

**2017 APSF Stoelting Workshop**  
**Perioperative Handoffs:**  
**Achieving Consensus on How to Get it Right**



# Handoffs in Perioperative Medicine Why Are We Here?





Arts, Music, and Recreation > Sports

# Drills for 4 x 100 Relay Teams

## How to Pass the Baton in a Relay Handoff

f SHARE

P PIN

✉ EMAIL



by **Mike Rosenbaum**

Updated January 17, 2017

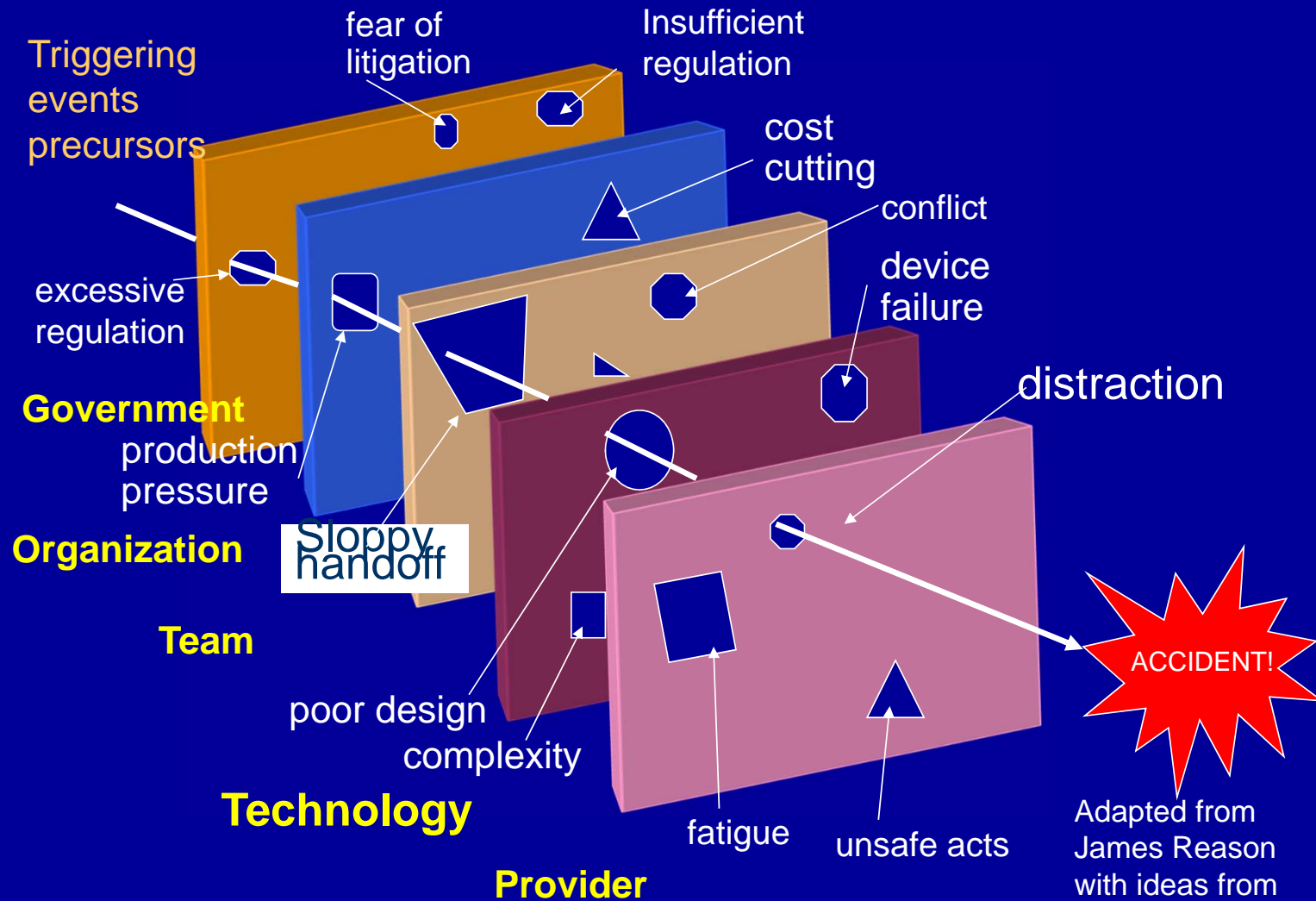
The 4 x 100 relay race is often won in the exchange zones, so drills to increase a team's baton-passing efficiency are vital to success in the sprint relay.

