

PACU Handover Timeout

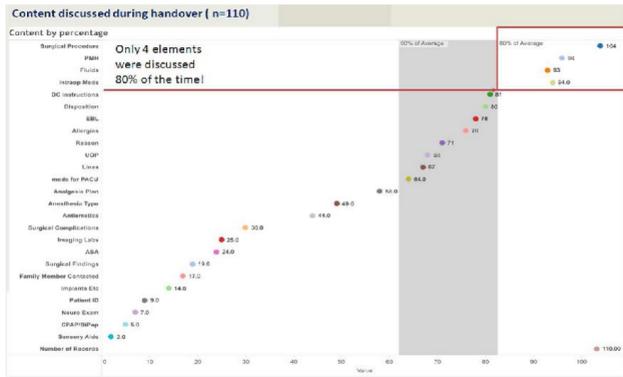
Promoting Safe Care Transitions

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PLAN: Background

Evaluation of the Post Anesthesia Care Unit (PACU) handover process highlighted that it lacked standardized structure and process.

- Content discussed was highly variable, inconsistent, and key safety items were omitted



- Key team members did not stay at the bedside for the entire handover process

Stayed until handoff was completed (n=110)				
	OR	PACU	Surgery	
Nursing	109	104	30	9
Anesthesia				
Left prior to handoff completion (n=110)				
	OR	PACU	Surgery	
Nursing	1	5	51	90
Anesthesia				

- Concern for extended length of time anesthesia providers spent at bedside after giving report

Mean Handover Times*	PACU Anesthesia	Surgeon/Proceduralist	OR Anesthesia	Patient Arrival to OR Anesthesia Departure
	1 min 8 sec	1 min 16 sec	2 min 11 sec	6 min 43 sec

*Timing began when individual began talking & ended after they gave report

PLAN: Goals Established

Goals:

- 100% of team members will stay at the bedside until handover is complete
- 100% of patients will be identified upon arrival (by arm band check)
- 100% of team members will state their key concerns for the patient
- 100% of handovers will be facilitated and led by the PACU RN
- 75% of providers will state via survey that they don't forget to transmit important information
- 75% of providers will indicate via survey that they don't need to access the medical record to get information that should have been transmitted during the handover

DO: Analysis and Interventions to Improve our Processes

Through our analysis of the current system, we concluded that a defined handover process needed to be developed and implemented. We chose to rebrand the care transition communication as a "PACU Handover Timeout".

Our analysis of the current state led to:

- Empowering the PACU RN to lead and facilitate the handover process
- Developing structured content that all roles would discuss at the bedside during every handover
- Establishing the expectation that all team members would remain at the bedside until handover is complete
- Adding drop-down fields into the reporting system to capture when providers were not present for the handover process or left the bedside before timeout was complete
- Reformatting the PACU Handover reports to reduce documentation burden on the PACU RN

PACU Handover Timeout
"All Stay for the All Stop"
**If an item does not apply to your patient, verbalize that it is "N/A" **

- Prior to Patient Arrival**
 - Review "MiChart PACU Summary" including allergies
 - Complete Chart Review (H&P)
- Patient Arrival**
 - Anesthesia announces patient name, age and procedure
 - Team connects monitors
 - PACU RN completes brief assessment & checks ID band
 - PACU RN announces "Timeout"
 - Introduces self and asks for introductions
 - PACU RN leads the handover process
- Anesthesia Provider to PACU RN & Surgical/Proceduralist Designer**
 - Allergies & Contact Precautions
 - PMH, PSI
 - Anesthetic Type
 - Airway status
 - Relevant Intraop & Preop Meds (PONV Plan, vasoactive, restraints, reversal)
 - Anesthetic Complications
 - Assessment Parameters (Vital signs, Labs, etc)
 - Vascular Access
 - Pain Management Plan
 - Intraop Fluids (crystalloid, colloid, Blood products, Cell Saver, Cryo)
 - Urine & EBL
 - Type and location of sensory aids
- Surgical/Proceduralist Designer to PACU RN & Anesthesia Provider**
 - Surgical Findings
 - Postop Diagnosis
 - Surgical Complications
 - Intraop Position
 - Drains/Devices
 - Procedure Specific: Piles, Grafts, Transplants, Implants, Dressings
 - Neuro Exam
 - Responsible family member contacted
 - Disposition
- PACU RN Wrap-up**
 - Nurse reviews with Team:
 - Nurse states their concerns
 - Nurse asks team, "What other questions/concerns do you have?"
 - If no other questions/concerns, PACU RN announces, "Handover complete".

