A Healthy Work Environment Endeavor: Postoperative Handover from the OR to CTICU
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Problem: The transfer of patient information between health care providers is a risk factor for adverse events.

Evidence: During the transitions of care such as postoperative handover process, inadequate communication is implicated in nearly 70% of all errors and adverse events. These findings prompted the Joint Commission to introduce national patient safety goals, which require health care organizations to implement standardized handover protocols and facilitate communication between providers.

Strategy: An Operating Room (OR) to Cardiothoracic Intensive Care Unit (CTICU) evidence-based practice guideline with standardized protocol and tool for the postoperative handover was developed.

Practice Change: The standardized protocol requires all team members involved with the care of the postsurgical patient to use a standard handover report and utilize a timeout period to transfer information from the OR to the ICU team.

Evaluation: Baseline handover audits were performed prior to the implementation and seventeen education sessions were conducted. In addition, pre and post knowledge surveys were given to 62 attendees to assess knowledge, perception and level of satisfaction with handover. Two months after the practice change, audits were performed to measure the efficacy of the new process and tool.

Results: The structured handover tool and process improved accuracy (67% to 96%), completeness (62% to 78%), consistency (51% to 87%) and efficiency (61% to 78%) during the postoperative handover, thus decreasing omission of any critical information. In addition, the standardized tool and process enhanced communication (e.g. discussion of potential problems increased from 53% to 100%), collaboration (e.g. involvement of all team members) and decision-making among health care providers.

Recommendations/Lessons Learned: All members of the multidisciplinary team who are involved with the care of the patient should be part of the handover process and should use a structured tool to improve accuracy and completeness of information shared.

Bibliography:


