

Improving Communication Among Clinicians

Using SBAR



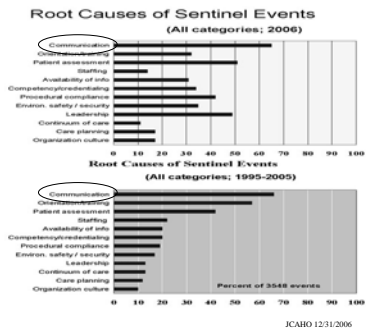
Objectives

1. Recognize the need for a structured communication process
2. State the benefits of SBAR communication when applied by health care providers in the patient care setting
3. Define SBAR
4. Apply SBAR technique into daily practice

Patient Safety Statistics

- The Institute of Medicine (IOM) released a report about the safety of health care in the United States entitled *To Err is Human: Building a Safer Health Care System*
- The authors estimated that 44,000 to 98,000 Americans receiving health care each year were dying from adverse events

Leading Source of Adverse Events in Health Care



How Do We Change?

- Organizational Culture
 - An infrastructure composed of leadership that supports effective communication and teamwork.



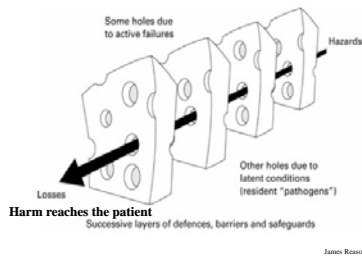
Assessing the Climate for Patient Safety

- Does the senior leadership embrace a culture of patient safety?
 - Patient-focused
 - Psychological safety
 - Engage clinical leadership to support and advance the facilities' patient safety agenda
- What is the staff's perception of the patient safety climate?
 - AHRQ Patient Safety Survey

Patient Safety Climate (cont.)

- Are processes designed to support doing the right thing all of the time?
 - Recognize that deficiencies and errors in performance are often the result of system failures
 - Actively address system problems to improve outcomes (RCA)
 - Identify processes prone to cause patient harm and redesign (FMEA)

Swiss Cheese Model



Question 1

- In order to advance a culture of patient safety, an organizational culture should reflect the following:
 - a. Leadership that promotes a fiscally sound budget
 - b. Leadership that acknowledges patient safety issues
 - c. Leadership that promotes and supports effective communication and teamwork throughout the organization
 - d. Leadership that supports physicians

Why We Need a Structured Model for Effective Communication

- Patient safety
 - Protect the patient from harm due to the lack of, poor or no communication
- Education
 - Nurses are taught to be narrative and descriptive
 - Physicians are taught to problem solvers and want only the “headlines”

Question 2:

- Why is it important to have a structured communication process such as SBAR?
 1. Communication issues are the major cause of adverse events in health care.
 2. It allows everyone to use a standardized process to communicate critical patient information.
 3. Nurses and physicians communicate effectively without a structured model.
 4. To protect the patient from harm.
 - a. 1, 3, 4
 - b. 1, 2, 4
 - c. 2, 3, 4
 - d. None of the above

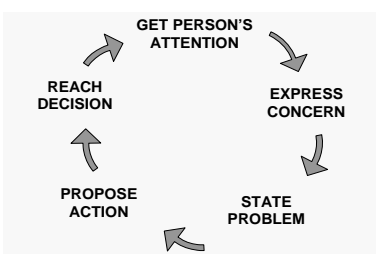
Why We Need a Structured Model for Effective Communication (cont.)

- Teamwork
 - Nurses do not necessarily see the care environment as collaborative
 - Physicians tend to view the care environment as fairly collaborative
- Human and environmental factors
 - Cognitive limitations
 - Stress
 - Complex environment

Transform Communication... Where Do We Begin?

- Adopt a standardized process for communication
 - SBAR
- Know the plan
 - Are we all on the same page?
- Psychological safety
 - Is it safe to speak up?
- Assertion/critical language
 - What do I say?

Leadership Support: Assertion Cycle – This is a model to guide and improve assertion in the interest of patient safety



Source: M. Leonard, S Graham, D Bonacum

Video Clip

Why SBAR?

- Standardized approach that promotes efficient transfer of key information between physicians, nurses and other members of the team
- Organizes the message in a consistent and concise manner
- Communicates the message clearly, effectively and efficiently
- Provides answers to three primary questions from physicians:
 - What is the problem?
 - What do you need me to do?
 - When do I have to respond?

