



# Communication Using the SBAR Model

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Sharp HealthCare





# Objectives

- ❖ Define the elements of the SBAR model
- ❖ Discuss the application of SBAR tool to your clinical environment
- ❖ Prepare and practice using the SBAR model prior to calling a physician



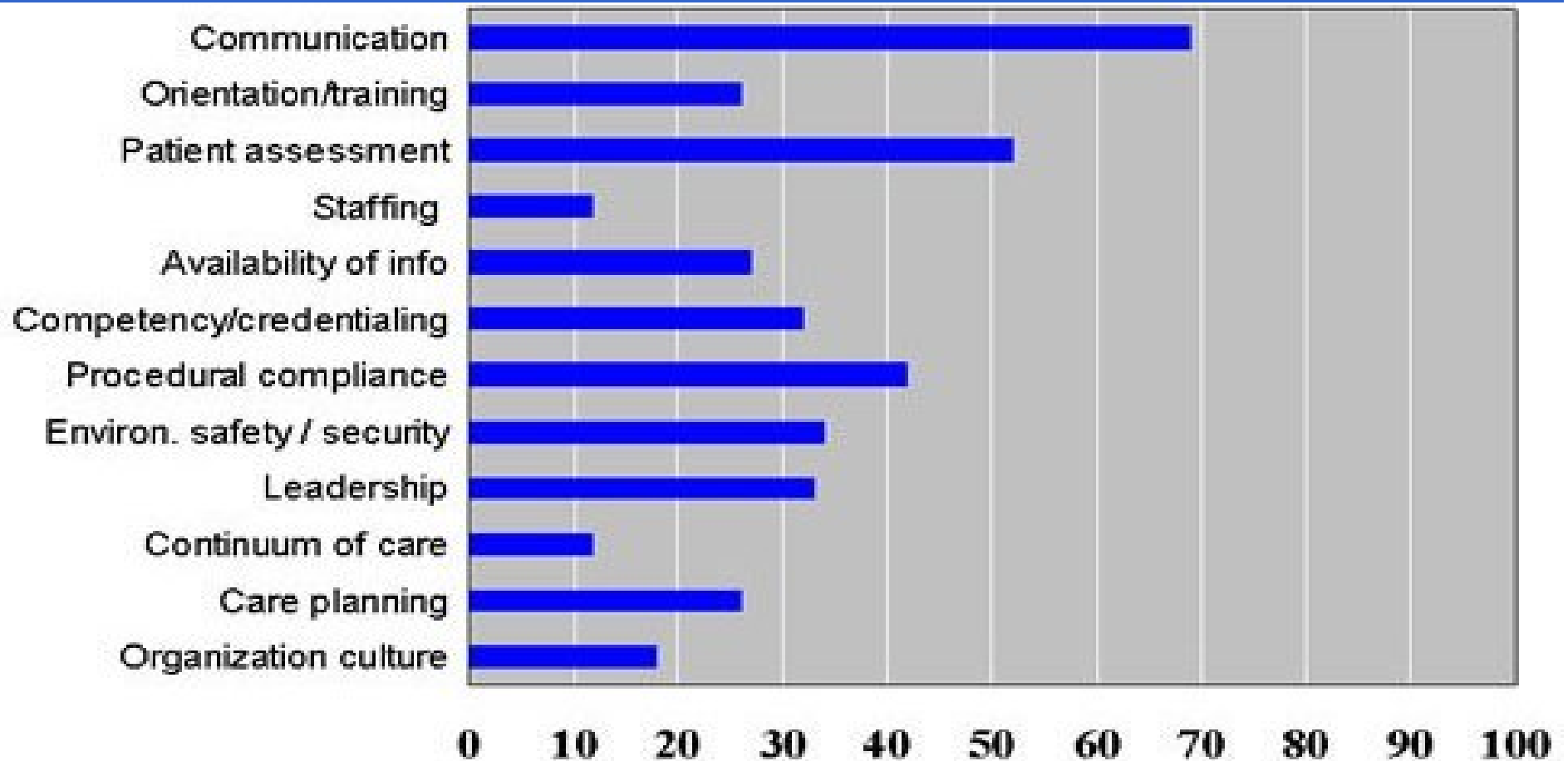
# Background

- ❖ Approximately 98,000 hospitalized patients die as a result of a medical error in the U.S. each year
- ❖ Communication failure has been found to be the root cause in nearly 70% of these events
- ❖ Because of this, one of the Joint Commission's 2008 National Patient Safety Goals is to:
  - Improve the effectiveness of communication among caregivers



# Sentinel Event Root Causes Inadequate Communication is # 1

## National Data 2005





# Communication Barriers in Healthcare

- ❖ Lack of structure and standardization for communication
- ❖ The existence of cultural differences in authority, gender, and race
- ❖ Healthcare team members may have different communication styles
  - Many physicians seem to favor “bulleted” summaries or “headlines”
  - Non-physician team members often use detailed, descriptive narratives



