Supplementary Online Content

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eTable 1. Type and frequency of distractions observed during morning handover

eTable 2. Narrative examples of clinically important and benign issues by category

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eTable 1. Type and frequency of distractions observed during morning handover

Distraction Category	Number (%)
Pager	51 (34)
Overhead speaker/announcement	26 (17)
Allied health team in person	8 (5)
Other physician in person	6 (4)
Nurse in person	3 (2)
Other *	56 (37)

*Examples of other distractions include computer alarms, cell phones, team members performing a secondary activity during rounds, team members arriving late, heavy cleaning equipment in surrounding environment, etc.

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eTable 2. Narrative examples of clinically important and benign issues by category

Clinical Category	Examples of important issues	Examples of clinically benign issues
Change in clinical status	A patient admitted with lower gastrointestinal bleeding had ongoing bleeding requiring intravenous fluids and a blood transfusion. A patient admitted with possible ischemic colitis and a history of coronary artery disease developed retrosternal chest pain. Cardiac enzyme levels, a cardiogram, chest x-ray, and cardiology consultation were obtained.	A patient admitted with generalized weakness was being discharged to a rehabilitation facility the following day. An order to discontinue a peripheral intravenous catheter was written. A patient admitted with a possible transient ischemic attack had a systolic blood pressure of 96mmHg and the on-call resident was informed. This was consistent with the patient's baseline blood pressure measurements. No action was taken.
Reviewed consultant recommendation	The Neurology team suggested holding anticoagulation for a patient admitted with an ischemic stroke and atrial fibrillation, due to the risk of hemorrhagic conversion. The Respirology team suggested *nil per os* status for bronchoscopy and modified the antibiotic regime for a patient admitted with pneumonia.	The Plastic surgery team suggested leg elevation for a patient admitted with Gram positive bacteremia and a leg wound. The Gastroenterology service suggested that a patient with Crohn's disease resume total parenteral nutrition after returning to hospital from a four hour pass.
Abnormal laboratory result	A patient admitted with congestive heart failure, atrial fibrillation and *C. difficile* colitis had an INR of 3.3 (target 2.0-3.0), requiring a reduction in warfarin dose that evening.	An order of 40 mEq of oral potassium chloride was placed for a patient with hypokalemia (serum potassium 3.2 mEq/L, normal 3.5-5.0 mEq/L).
Adjusted intravenous fluids	A patient was noted to have decreased urinary output overnight. There were no other concerning symptoms. The resident ordered an intravenous bolus of normal saline.	N/A

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Advanced directives discussion	The power of attorney of a patient admitted with congestive heart failure clarified the patient's goals of care with the resident on-call. Code status was confirmed as "do not resuscitate".	N/A
Medical Error/Adverse Event	The patient consented to incision and drainage of an abscess by the Orthopedics service. Orthopedics suggested holding warfarin, but the order was missed and warfarin was given. A higher dose of Vitamin K was ordered as a result.	A consulting service placed a written order sheet into the wrong patient's chart. The consultants wrote an order for social work to assess for discharge planning.

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