United States Navy

- Nuclear Submarine Service
 - Situational Briefing Model
 - SBAR



USS Dolphin (AFSS 555)
Photographer's Mate 2nd Class Michael D. Kennedy. [020522-
N-5067K-004] May 22, 2002

Question 3

- What is the benefit of utilizing SBAR as a structured communication model:
 1. Organizes the message in a consistent and concise manner
 2. Allows any staff member to communicate their concerns
 3. Communicates the message clearly, effectively and efficiently
 4. It provides answers to the 3 primary questions physicians ask
 - a. 1, 3, 4
 - b. 1, 2, 3
 - c. 2, 3, 4
 - d. All of the above

Situational Briefing Model

- SBAR
 - S = Situation
 - A concise statement of the of the patient’s problem
 - B = Background
 - What is the clinical background information that is pertinent to the situation?
 - A = Assessment
 - What did you find? Analysis and consideration of options
 - R = Recommendation
 - What action/recommendation is needed to correct the problem?
What do you want me to do?

Let’s Begin

- Pilot (optional)
 - Identify a unit, service, nurses, therapists, physician, or a group of physicians, discharge planners, other facilities, etc. that are interested in SBAR
- Teamwork
 - Create a collaborative environment upfront by training the multi-disciplinary team together
- Goals
 - State the goals and emphasize:
 - the need to remove hierarchy
 - a non-negotiable respect for all team members
- Training
 - The need for a structure communication process
 - Assertion cycle
 - SBAR format
 - Group exercise

SBAR Guidelines: Step 1

- Have all the patient’s information available before you attempt to communicate with clinicians and or physicians
 - Name
 - Medical record number
 - Age
 - Diagnosis
 - Allergies/medication list
 - Vital signs
 - Lab/diagnostic results
 - Orders/treatment plan
 - Advance directive
 - Code status



SBAR Guidelines: Step 2



- A physical assessment has been conducted
 - Has an assessment been conducted prior to the handover or providing information to other clinicians or physicians?
 - Review the chart to ensure that the transfer of information is provided to the appropriate person/place

SBAR Format

- (S) Situation: A concise statement of the problem
 - What is the situation you are calling about?
 - Identify self, patient, and patient location
 - Provide information about what is going on with the patient now

Example:

- Situation: “Hi, Dr. Aicher. This is McKenna from 5 South. I have a 65-year-old gentleman, Mr. Jeans, in room 528. He has just started with periods of confusion and is complaining of feeling tired, he did not eat his supper because he said he was not feeling well and is experiencing SOB.”

SBAR Format (cont.)

- (B) Background: Pertinent and brief information related to the situation
 - Provide the following:
 - The admitting diagnosis and date of admission
 - Most recent vital signs
 - Abnormal lab/diagnostic results: provide the date and time test was done and results of previous tests for comparison as it relates to the situation
 - List of current medications, allergies, IV fluids, etc. as it relates to the situation.
 - Current treatment plan/modalities as it relates to the situation

Example:

- Background: “He had a cholecystectomy two days ago. PMH - HF. BP 160/80. Pulse is at 100, respirations at 24. Patient is currently on Lasix 20 mg. PO daily and is still receiving IV fluids. Oxygen applied at 2 liters without relief.”

SBAR Format (cont.)

- (A) Assessment: What do you think is going on with the patient
 - What is the problem?



Example

- Assessment: “Jugular vein distention is apparent, respirations are becoming labored, edema in lower extremities noted, heart sounds diminished, Rales heard in lungs. Patient appears to be in congestive heart failure.”

SBAR Format (cont.)

- (R) Recommendation: What action or recommendation is needed to correct the problem?
 - What do you need from the physician to improve the patient’s condition?



Example:

- Recommendation: “The patient is in acute distress, and I need you to come and evaluate Mr. Jeans now. I would like to discontinue the IV fluids and maintain the IV access. I can also administer a dose of Lasix IVP. What dose would you like? I can also have a CBC, BMP, BNP drawn stat. Would you like any vasodilators started?”

Question 4

- SBAR is defined as:
 - S= Situation
 - B= Background
 - A= Assessment
 - R= Recommendation
 - a. True
 - b. False

Case Scenario: Nursing Home

Mrs. Smurtha is an 80 year old female admitted to Textra Nursing Home one week ago. She fell in her home and injured her hip. She was sent to the ER where she was admitted and sent to the OR the next day for an ORIF of the right hip. Upon admission to the nursing home the patient's Braden Score is 7. The patient was admitted with a sacral pressure ulcer 1x1x0.1cm currently at a Stage II. The wound bed is red-pink in color with serosanguinous drainage about the size of a dime noted on the dressing. There is no odor to the drainage. Skin surrounding the pressure ulcer is pink. The treatment modality of choice was an application of a hydrogel dressing to the sacral pressure ulcer. The patient's nutritional intake is poor due to periods of confusion and dislike of the current menu. Her mobility is limited due to a recent ORIF of the right hip. The patient was placed on an alternating air mattress and a repositioning schedule has been implemented. But it is difficult for the patient to maintain the positioning because of the discomfort caused by the pressure ulcer. A toileting schedule is also in place to eliminate moisture. However, over the past week the wound has begun to show signs of deterioration. The wound drainage has increased saturating (4) 4x4s and the drainage is purulent with a foul odor. Skin surrounding the pressure ulcer is inflamed and reddened. The patient has also developed a fever of 100.5.