## A Search for a Solution

- ❖ Healthcare has turned to other industries to find an effective solution for this age-old problem
- ❖ One such solution was found in a communication model used by the Navy in their submarine division
  - This model is called SBAR



# Defining SBAR

- ❖ S – Situation
- ❖ B – Background
- ❖ A – Assessment
- ❖ R – Recommendation



## SBAR Model

- ❖ Provides an effective and efficient way to communicate
- ❖ Offers a simple way to standardize communication by using four common elements
- ❖ Mirrors the scientific and nursing process
- ❖ Creates a common language





# SBAR Model

## ❖ Promoted by:

- The Joint Commission
- Institute For Healthcare Improvement (IHI)
- Advisory Board Company
- The World Health Organization (WHO)





# Here's How It Works

## S – Situation

What is the immediate problem/situation?



# Here's How It Works

## B – Background

What is the relevant background  
to the issue/problem?



# Here's How It Works

## A – Assessment

What are your conclusions  
about the present situation?



# Here's How It Works



## R – Recommendation

What can be done to correct the problem?



## R-Recommendation Can Be Most Challenging

- ❖ Based on your assessment data and knowledge of your patient, offer a “Recommendation” to the physician
- ❖ The Recommendation is one possible solution from your vantage point
- ❖ This Recommendation may not be accepted by the person receiving the message, but is a starting point to discuss solutions



# Clinical SBAR Scenario # 1

## RN Calling MD Regarding Deteriorating Patient Condition:

- S** – Mr. Lee is hypotensive, confused and his skin is moist and pale.
- B** – He's a chronic dialysis patient who is normally hypertensive.
- A** – He's being dialyzed now and his B/P is 60/40. He has received 500mL of fluid with no response. We've started a dopamine drip.
- R** – He's not responding and it looks like he's going to code. I need you to come to the bedside and assess the patient.



## Clinical SBAR Scenario # 2

### RN Calling MD Regarding Patient's SOB

- S** – Mr. Smith is short of breath.
- B** – He's a 3 day post op colon resection patient who has been on room air.
- A** – I'm concerned because he has labored breathing, decreased breath sounds on the right side, a RR of 36, and O<sub>2</sub> Sat of 85% on room air.
- R** – He is on supplemental O<sub>2</sub> now. Should we get a stat chest x-ray?





## Clinical SBAR Scenario # 3

Physical Therapist communicating with physician about patient's calf pain

- S** – Mrs. Gomez complains of pain in her right leg every time her Sequential Compression Device (SCD) inflates.
- B** – She is 3 days post op right hip replacement and has not ambulated due to other medical complications.
- A** – Her right calf is red with mild swelling. I suspect a deep vein thrombosis (DVT).
- R** – Should we put her on bed rest until you can evaluate her?



## Clinical SBAR Scenario # 4

Speech Therapist calling physician about patient's dysphagia

- S** – Mr. James is complaining of difficulty swallowing with vomiting and discomfort following meals.
- B** – He has a history gastroesophageal reflux disease (GERD).
- A** – I suspect the patient might have a hiatal hernia or other esophageal obstruction.
- R** – Would you like to order an esophagram and a GI consult to identify/rule out possible obstruction?



## Additional Resources

- ❖ If you are unable to communicate directly with the physician and your patient's condition is unstable, seek out additional resources such as the Rapid Response Team.





# SBAR Preparation

- ❖ Some preparation is needed to communicate with SBAR
- ❖ Gather relevant information (e.g. chart, labs, MAR, etc.)
- ❖ Formulate your thoughts in a concise manner
- ❖ Practice with a colleague





## How Can Using the SBAR Format Improve Clarity of Communication with the Physicians I work with?

### ❖ SBAR promotes:

- Clear, precise communication
- Standardized format for discussions
- partnerships via collaborative communication

Great partnerships — share common goals.





## References

- ❖ Guise, J.M. & Lowe, N.K. (2006). Do you speak SBAR? *Journal of Gynecological and Neonatal Nurses*, 35, 3, 313-314.
- ❖ Joint Commission on Accreditation of Healthcare Organizations (2007). *National patient safety goals*. <http://www.jointcommission.org>.
- ❖ Leonard, M., Graham, S., & Bonacum, D. (2004). The human factor: the critical importance of effective teamwork and communication in providing safe care. *Quality Safe Health Care*, 13, 185-190.





## References

- ❖ Rodgers, K.L. (2007). Using the SBAR communication technique to improve nurse-physician phone communication: A pilot study. *American Academy of Ambulatory Care Nursing: ViewPoint*. Retrieved on October 7, 2007 from [www.aaacn.org](http://www.aaacn.org).
- ❖ World Health Organization (2007). Communication during patient hand-overs. <http://www.jcipatientsafety.org>.



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