

**New England Alliance for Health (NEAH)
Nurse to Nurse Hand-off Communication Audit Tool
~ Confidential ~**

Instructions: Form should be completed by the nurse sending or receiving the hand-off communication report to/from an outside organization.

Date/Time of Hand-off Communication:

Hand-off Conducted: (circle) phone fax other: (specify)

Sending Organization:

Receiving Organization:

Sending Unit:

Receiving Unit:

Did sending and receiving nurses introduce themselves to one another? Yes No (circle)

Is the person completing this form the sending or receiving nurse? (circle)

If sending a patient to another facility, indicate the number of times you've had to call before giving a report? _____

1. Did your hand-off follow a systematic approach (i.e. organized, clear, concise)?
 Yes No N/A Comments (if no, why?):

2. Was the information about the patient conveyed during the hand-off complete (i.e. no essential piece of information omitted)?
 Yes No N/A Comments (if no, why?):

3. Was the information about the patient conveyed during the hand-off accurate (i.e. patient condition consistent with reported condition)?
 Yes No N/A Comments (if no, why?):

4. Was both the sending and receiving nurse prepared for the hand-off report?
 Yes No N/A Comments (if no, why?):

5. Did you receive the hand-off information in a timely manner (i.e. before you received the patient)?
 Yes No N/A Comments (if no, why?):

Form completed by: _____