

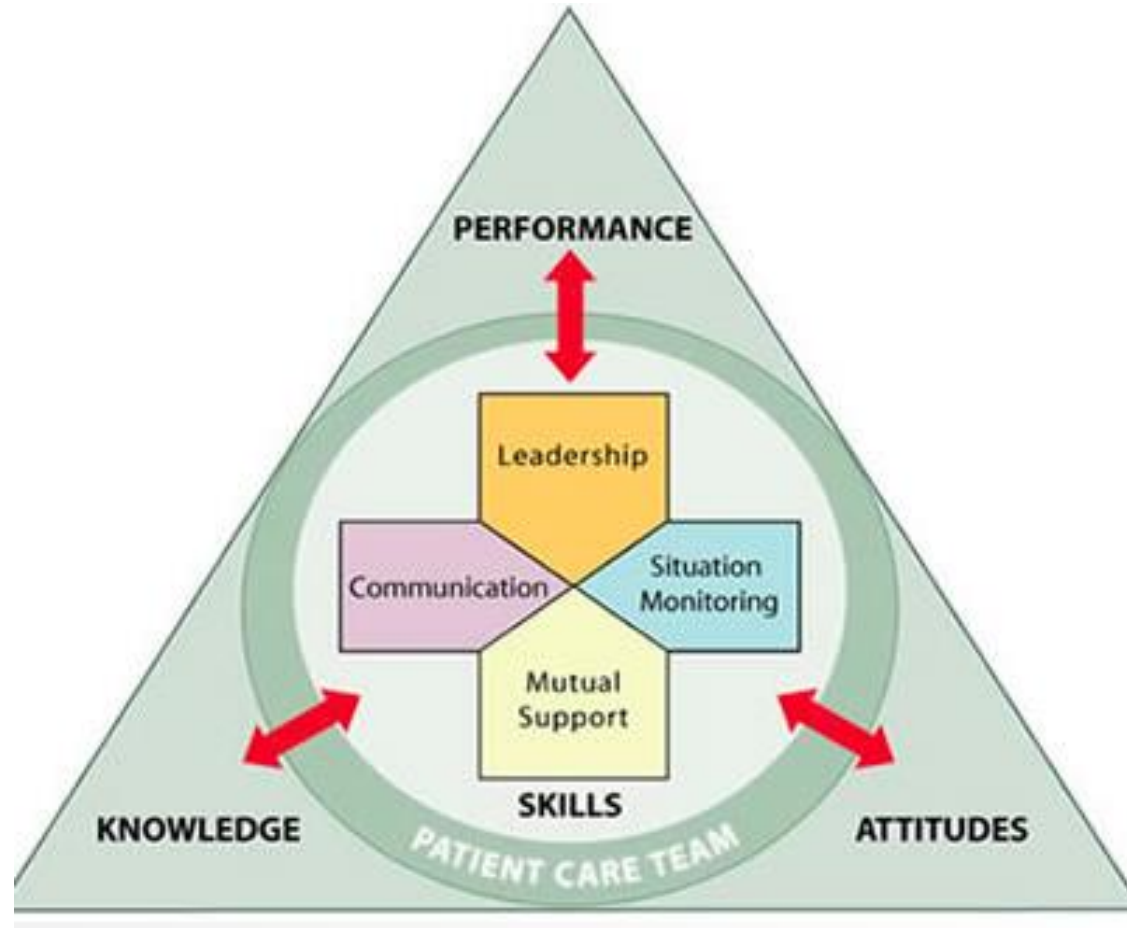
Coaching Operating Room to SICU and PACU Handoffs with a Standardized, Multidisciplinary Bedside Checklist

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Background

- 70% of sentinel adverse events can be attributed to communication breakdown
- Studies suggest transitions of care may improve with education and implementation of standardized bedside handoff checklist

TeamSTEPPS



<https://www.ahrq.gov/teamsteps/instructor/essentials/pocketguide.html#frame>

“ I PASS THE BATON”

"I PASS THE BATON"		
I	Introduction	Introduce yourself and your role/job (include patient).
P	Patient	Name, identifiers, age, sex, location.
A	Assessment	Present chief complaint, vital signs, symptoms, and diagnosis.
S	Situation	Current status/circumstances, including code status, level of (un)certainty, recent changes, and response to treatment.
S	Safety	Critical lab values/reports, socioeconomic factors, allergies, and alerts (falls, isolation, etc.).
THE		
B	Background	Comorbidities, previous episodes, current medications, and family history.
A	Actions	Explain what actions were taken or are required. Provide rationale.
T	Timing	Level of urgency and explicit timing and prioritization of actions.
O	Ownership	Identify who is responsible (person/team), including patient/family members.
N	Next	What will happen next? Anticipated changes? What is the plan? Are there contingency plans?

