

## COACHING I-PASS Printed Handoff Document Assessment

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

Service: \_\_\_\_\_

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.

Mnemonic	Description	Never	Rarely	Sometimes	Usually	Always
3. <u>I</u> llness Severity	Identification as stable, "watcher", or unstable					
4. <u>P</u> atient Summary	Summary statement, events leading up to admission, hospital course, ongoing assessment, plan					
5. <u>A</u> ction List	To do list; timeline and ownership					
6. <u>S</u> ituation Awareness/ Contingency Planning	Know what's going on; plan for what might happen					
7. <u>S</u> ynthesis by Receiver	Written reminder to prompt receiver to summarize what was heard during verbal handoff					

8. How often are the following essential elements present and accurate on the printed handoff document:	Never	Rarely	Sometimes	Usually	Always
<ul style="list-style-type: none"> <li>• Name</li> <li>• MRN</li> <li>• Room #</li> <li>• Weight</li> <li>• Age</li> <li>• Service / Team</li> <li>• Allergies</li> <li>• Medication name</li> <li>• Admission date</li> </ul>					

Rate the frequency with which the printed tool had:	Never	Rarely	Sometimes	Usually	Always
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

Rate the following:	Poor	Fair	Good	Very Good	Excellent
14. Accuracy of Illness Severity Assessments					
15. Quality of Patient Summaries					

Rate the frequency with which the printed tool contained the following:	Never	Rarely	Occasionally	Fairly Often	Very often
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. Self-Reflection	Feedback on Self-Reflection	Feedback Highlights	Next Steps
		Keep:  Change:	

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