TOC-01: Percentage of patients with documentation of intraoperative handoff for permanent transfers of care between in-room anesthesia providers.

Measure Time Period:
Anesthesia Start to Anesthesia End

*For cesarean delivery conversion cases: 5 minutes after Cesarean Delivery Start Time to Anesthesia End

A permanent handoff is defined as:
- Staff relief for > 40 minutes between staff change and Anesthesia End or,
- Staff change in which the original provider is relieved and does not sign back into the case.

A staff change is defined as the in-room provider documenting sign-out and another signing in within 5 minutes before or after the sign out.

The accepted time frame for documenting the intraop handoff is 15 minutes before to 15 minutes after the staff change.

Key handoff elements that must be included in the transfer of care protocol or checklist include:
- Identification of patient
- Age
- Gender
- Weight
- Allergies
- Discussion of pertinent/attainable history/preop medications
- Discussion of surgical/procedure course (procedure, reason for surgery, procedure performed)
- Intraoperative anesthetic management and issues/concerns to include things such as airway, hemodynamic narcotic, sedation level and paralytic management and intravenous fluids/blood products and urine output during the procedure
- Expectations/plans for the early post-procedure period to include things such as anticipated course (anticipatory guidance), complications, need for lab or ECG and medication administration
- Introduction of relieving anesthesia care provider to OR team

TOC-01: Transfer of Care - Intraoperative

Start

ASA 5 & 6 Including Organ Procurement

Exclude

Labor Epidural as determined by Obstetric Anesthesia Type?

Exclude

Any permanent staff changes between providers?

Exclude

Handovers between supervising anesthesiologists?

Exclude

Documentation of intraop transfer of care including the key handoff elements

Pass

Flag