

STANDARDIZING INTRAOPERATIVE and POSTOPERATIVE HANDOFFS for ANESTHESIA PROVIDERS

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Background

• BACKGROUND

- The most common issue that occurs during the handoff process is a lack of communication between the person giving the information and the person receiving.
- Formal, standardized handoff process not only improves teamwork but also helps prevent medical errors .
- Research shows:
 - Statistically and clinically significant correlation between anesthesia provider turnovers
 - Negative postoperative outcomes such as ICU admissions and overall length of stay with multiple turnovers
- Current intraoperative handoffs have no standard process at a large medical center
- Post Operative handoff process is disruptive and outdated

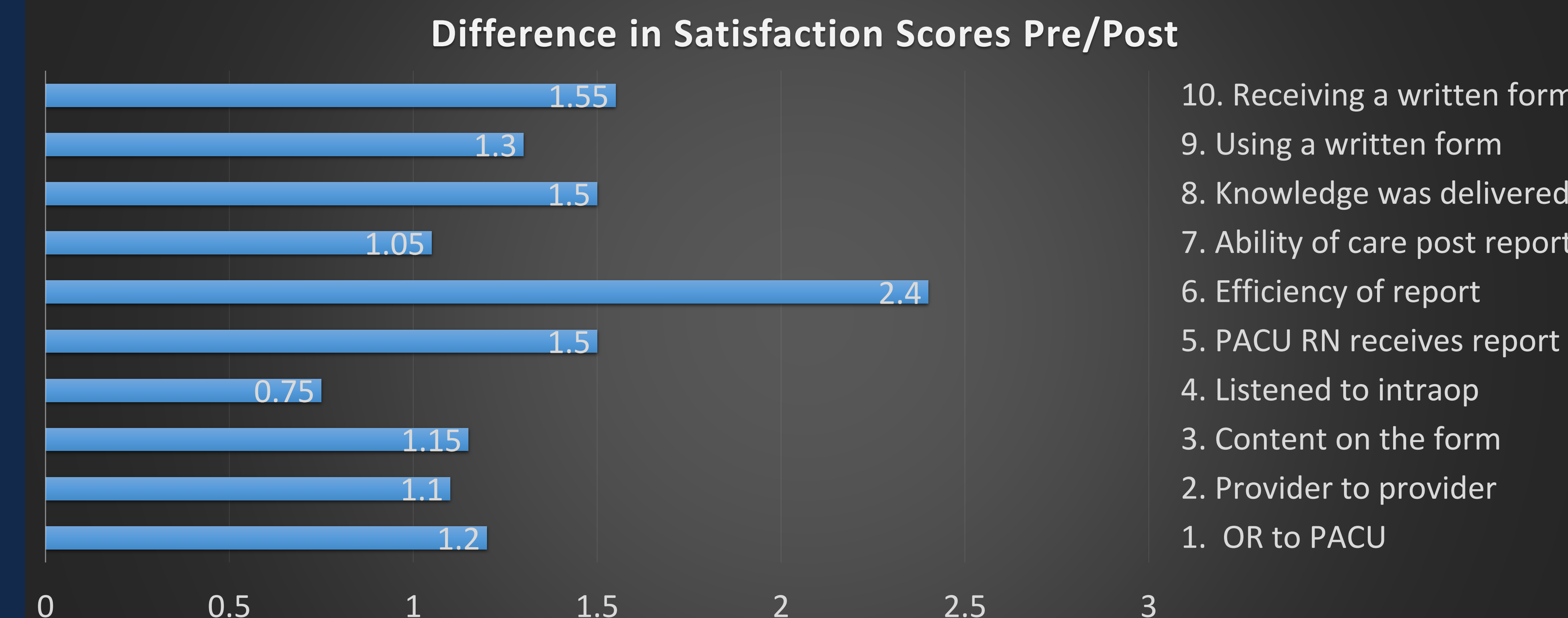
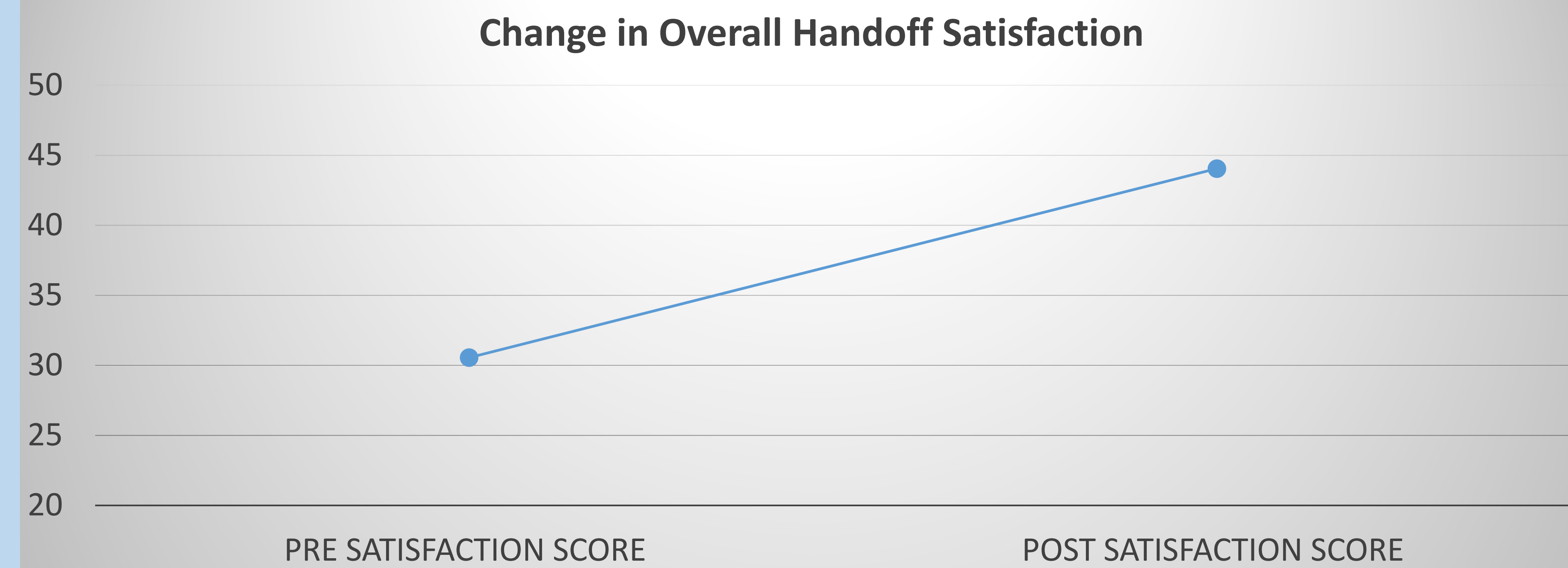
Purpose

