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**SBAR communication  
tool – situation, background,  
assessment, recommendation**



# SBAR communication tool – situation, background, assessment, recommendation

## What is it?

SBAR is an easy to use, structured form of communication that enables information to be transferred accurately between individuals. SBAR was originally developed by the United States military for communication on nuclear submarines, but has been successfully used in many different healthcare settings, particularly relating to improving patient safety.

SBAR consists of standardised prompt questions in four sections to ensure that staff are sharing concise and focused information. It allows staff to communicate assertively and effectively, reducing the need for repetition and the likelihood for errors. As the structure is shared, it also helps staff anticipate the information needed by colleagues and encourages assessment skills. Using SBAR prompts staff to formulate information with the right level of detail.

## When to use it

Communication can be defined as *'a two-way process of reaching mutual understanding, in which participants not only exchange information but also create and share meaning'*.

SBAR helps to provide a structure for an interaction that helps both the giver of the information and the receiver of it. It helps the giver by ensuring they have formulated their thinking before trying to communicate it to someone else. The receiver knows what to expect and it helps to ensure the giver of information is not interrupted by the receiver with questions that will be answered later on in the conversation.

SBAR can be used in any setting but can be particularly effective in reducing the barrier to effective communication across different disciplines and between different levels of staff. When staff use the tool in a clinical setting, they make a recommendation that ensures the reason for the communication is clear. This is particularly important in situations where staff may be uncomfortable about making a recommendation, eg those who are inexperienced or who need to communicate with someone who is more senior than them.

The use of SBAR provides clarity to communication and prevents the unreliable process of 'hinting and hoping' that the other person understands.

**Figure 1: SBAR communication tool**

<b>S</b>	<b>Situation:</b> I am (name), (X) nurse on ward (X) I am calling about (patient X) I am calling because I am concerned that... (e.g. BP is low/high, pulse is XX, temperature is XX, Early Warning Score is XX)
<b>B</b>	<b>Background:</b> Patient (X) was admitted on (XX date) with... (e.g. MI/chest infection) They have had (X operation/procedure/investigation) Patient (X)'s condition has changed in the last (XX mins) Their last set of obs were (XX) Patient (X)'s normal condition is... (e.g. alert/drowsy/confused, pain free)
<b>A</b>	<b>Assessment:</b> I think the problem is (XXX) And I have... (e.g. given O <sub>2</sub> /analgesia, stopped the infusion) OR I am not sure what the problem is but patient (X) is deteriorating OR I don't know what's wrong but I am really worried
<b>R</b>	<b>Recommendation:</b> I need you to... Come to see the patient in the next (XX mins) AND Is there anything I need to do in the mean time? (e.g. stop the fluid/repeat the obs)
<b>Ask receiver to repeat key information to ensure understanding</b>	
The SBAR tool originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA	

## How to use it

### S – situation

- Identify yourself the site/unit you are calling from.
- Identify the patient by name and the reason for your communication.
- Describe your concern.

The following example shows how to explain the specific situation about which you are calling, including the patient's name, consultant, patient location, code status, and vital signs.

'This is Jenny, a registered nurse on Nightingale Ward. The reason I'm calling is because Mrs Taylor in room 225 has become suddenly short of breath, her oxygen saturation has dropped to 88% on room air, her respiration rate is 24 per minute, her heart rate is 110 and her blood pressure is 85/50.

We have placed her on six litres of oxygen and her saturation is 93%, her work of breathing is increased, she is anxious, her breath sounds are clear throughout and her respiratory rate remains greater than 20.'

### B – background

- Give the patient's reason for admission
- Explain significant medical history
- Inform the receiver of the information of the patient's background: admitting diagnosis, date of admission, prior procedures, current medications, allergies, pertinent laboratory results and other relevant diagnostic results. For this part in the process you need to have collected information from the patient's chart and notes.