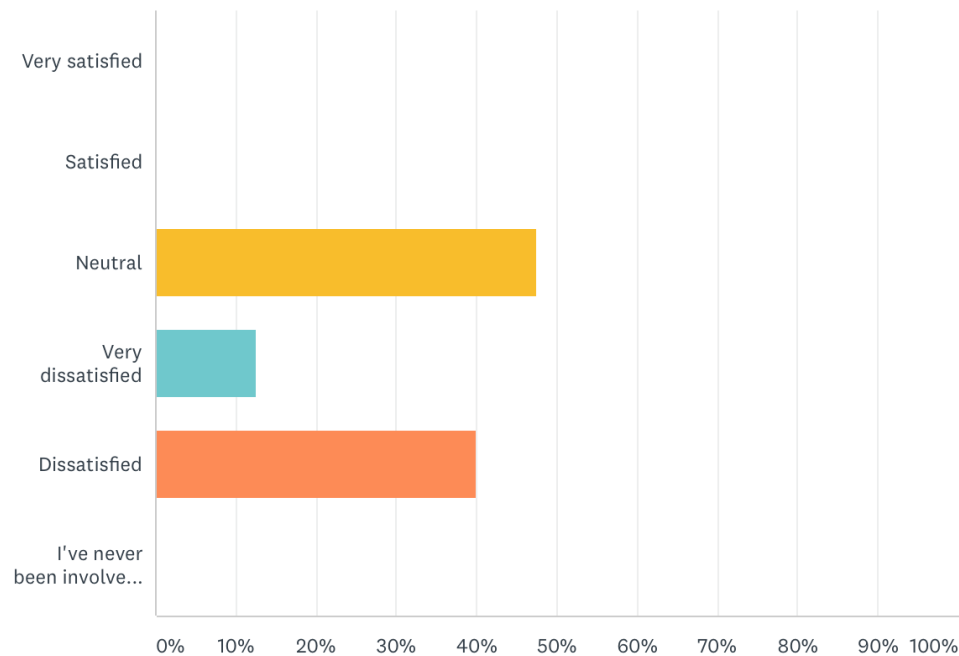
Operating Room to Surgical Intensive Care Unit

- OR, ICU, Nursing, and Anesthesia teams wanted to bridge communication gap
- Multidisciplinary group developed an I-PASS handoff checklist
- Training provided to surgeons, anesthesiologists and nurses
- Pilot with general surgery residents
- Direct observation over 3-weeks period to identify compliance
- Pre- and post-intervention survey

Pre-Intervention Survey Results

Indicate your current level of satisfaction with OR to SICU handoffs.

Answered: 40 Skipped: 0



Choose best descriptors of current handoff processes:	Percentage of Respondents
Disorganized	55%
Incomplete	68%
Unsafe	25%
Efficient	3%



OR to SICU HANDOFF

	NURSE: ANNOUNCES READY TO START (PLACE MONITORS ONLY)
<p>I</p> <p>Illness Severity</p>	<p>Anesthesia – 1 phrase</p> <ul style="list-style-type: none"> • Stable • Watch closely • Unstable
<p>P</p> <p>Patient Summary</p>	<p>Surgery:</p> <ul style="list-style-type: none"> • Diagnosis and Procedure • Surgical Events, Complications • SURG Hx <p>Anesthesia:</p> <ul style="list-style-type: none"> • PMHx, Medications, Allergies • Airway issues during case and current airway • Hemodynamics during surgery and transport (pressors?) • Lines/sheaths in places • Fluid summary (UOP, EBL, Inputs: Fluid & Blood products)
<p>A</p> <p>Action List</p>	<p>Surgery post-operative plan:</p> <ul style="list-style-type: none"> • Neuro • CV • Pulm • GI • Renal • ID • Heme – include DVT ppx • Tubes, drains, wounds • Xrays, Labs <p>Anesthesia:</p> <ul style="list-style-type: none"> • If INTUBATED: can we extubate? <ul style="list-style-type: none"> ◦ ETT size, where is it taped? • Epidural or other pain infusions – APMS? • Timing of last antibiotic dose • Last pain medication, time and dose given
<p>S</p> <p>Situational Awareness and Contingency Planning</p>	<p>Surgery and Anesthesia:</p> <ul style="list-style-type: none"> • What are you most worried about for the next 24 hours? • Who should be contacted for questions?
<p>S</p> <p>Synthesis by Receiver</p>	<p>ICU physician/APP/Critical care nurse/Respiratory:</p> <ul style="list-style-type: none"> • Summarizes what was heard • Asks questions • Nurse: (Isolation Precautions?)