• PURPOSE/GOALS

- QI project
- Implement a standardized tool and handoff procedure for perioperative handoffs amongst anesthesia providers
- Will anesthesia providers; CRNAs, when using a standardized handoff tool for intraoperative and postoperative handoffs compared to the current non-standardized handoff process see an increase in satisfaction with handoff changes over the course of 4 weeks.

Methods

- Plan, Do, Study, Act framework
- Pre/Post Test design
- A five-point Likert survey was developed to assess satisfaction
- Qualitative data was collected from an open end comment section
- 20 CRNAs responded to the pre and post test



Results

- A total of 20 CRNAs completed the surveys representing almost 50% of full-time staff CRNA participation.
- **Quantitative Data**
 - There was significant improvement in satisfaction in all questions from the pre intervention to the post intervention.
- **Open Ended Comment Themes**
 - The feeling that providers provided a safe thorough report, however, the recipient was otherwise distracted and repeat information was often needed.
 - Requests for the future tool to be “a timelier report” and a “formal process” were noted by CRNAs.
 - Providers stated they felt the new process was faster but improvements that could be made included performing the handoff in the electronic medical record instead of a written paper report

Conclusions

- Creating a formalized perioperative handoff tool resulted in increased satisfaction, a more thorough report process, and shortened the time that report is given.
- Provider input from all levels of the healthcare team should continue to be used to create a streamlined, efficient, and comprehensive handoff.
- Future studies could consider using the electronic medical record to continue to improve handoffs.

References
QR CODE



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