

BACKGROUND

- NewYork Presbyterian Columbia/Cornell is one of the nation's highest-volume transplant centers, having performed over 20,000 transplants in the United States.
- Advances in medical science have increased the frequency of multi-organ transplants for patients with multi-organ failure.
- In 2024, NewYork-Presbyterian Columbia successfully completed 8 multi-organ transplant procedures.
- Current SBAR (Situation, Background, Assessment, Recommendation) handoff tool used in the operating room does not adequately address the complexities of multi-organ transplant cases. Limitations include insufficient organ-specific details, challenges coordinating with multiple specialized surgical teams, and lack of support for real-time treatment adjustments.

PICO

P: Registered Nurses (RNs), Charge Nurses, and Nursing Leadership involved in the multi-organ transplant care process

I: Multi-organ Transplant SBAR

C: Standard handoff communication without the use of Multi-organ Transplant SBAR

O: Enhanced handoff communication, increased compliance with information handoff protocols, improved nursing workflow and patient safety outcomes

METHODS

PDSA Framework for Multi-organ Handoff Improvement

Plan:

- **Debriefing:** Conducted a session in January 2025 following a miscount incident during a multi-organ transplant, with emphasis on unstructured communication.
- **Improvement Areas:** Operating Room nurses identified gaps in the existing SBAR tool that contributed to communication breakdowns.
- **Survey Development:** Developed a survey to gather feedback from all relevant stakeholders involved in multi-organ transplant procedures..

Do:

- **Survey Analysis:** Analyzed survey results to identify key feedback and improvement areas.
- **SBAR Development:** Designed a Multi-organ specific SBAR based on feedback to enhance communication and compliance.

Study:

- **Implementation:** Rolled out the new SBAR in April 2025 through in-services and team huddles.
- **Training:** Ensured all team members received education on the proper use of new SBAR form.

Act:

- **Post-Implementation Survey:** Conducted a post-implementation survey in December 2025 to evaluate the effectiveness of the new SBAR tool.
- **Monitoring:** Continued monitoring of multi-organ transplants to support sustained improvements in communication and patient safety.

RESULTS

Pre-implementation survey of RNs:

- **77%** reported that the existing SBAR does not adequately support communication during multi-organ transplant procedures.
- **93%** indicated that a structured, Multi-organ specific SBAR would improve continuity of care among multidisciplinary teams.

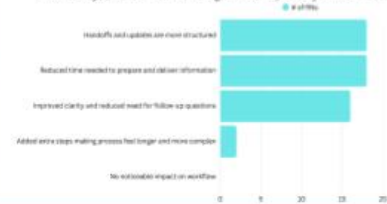
SBAR revisions based on survey feedback:

- Added a dedicated section to document and track critical time points for each transplanted organ.
- Added an enlarged section to track blood products, instrumentation and soft goods during organ team transitions.

Post-Implementation survey of RNs:

- **95%** of RNs reported improved communication clarity and management of complex care processes using the Multi-organ Transplant SBAR.
- **90%** of RNs reported Multi-organ Transplant SBAR enhanced patient safety and reduced missed information.

In what way(s) has the new Multi-Organ SBAR impacted your workflow?



DISCUSSIONS

- Total of 23 multi-organ transplants were completed using the new Multi-organ Transplant SBAR from April 2025 to December 2025.
- Implementation of Multi-organ transplant specific sbar demonstrated improved tracking of critical elements during extended, highly regulated surgeries.
- Findings are consistent with existing evidence supporting structured handoff tools to enhance patient safety and interdisciplinary communication; limitations included single-center implementation and reliance on self-reported survey data.
- Long-term goal is to reduce surgical miscounts in multi-organ transplants through sustained SBAR use.



REFERENCES:

