Implementation Guide

Revised 2026

I∞PASS®
PATIENT SAFETY INSTITUTE

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Introduction

Congratulations on your commitment to improve patient safety through standardization of handoffs! The goals of implementing I-PASS as the "language" of transitions of care are to reduce medical errors and preventable adverse events and to improve patient safety across your organization. Operationalizing the I-PASS Handoff Methodology requires a carefully planned and executed implementation process. This Implementation Guide, which is built on principles of quality improvement and incorporates lessons learned across I-PASS engagements, is designed to enhance the efficiency, reliability, and sustainability of your I-PASS implementation.

Background

Communication and handoff failures are common and have been identified by The Joint Commission[1] and the Department of Defense[2] as a contributing cause in approximately two out of every three sentinel events; that is, serious, often fatal, preventable adverse events occurring in hospitals.

The I-PASS Handoff Methodology is supported by more than a decade of research:

JAMA 2013: A single-center pilot study at Boston Children's Hospital found a significant reduction in medical errors after handoff bundle implementation.[3]

NEJM 2014: A nine-center federally funded study found a 30% reduction in all preventable adverse events after I-PASS implementation.[4]

JHM 2022: An AHRQ-funded 32-center I-PASS study in nursing, internal medicine, surgery, and other clinical areas found a 47% reduction in handoff-related harms.[5]

Further details and studies can be found in the I-PASS Study Group's curriculum vitae (CV).

I-PASS Implementation

I-PASS implementation includes a comprehensive change management bundle comprising eight complementary components that address root causes of communication failures at transitions of care. The I-PASS Handoff Bundle includes the following components:

1. **I-PASS Structure:** A cornerstone of the curriculum is the I-PASS structure, a mnemonic for the key elements of the handoff process: I, Illness severity; P, Patient summary; A, Action items; S, Situation awareness and contingency planning; S, Synthesis by receiver. The mnemonic is the underlying foundation for the structure of handoffs that will be implemented throughout your project. While the mnemonic itself is a core component of I-PASS, its effective use and sustainment rely on the seven additional components of the bundle.

2. **Training Curriculum:** The I-PASS Institute has developed tools to support a core curriculum of learning objectives regarding the I-PASS structure and its implementation.

3. **Verbal Handoff Process Changes:** Successful implementation of I-PASS requires use of a verbal handoff structure that often enhances current workflows in place within your institution.

4. **Simulation Exercises:** The tools available from the I-PASS Institute, particularly those used to train frontline clinicians and Champions, incorporate simulation exercises to facilitate effective uptake of core competencies surrounding I-PASS and its use.

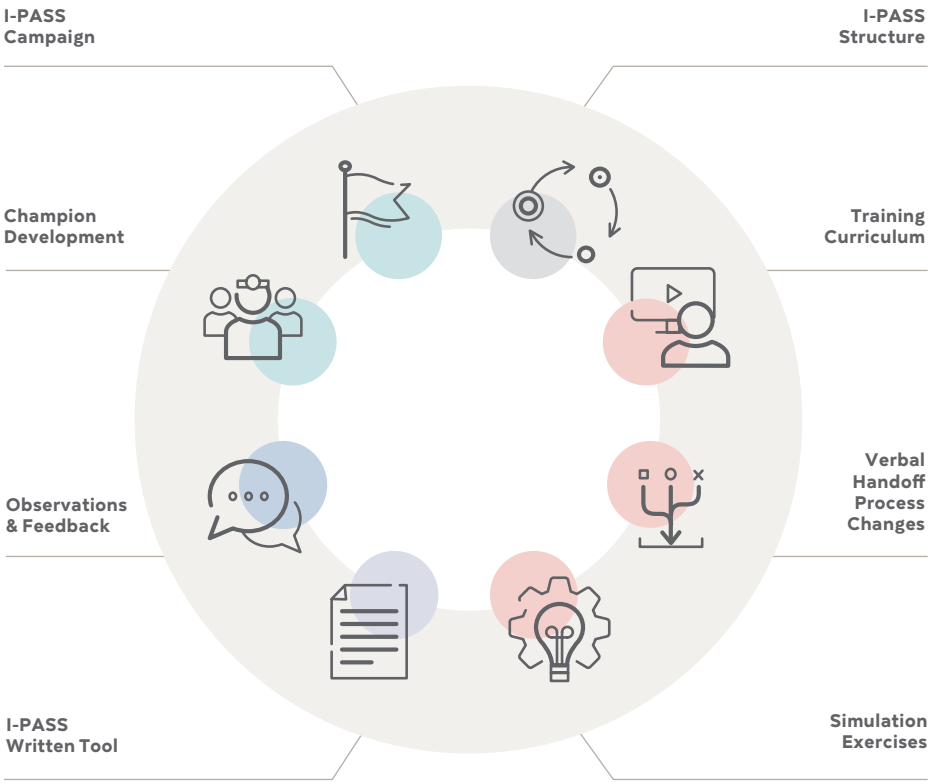
5. **I-PASS Written/Electronic Handoff Tool:** To support sustained use of the I-PASS handoff structure, a written or electronic handoff tool ("written handoff tool") must be implemented to serve as the companion document to the verbal use of I-PASS. These tools will include key patient data elements that are relevant to handoff in each unit or service.

6. **Observations and Feedback:** All clinicians will be trained in the use of I-PASS in their verbal and written handoff communication. Observer Champions will assess the effective application of I-PASS in the clinical setting by providing real-time data collection through the I-PASS Assessment & Improvement tool and by providing feedback to the handoff team.

7. **Champion Development:** The I-PASS Coaching and Program Management team ("I-PASS Institute Team") will work alongside a core group of individuals within your organization, the Coordinating Council, to identify and empower I-PASS Champions at the local level to facilitate sustainment of I-PASS over time. This can include Observer Champions as well as local Site Leads when applicable.

8. **I-PASS Campaign:** All efforts of the I-PASS project will be communicated to various stakeholders within your organization through a communication plan aimed at providing critical information to each individual and their unit or department.

I-PASS Change Management Bundle



I-PASS Mnemonic

I — **Illness Severity**
Stable, "Watcher", Unstable

P — **Patient Summary**
Events leading up to encounter; ED or hospital course; ongoing assessment; plan

A — **Action List**
To-do list; timeline and ownership

S — **Situation Awareness & Contingency Planning**
Know what's going on; plan for what might happen

S — **Synthesis by Receiver**
Summarizes what was heard; ask questions; restates key action/to do items

Structure of the Implementation Guide

This Implementation Guide provides a detailed overview of the objectives and deliverables for each phase of the engagement, organized in relation to the team structure. This Guide outlines the steps you, your operations leads, and your working groups should take to ensure a successful implementation — with progress monitored and bolstered by the Coordinating Council.

While steps may be listed in a linear fashion, please note that these activities can be synergistic and should often be performed in parallel. Therefore, we encourage you to read the entire guide before proceeding to enable your team to approach the implementation most efficiently. The Project Coordinator(s) will be responsible for ensuring that communication, collaboration, and consistency are maintained among the working groups' efforts.

The I-PASS Institute Team is committed to helping your organization successfully implement and sustain I-PASS. As questions arise, you can contact your I-PASS Institute Team for goals-oriented consultation and support. Now, let's get started!

Key Markers of Success

1. Refinement and execution of the implementation plan
2. Organization-wide virtual training on the I-PASS Handoff Methodology for verbal and written handoffs
3. Ongoing observation, assessment, and real-time feedback to translate I-PASS Handoff Training into repeatable safety-based behavior across your organization
4. Implementation of a standardized written handoff tool for use by all frontline clinicians
5. Development of a control plan to support long-term durability and continued improvement of the I-PASS Handoff Methodology across the organization

Overview of Engagement

Successful implementation of the I-PASS Handoff Bundle progresses over three phases: Discovery & Planning, Active Implementation, and Sustainment. Depending on the scope of the engagement, there may be multiple waves within the active implementation phase.

Implementation Phases

Discovery & Planning

The Discovery & Planning Phase lays the groundwork for your implementation. Key objectives of this phase include identifying and engaging team members, confirming the in-scope clinical roles and departments, and mapping an anticipated rollout strategy. This phase also includes assessment of current processes and culture at the organizational level, exploration of Electronic Health Record functionality or alternate written tool solution, and finalization of the implementation plan.

Active Implementation

The Active Implementation Phase involves completing unit- and department-level needs assessments, training all frontline clinicians, developing written tools to support the verbal handoffs, and collecting data regarding the adherence to I-PASS and associated outcomes. Lessons learned during each wave will inform further iterative improvement efforts for future groups implementing I-PASS within your organization.

Sustainment

The Sustainment Phase includes development of a control plan and strategies to reinforce I-PASS adherence post-implementation.

Project Operations & Strategy

Discovery & Planning Phase

Key Objectives

1. Identify and onboard the project team and working groups.
2. Initiate a regular meeting cadence for the project team and working groups.
3. Confirm the scope and strategy.
4. Complete an organizational assessment.
5. Coordinate and conduct the initial site visit.

OBJECTIVE 1

Identify and onboard the project team and working groups.

