



# Improving Continuity of Care Using Perioperative Handoff Communication Tool

Kelli Willingham, RN, BSN, DNP Candidate  
Malissa da Graca DNP, FNP-C  
Barbara Van de Castle DNP, ACNS, OCN, RN-BC  
Kathryn Scully MSN, RN, CCRN, CAPA, CPAN

## Problem Statement

Distractions during handoff communication (HOC) between the OR and PACU leads to:

- ~2,000 lives lost
- \$1.7 billion in medical costs
- ↑ adverse drug events and unplanned hospital admissions
- ↓ patient continuity of care and patient safety

What does The Joint Commission think about this?

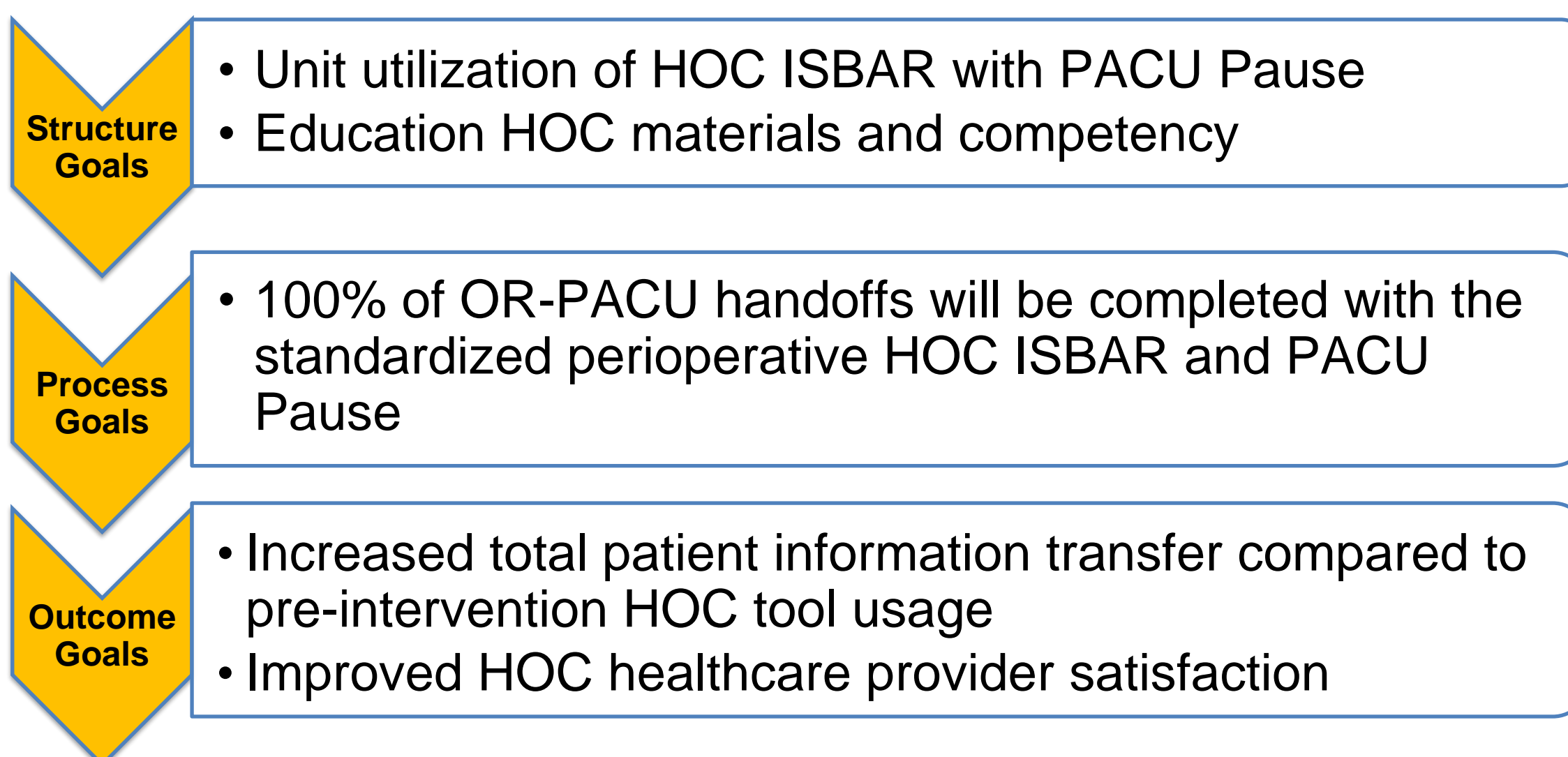
- HOC is a National Patient Safety goal
- >80% of sentinel events are related to poor HOC
- <40% of HOCs are deemed adequate by JCAHO

