Additional file 2

Subject nummer

| | Years of work experience on the ambulance | |
|--------------------------------------------|-------------------------------------------|--|
| Score satisfaction of handover | | |
| Completed by: | | |
| 0 | Ambulance Nurse | |
| | | |
| I am satisfied with this handover | | |
| 0 | Strongly disagree | |
| O | Disagree | |
| O | Neutral | |
| O | Agree | |
| O | Strongly agree | |
| Improvement needed regarding this handover | | |
| 0 | Composition of ED team | |
| 0 | Timing of handover | |
| Ö | Questions asked by ED team | |
| Ö | Interruptions during handover | |
| O | Waiting time too long | |
| O | Duration of handover | |
| O | Other | |
| C 1 | | |
| | factors regarding this handover | |
| 0 | Composition of ED team | |
| 0 | Timing of handover | |
| 0 | Questions asked by ED team | |
| 0 | No interruptions during handover | |
| 0 | Waiting time | |
| 0 | Duration of handover | |
| 0 | ED Team listened carefully | |
| O | Other | |

| Subje | ect nummer | |
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| | Years of work experience on the ED | |
| Score satisfaction ED personell | | |
| Comp | leted by: | |
| O | ED nurse | |
| O | Physician | |
| I am satisfied with this handover | | |
| O | Strongly disagree | |
| O | Disagree | |
| O | Neutral | |
| O | Agree | |
| O | Strongly agree | |
| To a constant of the first of t | | |
| Improvement needed regarding this handover O Pre-hospital information insufficient | | |
| 0 | No use of handover instrument (ABCDE, AMPLE, SBAR) | |
| 0 | Incomplete handover | |
| O | Timing of handover | |
| O | Interruptions during handover | |
| Ö | Waiting time until handover | |
| O | Duration of handover | |
| O | Other: | |
| | | |
| Good factors regarding this handover | | |
| 0 | Pre-hospital information | |
| O | Use of handover instrument (ABCDE, AMPLE, SBAR) | |
| O | Complete handover | |
| O | Timing of handover | |
| O | No interruptions | |
| O | Waiting time until handover | |
| O | Duration of handover | |
| O | Listened carefully | |
| O | Other | |
| | | |
| | | |
| | | |
| Correct medical information received | | |
| Incorrect medical information received | | |
| Diagnosis mentioned | | |
| No diagnosis mentioned | | |