QUINTE HEALTHCARE CORPORATION

Corporate – Transfer of Accountability

Title: Corporate – Transfer of Accountability (Amalgamated with 3.2.3 Corporate Communication Tool and 3.16.5 Nursing Transfer of Care)		**Policy No:**	**3.16.5**
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Department:	**Corporate**	**Policy Lead:**	Director Interprofessional Practice
Approved By:	**Nursing Practice Committee (previous)**		

1. PURPOSE

During transfers of care, there is a potential for miscommunication of patient information. Communication and teamwork failures are considered the leading cause of patient safety incidents, attributed by the Joint Commission as contributing to the root cause of over 60% of sentinel events reported since 1995.

Strategies have been developed to minimize these risks and facilitate transfer of information during care transitions. These strategies are designed based on the following principles:

- Timely and accurate transfer of information at Transfer of Accountability (TOA)
- Adherence to established structures to transfer information
- Safeguards are used to protect the confidentiality of the information, and
- Only authorized individuals, involved in the patient's circle of care will have access to the information.

This policy outlines the TOA processes at various points of transfer.

2. SCOPE

This policy pertains to health care providers employed by Quinte Health Care (QHC) who assume primary care of QHC patients.

3. POLICY

The College of Nurses of Ontario (CNO) defines TOA as "an interactive process of transferring client-specific information from one caregiver to another, or from one team of caregivers to another, for the purpose of ensuring continuity of care and the safety of the client" (2018). TOA is a shared responsibility between health care providers in which relevant client-specific information is exchanged in a clear and concise manner to facilitate a safe transfer of care. TOA occurs when the responsibility for patient care is transferred from one health care provider to another, within or across settings or professional groups.

At QHC the Situation-Background-Assessment-Recommendation (SBAR) communication tool has been adopted to provide structure to communication between health care providers regarding patient specific information. According to best practice guidelines, this tool provides a format for interprofessional communication and facilitates an exchange of significant findings and/or critical information.

All location-specific and/or profession-specific TOA practices must align with the core principles of this policy.

4. DEFINITIONS

SBAR Communication Tool: SBAR is a communication tool that provides a structure to facilitate effective communication of relevant patient information. Using an SBAR format limits jargon and removes hierarchical influence. The literature emphasizes that communication tools, like SBAR are crucial for patient safety because they improve the quality of clinical communication and reduce subsequent errors. QHC recommends using an SBAR approach to structure a transfer of information among two health-care providers.

SBAR Structure:

S – Situation: What is going on with the patient?
Include your name and service, identify the patient and briefly state the problem and when it started.

B – Background: What are the patient's history, clinical context and background?
This will commonly include the patient's diagnosis and co-morbidities, and other relevant information such as medications, specialist and symptoms.

A – Assessment: What do you think the problem is?
Provide a brief overview of the significant findings supporting the identified problem.

R – Recommendation/Request: What do you think the patient needs?
Clearly state what you are requesting or recommending.

Transfer of Accountability (TOA): The process, discussion, and act of turning over responsibility for some or all aspects of a patient's care from one health care professional to another on a temporary or permanent basis (CNO, 2008; Canadian Medical Protective Association, 2016). TOA includes a transfer of relevant, client-specific information to health care providers within the patient's circle of care. Points of transfer include:

- Admission
- Handover (e.g. shift to shift report)
- Transfer (e.g. between teams or departments)
- Discharge (e.g. home, to another facility, or a community setting)

Core Principles of TOA

- The out-going (sending) health care provider remains the most responsible person for patient care until such time that patient information has been communicated and the in-coming (receiving) health care provider confirms their ability to care for the patient.
- Both the sending and receiving health care providers will identify themselves in the patient's health record.
- Whenever TOA occurs the sending provider will be available to answer any additional questions the receiving provider may have.
- TOA should be delayed when there is concern about status of the patient or if the receiving health care professional is unable to safely accept the patient.
- During emergencies, the sending health care provider must continue care until there is assurance that all critical information has been accurately transferred and received by the receiving health care provider.
- During care transitions patients and their families are given the appropriate information for the next phase of their care. This will depend on the nature of the care transition.

Circle of Care: The group of healthcare providers treating a patient who need information to provide that care.

3. PROCEDURE

TOA occurs at the aforementioned points of transfer: admission, handover, transfer, and discharge. The information that is required to be communicated will depend on the nature of the care transition. Although specific unit processes may differ all TOA practices must align with the core principles of this policy.

Shift or Patient Handovers:

1. When handing a patient over to another care provider on a temporary or permanent basis, the out-going health care provider will provide a verbal and/or written report according to individual unit routines.
2. During shift handover, nursing must also update the administrative data screen (where it is utilized) to include relevant written information related to TOA.

At a minimum the TOA communication must contain the following information:

- Patient's full name
- Allergies
- Safety concerns
- Diagnosis and synopsis of current condition
- If applicable, recent changes in condition or treatment or anticipated changes (e.g., what to watch for in the next interval of care)
- The name of the out-going health care provider

For admissions and transfers within QHC hospitals and/or units:

Prior to transferring a patient, the sending the nurse will complete a TOA report according to individual unit routines.

- For units that have an SBAR report embedded in the Meditech (electronic medical record) System, the expectation is that the sending nurse will complete the SBAR report for interdepartmental transfers.
- The SBAR report will ensure the receiving nurse has been provided with the most up-to-date, pertinent information required to care for the patient upon transfer. The receiving nurse will have access to the patient's Meditech record for any additional information.

At a minimum the TOA communication must contain the following information:

- Patient's full name and Hospital Number
- Allergies
- Safety concerns
- Diagnosis and synopsis of current condition
- If applicable, recent changes in condition or treatment or anticipated changes (e.g., what to watch for in the next interval of care)
- The name and contact information of the sending health care provider

Depending on the setting, information about medications, diagnoses, test results, procedures, and advance directives may also be relevant. Professionals must use critical thinking to identify what additional information is required to transfer care of the patient and ensure patient safety and quality of care is maintained. After the initial exchange of information, the opportunity for asking and responding to questions is essential and health care provider must ensure they are accessible if there are concerns.

For discharges and transfers to non-QHC organizations:

Reference the following policies as appropriate:

- 003 SELHIN Patient Transfer to Supportive Care Settings
- 3.18.4 Patient - Patient Transfer to Supportive Care Settings
- 3.18.6 Patient - Transportation of Patients to and from Hospital

Evaluation Process

The effectiveness of TOA communication is evaluated through a variety of different

mechanisms: direct observation, chart audits, evaluating safety incidents related to information transfers, and asking users if they received the information they required. Based on this feedback, improvements will be integrated and supported by the Professional Practice SBAR Working Group, and the Interprofessional Practice Advisory Council.

APPENDICES AND REFERENCES

References:

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Cross-References:

003 SELHIN Patient Transfer to Supportive Care Settings
3.18.4 Patient - Patient Transfer to Supportive Care Settings
3.18.6 Patient - Transportation of Patients to and from Hospital