Question 5

- Based on the Nursing Home Scenario, which is the correct statement for *S* in SBAR?
 - a. Hi Dr. Aicher, I have a patient in room 444 whose wound is worsening.
 - b. Hi Dr. Aicher, this is Mckenna from Textra Nursing Home. I am calling about your patient Mrs. Smurtha. She has a sacral pressure ulcer that has an increase in drainage which is now purulent with a foul odor.
 - c. Hi Dr. Aicher, this is Mckenna and I am calling you about a Mrs. Smurtha who I think is your patient.
 - d. Hi Dr. Aicher, this is Mckenna from Textra Nursing Home and I am calling you about a patient who has a draining pressure ulcer.

Question 6

- Using the nursing home scenario identify the correct *Background* statement.
 - a. The patient has a sacral pressure ulcer that is draining a large amount of purulent drainage.
 - b. The patient has a temperature of 100.5
 - c. An 80 year old female admitted one week ago with a sacral pressure ulcer 1x1x0.1cm, stage II. The wound was clean, pink, no odor. Now the wound has a large amount of purulent drainage and the patient has a temperature of 100.5.
 - d. We received this patient over a week ago with a sacral pressure ulcer that is draining purulent drainage.

Question 7

- Using the nursing home scenario is the statement below considered an *Assessment* statement?

The sacral pressure ulcer has shown signs of deterioration. The drainage is purulent, foul smelling and has increased to a large amount completely saturating (4) 4x4s. The surrounding skin is inflamed and reddened. The patient's temperature has spiked to 100.5.

- a. True
- b. False

Question 8

- Using the nursing home scenario, What would be the best *Recommendation* to the physician?
 - a. Hi Dr. Aicher, I am not sure what is going on with Mrs. Smurtha but I would like you to come and see her.
 - b. Hi Dr. Aicher, this is McKenna from Textra Nursing Home. I am concerned about one of your patients, Mrs. Smurtha. I think that she is developing an infection within her sacral pressure ulcer. I am asking that you come and see her today. I would like to culture her wound and make a referral to the CWOCN to evaluate the sacral pressure ulcer and recommend a treatment. We can discuss the plan for pain management when you come to see Mrs. Smurtha today.
 - c. Hi Dr. Aicher, this is McKenna from Textra Nursing Home. When you get a chance can you please stop in to see Mrs. Smurtha.
 - d. Hi Dr. Aicher, do you remember Mrs. Smurtha? Well, I think you need to see her because her pressure ulcer does not look good.

SBAR Exercise (Handover)

Mrs. Smurtha is an 80-year-old female admitted to Textra Nursing Home two weeks ago. She had an ORIF right hip approx. four weeks ago. PMH unknown – pt is a poor historian. Patient has one son who is not actively engaged in his mother’s care. Over the past week, the wound has begun to show signs of deterioration and is now 1.5x2x0.5cm, Stage III. The wound drainage has increased and the drainage is now purulent with a foul odor. The wound treatment is currently a hydrogel dressing to the sacral pressure ulcer. The skin surrounding the pressure ulcer is edematous and red. The patient’s temperature yesterday was 101 and today is 102. The wound was cultured yesterday but results are not back. The patient’s BP is 110/70 (baseline is 130/70), pulse at 96 (baseline 80), respirations at 20. Pt experienced periods of confusion after her surgery. However, within the last day, confusion has become a constant. Nutritional intake is poor due to periods of confusion and dislike of menu choices. Her mobility is limited due to a recent ORIF of the right hip. The physician suspects that Mrs. Smurtha has a bacterial infection in the sacral pressure ulcer. Therefore he has made arrangements for her to be admitted to the hospital.

- How would you use SBAR to provide critical patient information to the receiving hospital?

SBAR: Nursing Home to Hospital Handover

“Hi, this is McKenna from Textra Nursing Home. Am I speaking with 5 South? You will be receiving a patient of ours, Mrs. Smurtha, sometime this afternoon. I would like to provide critical patient information to the nurse who will care for Mrs. Smurtha. May I have the name of the nurse, and would I be able to speak with her?”

“Hi Rhonda, this is McKenna from Textra Nursing Home. I understand that you will be the nurse caring for Mrs. Smurtha on her arrival to your unit this afternoon. I would like to provide you with critical patient information regarding her condition using SBAR.”

Situation

Mrs. Smurtha presents with a Stage III pressure ulcer that was being treated with a hydrogel dressing. Over the past week the wound has begun to show signs of deterioration. The physician suspects a bacterial infection in the sacral pressure ulcer and has made arrangements for her to be admitted to your facility.

