

Implementing an Anesthesia to Post Anesthesia Care Unit (PACU) Handoff Checklist: A Standardized Approach to Patient Safety

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Background

High quality handovers are vital to improve the standard of health care delivery (3). According to the literature, using a handoff tool decreases patient safety concerns, provides better communication and continuity for the department. Verbal communication is susceptible to information loss due to the PACU environment which is fast-paced and filled with distractions, interruptions and multi-tasking that divert the nurse's attention away (2). The standardization of a handoff process addresses safety concerns that may arise from a lack of effective communication (1).

Purpose

Could implementing an anesthesia checklist for PACU handoff improve quality, safety, and mitigate patient safety events?

Methods

Our Unit Partnership Council (UPC) along with leadership and anesthesia undertook an evidence-based quality improvement project to create a consistent, standardized patient handoff to improve communication between anesthesia and PACU. The plan was to create a handoff template for anesthesia to follow therefore ensuring a complete consistent handoff with each patient.

The PACU UPC team educated staff 1:1 about the new process. Two audit tools were created post implementation to assess if an effective handoff was received.

Auditing tool #1 included PACU order availability prior to patient arrival, if the orders were correct, and if staff had difficulty reaching anesthesia and/or had to reach another anesthesia provider. Audit tool #2 was created to focus more on whether consistent orders were received (correct dosing of narcotics and antiemetic medications). Staff completed an audit tool with every handover.

Biweekly emails between the PACU UPC and Dr. Dawn Larson, who is the head of the anesthesia department, were exchanged to address areas of concern and areas for improvement.

Results

Staff satisfaction with receiving a thorough handoff was 78.6% before the tool was implemented and raised to 82% satisfaction after roll-out. We created an audit tool for staff to complete on every patient from 3/11/24-4/26/24. Audit tool #1 had seven questions ranging from handover, orders on arrival to PACU and reachability of anesthesia providers.

Results from this audit showed: 94% of staff had received a complete handover, 87% had orders on arrival, 5% reported issues reaching an anesthesia provider. Staff reported not having a comprehensive phase 1 order set 12% of the time. We also identified that reaching an anesthesia provider was proving to be a challenge. Cell phone service is an issue, and it became time consuming to track down a provider. After audit #1, most staff were consistently reporting they had received a complete handoff.

With the above data, a second audit was created (audit #2). Audit tool #2 had six questions ranging from handover, orders on arrival to PACU and reachability of anesthesia providers. Audit #2 was from 4/29/24-6/13/24. This audit was created as our focus shifted to ensure we received a consistent comprehensive phase 1 order set with every patient. After lots of emails, face-face meetings with Dr Larson, and "in the moment" teaching with the anesthesia providers, audit #2 showed an improvement with only 6% not having a comprehensive phase 1 order set on arrival. Difficulty reaching an anesthesia provider went from 5% to 3% with the addition of Spectra Link phones carried by the anesthesiologist.

HRP (high reliability platform) reports related to anesthesia from December 2023 to March 11, 2024, were 53% while HRP's after implementation dropped to 46%.

