Written Handoff Observation and Feedback form

Observer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you familiar with the patients whose handoff you are observing: yes no

Resident Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_ PGY level: \_\_\_\_\_\_\_\_\_\_

1. How often did you observe the written handoff sheet contain:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Description | Never | Rarely | Sometimes | Usually | Always |
| Sick and Status | Color and code status |  |  |  |  |  |
| Identifying Patient Information | Name, location, Allergies |  |  |  |  |  |
| General course/new info | Diagnosis/ overview, new updates  |  |  |  |  |  |
| Upcoming Events/ planning | “if this….then this…..” |  |  |  |  |  |
| Identification of team and attending contact info | Handoff header  |  |  |  |  |  |

2. How often did the written handoff sheet contain:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Usually | Always |
| Incomplete information |  |  |  |  |  |
| Incorrect information |  |  |  |  |  |

3. Was the written handoff organized and easy to read?

4. Was the resident given feedback within 24 hours regarding completeness of the written handoff?