F7, Implementation of a Standardized Handoff from the Operating Room to Pediatric Intensive Care Unit: A Quality Improvement Project, Abstract

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Keywords/Topics:

- Operating room (OR) to pediatric intensive care unit (PICU) post-operative handoffs.
- A quality improvement initiative was used to revise the current process and to create a streamlined standardized process in a before and after quality improvement project.
- The targeted population includes all providers and staff involved in post-operative handoffs from surgical services including general surgery/trauma, neurosurgery, orthopedics, and urology.
- The implementation of a standardized handoff tool including "hard stops for handoff", introductions, direct visualization of drains and dressings prior to handoff completion, and strategies to ensure proper drip handoff with anesthesia and bedside nursing to decrease opportunities for medication error.

Abstract

Introduction: Patient handoffs from the operating room (OR) to the pediatric intensive care unit (PICU) is a multidisciplinary opportunity for miscommunication, error, and compromised patient safety. A quality improvement initiative was used to revise the current process and to create a streamlined standardized process. **Population/Setting**: Direct surgical admissions were observed from the OR to PICU at Children's Nebraska. The target population were scheduled operations from general surgery, neurosurgery, orthopedics, and urology. **Methods:** In this before and after quality improvement project, a team of key stakeholders revised and developed a new handoff tool with a formalized process (direct surgeon post-op needs, hard stops for handoff to continue) to address identified pitfalls from a feedback survey (lack of co-signing drips with anesthesia, lack of visualization of patient drains/dressing, and no introductions by primary members). Data was collected using a standardized audit form on patient handoff information. Outcome metrics were measured both before and after the implementation of the new handoff tool. **Results:** 40 handoffs were directly observed (10 pre and 30 post intervention) during a 6-week time frame. The predominant surgical type was neurosurgery. 5 out of 6 effects that were measured were statistically significant. The total duration of handoff was not statistically significant (using student t-test) with an increase in handoff time from 6.65 minutes to 5.7 minutes. Conclusion: Standardization of a handoff tool improved communication and decreased patient error.