A STANDARDIZED PROCESS OF PATIENT HANDOVER:

Improving information transfer in the PACU and ICU.

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INTRODUCTION

Handovers are high risk processes during where communication errors are common.

Special challenges exist in post-operative transfers:
- Discontinuity in care-giving
- Equipment requirements
- Dynamic patient factors
- Multiple distractions

Team members identify handovers as incomplete or overloaded.
STUDY GOALS:

Identify current handover practice by overserving current transfers

Involve key stakeholders
- Collect important items for handover
- Identify process factors in postoperative care

Generate a structured handover tool for clinical use

Implement and analyze results
- Compare frequency of item handover
- Compare handover time and workflow impact

Follow up with stakeholders
OBSERVATIONAL STUDY

Observe handovers for all-comers

Note information transferred verbally, on paper, and through electronic patient management systems

Focus on points of concern, medications, allergies, adverse conditions, postoperative plans

Subgroups
- Emergent surgeries: observe additional information transferred
- Follow planned and unplanned ICU admissions to observe transfer to receiving team

Note time if handover, people involved, interventions taking place during handover
<table>
<thead>
<tr>
<th>Patient</th>
<th>Procedure</th>
<th>Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Nameband check</td>
<td>- Grade of view, airway, quality of bag mask ventilation, bite block?</td>
<td>- Fluids=</td>
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<tr>
<td>- Allergies</td>
<td>- Lines, a-lines, CVSs, foley chest tubes, surgical drains, VP shunt</td>
<td>- EBL=</td>
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<tr>
<td>- Surgical Procedure and Reason for Surgery</td>
<td>- Fluid Management</td>
<td>- UO=</td>
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<tr>
<td>- Type of Anesthesia (GA, TIVA, regional)</td>
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<tr>
<td>- Surgical or anesthetic complications</td>
<td>- Analgesia Plan - During Case, Postop Orders</td>
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<tr>
<td>- PMH and ASA Scoring</td>
<td>- Antiemetics Administered</td>
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<tr>
<td>- Preoperative Cognitive Function</td>
<td>- Medications due during PACU (antibiotics, etc.)</td>
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<tr>
<td>- Preoperative Activity Level (METs)</td>
<td>- Other Intra-Op Medications (steroids, antihypertensives)</td>
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<tr>
<td>- Limb Restriction</td>
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<td>- Preop Vitals</td>
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</tbody>
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"Do you have any questions or concerns?"

Potestio, C; et al. Anesthesia Patient Safety Foundation 2015. Figure 1
SURVEY

Ascertain vital information from those involved in handover
Combine with items from contemporary research
Identify extraneous information
Apply Delphi method to improve final product
Compare tool with contemporary tools from other fields
INTervention

Production of reusable checklist
Introduction and instruction on checklist
Repeat observation and subgroup analysis
Compare logistical effects of handover tool
Review with stakeholders following implementation and review
DISCUSSION