

**Dartmouth-Hitchcock Alliance (DHA)  
Nurse-to-Nurse Hand-off Communication  
Guiding Principles\***

*These guiding principles are intended to facilitate safe, timely, efficient, effective and patient-centered practices surrounding nurse-to-nurse hand-off communication (i.e. reports) for patients who are transferred from one nursing unit/organization to another.*

**Prior to Hand-off Report**

- The nurse-to-nurse report process should be a “one call” process, whereby, the nursing caring for the patient or most knowledgeable nurse (if available) calls report and the accepting nurse (if available) receives report. If the accepting nurse is unavailable, then another nurse should receive the report to prevent another call from having to be made
- The sending nurse/unit should receive “bed confirmation” before calling report
- Sending nurse should call (ideally) when the patient leaves his/her organization, so the receiving nurse will know approximately when to expect patient; sending nurse should offer an “ETA”, if known and appropriate
- The sending nurse should utilize the Interfacility Nurse-to-Nurse Handoff Report template as a guide for giving report

**During Hand-off Report**

- The receiving nurse should complete the Interfacility Nurse-to-Nurse Handoff Report template during report
- Both the sending and receiving nurses should introduce themselves by their first and last names, as well as share contact # information (per report template)
- Both sending and receiving nurses should allow for questions at the completion of the report

**Following Hand-off Report**

- As appropriate, local EMS should call the receiving unit just before (i.e. 10 mins.) patient arrival