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Staff Education to Emergency Nurses on Improving Handoff Communication Using the I-PASS Tool

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Walden University

College of Nursing

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Lekeyna Gleason

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and that any and all revisions required by
the review committee have been made.

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Walden University
2026

Executive Summary: Staff Education Project
Staff Education to Emergency Nurses on Improving Handoff Communication Using the
I-PASS Tool
by
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BSN, Chicago State University, 2019

Executive Summary Submitted in Partial Fulfillment
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Summary

Effective communication during nurse-to-nurse handoff remains a critical determinant of patient safety in high-acuity emergency settings, where rapid decisions and fluctuating clinical demands can lead to inconsistent structure, omission of critical information, and inefficient transitions of care. The practice gap identified was a lack of standardized knowledge and consistent use of a structured bedside handoff tool among emergency department (ED) nurses. The practice-focused question guiding this project was, Does educating ED nurses on using the I-PASS bedside handoff tool improve knowledge of structured bedside reporting as measured by pre- and post-implementation surveys? The ADDIE framework and the Johns Hopkins evidence-based practice (JHEBP) model guided development and implementation of this project. Fifteen peer-reviewed scholarly articles were used to inform the educational PowerPoint, knowledge-based pre- and postsurveys, and the I-PASS direct observation checklist. Twelve ED charge nurses and clinical coordinators (collectively referred to as unit coordinators for this project) participated in a single, in-person train-the-trainer session in the ED conference room and completed pre- and post-education knowledge assessments and implementation within their respective teams. Knowledge scores improved from a pre-test mean of 12.83 (85.6%) to a post-test mean of 14.42 (96.1%), representing a statistically significant increase in knowledge, $t(11) = 5.06, p < .001$. This project contributes to positive social change by improving communication reliability during transitions of care, enhancing patient safety, and supporting a culture of standardized, evidence-based nursing practice in the ED.

Background

The ED is especially vulnerable to communication failures due to rapid patient turnover, unpredictable surges in acuity, and complex interprofessional coordination demands. Nurses working in these environments report significant communication challenges, including incomplete handoffs, variable handoff quality between providers, and limited structured guidelines to support information exchange (Alharbi et al., 2024; Kim et al., 2020). Research reveals that nurses perceive communication gaps as directly harmful to patients, emphasizing the need for standardized tools to ensure completeness (Atinga et al., 2024).

Evidence supports the use of structured handoff tools to improve patient safety outcomes. The I-PASS mnemonic has been widely recognized for its capacity to reduce omissions, promote situational awareness, and create consistent communication across diverse clinical settings (Blazin et al., 2020; Shahian, 2021). Studies conducted in pediatric intensive care units, EDs, and specialized transport programs demonstrate significant improvements in handoff quality and reductions in adverse events following I-PASS implementation (Chladek et al., 2021; Jorro-Barón et al., 2021; Norman et al., 2023; Vega et al., 2024). Additional research highlights the positive relationship between communication competency, patient safety culture, and the use of standardized handoff frameworks (Kim et al., 2020; Pun, 2021).

Informal observations and leadership discussions revealed that handoffs varied in structure and detail. Nurses commonly expressed concerns regarding the inconsistency of information received during handoff due to the lack of knowledge of a standardized

format. These findings underscore the relevance of adopting an evidence-based structured handoff tool to improve communication reliability and support patient safety. The practice-driven question guiding this doctoral education project was “Does educating ED nurses on using the I-PASS bedside handoff tool improve knowledge of structured bedside reporting as measured by pre- and post-implementation surveys?”

Staff Education Project Development

This staff education project was developed using the ADDIE instructional design model and the JHEBP model to systematically translate evidence-based handoff communication strategies into a practical intervention aligned with ED workflow. The ADDIE model, consisting of analysis, design, development, implementation, and evaluation, guided the planning, delivery, and assessment of the educational intervention, while the JHEBP model supported identification of the practice gap, appraisal of evidence, and development of targeted educational materials.

Baseline assessment and stakeholder feedback indicated that nurse-to-nurse handoffs were often brief, inconsistent, and fragmented, reflecting challenges commonly reported in high-acuity emergency care environments (Alharbi et al., 2024; Gungor et al., 2022). Studies demonstrate that structured handoff education improves information accuracy, nurse confidence, and communication reliability while reducing the risk of errors associated with unstructured transitions of care (Abt et al., 2025; Blazin et al., 2020; Bukoh & Siah, 2020).

