

# PERIOPERATIVE HANDOVER: STREAMLINED TOOL TRANSFORMATION

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## BACKGROUND

Handover refers to the transfer of responsibility and accountability from one professional caregiver to another. The Joint Commission (TJC) estimates that communication errors at the time of transfer of patient care accounts for 80% of serious medical errors. Incomplete or missing information poses a threat to patient safety in the perioperative setting. Professional organizations such as AORN and ASPAN recommend handovers at each phase of care, standardized tool use and the opportunity for questions between caregivers. (AORN and ASPAN) Research specific to PACU indicates that handover lapses are more likely to lead to serious outcomes, since these patients have undergone general anesthesia. In PACU, the handover is often quick and informal, and content is irregularly shared . A structured handover process is recommended for safety. A handover tool plus a visual sign of proper handover method are positive changes to institute (Wang, He & Fong, 2020).

Jaulin, Lopes & Martin (2021) noted issues with communication gaps, lack of standardization, multi-tasking, distractions and time pressures. They proposed beginning with urgent tasks before beginning handover, and ending with the opportunity to ask questions. This research indicated 30% fewer additional calls from PACU to OR for additional information.

In 2018, the initial handover tool project was completed and a 3-page tool was used across Surgical Services consistently. At the time, this was a great success.

## PURPOSE

In 2022, an OR nurse resident shared concerns about the handover process. The purpose of this project was to update and streamline the tool for ease of use. The educator shared a 6-question anonymous online survey with 120 nurses to assess handover concerns and the current paper tool across Pre-Op holding, OR and PACU. 31 replies gave a 25% response rate, with 90% of the responses coming from OR and PACU.

Key findings/requests:

- The 3-page tool was viewed as “double charting” on paper and in the computer
- Consolidate information—no repetition
- Make the tool more user friendly
- Fill out the tool consistently
- Handover should be done face-to-face
- Anticipate information the next care giver needs
- Consistent and standardized report
- 68% agreed 2 questions would be helpful to bookend handover:

- ❖ Are you ready for report?
- ❖ Is there anything else you would like to know?

- Begin report with patient verification information
- No rushing
- In PACU, wait to start report until patient monitoring equipment is in place. The circulator should help with hooking up monitors.

## METHODS/DESIGN

Survey results were reviewed and the form updated and edited in 6 rapid-fire trials of 3-5 days each. Live comments were considered in the edits, as well as having clinical coordinators across Surgical Services review the forms for organization and necessary content without repetition.

The handover tool was shaved from 3 pages to 2, with a new separate section added for anesthesia care providers to share information.

Pre-Op to OR Handover Communication

1 Patient Sticker 1/17/22 GB

RN Name	Languages		
Allergies			
Consent	Consent verified and complete? Yes No		
Isolation	NA Disease To MICA VSE C Off		
Type: Airborne Contact Droplet	Mobility Ambulatory Non-Ambulatory		
W & B	Within 30 days? Yes No		
Time Food Fluids	Orbit Yes NA Form on chart? Yes		
HPO status	Last Voided Time		
Skin	CHG Baths Home Bath #		
Scott Triggers 1 2 3 4	Pre-Op CHG Wipes Yes No		
Maples dressing applied: Yes No NA	Limb Alert LU RU LL RL		
Site Left Right Bilateral NA	ERAS Meds Tylenol Baclofen Other:		
Marked IV Site Left Right Gauge:	Time		
Beta Blockers Yes No NA Time:	Anticoagulant Time		
Vitals BP: P: T: O2 Sat:	Pain 1 2 3 4 5 6 7 8 9 10		
Antibiotics Antibiotic:	Next dose due at:		
Ancef Clindamycin Metformin			
Roxaplin Vasopressin Other:			
Blood Type and Screen complete? Yes No NA TYPE:	Blood Band Sicker		
Blood ordered/available? Yes No NA			
Lab Tests Pregnancy: NA Positive Negative	Labs ordered? Yes No		
Critical results: Yes No			
Communicated to the team: Yes No			
COVID Status: Positive Negative NA			
Blood Gluc NA Reading: Time	Communicated abnormal results: Yes No		
Relinquish Denture/Partial Plates Glasses/Contacts Jewelry Implants: Yes No Location			
With family With Security In Locker: # Cell #:			
Family Name Relationship:			
Comments			

OR to PACU Handover Communication

Circulator	Surgeon		
Procedure			
Position	Supine Prone Lithotomy Lateral Left/Right Up Beach Chair Jackknife Fracture Table		
Skin / Scott Triggers	Other: Intact pre-operatively: Yes No Intact post-operatively: Yes No		
Maples placement: Sacrum Heels Forehead Chin Chest Groin	Other actions		

OR to PACU Handover (continued)

2 Patient Sticker 1/17/22 GB

Meds	Prophylactic Antibiotic: Bupivacaine % w/wo epi ml RECK Peri-articular injection		
Med: Lidocaine % w/wo epi ml Site:			
Time: Ropivacaine % ml			
Redosing: Epiart: Methylene Blue			
GI/ Catheter	NA Present on arrival to OR Foley placed in OR Fr ml DUE TO VOID		
Straight cath completed: Yes No	Bag and chart stickered: Yes No		
Drains	NA Location: Type: Vaginal spec Rarts Plain gauze Iodoform		
Penrose JP Hemovac Other: Chest tube/s: Left Fr Right Fr			
Incisions	# of Wound Vac: Yes No		
Dressings	4x4 ABD Binder Abduction Pillow ACE Asticoat Adaptic Adhesive Banding Bra C- collar Coban Cotton roll Cryo Cuff Immobilizer Kerlix Kling Mastool Mesh panties Peri Pad Primapore Primeo Sling Splint SteriStrips Tape Tegaderm Telfa Webriorl Xeroform Other:		
Comments			
ANESTHESIA HANDOFF TO PACU	Time in: Temp: ASA/CRIU Anesthesiologist		
Ases Type: GEN MAC TIVA	Blood EBL = IV Fluids: Meds: Paged Versed Scopolamine		
Epidual Spinal Regional Block: PRBC FFP	Antibiotic re-dosing: Decadron Dilaudid Duramorph		
Airway: ETT LMA Nasal	Fentanyl Hydralazine Labetalol Morphine Reglan Sugammadex Toradol Tylenol Zofran		
Platelets Cell saver:	Urine output: Other:		

PACU to Unit Handover Communication

Meds in PACU	Adivan Decadron Demerol Dilaudid Duramorph OTHER:		
Fentanyl Hydralazine Labetalol Morphine Phenergan			
Reglan Robaxon Toradol Tylenol Zofran			
H&O / Drains IV Site: IV Fluids: Drains: Blood Glucose			
Comments			
Room:	Receiving RN:		

Beyond the handover tool, a process for handover was written and laminated for placement in PACU patient care bays to standardize the expectations for verbal handover communication.



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### OR Circulator Handover to PACU

- How can I help you with the patient
- Are you ready for report?
- Patient name
- Date of birth
- Allergies
- Surgeon
- Procedure
- Positioning & skin assessment
- Incisions
- Drains
- EBL
- Foley / straight cath & urine output
- Is there anything else I can share?

## RESULTS

There was an initial surge of staff sharing ideas for updates during the rapid trials, and by the 6<sup>th</sup> trial edit, staff were satisfied with the changes, and the final tool implemented.

## PRACTICE IMPLICATIONS

Staff are pleased with the transformation of the handover because of streamlining and standardization, and safe information transfer throughout Surgical Services.

## REFERENCES

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