Roles on Your Implementation Team

The I-PASS Institute is committed to supporting successful implementation of the I-PASS Handoff Methodology at your organization. Our Coaching model relies on members of your organization committing to specific roles and responsibilities. The organizational chart, which primarily consists of the operations leads, a Coordinating Council, and four collaborative and complementary working groups, should guide your team development. Each working group should have a designated lead with the appropriate time and resources to serve in this capacity, ideally for the duration of the implementation. As working group participants may evolve across waves, having consistent leads maintains continuity. Additionally, your organizational chart may vary based on your local needs (e.g., one person may play multiple roles at a smaller organization).

We recommend starting by confirming your operations leads: Executive Sponsor(s), Site Lead(s), Project Coordinator(s), and a Quality Improvement (QI) Consultant. These individuals will likely have valuable insight on who to involve in the broader implementation team and the connections to initiate engaging them.

Operations Leads

Role	Responsibilities
Executive Sponsor(s)	• Actively engage with the I-PASS Institute Team for the duration of the project • Set the organizational direction and vision, hold the team accountable for delivering results, and remove barriers to success • Support the behavioral and cultural changes that may be necessary to implement and sustain I-PASS • Facilitate and confirm strategic decisions regarding the project and its operations
Site Lead(s)	• Actively engage with the I-PASS Institute Team for the duration of the project • Serve as the accountable party for successful implementation, providing support and escalating issues as they arise • Communicate with the Executive Sponsor and other institutional leaders on an ongoing basis • Identify and advocate for appropriate resources needed to support full implementation of the I-PASS Handoff Bundle
Project Coordinator(s)	• Oversee coordination and management of implementation efforts required to advance the project goals and objectives and ensure collaboration among working group leads • Work alongside the Program Manager to develop agendas and strategies for Coordinating Council meetings • Coordinate and facilitate internal meetings, documenting updates related to progress and barriers and collating status updates to share on regularly scheduled I-PASS Coordinating Council Calls & PM Check-Ins • Participate in planning and preparing for all site visits as well as supporting the scheduling of meetings, presentations, and/or workshops with appropriate stakeholders • Provide first-line technical support to end users on the I-PASS technology platforms
QI Consultant	• Collaborates closely with the Project Coordinator(s) on the data collection plan, socializing the I-PASS initiative with frontline clinicians and driving iterative improvements • Translates insight for workflow improvements at the clinical level to the project team

The Coordinating Council

Led by the Site Lead and Project Coordinator(s) with support from the I-PASS Program Manager, the Coordinating Council consists of the operations leads and working group leads. The Coordinating Council oversees all aspects of the implementation, decides upon and creates standards regarding handoffs across the organization, and engages hospital leaders and Champions as appropriate. Each working group lead is responsible for driving related deliverables and milestones, reporting at Coordinating Council meetings, and identifying opportunities for collaboration with other working groups.

Role	Responsibilities
Campaign Working Group	• Develops a comprehensive communication strategy spanning all project phases and stakeholder groups • Develops associated marketing collateral, using templates in the I-PASS Institute's Campaign Toolkit as a guide • Collaborates across all working groups to communicate clear expectations to all stakeholders within the organization
Training Working Group	• Develops a rollout plan for I-PASS Handoff Training to all in-scope frontline clinicians • Confirms training content needs based on a review of the I-PASS case library • Establishes completion timelines and compliance monitoring plans • Outlines the plan and expectations to ensure that new frontline clinicians complete the I-PASS Handoff Training • Collaborates with the Data & Observation Working Group to ensure that Observer Champions are trained in appropriate time frames • Facilitates the development of additional training materials as needed to incorporate local adaptations to fit the needs of the individual site
Data & Observation Working Group	• Develops data collection and analysis plans for process and outcome metrics, with defined performance measures • Oversees adherence to a timely data collection schedule • Approves customizations to I-PASS Assessment & Improvement tools • Identifies Observer Champions to represent each clinician type and unit/service and collaborates with the Training Working Group to ensure timely completion of I-PASS Handoff Training • Coordinates Observer Champion Training with I-PASS Institute Team
Written Handoff Tool Working Group	• Leads the development and adoption of the I-PASS written handoff tools • Ensures that clinical and IT perspectives are represented during tool development • Engages representative(s) from clinical informatics as appropriate • Oversees iterative improvements to the handoff tools, ensuring applicability and ease of use
Unit/Service Lead & Champions	• Lead the implementation efforts in an individual unit/service • Oversee frontline clinician training and data collection within each unit/service

Roles on the I-PASS Institute Team

Various team members at the I-PASS Institute will support your organization throughout the implementation. While you will engage most often with your Program Manager and Clinical Coach(es), additional resources may become involved to support various aspects of the project.

Role	Key Responsibilities
Program Manager	• Serves as your primary point of contact for effective operations of the project • Maintains project deliverables and artifacts in a central location between the I-PASS Institute and your organization • Identifies opportunities for and facilitates collaboration among working groups • Provides trended data to the Coordinating Council
Clinical Coach(es)	• Provide strategic guidance and recommendations on the overall strategy for I-PASS implementation, based on best practices and additional areas of expertise • Facilitate key conversations regarding unit or service assessment results, written handoff tool development, and Observer Champion development • Works with Program Manager to review and tailor recommendations to local team
Informatics Specialist	• Provides technical expertise for the development of a written handoff tool within your EHR , if the Written Tool will be embedded in your EHR • Supports a strategy to address individual unit/service workflow needs and the development of written handoff tool resources and recommendations for at-the-elbow support
Support Team	• Resolves identified concerns related to the Institute's technology solutions • Can be reached at support@ipassinstitute.com

I-PASS Organizational Chart

How Our Teams Will Collaborate

The I-PASS Institute Team will closely collaborate with your Project Coordinator and Site Lead throughout the implementation process. Your Project Coordinator will be primarily responsible for driving internal momentum, collating updates and concerns to share with the I-PASS Institute Team, and ensuring that all internal team members maintain a shared mental model.

Expectations of the I-PASS Institute Team:

- Provide guidance and recommendations.
- Share experience and lessons learned from other implementations.
- Support effective use of the I-PASS Institute tools

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Expectations of the Project Coordinator/Coordinating Council:

- Make decisions.
- Raise questions and considerations.
- Build and identify momentum and opportunities.
- Complete milestones.

If helpful within the context of your organization, the I-PASS Institute has a draft project charter that can be modified to outline expectations for your Coordinating Council. Your I-PASS Institute Team can assist in developing this charter if it would be valuable to your team's development process.

OBJECTIVE 2

Initiate a regular meeting cadence for the project team and working groups.

Meeting Overview

The meeting structure below is recommended to facilitate progress and achieve implementation milestones. As the project team and scope are confirmed, the Project Coordinator(s) will be responsible for collaborating with your I-PASS Program Manager on scheduling shared meetings and coordinating with the appropriate parties for internal meetings. The Project Coordinator(s) are also responsible for ensuring alignment and collaboration among working groups

Meeting	Purpose & Time Requirement	Your Participants
Formal Kickoff *With I-PASS Institute*	**Purpose:** Provide a high-level overview of the I-PASS Handoff Methodology and its implementation within your organization *Once following contract signing; 1 hour*	All key stakeholders, which might include the Coordinating Council members as well as other leaders in the organization
I-PASS Ready Session *With I-PASS Institute*	**Purpose:** Drive alignment and decision-making on project scope, priorities, and strategy, while supporting the onboarding of Working Group Champions where applicable *Live or virtual Site Visit; 4 – 6 hours*	All Coordinating Council Members Working Group Champions
Clinical Leader Education Session *With I-PASS Institute*	**Purpose:** Prepare local leaders to champion and support I-PASS implementation in their designated care areas *Can be conducted virtually or during a Site Visit*	Unit/service leaders System or hospital site leads who will be reinforcing expectations with their teams
PM Check-in *With I-PASS Institute*	**Purpose:** Provide an opportunity for tactical review of the project timeline and action items between Coordinating Council meetings *Biweekly beginning in Planning & Discovery Phase; 30 minutes*	Project Coordinator(s) Site Lead(s) as appropriate
Coordinating Council *With I-PASS Institute*	**Purpose:** Review strategic considerations for the implementation and make key decisions to facilitate progress against project milestones *Biweekly beginning at Kickoff and through the start of Phase II, then monthly thereafter; 50 minutes*	All Coordinating Council Members Hospital/department-level leadership as appropriate

Working Group Checkpoint *Internal*	**Purpose:** Review key updates, requests, or questions for the Coordinating Council and prepare report-outs for upcoming project meetings *Recommended biweekly during Phase I, monthly thereafter; length varies depending on needs of each working group*	Working group lead Working group Champions, Project Coordinator(s) Site Lead as appropriate *I-PASS Institute Team can join as needed.*

OBJECTIVE 3

Confirm the scope and strategy.

While developing your implementation team, it is important that you clearly define the short- and long-term scope and timing of your I-PASS implementation. The I-PASS Institute will provide a scope refinement tool for documenting this process and facilitating decision-making. It is crucial that you have a shared understanding and confirmation of which units/services and clinician roles are considered to be in and out of scope.

When determining where to begin within a waved approach, remember:

- It is often wise to start with an internal pilot, as this enables your team to learn from successes and challenges. Once the pilot is complete, you can modify your process and then incorporate these iterative improvements into implementations of future waves.
- Consider beginning with roles and units/services that support the need to improve handoffs and include frontline clinicians who are likely to be early adopters. It can also be valuable to identify units/services with a high need for standardized handoff communication.