To support feasibility and sustainability, the intervention was designed to align with implementation science recommendations. A train-the-trainer approach was selected,

positioning unit coordinators as champions to model and reinforce I-PASS use. Peer-led education and leadership engagement facilitate adoption and sustainability of communication interventions in clinical settings (Campbell & Dontje, 2019; Norman et al., 2023; Studeny et al., 2017; Vega et al., 2024). Subsequent sections describe application of each ADDIE phase.

Analysis

This staff education project began with the identification of a key practice gap in nurse-to-nurse handoff communication and assessment of organizational readiness for change. Readiness was analyzed using the JHEBP stakeholder analysis tool, along with a SWOT analysis and an organizational readiness tool. Findings demonstrated leadership engagement, availability of unit-based champions, willingness to allocate resources for staff education, and alignment between project goals and organizational priorities.

A focused practice-based question was developed using the JHEBP Question Development Tool. With assistance from a Walden University librarian, a literature search was conducted across MEDLINE/PubMed, CINAHL Complete/EBSCO, Google Scholar, and ProQuest. Search terms included *bedside tool*, *bedside handoff*, *bedside report*, *nurs**, *education OR instruction OR implementation**, and (*bedside AND report OR tool AND Emergency Department OR ER OR “emergency room” AND I-PASS*). This search yielded 32 relevant scholarly articles, of which 15 met inclusion criteria and were rigorously appraised using the JHEBP research and non-research evidence appraisal tools.

Nurses described challenges consistent with literature, including the absence of

standardized expectations, frequent environmental distractions, and inconsistent transfer of critical patient information such as diagnostic updates, safety precautions, and care priorities (Alharbi et al., 2024; Atinga et al., 2024). Evidence indicates that unstructured handoff practices increase cognitive load and heighten the risk of miscommunication, positioning structured tools such as I-PASS as essential for improving information reliability and handoff quality (Blazin et al., 2020; Chladek et al., 2021). Additional studies emphasize the role of organizational safety culture and nursing communication competence in supporting effective handoff processes (Kim et al., 2020; Pun, 2021). Collectively, these findings support the need for an educational intervention that not only teaches the I-PASS mnemonic but also reinforces its relevance to patient safety, workflow efficiency, and high-reliability emergency care.

Design and Development

Findings from the baseline assessment and evidence synthesis informed the design and development of the intervention and evaluation tools for this project. These findings, and input from two content experts, guided the creation of an educational PowerPoint presentation on structured I-PASS bedside handoff (Appendix A) and a knowledge-based pre- and post-education survey (Appendix B). Additional materials were developed including a presentation worksheet and case study (Appendix C), a Handoff Quick Reference Guide posted on the unit (Appendix D), and a Direct Observation Tool used to assess nurse-to-nurse handoffs (Appendix E).

The reliability and validity of the educational materials were supported through alignment with evidence summarized using the JHEBP Individual Evidence Summary

and adherence to clinical site policies. All materials underwent formal review by two content experts. The first content expert was an ED director with a Master of Science in Nursing and more than 15 years of experience in nursing leadership, management, and education, with extensive involvement in evidence-based practice and scholarly literature review. The second content expert was an ED nurse educator with 10 years of experience in specialty nursing education, curriculum development, and adaptive learning strategies for clinical staff. Feedback from both experts informed refinements to instructional design, content flow, and practical applicability. Both content experts completed structured evaluation forms of the project and performance and confirmed that the educational module was clear, relevant, and achievable within the ED setting (Appendix F).

Educational content incorporated findings from implementation studies demonstrating that I-PASS is most effective when delivered through structured training, reinforced through practice, and supported by unit leaders who champion consistent use (Norman et al., 2023; Vega et al., 2024). Development of the program guided by evidence showing that structured handoff education improves nurses' communication skills and adherence to standardized processes (Bukoh & Siah, 2020; Gungor et al., 2022). Upon completion of content development, a formal project kickoff presentation was conducted with the faculty advisor, clinical preceptor, and key stakeholders to review project objectives, educational materials, implementation strategy, and evaluation plans, ensuring shared understanding and readiness prior to rollout.

Implementation

Prior to implementation, Walden University's institutional ethics pledge was completed. This staff education initiative was conducted as a quality improvement project and did not involve the collection of personal or identifiable data. Participation was voluntary and confidential. Participants were informed that they could decline or withdraw at any time without impact on their employment and that completion of the pre- and post-education surveys constituted implied consent. No participants chose to opt out.

