

Appendix 1 to LeBlanc J, Donnon T, Hutchison C, et al. Development of an orthopedic surgery trauma patient handover checklist. *Can J Surg* 2014

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ORTHOPAEDIC TRAUMA PATIENT HANDOVER QUESTIONNAIRE

Demographics

Please tell us about yourself:

- 1) What level of practice are you in?
 - Attending physician for over 10 years
 - Attending physician for over 10 years (primarily pediatrics)
 - Attending physician for less than 10 years
 - Attending physician for over 10 years (primarily pediatrics)
 - Trauma Fellow
 - Other type of Fellow
 - Senior resident (PGY-4/5/6)
 - Junior Resident (PGY 2 or 3)
 - PGY 1
- 2) What is your gender?
 - Male
 - Female
- 3) Have you completed a fellowship in trauma?
 - Yes
 - No
 - Currently in a trauma fellowship
- 4) Do you practice in a Level 1 trauma center?
 - Yes
 - No
 - I'm still in training (Resident or Fellow)
- 5) What province or territory are you currently practicing in?
 - Alberta
 - British Columbia
 - Manitoba
 - New Brunswick
 - Newfoundland and Labrador
 - Northwest Territories
 - Nova Scotia
 - Nunavut
 - Ontario
 - Prince Edward Island
 - Quebec
 - Saskatchewan
 - Yukon

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<i>Set Up for Handover</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<i>Handover of information about trauma patients can be done in many different ways. Please evaluate the following in regards of how important each item is to maximize efficiency and maintain patient safety during your handover of trauma patients?</i>					
1) Having handover the same way each day (i.e. having a pattern or routine) is important	1	2	3	4	5
2) Having a dedicated room is important	1	2	3	4	5
3) Having a quiet room is important	1	2	3	4	5
4) Ensuring there are no interruptions (i.e. pagers/phones on vibrate) is important	1	2	3	4	5
5) Having adequate time (i.e. not being rushed) is important	1	2	3	4	5
6) All available residents and staff should be present at handover	1	2	3	4	5
7) Nurse practitioners should be present at handover	1	2	3	4	5
8) Charge nurse should be present at handover	1	2	3	4	5
9) Ward manager should be present at handover	1	2	3	4	5
10) Research coordinator should be present at handover	1	2	3	4	5
11) Handover should be between attending physicians only	1	2	3	4	5
12) Handover should be between the incoming and outgoing (i.e. on-call) attending physicians and residents only	1	2	3	4	5
13) Handover should occur separately; attending physician to attending physician and resident to resident	1	2	3	4	5
14) Handover should be between all members of the orthopaedic team (residents and staff at site)	1	2	3	4	5
15) Handover should be confidential	1	2	3	4	5
16) All appropriate x-rays should be available at handover	1	2	3	4	5
17) All appropriate lab work/patient info should be available at handover	1	2	3	4	5
18) Equal time should be spent on all patients at handover	1	2	3	4	5
19) More time should be spent on sick patients	1	2	3	4	5
20) Phone call handover is acceptable	1	2	3	4	5
21) Handover should include an educational component	1	2	3	4	5
22) This educational component would improve patient safety	1	2	3	4	5

<i>Topics in Handover</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<i>What information do you believe is vital to provide during morning handover to obtain high quality patient safety?</i>					
<i>Please answer in regards of how much you agree the point is important:</i>					
Patient demographics					
1) Age of patient	1	2	3	4	5
2) Level of Care (resuscitation level)	1	2	3	4	5
3) Where patient lives (i.e. house, condo, nursing home)	1	2	3	4	5
Injury					

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4) Diagnosis/injury pattern	1	2	3	4	5
5) Mechanism of injury	1	2	3	4	5
6) Neurovascular exam	1	2	3	4	5
7) Open or closed injury	1	2	3	4	5
8) Poly-trauma patient	1	2	3	4	5
9) Peri-articular injury	1	2	3	4	5
10) Dislocated injury at any time	1	2	3	4	5
11) Reduced or not	1	2	3	4	5
12) Splinted or not	1	2	3	4	5
13) Pertinent physical exam findings	1	2	3	4	5
14) Unique fracture patterns	1	2	3	4	5
Pre-operative considerations					
15) Urgency of OR (operation)	1	2	3	4	5
16) Current status of patient (i.e. stable or not)	1	2	3	4	5
17) Patient ready for operating room (i.e. medical readiness)	1	2	3	4	5
18) Reversible Medical Conditions/Comorbidities	1	2	3	4	5
19) Recent pertinent medical conditions (i.e. MI, stroke, PE)	1	2	3	4	5
20) Need for Anesthesia or Internal Medicine consult (and whether called/seen/cleared for operation)	1	2	3	4	5
21) Diagnostic imaging still needing to be ordered/reviewed (i.e. c-spine for rheumatoid arthritis patient, CT scan for pre-op planning)	1	2	3	4	5
22) Associated Injuries	1	2	3	4	5
Patient Factors					
23) Substance abuse (i.e. nicotine, ETOH, drugs)	1	2	3	4	5
24) Hand dominance	1	2	3	4	5
25) Functional Status	1	2	3	4	5
26) Ambulatory status (i.e. pre-injury use of walking aids)	1	2	3	4	5
27) Work Status	1	2	3	4	5
28) Workers Compensation Board injury? (WCB, WSIB)	1	2	3	4	5
29) Prior pain/injury to current site of injury?	1	2	3	4	5
Blood Work					
30) INR (reversed or not)	1	2	3	4	5
31) CBC	1	2	3	4	5
32) Electrolytes	1	2	3	4	5
33) Type and screen	1	2	3	4	5
Other					
34) Consent obtained (or need of 2 physician/interpreter)	1	2	3	4	5
35) Anything else preventing from taking patient to OR?	1	2	3	4	5

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Kinds of checklist

The purpose of this study is to develop an efficient, expert based trauma patient checklist to be used in daily orthopaedic surgery trauma patient handovers, consisting of the top 5-6 answers you've just provided. In your opinion would these best be used in:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1) Mental format (put these to memory and address them at handover)?	1	2	3	4	5
2) Written format (where resident or staff on call can fill out checklist to ensure they have all information for handover)?	1	2	3	4	5
3) Placed in chart (where resident/staff on call can leave on chart for all other medical specialties (i.e. nursing, anesthesia, future on call staff/residents) to use)?	1	2	3	4	5

Current handover practice and safety to patients

Please answer the following questions in regards to your current handover practice.

	No	Yes
1) Do you believe current handover practices at your hospital/city provide an adequate amount of information to maintain high levels of patient safety?	1	2
2) Is your current handover practice efficient?	1	2
3) Do you have an established/written handover protocol for your hospital?	1	2
4) Do you have an established/written handover protocol for your group?	1	2
5) Do you use a checklist or other written form for your current personal handover practice?	1	2
6) Were you taught proper handover techniques in residency or medical school?	1	2
7) Do you feel junior residents or medical students should be taught the proper format/technique for trauma patient handover?	1	2

Please tell us what you feel are the five most important issues needing to be handed over to ensure high quality patient safety? (You may use options from above, or new ones)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Thank you very much for your participation, your opinions are very valuable.

Sincerely,

Dr Paul Duffy and Dr Justin LeBlanc