Among Gynecological Surgical Patients, Will Standardized Reporting Between OR, PACU and Staff Nurses of Mother Baby and NICU units, Compared to No Standardization, Improve the Quality of Report and Receiving Nurse Satisfaction?

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Background

- Standardized reporting is a key component in patient safety after surgical procedures, particularly in gynecologic setting. Specifically during the perioperative period, multiple patient handoffs occur within a small time frame, increasing the importance of accurate, informative, and concise handoff among perioperative nurses and the staff nurses on the unit receiving the patient.
- With use of a developed checklist tool, the researchers found that nurse satisfaction of received report in the intraoperative setting improved from 20% to 100% with use of the handoff checklist and in the PACU setting improved from 59% to 90%.
- Researchers have concluded that use of a standardized patient handoff reporting checklist significantly improved perceived quality and reliability of handoff report between perioperative and PACU nurses.

Practice Change

The goal of this project was to assess the effectiveness of standardized reporting between OR, PACU, and staff nurses before and after implementation of standardized reporting tool, observe for overall reduction of errors, and improving patient quality of care.

Methods

1. Pre-implementation survey: Implementation of pre-standardized hand off reporting tool survey. (See pre-survey results)
2. Implementation of standardized handoff tool: present information and standardized hand off report tool to applicable staff via mailbox and during Monday morning huddle. Implementation of this tool will occur for 1 month, with post-implementation survey sent at the closing of this tool.
3. Post-implementation survey: Post implementation of standardized hand off reporting tool survey.

Measures and Results

Handoff Report "Template"

Procedure: _____

_____

Last Vitals Time: ____:____
____ BP ____HR ____O2 ____RR ____Temp

Dressings: _____

_____

Drains/Tubes/Foley: _____
Foley Insertion Time: ____:____
Remove Drain Schedule: __/__/__ ____:____
Packing:
Remove Packing Scheduled Time: __/__/__ ____:____

Closure technique (ie. Sutures, Staples, Steris): _____

Estimated Blood Loss: _____mL
Cell Saver (if applicable): _____mL of blood returned to patient
Complications: _____

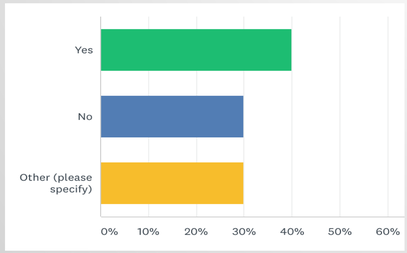
_____

Anesthesia Type:
☐ None ☐ Sedation ☐ General ☐ MAC ☐ Local ☐ Block
☐ Spinal ☐Epidural ☐ Other: _____

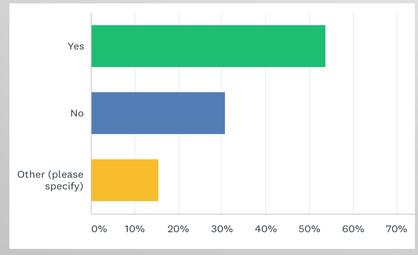
IV Access Sites: _____
Fluids Administered: _____mL **Fluid Type:** _____
Output: _____mL

Medication Administration:
☐ Pain Medications: _____
☐ Antiemetics: _____
☐ Other: _____

Question 1: Are you happy with the report you receive during handoff?

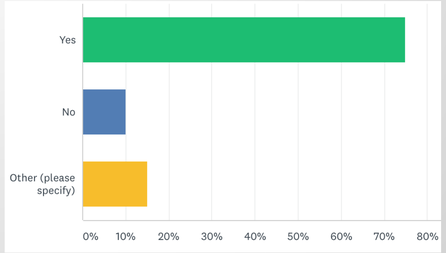


Graph 1a: Evaluation survey of handoff communication between PACU and OB

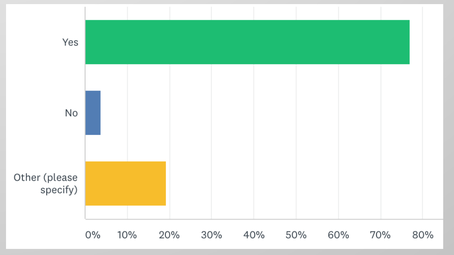


Graph 1b: Evaluation survey of handoff communication between OR to the PACU

Question 2: Do you think standardizing handoff would improve nurse satisfaction?



Graph 2a: Evaluation survey of handoff communication between PACU and OB



Graph 2b: Evaluation survey of handoff communication between OR to the PACU

Summary/Discussion

Pre-Survey Results
While conducting our pre-survey utilizing the question "Do you think standardizing handoff would improve nurse satisfaction?" we obtained the above graphs. Upon assessing the graphs it was found that over 75% of nurses that responded to the survey agreed that standardization of handoff would improve their satisfaction.

Post-Survey Results
We sent our survey to Intraoperative services, PACU and OB. Unfortunately, we received responses from only two of these cohorts, therefore our results are inconclusive and we were unable to implement our handoff report template due to the lack of response from PACU.

Barriers to implementation:
- Lack of time for PACU nurses to check email and complete a survey that is not required.
- Due to individualization of departments, we were unable to address each department directly with face-to-face communication.
- Lack of face-to-face communication could have decreased buy-in from employees. It is likely due to this barrier that we were unable to completely address the purpose of our project.

Feedback from "other" category in survey:
- "I feel our reporting is standardized, just not always effective."
- "I am mostly happy, however sometimes important info does not get passed along."

Conclusion

We were unable to implement our standardized handoff report form, therefore our results are inconclusive. From our pre-survey results, it can be assumed that nurse satisfaction would increase with standardized handoff reporting from the perspective of the OR and Floor. More data would be needed to assess the satisfaction with standardized reporting of the nurses in PACU.

References:
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Boat, A.,& Spaeth, J. (2013). Handoff checklists improve the reliability of patient handoffs in the operating room and post anesthesia care unit. *Pediatric Anaesthesia, 23*(7), 647-654.
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