To accommodate leadership and clinical schedules, the in-person educational session for unit coordinators was delivered during the first hour of a scheduled monthly meeting in the ED conference room. Implementation consisted of a single, in-person training session. To maintain confidentiality while allowing pairing of pre- and postsurvey responses, each participant was assigned a unique identifier numbered 1 through 12.

The session began with completion of the pre-education knowledge survey, followed by a review of communication gaps identified within the ED and evidence supporting the use of structured handoff tools. Educational content emphasized the rationale for standardized communication, detailed explanation of each I-PASS component, and application of the framework within ED workflows. Participants engaged in interactive learning activities, including analysis of sample handoff scenarios, guided practice delivering I-PASS handoff, and peer review of synthesis-by-receiver statements. The session concluded with completion of the post-education knowledge survey. Following training, unit coordinators disseminated the I-PASS education to staff nurses

on their respective units using a train-the-trainer approach. Laminated I-PASS quick-reference guides were placed at computer workstations.

Evaluation

Assessment of project outcomes included quantitative analysis of pre- and post-education knowledge scores using a paired-samples *t* test, as well as assessment of handoff implementation through direct observational audits. Descriptive statistics were used to calculate mean pre- and postsurvey scores and the mean difference between scores, which were summarized in a data table to support interpretation of results. Unit coordinators completed 20 real-time bedside handoff observations using the standardized I-PASS Direct Observation Tool to evaluate adherence to individual components. The evaluation phase completed the ADDIE instructional design cycle by defining the methods used to assess knowledge acquisition and early adoption of structured handoff practices.

Results

Process Validation

Content expert evaluation supported the effectiveness and appropriateness of the educational intervention. Experts agreed that the content was concise, evidence-based, and well aligned with ED workflow and organizational priorities, enhancing clinical relevance and feasibility. Interactive teaching strategies, including case-based learning and peer engagement, were identified as strengths. Recommendations included ongoing reinforcement through refresher education, observational follow-up, and simulation or role-play to support long-term skill retention and synthesis by the receiver.

Pre- and Post-Education Knowledge Outcomes

Twelve unit coordinators completed the 15 question I-PASS knowledge-based pre- and post-education surveys. Pre-test scores ranged from 11 to 14, with a mean score of 85.6% ($SD = 1.03$). Post-test scores ranged from 13 to 15, with a mean score of 96.1% ($SD = 0.79$). Item-level analysis demonstrated variability in baseline knowledge across I-PASS components, with questions related to situation awareness and contingency planning most frequently missed on the pre-test. Following education, these same items demonstrated notable improvement, indicating enhanced understanding of higher-level I-PASS concepts. Item-level pre- and post-education knowledge findings are summarized in Table 1, while aggregate paired t-test results are presented in Table 2.

Inferential Analysis

A paired-samples t test was conducted to evaluate changes in mean knowledge scores following the educational intervention. Results demonstrated a statistically significant improvement in knowledge from pre- to post-education, $t(11) = 5.06, p < .001$. Eleven of the 12 participants demonstrated increased scores, while one participant showed no change. No participants demonstrated a decrease in knowledge.

Behavioral Outcomes

Following staff education rollout, unit coordinators completed 20 nurse-to-nurse bedside handoff observations using the I-PASS Direct Observation Tool. Observational findings demonstrated strong adherence to core I-PASS components, particularly illness severity and patient summary. Lower adherence was observed for synthesis by receiver and completion of I-PASS elements in the recommended order. Observational results are

illustrated in Figure 1 and support early adoption of structured bedside handoff practices within the emergency department.

Table 1

Item-Level Analysis of I-PASS Knowledge Assessment Pre- and Post-Education (n = 12)

Question	Question description*	Pre-test: No. correct	Pre-test % correct	Post-test: No. correct	Post-test % correct	% Change
Q1	Identification of illness severity	3	25%	10	83%	+58%
Q2	Patient summary content	3	25%	7	58%	+33%
Q3	Action list definition	12	100%	12	100%	0%
Q4	Action list components	11	92%	12	100%	+8%
Q5	I-PASS structure overview	12	100%	12	100%	0%
Q6	Role of standardized handoff	12	100%	12	100%	0%
Q7	Bedside handoff purpose	12	100%	12	100%	0%
Q8	Situation awareness & contingency planning	9	75%	12	100%	+25%
Q9	Communication safety principles	12	100%	12	100%	0%
Q10	Use of I-PASS in ED workflow	11	92%	12	100%	+8%
Q11	Synthesis by receiver	9	75%	12	100%	+25%
Q12	Handoff accountability	12	100%	12	100%	0%
Q13	Team communication expectations	12	100%	12	100%	0%
Q14	Patient safety outcomes	12	100%	12	100%	0%
Q15	Best practices for shift handoff	12	100%	12	100%	0%
	Mean across items (score/percentage)	12.83	85.6%	14.42	96.1	+10.5%

