

implementation (DTI) were assessed. Pre (N=104) and post (N=52) surveys assessed staff perception of handoffs. Kruskal-wallis tests were used to compare groups.

Results During the initial 4-week implementation, we decreased DTC from 155 to 87 minutes ($p=0.18$) and DTI from 202 to 154 minutes ($p=0.6$). The staff perception of incomplete handoffs was decreased by 45%. The perception that incomplete handoffs negatively affect patient care always or often decreased from 10% pre to 0% post.

Conclusions Our data demonstrates that our process decreases DTC and DTI while improving the perception of incomplete handoffs. We plan to pursue continued education of the process and an expansion to all admissions to labor and delivery with continued tracking of process compliance and metrics.

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IMPROVING HANDOFFS BETWEEN TRIAGE AND LABOR AND DELIVERY AT A UNIVERSITY HOSPITAL: A PILOT STUDY

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Background Labor and Delivery (LD) is a high turnover unit with approximately 300 triage admission handoffs monthly. This results in a high potential for errors, inefficiency and decreased staff and patient satisfaction.

Objectives Our objective was to improve efficiency, communication and safety through collaboration and standardization of the process for patients being admitted from triage to LD.

Methods An interdisciplinary team developed and implemented the standardized process at a University Hospital. The process was developed to communicate critical information prior to transferring a patient from triage to LD utilizing hard stops. Once transferred, a bedside safety huddle with the patient, nurse and provider was implemented to review the care plan utilizing a newly devised safety board. Times from decision to admit to communication of plan (DTC) and plan