

# Protected Pause: Connect – Pause - Engage

GRACE HOSPITAL

## ABSTRACT

Studies<sup>1</sup> show that undivided attention during handover of a surgical patient in PACU (Post Anaesthetic Care Unit) has a direct correlation to improved recall of information.

There must be also be formal handover by the anaesthetist and the process is only complete when the PACU nurse indicates they are comfortable to continue on-going management <sup>2</sup>.

Historically patients are transferred to PACU where anaesthetic and nursing staff would commence their handover immediately. The PACU nurse at this time is attempting to attach monitoring equipment, commence observation of the patient's airway and retain the information presented to them.

Combined with varying handover styles, there was potential for information to be missed and little opportunity to make clarifications about the information being provided. A 'Protected Pause' involves delaying any verbal handover until the PACU nurse has connected appropriate monitoring and is able to give uninterrupted attention to the handover.

### **Method**

Using the PDCA approach, objectives were developed; and the initiative and proposal were approved by Grace Hospital Quality Committee and Medical Advisory Committee. Stakeholders were identified and a communication and action plan developed.

A focus group of key members led the development of a standardised handover structure which ensured a focus on patient safety and quality of care. Resources were produced to ensure consistent handover and provide prompts.

Qualitative data was gathered by direct observation and staff interviews to determine effectiveness of the standard handover approach.

### **Results**

Observations from the introduction of the protected pause indicated enhanced patient safety before commencing a verbal handover.

Protected pause has resulted in; encouraged professional behaviour from medical and nursing staff, fewer omissions of information due to the structured approach and standardisation of the handover, fewer call-backs, less distractions and improved recall of information. Staff engagement in this process has increased as evidenced by reports given by the Multi-Disciplinary Team.

### **Conclusion**

As a result of this project, there have been fewer call backs to PACU and the hand over process is more efficient and complete.

### **Recommendations**

The standardised handover format and protected pause has been adopted into practice at operating theatre to PACU handover.

Moving forward we will be extending the project to improve PACU to ward / DSU (Day Stay Unit) handover

### **References**

1. Alejandro Arenas, Burton J Tabaac, Galina Fastovets, Vinod Patil 2014 Undivided attention improves postoperative anaesthesia handover recall *Advances in Medical Education and Practice* Volume 5 Pages 215—220

2. Australian and New Zealand College of Anaesthetists 2020 Statement on the post-anaesthesia care unit PS04 <https://www.anzca.edu.au/getattachment/7045495a-0f12-4464-852c-b93c0453e1ed/PS04-Statement-on-the-post-anaesthesia-care-unit>