

Standard Work

Job Name	Shift to Shift -Critical Care	Objective:	Instructions for conducting shift to shift	Date:	25-Sep-17
				Owner	CC SOP Team

Process Steps	Freq	Visual Aid
1	Prior to Shift Change for a patient who has been admitted to unit	daily
3	Nursing Staff: For shift to shift report use the following tools: Daily Report Sheet and Patient Summary Tool.	every shift
4	RP/CRN: Assign oncoming nurses to patient assignment.	every shift
5	Patient Summary Tool (PST)	every shift
6	Nursing Staff: Initiate upon admission and have any outstanding information completed within 24 hours of admission	every shift
7	Nursing Staff: Use Patient Summary Tool throughout the admission of the patient to record information in pencil	ongoing
8	Nursing Staff: File Patient Summary Tool at front of chart or with bedside documentation.	ongoing
14	Patient Admitted in under 30 minutes of shift to shift	as required
15	Nursing Staff: 1) If patient has been transferred within 30 minutes and staff are unable to complete the required PST in time for shift to shift, use the Transfer of Accountability (TOA) located in patient chart to provide the critical information during the shift to shift report 2) Use either the General/Coporate TOA, Procedural TOA, or Cath Lab TOA (as applicable)	as required for shift change
16	During Shift Change: First 15 minutes	daily
17	RP/CRN: 1) Have staff look at their assignment and seek out RN to receive report at bedside 2) Receive report from the off going RP 3) At the completion of your shift to shift report, circulate nurse to nurse or lead team huddle to capture any high level safety and/or patient concerns 4) Confirm patient assignments for each nurse following shift to shift report and nursing team assignment discussions	daily at each shift change
18	Nursing Staff: 1) Meet with off-going nurse to receive report. 2) Off-going nurse to use the completed Patient Summary Tool (PST) for reference during verbal report. Verbal report will include: updated PST, what is your current assessment, what has changed and what the receiving nurse should be looking for 3) Provide updated forms to oncoming staff	daily at each shift change
19	Post Shift Change: Immediately post change	daily
20	Nursing Staff: 1) Update in-room patient white board	daily at each shift change
21	Oncoming Nursing Staff: It is the responsibility and accountability of the oncoming Nurse to ask any questions following this review to clarify understanding of the information exchanged	daily at each shift change
22	During Shift	
23	Nursing Staff: 1) If there are changes in acuity: Assess whether patient clinical status requires a singled patient assignment or if a previously singled patient assignment is now able to be doubled. (This is a team discussion. If you do not agree with the decision, have a discussion with CRN/RP about your concerns. The CNO Standards indicates that the patient assignment is ultimately the RN's decision. If needed, escalate to the Operational Manager or After Hours Manager) 2) Notify RP or OM of any changes	as required
24	RP: 1) Adjust the patient assignment based on escalations from the nursing staff 2) Assist with concerns that arise during the shift 3) Coordinate break times for all nursing staff	as required

Critical Care Patient Summary Tool

Complete all sections as applicable to the patient. Initiate upon admission and update each shift. All red font items should be reviewed at Hand Off Report. Not part of permanent record.
Last Updated (Date/Time): _____

<p style="font-size: x-small; margin: 0;">Age: _____ Allergies: See Allergy Form Ht: _____ cm Wt: _____ kg Hospital Admission Date: _____ (Circle Actual/Estimate) Admitting Dx: _____ Critical Care Admission Date: _____ Critical Care Dx: _____ MRP: _____ Referring Service: _____ Brief Summary of Admission/Presentation: _____ _____</p> <p style="font-size: x-small; margin: 0;">Date: <u> </u> New Critical Care Diagnoses</p> <p style="font-size: x-small; margin: 0;">Date: <u> </u> Operation/Procedure This Admission</p>	<p style="font-size: x-small; margin: 0;">GCD (Code) Status: _____ QBP: No <input type="checkbox"/> Yes <input type="checkbox"/> Trauma: No <input type="checkbox"/> Yes <input type="checkbox"/> TGLN # _____ TGLN Status Update: _____ Religion: _____ Anointed: _____ Meets Criteria for Coroner: No <input type="checkbox"/> Yes <input type="checkbox"/> Family/SDM/POA, Contacts #1 _____ #2 _____ Visitor Password: _____ Family Concerns/Meeting: _____ Visitor Restrictions: _____ PRECAUTIONS: Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Admission Swabs/Samples Sent: _____ Next Swabs Due: _____ Infections: MRSA <input type="checkbox"/> VRE <input type="checkbox"/> C Diff <input type="checkbox"/> Other: _____ FALL RISK: High <input type="checkbox"/> (greater than 43) Moderate <input type="checkbox"/> (23-44) Low (0-24) <input type="checkbox"/> Interventions: Bed Alarm <input type="checkbox"/> Hi-Lo Bed <input type="checkbox"/> Signage: Chart Spine: <input type="checkbox"/> Door/HOB <input type="checkbox"/> Previous Fall: No <input type="checkbox"/> Yes <input type="checkbox"/> Date: _____ VPS <input type="checkbox"/> Wandering/Elopement Risk <input type="checkbox"/> RESTRAINTS Type: _____ VITALS VS q _____h Neurovitals: <input type="checkbox"/> q _____h Additional Info: _____</p> <p style="font-size: x-small; margin: 0;">RESPIRATORY: OXYGEN: _____ Titrate to O2 Sat _____ AIRWAY & VENTILATION SUMMARY: ETT Size: _____ Trach Date: _____ Size/Type: _____ Difficult Intubation: No <input type="checkbox"/> Yes <input type="checkbox"/> Reason: _____ HOB Sign? Yes <input type="checkbox"/> Trach Care: _____</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Date</th> <th>Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p style="font-size: x-small; margin: 0;">Comments: _____</p>	Date	Date								
Date	Date										

WRH Shift Hand-off Report Revised November 21, 2017
1



Revision Date : September 25, 2017

Review Date: