I-PASS Study
Printed Handoff Document Assessment: Faculty Observation and Feedback Tool

Date and time tool printed: _ _/_ _/_ _ (mm/dd/yy) _ _ : _ _ AM / PM

1. How well do you know the patients on the printed handoff document?  □ Very well  □ Somewhat well  □ Not at all

2. Number of patients on printed handoff document: _____

Indicate how frequently each element of the I-PASS mnemonic is present on the printed handoff document.

<table>
<thead>
<tr>
<th>Mnemonic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Illness Severity</td>
<td>Identification as stable, “watcher”, or unstable</td>
</tr>
<tr>
<td>4. Patient Summary</td>
<td>Summary statement, events leading up to admission, hospital course, ongoing assessment, plan</td>
</tr>
<tr>
<td>5. Action List</td>
<td>To do list; timeline and ownership</td>
</tr>
<tr>
<td>6. Situation Awareness/</td>
<td>Know what’s going on; plan for what might happen</td>
</tr>
<tr>
<td>Contingency Planning</td>
<td></td>
</tr>
<tr>
<td>7. Synthesis by Receiver</td>
<td>Written reminder to prompt receiver to summarize what was heard during verbal handoff</td>
</tr>
</tbody>
</table>

8. How often are the following essential elements present and accurate on the printed handoff document:

- Name
- MRN
- Room #
- Weight
- Age
- Medication name
- Allergies
- Service / Team
- Admission date

9. Patient summary with clearly specified plan for remainder of admission
10. To-do items with clear if/then format when appropriate
11. To-do list restricted to items that should be accomplished on next shift
12. High quality contingency plans documented for items not on to-do list

13. Rate the length of the printed handoff document:

- □ Very excessive length
- □ Excessive length
- □ Appropriate length
- □ Abbreviated length
- □ Very abbreviated length

14. Accuracy of Illness Severity Assessments
15. Quality of Patient Summaries

16. Omissions of important information
17. Irrelevant information

18. Did you observe any erroneous information on the printed tool?  □ Yes  □ No

18a. If yes, how many times _____

19. What was especially effective about the printed tool?
20. What aspect(s) of the printed tool could be improved?
21. Additional comments:

21. Was resident given feedback within 24 hours of observation?  □ Yes  □ No