

# SBAR: Made Easy



## Clinician Module

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## Objectives

- Recognize the need for a structured communication process
- Define SBAR
- Describe how improving communication will support reducing avoidable acute care hospitalizations
- Apply SBAR technique into daily practice

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## Home Care Challenges

- Changes in payment system
- Burdensome paperwork/ data collection
- Higher acuity level
- Communication methods beyond face to face (e.g. phone, fax, email)



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## US Navy Nuclear Submarine

### Communication Model

- S = Situation
- B = Background
- A = Assessment
- R = Resolution



IHI, 2006

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## SBAR: IHI Connection

- Institute for Healthcare Improvement
  - Focus on improving health care
- Modified the Navy's SBAR
  - R – **Recommendation** rather than Resolution

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## SBAR: Home Care Connection

- Condenses messages
- Promotes critical thinking
- Interdisciplinary communication
- Physician communication



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## S-B-A-R Stands for ...

**S = Situation**  
What is going on with the patient

**B = Background**  
What is the clinical background information that is pertinent to the situation

**A = Assessment**  
What I think—conclusions



**R = Recommendation**  
What is needed and in what time frame



## SBAR: Preparation

**Ensure all pertinent patient information is available before you contact the physician**



- ✓ Name
- ✓ Medical record number
- ✓ Age
- ✓ Diagnosis
- ✓ Medication list
- ✓ Allergies
- ✓ Vital signs
- ✓ Lab results
- ✓ Advance Directive

## SBAR Technique

**(S) Situation:** What is the situation you are reporting?



- ✓ Identify self, agency, patient, patient location
- ✓ What is going on with the patient. A *concise* statement of the problem

## SBAR Technique

**(B) Background:** Clinical background information that is pertinent to the situation



- The admitting diagnosis and date of admission
- List of current medications, allergies, IV fluids, etc.
- Most recent vital signs
- Lab results: provide the date and time test was done and results of previous tests for comparison
- Advance Directive

## SBAR Technique

**(A) Assessment:**



- What are the clinician's findings?
- What is the analysis and consideration of options?
- Is this problem severe or life threatening?

## SBAR Technique

**(R) Recommendation:**

- What action/recommendation is needed to correct the problem?
- What solution can you offer the physician?
- What do you need from the physician to improve the patient's condition?

## SBAR

(Physician Communication)

**Have ALL information AVAILABLE when reporting:  
chart, allergies, medication list, pharmacy number, pertinent lab results**

**S SITUATION**  
I am calling about \_\_\_\_\_ (patient's name)  
The problem I am calling about is \_\_\_\_\_

**B BACKGROUND**  
State the primary diagnosis & reason patient is being seen for home care  
State the pertinent medical history:  
Most recent findings:  
Mental status \_\_\_\_\_ Status changes Temp \_\_\_\_\_  
BP \_\_\_\_\_ Pulse rate/quality/rhythm \_\_\_\_\_ Resp rate/quality \_\_\_\_\_  
Lung sounds \_\_\_\_\_ Pulse Oximetry % \_\_\_\_\_ Oxygen \_\_\_\_\_ L/min via \_\_\_\_\_  
O2/OT changes (source, reservoir, flow rate, frequency, prescription)  
Weight \_\_\_\_\_ (actual) Loss or Gain \_\_\_\_\_ Skin color \_\_\_\_\_ Blood Glucose \_\_\_\_\_  
Wound status (drainage, wound bed, treatment) \_\_\_\_\_  
Pain level (location, intensity)  
Neurological changes (weakness)  
DNR status \_\_\_\_\_  
Other \_\_\_\_\_

**A ASSESSMENT**  
(What do you think is going on with the patient?)  
I think that the patient is \_\_\_\_\_  
OR  
I am not sure of what the problem is, but the patient's status is deteriorating.

**R RECOMMENDATION**  
(What do you want?)  
 PRN visit or referral  Home  PT  ST  OT  HH Aide  MSW  Dietician

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## SBAR: Activity # 1

Activity: Locate the SBAR Interdisciplinary Communication sample sheet in your discipline care track.

- ✓Nursing
- ✓PT
- ✓OT
- ✓ST
- ✓Social Worker

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### SBAR Interdisciplinary Communication

*Example from WebEx*

The following example demonstrates using SBAR to communicate issues, problems or opportunities for improvement to [hhqjosc@hhqjosc.com](mailto:hhqjosc@hhqjosc.com)

**SITUATION** - State what is happening at the present time that has warranted the SBAR communication. *Example: In January supervisor (this is your name) called to report that my patient (this is the patient's name) had a seizure. She started feeling very anxious.*

