

RESIDENT SIGN-OUT POLICY

Revised: June 2011

Interns:

Sign-out Guidelines

It is expected that the majority of communication from the primary team to on-call staff will be through the Service Team Lists. It is the primary team's job to record any ongoing or pertinent issues with any patient in order to ensure efficient continuity of care.

Afternoon sign-out are required by **6:00 PM** for any patients with recent changes in status or ongoing issues to be managed overnight.

On-going work to do (post-operative checks, lab follow-ups) must be signed-out directly.

Text message sign-out are acceptable for afternoon sign-out's so long as there is confirmation of receipt, otherwise a phone call must be made to confirm receipt.

Any significant events not communicated directly to primary team overnight must be signed-out in the morning with a phone call by **6:00AM** weekdays, 8:00 AM weekends.

Any updates to previously communicated overnight events can be through text message by **6:00AM** weekdays, 8:00 AM weekends.

Junior / Senior/Chief:

When seeing a consult:

The patient should be added to the list with pertinent details. During the day the chief on service should be notified of the patient and plan. At night the on call chief should be made aware of any sick or operative patients. The primary teams should contact the on call resident to discuss any questions about new patients on their list. In most cases the dictated/hand written notes should suffice.

It is the primary team's responsibility to communicate and sign out pertinent information regarding all persons on their service to the on call team.

Notes:

- 1) It is the responsibility of the consulting resident to contact the attending/fellow to discuss the patient.
- 2) New consults for colorectal/minimally invasive/bariatric/thoracic/liver services should be discussed with the on call fellow.
- 3) For nights/weekend. Patients appearing sick or unstable or requiring operative intervention on the vascular service should be discussed with the vascular chief. For stable/non-op patients the vascular chief may be updated in am.

If the receiving resident is in the operating room, then the resident giving sign-out must go to the OR and give a verbal/paper sign-out.

Chief: - Direct sign-out required for all sick in house patients and pending operative cases.