

I-PASS Handoff Observation Tool

Date: ___/___/___ Start Time: (HH:MM) _____ End Time: (HH:MM) _____

Handoff Information:

Type of Service: _____ -AND/OR- Unit: _____

Title of Observer:

Physician	Fellow/Resident	RN	NP	PA	QIC	Other:	
Observer ID: _____ (Needed for MOC credit)							

Title of Hand Off Giver:

Physician	Fellow/Resident	RN	NP	PA	QIC	Other:	
Giver ID: _____ (Please enter if your unit leader/chief will be tracking participation)							

Title of Hand off Receiver:

Physician	Fellow/Resident	RN	NP	PA	QIC	Other:	
Receiver ID: _____ (Please enter if your unit leader/chief will be tracking participation)							

Number of patients handed off that you observed: _____

I-PASS Handoff Communication During the Handoff report, please indicate the following:

Observation of Person GIVING handoff	Consistently	Not Consistently
I - Was the illness severity / Acuity of Patient(s) communicated?		
P - Was there a patient summary provided?		
A - Were action items for the next shift communicated, or did the giver specify "No action items?"		
S - Was situational awareness or contingency planning for the patient(s) communicated, or did the giver specify "No anticipated issues"?		
Observation of Person RECEIVING handoff	Consistently	Not Consistently
S - Did the receiver verbalize a synthesis/summarize what was heard?		

Estimate the total number of interruptions that occurred during the handoff session? 0-2 3-5 >5

(Ex: Phone calls, Codes, Socialization, etc.)

Questions/ Comments

	Consistently	Not Consistently
Giver actively engaged with receiver to ensure understanding of patients		
Giver appropriately prioritized key information, concerns, or actions		
To-do list restricted to items that need to be accomplished on next shift		
Used high quality contingency plans with clear if/then format		

Share one positive **REINFORCING** piece of feedback based on your handoff observation

Share one **CORRECTIVE** piece of feedback based on your handoff observation