*Question descriptions reflect content domains assessed by the knowledge survey.

Note. Percentages reflect the proportion of correct responses for each knowledge item before and after education.

Table 2

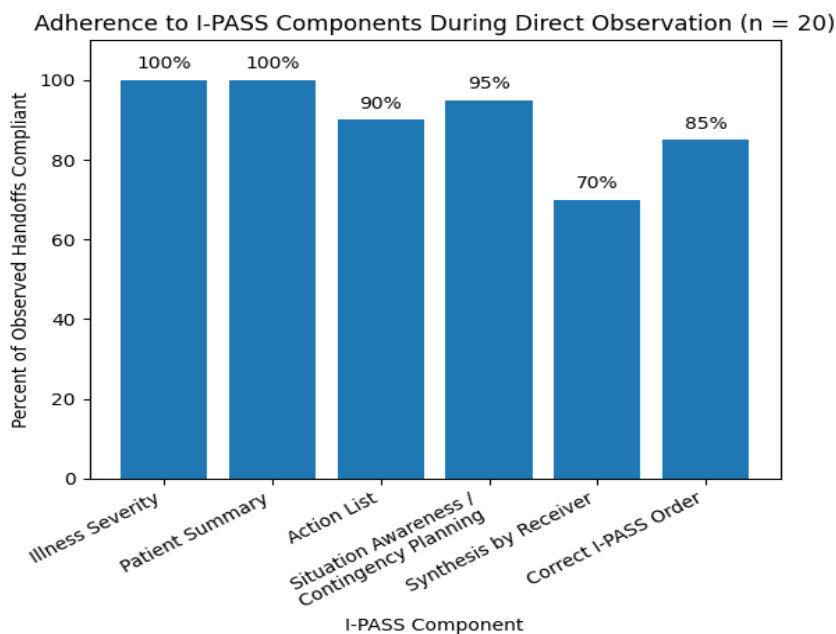
Paired t Test Results for I-PASS Knowledge Scores (n = 12)

<i>M</i> (Mean Difference)	<i>SD</i>	<i>t</i>	<i>df</i>	Sig. (2-tailed)
1.58	1.08	5.06	11	< .001

Note. Mean difference represents the change in knowledge scores from pre- to post-education. Data were analyzed using a paired-samples *t* test.

Figure 1

Adherence to I-PASS Components and Order Fidelity During Direct Observation (n = 20)



Note. Bars represent the percentage of observed nurse-to-nurse bedside handoffs demonstrating adherence to each I-PASS component.

Implications and Limitations

This education project demonstrated several strengths, including that structured I-

PASS education can improve nurse knowledge and support early adoption of standardized bedside handoff. The train-the-trainer approach promoted leadership engagement and supported scalability of the intervention. Use of direct observational audits strengthened evaluation by capturing real-time application of I-PASS and identifying specific areas for reinforcement, including synthesis by receiver and correct sequencing. Limitations include the small sample size, single-site implementation, and short evaluation period, which may limit generalizability. Additionally, observational audits were completed shortly after implementation, and long-term sustainability was not assessed.

Conclusions

This quality improvement project demonstrated that a structured, evidence-based educational intervention using the I-PASS handoff tool significantly improved ED nurses' knowledge of standardized bedside handoff communication. Knowledge gains were statistically significant and supported by observational data demonstrating early adherence to I-PASS components during real-time handoffs. From a nursing perspective, this project highlights the essential role of structured communication in promoting patient safety, continuity of care, and high-reliability practice in emergency settings. Strengthening nurse-to-nurse handoff processes supports safer transitions of care, reduces the risk of preventable errors, and reinforces nursing leadership in advancing evidence-based practice and positive social change. Continued reinforcement and ongoing monitoring are recommended to sustain gains and further strengthen a culture of safe, reliable communication in emergency nursing practice.