OBJECTIVE 4

Complete an organizational assessment.

The organizational assessment provides insight into current handoff practices and critical areas of vulnerability in existing handoff systems across your organization. Responses to this assessment inform your initial planning activities and overall implementation strategy.

The organizational assessment will allow all team members to:

1. Gain insight into current handoff practices among various units/services and clinician types
2. Better understand specific institutional and environmental factors that contribute to handoff miscommunications
3. Consider factors that will affect implementation of various components of the I-PASS Handoff Bundle
4. Identify the ideal vision of handoff communication
5. Inform the development of a timeline for implementation in various clinical units/services

We suggest convening a one-hour focus group with identified key stakeholders to complete the assessment. Depending on the anticipated focus of implementation, participants in the assessment might include:

Organization- and hospital-level leaders who would be involved in broader I-PASS implementation (e.g., nursing directors, patient safety and quality leadership, etc.)

Unit/service leadership (e.g., nurse managers, respiratory managers, service chiefs, residency program directors/associate program directors, etc.)

Frontline clinicians (e.g., nurses, physicians, advanced care providers, residents, fellows etc.)

OBJECTIVE 5

Coordinate and conduct the initial site visit.

I-PASS implementation may include site visits (virtual or on-site), which provide critical opportunities to engage stakeholders at all levels of the implementation in a live setting. The duration of the site visit(s) will be determined by the needs of your organization; most visits are completed in 1.5 days during the workweek (Monday–Friday). Logistical planning needs ahead of all site visits will be reviewed and confirmed with your I-PASS Institute Team.

The primary objectives of a site visit may include the following:

- Observe the current state of handoff communication.
- Collaborate in live planning and working meetings with your Coordinating Council, working groups, and frontline clinicians.
- Provide an overview of the I-PASS Handoff Methodology and the implementation process to various stakeholders within your organization through General Sessions and focused planning meetings.

Promote engagement and participation from senior leadership, including those in nursing, IT/IS, medical services, and patient safety and quality:

- Develop a relationship with executive leaders to support I-PASS as a strategic initiative for the institution.
- Request attendance of executive leaders, directors, and managers at I-PASS presentations geared toward your entire organization.
- Identify a point of contact who can assist with coordination and alignment of resources.

Active Implementation Phase

Key Objectives

Repeat for each wave.

1. Complete current state assessment activities.
2. Coordinate and conduct the implementation site visit (as applicable).
3. Support working group activities, ensuring alignment and collaboration.
4. Develop a control plan to sustain adoption over time.

OBJECTIVE 1

Complete current state assessment activities.

Once units/services are confirmed for the initial wave, understanding the current state is crucial to informing further wave-specific planning. This process should be completed for each area of focus to optimize effective implementation at the local level.

The current state assessment process consists of:

- Completing the unit/service-level assessment with Champions from each unit/service
- Providing de-identified examples of current state handoff tools
- Developing handoff workflow process maps (where appropriate)
- Engaging frontline clinicians and unit/service leadership in discussions with the I-PASS Institute Team to review submitted materials (where appropriate)

Unit/Service-Level Assessments

Depending on the focus of the planning phase site visit, these assessments may be completed for the first wave ahead of the initial visit. As the implementation progresses, this process will be completed at the start of each wave's planning window.

The unit/service-level assessment will:

1. Assess the current state of both verbal and written handoff communications in each in-scope unit/service and for each frontline clinician type
2. Identify potential barriers and facilitators to effective implementation of I-PASS
3. Help participants understand the highest areas of variance and vulnerability in handoff communication
4. Establish goals for each unique unit/service regarding their local implementation of I-PASS
5. Provide insight to the project team regarding the level of variation and nuance within handoff workflows across your organization

This exercise is best conducted as a collaborative effort with input from site leaders, frontline clinicians, and unit/service leaders. Engaging each of these stakeholders in this process is a key step in building broad institutional support for implementation. The Project Coordinator will be responsible for facilitating these discussions, and will be provided guidance and template slides to drive conversation. The Project Coordinator will then return completed assessments to the I-PASS Program Manager.

Process Mapping (As Applicable)

As you complete the unit/service-level assessments, you will likely encounter areas with more complex or nuanced handoff workflows. The I-PASS Institute may recommend developing process maps to depict the current processes within these particular units/services to further understand nuances.

- Process mapping provides a visual summary of the current state of the handoff practice and workflow and involves observing and recording every step of the current handoff process. This valuable outline helps your team identify gaps between the current and ideal states, as well as anticipated barriers and facilitators to implementation.
- Ideally, the process map is developed by Champions who are somewhat familiar with the desired improvements. Once an initial draft of the process map is complete, show the map to additional frontline clinicians and revise the map based on their feedback.
- Once the baseline process map has been completed, develop a second process map that describes the ideal state. Engage key stakeholders who work in the clinical environment in which the implementation will take place.

Completion of both the baseline and ideal state process maps will allow the project team to identify gaps that can be addressed during I-PASS implementation. Using this process will serve to engage all team members, gain their buy-in, and help formulate feasible solutions. An editable process map with instructions is available to support this process.

Current State Discussions & Addressing Nuances to Adapt the Local Environment

Upon review of these materials, I-PASS may request additional time to speak with members of your organization's project team or the frontline clinicians and leaders who participated for a given unit/service. Similar groups may be combined in these discussions where appropriate.

These sessions provide the opportunity to develop a shared mental model on the current state, and an avenue for the unit/service's participants to share thoughts or anticipated concerns. These sessions typically occur virtually ahead of a wave-specific site visit or are facilitated live as part of the site visit schedule.

This process can reveal units/services where modifications to the local environment or workflows may be necessary to best incorporate all components of the I-PASS Handoff Methodology. Executive sponsors and unit/service leadership should be engaged to determine how to incorporate any workflow limitations or environmental barriers to I-PASS implementation, and they should have a shared understanding of which aspects of the I-PASS Handoff Methodology are critical and which could be modified.

When considering adaptation and modification, we recommend adhering to the following guiding principles:

- Keep the I-PASS mnemonic intact (add or specify items within the five categories, rather than adding letters to the mnemonic or modifying it). This standard language ensures a shared understanding when the same structure is retained across multiple settings and professions.
- Engage Observer Champions and frontline clinicians to ensure that a consensus is achieved on any necessary adaptations.
- Reinforce handoff skills through direct observation and feedback. Handoff communication is a high-level skill that requires practice, feedback to facilitate improvement, and reinforcement over time.
- When appropriate, refine the implementation process using Plan-Do-Study-Act (PDSA) cycles to ensure appropriate adaptation to the local environment. An example PDSA document to guide this process can be found in the I-PASS supplementary materials.

OBJECTIVE 2

Coordinate and conduct the implementation site visit (as applicable).

Conducting wave-specific site visits during the implementation phase enables the I-PASS Institute Team to engage with key leaders and frontline clinicians, observe current handoff workflows firsthand, and facilitate additional discussions or sessions as appropriate to best meet the needs of the implementation. On-site time allotment during the implementation phase may vary based on scope, needs, etc.

The I-PASS Institute Team will collaborate with the Coordinating Council and wave leadership to decide what the sessions, goals, and anticipated attendee lists for these site visits will be. Site visits often include time for the I-PASS Institute Team to round on the floors and speak with frontline clinicians, observe patient handoff sessions for in-scope contexts, meet with organizational leaders, present key findings or lessons learned from prior waves, and celebrate Go-Live launches and successes within your organization.

OBJECTIVE 3

Support working group activities, ensuring alignment and collaboration.

Each working group should now be meeting regularly to focus on their deliverables and be communicating updates or decisions to the Coordinating Council. As one of the key operational leaders of this implementation, the Project Coordinator is expected to participate in these meetings whenever possible and ensure that efforts among the working groups are aligned, as various decisions or deliverables require cross-team collaboration. This guide's supplemental resources include a template for what information should be conveyed from each working group to the Coordinating Council on a regular basis.

OBJECTIVE 4

Develop a control plan to sustain adoption over time.

The control plan should identify who will monitor sustainment of the standards, what constitutes success , and who will act if a standard is not met. This guide's supplemental resources include a control plan template.

Sustainment

Coordinate and conduct a Sustainment Phase site visit.

Collaborate with working group leaders on outlining and implementing the control plan to ensure sustained adoption over time.

Identify additional opportunities or contexts for I-PASS implementation to facilitate long-term sustainment of the initiative. This could include additional units/services or clinician types that were not originally in scope, or identifying additional handoff contexts where the I-PASS Handoff Methodology could improve communication workflows and patient safety.

Campaign Working Group

Discovery & Planning Phase

Key Objectives

1. Confirm working group Champions and initiate the internal meeting cadence.
2. Review the Campaign Toolkit provided by the I-PASS Institute.
3. Develop a communication plan that is representative of all stakeholder groups.
4. Develop a rounding and celebration plan for Go-Live.

OBJECTIVE 1

Confirm working group Champions and initiate the internal meeting cadence.

Once the working group structure and designated Champions are confirmed, the I-PASS Program Manager will facilitate a Working Group Orientation meeting. This typically includes an overview of the working group's milestones and deliverables and provides an opportunity to answer initial questions.

