

**Title:**

A Healthy Work Environment Endeavor: Postoperative Handover from the OR to ICU

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**Session Title:**

CLINICAL SESSION: Developing Competent Communication Skills

**Slot:**

CA 02: Saturday, April 13, 2013: 9:00 AM-10:15 AM

**Scheduled Time:**

9:00 AM

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**Keywords:**

Effective Communication , Evidence-Based Practice and Postoperative Handover

**References:**

Agarwal, H S, Saville, B R, Slayton, J M, et al. (2012). Standardized postoperative handover process improves outcomes in the intensive care unit: A model for operational sustainability and improved team performance\*. *Critical care medicine*, 40(7), 2109-15. American Association of Critical Care Nurses. (2005). AACN's Healthy Work Environments Initiative. Catchpole, K R, de Leval, M R, McEwan, A, et al. (2007). Patient handover from surgery to intensive care: using Formula 1 pit-stop and aviation models to improve safety and quality. *Paediatric anaesthesia*, 17(5), 470-8. Joint Commission. Improving handover communications: meeting National Patient Safety Goal 2E. Available at: <http://www.jcrinc.com/Blog/2009/3/9/Patient-Safety-Week-Blogs-Day-3-Handover-Communications/> Nagpal, K, Vats, A, Ahmed, K, et al. (2010). A systematic quantitative assessment of risks associated with poor communication in surgical care. *Archives of surgery*, 145(6), 582-588. Nagpal, K, Arora, S, Abboudi, M, et al. (2010). Postoperative handover: problems, pitfalls, and prevention of error. *Annals of surgery*, 252(1), 171-6. Nagpal, K, Vats, A, Lamb, B, et al. (2010). Information transfer and communication in surgery: a systematic review. *Annals of surgery*, 252(2), 225-239. Petrovic, M A, Aboumatar, H, Baumgartner, W A, et al. (2012). Pilot implementation of a perioperative protocol to guide operating room-to-intensive care unit patient handovers. *Journal of cardiothoracic and vascular anesthesia*, 26(1), 11-16. Segall, N, Bonifacio, A S, Schroeder, R A, et al. (2012). Can we make postoperative patient handovers safer? A systematic review of the literature. *Anesthesia and analgesia*, 115(1), 102-115.

**Abstract Text:**

In January 2005, American Association of Critical-Care Nurses published the Healthy Work Environment Standards in response to the concerns of acute and critical care nurses about the deterioration of healthcare work environments. In this report six standards were identified: skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition and authentic leadership. In numerous studies, ineffective communication between nurses and physicians was the single factor most significantly associated with increased hospital mortality. In addition, during the transitions of care such as postoperative handover process, inadequate communication was implicated in nearly 70% of all errors and adverse events. These findings prompted the Joint Commission to introduce national patient safety goals, which require health care organizations to implement standardized handover protocols and facilitate communication between providers.

The purpose of this project was to design an evidence-based guideline and create a standardized handover tool for the postoperative handover from the Operating Room to the Cardiothoracic Intensive Care Unit. Using an evidence-based practice model the levels of evidence ranging from systematic review, observational studies and expert opinion were synthesized to formulate an evidence-based guideline and a handover tool. All members of the multidisciplinary team who were involved with the care

of the patient were asked to be part of the process. Results indicate that the structured handover tool and process improves accuracy and completeness of information shared during the handover, thus decreasing omission of any critical information. In addition, the standardized tool alters the handover report environment from one that is noisy with multiple parallel conversations to an orderly exchange of information. In conclusion, during the critical period of a patient handover report the standardized tool and process enhanced communication, collaboration and decision-making among health care providers, which are critical components of a healthy work environment.