**Supplemental Digital Content Table 1: Summary Table of Intraoperative Handoff Studies**

<table>
<thead>
<tr>
<th>Methods</th>
<th>Results/Conclusions</th>
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| **Boat and Spaeth (2013)**<sup>1</sup> | Implementation of standardized checklist using “plan-do-study-act” methodology for intraoperative handoffs and operating room to postanesthesia care unit handoffs in a pediatric hospital | - Compliance with intraoperative handoff checklist improved from 20% to 100% 2 months postintervention  
- Compliance with postanesthesia care unit handoff checklist improved from 59% to 90% over a 5-month period |
| **Cooper, JB et al (1982)**<sup>2</sup> | Review of 1,089 reports of anesthesia-related preventable errors and failures | - 28 incidents in which anesthesia provider discovered and corrected error  
- 10 incidents linked anesthesia provider relief to error |
| **Horn J et al (2004)**<sup>3</sup> | United Kingdom survey gathered the opinions of anesthesiologists on transitions of care during surgery | - Only 14% of senior anesthesiologists reported that their department had specific guidelines for intraoperative handoffs  
- No one reported existence of formal documentation of handoff |
| **Jayaswal S et al (2011)**<sup>4</sup> | Survey of anesthesia providers about their satisfaction with existing intraoperative handoff practices | - Majority of survey participants reported dissatisfaction with current handoff process  
- Majority of survey participants suggested the use of EMR to aid in handoffs |
| **Tan and Helsten (2013)**<sup>5</sup> | Introduction of an electronic anesthesia provider handoff checklist | - Informal feedback survey completed by anesthesia providers 1 yr later showed mostly positive feedback with some criticisms. |

EMR = electronic medical record.
References:


