

SWITCH: A Standardized Handoff Process in the Operating Room

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Clinical Significance

According to Joint Commission 2024 National Patient Safety Goals, improving staff communication and preventing surgical mistakes are both key priorities. It is reported that up to 80% of miscommunication among medical staff occurs during the handoff phase.

Background

In nursing school, the most common type of handoff tool taught is the SBAR style communication. This is most commonly used on med-surgical floors, however does not translate into the perioperative space. On this perioperative unit, previous practice varied nurse to nurse because there was not a standardization of practice. Practices among operating room (OR) nurses ranged from writing down notes on a gown card or on the back of the printed consent.

Preparation and Planning

After reviewing literature, a stakeholder group of experienced OR nurses and nurse educators convened and drafted an OR-specific mnemonic (SWITCH: Situation, Wound/Procedure, Instruments, Tissue, Counts, Handoff Needs). A prototype layout was created and refined using formative feedback from staff. Printed one-page SWITCH checklists were prepared for each OR and laminated for durability.



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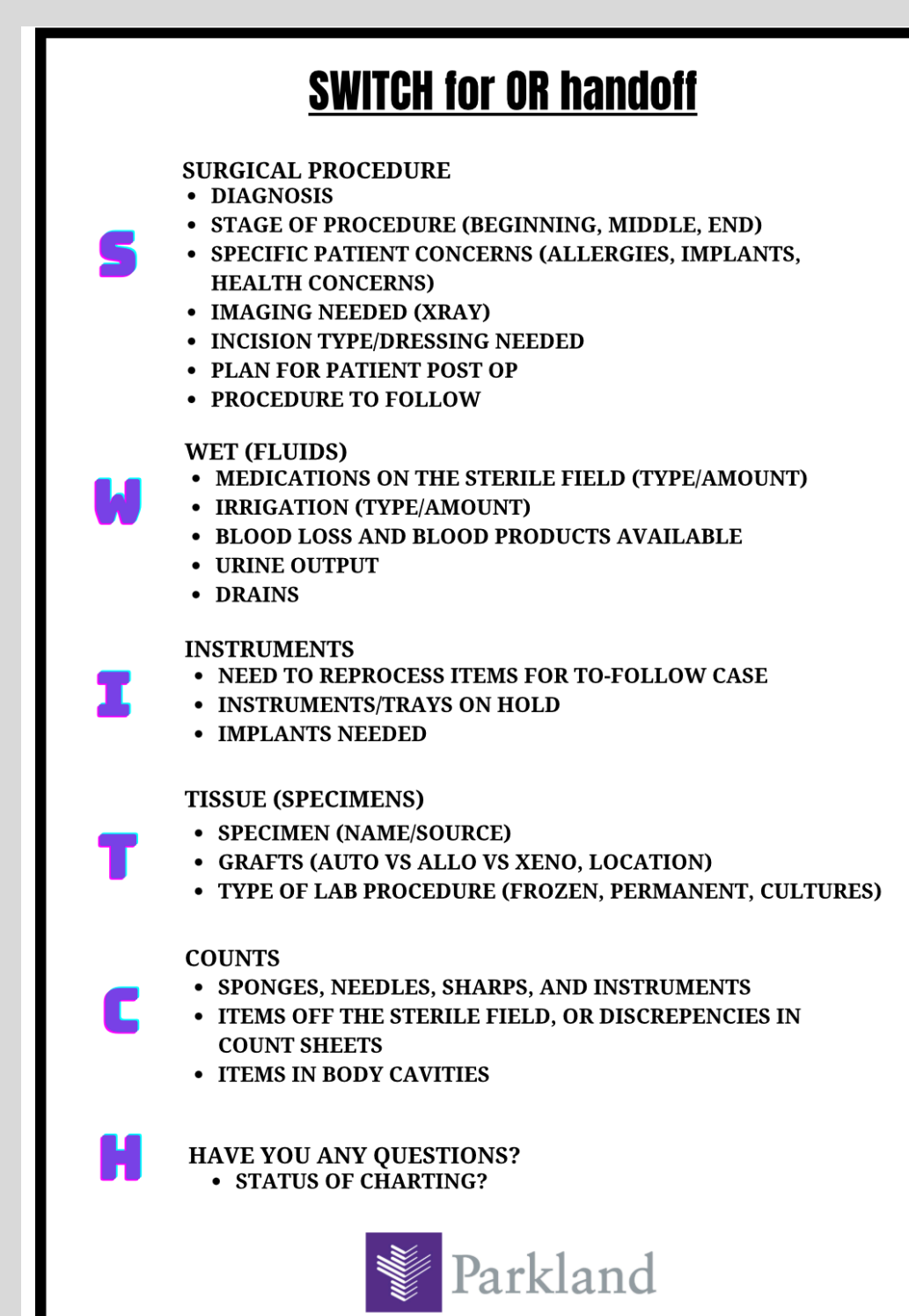
Literature Review