Following the orientation, the working group lead should schedule a cadence of internal meetings to address progress on various milestones.

1. The Project Coordinator should attend internal working group meetings whenever possible. If there are multiple Project Coordinators, at least one should be in attendance. The I-PASS Institute Team can join the first few meetings, and attend on an ad hoc basis thereafter, to support initial progress and address questions.
2. Progress updates and identified questions should be documented within the respective Implementation Workbook tab for each working group.
3. Key updates, requests, or questions for the Coordinating Council should be tracked, as each working group will be expected to report updates and progress at each Coordinating Council meeting. A template for what information should be conveyed from each working group to the Coordinating Council on a regular basis will be provided.

OBJECTIVE 2

Review the Campaign Toolkit provided by the I-PASS Institute.

The I-PASS Institute has developed a suite of communication materials, which will be provided within a Campaign Toolkit and can be adapted for use within your organization. We recommend reviewing the toolkit early in your process to streamline your communication strategy development. If you identify a gap between the materials provided in the toolkit and the needs of your organization, please notify your I-PASS Program Manager.

Materials in the Campaign Toolkit include template messaging to various stakeholders, posters, "Tips of the Day," printable materials about the I-PASS Handoff Methodology, and more. New materials are added regularly by the I-PASS Institute Team, so it is important that you reference the Campaign Toolkit throughout your implementation.

In addition, we encourage your team to think creatively in developing your own I-PASS communication materials that are uniquely suited to your local environment. This might include photos or videos of key stakeholders or institutional leaders promoting I-PASS concepts or replicating previous successful communication strategies.

OBJECTIVE 3

Develop a communication plan that is representative of all stakeholder groups.

As the scope and implementation plan are refined, it is crucial to develop a communication plan spanning the implementation life cycle that is representative of all stakeholder groups, including, but not limited to, executive sponsors, Coordinating Council members, working group Champions, and frontline clinicians. Timely and effective communication throughout each wave will be critical to achieving true change. To support this, the I-PASS Institute has developed a template communication plan.

Communication Plan Tips

When refining the communication plan for each wave, be sure to engage Champions in the creation of local materials, such as bulletin boards and intranet posts.

Pre–Go-Live messaging should focus on raising awareness, garnering support, and setting expectations within each implementation wave.

Post–Go-Live messaging should focus on communicating progress, celebrating milestones and successes, and laying the groundwork for sustainment efforts.

Changing Culture & Engaging Late Adopters

Early in the change process it will be important to focus communication efforts on early adopters who are motivated to implement the change. Early adopters are those individuals who naturally experiment with change, are often testing several innovations at once, have the risk tolerance to try new things, and most importantly, are observed by others.[6] It is likely that those who volunteer to serve as I-PASS leaders and Observer Champions early in the implementation process will be the same individuals who act as your early adopters; will likely lead the training, observation, and assessment activities of frontline clinicians; and can be tapped to model I-PASS handoff practices.

A larger hurdle will be engaging those individuals who do not feel there is improvement opportunity in the current handoff workflows or systems, or who are generally resistant to change or to the I-PASS Handoff Methodology itself. Engaging these individuals will require creativity and will take time. Example tactics you can employ to engage late adopters include:

- Identifying opportunities to build engagement and motivation through formal recognition (e.g., maintenance of certification [MOC] credit, a CV attestation, or a formal letter of thanks from a supervisor).
- Highlighting the behaviors and successes of early adopters. This may serve to encourage late adopters into copying their performance.
- Regularly publicizing data and successes of the project. Late adopters will find it difficult to argue with a successful project that is leading to significant positive change at an institution.

OBJECTIVE 4

Develop a rounding and celebration plan for Go-Live.

Developing a rounding and celebration plan prior to Go-Live for each wave is important for ensuring that your frontline clinicians feel prepared to adopt both the verbal and written workflows of their new handoff process. Additionally, creating a celebratory atmosphere can boost engagement and buy-in.

Examples

- In the time surrounding Go-Live, find creative ways to build excitement on units. Several organizations have provided a themed treat, such as coffee, cookies, ice cream, or fruit.
- To support transitioning to the written handoff tool, coordinate a schedule where Champion(s) are available on-site during shift changes for the first week or so surrounding Go-Live. In addition to providing guidance, these Champions can document the questions, concerns, or barriers that arise during their rounding. This input can be qualitatively reviewed to identify key themes to address on a broader scale.
- Engage project and organization leaders to conduct rounding on the units/services at shift change during Go-Live. Utilize the opportunity to provide encouragement and gratitude to the frontline clinicians who are making this change to their workflows, and recognize their contributions to improving patient safety.
- Maintain progress visibility by sharing key metrics and anecdotal stories from frontline clinicians on unit boards, during leadership rounding, during staff meetings, etc.

Active Implementation Phase

Key Objectives

Repeat for each wave.

1. Execute Pre– and Post–Go-Live Campaigns.
2. Communicate ongoing implementation progress in collaboration with the Data & Observation Working Group.
3. Update the communication plan to prepare for the next wave.

OBJECTIVE 1

Execute Pre– and Post–Go-Live Campaigns.

- Develop the messaging and communication materials identified on your communication plan and begin disseminating them.
- As Go-Live approaches, implement the Go-Live celebration activities and rounding plan.

OBJECTIVE 2

Communicate ongoing implementation progress in collaboration with the Data & Observation Working Group.

- Develop and implement a plan for incorporating unit/service-level process and outcomes data into future communication materials. The strategy for doing so will likely vary across stakeholder groups. For example, executive sponsors may wish to see progress at quarterly intervals, whereas unit/service-level leadership may wish to share progress with frontline clinicians more regularly.

OBJECTIVE 3

Update the communication plan to prepare for the next wave.

- Evaluate the marketing and communication approach utilized for this wave, and identify improvements to incorporate for the next wave of implementation.

Sustainment Phase

Develop and execute a plan to share the success of the initial implementation with the organization's leadership. This could include identifying opportunities to present data on adherence to the I-PASS structure and related outcomes, sharing anecdotal stories from frontline clinicians regarding their new handoff process or workflows, or sharing lessons learned or barriers addressed as part of the rollout.

Routinely evaluate opportunities to continue reinforcing adoption of the I-PASS Handoff Methodology, such as during daily safety huddles or rounding.

Training Working Group

Discovery & Planning Phase

Key Objectives

1. Confirm working group Champions and initiate the internal meeting cadence.
2. Review the objectives for key trainings and clarify any questions with your I-PASS Program Manager.
3. Identify who will need administrative access to the I-PASS Training platform.
4. Develop a strategy for training Observer Champions and frontline clinicians.
5. Develop a strategy for providing frontline clinicians with training on the written handoff tools in collaboration with the Written Handoff Tool Working Group.
6. Develop a plan for training new hires, traveling staff, temporary staff, etc.

OBJECTIVE 1

Confirm working group Champions and initiate the internal meeting cadence.

Once the working group structure and designated Champions are confirmed, the I-PASS Program Manager will facilitate a Working Group Orientation meeting. This typically includes an overview of the working group's milestones and deliverables and provides an opportunity to answer initial questions.

Following the orientation, the working group lead should schedule a cadence of internal meetings to address progress on various milestones.

1. Your Project Coordinator should attend internal working group meetings whenever possible. If there are multiple Project Coordinators, at least one should be in attendance. The I-PASS Program Manager and Clinical Coach can join the first few meetings, and attend on an ad hoc basis thereafter, to support initial progress and address questions.
2. Progress updates and identified questions should be documented within the respective Implementation Workbook tab for each working group.
3. Key updates, requests, or questions for the Coordinating Council should be tracked, as each working group will be expected to report updates and progress at each Coordinating Council meeting. A template for what information should be conveyed from each working group to the Coordinating Council on a regular basis will be provided.

OBJECTIVE 2

Review the objectives for key trainings and clarify any questions with your I-PASS Program Manager.

I-PASS Handoff Training

This interactive online training prepares frontline clinicians to utilize I-PASS as the standard for handoff communication.

Training Participants	Learning Objectives
• Coordinating Council • Unit/service leaders • Handoff Observer Champions • Frontline clinicians	**Introductory Module** 1. Describe the wider context and key rationale for the I-PASS Handoff Methodology. 2. Critically evaluate the key drivers of communication errors. 3. Recognize the optimal conditions in which to conduct the handoff process. 4. Identify the key elements of an I-PASS handoff. **Handoff Module** 1. Construct an effective I-PASS written handoff document. 2. Articulate an I-PASS verbal handoff. 3. Review feedback from the self-assessment. **Synthesis-by-Receiver Module** 1. Listen to a verbal handoff, then complete the synthesis-by-receiver. 2. Identify the structural elements of the recorded synthesis. 3. Review feedback from the self-assessment.

I-PASS Observer Champion Training

This training provides handoff Observer Champions with an overview of the I-PASS Handoff Methodology and the observation process, and engages Observer Champions in practice exercises.

Training Participants	Learning Objectives
• Unit/service leaders • Handoff Observer Champions • Coordinating Council (as applicable)	**Introductory Module** 1. Describe the importance of the observation and feedback process to achieve sustained adoption and positive culture change. 2. Identify key strategies for providing effective feedback in the clinical setting. **Observation Exercise Modules** 3. Demonstrate the ability to use the Ask-Tell-Ask model to deliver feedback to improve adherence to the I-PASS mnemonic and key quality metrics. 4. Demonstrate the ability to enter observations and provide specific actionable feedback.