Background

Mrs. Smurtha is an 80-year-old female that had a ORIF of the right hip approx. four weeks ago. PMH unknown – pt is a poor historian. She does have one son who is not presently engaged in her care.

The patient has a Stage III sacral pressure ulcer. Her temperature yesterday was 101 and today is 102. The wound was cultured yesterday but results are not back. The patient's BP is 110/70 (baseline is 130/70), pulse at 96 (baseline 80) , respirations at 20. Since her surgery, Mrs. Smurtha has experienced periods of confusion. However, within the last day the confusion has become a constant. Nutritional intake is poor due to periods of confusion and dislike of the menu choices. Her mobility is limited due to a recent ORIF of the right hip. PT is seeing patient. Braden score 7.

Assessment

The patient presents with a sacral pressure ulcer 1.5x2x0.5cm, currently at a Stage III. Over the past week the wound has begun to show signs of deterioration. The wound drainage has increased and the drainage is now purulent with a foul odor. The skin surrounding the pressure ulcer is edematous and red. A bacterial infection is suspected.

Recommendation

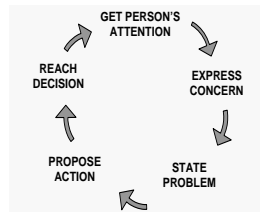
- Prior to Mrs. Smurtha's arrival she will need an alternating air mattress.
- Due to her ORIF and confusion she will need to be placed on fall precautions.
- Continue with physical therapy.
- Frequent re-orientation to her environment is essential due to her recent onset of confusion.
- Could you please have a CWOCN consult immediately for evaluation of the sacral pressure ulcer status and treatment?
- I will check on the wound cultures today. I'll contact you with the results.
- *Do you have any questions for me? Here is my contact information in the event you have any questions.*

Question 9

- Based on the nursing home to hospital handover scenario, what would be your recommendation?
 1. Prior to Mrs. Smurtha's arrival she will need an alternating air mattress applied to the bed
 2. Due to her ORIF and confusion she will need to be placed on fall precautions
 3. Continue with physical therapy
 4. Could you please have a CWOCN consult immediately for evaluation of the sacral pressure ulcer status and treatment?
 - a. 1, 3, 4
 - b. 1, 2, 4
 - c. 2, 3, 4
 - d. All of the above

If SBAR Doesn't Work?

- Re-assess how the conversation went
 - All the information there?
 - Clear and concise?
 - Appropriate level of concern/urgency conveyed?
 - Ask a colleague for input
- Re-assert as necessary
- Decision reached?
- Escalate if necessary



United Airlines



- We have a serious problem. Stop and listen to me.
 - C - I am Concerned
 - U - I'm Uncomfortable
 - S - The Safety is at risk

C.U.S.

- An assertion tool to help formulate your recommendation
- Use C.U.S. statements in your SBAR briefing
 - “I am *concerned* for my patient’s condition.”
 - “I am *uncomfortable* with my patient’s condition.”
 - “The *safety* of this patient is at risk.”

Question 10

- Which statement does not reflect critical language?
 1. The patient needs to be seen now
 2. The patient needs labs drawn stat
 3. The patient can be seen soon
 4. The patient’s condition concerns me

<https://www.qualitynet.org/dcs/ContentServer?c=MQTools&pagename=Medqic%2FMQTools%2FToolTemplate&cid=1157485259584>

The screenshot shows the MedQIC website interface. At the top, there is a navigation bar with tabs for HOME, PHYSICIAN OFFICE, HOSPITAL, HOME HEALTH, NURSING HOME, LONG TERM CARE, and PHARMACY. Below this, there is a search bar and a main content area. The main content area is titled "SBAR Health Package" and contains the following text: "SBAR (Situation, Background, Assessment, Recommendation) is a health care tool used to improve communication within the health care team. The SBAR Health Package includes an SBAR tool, an SBAR tool for Quality Improvement, a patient care plan checklist, reference letters, and more." Below this text, there is a "Download Now" button and a "View the SBAR on the SBAR Package" link. On the right side of the page, there is a "Download Now" button with a list of download options: "SBAR Package (PDF, 10 KB)", "SBAR Package (PDF, 10 KB)", "SBAR Package (PDF, 10 KB)", "SBAR Package (PDF, 10 KB)", and "SBAR Package (PDF, 10 KB)".

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- <http://www.zoomerang.com/Survey/?p=WEB229HNU836RL>

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- Audience
 - This course is designated for nurses and other health care providers. Continuing education certificates are provided to all participants who listen to the webinar, successfully complete the post-test and evaluate the program.
- Conflict of Interest
 - There is no conflict of interest on the part of the presenter/speaker or any member associated with planning, development or evaluation of this webinar.

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