Introductions
PACU RN announces Timeout & leads handover

- Surgery rep name & pager
- Primary surgical contact for f/u questions
- Anesthesia provider's name & pager

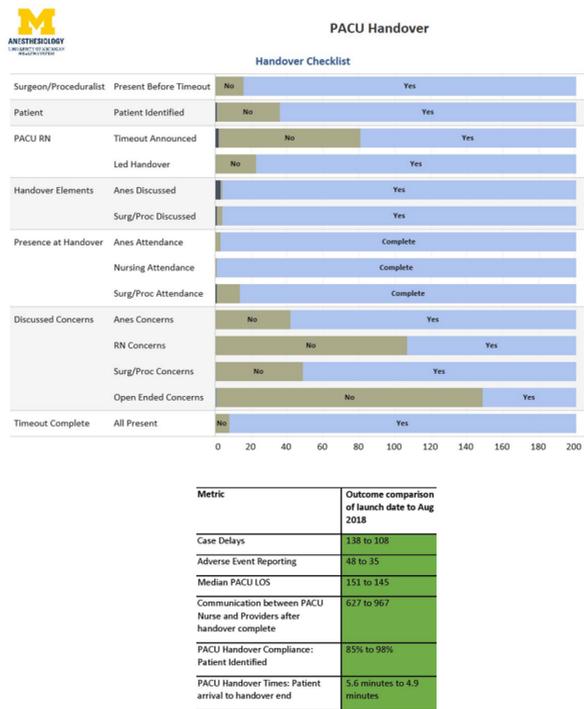
3. Surgical Provider Content (Pre & Intraop)

- Anesthesia Provider Content
- Surgical Provider Content (Post-Op)
- PACU RN Wrap-Up
 - Nurse states concerns and asks team, "What other questions/concerns do you have?"

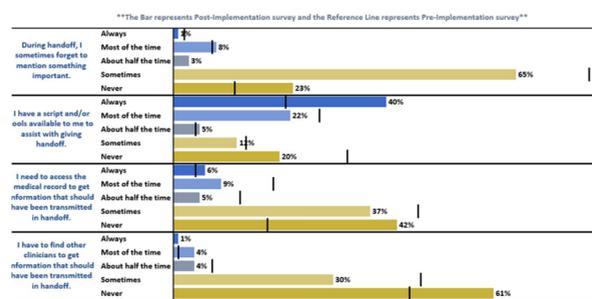
If none, announce, "Handover complete"

CHECK: Results, Outcomes Achieved

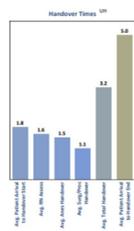
Key Process and Safety Metrics Results



Survey: Pre & Post



Handover Time: Patient Arrival to Handover End



ACT/ADJUST: Sustain and Spread

Our maintenance/sustainability plan includes the following:

- An annual learning module will be required to be completed by all team members
- Observers collect observational data and the information is sent to perianesthesia leaders
- Observers provide feedback to team members involved in the handover process
- Events reported via the reporting system will be followed up by leadership
- A perianesthesia/perioperative committee meets on a regular basis to determine current state and make corrective actions

ACT/ADJUST: Keys to Success

The keys to success for the implementation of PACU Handover Timeout were:

- The engagement of PACU RN educators to ensure that all PACU RN's received robust training and support. A module was created that outlined the importance of the handover process and the significance of the PACU RN as a leader and facilitator.
- Surgical and Anesthesia department buy-in and support were instrumental to ensuring that the handover process was adopted into practice.
- Focusing on the development of the process and not just content development greatly added to the adoption of the handover process
- Rebranding as a "Timeout" stressed the importance of all team members focusing on the handover process and being present for the entirety of the handover

References

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Team Members and Contacts

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