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- Post operative handoff process is disruptive and outdated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/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.

Purpose

STANDARDIZING INTRAOPERATIVE and POSTOPERATIVE HANDOFFS for ANESTHESIA PROVIDERS

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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.

Created 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

Change in Overall Handoff Satisfaction

Difference in Satisfaction Scores Pre/Post

1. OR to PACU
2. Provider to provider
3. Content on the form
4. Listened to intraop
5. PACU RN receives report
6. Efficiency of report
7. Ability of care post report
8. Knowledge was delivered
9. Using a written form
10. Receiving a written form

OR to PACU