

What Do We Do? Ensuring Patient Safety Through Teamwork

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IN MY FEBRUARY EDITORIAL,¹ I focused on what it means to be a nurse and the many opportunities that the role provides. In this issue, I would like to focus on what it is that perianesthesia and perioperative nurses do, and most importantly, the team environment in which we work on a daily basis. Nurses across all areas of the surgical continuum are charged, above all else, with ensuring the safe traversal of the patient through every phase of the surgical experience. Preoperatively, to include preadmission testing and preoperative holding, we coordinate the early assessment, education, and preparation of the patient for surgery. Intraoperatively, the nurse coordinates the team and manages the environment to ensure patient safety during a critical period in which the patients are unable to advocate for themselves. Postoperatively, the nurse maintains vigilant monitoring and intervention to ensure safe emergence from anesthesia and a return to a presurgical level of function while ensuring minimal pain, nausea and vomiting, and other complications.

The nurse, however, never functions alone, but as an integrated and equal member of an intradisciplinary team charged with providing safe, quality care at a time when the patient is the most vulnerable (Figure 1). The priority for this team is *always* the patient. The key to safe patient passage is effective communication and teamwork. The healthcare profession has recognized since the early 2000s that the leading cause of inadvertent patient harm is communication failure.^{2,3} Only by eliminating

hierarchy and creating an environment in which every member of the team is equally empowered to speak up and participate is the potential for patient harm reduced.²⁻⁴

Intradisciplinary teamwork coupled with warm handoffs are critical to the patient's safe passage through each phase of the surgical continuum, with the team lead varying based on the location and needs of the patient. In the preoperative setting, it is often the registered nurse (RN), in collaboration with advanced practice nurses and physicians who are guiding patient care, ensuring that all preoperative tests are completed and results communicated, and that preoperative teaching is conducted and understanding exhibited by the patient and their caregivers. On the day of surgery, the preoperative holding nurse leads the initial team effort in ensuring that all is in order for surgery. Warm handoff, however, should occur between all team members (preoperative nurse, operating room [OR] nurse, anesthesia, and surgeon) in preoperative holding prior to transfer to the operating room.

The intraoperative setting provides something of a unique experience in which team leadership may be collaborative, or the leadership role may rotate depending on the stage of the surgery.² The OR nurse has overall responsibility for the room and is initially responsible for ensuring proper patient positioning and protection as well as ensuring that all instruments and equipment are readily available. The OR nurse is the team lead *at all times* with regards to patient safety and maintenance of the sterile field. At the point of anesthesia induction and emergence, anesthesia takes on the mantle of leadership, whereas the surgeon leads the team during the surgical procedure. At all times however, every member of the team should be considered equal and equivalently empowered to speak up at any point should a concern arise.²⁻⁵

The immediate postoperative phase should begin with a warm handoff in the postanesthesia care

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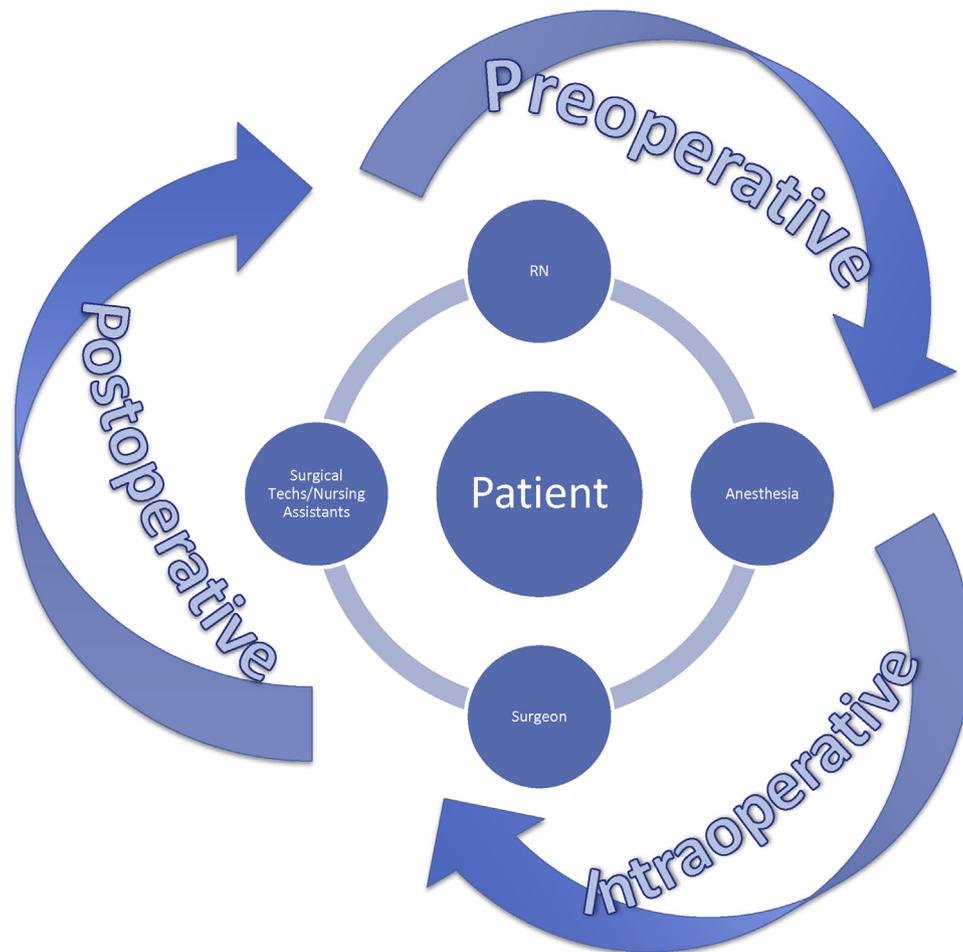


Figure 1. Perioperative team model. This figure is available in color online at www.jopan.org.

unit (PACU) between the OR nurse, anesthesia provider, surgeon, and PACU nurse. At this point, the PACU nurse typically takes responsibility for the patient, and as such, primary leadership of the surgical team while supported by anesthesia and surgery when indicated. Warm handoff occurs once again when the patient is transferred to the floor, where the floor RN takes over team leadership, or if discharged home, the patient and care provider take responsibility for care.

Across the surgical services continuum, nursing functions as an integral component of an intradisciplinary team charged with providing the highest level of safe, quality patient care. Every team member functions as a critical link in the care process. There is no hierarchy. No one member is more important than the other, but neither can any member be left out or forgotten. We are all charged with ensuring the safe traversal of the patient across the surgical continuum. We are a team, and this is what we do.

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