Supplementary File 4: Table 3 – Characteristics of the Checklists Used

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| Reference | Name of Checklist | Purpose of Checklist | No. of Checklist Items | Checklist Components |
| Writing Group for the CHECKLIST-ICU, 2016[33] | Daily Rounds Checklist | Reduce in-hospital mortality and improve care processes in daily patient care rounds | 11 | Items related to venous thromboembolism, ventilator-associated pneumonia, central line-associated bloodstream infections, urinary tract infections, nutrition, analgesia, sedation, readiness for extubation, severe sepsis, acute respiratory distress syndrome, antibiotics, tidal volume |
| Gentili M et al, 2016[35] | 38Checkpain | Improve pain control in oncological patients | 7 | Items related to intensity of pain, frequency of pain assessment, modify therapy of pain >3 intensity, presence of adverse events, therapy management for adverse events, presence of pain acutization events, therapy for treatment of pain acutization events |
| Salzwedel C et al, 2016[34] | Checklist for patient handover | Improve quality of patient handover and continuity of essential information | 54 | Patient identification, underlying disease and surgical intervention, pre-existing medical conditions, allergies and medication, anesthesia induction, intraoperative course, cardiovascular system, fluids & blood products, respiratory system, gastrointestinal system, kidney, neurology, postoperative instructions, other |
| Chaudhary N et al, 2015[21] | Modified WHO Surgical Safety Checklist | Reduce post-operative complications\* and mortality | 24 | Checklist includes preoperative (sign in), intra-operative (time out) and postoperative (sign out) periods & modified to add review of imaging studies and use of DVT prophylaxis |
| Haugen AS et al, 2015[36] | Modified WHO Surgical Safety Checklist | Reduce post-operative complications† and mortality | 20 | Checklist includes preoperative (sign in), intra-operative (time out) and postoperative (sign out) periods |
| Basoor A et al, 2013[30] | Heart failure discharge checklist | Reduce hospital readmission and improve quality of care | 31 | Documentation regarding medication use, appropriate dose uptitration, relevant education and counseling, and follow-up instructions |
| Masson SC et al, 2013[37] | FASTHUG-MAIDENS | Reduce the number of drug-related problems‡ | 14 | Modified FASTHUG; Feeding, analgesia, sedation, thromboembolic prophylaxis, hypoactive or hyperactive delirium, stress ulcer prophylaxis, glucose control, medication reconciliation, antibiotics or anti-infectives, indications for medications, drug dosing, electrolytes, hematology and other lab tests, no drug interactions, allergies, duplicates, side effects, stop dates |
| Ong MS et al, 2013[31] | NR | Increase adherence to safety precautions during patient transfer | 2 | Guideline-based infection control precautions & clinical escort requirements to be handed off to ward nurse |
| Salzwedel C et al, 2013[32] | NR | Increase the number of patient items handed over and improve communication quality | 37 | Patient demographics, comorbidities, allergies, analgesics, vitals, labs, lines & tubes, transfusions, ventilation, pending investigations |

ABBREVIATIONS: DVT, deep vein thrombosis; NR, not reported; WHO, World Health Organization.

\* Complications defined using the Clavien-Dindo classification.

† Complications defined using the WHO’s International Classification of Diseases, Tenth Revision (ICD-10).

‡ Number of drug-related problems identified by the pharmacy resident relative to the total number of problems determined for each patient encounter.