Boat & Spaeth, 2013	<ul style="list-style-type: none"> Standardized intraoperative handoff checklist increased completion from 20% → 100%. Structured perioperative tools reduced communication errors and improved reliability of OR-to-PACU transitions.
Julia, et al., 2017	<ul style="list-style-type: none"> Implementation of a 22-item intraoperative handover checklist + training increased mean handover quality scores by ~ 43%. Improvement persisted at 3 months and was achieved without increasing handover duration – indicating better communication without adding time burden. Participants reported higher satisfaction and confidence with handover communication after checklist training, noting improved clarity and structure.
Lee, 2024	<ul style="list-style-type: none"> Use of the SWITCH-based standardized handoff tool for four weeks significantly increased nurse-reported handoff satisfaction, self-efficacy, and perceived surgical nursing performance compared with usual handoff practice. Participants showed improved communication competence, suggesting that a structured, perioperative-specific tool supports clearer, more effective OR nurse-to-nurse transfers without relying solely on ad hoc verbal handoffs.
McQueen-Shadfar, L., & Taekman, J., 2010	<ul style="list-style-type: none"> Simulation-based studies show that structured handoff protocols improve accuracy and completeness of essential information transfer in the OR and reduce communication errors. Standardizing perioperative handoffs with clear expectations and tools supports safer transitions of care.
Sclafani, M., 2021	<ul style="list-style-type: none"> Use of a structured, more consistent perioperative handoff communication process; reduced variability in information exchange. Standardizing handoff expectations through workflow redesign and staff engagement improved nurse accountability and supported safer transitions of care in the operating room.

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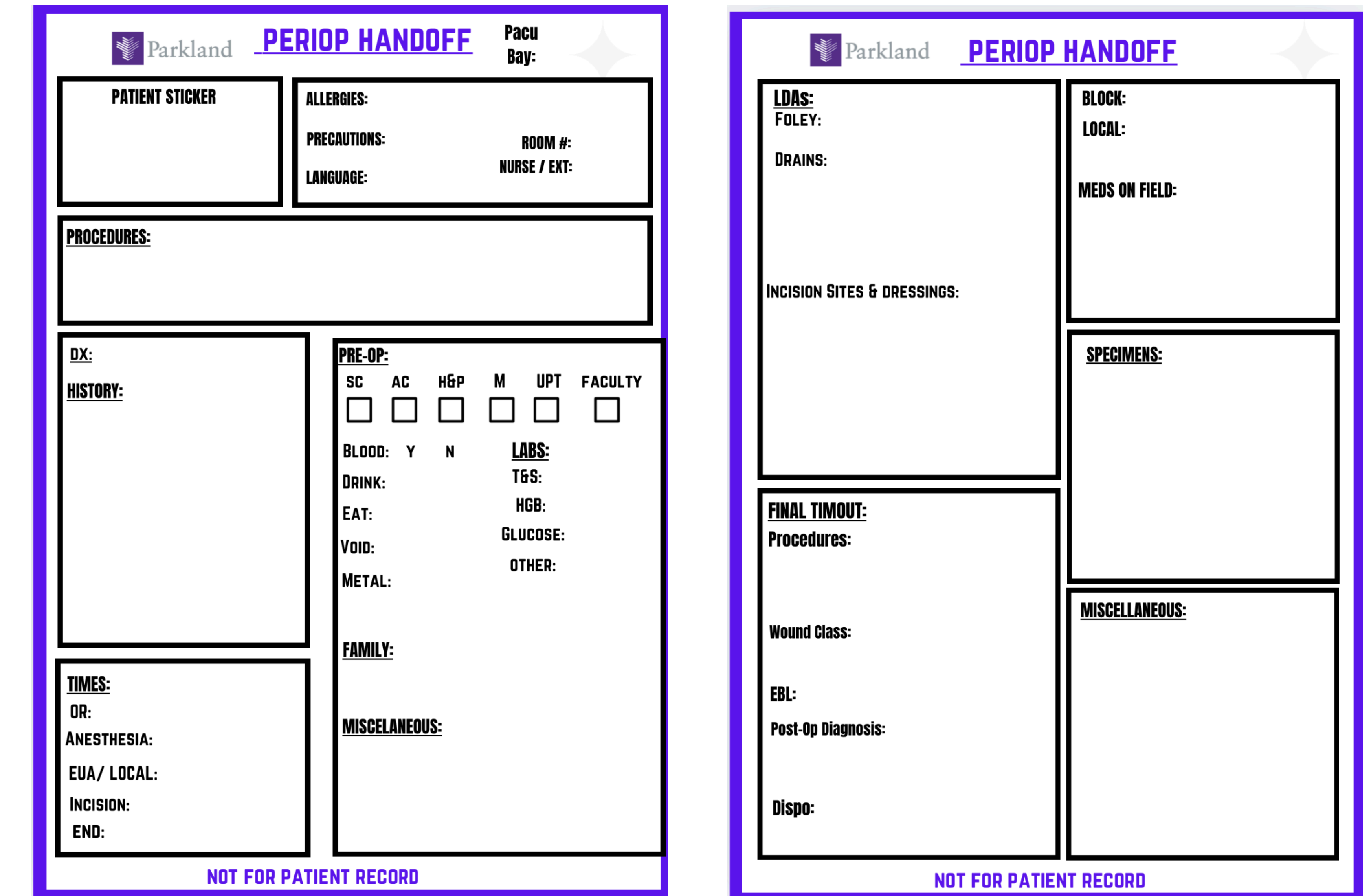
Implementation

