



# Converting Surgical Services Handoff from Paper to Electronic

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## Purpose and Significance

The current practice in Surgical Services at Mayo Clinic in Arizona utilizes both paper and verbal handoffs during the transfer of care. Medication inconsistencies and documentation errors with the current handoff practice were brought forward to Nursing Informatics. In July 2015, a workflow change was implemented, however documentation errors continued.

According to Joint Commission (2012), verbal and paper hand-off communications account for 80% of serious medical errors and are proven to be ineffective, inaccurate, and inconsistent. Joint Commission (2012) recommends “synthesizing patient information from separate sources before passing it on to the receiver” (p. 3). Additionally, AORN (2015) supports the use of a standardized electronic handoff to improve “accuracy, reliability, and quality of information” (para. 1). Furthermore, standardization eliminates reliance on memory, workarounds and shortcuts (Chard, 2010).

## Goals

*Electronic Handoff Project Aims to:*

- Improve efficiency for handoffs
- Reduce miscommunications
- Consolidate essential information into one view

## PICO

For patients in Surgical Services in which electronic handoff is utilized, is the risk of unplanned events, near misses, and medication errors decreased compared with the current paper handoff?

## Methods

- Obtained leadership approval and support
- Collaboration with report writer for development of tool that pulls essential information from the EHR
- Included prompts for communication of crucial information not included in the EHR

## Results/Evaluation

Success of the project will be determined by comparing the occurrence rate of transplant medication errors from July 1, 2015 to the date of implementation of the new electronic form. A post implementation assessment will be conducted using the same timeframe interval.

## Implications for Practice

- ↓ wrong site, wrong patient, wrong surgery events
- ↓ medication errors
- ↓ work effort
- ↓ surgical delays

## Next Steps

*Educate Staff on:*

- Use & function of electronic handoff
- Workflow practice changes
- Requirement for EVERY patient

*Go Live Support:*

- Nursing Informatics
- Clinical Education

## References

Association of Perioperative Registered Nurses (AORN). (2015). Guideline for transfer of patient care information: Recommendation I. AORN Guidelines for Perioperative Practice: 2015 edition.

Chard, R. (2010). Assessing perioperative RN competency; Transfer of care communication. AORN Journal, 91(4), p. 519-524.

The Joint Commission on Accreditation of Healthcare Organizations. (2012). Joint commission center for transforming healthcare releases targeted solutions tool for hand-off communications. Joint Commission Perspectives, 32(8).

