Evidence of Data Collection:

Completed handoff forms were analyzed on a weekly basis. Once initial improvement was noted, the forms were analyzed monthly.

Failure to complete the handoff tool appropriately resulted in verbal warnings (1st offense), written warnings (2nd offense) and a one-week suspension for the surgical team involved (3rd offense).**

*only written and verbal warnings were issued; no third offenses were observed.

Preoperative to OR Handoff Report

<table>
<thead>
<tr>
<th>Handoff Tool</th>
<th>Poor RN</th>
<th>Missing RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check patient name (Correct name, correct gender)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Confirm preoperative and anesthetic history</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Review preoperative data (INR, etc.)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Confirm, verify, debrief chain of command</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Note if Protocol of acceptable pain medication</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Patient Communication</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Before implementation: a random audit showed 4/10 H&Ps on the patient chart were incompliant due to being outdated, missing physician signature and/or did not include a review of systems.

After implementation:

- Majority of handoff tools were completed but deemed incomplete because checkmarks rather than initials were used.
- Two separate RNs received warnings for failure to complete their portion of the handoff tool. The clinical staff was made aware warnings were issued to emphasize the importance of completing and complying with the handoff tool.

In comparison with performance goal of 100%, our facility achieved 91% compliance during the three month initial implementation phase (Figure 2).

Re-measurement occurred in April of 2021 and compliance was 99%

- Data collection continued beyond April with the mindset that if compliance were to fail, additional in-services would be held.

Quality Improvement Study: Clinical Record Compliance Utilizing Preoperative-OR Handoff

New York Center for Ambulatory Surgery (NYCAS)

Sarah Rea, MHA, BSN, RN
Director of Nursing

In summer of 2021, NYCAS transitioned to an electronic medical record (EMR). The preoperative-OR handoff tool was formatted as a consent requiring signatures from the preoperative nurse and OR nurse (Figure 2, 3).

- By formatting as a consent, the chart was not able to be marked as complete until all signatures were obtained (Figure 2, 3).
- The EMR flags H&Ps that are greater than 30 days prior to surgery.

Upon re-measurement in August of 2021, compliance remained at 100% (Figure 2)

- All handoff sections were completed. No H&Ps were out of the 30 day range, all were attested day of surgery and COVID test/vaccination proof was compliant**

*DOH guidelines were adjusted to permit COVID-19 vaccination proof as sufficient preoperative documentation for fully vaccinated individuals. No COVID-19 PCR tests were required unless unvaccinated.

NYCAS implemented a Preoperative-OR handoff form that was included in patient’s charts.

- Goal: NYCAS staff will be 100% compliant in completing the Preoperative-OR handoff forms.

Comparison With Goals:

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