

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

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Element 1: Purpose

- Background:** AAAHC standards indicate clinical information must be “reviewed and incorporated into the medical record as required by the organization’s policies.”
 - Guidelines indicate History and Physicals (H&Ps) must be completed within 30 days of surgery.
 - DOH guidelines and NYCAS policies and procedures indicate COVID-19 PCR tests must be completed within 5 days of surgery.
- Purpose:** by complying with and meeting standards, we ensure the safety of patients, staff and physicians and improve quality of care.

Element 2: Performance Goal

- 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.

Element 3: Description of the Data

- The Preoperative-OR handoff tool was implemented in July of 2020 (Figure 1).
- The handoff tool was completed at the patient’s bedside in pre-op, by the preoperative and circulating nurse as a final check that documentation, including H&P and COVID-19 test, is compliant with NYCAS policies.

Preoperative to OR handoff Report

By signing below I agree the following has been verified at the patient bedside by a preoperative and circulating nurse simultaneously.

Handoff Item:	Preop RN	Circulating RN
Check patient name & DOB with chart, patient and wristband		
Confirm procedure and laterality (if applicable), Patient Marked		
Allergies/communicable diseases (HIV, etc.)		
Contacts, jewelry, dentures, metal removed		
Urine HCG negative (if applicable)		
Anesthesia consent signed		
Surgical consent signed		
H & P completed on _____		
H & P done by (please circle) Surgeon Other		
H & P attested DOS @ _____ AM/PM		
COVID-19 PCR done within 5 days		

H&P Review by Anesthesia

Completed by _____ Time _____

	YES	NO	N/A
MSC H&P DOS Completed			
Off-Site H&P within 30 days			
Immediate Preoperative Reassessment/Attestation Complete			

PLACE PATIENT STICKER HERE

Figure 1

Element 4: 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.

Element 5: Data Analysis and Findings

- 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 incompliant 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.

Element 6: Comparison With Goals

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

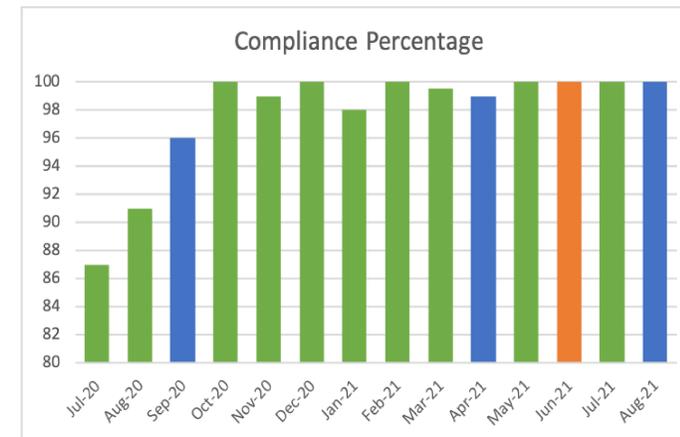
Element 7: Corrective Action

- To improve compliance, the tool and its purpose was reiterated to the staff on education day in September 2020.
 - Feedback encouraged from nurses to adjust handoff tool.
- Re-measurement was scheduled for April 2021.
 - We believed this time period was appropriate given audits were being conducted monthly.
 - Once the first few verbal warnings were given due to lack of completion of handoff, we noticed a significant increase in compliance. Therefore, April seemed long enough (7 months) for re-measurement to see changes.

Figure 3

Element 8: Re-Measurement

- Re-measurement occurred in April of 2021 and compliance was 99%.
 - Data collection continued beyond April with the mindset that if compliance were to fall, additional in-services would be held.



Re-measurement points EMR Implementation

Figure 2

Element 9: Implementing Additional Corrective Action and Re-Measurement

- 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 area 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.

Element 10: Closing the QI Loop and Communication of Findings

- Communication of the findings occurred during quarterly QAPI meetings.
- Incorporation of findings into the organization’s educational activities has occurred and will continue to occur as necessary.