Results

- 62 direct observations over 6 weeks
- 12 operative services
- Average duration: 5.5 minutes (95% CI: 4.6-6.3min).
- All teams present: 56/62
- OR paged before arrival: 45/62
- Nursing engagement: 53/62
- Delays/Pauses: 10/62
- Redirections: 16/62

Post-Intervention Survey Results

Compared to previous OR to SICU handoffs, the IPASS handoff protocol is more	Percentage of Respondents
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Organized:	92%
Safe	88%

The protocol implementation has resulted in:	Percentage of Respondents
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Multidisciplinary teamwork improved	72%
An expectation/culture change	75%

I would like the protocol:	Percentage of Respondents
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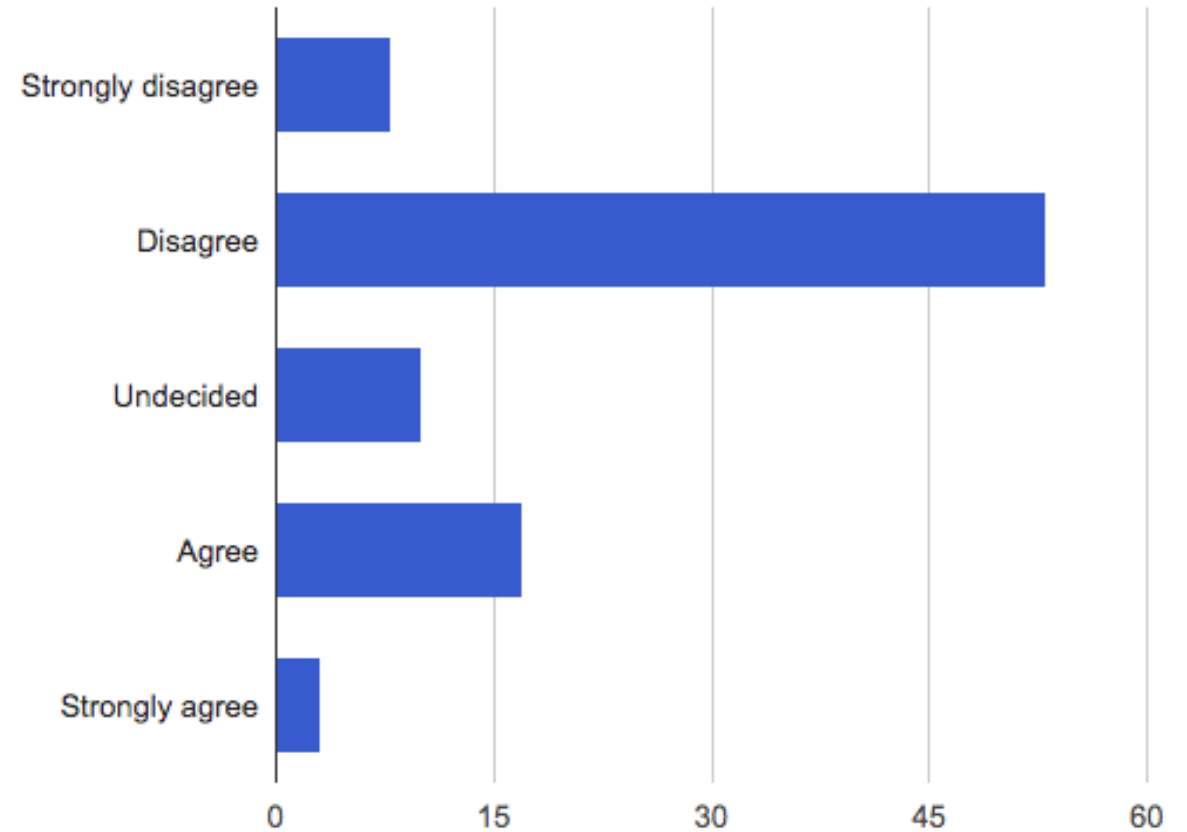
Performed for myself or my family	100%
To be continued	97%

OR to Post Anesthesia Recovery Room (PACU) Handoff

- PACU Nursing Council initiative
- Multidisciplinary group developed an I-PASS handoff checklist
- Pre-implementation survey