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Appendix A: Educational PowerPoint Presentation

This appendix includes the educational PowerPoint presentation used during the in-person training session. Content addresses communication gaps, evidence supporting structured handoff, and detailed instruction on each component of the I-PASS tool.

I-PASS Handoff Tool Education

Improving Communication and Patient Safety

By: Lekeyna Gleason BSN, RN

Objectives

- Define the I-PASS handoff tool and its components
- Explain the importance of standardized handoffs in the ED
- Demonstrate how to use I-PASS during nurse-to-nurse report
- Identify benefits for patient safety and continuity of care
- Review staff roles and responsibilities in implementation

What is I-PASS?

- I-PASS is a standardized bedside handoff tool designed to improve communication, reduce errors, and enhance patient safety.

Standardized Communication
= Patient Safety

Why Standardized Bedside Handoff?

- Prevents communication breakdowns
 - Closed-Loop Communication
- Reduces preventable adverse events
- Improves teamwork and role clarity
- Enhances patient safety and satisfaction

Benefits of I-PASS

- Reduces errors and missed information
- Protects nurse's license through best practice
- Aligned with hospital policy for bedside report
- Supports a culture of safety and accountability



I-PASS Components

- **I – Illness severity**
 - Stable, Improving, Watch closely, Unstable
- **P – Patient summary**
 - Event leading up to admission/care transition
 - Treatment plan/ care received
 - Ongoing assessment
- **A – Action list**
 - To-Do list/ timeline
- **S – Situation awareness & contingency planning**
 - Know what's going on
 - Plan for what might happen
- **S – Synthesis by receiver**
 - Summarize and ask questions

How to Use I-PASS

- Provide illness severity upfront
- Give clear, concise patient summary
- Outline key tasks in the action list
- Highlight risks, concerns, and contingency plans
- Confirm understanding through receiver synthesis

Staff Roles and Responsibilities

- Nurses: Perform handoff using I-PASS consistently
- Receivers: Actively listen and confirm understanding
- Leadership: Support education, training, and auditing

As a Team

Commit to improving patient safety culture

Case Study: Applying I-PASS



65-year-old male came to the ED from home, being admitted with pneumonia confirmed by x-ray. He is stable but requiring oxygen at 2L NC. History of HTN, DM2. He's afebrile, SpO2 94%, vitals otherwise stable. IV was established, blood cultures collected, and labs are pending results. He will need his O2 monitored, and IV antibiotics started. He is at risk for desaturation overnight.

I-PASS Flowchart Overview

I
Illness
Severity

"Patient is stable but requires 2L oxygen."

P
Patient
Summary

"Mr. Pass, a 65-year-old with pneumonia, HTN, DM2. Afebrile, SpO2 94%, other vitals stable."

A
Action List

"Initiate IV antibiotics, monitor O2 saturation, cultures sent, labs pending."

S
Situation
Awareness

"Risk for desaturation, monitor closely. If requiring more than 4L notify MD"

S
Synthesis by
Receiver

"Receiver repeats: Diagnosed with pneumonia, patient on 2L O2, initiate antibiotics, watch for O2 drop."

Case Study #2: Now You Try!

Ms. Rodriguez is a 48-year-old female with a history of type 2 diabetes who presented to the ED with fever and chills for the past 24 hours. On arrival, she was tachycardic at 118 beats per minute and hypotensive at 92/54 mmHg. Temperature was 102.7°F, and she appeared ill and diaphoretic. She was placed on a cardiac monitor and IV access was obtained. Initial labs revealed an elevated lactate. Blood cultures were drawn and broad-spectrum antibiotics were ordered but not yet administered. The team initiated IV fluid resuscitation, and urine output monitoring was started. Her blood pressure remains soft despite the first liter of IV fluids. The charge nurse is concerned about the possibility of progression to septic shock if she does not improve after further fluids. Admission to a higher level of care may be required depending on her response.



Case Study #2 IPASS Breakdown

Case Study #2 – Sepsis Workup

Illness Severity

Unstable – febrile, tachycardic, hypotensive, elevated lactate. At risk of deterioration.

Patient Summary

48-year-old female with history of type 2 diabetes, presenting with fever and chills. Tachycardic (HR 118), hypotensive (92/54), temp 102.7°F, elevated lactate. IV fluids started, antibiotics ordered but not yet administered.

