INTERACTION DESIGN

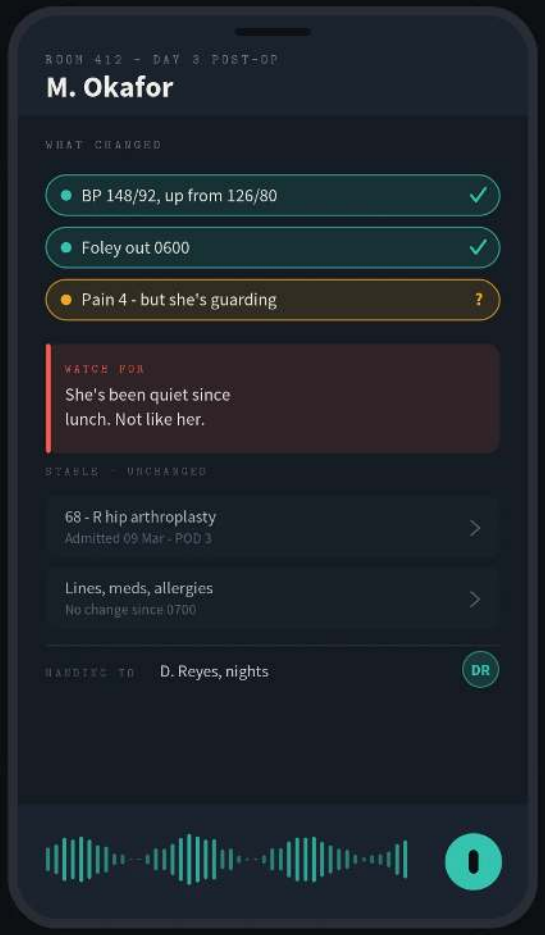
Relay

Shift handoff for hospital nursing units.

Nurses hand off patients in 94 seconds - standing, one-handed, in a corridor. The old tool assumed a chair, a keyboard, and two hands.

Stop asking nurses to type what they just said out loud.

TYPE	Self-initiated concept project
OWN	Research > IA > IxD > Content > Visual
SCOPE	iOS - iPadOS - EHR writeback



INTERACTION DESIGN

Relay: shift handoff for hospital nursing units

Every twelve hours a nurse hands off six to eight patients. What the outgoing nurse knows and doesn't say becomes information the incoming nurse doesn't have.

The unit already had software for this. Nobody used it. They used paper, folded into a scrub pocket, thrown away at the end of the shift.

I was brought in to improve the handoff form. That brief was the problem. Median observed handoff: 94 seconds, standing, one-handed, in a corridor. Nurses did not object to the handoff - they objected to transcribing it. 'I already said all of this out loud to the person standing in front of me. Now I have to type it again for the computer.'

So: stop designing a form. Design the conversation, and let the record fall out of it.

Loli Mari Montalvo - sole designer - research, IA, interaction, content, visual

RESEARCH

The brief said improve the form. The form was the problem.

14
handoffs shadowed, timed

11
contextual interviews

40
discarded paper sheets, coded

3
charge nurses, shift-change

> *"I already said all of this out loud to the person standing in front of me. Now I type it again for the computer."*

– Med-surg nurse, 22 years

MEDIAN HANDOFF

94 seconds

per patient. Standing up. One hand full.

ON THE PAPER SHEETS, NOT IN THE SOFTWARE

The most common annotation was not a value. It was a concern.

THE INSIGHT

The handoff already happens.

The software wasn't capturing it -
it was asking for it a second time.

A FORM

asks you to translate what you know
into its categories, one field at a time.
That translation is the work -
and the work is what nurses refused
at hour twelve.

A CONVERSATION

already contains everything the form wants.
It just isn't being written down.
So: stop designing a form.
Design the conversation,
and let the record fall out of it.

THE INTERACTION MODEL

Speak, then confirm.

Authoring is slow. Review is fast.

01

She talks

The same words she was going to say anyway, to the person standing in front of her.

02

It structures, live

Parsed against the nine things that appear on 80% of the paper sheets. In view of BOTH nurses.

