Improving communication, quality, and structure in the anesthesia transfer of care:

Implementation of the PATIENT Transfer of Care Checklist Tool

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Background

- The post anesthesia care unit (PACU) is a chaotic and noisy environment which often requires the PACU nurse to multi-task including listening to report while connecting the patient to monitors and performing a physical assessment.
- An unstructured transfer of care report from anesthesia providers to intensive care unit nurses leads to omissions of diagnosis, test results & previous or needed treatments.
- Distractions can occur during the transfer of care report which can lead to omission of critical information important to the recovery of patients.
- Miscommunication comprised 60% of sentinel events reported to JC causing risk to patient safety (Joint Commission, 2010).
- In 2006, Joint Commission (JC) required standardized reporting between patient care providers (Joint Commission, 2012).

Question

- Does the implementation of standardized transfer of care tool, from the CRNA to the PACU nurse, provide a more complete and organized report?

STANDARDS

- The American Association of Nurse Anesthetists (AANA) publish standards of Care for Certified Registered Nurse Anesthetists.
- AANA Standard VII states: “Evaluate the patient’s status and determine when it is safe to transfer the responsibility of care” and “Accurately report the patient’s condition, including all essential information, and transfer the responsibility of care to another qualified healthcare provider in a manner that assures continuity of care and patient safety” (AANA Scope and Standards of Care, 2013).

Review of Literature

- The review of literature evaluated the evidence in clinical practice concerning the communication breakdown that revealed near misses and compromised patient safety due to poor reporting and subsequent errors (Segal, Bonifacio, & Schroeder, 2012).
- The review of the literature investigated transfer of care reporting activities between different provider groups with a variety of methods to collect data.
- Common conclusions of the studies stressed the lack of standardized reporting process resulted in the risk of the patient’s safety with the need for a consistent standardized transfer of care tool while reporting (Segal et al., 2012).
Project Goal

• The goal of this project was to increase the organization, consistency, clarity and completeness of the transfer of care report from the anesthesia provider to the PACU nurse by implementing a standardized transfer of care checklist tool.

Objectives

• Assess environmental readiness for standardized transfer of care tool for reporting between CRNA & PACU nurse.
• Implement transfer of care tool, PATIENT, at Plaza Medical Center between CRNA’s & PACU nurses.
• Evaluate the use & satisfaction of PATIENT tool for reporting between CRNA & PACU nurses at Plaza Medical Center.

Conceptual Framework

• The Registered Nurse Association of Ontario (RNAO, 2012) best practice guidelines framework called “Knowledge to Action Framework” consisting of guidelines and concepts used to assist implementing research into practice was used to implement the transfer of care PATIENT tool for this project.

First step of process was phases of: 

1. Planning: Identify the need for a standardized tool
2. Implementation: Develop a standardized tool
3. Evaluation: Evaluate the use & satisfaction of PATIENT tool
4. Sustain: Sustain the change

Second step of process was phases of: 

1. Identifying the need for a standardized tool
2. Implementing the tool
3. Evaluating the use & satisfaction of PATIENT tool
4. Sustain: Sustain the change

Intervention

• A transfer of care checklist tool (PATIENT) developed by Wright (2011) was modified with permission for use in the transfer of care from anesthesia providers to PACU nurses. The mnemonic PATIENT was chosen for memory enhancement and ease of utilization.
• Wright’s findings revealed the handoff process, using the standardized PATIENT tool, proposed solutions to inadequate transfer of care practices (Wright, 2011).

PATIENT Tool Reference
Data Analysis

• The use of the PATIENT tool during report was monitored with data collection weekly for a period of 13 weeks (April-July, 2013).
• Total # OR cases vs. # PATIENT forms completed were report weekly as frequencies.

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Data analysis

• SAS 9.3 was the statistical software used.
• The Wilcoxon Rank-Sum test analyzed & compared median scores on each survey question.
• The overall total score for the CRNA vs. PACU groups was compared at a 0.05 significant level.

Findings

• PATIENT tool use in project by CRNAs was 55%.
• Minimum PATIENT tool use by CRNA's was 26%.
• Maximum PATIENT tool use by CRNA's was 73%.
• The overall scores for CRNA & PACU nurses, using Wilcoxon Rank-Sum test analysis, revealed that there was not a significant difference in scores for the CRNA & PACU groups (p = 0.367).
• Averages for each group ranged from 3.3 to 4.3, indicating satisfaction with use of the PATIENT.
Strength and Weakness of Project

The major strength of this project was the readiness for standardization of the transfer of care process stated by the CRNA's and PACU nurses.

Weaknesses identified during the implementation of this project:

- Resistance to change
- Inconsistent use of the tool
- Distractions during reporting
- Interruptions during reporting by other patients and care givers

Implications for Research

- Using the standardized transfer of care tool PATIENT reduces variability in reporting, therefore decreasing the chance of a reporting error.
- The project had a relatively small sample size of nurses (n=33). Additional research with an increased sample size would allow analysis of the individual concepts in the PATIENT, solidifying the PATIENT tool’s reliability.

Implications for Practice

- Implementing the standardized transfer of care PATIENT tool improves and completes reporting by the CRNA to the PACU nurse.
- Providing a complete report increases support between the CRNA and PACU nurses.
- CRNA’s are able to prepare the report in the OR before arriving to PACU, decreasing delay in reporting time.
- PATIENT tool decreases potential omission of critical patient information.
- A structured report decreases the potential of reporting the wrong information in distracting and busy Post-Anesthesia Care Unit.
- A mnemonic phrase enhances memory and increases consistency for use in practice.
- An increased opportunity for questions provides clarity of patient information and promotes continuity of safe care by the CRNA and PACU nurses.
- Reporting with PATIENT tool assures compliance with Joint Commission safety goals and American Association of Nurse Anesthetists' Standards.

Significance

- Safe and efficient reporting of information is essential when the CRNA transfers care to other nursing staff.
- A primary objective in the transfer of care by the CRNA is continuity of care by provision of accurate information about treatment, current condition, and any recent or anticipated changes (Joint Commission National Patient Safety goals, 2006).
- The PATIENT tool is consistent with evidence to practice measures of quality assurance.
- The PATIENT tool utilization in transfer of care demonstrates leadership and compliance with organization, in addition to a successful transfer of clinical information to the next provider.

References