Action List

Complete IV fluid resuscitation, administer antibiotics, monitor urine output, repeat lactate in 4 hours, monitor BP closely.

Situation Awareness & Contingency Planning

Risk for septic shock if no improvement with fluids. Prepare for possible ICU transfer if patient remains hypotensive.

Synthesis by Receiver

Receiver should repeat key points: patient unstable, needs fluids, antibiotics, lab monitoring, and plan for escalation if no improvement.

Thank You

Questions & Discussion

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Appendix B: I-PASS Pre- and Post-Education Knowledge Survey

This appendix contains the knowledge-based pre- and post-education survey used to assess emergency department Unit Coordinators' understanding of structured bedside handoff using the I-PASS framework, and its answer key.

Pre-Post I-PASS Education Survey/Quiz

Knowledge Questions (Education Outcomes)

1. Which component of I-PASS ensures the receiving nurse understands the patient's condition by repeating key details?
 - A. Illness severity
 - B. Patient summary
 - C. Action list
 - D. Synthesis by receiver

2. A patient admitted with pneumonia requires oxygen at 2L NC. Which part of I-PASS does this information belong to?
 - A. Illness severity
 - B. Action list
 - C. Situation awareness
 - D. Patient summary

3. Which statement best reflects the "Action List" in I-PASS?
 - A. Patient is stable, continue routine care.
 - B. Labs are pending, start IV antibiotics, monitor O2 levels.
 - C. High risk for desaturation overnight.

- D. Patient is a 65-year-old male with pneumonia.
4. During handoff, a nurse highlights that a patient may de-saturate overnight and should be monitored closely. Which I-PASS component is this?
- A. Patient summary
 - B. Illness severity
 - C. Situation awareness & contingency planning
 - D. Action list
5. Which of the following is the primary goal of using I-PASS for nurse-to-nurse handoffs?
- A. To reduce charting time
 - B. To improve teamwork and patient safety
 - C. To satisfy regulatory requirements only
 - D. To speed up the discharge process
6. Which best practice protects the nurse's license during patient handoff?
- A. Using a structured communication tool such as I-PASS
 - B. Relying on memory for details
 - C. Delegating report to unlicensed staff
 - D. Giving handoff outside the patient's room
7. In I-PASS, the "Patient Summary" should include:
- A. The patient's name only
 - B. Full medical history since childhood
 - C. Concise, relevant history and current status

- D. Only the physician's plan of care
8. Which is an example of "Synthesis by Receiver"?
- A. The outgoing nurse asks, do you have any questions?
 - B. The incoming nurse repeats: So, the plan is to monitor O2, give antibiotics, and call if SpO2 drops.
 - C. The outgoing nurse lists all past lab results.
 - D. The charge nurse audits the chart.
9. Which is the most appropriate illness severity statement?
- A. Patient looks okay to me.
 - B. Patient is stable, on room air, no acute distress.
 - C. Patient had pneumonia three years ago.
 - D. Patient might need antibiotics.
10. Which of the following is not a component of I-PASS?
- A. Illness severity
 - B. Action list
 - C. Safety goals
 - D. Synthesis by receiver
11. A patient is admitted with sepsis. The outgoing nurse states: The patient is at high risk for septic shock if fluids don't stabilize BP. This is part of:
- A. Illness severity
 - B. Action list
 - C. Situation awareness & contingency planning

- D. Patient summary.
12. Which outcome has been shown in research when I-PASS is consistently used?
- A. Decreased length of stay only
 - B. Increased patient safety and reduced errors
 - C. Reduced nurse staffing needs
 - D. Elimination of bedside reporting
13. When giving an I-PASS handoff, when should the “Action List” be communicated?
- A. After the patient summary and before situation awareness
 - B. At the very beginning of report
 - C. Only if requested by the receiving nurse
 - D. After the synthesis step
14. Why is the “Synthesis by Receiver” step critical in I-PASS?
- A. It reduces the length of report.
 - B. It ensures the receiver has understood the plan correctly.
 - C. It allows the outgoing nurse to leave quickly.
 - D. It replaces the need for charting.
15. Which is the best response from a receiving nurse after hearing an I-PASS handoff?
- A. Nods silently and walks away
 - B. States: Okay, I’ll figure it out.
 - C. Repeats key points and confirms the action plan

D. Waits until the next shift to ask questions

Answer Key – I-PASS Pre–Post Survey

Question 1: D

Question 6: A

Question 11: C

Question 2: A

Question 7: C

Question 12: B

Question 3: B

Question 8: B

Question 13: A

Question 4: C

Question 9: B

Question 14: B

Question 5: B

Question 10: C

Question 15: C

Appendix C: Presentation Worksheet and Case Study for I-PASS Practice

This appendix includes the worksheet and case study used by Unit Coordinators to support notetaking, partnered review, and practice delivering I-PASS handoff during the educational session.

