

SUPPLEMENTARY FILE

Appendix Figure 1. Cardiac Surgery Transfer Form used during handoff following CTS.

Cardiac Surgery Transfer Form

Date of Surgery _____

Patient Label 1 _____ Procedure On /Off Pump _____

Radial Artery Y / N _____

Anesthesiologist _____ Anesth Resident _____ Surgeon DB _____ SN _____

Wt. _____ Height _____ Age _____ DOB _____

Intraop Fluids Crystalloids: _____ ml. Albumin _____ ml Hespan _____ ml.

Blood Prod: PRBCs (u) _____ FFP (u) _____ Platelets (u) _____ CyoPPT (u) _____

Autologous blood _____ ml Cell Saver blood _____ ml

Pump time _____ hr _____ min. CxCl time _____ hr _____ min. Urine Output _____ ml.

HEMODYNAMIC DATA: Pre-procedure / End of Surgery

C.O. (l/min) _____ / _____

C.I. (l/min/m²) _____ / _____

ABP (mmHg) _____ / _____

PAP (mmHg) _____ / _____

CVP (mmHg) _____ / _____

HR (BPM) _____ / _____

Rhythm (NS/AF etc.) _____ / _____

EF (%) _____ / _____

INFUSIONS

Norepi [Levofed](mcg/min) _____ / _____

Neo(mcg/min) _____ / _____

NTG [Tridil](mcg/min) _____ / _____

Epi(mcg/min) _____ / _____

Milrinone [Primacor](mcg/kg/min) _____ / _____

Nicardipine [Cardene](mg/hr) _____ / _____

Insulin (u/hr) _____ / _____

Remifentanyl(mcg/kg/min) _____ / _____

Dexmedetomidine [Precedex](mcg/kg/hr) _____ / _____

Aprotinin _____ ml/hr

Other _____ / _____

PACING WIRES: A / V / None. Pacing: A / V / None.

UNDERLYING RHYTHM _____

ASSIST DEVICES: IABP / LA/FA RA/PA. None.

VENTILATOR SETTINGS:

TV _____ cc. **LINES:** (Circle) **FOLEY:** Yes No (Circle)

RATE _____ /min. Arterial: radial / femoral Rt / Lt

FIO₂ 100% IN CTICU Peripheral Venous: Rt arm / Left arm

PEEP _____ mmHg PA: RIJ - Rt / Lt Subcl

Other pertinent information _____ Central line(No PA) - RIJ- Rt / Lt Subcl

Last dose of antibiotics _____ AM/PM Chest tubes # _____ Pleurevacs # _____

Allergies _____

NGT / OGT MUST BE IN PLACED IN OR (MANDATORY)

Appendix Figure 2. Questions were designed to measure the perceived quality of handoff based on three subscales (quality of information, interaction and support, and efficiency) outlined previously by O'Connell and colleagues (2014).

1. Can you describe how OR to ICU handoffs were conducted in the past?
2. Can you describe how OR to ICU handoffs are currently conducted?
3. How many times have you been to the OR for patient handoff?
4. Who cares for your patients in the ICU for the time you are in the OR?
5. How is it decided which ICU nurse goes to the OR?
6. What are the strengths and weaknesses of the current handoff process?
7. Do you feel that the current handoff structure is efficient in terms of time and resources?
How does this compare to the previous handoff structure?
8. Do you feel that the quality of information obtained through the current handover structure is better, worse, or the same compared to the previous handoff structure?
9. Compare the interaction and support from your colleagues that you have in the current handoff structure with that of the previous handoff structure?
10. Is there anything else you would like to add?