

Insight and ACTION



HOW CAN WE IMPROVE COMMUNICATION BETWEEN HEALTHCARE PROVIDERS? LESSONS FROM THE SBAR (SITUATION, BACKGROUND, ASSESSMENT, RECOMMENDATION) TECHNIQUE

KEY MESSAGES

- Effective and efficient communication between healthcare providers is vital for improving patient safety and providing quality care.
- SBAR is a structured method of communication that has been shown to improve communication between physicians and other healthcare providers within the hospital setting.
- While more research is needed, expanding the use of SBAR to other areas of care will likely improve patient safety, increase patient satisfaction, and allow healthcare teams to work more effectively.

Effective communication amongst healthcare providers is crucial for ensuring that patients receive safe, high-quality care. However, within most healthcare settings, effective communication is hampered by a number of barriers. Discussions about patients are often conducted within a busy work environment in which providers are dealing with many patients and numerous tasks. Instructions are sometimes communicated over the phone, rather than in person. In emergency situations, information has to be presented quickly. And in an attempt to present information in a concise way, information can be missed, which can lead to inappropriate interventions that directly affect patient outcomes. At one hospital in the United States, for example, problems in communication were identified as a contributing factor in 90 percent of root cause analyses and 65 percent of “sentinel events” – unexpected occurrences involving death or serious injury.ⁱ

SBAR (Situation, Background, Assessment, Recommendation) is a briefing technique recommended by the Institute for Healthcare Improvement as a way to improve communication between providers.ⁱⁱ The technique was first developed by the U.S. military, refined by the aviation industry and later adapted by health plan provider Kaiser Permanente. It allows healthcare providers to succinctly put the situation of a patient into the relevant context, and in a consistent and identifiable manner, for all team members.

The SBAR technique organizes communication into four types of information. First, the provider briefly describes the situation; for example, who the patient is, where the patient is located (if this is not apparent) and a description of the problem. Secondly, relevant background information is communicated, including diagnosis at

admission, recent vital signs, and other clinical information. The final two pieces are the provider's assessment of the situation, such as how severe the problem is, and an initial recommendation of what should be done, such as whether a change in the patient's code is appropriate.

Preparation and training are important aspects of the SBAR technique. Good preparation, in particular, improves clarity in messaging.ⁱⁱⁱ Before initiating conversations with one another, providers prepare by assessing their patient, reviewing the pertinent details that must be shared, and having recent tests and other reports in-hand to address follow-up questions. While preparation may seem like standard routine, mastering SBAR often requires training because it requires teams to adopt a more structured way of briefing.

SBAR has been shown to improve communication between physicians and other healthcare providers within the hospital setting. In an evaluation of SBAR within a tertiary care setting, for example, Woodhall, Vetacnik and MacLaughlin found the technique to be well-received by staff and to have improved a number of aspects of team communication, including the clarity of the message and the completeness of the information provided.^{iv} Other research by Pope, Rodzen and Spross shows that the tool can be useful for nurses as a means of communicating with physicians about the change in a patient's status, and between nurses when handing off management of a patient.^v

SBAR has also shown promise in other healthcare settings. In their examination of SBAR within a stroke rehabilitation unit in Toronto, Velji et al. found that once teams are trained in using the technique, they find it improves communication, assists in creating a safety culture, enhances patient satisfaction, and reduces the number of adverse events and near-misses. More work is still needed to evaluate the use of this approach in improving communication amongst interdisciplinary team members across healthcare settings. More evaluation is also needed in non-acute care settings and beyond the hospital setting; for example, looking at its use in communications between other types of providers and with healthcare managers.

References

- i. Haig KM, Sutton S & Whittington J. 2006. "SBAR: A shared mental model for improving communication between clinicians." *The Joint Commission Journal on Quality and Patient Safety*; 32(3): 167-175.
- ii. Institute for Healthcare Improvement. No date. "[SBAR Technique for Communication: A Situational Briefing Model.](#)"
- iii. Pope BB, Rodzen L & Spross G. 2008. "Raising the SBAR: How better communication improves patient outcomes." *Nursing*; 38(3): 41-3.
- iv. Woodhall LJ, Vertacnik L & McLaughlin M. 2008. "Implementation of the SBAR communication technique in a tertiary center." *Journal of Emergency Nursing*; 34(4): 314-317.
- v. Velji K, Baker GR, Fancott C, Andreoli A, Boaro N, Tardif G, Aimone E & Sinclair L. 2008. "Effectiveness of an adapted SBAR communication tool for a rehabilitation setting." *Healthcare Quarterly*; 11 (3 Spec No.): 72-79.

Further Reading

Institute for Healthcare Improvement. No date. "[On demand: Effective teamwork as a care strategy - SBAR and other tools for improving communication between caregivers.](#)"

Velji K & Baker GR. 2008. "[Enhancing effective team communication for patient safety: An adapted SBAR communication tool for rehabilitation.](#)"