I-PASS Practice & Notes Worksheet – Case Study #2

Notes During Presentation

Use this space to write down key points, examples, or questions as you follow the presentation.

Case Study #2 – Practice Exercise

Instructions: The case study will be displayed on the screen. Read the scenario carefully. Then, complete the I-PASS framework below. Each section includes a description to guide your responses.

Illness Severity

Clearly state whether the patient is stable, unstable, or at risk of deterioration.

Patient Summary

Provide a concise summary including age, relevant history, current presentation, and key findings.

Action List

List immediate tasks, treatments, or monitoring that must be completed for this patient.

Situation Awareness & Contingency Planning

Identify potential risks, what to watch for, and contingency plans if the patient worsens.

Synthesis by Receiver

The receiving nurse repeats back the key points and plan to confirm understanding.

Appendix D: I-PASS Handoff Quick Reference Guide

This appendix contains the laminated I-PASS Quick Reference Guide posted at emergency department workstations to support real-time use of structured bedside handoff during shift report.

I-PASS Handoff Quick Reference

I: Illness Severity

Stable | Watcher | Unstable (Include ESI level, trends, alerts)

P: Patient Summary

Reason for visit + key findings (Assessment, ED course, treatments)

A: Action List

Pending tasks (Labs, imaging, meds, reassessments)

S: Situational Awareness

(Safety risks, isolation, contingencies)

S: Synthesis by Receiver

Nurse repeats key items. Handoff incomplete until repeat-back is done.

ED Expectations

- Bedside report
- Patient included when appropriate
- End with: “What questions do you have?”
- Document handoff in EPIC

Appendix E: I-PASS Direct Observation Tool

This appendix includes the standardized direct observation checklist used by Unit Coordinators to evaluate real-time nurse-to-nurse bedside handoff and assess adherence to individual I-PASS components following implementation.

I-PASS Direct Observation Tool

Use it to score each handoff on five core elements with “Yes/No” and a comments field for qualitative notes.

Audit Item	Yes	No	Comments
1. Illness Severity Outgoing nurse clearly states patient’s current status (e.g., “stable,” “watcher,” “unstable”).	<input type="checkbox"/>	<input type="checkbox"/>	
2. Patient Summary Includes concise summary statement, events leading to ED admission, course/treatment, and ongoing assessment.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Action List Outgoing nurse articulates specific tasks, timelines, and responsible person.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Situation Awareness & Contingency Planning Discussion of what might go wrong and planned responses.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Synthesis by Receiver Incoming nurse restates key points, asks clarifying questions, and confirms to-dos.	<input type="checkbox"/>	<input type="checkbox"/>	

Observation Details

- **Date/Time:** _____
- **Observer Name/Role:** _____

Overall Compliance (%): ____ / 5 items × 100 = ____%

Use this tool during real-time audits to quantify adherence to each I-PASS component and capture teaching opportunities.

Appendix F: Content Expert Evaluation

This appendix contains structured evaluations completed by two content experts in emergency nursing leadership and nursing education who reviewed and validated the educational materials and knowledge assessment tools and were present for the staff education PowerPoint presentation.

Evaluation of the I-PASS Staff Education Project: Content Expert Evaluation

Thank you for serving as a content expert for this Doctor of Nursing Practice (DNP) quality improvement project focused on improving nurse-to-nurse handoff communication using the I-PASS framework. Your expertise and professional insight are invaluable to the development and implementation of this educational initiative. Please complete the evaluation below based on your review of the educational materials, knowledge assessment tools, and overall project design.

1. Describe your overall experience and feelings regarding your involvement as a content expert in this project.
2. In your opinion, which aspects of the project were most effective?
3. What aspects of the project, if any, do you believe require improvement or further development?
4. Were the pre- and post-education knowledge surveys relevant and appropriate for the educational content delivered? Please explain.
5. If you were to modify or change any component of the project, what would you recommend and why?
6. Was the student effective in directing the educational session and meeting organizational objectives? Please explain.
7. Additional comments or suggestions: