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

Bar chart showing the percentage of sentinel event root causes, with Communication being the highest at 60%.
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 O₂ Sat of 85% on room air.

R – He is on supplemental O₂ 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
References


References


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