OBJECTIVE 3

Identify who will need administrative access to the I-PASS Training platform.

Designated team members will receive administrative access to the I-PASS Training platform. This grants them access to a portal containing assignment and completion data for all individuals completing the I-PASS Handoff Training. Completion details can be exported in real time, and an automated export of an overview can be set up if desired.

I-PASS Training Platform: Admin Overview

This one-hour administrative training is facilitated virtually by a member of the I-PASS Institute Team and is typically recorded to facilitate any future onboarding needs.

Training Participants	Learning Objectives
• Training platform administrative users • Training Working Group lead • Project Coordinator(s)	Demonstrate the ability to: • Navigate the I-PASS Training Admin Portal. • Interpret completion data to inform internal follow-up. • Execute on administrative privileges.

OBJECTIVE 4

Develop a strategy for training Observer Champions and frontline clinicians.

Developing the training strategy for frontline clinicians is a core responsibility of this working group. During the Planning Phase, the Data & Observation Working Group is responsible for identifying Observer Champions — the key individuals who will be evaluating I-PASS adherence and providing feedback to handoff teams. The Training Working Group should develop a plan for delivering training to those Observer Champions and to the broader group of frontline clinicians. To ensure that these groups feel supported to complete their respective training, it is important to be thoughtful in your rollout approach. Several considerations are outlined below, as are models we have seen to be successful.

Training Timeline Recommendations

- Coordinating Council members should complete I-PASS Handoff Training **early in the Discovery & Planning Phase.**
- Observer Champions are required to first complete the I-PASS Handoff Training, before completing their I-PASS Observer Champion Training. Both should be completed **before baseline data collection begins.**
  - In completing the I-PASS Handoff Training, these Observer Champions can serve as initial testers for the intended rollout of the I-PASS Training platform to ensure that the approach and devices offered to frontline clinicians can deliver the training effectively.
  - I-PASS Observer Champion Training will be coordinated with the I-PASS Institute Team.
- Frontline clinicians will complete I-PASS Handoff Training **before the I-PASS Go-Live date.** We typically recommend setting a due date one week in advance of Go-Live to accommodate following up with frontline clinicians who are still completing the training.
- We recommend organizations allocate a **two-to-four-week** training window for Observer Champions and a **six-to-eight-week** training window for frontline clinicians.

Operational Considerations

- Confirm the content needs for your in-scope units/services based on initial review of the I-PASS Training case library.
- Confirm whether there are internal education timeline requirements to align with, as some organizations have predetermined training assignment windows, particularly for nurses.
- Confirm whether you will require training to be completed on-site, allow remote access to the online modules, or offer both.
- Reference the I-PASS Training platform's technical specifications document to ensure that compatible devices will be available. The training requires use of a microphone and speakers or headphones.
- If training is anticipated to be completed on-site:
  - Designate on-site computers, learning labs, or similar for training completion. Headphones compatible with the training platform can be set up in advance in these areas. Similarly, consider allowing use of personal computers or laptops.
  - Consider coordinating a "buddy system" schedule where one clinician cares for another's patients while they complete training, and then they swap these roles. This has been a particularly successful strategy when training frontline nurses.
  - Test the I-PASS Handoff Training modules within the desired learning environments, and engage IT on any technical needs or requests.
- Develop an accountability plan for monitoring progress toward completion, and ensure that those responsible for tracking have administrative access.

OBJECTIVE 5

Develop a strategy for providing frontline clinicians with training on written handoff tools in collaboration with the Written Handoff Tool Working Group.

Frontline clinicians will also need to be trained in the use of and feel prepared to access, update, and maintain their written handoff tool. This training should occur following completion of the I-PASS Handoff Training and before Go-Live.

Examples of written handoff tool training methods include:

- Creating "Tips and Tricks" documents for quick reference
- Coordinating a rounding plan leading up to and during Go-Live
- Scheduling internal training workshops and demonstrations of the tool
- Providing a brief recorded demo overview of tool access or use

OBJECTIVE 6

Develop a plan for training new hires, traveling staff, temporary staff, etc.

During I-PASS implementation, the goal will be to train all frontline clinicians who participate in handoffs. This includes new staff as well as frontline clinicians who rotate for brief periods of time, such as:

- Resident or attending physicians from other departments or specialties outside your institution
- Locum tenens care providers and nurses
- Nursing and medical students

Ideally, these frontline clinicians should complete the I-PASS Handoff Training before they begin caring for patients. You can require them to complete it before coming to the organization, or you can incorporate it into an on-site orientation or onboarding process. Gaining leadership support (e.g., relevant program directors, nursing directors) will be key in integrating these frontline clinicians into I-PASS handoffs at your institution.

In collaboration with the Coordinating Council, outline the best approach for your organization. Be sure to revisit the considerations noted in planning for your broader training rollout.

Active Implementation Phase

Key Objectives

Repeat for each wave.

1. Finalize and implement training plans for Observer Champions and frontline clinicians.
2. Ensure that any remaining or new frontline clinicians complete the I-PASS Handoff Training.
3. Review and repeat the Observer Champion onboarding and training rollout process, incorporating improvements for subsequent waves.

OBJECTIVE 1

Finalize and implement training plans for Observer Champions and frontline clinicians.

Observer Champion Training

- Collaborate with the Data & Observation Working Group to confirm all Observer Champions for the current wave. Provide the completed account setup template for the I-PASS Handoff Training to your I-PASS Program Manager at least one week prior to online training rollout. The I-PASS Program Manager will provide the template.
- In collaboration with the Data & Observation Working Group and department leadership, implement the Observer Champion onboarding plan you outlined during the Planning Phase.
- Ensure that Observer Champions complete both the I-PASS Handoff Training and the I-PASS Observer Champion Training before beginning baseline data collection.

Frontline Clinician Training

- Ensure that any technical concerns identified during the Planning Phase or Observer Champion Training window have been resolved.
- Identify all individuals who will need access to the I-PASS Training platform in the current wave, and provide the completed account setup template to your I-PASS Program Manager at least two weeks prior to training rollout.
    - If you have temporary or traveling staff who will no longer be present upon Go-Live, ensure that you remove them from the training list before providing the list to your I-PASS Program Manager.
- In collaboration with the Campaign Working Group, communicate the training timeline and approach to unit-level leadership and Champions.
- Disseminate the training instructions (which will be provided by the I-PASS Program Manager) and implement the follow-up plan outlined during the Planning Phase.
- Collaborate with the Written Handoff Tool Working Group to develop and disseminate internal training materials, and implement the internal onboarding plan consistent with the rollout of other EHR features and functionality.
- Ensure that frontline clinicians complete the I-PASS Handoff Training and written handoff tool training process ahead of their respective Go-Live date.

OBJECTIVE 2

Ensure that any remaining or new frontline clinicians complete the I-PASS Handoff Training.

- Confirm and implement a compliance tracking plan, which should include regular review of training completion progress by identified training administrators, and standardized outreach to frontline clinicians who have not yet completed all required modules within the training platform.
- Implement the plan for training new hires, traveling staff, temporary staff, etc

OBJECTIVE 3

Review and repeat the Observer Champion onboarding and training rollout process, incorporating improvements for subsequent waves.

- While you will likely replicate the training process for each wave, we encourage you to reflect on the approach and make iterative improvements as you execute the training steps for subsequent waves.

Sustainment Phase

Maintain an onboarding plan for new hires moving forward, and notify the I-PASS Institute if your plan is modified.

Periodically review the ongoing training plan for improvement opportunities.

Consider opportunities for refresher trainings, based on insight gleaned from data that is collected throughout the implementation. The I-PASS Institute Team can advise on refresher training content and processes.

Data & Observation Working Group

Discovery & Planning Phase

Key Objectives

1. Confirm working group Champions and initiate the internal meeting cadence.
2. Confirm who will need administrative access to the I-PASS Web Portal.
3. Confirm the process and outcome metrics and the needs relative to the I-PASS Assessment & Improvement tools.
4. Outline goals, expectations, and the data collection plan.
5. Develop an Observer Champion identification strategy and onboarding plan in collaboration with the Training Working Group.
6. Develop plans for analyzing data and communicating progress in collaboration with the Campaign Working Group.

OBJECTIVE 1

Confirm working group Champions and initiate the internal meeting cadence.

Once the working group structure and designated Champions are confirmed, the I-PASS Program Manager will facilitate a Working Group Orientation meeting. This typically includes an overview of the working group's milestones and deliverables and provides an opportunity to answer initial questions.

Following the orientation, the working group lead should schedule a cadence of internal meetings to address progress on various milestones.

1. Your Project Coordinator should attend internal working group meetings whenever possible. If there are multiple Project Coordinators, at least one should be in attendance. The I-PASS Program Manager and Clinical Coach can join the first few meetings, and attend on an ad hoc basis thereafter, to support initial progress and address questions.
2. Progress updates and identified questions should be documented within the respective Implementation Workbook tab for each working group.
3. Key updates, requests, or questions for the Coordinating Council should be tracked, as each working group will be expected to report updates and progress at each Coordinating Council meeting. A template for what information should be conveyed from each working group to the Coordinating Council on a regular basis will be provided.