The project site:

- <50% staff satisfaction with current HOC
- <66% completion of pre-implementation HOC

## Purpose of Project & Goals

**QI Purpose:** To determine if an evidenced based OR-PACU HOC tool, Introduction, Situation, Background, Assessment, and Recommendation (ISBAR) with PACU Pause, improves continuity of care as evidenced by increased information transfer and improved health care provider postoperative communication satisfaction, over 13-weeks.



## Methods

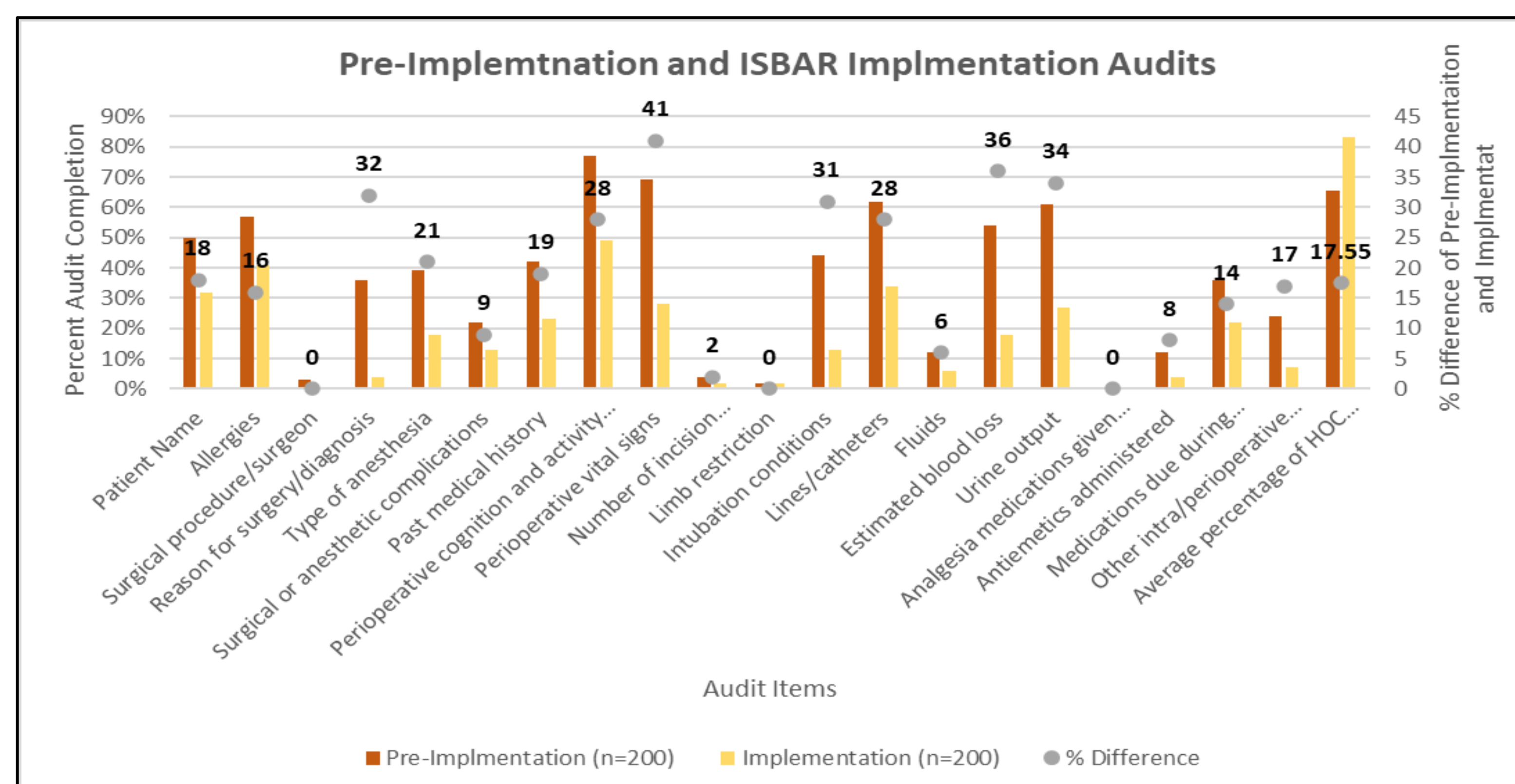
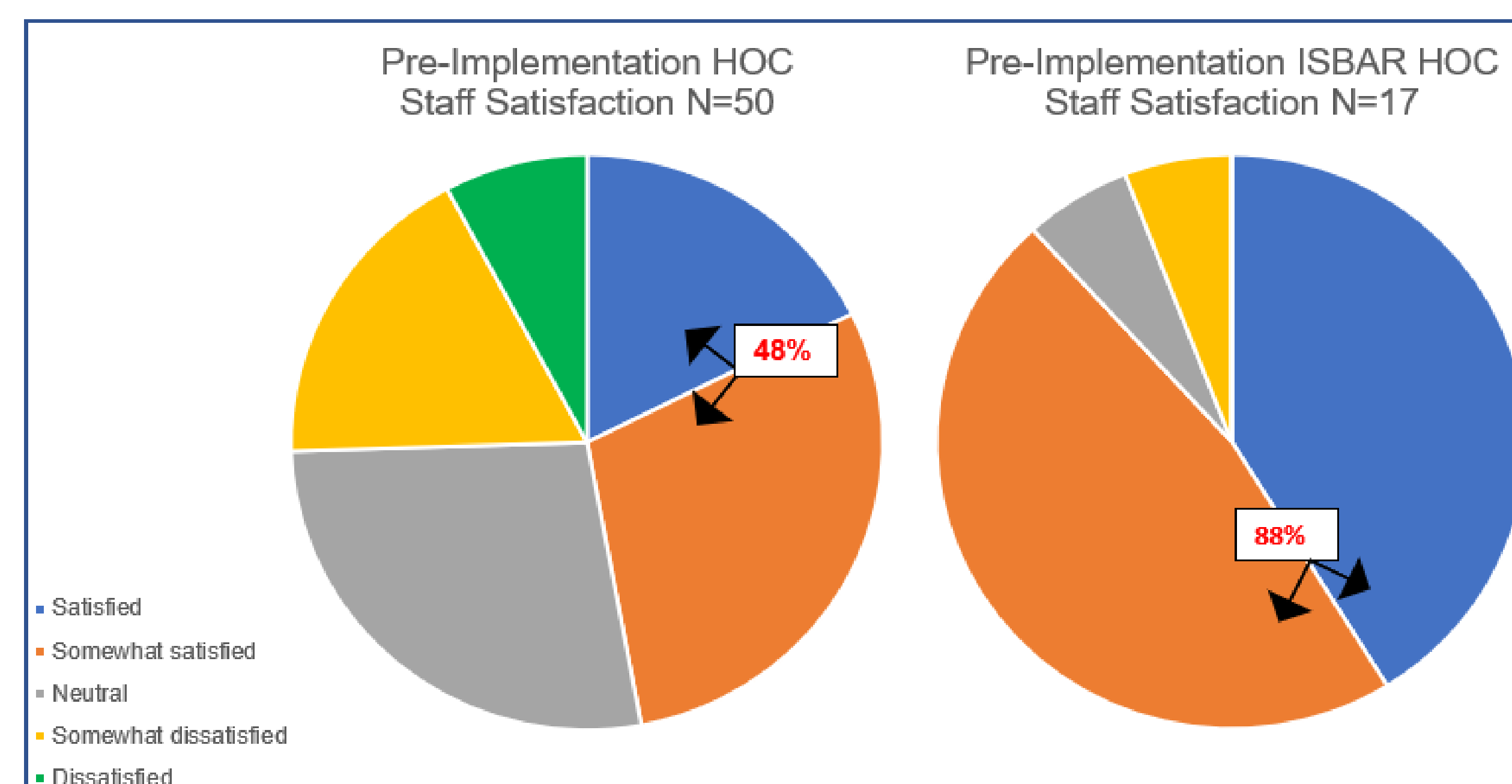
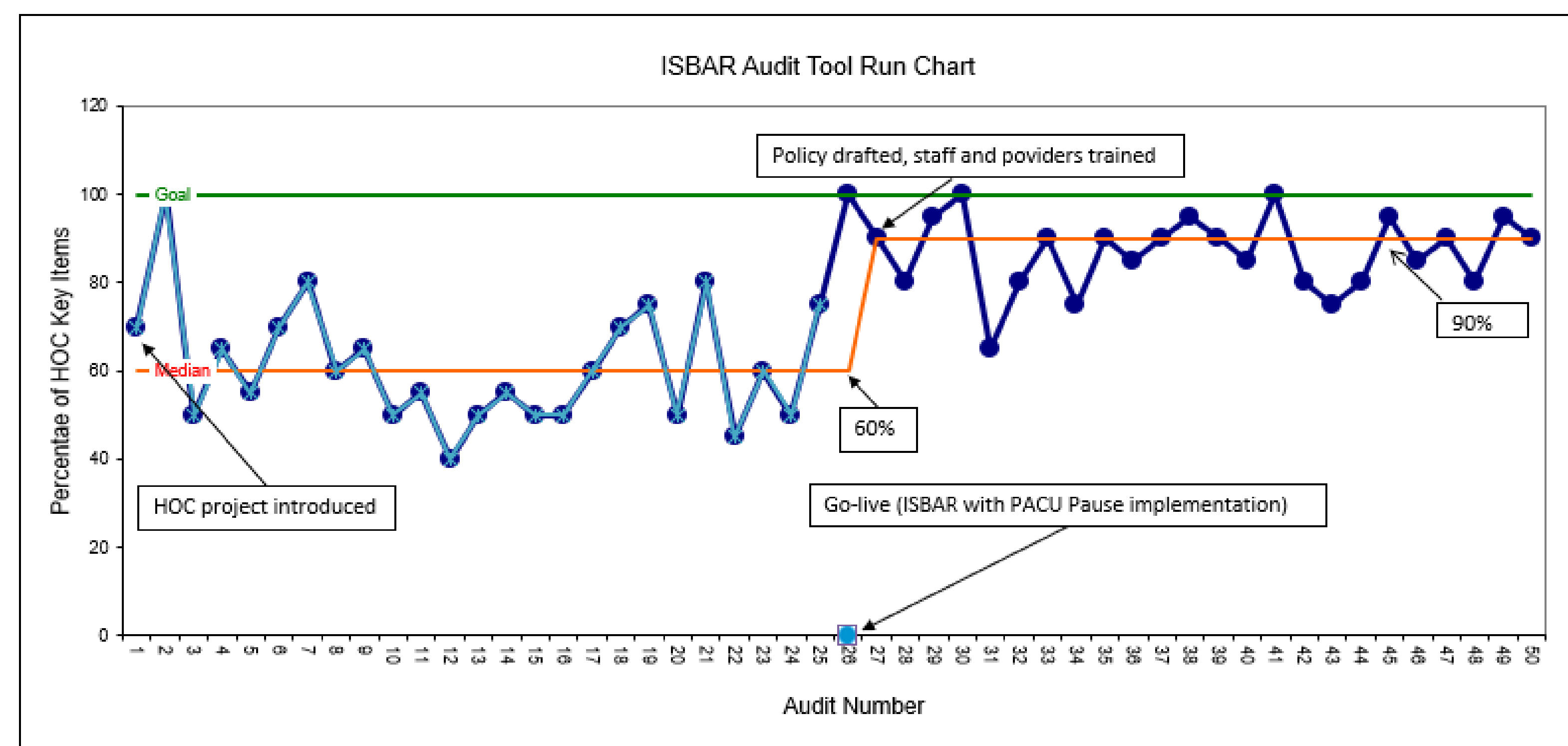
**Setting:** 26-bay PACU at a level-one trauma center of a large academic center from August to December 2022