TESTPT, AZKATIE		PreOp → OR Handoff		PATIENT ASSESSMENT	
<b>VERIFICATION</b>					
Surgeon:	Surgeon MD			Last Food Intake:	09-Mar-2016 18:00
Anesthesiologist:	Anesthesia MD			Last Fluid Intake:	09-Mar-2016 23:00
Post Anes Level of Care:	Recovery Track I: May discharge from PACU following TWO 30 min RSA evaluations without episode			High Calorie Drink Ordered Prior to the Scheduled Procedure?	
Scheduled Procedure:	• Transplant, Kidney Recipient			OSA Score:	5
Consent:	Renal Transplantation			Uses Home CPAP/BIPAP:	
Allergies:	codeine shellfish Hives Anaphylactoid shock			Pacemaker RN Notified/Evaluated:	Communicate if patient has a pacemaker and if the pacemaker nurse interrogated the device preoperatively
Site Marked:	No documentation available or N/A			Skin Integrity:	Other: abrasion on right elbow
H&P:	04-Mar-2016			Skin Prep/Clip:	
Update Note (Yellow Sheet):	Communicate status with the OR RN			Teds/SCDs:	• Anti-Embolism Hose Knee Bilateral • Pneumatic Compression Device Application Knee Bilateral
Isolation Type:				Medication Patch On:	Yes
Surgical Delay?	Discuss with OR RN and collaborate on the delay code if applicable			Hearing Aids /Dentures/Glasses/Jewelry:	Dentures Yes To OR Jewelry Yes Family Belongings Bag Contacts Yes
<b>MEDICATIONS</b>					
Anticoagulant/Last Dose:				Metal/Implants:	• Hip: Right Hip • Knee: Right Knee • Other: Artificial Genitourinary Sphincter
Beta Blocker/Last Dose:	metoprolol 10-Mar-2016 05:30			High Risk Indicators/Special Considerations:	• Cardiac Stents • Diabetic • Renal Failure • Fall History
Exparel/Last Dose:	08-Mar-2016 08:00			Interpreter:	Yes
Lidocaine/Date & Time:	10-Mar-2016 09:20			Last Void:	10-Mar-2016 09:00
IV gts /Concentration/Rate:	• sodium chloride 0.9% 1000ml Begin Bag 10-Mar-2016 09:20			Family Present:	Spouse: 480-867-5309
Pre-Op Medications/Antibiotics GIVEN:	• ACETAMINOPHEN TAB, 325 mg 2 Tab 650 mg 10-Mar-2016 09:30 • diphenhydramine CAP, 50 mg 1 Cap 50 mg 10-Mar-2016 09:30 • LIDOCAINE 1% MPF INJ, 2 ml 0.1 mL 0.1 mL 10-Mar-2016 09:20			<b>LINES/TUBES/DRAINS</b>	
Pre-Op Medications/Antibiotics NOT GIVEN:	• ceFAZolin Not Given: Medication Sent to OR • methylPREDNISolone SODIUM SUCC INJ Not Given: Medication Sent to OR			Vascular/Arterial/Central Access:	• Right Forearm 16g
Pre-Op Medications/Antibiotics NOT DOCUMENTED AGAINST:	• ALEMTUZUMAB INJ 1 ml			Tube/Drains/Catheter/Chest Tubes:	
Transplant Medications:	Communicate if medications given or not given. If medications not received by pharmacy prior to leaving PreOp area, advise OR RN that MAR entry needs to be documented against.			Regional Block/Type/Location:	Communicate if Anesthesia performed a block preoperatively and include the type and location
<b>LABS</b>					
Point of Care Urine Pregnancy Testing:	10-Mar-2016 U Preg POC Negative			Regional Block/Type/Location:	Communicate if Anesthesia performed a block preoperatively and include the type and location
Point of Care Gucometer:	10-Mar-2016 09:00 81			Insulin Pump:	
Pending Labs:	10-Mar-2016 09:30 K In Process				
Labs:	10-Mar-2016 09:00 U Preg POC Negative				
Type and Screen:	10-Mar-2016 06:30 ABO Group B Antibody Screen NEG Rh Type POS Type and Screen Expiration 03/13/2016 23:59				

TESTPT, AZKATIE		OR → PACU Handoff		PATIENT HISTORY	
<b>OR DOCUMENTATION</b>					
Surgeon:	Surgeon MD			OSA Score:	5
Procedure:	• Transplant Kidney Recipient Live Donor			Uses Home CPAP/BIPAP:	
Positioning:	• Body Position Supine • Lt Arm Position Padded Armboard • Lt Leg Position Straight - No Additional Padding • Rt Arm Position Padded Armboard • Rt Leg Position Straight - No Additional Padding • Positioning Device Safety Strap			Insulin Pump:	
Site Assessment:	Perform site assessment with receiving RN			Point of Care Gucometer:	10-Mar-2016 12:25 72
Sedation Administered in OR: (RN Sedation Case)				Metal/Implants:	• Hip: Right Hip • Knee: Right Knee • Other: Artificial Genitourinary Sphincter
Local Anesthetic/Exparel:				High Risk Indicators/Special Considerations:	• Cardiac Stents • Diabetic • Renal Failure • History of Falls
Dressing/Dermabond/Steri-Strips/Packing:	• Prima-pore Operative Site			Vascular/Arterial/Central Access:	• Right Forearm 16g
Tubes/Drains/Catheter/Chest Tubes:	• Cath,Foley 3 Way Urinary bladder • Stent Ureteral Ureter			Skin Integrity:	Other: abrasion on right elbow
Metal/Implants Inserted in OR:				Family Present:	Spouse: 480-867-5309
Change in Skin Integrity:	Communicate any changes in Skin integrity that occurred during the OR			Hearing Aids /Dentures/Glasses/Jewelry:	Dentures Yes To OR Jewelry Yes Family Belongings Bag Contacts Yes
Muscle/Joint Limitations:	Communicate any muscle or joint limitations				
Hearing Aids/Dentures/Glasses/Jewelry:	Dentures Full Set, To Post Op with Patient				
X-Ray:					