Transfer of Care to PACU

TOC-02 Review - February 23, 2026

Review Measure Specification by selecting this link
Reviewed November 2023 - link

Feedback from Measure Reviewer(s)

Dr. Alvin Stewart, University of Arkansas

Review of new literature (Published 2017, Last Reviewed 11/2023)

Smaller quality-improvement studies demonstrate that checklists used to communicate standardized patient and procedural information can be beneficial. However, consensus on the essential elements that such checklists should contain has yet to be established.

Ebertz DP, Steinhagen E, Alvarado CE, Bingmer K, Asher D, Berardinelli A, Ammori J. Eliminating Hands-Off Handoffs: Improvement in Perioperative Handoff Communication With a Multidisciplinary Tool Initiative. J Healthc Qual. 2024 May-Jun 01;46(3):168-176. doi: 10.1097/JHQ.0000000000000424. Epub 2024 Jan 12. PMID: 38214596.

Dubey S, Santha N. Effectiveness of the Practice of Standardized Handover Process Using a Checklist in the Postanesthesia Care Unit: An Observational Study. Ann Afr Med. 2024 Oct 1;23(4):611-616. doi: 10.4103/aam.aam_47_24. Epub 2024 Aug 13. PMID: 39138938; PMCID: PMC11556491.

Appropriateness of rationale

As noted by the previous measure reviewer, the evidence supporting which specific elements should be included in the handoff remains inconclusive. Nevertheless, TOC 02 continues to represent a valid and meaningful measure, as effective communication between the anesthesia provider and perioperative staff in the recovery unit is essential to promoting safe and appropriate patient care.

Evaluation of inclusion/ exclusion criteria

Exclusion criteria for diagnostic arteriography/venography should be removed. Patients who do not go to PACU are excluded. All other inclusion criteria are appropriate.

Evaluation of definition of success or flagged cases

I am comfortable with defining success as the clear and accurate documentation of the handoff using the elements specified by MPOG. This definition maintains the necessary flexibility for institutions to adapt the handoff process to their local operational context while still providing a standardized framework that promotes consistency and facilitates cross-institutional comparability. Moreover, no studies published within the past two years have identified handoff elements that exceed or meaningfully improve upon those currently incorporated into the MPOG framework, further supporting the adequacy of the existing structure.

Other feedback

The time-period criteria have been updated since the previous review. Specifically, the reference point was revised from Measure Start (Anesthesia Start) to fifteen minutes prior to PACU Start. This modification prevents providers from documenting the handoff event at any arbitrary time before the clinically appropriate handoff window at the end of the case. In addition, fifteen minutes were appended to the Anesthesia End time. Together, these two adjustments establish a clearly defined and bounded measurement interval, thereby improving both precision and interpretability of the measure.

Dr. Stewart's Recommendation for TOC-02

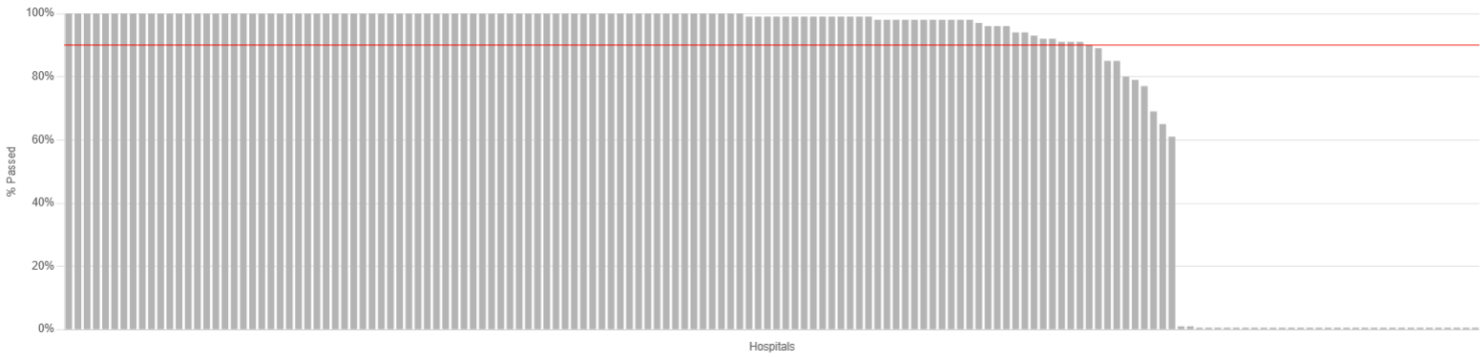
	Dr. Stewart
Keep as is: no changes at all	☐

Modify: changes to measure specifications (see below. Agree with keeping despite high overall scores as new sites / sites that do not use a documented tool can still benefit.)	☑
Retire: eliminate entirely from dashboard and emails	☐

Recommend updating the exclusion criteria.

MPOG Coordinating Center Comments

- Update organ procurement exclusion with phenotype
- Update exclusions to remove all procedure-specific exclusions and rely on only including patients transferred to PACU




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