



Information Transfer Acute Care Audit for Handover of Care

Annually, complete a total of 10 audits: 5 audits that capture handover of care episodes and 5 involving shift-to-shift reports.

Facility: _____

Unit: _____

Medical Record	Handover of care										Shift-to-shift reports										Totals	
	Y/NA	No	Y/NA	No	Y/NA	No	Y/NA	No	Y/NA	No	Y/NA	No	Y/NA	No	Y/NA	No	Y/NA	No	Y/NA	No	Y/NA	No
Desired response: Yes (Y) or Not Applicable (NA)																						
1. Reports included the minimal information of:																						
1.1. Patient appropriately identified																						
1.2. Situation: current patient condition																						
1.3 Background: relevant history																						
1.4 Assessment: current active issues and findings																						
1.5 Recommendations: plan of care																						
2. Bedside reporting used, opportunity for updates and questions was available.																						
Total number of responses:																						
Formula: Total # of Yes/ NA responses _____ = _____ X 100 = _____ % rate of meeting the indicator Total # of charts audited X 6 total possible responses																						

Comments:

- Quality Improvement Plan is completed
- Quality Improvement Plan is submitted along with Audit Results

Date: _____

Audit completed by: _____