Pilot period: three versions tested on day and evening shifts with voluntary use.
 Education: 10–15 minute informal demonstrations at weekly staff meetings, newsletter preview, and peer champions identified to model usage.
 Deployment: finalized SWITCH posted in each OR, pocket copies available, and new nurse orientation included a brief SWITCH demonstration.
 Use: tool is optional but heavily used by new nurses and nurse residents as a cognitive aid during intraoperative transitions.



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Utilization



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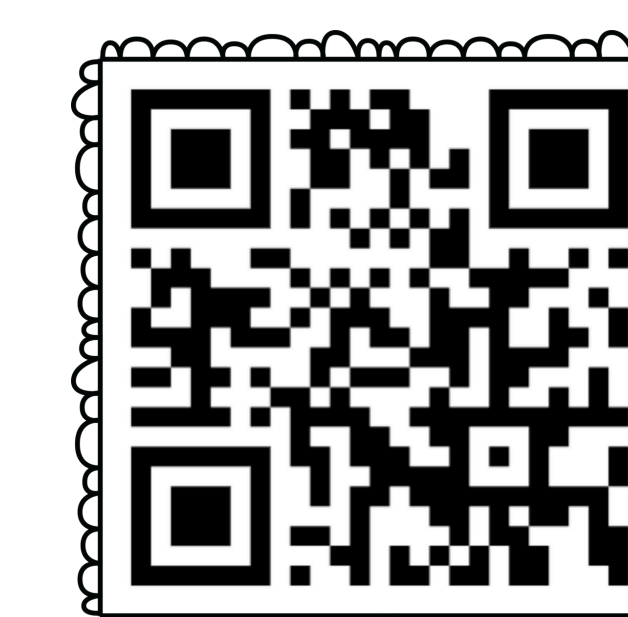
Outcomes

- Implementation of the SWITCH handoff tool resulted in more consistent and structured nurse-to-nurse handoffs across phases of the operating room.
- Nurses report improved clarity of communication and greater confidence that critical procedural and patient information is consistently conveyed.
- SWITCH has been especially beneficial for onboarding new nurses and nurse residents, serving as a cognitive tool during intraoperative transitions.
- Staff feedback indicates smoother handoff transitions and increased nurse confidence; formal data collection is ongoing to evaluate handoff completeness and communication effectiveness.

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Implications for Nursing

Implementing an OR-specific, structured handoff supports perioperative nurses' role in preventing communication-related errors and aligns with national patient safety priorities to improve staff communication. SWITCH offers a low-cost, adaptable tool that: (1) standardizes intraoperative nurse-to-nurse transitions; (2) improves onboarding by providing a consistent cognitive aid for new nurses; and (3) creates a shared mental model for critical procedural information—thereby supporting safer perioperative care for all patients.



References

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