Post-operative Handoff in an Outpatient Endoscopy Post Anesthesia Care Unit
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Background
- Miscommunication during patient handoffs leads to 80% preventable serious medical errors.
- Poor handoffs are linked to gap in patient care and loss of critical information.
- Joint Commission requires a standardized handoff process to improve patient safety.
- A standardized handoff provides a structured format for presenting patient information which improves patient safety by communicating pertinent information during handoff and improves communication between members of health team.

Despite the recommendations, a standardized handoff process was not utilized in the PACU unit

Objectives
- Purpose of this quality improvement (QI) project is to implement and evaluate a standardized handoff tool to:
  - Improve staff satisfaction
  - Improve handoff tool utilization
  - Improve transfer of information during handoffs

Methods
- Setting: 9 bed-Outpatient Endoscopy Unit
- Population: 9-12 intraoperative and postoperative nurses, 70-80 patient handoffs
- Intervention: Standardized SBAR handoff tool
- Handoff satisfaction survey: Assessed pre and post implementation
- Nurses educated on SBAR handoff
- Compliance with Handoff: Nurses compliance with SBAR tool measured by random weekly audits via EHR
- Completion of Handoff: Random weekly direct observation
- Data Analysis
  - Exported from “Handoff Audit Form”
  - Run chart and Bar chart via Excel
  - Mann U Whitney test via SPSS

Data Analysis
- Completion of Handoff Tool
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  - patient handoffs
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Future recommendations
- Larger sample size
- Unit based policy regarding standardized handoff
- Implement and adapt a unit specific handoff tool.

Use of standardized handoff can improve staff communication and improve patient safety.

References