ☐ Asthma ☐ Smoker ☐ OSA ☐ Home O2: __L
Misc.	☐ DM ☐ Anemia ☐ HD ☐ GERD ☐ Obesity ☐ Chronic pain ☐ Substance use ☐ ETOH use ☐ Anxiety ☐ MH- family or pt. hx ☐ Hx of PONV Other:

Obstructive Sleep Apnea Screening (coming)

☐ OSA Screening Completed (AdHoc form)

☐ HIGH RISK: ETCO2 Monitor in PACU

Score >2 = HIGH RISK

PAT Communications/Concerns/Missing Items

Scott Triggers (coming soon)

Age:_____	Age 62 or Older	☐
Albumin _____g/L or BMI _____	Albumin <3.5g/L or BMI <19 or >40	☐
ASA score:_____	ASA 3 or >	☐
Est Surg time: Hr/Min: _____	Surgery time over 3 hours or 180 mins	☐

Two or more YESES= HIGH RISK

☐ HIGH RISK: sacral border applied

Vital Signs	Pre Op Tasks	Pre Op Orders	Pre Op/OR Hand Off	Inpatient Pre Op Info
Height:	☐ CHG ☐ Yes ☐ N/A	☐ None/Need Orders	☐ Consent Matches Schedule	Print off pt. summary ☐
Weight:	☐ Clip ☐ Yes ☐ N/A	☐ Labs:	☐ Surgical Consent Complete (valid for 60 days)	**RN Name & Number:**
Temp:	☐ N2T ☐ Yes ☐ N/A	☐ T&S/Type Confirm	☐ Anesthesia Consent Complete	
BP:	☐ BGM_____	☐ Antibiotic:	☐ Anesthesia Pre Op Eval Complete	**Tele:** ☐ Yes ☐ No
HR:	☐ Preg Test ☐ NEG ☐ POS ☐ N/A_____	☐ Tylenol _____mg	☐ Full H&P (valid for 30 days) _____ ☐ H&P update (24 hr update for H&Ps w.in 30 days)	**Block** Needs completed prior: ☐ Surgical Consent ☐ H&P ☐ Anesthesia consent ☐ Eval ☐ Block site marked
RR:		☐ Emend _____mg	☐ Site Marked with correct laterally / ☐ N/A	**Block Meds Ordered/Given:**
SPO2:	**Pharmacy** ☐ Verified	☐ Scopolamine Patch	☐ Metal/ Implants: _____	
Pain: Goal:		Other:	☐ Jewelry, piercings, dentures, hearing aids, glasses removed	
			☐ SCD on and working	
			☐ Voided On Call @ _____ ☐ Other:	**Block Meds D/C'd**

RESULTS

Following implementation, staff reported improved satisfaction with the handoff process, decreased unproductive waiting time, and enhanced quality and completeness of information exchange during bedside handoff. Communication errors and omissions were reduced, and interdisciplinary collaboration improved.

DISCUSSION

Implications of enhanced, standardized handoff

- ✓ Improved communication, efficiency and staff engagement.
- ✓ Improved patient care by reducing communication errors and fostering meaningful collaboration among perioperative staff.
- ✓ Consistent use of a structured format ensured that critical information was reliably conveyed, reducing risks associated with incomplete or inconsistent handoffs.

CONCLUSIONS

Enhancing the Perianesthesia handoff tool strengthened communication and supported safer, more efficient patient transitions between Preop, OR and PACU.

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