‘Passing the baton’ for smooth handoffs

Just as runners in a relay race plan each step for passing the baton, the perioperative team needs to plan for the safe handoff of patient care from one caregiver to another.

The primary objective of a handoff, according to the Joint Commission on Accreditation of Healthcare Organizations, is to provide accurate information about a patient’s “treatment and services, current condition, and any recent or anticipated changes.”

At Sharp Mary Birch Hospital for Women in San Diego, the perioperative services team developed a process to improve handoffs. The protocols, modeled on passing the baton, standardize information to be conveyed when responsibility for a patient is transferred from:
- the preoperative area to the OR
- OR team to OR team
- OR to the postanesthesia care unit (PACU).

“Relay runners don’t stop to pass the baton. The transfer is smooth as they continue running. We want the same thing for our patients,” says Denise Foster, RN, BSN, manager of perioperative services.

Ask the staff

Foster began by asking the staff what they need to know during handoffs and what would be helpful to them. “They know what they need more than anyone else does,” she says.

The staff, in particular the surgical technologists (STs), got the ball rolling on developing a handoff procedure for the OR team. Some STs said they needed better information when they relieved each other during cases, Foster says. That led one ST to develop a handoff procedure for the STs and RNs.

Unlike circulating nurses who have documentation to consult in handoffs, scrubbed persons rely on oral information, such as the status of the case, what instruments are being used, how many sponges have been used, which medications are on the field and back table, and what the needle count is. The STs thought they needed a structured format for this information.

Now detailed information is communicated when one scrubbed person relieves another. Each OR has a tip sheet posted that describes the handoff. Similar tip sheets are posted for the preop-to-OR handoff and OR team-to-PACU handoff (illustration, p 14).

Involving the patient

The preop-to-OR handoff includes the patient in the process, which not only makes the handoff more personal but reassures patients about the caregivers and care they will receive, Foster says.

The exchange is guided by a communication tool known as A-I-D-E-T (Acknowledge, Introduce, Duration, Explain, Thank you) that outlines fundamentals of customer service. The tool was developed by the Studer Group, which consults on service excellence (www.studergroup.com) (sidebar).

One step is to introduce the patient to the caregiver for the next phase of care; in this case, the circulating nurse. To aid in this step, managers ask all team members to fill out brief bio sheets with information such as their name, title, years of experience, years of work at the hospital, and clinical strengths.

The preop nurse would use the bio to introduce the patient to the circulating nurse (sidebar).
Handoff procedures

**Preop → OR**
- Planned surgical procedure
- Planned anesthesia type
- Allergies
- Last void
- Medications received preop
- Antibiotics to be given
- Significant medical history (cardiac, elevated blood pressure, asthma, etc)
- Rh (if delivery or termination)

**OR → OR**
- Procedure
- Surgeon plan/preferences (Where are we in the case?)
- Anesthesia type
- Allergies
- Significant medical history
- Count
- Laps
- Ray-Tecs
- Needles
- Knife blades
- Miscellaneous

**OR team → PACU**
- Surgical procedure
- Anesthesia type
- Estimated blood loss
- Input & output (Foley, straight catheter)
- Allergies
- Medications received in OR (antibiotics or others)
- Significant medical history (cardiac, elevated blood pressure, asthma, etc)
- Rh (if delivery or termination)

**Anesthesiologist/OR RN:**
- Procedure
- Surgeon plan/preferences (Where are we in the case?)
- Anesthesia type
- Allergies
- Significant medical history
- Count
- Laps
- Ray-Tecs
- Needles
- Knife blades
- Miscellaneous

Source: Sharp Mary Birch Hospital, San Diego.
This is more sensitive and reassuring to the patient than just saying, “We have x-rays, we have lab results, and we have an operative permit,” Foster notes.

**PACU handoff**
After surgery, the handoff between the circulating nurse and PACU nurse complements the report given by the anesthesiologist. The anesthesiologist gives the main report, including medications given, type of anesthesia, allergies, blood loss, and opening and closing times for the procedure. The circulating nurse adds information such as which family members or friends are in the waiting room, preoperative medications that were given, and whether the patient wears dentures or glasses or uses a hearing aid.

“Our handoffs include so much more detail than they did before, and that is a good thing for the staff and for the patients,” Foster says.  

—Judith M. Mathias, RN, MA

**Five fundamentals of service**
These fundamentals, known as A-I-D-E-T, are used during the handoff from preoperative nurse to circulating nurse at Sharp Mary Birch Hospital for Women in San Diego:

**A:** Acknowledge the patient.
   Acknowledge the patient by last name, if possible, such as “Mrs Jones.”

**I:** Introduce yourself
   For example, introducing the patient to the circulating nurse, the preop nurse might say, “Mrs Jones, this is Nancy who will be with you in the operating room today. She has been an RN for 25 years and has been at our hospital for 10 years. She is an expert in the type of surgery you will be having today.”

**D:** Duration
   Describe the procedure, how long it will take, and how long before the patient will be able to be with his or her family.

**E:** Explanation
   Explain the process and what happens next. Explain that you are going to be transporting the patient to the OR and helping to prepare the patient for the procedure.

**T:** Thank you
   Say, “Thank you for choosing our hospital.”

Source: The Studer Group.

www.studergroup.com