OBJECTIVE 2

Confirm who will need administrative access to the I-PASS Web Portal.

Designated team members will receive administrative access to the I-PASS Web Portal. This grants them access to data collected throughout the implementation, which can be exported for internal review and analysis. Those who will be monitoring data collection progress, following up regarding achieving goals, analyzing the data, or supporting these efforts may need access to this portal.

I-PASS Web Portal: Admin Overview

This one-hour administrative training is facilitated virtually by a member of the I-PASS Institute Team and is typically recorded to facilitate any future onboarding needs.

Training Participants	Learning Objective
• I-PASS Web Portal administrative users • Data & Observation Working Group lead • Project Coordinator	Demonstrate the ability to navigate the I-PASS Web Portal and to access, export, and interpret the data collected.

OBJECTIVE 3

Confirm the process and outcome metrics and the needs relative to the I-PASS Assessment & Improvement tools.

Data collection, analysis, and presentation are critical to the success of any implementation effort — enabling you to track improvements in workflows and related outcomes and to make necessary changes to your quality improvement efforts.

Several standard metrics are tracked across I-PASS implementations. For example, process measures are assessed through verbal handoff observations and written handoff tool audits or observations. In addition, the primary outcomes measure assesses harms to patients through a survey completed by all frontline clinicians. Your organization may choose to collect additional data to supplement these standard measures.

Verbal Handoff Observations

Conducted by trained Observer Champions, these observations evaluate the presence of the I-PASS mnemonic elements and quality measures among observed handoffs. Upon Go-Live, Observer Champions begin providing crucial reinforcing and corrective feedback to handoff teams to drive adoption and sustainment.

Observer Champions will be trained in how to evaluate adherence to the I-PASS mnemonic and provide feedback before they begin conducting observations. Elements assessed through this process include the following:

- I-PASS mnemonic elements: Illness severity, Patient summary, Action list, Situation awareness/contingency planning, and Synthesis by receiver.
- Quality measures: Whether (a) the giver actively engaged with the receiver to ensure understanding of patients; (b) the giver appropriately prioritized key information, concerns, or actions; (c) the to-do list was restricted to items that needed to be accomplished on the next shift; (d) contingency plans were high quality and included clear if/then formats; and (e) the receiver provided a synthesis that summarized the key components of the handoff, rather than restating all the information.
- Written Handoff Tool: Whether an I-PASS Written Handoff Tool was used to support the verbal handoff process; if a written tool was used, the observer evaluates its quality.

There are two modes in which Observer Champions can assess handoffs:

1. Observing a handoff of a single patient: Responses are provided in a binary yes/no structure regarding whether each handoff element was present for the individual patient being handed off.
2. Observing a handoff of multiple patients: Responses are provided via a Likert scale structure regarding whether the handoff elements were included for the group of patients being transitioned. The scale ranges from "Never present" to "Always present."

Harms to Patients Survey

This survey is submitted by frontline clinicians at regular intervals beginning at baseline. Respondents reflect on the past month to indicate how often they received a problematic handoff, and the number of patients who they perceive experienced a minor or major harm because of a problematic handoff. This provides a primary outcomes measure of the rate of perceived handoff-related patient harm over the course of implementation.

- Problematic handoff: Information that was clinically important was not handed off, or inaccurate information was received.
- Minor harm: The harm resulted in limited clinical consequences, such as a need for more frequent monitoring or transient discomfort, without prolongation of hospitalization, significant organ dysfunction, or worsening of clinical condition.
- Major harm: The harm resulted in significant clinical consequences, such as deterioration in clinical status, organ dysfunction, prolonged hospitalization, disability beyond discharge, or death.

Written Handoff Audits and Observations

The I-PASS Institute recommends that your organization also develop a strategy for auditing or observing I-PASS adherence within the written handoff tools. Potential strategies include building a report within your native EHR if functionality exists, conducting a manual audit with an internal resource such as unit-level leadership or quality champions, or including review in the verbal handoff observation process.

Additional Metrics

In collaboration with the Coordinating Council, decide whether your organization will track additional metrics throughout the implementation, either through the I-PASS Web Portal or via internal data sources.

Examples include:

- Common cause analysis factors attributed to communication or situational awareness
- Metrics related to bedside handoff expectations
- Average number of patients being handed off (in a multiple-patient handoff)
- Frequency and types of interruptions that occur during observed handoff sessions
- Average duration of observed handoff sessions
- Clinician engagement before, during, and after implementation
- Patient experience before, during, and after implementation
- Handoff communication–related serious safety events or adverse events

Finalize and Pilot Associated Measurement Tools

In parallel with confirming implementation metrics, the Data & Observation Working Group will modify the I-PASS Assessment & Improvement tools with your I-PASS Institute Team to reflect the specific needs of your organization. For the core I-PASS metrics (handoff observations and harms to patients survey), the I-PASS Institute has standard questions and structures.

Your anticipated implementation rollout plan and scope refinement tool are important to reference as you develop the demographics questions, as the same forms will be used to collect data across all in-scope units/services.

Custom web links and QR codes for each assessment form will be provided for appropriate dissemination and can be accessed via desktop or mobile devices connected to Wi-Fi. Once the tools are finalized, we recommend scheduling time to test submission from a variety of clinical areas, reporting any concerns to your I-PASS Program Manager and internal IT Champion.

OBJECTIVE 4

Outline goals, expectations, and the data collection plan.

Once the data collection requirements have been confirmed, it is important to establish clear goals, realistic expectations, and accountability for each data type. We recommend that each in-scope unit collect at least four to six weeks of baseline data and develop a sustainable process for ongoing data collection after Go-Live. As implementation progresses, data analyses can be used to evaluate and adjust collection frequency as needed.

Verbal Handoff Observations

The number of Observer Champions necessary and the frequency at which each should conduct observations will depend on the size of a particular unit and the capacity of those participating. Keep in mind that the more Observer Champions you identify, the more sustainable your resource pool will be.

We recommend setting a clear and consistent expectation for Observer Champions — one that is reasonable to request and intuitive to track. For example: "Each Observer Champion is expected to conduct X observations per week." Keeping the expectation consistent across units or within clinical groups can mitigate confusion. On each unit, we typically recommend collecting eight single-patient handoff observations or four multiple-patient handoff observations per month, per Observer Champion. However, the size of your Observer Champion pool will determine whether this is appropriate.

General Guidance

- We suggest that observations occur at least once a week on each in-scope unit or service.
- An Observer Champion may assess any handoff during a 24-hour period (e.g., early morning, before an afternoon clinic session, evening handoff).
- In our experience, it is not necessary to observe an entire handoff session. When completing a multiple-patient observation, we suggest observing at least three individual patient handoffs. It is better to observe frequently for short periods of time than it is to observe infrequently for longer periods of time.
- Regardless of the frequency and length of observations, it is critically important for the Observer Champion to give feedback to those being observed **after Go-Live**. The feedback should be very brief and focus on one reinforcing and one corrective (i.e., area for improvement) piece of feedback. This can usually be accomplished in 30 to 60 seconds. Additional components of effective feedback are reviewed during the Observer Champion Training.
- We strongly suggest that Observer Champions complete and submit the assessment forms during their observation in real time via a desktop or mobile device. If this is not possible, responses should be submitted via the I-PASS Assessment & Improvement tool as soon as possible after observing a handoff. Optimally, feedback to the observed frontline clinicians should occur at the time of the handoff and observation.

Harms to Patients Survey

The appropriate cadence and method for disseminating this survey to frontline clinicians depends on what models typically work within your organization. As survey fatigue can be a barrier, we encourage you to think creatively about how to incorporate this survey into existing structures.

General Guidance

- Consider incorporating a request to complete the survey (along with access information) into a standing cadence of meetings, such as staff meetings, resident education sessions, noon conferences, shared governance meetings, and unit huddles.
- This survey is typically administered monthly, beginning at baseline. The frequency may be adjusted over time based on implementation needs and trends. It is important for respondents to continue submitting surveys even when there are no related harm events.

Outline Data Collection and Accountability Plan

As you set goals and expectations, ensure that you develop a plan for monitoring data collection and following up as appropriate. The I-PASS Institute has created a template you may reference and adapt to meet the needs of your organization.

OBJECTIVE 5

Develop an Observer Champion identification strategy and onboarding plan in collaboration with the Training Working Group.

Real-time handoff observations are a key driver of successful I-PASS adoption, as they anchor change in two ways:

1. Observer Champions provide real-time feedback to those conducting the handoff, reinforcing adoption and driving improvement.
2. The data collected via submitted Observation forms yields insight that will inform ongoing engagement, celebration, and improvement cycles.

Recruit Observer Champions

An ideal Observer Champion is an invested advocate of I-PASS adoption and has the self-awareness to give appropriate feedback to frontline clinicians. Both formal and informal leaders in your clinical units/services may be a great fit.

Ensuring that you have an ample number of Observer Champions identified can better distribute responsibility and broaden breadth of engagement efforts. When recruiting this group of Champions, be sure representation is inclusive of all in-scope clinician types, units, and shifts.

Finally, it is crucial to build a system to support the success of your Observer Champions. In parallel with identifying who your Observer Champions will be, think about how you will support them, maintain accountability, and share insights gleaned to promote further engagement across the board.