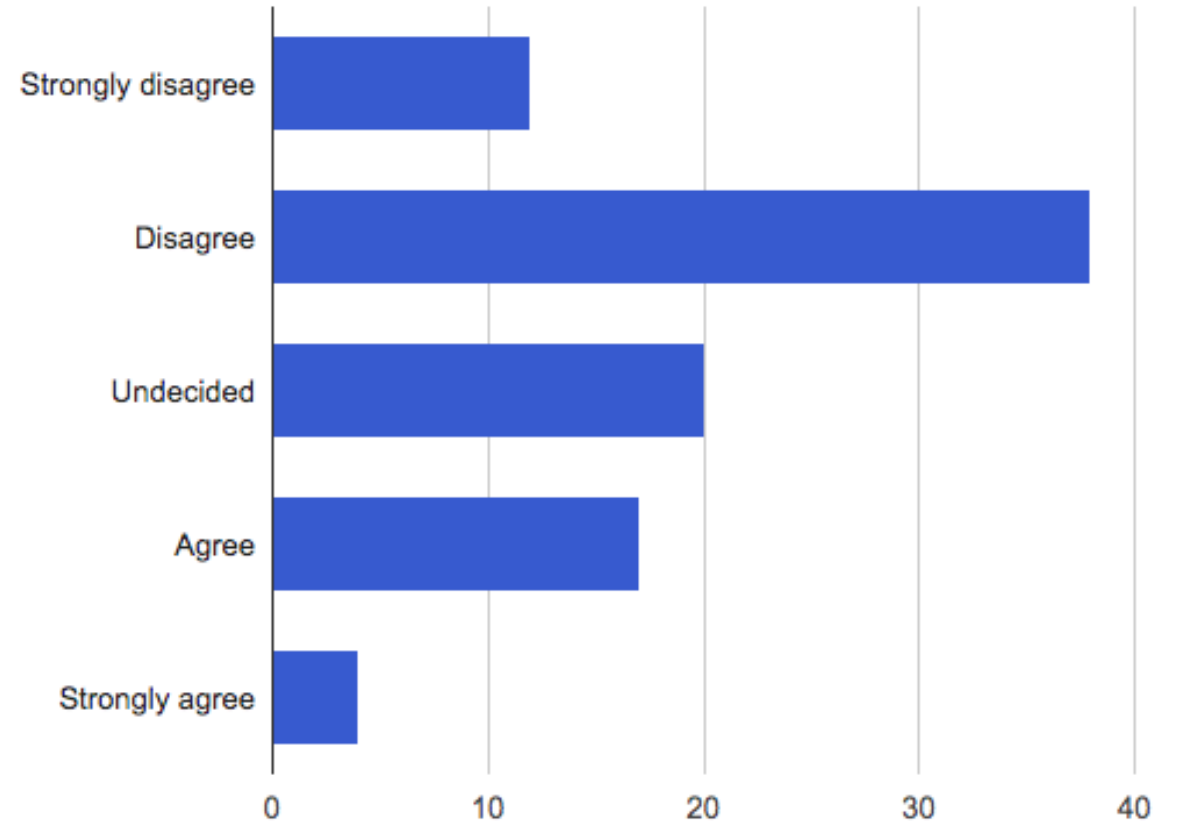
Pre-Intervention Survey Results

- Handoffs from the OR to PACU are well-organized.