For example:

'Mrs. Smith is a 69 year old woman who was admitted 10 days ago following a car accident with a T 5 burst fracture and a T 6 ASIA B SCI. She had T 3-T 7 instrumentation and fusion nine days ago. Her only complication was a right haemothorax for which a chest drain was put in place. The drain was removed five days ago and her chest x-ray has shown significant improvement. She has been mobilising with physio and has been progressing well. Her haemoglobin is 100 gm/L but otherwise her blood work is within normal limits. She has been on Enoxaparin for DVT prophylaxis and Oxycodone for pain management.'

## **A – assessment**

- Vital signs.
- Contraction pattern.
- Clinical impressions, concerns.

You need to think critically when informing the receiver of your assessment of the situation. This means you have considered what might be the underlying reason for your patient's condition. Not only have you reviewed your findings from your assessment but you have also consolidated these with other objective indicators, such as laboratory results.

If you do not have an assessment, you may say:

'I think she may have had a pulmonary embolus.'

'I'm not sure what the problem is, but I am worried.'

## **R – recommendation**

Finally, what is your recommendation? That is, what would you like to happen by the end of the conversation. Any advice that is given on the phone needs to be repeated back to ensure accuracy.

- Explain what you need – be specific about request and time frame.
- Make suggestions.
- Clarify expectations.

For example:

'Would you like me get a stat CXR and ABGs? Start an IV?'

'Should I begin organising a spiral CT?'

'When are you going to be able to get here?'

Although SBAR is a simple and effective tool, incorporating it can take considerable effort and require significant training. It can be very difficult to change the way people communicate, particularly with more senior staff.

SBAR can be used anywhere, including:

- inpatient or outpatient
- urgent or non urgent communications
- conversations between clinicians, either in person or over the phone - particularly useful in nurse to doctor communications and also helpful in doctor to doctor communication
- conversations with peers – change of shift report
- communication between different disciplines, eg care home to emergency department
- escalating a concern
- when patients move between NHS services or from social care to NHS services, eg care homes and into/out of hospital.

## TIPS

**Less experienced clinical staff can sometimes be anxious about making recommendations. When this is the case, offer extra support, encouragement and training. A good place to start is by trying the tool with supportive colleagues and to do role play to try it out.**

**Hospitals using SBAR have found that notepads or paper with the tool printed on them, pocket cards and stickers on telephones are useful aides in the early stages of using the tool within an organisation.**

### Examples

1. The multi-disciplinary team meeting is an example of the process in action. Many clinicians are present and most are in a position to help formulate the most appropriate management for the patient.

The doctor directly responsible presents the current situation and the relevant background. The assessment will include a discussion with other clinicians to clarify the clinical findings and a joint review of the results of all relevant investigations. Recommendations will be agreed by all present. These will be documented in the patient's notes.

2. Another example where this tool would add clarity and contribute to better care is the emergency call to a sleeping senior colleague for advice about patient management.

When woken in the night, it can take some time to absorb the necessary facts and respond. This is greatly aided by a clear presentation of the situation, the background, the assessment and the recommended treatment or action.

In the surgical situation it is possible – and even quite likely – that the senior colleague is needed to help with the assessment and/or to carry out the recommended surgery. The request for direct help should be made clear as part of the recommendation so that there is no misunderstanding.

3. When working within the care home environment, it was discovered that communication between the care home and the emergency department was poor. Both sides would blame the other for not providing information that was required. Emergency department staff would often report that *'the care home had sent someone with the patient who knew nothing about them'*. The care home would report that once one of their residents went into the hospital, it was like a 'black hole' with it being impossible to get information about what was going on.

Following implementation of SBAR communication, both sides reported that there were significant improvements in both the communication and the quality of the overall relationship.

## What next?

Once you have started using SBAR as a communication tool, you need to monitor the progress – how well it is being used and whether communication is improved. If it is proving successful, the next step is to embed the tool into people's everyday habits, so that it becomes 'the way things are done around here'.

Ideas for helping the more widespread use of SBAR include:

- using prompts and visual cues – eg stickers on the telephone, letter templates and patient notes
- ensuring people feel it's alright to prompt each other using your agreed framework. For example, 'Can I make sure I understand you? What is your recommendation here?'
- make time for team discussion, reflection and refinement of the tool
- disseminate your good practice to other teams by modelling the communication behaviour you are aiming for.

