

The *SBARR* Communication Tool:

“Situation, Background, Assessment, Recommendation Response”

Enhancing Patient Safety

SBARR: What is it?

- Situational briefing model that provides a common, predictable structure to communication
- Originally used in U.S. military and aviation industry
- Adapted for use in healthcare by Kaiser Permanente in 2002
- Can be used in virtually any clinical setting



SBARR: The basics

1. **Situation: The problem**
 - What is going on with the patient?
2. **Background: Brief, related, to the point**
 - What is the clinical background or context?
3. **Assessment: What you found/think**
 - What do I think the problem is?
4. **Recommendation: What you want**
 - What would I do to correct it?
5. **Response: Receiver acknowledges information given**
 - What is the receivers response?

Overview of SBARR

“Situation, Background, Assessment, Recommendation Response”

- Communication challenges in health care
- Benefits of SBARR
- Practical application of SBARR



Communication Challenges

- Hand-off communication is a high-risk process.
- Communication failures commonly cause inadvertent patient harm.
- 60 -70% of the more than 2,455 sentinel events reported to JCAHO revealed that communication failure was the primary root cause--approximately 75% of these patients died.
- CHW has had critical incidents related to communication issues.
- Standardization of hand-off communication is a 2006 NPSG.

(Leonard, Graham, & Bonacum, 2004)

Barriers to effective communication

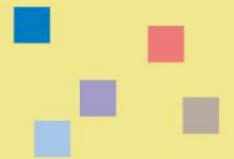
- Culture/Priorities
 - Physicians vs. nurses
 - Gender, cultural differences

- Complex, hierarchical systems
 - Fear/intimidation
 - Inhibits feeling safe to speak up: hint/hope approach

- Environment
 - Human factors/limitations
 - Cultural norms
 - Time
 - No structured procedures

Effective Communication

- Complete
- Accurate
- Unambiguous
- Timely
- Understood
- Dialogue



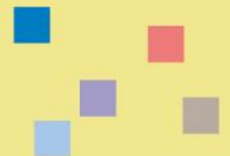
Essential communication elements:

- Being organized – in thought and communication
- Being Competent – technically and socially
- Disavowing Perfection – while looking for clarification/common understanding
- Owned by the Entire Team – this is not just a “subordinate” skill-set
- Valued by the receiver



Benefits of SBARR

- **Teamwork:**
 - Framework for effective communication
 - Creation of a safe environment
 - Framing a conversation, especially emergent ones
- **Expectations**
 - Consistency, familiarity
- **Critical Thinking Skills**
 - Sharing of relevant, timely, concise, organized, efficient information
- **Patient Safety**
 - Reduces the risk of adverse events
 - Fosters a culture of patient safety



Benefits of SBARR

Important elements:

- **Assertive communication:**
 - Individuals speak up, state information with persistence until there is a clear resolution
 - Helps create a shared understanding of what is happening
 - Is crucial to patient safety
- **Critical language:**
 - Avoids natural tendency to speak indirectly and deferentially
 - CUS words: concerned, uncomfortable, unsafe, safety, scared
- **Situational awareness:**
 - Staff maintaining the big picture
 - Ongoing dialogue—planning/thinking ahead
 - Recognizing adverse events
 - Common understanding of task

SBARR Example

- **Situation: What is going on with the patient?**
 - Dr. Jones, I'm calling about Matthew, a 15 year old-patient who was admitted for a closed head injury after having fallen off a ladder yesterday. He has developed new onset confusion and restlessness.
- **Background: What is the clinical background or context?**
 - Matthew was alert and oriented overnight. His pupils were equal and briskly reactive. His GCS was 14 and now it is 10.
- **Assessment: What do I think the problem is?**
 - I am concerned that he may have a decreasing level of consciousness.

SBARR Example (continued)

- Recommendation:
What would I do to address it?
I would like you to come and assess this patient in person
- Response:
What is the receiver's feedback?
Thanks, this sounds like a significant change. He may have edema or bleeding. Please do a set of vital signs and I will be down to see him right away.

Another Example

- Situation

-Hello Sally(RCP), this is Mary, the nurse caring for Jane Doe in room 678. She is an asthmatic and is having increased respiratory distress.

- Background

-Jane was admitted last night and put on the q 4 hour nebs per the respiratory protocol. It has been 2 hours since her last neb and she has a respiratory rate has gone from 30 to 50 with increased retractions and more wheezing.



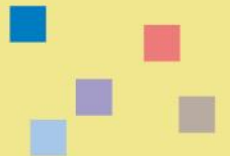
Example # 2

- **Assessment**

-I am uncomfortable with how she is doing. I think she is having increased bronchospasm.

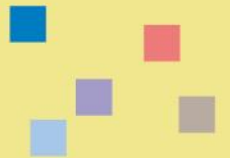
- **Recommendation**

-I would like you to come and assess her for another nebulizer treatment right away.



Example # 2

- Response(RCP)
 - I am finishing a treatment on 4 for a critical patient. I can be there in 15 minutes. Do you think the patient is stable enough to wait that long?
- Additional dialogue as needed



Final Thoughts

- SBARR can help CHW improve its communication so that safe, quality patient care is delivered.
- Using SBARR requires practice, teamwork, and commitment from all CHW employees.
- Initial focus/expectation is to use SBARR for CUS (concerned, uncomfortable, safety) situations.

Questions?

