TRANSFER OF ACCOUNTABILITY

Practice FAQs

March 2014

QUESTION

We usually give a verbal report at shift change in my department. However, when a staff member is late for their shift, some of our staff will just leave a written report and go home. Is this an acceptable method for handover at shift change?

ANSWER

It is essential that the information passed from one RT to another during shift report (also referred to as handover, transfer of accountability (TOA) or bedside reporting) is always clear, complete and accurate. “According to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO 2003), almost 70% of all sentinel events are caused by breakdown in communication." The transfer of accountability (TOA) for patient care that occurs at the point of shift change has been found to be one of the weakest links in this healthcare communication chain.

Traditionally, each department within a hospital has had their own process for TOA. Most use a face-to-face, verbal reporting mechanism – but some also employ written and/or taped reports in certain circumstances, such as when one health care provider must leave before their replacement arrives. Unfortunately, this variation in the method for TOA makes it even more likely that crucial information will be missed or miscommunicated. For that reason, some organizations have moved towards the implementation of hospital-wide TOA guidelines.

Regardless of what approach is used for communicating during TOA, the process must be standardized to ensure that the same degree of detail is provided in each instance. If your department plans to continue using written reports as an option to verbal reports, then you are encouraged to create a reporting template or checklist containing all of the information necessary for each RT to provide optimal patient care (such as the patient’s current condition, the plan of care and any recent or anticipated changes).