03

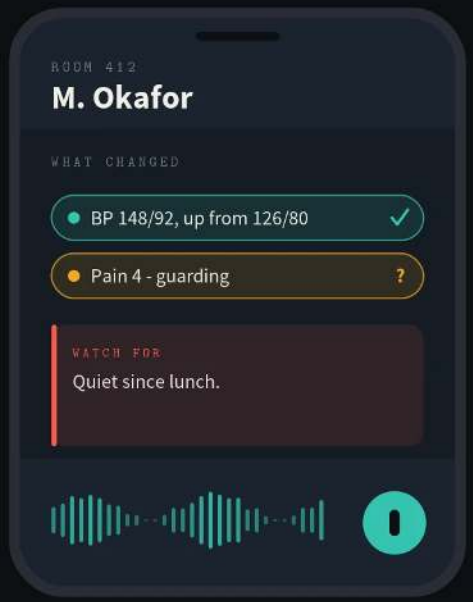
They confirm

Chips: accept, edit, dismiss. Nothing commits without an explicit two-person confirm.

WHY IT VERIFIES ITSELF

The incoming nurse watches the card fill in. A bad parse is caught in the moment - while the person who knows the answer is still standing there. Verification stops being a step after the conversation and becomes a byproduct of it.

two people. one card.



INTERACTION DECISIONS

Designed for one hand, because the other one is always busy.

DECISION	WHAT IT COST
Confirm, don't compose Parsed fields render as chips you tap to accept. Authoring becomes review.	A bad parse is worse than an empty field. Set a high bar before ship.
The concern is a hold, not a field Press and hold anywhere to flag a worry. Hunches arrive mid-sentence.	A gesture with no affordance. The empty state teaches it, in words.
Nothing auto-saves silently Commits only on explicit two-person confirm.	Adds friction. Kept it - this is the one place friction is correct.
Voice is a path, never the only path Typed entry at full parity, forever.	Two paths to maintain. Non-negotiable - see below.

THE TRADEOFF I WANT TO BE HONEST ABOUT

Voice-first failed some nurses more than others.

Early builds parsed accented English measurably worse. In a nursing workforce that is not an edge case - it is a large share of the users, and a fairness problem, not a bug.

We held ship. Expanded the evaluation set. And - the part that mattered more - made the typed path fully equal, not a degraded fallback.

An average would have looked fine. Averages hide exactly this.

Now I test for it before the first build, not after.

COLOUR CARRIES ONE JOB: STATE

In a room already screaming in red and amber, a fourth voice is noise. Nothing else in the interface gets to use colour.

AA minimum. AAA on anything carrying clinical state.

What I'd do differently.

I designed for the outgoing nurse for too long. The first three months optimised the capture - making it fast and cheap to GIVE a handoff. But the value of a handoff accrues entirely to the person RECEIVING it, and I didn't seriously design that until a nurse said, flatly, 'this is great for the person leaving.'

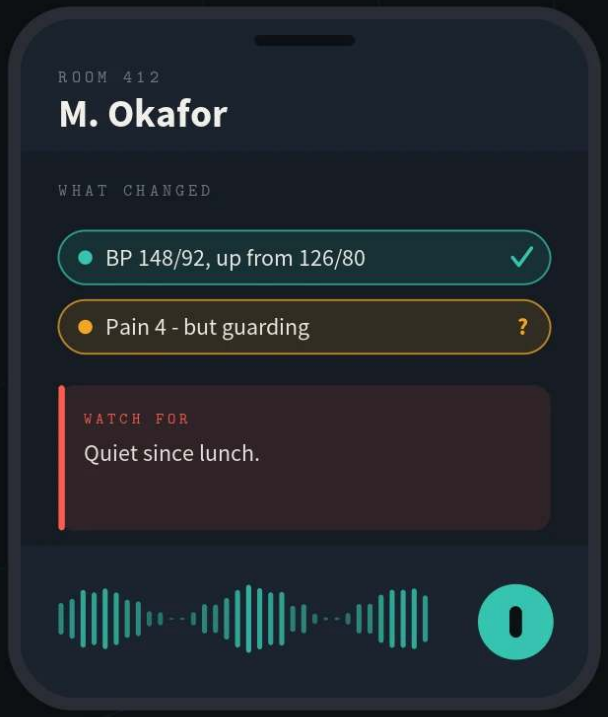
And I would test the parse across accents on day one, not month four. I found a fairness problem late, and only because we went looking. If we hadn't, we'd have shipped a tool that worked better for some nurses than others and called it a success, because the average would have looked fine. Averages hide exactly this.

INTERACTION DESIGN

Relay

Clinical shift handoff.

The interaction model is the product.



self-initiated concept project

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