BRIGHAM HEALTH
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Faulkner Hospital

BEDSIDE HANDOFF BETWEEN THE PERI-ANESTHESIA CARE UNIT AND MEDICAL-SURGICAL UNIT

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Introduction

This evidenced-based practice (EBP) project was instituted after noting many rapid response activations (RRT's) on the medical-surgical unit at a community hospital in the greater Boston area. Handoff between the Post Anesthesia Care Unit (PACU) and medical-surgical unit was fragmented with multiple handoffs.

Background

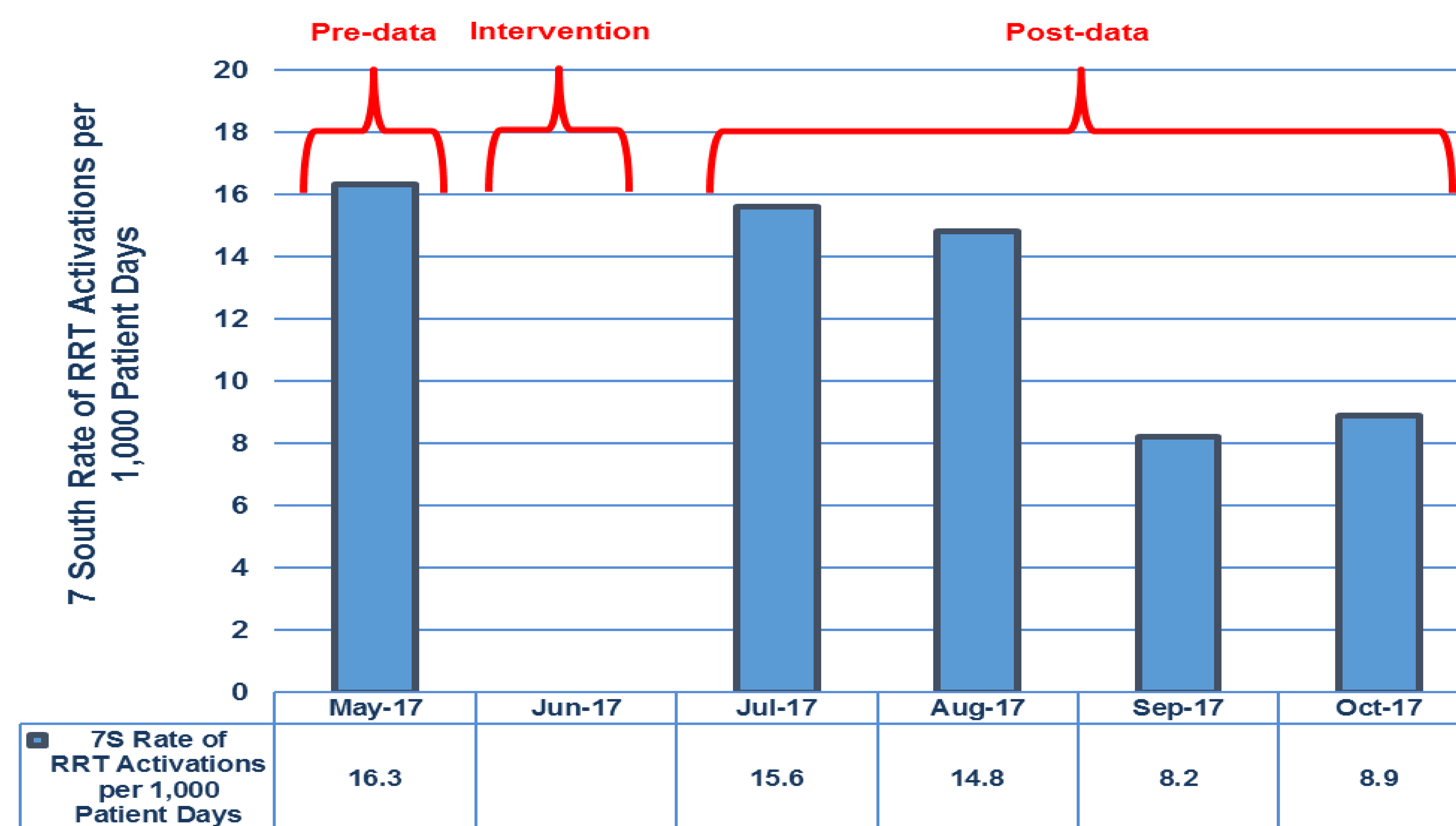
- Prior practice included the PACU nurse calling report to a nurse on the medical-surgical unit who would then provide report to the clinical nurse.
- Research has suggested that multiple handoffs result in increased patient errors, decreased patient satisfaction, decreased communication, and decreased continuity of care.
- Multiple handoffs are not consistent with recommended best practices
- Per the American Society of PeriAnesthesia Nurses (ASPAN) Standards, "Handoff report should be completed before or at the time of transfer. There should be an opportunity for the provider assuming care to ask the transferring nurse questions." (ASPAN FAQ, 2017).

Purpose

The purpose of the project was to decrease the number of rapid response activations on the medical-surgical unit by the initiation of bedside handoff between the PACU and medical-surgical unit nurses.

Methods/Results

After a review of the literature and best practices it was determined that the PACU nurses should transfer the patients to the medical-surgical unit and give bedside handoff to the nurse scheduled to care for the patient. Pre-data of RRT's was collected several months prior to the intervention and post-data was collected monthly after initiation of the bedside handoff. The number of RRT's decreased from 16.3 to 8.2 per month.



Outcomes

There was a 50% decrease in the number of RRT's within three months of instituting bedside handoff between the PACU and medical-surgical unit. Nurses, patients, and families reported satisfaction with the process. In addition, it improved communication, decreased patient complications and proved to be less time consuming.

Implications

Bedside handoff between the PACU and med-surgical unit demonstrated a decrease in RRT's and is a practice that should be continued. Bedside handoff allows for a quick assessment of the patient with the PACU nurse and medical-surgical nurse assuming care present to identify any issues and immediately respond. Future research should examine patient and nurse satisfaction and timeliness of handoff.

References

Bradley & Mott, 2013; Drach-Zuhavy & Hadid, 2013; Groves, Manges, & Cawiezell, 2016; Kerr & McKinlay, 2013; McMurray, Chaboyer, Wallis, & Ferherston, 2010; & Sand-Jecklin & Sherman, 2014). ASPAN Standards 2015-2017

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