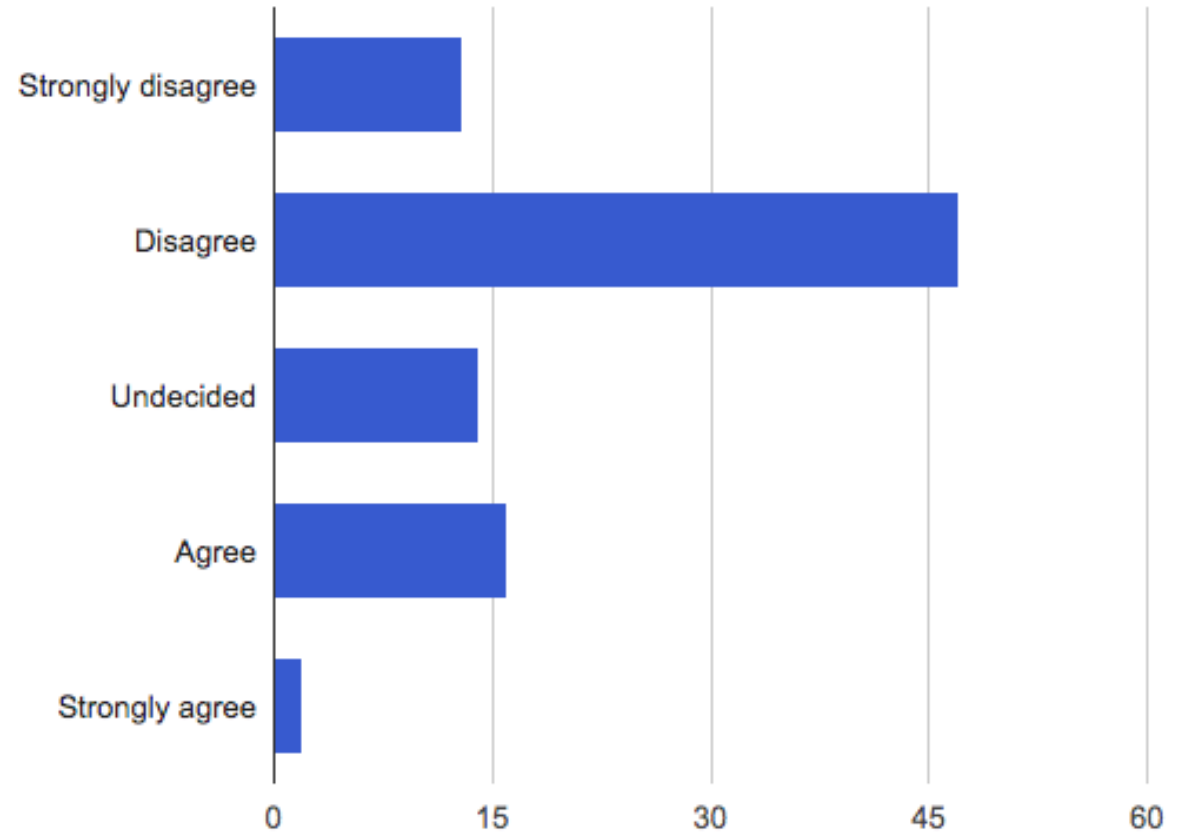
Pre-Intervention Survey Results

- The current method for handing off patients from the OR to PACU is safe.



Pre-Intervention Survey Results

- I am satisfied with the current state of the OR to PACU handoffs.



Factors to Improve Handoffs from OR to PACU

Factors to improve quality of handoffs from OR to PACU	Percentage of Responses
Standardization of handoff for all postoperative patients	86.2%
All team members at bedside for handoff	73.4%
Checklist to follow during handoff	72.3%



OR to PACU HANDOFF

	NURSE: ANNOUNCES READY TO START (PLACE MONITORS ONLY)
<p>I Illness Severity</p>	<p>Anesthesia – 1 phrase</p> <ul style="list-style-type: none"> • Stable • Watch closely • Unstable
<p>P Patient Summary</p>	<p>Surgery:</p> <ul style="list-style-type: none"> • Diagnosis and Procedure • Surgical Events, Complications • Surgical Hx <p>Anesthesia:</p> <ul style="list-style-type: none"> • PMHx, Medications, Allergies • Airway issues during case and current airway • Hemodynamics during surgery and transport (pressors?) • Lines/sheaths in places • Fluid summary (UOP, EBL, Inputs: Fluid & Blood products)
<p>A Action List</p>	<p>Surgery post-operative plan:</p> <ul style="list-style-type: none"> • Diet • Fluids • Tubes, drains, wounds, dressings • Labs/x-rays in PACU? • Level of care/Change of level of care • Operation specific plans? • Who is primary team? <p>Anesthesia:</p> <ul style="list-style-type: none"> • Last pain medication, time and dose given • Epidural or other pain infusions – APMS?
<p>S Situational Awareness and Contingency Planning</p>	<p>Surgery and Anesthesia:</p> <ul style="list-style-type: none"> • What are you most worried about for the next 24 hours? • Who should be contacted for questions?
<p>S Synthesis by Receiver</p>	<p>PACU nurse/Respiratory:</p> <ul style="list-style-type: none"> • Summarizes what was heard • Asks questions • Nurse: Isolation precautions?

Next Steps?

- Education of surgery, nursing, and anesthesia teams
- Pilot study with general surgery residents
- Direct observation to measure compliance
- Implementation across all surgical specialties

Acknowledgments

- Dr. Scott Cowan, Vice Chair for Quality
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