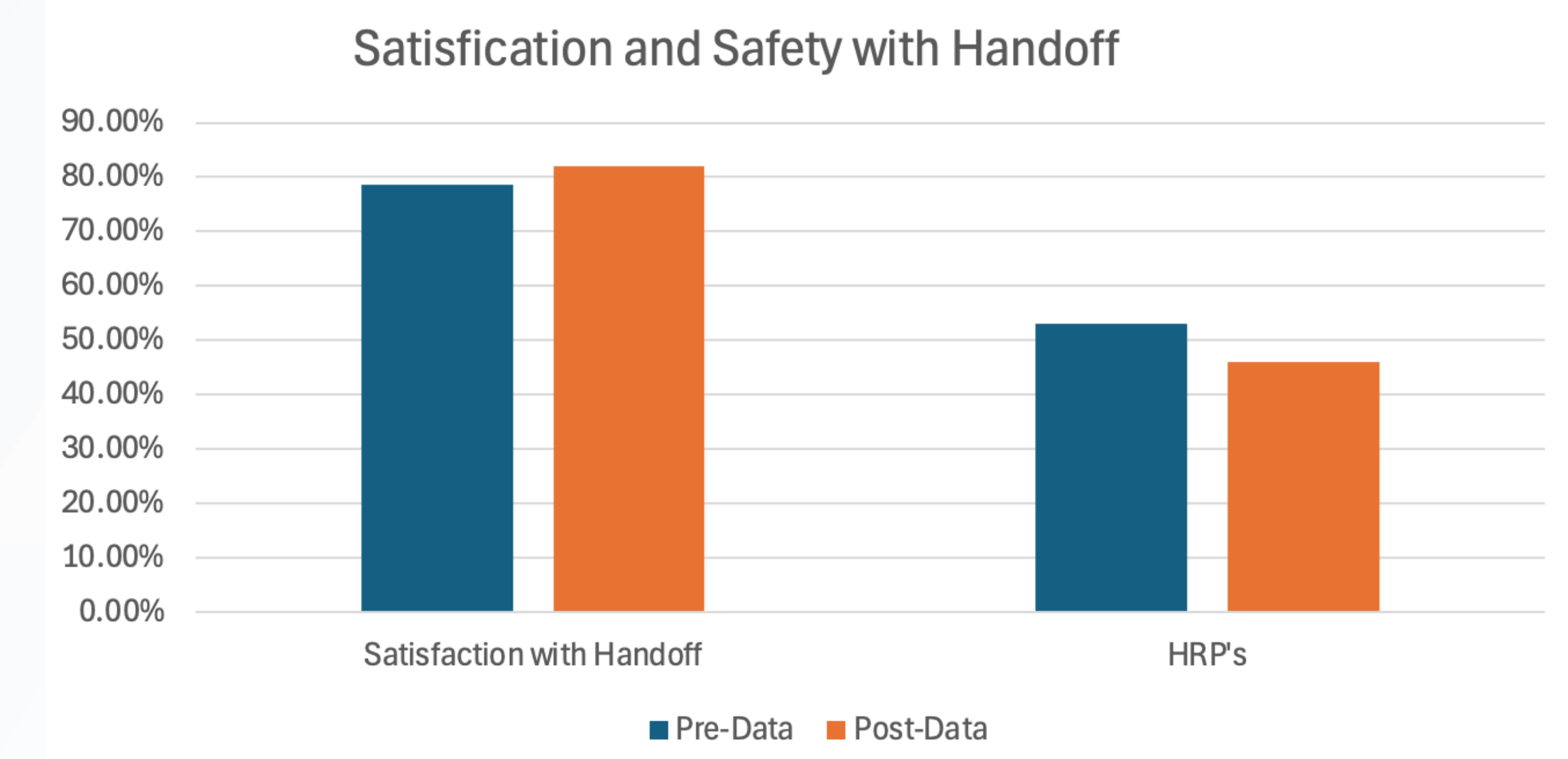
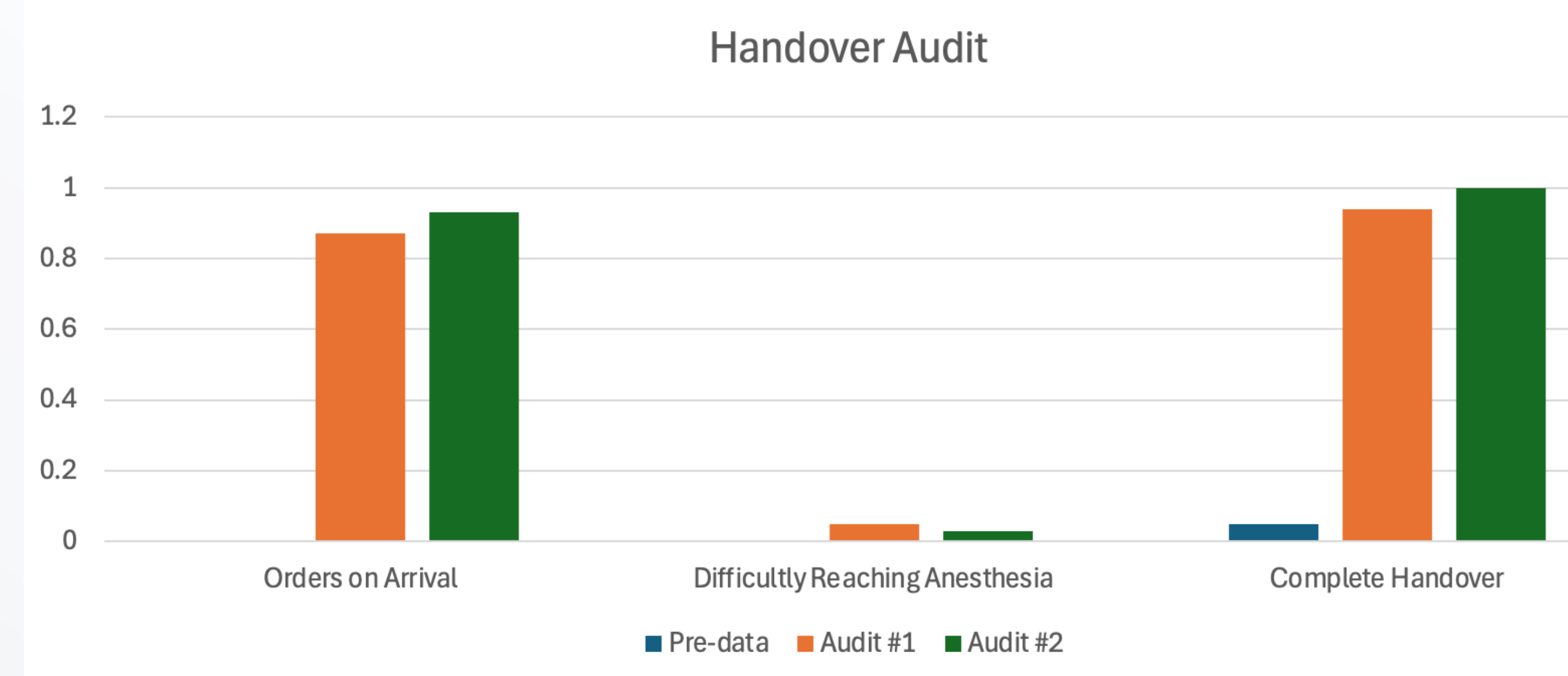
Discussion/Conclusions

Our facility had a complete shift in anesthesia providers and brought on a new group, Sound Anesthesia. After the implementation of our new anesthesia providers, we found we were not receiving a consistent handoff. This created an opportunity for us to take this project on to improve quality and safety with every patient handoff.

Through this process, we also identified inefficiencies in order sets. Due to anesthesia staffing shortages, Sound Anesthesia is relying on many locum providers. With this high turnover, we quickly realized not only did we need a reliable handoff, but also a consistent on-boarding process for newly hired locums. This on-boarding process would focus on consistent handoff and order sets in the PACU. Open dialogue between Dr. Larson helped to facilitate a smoother process.

The limitations of this study included, high turnover with anesthesia providers, apathetic staff engagement in completing audit tools and a nursing strike during our data collection. Moving forward, UPC staff members will be attending a new anesthesia partnership monthly meeting to keep communication open and on-going.

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