Once Observer Champions are identified, they will complete I-PASS Handoff Training and I-PASS Observer Champion Training where they will receive an overview of the role, learn how to conduct observations, and practice providing feedback.

Example roles of who may be engaged as Observer Champions are provided below, based on the scope of who they would be responsible for observing. Example messaging to share with Observer Champions during the recruitment process can be found within the Campaign Toolkit.

Who Is Being Observed	Example Observer Champions
Nurses	Nurse directors, nurse educators, managers, supervisors, charge nurses, shared governance leaders, safety champions
Respiratory therapists	RT directors, clinical educators, managers, supervisors, shared governance leaders, safety champions
Providers	Medical director, section chief, quality leaders
Residents	Senior or chief residents, attending faculty, fellows (particularly those serving in a Quality & Safety Fellowship)

Train Observer Champions

Collaborate with the Training Working Group to prepare for Observer Champion onboarding. Observer Champions will complete the I-PASS Handoff Training followed by I-PASS Observer Champion Training. Please refer to Objective #2 in the Training Working Group Discovery & Planning Phase for more insight.

OBJECTIVE 6

Develop plans for analyzing data and communicating progress in collaboration with the Campaign Working Group.

Another key planning activity is to outline your internal plans for analyzing collected data, and for communicating progress across stakeholder groups throughout the implementation.

Data Monitoring & Analysis

During baseline data collection, the primary focus of monitoring will be to ensure that an appropriate number of observations and harms to patients surveys are being collected. Identify who will be responsible for reviewing these metrics and ensure continued follow-up.

Verbal handoff observations

The observation form collects various unit or location identifiers as well as the Observer Champion's name. You can use this information to monitor whether sufficient data is being collected from the units/services in a given wave and to identify which Observer Champions may need further support.

We also recommend qualitatively reviewing any free-text data to inform specific feedback that could be conveyed to frontline clinicians.

Harms to patients survey

This survey is anonymous, but the location-based indicators can be utilized to monitor activity at the unit/service or hospital level.

Responses to this survey can be converted to "harms per 100 days worked" to create a more digestible metric for internal communication. (Having 1 harm reported per 100 clinician days worked is more easily conveyed and understood than having 0.1 harm per 10 days.) The I-PASS Institute Team can provide additional recommendations regarding assessment of this data.

As the implementation progresses, we recommend that the Data & Observation Working Group regularly review data internally. Updates and trends will be presented periodically during Coordinating Council meetings.

- During the Web Portal Admin Training, the I-PASS Institute Team will provide an overview of how to interpret data collected via the I-PASS Assessment & Improvement tools.
- We recommend exporting data from the I-PASS Web Portal for internal review within your organization's preferred analysis platform.
- Additionally, the I-PASS Web Portal provides auto-generated run charts for collected observation data. You can apply filters to customize reports on adherence to the I-PASS structure and quality measures, or review the total adherence across the institution. Features available within the I-PASS Web Portal are reviewed in the Web Portal Admin Overview outlined in Objective #2.

Communication Plan

Communication of this data with key stakeholders and frontline clinicians will be important. Additionally, you should discuss with your executive sponsors how frequently they would like to be briefed on your progress. This typically varies between once every quarter and once every six months. To facilitate data collection, it is helpful to develop a data collection plan alongside your Campaign Working Group and establish a reporting process for your team.

Active Implementation Phase

Key Objectives

Repeat for each wave.

1. Implement an Observer Champion recruitment and onboarding plan.
2. Implement a baseline data collection plan for all identified metrics.
3. Implement a plan for monitoring baseline data.
4. Implement a Post–Go-Live data collection plan for all identified metrics.
5. Communicate implementation progress in collaboration with the Campaign Working Group.

OBJECTIVE 1

Implement an Observer Champion recruitment and onboarding plan.

Implement the Observer Champion recruitment strategy outlined during the Planning Phase. Once Observer Champions are identified:

- Provide the Training Working Group with the list of identified Observer Champions, ensuring that they have the appropriate level of detail to complete the account setup template provided by your I-PASS Program Manager.
- Collaborate with the Training Working Group and department leadership to implement the Observer Champion onboarding plan outlined during the Planning Phase.
- Ensure that Observer Champions complete both the I-PASS Handoff Training and I-PASS Observer Champion Training before beginning baseline data collection.

OBJECTIVE 2

Implement a baseline data collection plan for all identified metrics.

Implement the baseline data collection plan for process and outcome metrics, along with any additional metrics your organization has opted to assess.

- After Observer Champions complete their training, provide them with the appropriate verbal handoff assessment link based on the types of handoffs they will be expected to evaluate (single-patient or multiple-patient handoffs).
- Begin disseminating the harms to patients survey to frontline clinicians in the current implementation wave. If, upon regular review, response rates are found to be low, explore alternative strategies for promoting engagement with your I-PASS Institute Team.

OBJECTIVE 3

Implement a plan for monitoring baseline data.

Implement your plan for reviewing baseline data collection progress, and conduct appropriate follow-up. As a reminder:

- Verbal handoff observations
  - The observation form collects various unit or location identifiers as well as the Observer Champion's name. You can use this information to monitor whether sufficient data is being collected from the units in each wave and to inform which Observer Champions may need further support.
  - We also recommend qualitatively reviewing the data to inform whether Observer Champion refresher training may be needed ahead of Go-Live.
- Harms to patients survey
  - This survey does not ask the respondent to provide their name. The location-based indicators can be utilized to monitor activity and trends at the unit or hospital level.

OBJECTIVE 4

Implement a Post–Go-Live data collection plan for all identified metrics.

Implement your plan for monitoring and analyzing data. As a reminder:

- During the Web Portal Admin Overview, the I-PASS Institute Team will provide an overview of how to interpret data collected by the handoff observation forms and the harms to patients survey.
- The I-PASS Team will share data workbooks on an ongoing basis. However, we recommend exporting data from the I-PASS Web Portal for **internal analysis** within the platform of your choice on a more frequent basis to support internal accountability and achievement of implementation milestones.
- Additionally, the I-PASS Web Portal provides auto-generated run charts for collected observation data. You can apply filters to customize reports on adherence to the I-PASS structure and quality measures, or look at the total adherence across the entire institution.

Analysis and Interpretation of Data: I-PASS Best Practices

Best practices for assessing and interpreting data associated with your I-PASS implementation are outlined as follows:

Frequency of review

- Following Go-Live, you should plan to review your data as a working group (with or without your I-PASS Institute Team) at least biweekly ahead of Coordinating Council meetings. Over time, this will gradually shift to a monthly review.
- Following Go-Live, the Coordinating Council should be provided a review of the key adherence outcome metrics at least monthly. It may be helpful to share updates in writing and allow time for questions during your review.

Ideal sample size for each type of evaluation

- Observations: Observation goals are based on the total number of clinicians on the unit or service, and are expressed as a percentage of staff rather than a fixed number of observations.
- Nursing (Single-Patient Observations)
  - Units with more than 10 clinicians should complete observations equal to 50% of staff each month, up to a maximum of 20 observations.
  - Units with 10 or fewer clinicians should complete observations for 100% of staff each month.

- Providers and Respiratory Therapy (Multiple Patient Observations)
    - Services with more than 10 clinicians should complete observations equal to 25% of staff each month, up to a maximum of 10 observations.
    - Services with 10 or fewer clinicians should complete observations for 50% of staff each month.
- Harms to patients survey: At least 50% of surveyed frontline clinicians should respond to the survey each month (e.g., if there are 60 nurses on your med-surg unit, you should aim for 30 responses per month).

Ideal visualizations

- Utilize run charts when reviewing adherence data collected by Observer Champions. Run charts make it easier to see the effect of different aspects of your interventions over time, and they offer a timely visual of whether something is working:
    - A run chart displays data in a graph format as results occur over time, with the x-axis representing time and the y-axis representing the result being measured. Run charts allow your team to readily identify variations in data that suggest changes in a process over time. Such a change may be intentional and therefore related to your team's actions, or unintentional and therefore related to an unforeseen force of change. A run chart may contain a straight line showing the median to more readily visualize deviations in the performance of the process. The chart may also contain notations indicating the time point at which the process was modified so that you may visualize how the performance of the process changed in response to the modification.
    - Bar charts can be utilized to assess data from the harms to patients survey.

Sharing data beyond the Coordinating Council

- Service line or department and unit leaders:
    - Department leadership should have the opportunity to review trends in their department's data before it is shared out more broadly, to ensure that they can share insights and ask questions. The content could be similar in type and frequency as the frontline clinician update, but should be shared first with leadership.
- Frontline clinicians:
    - Your frontline clinicians have been asked to modify their communication workflow, and likely will want to know how they have been performing with a new expectation in place. Be prepared to share out "at-a-glance" metrics related to adherence and harms data specific to each unit in the mode that aligns most closely with internal processes. This could include charts and tables posted to a huddle board, or a poster with summary data shared in a break room. Data shared should be updated

at least monthly for the first year of the implementation, and may reduce to quarterly updates thereafter.

- Observer Champions:
  - Observer Champions have made an exceptional commitment to contribute to handoff improvement efforts, and they benefit from seeing how their work is being used to support iterative changes to handoff processes within the organization. You should expect to share monthly updates with your Observer Champions that outline key insights across your organization over that time. It can also be helpful to share the frontline clinician updates with Observer Champions in each unit/service.

