Perioperative services at Barnes-Jewish Hospital assumed the task of determining how to improve patient handoff processes within the hospital. Defined methods of handoff were formulated by several teams within the perioperative department. Education of all perioperative staff was done with the new handoff processes in late 2017. Elimination of written PACU to floor nursing reports was attempted by reliance on more telephone to floor handoffs. A reference guide was developed at Barnes-Jewish Hospital to serve as a tool for handoffs. Patient handoffs are considered high risk, error-prone, and potentially rife with technical and communication errors, especially within chaotic and complex environments such as intensive care units. Correlations were found between patient outcomes and handoffs (Segall et al., 2012). Poor communication during handoffs can prolong patient recovery time, precipitate dangerous complications, create omissions in care, and lead to patient, family, and nursing staff dissatisfaction (Dufault et al., 2010).

A responsibility of the PACU nurse is to provide a method of handoff to the receiving nurse upon transfer. The Joint Commission Center for Transforming Healthcare has defined the patient handoff as a real-time transfer and acceptance of information from one caregiver to another (Taylor, 2015). During the handoff transition phase from the PACU to the floor, communication is an essential component of safe, adequate care. Lack of research-based standards for handoff protocols and policies was identified. The National Quality Forum recommended that handoffs consist of a standardized approach, be timely, and understood (Dufault et al., 2010). The Joint Commission has considered this issue to be a public health policy issue (Dufault et al., 2010). National Patient Safety Goals (NPSG) stated that handoffs in care should afford staff an opportunity to ask and respond to questions. Based on the variances in the three methods of handoffs used by the PACU, the handoff practices failed to meet the consistency criteria outlined by the National Quality Forum and the ability to ask and respond to questions as recommended by the NPSG when nurses used the written handoff method. Avoidance of the written handoff was suggested unless nursing staff could not reach the receiving nurse after multiple telephone attempts.

Title:
Effect of Patient Handoffs on Nursing Self-Efficacy

Keywords:
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References:


**Abstract Summary:**

Patient handoffs between health providers in the post-anesthesia care unit and receiving division can vary from written, telephone, or face-to-face. Nursing self-efficacy can be influenced by the type of handoff received from the PACU. Also, structured handoffs using the Five P's may influence self-efficacy levels of receiving nurses.

**Content Outline:**

- Introduction to the problem at Barnes-Jewish Hospital (over 41,000 surgeries annually)
- Problems with patient handoff that are encountered at Barnes-Jewish Hospital
- Review of the Literature on best practices for handoff
- Written Handoffs - good or bad?
- Telephone Handoffs - good or bad?
- Face-to-face handoffs - good or bad?
- Use of the Five P's of Handoff for improving nursing self-efficacy
- Conclusion

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Assistant Nurse Manager Pre/Post Anesthesia Care * Responsible for assisting the manager of PACU in maintaining fiscal responsibility, payroll activities, coaching and counseling of over 100 FTEs, maintaining call schedules, scheduling, patient and family satisfaction, and other duties as required within a Level 1 Trauma Center.

Maryville University, Saint Louis, Missouri September 2015 to Catherine McAuley School of Nursing May 2016  
Nursing Simulation Lab - Clinical Adjunct * Provided assistance to undergraduate nursing students in the nursing simulation lab. Checked students off on nursing procedures and provided remediation to individual students as needed.

SSM Home Health, Saint Louis, Missouri October 2013 to Case Manager for North Team October 2014  
* Responsible for conducting home nursing care visits for wound care, lab specimens, start of care, discharges, and recertifications.

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