First, of course, coaches must select their 4 x 100 relay runners with an eye for athletes who can exchange the baton smoothly, and at full speed, in addition to being strong sprinters. Then the coach must train the team, through its drills, to hone its passing technique into a smooth-running operation.

Sports

Track & Field

# Swiss Cheese Model of Accident Trajectory



Adapted from James Reason with ideas from Peter Angood

## My Initiation to Handoffs

- Cooper JB, Long CD, Newbower RS, Philip JH. Critical incidents associated with intraoperative exchanges of anesthesia personnel. *Anesthesiology* 1982;56:456-461
- Cooper JB. Do short breaks increase or decrease anesthetic risk? *J Clin Anesth* 1989;1:228-231



## RELIEF EXCHANGE PROTOCOL

When one anesthetist relieves another, the reliever should ascertain the following information before the original anesthetist exits:

### A. THE SITUATION

1. Patient's diagnosis, operation, notable past history, allergies, abnormal lab values, chest film, ECG.
2. Anesthetic technique and logic.

### B. COURSE THUS FAR

1. Anesthetic course, status of surgical procedure.
2. Fluids and blood products given; assess blood loss and fluid replacement.
3. Inspect IV lines, ports, A-line.
4. Present level of anesthesia: going up or down:  
When will patient need additional anesthesia?
5. Inspect drug administration apparatus for labelling of names and concentrations.
6. Current settings of gas flows, anesthetic concentration and reading of oxygen analyzer, cylinder and pipeline supplies pressures.
7. Current clinical signs and vital signs: determine before relieved anesthetist exits.

### C. ANTICIPATED COURSE

1. Check for availability of blood products.
2. Review anesthetic plan, fluid and drug therapies.
3. Plan for post-operative respiratory and drug support.
4. Record time of relief exchange and reliever's name on anesthetic record.
5. Determine when the relieved anesthetist will return.

BRADY J. RINGSTADT, M.D.

The Modern Era:  
Same Problem  
Even worse  
Effective Solutions Elusive



# NEWSLETTER

The Official Journal of the Anesthesia Patient Safety Foundation

Volume 32, No. 2, 29-56

Circulation 122,210

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## Handoff Communication: An APSF Safety Initiative and Perioperative Provider Concern

by Steven Greenberg, MD, FCCP, FCCM

The substantial number of preventable deaths and other adverse events associated with health-

ference, entitled "Perioperative Handoffs, Achieving Consensus on How to Get It Right,"



# Planning Committee



Aalok Agarwala



Meghan Lane Fall



Jay Vogt



Philip Greilich



Amanda Burden

## OBJECTIVE

As many statements about handoffs that a supermajority of 75% can agree on and as we reasonably have time to consider.

## Preparation for Consensus-seeking

- Purpose of a handoff Meghan Lane-Fall
- Types of handoffs Amanda Lorinc
- Human Factors Josepk Keebler
- Evidence Aalok Agarwala
- Standardization Amanda Burden
- Implementation Principles Brian Mittman
- Training Lee Ann Riesenber
- EMR Patrick Guffey
- Implementation Success Raj Srivastava
- Provocative topics Philip Greilich

No speakers have financial disclosures unless otherwise stated

## The Ideal Handoff?

- Receivers of responsibility for a patient have all the explicit and tacit knowledge of the patient and the patient's needs that are needed for continuing safe optimal care
- The process can reveal the yet unknown or forgotten aspects of care and improve it.

# Bob Wears 1947-2017



## Disclosure:

We will be recording this entire meeting (audio only) as reference for our meeting report. We do not intend to share any recordings, but still don't say anything you wouldn't want attributed to you!