

Improve staff communication.



SBAR—Situation, Background, Assessment, Recommendation:
 Efficient, empowering and effective

SBAR is a standardized communication template adapted from the U.S. Navy that leads to a habit of precise, complete information exchange. Rapid Response Teams suggest using the SBAR model to capture and organize information about the patient's condition prior to calling the physician.¹ Because the SBAR format streamlines communication and captures crucial information, many organizations have found that SBAR is useful for all inter-staff communication, including that of physician to physician, physician to nurse or nurse to physician, and staff to physician. It may also be used to pass such information along to subsequent care providers at all types of patient hand-offs, including referrals. There is a growing consensus in health care that SBAR's structure encourages staff-to-physician communication and empowers staff—especially those who may feel timid when speaking to physicians or nurses—to communicate critical observations to appropriate staff.²



SBAR tipsheet³

SBAR is:

- Structured communication
- Assertion/critical language—key words, the ability to speak up and stop the show
- A way of creating an environment of respect
- The ability to look at the overall picture

SBAR answers three questions:

- What is it?
- What do you need me to do?
- When do I have to do it?

SBAR technique:

- **Situation**—the punch line, giving it in five to 10 seconds
Include: patient identification information, code status, vitals and concerns
- **Background**—the context, objective data, the numbers, how did we get here?
Examples: patient's mental status, skin condition; whether he or she is on oxygen
- **Assessment**—what is the problem?
- **Recommendation**—what do we need to do and when?
Physician suggests follow-up actions, including possible tests

SBAR benefits:

- Enhances predictability—how we're going to talk with one another
- Crisp—to the point
- Promotes critical thinking
- Similar in structure to the SOAP note model that is taught in medical and nursing schools

1. 100,000 Lives How-to Guide: Rapid Response Teams. Institute for Healthcare Improvement. Access at www.ihl.org/NR/rdonlyres/6541BE00-00BC-4AD8-A049-CD76EDE5F171/0/RRTHowtoGuideKathyUpdate.v19postedtweb60806.doc.

2. Health Literacy and Patient Safety. American Medical Association and American Medical Association Foundation. Monograph forthcoming, 2006.

3. Kevin Churchill, MD, chief of staff/associate medical director, associate director, Division of Pediatric Critical Care, Monroe Carell Jr. Children's Hospital, Vanderbilt University Medical Center, Nashville, Tenn. Adapted from Communication and Teamwork Use of SBAR in Vanderbilt Children's Hospital. Access at www.mc.vanderbilt.edu/cprq/Churchwell.pdf.