

SDC, Rationale for Design and Responses to Findings					
Handoff element designed	Previously included in handoff process?	Benefit of element	Issue(s) discovered during trial (Interval discovered)	Apparent cause of issue	Adjustment made during subsequent interval
Pre-handoff phone call A brief phone call between the PACU* nurse and receiving nurse to confirm patient name, intended room location, type of admission, type of bed needed, isolation needs, respiratory needs, language interpretive needs, expected patient arrival time, and a determination of whether or not social needs will need to be privately discussed following upcoming face-to-face handoff.	No; new to pilot units	Allows for confirmation of logistical details prior to committing resources; ensures delivery of appropriate care and services. ⁵	Compliance only 77% (Interval I)	Unclear rationale for (or unclear benefit of) completing the respective handoff element	The reason(s) for completing the respective element was added into the written materials
Room Equipment Check A check to confirm the patient room is ready to receive patient.	Included informally in some handoffs but not all	Confirms equipment details and needs prior to integrating patient into new environment; ensures delivery of appropriate care and services. ⁵	Few issues discovered	--**	--**
Report at bedside The handoff process is performed in the patient's room, as close to the patient as feasible.	Included in less than a quarter of handoffs among the pilot units	Allows for joint nursing assessment of the patient, patient learning, and patient input. ^{5,14}	Compliance only 90% (Interval I)	Unfamiliarity with ("learning curve" of) new standard	No design adjustment made, but continued coaching and practice with new standard
Introductions/Family Involvement The receiver greets family and introduces self; the PACU* nurse verbalizes patient's name, age, birthdate, allergies, and guardians; the receiver verifies patient's identification and allergy bands.	Rarely included	Introductions acquaint the patient and family with the nursing staff. Family involvement allows for family learning and family input. ^{5,14}	Compliance only 83% (Interval I); User concerns (Interval II)	Users were concerned that incorporating families into handoff would extend handoff duration or result in inadvertent errors/omissions	Team consulted the institution's Patient and Family Engagement Team to develop scripting for frontline nurses to use with families
Surgeon, Procedure, Team review A statement of the patient's recent procedure, surgeon, and admitting team.	Included informally in some handoffs but not all	Relays patient summary and contact information to receiver, ^{5,22} confirms proper placement of patient; included in I-PASS mnemonic as "Patient Summary." ²¹	Compliance only 85% (Interval I)	Unfamiliarity with ("learning curve" of) new standard	No design adjustment made, but continued coaching and practice with new standard

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Site, drains, access, patient review Physical assessment of the patient's current level of consciousness, surgical site, dressings, drains, intravenous tube access, and any other tubes or equipment.	Included informally in some handoffs but not all	Allows for preemptive and joint nursing visual assessment of specific risk spots, to inform to-do actions and contingency plans. ^{5,14} Related to the "Situation Awareness and Contingency Planning" check in the I-PASS mnemonic. ¹	Compliance only 93% (Interval I)	Unfamiliarity with ("learning curve" of) new standard	No design adjustment made, but continued coaching and practice with new standard
History and Baseline EMR*** review A reconciliation between paper and electronic records conducted by both nurses together in EMR*** (on computer), regarding patient history and baseline vital signs.	Included informally in some handoffs but not all	Reconciles discrepancies and inaccuracies in the EMR.*** Electronic communication facilitates ongoing communication and feedback loops. ⁵	Compliance only 72% (Interval I); EMR*** log-in barriers (Intervals I, II)	Unclear rationale for (or unclear benefit of) completing the respective handoff element; "slow" software log-in process, unit-dependent differences in EMR*** access	The reason(s) for completing the respective element was added into the written materials; The PACU* nurse was designated, based on log-in access privileges, as the nurse to log in to EMR***
Systems Review A review focused on each physiological system: neurological, cardiovascular, respiratory, and gastrointestinal; as well as any abnormal findings.	Included informally in most handoffs but not all	Relays vital signs, laboratory tests, and other content deemed critical to communicate to the receiver. ^{5,22}	Compliance only 75% (Interval I)	Unclear rationale for (or unclear benefit of) completing the respective handoff element	The reason(s) for completing the respective element was added into the written materials

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Medications, Orders, Pump review A review and reconciliation of medications given during and after recent procedure with those listed on the patient's electronic medication list. A check of pumps and fluids. A review of admitting, diet, lab, and test orders.	Included informally in some handoffs but not all	Reconciles discrepancies, inaccuracies, and incomplete medication orders in patient's medication list. Medications and to-do action lists are deemed critical content to communicate to the receiver, ^{5,22} included in I-PASS mnemonic as "Action List." ¹ Pump setting and medication error risks were viewed by the team as the most common handoff-related safety risks.	Compliance only 67%; specifically, pump check was most frequently omitted (Interval I)	Unclear rationale for (or unclear benefit of) completing the respective handoff element	The reason(s) for completing the respective element was added into the written materials
Mutual Acceptance PACU* nurse asks receiving nurse, patient, and family if they have any questions or concerns. Both nurses check that no questions are left outstanding.	Included in less than 10% of handoffs among pilot units	Prompts a formal spoken acknowledgment of acceptance of accountability for the patient from the receiver ²¹ ; included in I-PASS mnemonic as "synthesis." ²¹	Few issues discovered	--**	--**
General: Coaching of handoff elements	No; new to pilot units	Provides positive reinforcement of standards, engages staff, and garners feedback on further process improvements. ⁵	Establishing personal authority on the new process proved challenging for on-the-job coaches (Interval II)	Non-subjective coaching standards were not transparent to users	The pre-defined list of new handoff requirements were visually posted in handoff locations (near the bedside computers), for coaches to objectively reference
*PACU, postanesthesia care unit. **Not reported. ***EMR, Electronic Medical Record.					