OBJECTIVE 5

Communicate implementation progress in collaboration with the Campaign Working Group.

- Implement the communication plan outlined during the Planning Phase, and support any requests from the Campaign Working Group related to data for specific units or groups of frontline clinicians.

Sustainment Phase

Conduct regular (~monthly/quarterly) data review sessions to assess trends and inform iterative improvement cycles.

Identify further areas for improvement across the institution, using collected data as a guide.

Identify opportunities to present to leadership on key trends from the implementation.

Written Handoff Tool Working Group

Discovery & Planning Phase

Key Objectives

1. Confirm working group Champions and initiate the internal meeting cadence.
2. Outline a strategy, governance structure, and process for written handoff tool development and refinement.
3. Outline and implement a process for written handoff tool template development and identification of necessary data elements for in-scope units/services.
4. Develop a plan for training frontline clinicians on the written handoff tool in collaboration with the Training Working Group.
5. Confirm a technical support plan for the written handoff tool.

OBJECTIVE 1

Confirm working group Champions and initiate the internal meeting cadence.

Once the working group structure and designated Champions are confirmed, the I-PASS Program Manager will facilitate a Working Group Orientation meeting. This typically includes an overview of the working group's milestones and deliverables and provides an opportunity to answer initial questions.

Following the orientation, the working group lead should schedule a cadence of internal meetings to address progress on various milestones.

1. Your Project Coordinator should attend internal working group meetings whenever possible. If there are multiple Project Coordinators, at least one should be in attendance. The I-PASS Program Manager and Clinical Coach can join the first few meetings, and attend on an ad hoc basis thereafter, to support initial progress and address questions.
2. Progress updates and identified questions should be documented within the respective Implementation Workbook tab for each working group.
3. Key updates, requests, or questions for the Coordinating Council should be tracked, as each working group will be expected to report updates and progress at each Coordinating Council meeting. A template for what information should be conveyed from each working group to the Coordinating Council on a regular basis will be provided.
4. Identify additional working group team members to support written handoff tool development, such as:
    - Clinical informatics representative(s) to guide and facilitate technical development of the written handoff tools (if handoff tool is built within EMR).
    - Clinical subject matter experts (SMEs) to inform workflow design and the data elements to be included in the written handoff tools.

OBJECTIVE 2

Outline a strategy, governance structure, and process for written handoff tool development and refinement.

The I-PASS written handoff tool is an essential component of I-PASS implementation. The written handoff tools complement verbal handoffs by providing an overview of critical data elements in the I-PASS structure.

Standard Template Strategy

During the Planning Phase, the Coordinating Council and Written Handoff Tool Working Group will confirm the approach for standardizing the written handoff tools for use by in-scope specialties across the organization. For example, will all med-surg nursing units across your organization be expected to use the same written handoff tool? If not, what level of variability will be permitted?

Document key decisions made within the Implementation Workbook under the Written Handoff Tool Working Group tab, and collaborate with the Campaign Working Group to develop messaging regarding these decisions. The I-PASS Institute will provide a list of units and specialties that may benefit from shared templates for your organization to review and modify based on key stakeholder input.

Governance Structure

Outlining a governance structure for implementing the defined strategy, ensuring alignment of data elements within shared units/services, and overseeing the iterative improvement process are crucial to successful rollout of a standardized written handoff tool.

The governance structure should leverage a collaboration between informatics and key clinical stakeholders that discerns feedback themes and should approve written handoff tool changes. It can be helpful to answer the following questions as part of developing your written handoff tool governance structure:

- What is the process for requesting modifications to the written handoff tool?
- How can modifications be requested following the launch of the written handoff tool? Are internal processes already in place that can be leveraged for this purpose?
    - Which clinical leaders can approve these requests, particularly if the template modifications impact more than one group of frontline clinicians?
- How long after Go-Live will frontline clinicians have to request modifications to their written handoff tool?

OBJECTIVE 3

Outline and implement a process for written handoff tool template development and identification of necessary data elements for in-scope units/services.

High-quality written handoff tools are developed in collaboration with frontline clinicians to ensure that critical data elements for their unit/service are reflected. Individuals should be able to scan the written handoff tool and immediately have an accurate shared mental model of the patient's status of disease and management.

Template Development Process

Written handoff tools should be linked to and populated from the EHR whenever possible. This reduces the potential for errors of commission and omission, which increases workflow efficiency. Most current EHRs have modules for written handoff tools with customizable fields.

It will be necessary to establish consensus across units/services that will be sharing tools. The Coordinating Council and I-PASS Institute Team will outline a process for engaging frontline clinicians and for collaboratively developing these written handoff tools.

Typically, this entails:

Understanding what information is currently transferred via written handoff tools

I-PASS Clinical Coach(es) providing feedback on current written handoff tools that exist, and guidance on areas of opportunity for standardization

Collaborative discussion among clinical groups that will share templates to align on the information to include, where necessary

Technical development of the templates, facilitated by your organization's IT/IS/Clinical Informatics team and the I-PASS Informatics Specialist

Testing of the developed templates by end users to confirm that the workflow for use and the content included meet the requirements of their role

Once templates are developed and are actively used during handoffs, the governance structure will be responsible for overseeing iterative improvements based on feedback received from frontline clinicians using the previously outlined process. Written handoff tools must be reviewed and deliberately maintained; otherwise, they quickly become inaccurate. It is important to outline and confirm the workflow expectations for your frontline clinicians regarding the written handoff tool to ensure that it is regularly reviewed and updated during transitions of care.

OBJECTIVE 4

Develop a plan for training frontline clinicians on the written handoff tool in collaboration with the Training Working Group.

Ensure that a process is in place to acclimate frontline clinicians to the written handoff tool. A process to train new hires or rotating/traveling staff should also be outlined, particularly if it will differ from the process used for current employees. This objective is further reviewed in Discovery & Planning Objective #5 for the Training Working Group. Once your training plan is outlined, prepare associated materials or schedules ahead of Go-Live.

OBJECTIVE 5

Confirm a technical support plan for the written handoff tool.

As your frontline clinicians prepare to Go-Live with I-PASS and with use of the new written handoff tool, it is important to have a support plan in place to ensure its effective uptake. We recommend collaborating with the Campaign Working Group, as this is part of the Go-Live communication plan.

Examples to consider incorporating into your plan include the following:

- Coordinate a schedule where Champions are always available on-site during shift change windows for the first week or so surrounding Go-Live. In addition to providing guidance, these Champions can document the questions, concerns, or barriers that arise during their rounding. This input can then be qualitatively reviewed to identify key themes, which can then be addressed on a broader scale.
- If you will be asking frontline clinicians to utilize a written handoff tool that resides within the EHR, document and communicate the expected process for technical support requests internally and ensure that the Written Handoff Tool Working Group receives a summary of issues at a regular cadence. This will help them address questions that might arise from various clinical groups about the tool.

Active Implementation Phase

Key Objectives

Repeat for each wave

1. Implement a plan to train frontline clinicians on the use of the written handoff tools in collaboration with the Training Working Group.
2. Implement Go-Live with the written handoff tools, along with a rounding support plan.
3. Obtain feedback on the written handoff tools, related training, and support processes to determine themes and potential iterative improvements.
4. Identify Champions to support written handoff tool development in subsequent waves.

OBJECTIVE 1

Implement a plan to train frontline clinicians on the use of the written handoff tools in collaboration with the Training Working Group.

Disseminate internal training materials and implement the internal onboarding plan consistent with the rollout of other EHR features and functionality. If your organization is not using the handoff tool within the EHR, implement the plan for training frontline clinicians on how to use the printed document as appropriate.

OBJECTIVE 2

Implement Go-Live with the written handoff tools, along with a rounding support plan.

Implement your plan to Go-Live with the written handoff tools, and execute the rounding support plan your team has outlined.

OBJECTIVE 3

Obtain feedback on the written handoff tools, related training, and support processes to determine themes and potential iterative improvements.

During Coordinating Council meetings, the team should share lessons learned on various aspects of the implementation. The I-PASS Institute has a template document within the supplemental resources that can be used for documenting these iterative learnings between waves.

OBJECTIVE 4

Identify Champions to support written handoff tool development in subsequent waves.

When appropriate based on your implementation timeline, identify the Champions who will be engaged in the written handoff tool development process or review for the next wave. Once identified, repeat all objectives, beginning with Discovery & Planning Phase Objective #3.

Sustainment

Execute a long-term plan for iteratively refining the written handoff tool as appropriate.

Identify additional opportunities and new contexts for written handoff tool use that support long-term sustainability of I-PASS. Based on the needs of your organization, examples could include developing a tool to support transitions between the inpatient and outpatient settings, or identifying other clinical groups that could benefit from an I-PASS written handoff tool.

Wrap-Up

Congratulations! You are now ready to implement the I-PASS Handoff Methodology within your organization. We hope this Implementation Guide provided you with a framework and the necessary tools to support your implementation journey. Implementing all components of the I-PASS Handoff Bundle will require some work. However, with advanced planning, forethought, and identification and mitigation of barriers, we trust that handoffs among your frontline clinicians will be more efficient and safer at your institution. Good luck!

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