**Appendix 1: Handoff tools at both hospitals**

**Written Signout, University Hospital**

Date: 1/1/2014

Medicine Team A

Attending: Dr. Jane Doe c: xxx-xxxx Resident: Dr. John Doe c: xxx-xxxx

Interns: John Smith c: xxx-xxxx, Jane Smith c: xxx-xxxx

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Patient Name | Intern | Allergies | Code Status | Clinical History | To Do |
| xxxx | xxx | xxx | xxx | xxx | xxx |
| xxxx | xxx | xxx | xxx | xxx | xxx |

**Written Signout, VA Hospital**

**Team: Med Team A**

**Provider: Smith, John**

**Pager: 123-123-1234**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Name** | **Allergies** | **Code Status** | **Medications** | **Medications Continued** | **Diagnosis/****Current Hx** | **To Do List** | **Events Overnight** |
| Doe, John | None | Full | xxxx | xxxxx | xxxx | xxxx |  |