SBAR: A Better Way to Communicate

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This system helps avoid miscommunication.

Practice Perfect is a continuing every-issue column in which Dr. Shapiro offers his unique personal perspective on the ins and outs of running a podiatric practice.

It's unfortunate that interpersonal communication is such a pivotal and yet ignored area of study. In the medical profession, lack of appropriate communication is the cause of many medical complications. In fact, ineffective communication was identified as a root cause of 65% of reported medical errors, and data from the Joint Commission between 2010 and 2013 showed this issue has remained among the top three root causes of sentinel events.[1] As a result of this, the Joint Commission in January 2016 adjusted National Patient Safety Goal 2 to "improve the effectiveness of communication among caregivers."[2]

One communication method that has been gaining increased acceptance—and one that many of us may have come in contact with without even knowing it—is the SBAR technique. SBAR is a structured communication method used in hospitals and clinics around the country to provide focused, succinct information from one provider to another. SBAR originated from the military and was designed to be used in situations where proper communication is essential. The medical professions—specifically nursing—adopted this method and use it extensively. SBAR is an acronym that stands for

S—Situation (What is going on now.)

B—Background (Pertinent brief information related to the situation.)

A—Assessment (Diagnosis of the situation)

R—Recommendations (What should be done)

Here's an example of a recent SBAR communication from a hospitalist consulting me on a patient:

S—This is Dr. X. I'm calling about a new consultation for a right heel ulcer.

B—This 67 year-old male was admitted yesterday after BKA on the left side and has an ulcer on the right heel.

A—We think it is a decubitus ulcer.

R—He might need surgical debridement. We're hoping you can come see him.

The use of SBAR promotes quality and patient safety by setting shared expectations in terms of what is communicated. SBAR allows for efficient and predictable sharing of information by creating a shared mental model. In essence, everyone involved has the same perspective about the important points of the patient or situation.

Is There Evidence that SBAR Communication Helps?

Woodhall and colleagues performed a prospective survey of physicians and nurses at the Magee Women's Hospital, University of Pittsburgh Medical Center before and after implementing a hospital-wide SBAR communication method. They found significantly improved communication perceptions of hospital staff.[3]

SBAR (from page 41)

If communication was improved, what about patient care? Does SBAR communication actually improve *outcomes*?

DeMeester and associates performed a prospective study based out of Antwerp University Hospital, a 573 bed tertiary hospital, examining the numbers of cases with severe adverse events before and after implementation of an SBAR communication format. They found an increase in unplanned ICU admissions and a decrease in unexpected patient deaths (p values < 0.001). As a side note, they also found improved perceptions of medical provider communications during a survey performed as part of the study (Table 1).[4]

Mixed findings were found from one of the few randomized trials performed by Field and Associates in 2011. These researchers studied the warfarin management quality in 26 nursing homes in Connecticut between 2007 and 2008 (435 patients). Their primary outcome measures were the proportion of time residents remained in the therapeutic range and the rate of three-day follow-up for INR > 4.5 (their protocol required a follow-up INR for patients in this range).

	Pre - SBAR	*Post - SBAR*
Unplanned ICU admissions	*13.1/1000 patients*	*14.8/1000 (RRR 50%)*
Unexpected Deaths	*0.99/1000 patients*	*0.34/1000 (RRR -227%)*

Table 1

They found a statistically insignificant increase in the time patients remained in the therapeutic range of warfarin management and a decrease in the amount of follow-up for patients who were in the INR > 4.5 range. They also found a decrease in potential warfarin-related adverse events.[5] The authors considered these results modestly improved outcomes of warfarin management with the use of an SBAR communication method.

Clearly, more research needs to be done to demonstrate the true effectiveness of this technique. Logically, the SBAR forces a person to think about the situation before communicating and creates a shared mental model, while empowering others to speak and provide their recommendations.

This may be the perfect method to have residents present their patients to attendings. Why don't you give SBAR a try and see how it works for you? **PM**

References

[1] Patient Safety Systems Chapter, Sentinel Event Policy and RCA2. Last accessed Sept 10, 2016.

[2] National Patient Safety Goals Effective January 1, 2016. Hospital Accreditation Program. The Joint Commission. Jan 2016:1-17.

[3] Woodhall LJ, Vertacnik L, McLaughlin M. Implementation of the SBAR Communication Technique In a Tertiary Care Center. J of Emerg Nurs. 2008;34(4):314-317.

[4] De Meester K, Verspuy M, Monsieurs KG, Van Bogaert, P. SBAR improves nurse-physician communication and reduces unexpected death: A pre and post intervention study. Resuscitation. 2013;84:1192-1196.

[5] Field TS, Tjia J, Mazor KM, et al. Randomized trial of a warfarin communication protocol for nursing homes: an SBAR-based approach. Am J Med. 2011;124(2):179e1-179e7.

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