**BACKGROUND** - Explain circumstances leading up to this situation. Put the situation into context for the reader listener. *Example: (this is about previous to 10/15/12) On 10/15/12 (this is the date) My patient has received their 4th dose of insulin (this is the dose) and they had no other abnormal symptoms (this is the date) noted since they were last seen. The patient has indicated that she is somewhat nervous and jittery and there is any concern and why or discuss the history of patient illness.*


**ASSESSMENT** - What do you think the problem is? *Example: She has seemed about pressure and pulse and what appears to be a panic attack.*

**RECOMMENDATION** - What would you do to correct the problem? *Example: I would like you to notify the physician of these findings and ask if we can have a small insulin titration for an evaluation to see if there are any issues that may be causing this. I've requested panic attacks. I would also like you to let the patient in the a.m. to discuss the side effects and plan to call the physician tomorrow with our findings in case if the would like to schedule this. I, for an office visit.*

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## Time to Review

Review your SBAR Interdisciplinary Communication sample sheet in your discipline track. Pause the WebEx to review




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## How to Use SBAR Within the Agency

Interdisciplinary Communication:

- Voice mail/ face to face
- Report to managers and peers
- Message to office staff to forward to physician
- During case conferences



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## From the physician...

“How the nurse communicates patient information will depend on whether I listen to the nurse or not.”

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## SBAR: Activity #2

Activity: Locate the SBAR Physician Communication sample sheet in your discipline care track.

- ✓Nursing
- ✓PT
- ✓OT
- ✓ST
- ✓Social Worker

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### SBAR Physician Communication

The following is a sample communication using SBAR to communicate issues, problems or opportunities for improvement to physicians.

**S** - State what is happening at the present time that has warranted the SBAR communication. Example: This is from a 68-year-old male patient who is being held in cabinet, etc. I, as an advanced nurse practitioner, am also notified that the test was positive.

**B** - Background - Explain the context or background to this situation. Put the situation into context for the reader. Example: XYZ Health Agency has been using the ABC System for a number of years. This is the first time for this patient that we have used it. The test results are 100% at the 100% level. The patient has received the ABC System and the test results are 100% (regular rate and night). No other adverse events have occurred during the process. The patient has indicated that she is interested in getting a history of her patient activity or tests. She has a history of patient activity.

**A** - Assessment - What do you think the problem is? Example: She has indicated that she is interested in getting a history of her patient activity.

**R** - Recommendation - What would you do to correct the problem? Example: I would like to see the patient again to determine if there are any other issues that may be affecting the test results. I would like to see the patient again to determine if there are any other issues that may be affecting the test results. I would like to see the patient again to determine if there are any other issues that may be affecting the test results.

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## Time to Review

Review your SBAR Physician Communication sample sheet in your discipline track.



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## How to Use the SBAR Form with Physicians

- Script for phone call to physician's office
- Fax
- Hand deliver



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## SBAR: Activity #3

Activity: Locate the SBAR Scenario sample sheet in your discipline care track.

- ✓Nursing
- ✓PT
- ✓OT
- ✓ST
- ✓Social Worker

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### SBAR Scenario

Read the following scenario and then complete the SBAR individually or in a small group. Discuss your SBAR with your partner or your small group.

#### Nursing

Mr. X is a 68-year-old patient with CHF and HTN who lives with a wife. Today's vital signs were T - 98.6, BP - 180/90, RR - 24. He is more SOB today as evidenced by an increased respiratory rate and low O2 saturation. His baseline ability to ambulate on his own is good. Lung sounds were previously clear, but today he has crackles in the posterior bilateral lower lung fields. He usually has no edema, but today it is 1+ and slightly pitting. He is on his target weight for the last 3 days, but he has now gained 5 lbs. over 4 days.

His current med regimen includes: Digoxin, 0.25mg, every day; Lasix, 20mg, every day; Slow-K, 600mg, every day; and Furosemide, 40mg, every day. He has no smoking, no alcohol, no illicit drugs, and he works with his wife about his compliance with his medication regimen. She states her daughter pre-fills the medications once a week. Upon examining the pillbox, it appears that the medications were given as ordered. His last recall was not much different than his current status. He has a history of a heart disease 4 days ago. His wife is anxious over his change in status. The nurse calls physician with the update.

S

B

A

R

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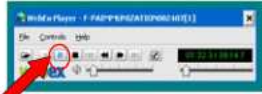


## Time to Review



Your assignment is to:

- Read the **SBAR Scenario** in your discipline track
- Practice writing a **SBAR** for the scenario
- Review your **SBAR** with a peer or read the sample **SBAR** on the next page (not inclusive)



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## ACH Connection



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## Care Provider Track

- You have now completed **SBAR: Made Easy**
- Return to the Care Provider Track:
  - Read the Examples of Excellence
  - Listen to the SBAR for Clinicians podcast
  - Complete the evaluation/post-test for **FREE** continuing education certificates at [www.homehealthquality.org](http://www.homehealthquality.org)

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