

# A Standardized Handoff Tool for Perioperative Patients

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## Introduction

Per the Joint Commission, inadequate handoffs (HOs) are a leading cause of communication failures linked to adverse events. Perioperative handoffs involving ICU and pediatric patients are particularly high-risk due to the fragility of patients and complexity of care transitions.

## Project Purpose

- To implement and evaluate a standardized SBAR-based HO tool aimed at improving communication quality during perioperative transitions of ICU and pediatric patients.

## Research Objectives

- Assess baseline communication quality using the HO Clinical Evaluation Exercise (CEX) tool
- Develop and implement a standardized ISBARQ-based HO tool
- Reassess communication quality post-implementation.
- Evaluate feasibility for broader adoption across perioperative settings

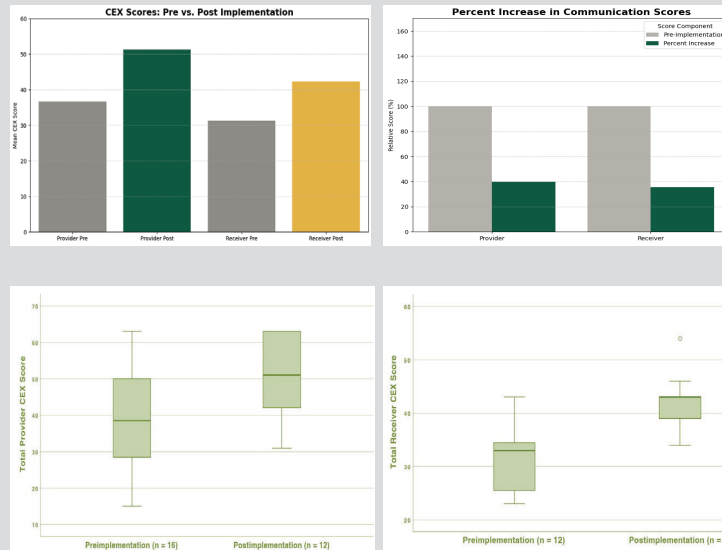
## Learning Outcomes

- Understand how inadequate HOs impact patient safety.
- Identify evidence supporting structured HO communication tools.
- Analyze outcomes using validated communication assessment tools.

## PICO-T Question

In perioperative adult ICU and pediatric ICU providers, does the implementation of a standardized handoff tool, compared with standard verbal handoff practices, effect communication quality over a three-month evaluation period?

## Pre-Post Intervention Results



## Methods

- Design: Pre-post quality improvement project
- Setting: 626-bed tertiary hospital in West Central Florida
- Framework: Lewin's Change Theory guided the change process
- Tool: Handoff Clinical Evaluation Exercise (CEX) measured baseline and post-implementation HO quality
- Intervention: ISBARQ-based HO tool training over 2 weeks
- 3-month implementation across perioperative units
- Sample: Pediatric and ICU RNs (PACU and ICU), CRNAs caring for pediatric and adult ICU patients
- Analysis: Descriptive statistics and Mann-Whitney U tests

## Results

Provider CEX scores increased by over 14.5 points (from 36.69 to 51.25), while receiver CEX scores improved by more than 11 points (from 31.25 to 42.33). These gains reflect a substantial enhancement in structured communication during high-risk transitions of pediatric and adult ICU patients, supporting the tool's potential for broader system-wide adoption.

## Limitations

- Resistance to change in provider practice.
- Variability in ICU patient volumes.
- Geographic spread of facility units.
- Limited timeframe for data collection.

## Implications for Practice

The standardized handoff tools improved perioperative communication quality between providers. Broader adoption across the health system would promote consistent, evidence-based handoff practices.

Implementation of the standardized SBAR-based handoff tool led to a statistically and clinically meaningful improvement in perioperative communication quality.

Scan for References



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