**Target Population:** Adult (18+) patients admitted to the PACU

**Implementation:**

- PACU RNs completed an anonymous pre-intervention and post-intervention HOC satisfaction surveys
- ISBAR with PACU Pause and audit checklist developed from EBP review and multidisciplinary team
- Perioperative staff provided ISBAR with PACU Pause and essentials of HOC education (3wk)
- Completed pre-implementation (200 over 5wk) audits and post-implementation (200 over 5wk) HOC audits

## Results



## Discussion

Significant change in percentage of key patient information transfer with ISBAR with PACU Pause from 63% completion to 83% ( $p < 0.05$ )

- 13 of 21 HOC patient information items showed significant improvement between (over 10% improvement)
- Only 4 of 21 HOC patient information items showed no significant change

Significant improvement in staff satisfaction with HOC from 48% to over 85% ( $p < 0.05$ ) with ISBAR with PACU Pause

Improvements in both HOC key information transfer and staff satisfaction mirror similar QI HOC implementations results from the literature

**Limitations:**

- Perioperative short-staffing during implementation
- PACU in temporary alternative location due to renovations
- Providers resistant to change

## Conclusions

**The new HOC tool, ISBAR with PACU Pause, improves:**

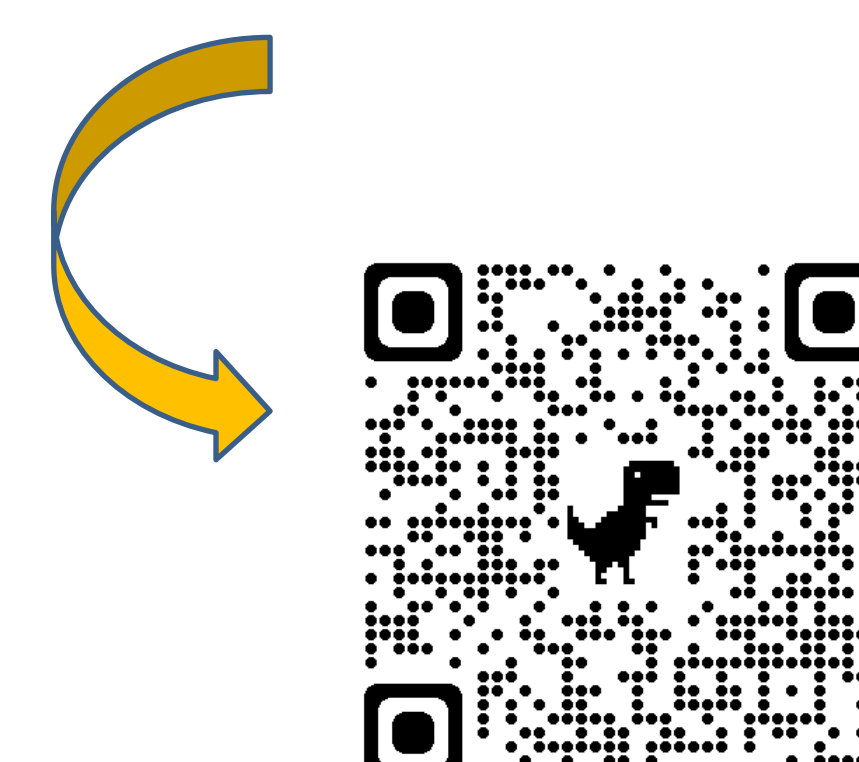
- Continuity of care
- Essential patient information transfer
- Staff satisfaction with OR-PACU HOC

ISBAR gives clear steps to follow for HOC and the PACU Pause allows PACU staff to feel empowered to request an adequate HOC

**To promote sustainability:**

- ISBAR with PACU Pause will be implemented hospital system wide in all PACUs
- Incorporation into the electronic health record
- New-hire education on ISBAR with PACU Pause and HOC essentials
- Future QI projects should incorporate total time to give HOC

## References & Additional Resources



Scan for ISBAR with  
PACU Pause HOC tool