

CONSIDERATIONS:

1. The Joint Commission estimates that over 2/3 of Sentinel Events are related to communication failures between healthcare providers.
2. Studies indicate that nurses and physicians do not communicate effectively about patient care:
 - a. Related to power differential but hierarchical communication is not effective in complex situations
 - b. Nurses learn narrative communication. Physicians learn bullet communication. Physicians want concise problem-oriented communication which demonstrates nurse’s expertise at identifying relevant data
3. The SBAR technique is an effective communication technique for communication between nurses/therapists and physicians:
S = Situation
B = Background
A = Assessment
R = Recommendation

Situation	What is the patient’s problem?	Patient name Problem is...
Background	Alert MD to patient’s identity	Age Diagnoses Meds
Assessment	What does MD need to know to make a decision	Vital signs Focused-assessment data
Recommendation	What should MD do? By when?	Action needed Timeframe

4. Before placing a call to a physician about a patient need or problem, assure you have all needed information available and organized:
 - a. What will the physician want to know? Predict what information he/she needs to make a good decision
 - b. Have medical record available
 - c. Know diagnoses, medications, allergies, pharmacy telephone number
 - d. Perform an assessment:
 - i. Vital signs
 - ii. Signs/symptoms
 - iii. Think about what body system seems to be affected. How you can you do a complete assessment of that system?
5. Organize the data concisely into a 1 minute or less report:
 - a. What is the patient’s main need/problem

- b. How will you remind MD of patient’s identity: name, diagnoses, hospital discharge date, last seen by doctor about and when
 - c. Did you complete all parts of the assessment which may be relevant, which can feasibly done
 - d. What do you think the problem is? What is your recommendation for resolving the need/problem
 - e. Consider the urgency of the need/problem:
 - i. Emergent : Now - 2 hours
 - ii. Urgent: 1 -12 hours
 - iii. Routine: Business hours
6. If the physician does not respond, or seems to be making “the wrong decision,” use CUSS:
 - a. I am **C**oncerned
 - b. I am **U**ncomfortable
 - c. I feel the **S**afety of the patient is at risk
 - d. **S**top. We have a problem. Listen to me
7. SBAR communication is also effective for:
 - a. Giving reports
 - b. Communication between disciplines
 - c. Problem solving with patients and families
8. Consider downloading the tools and SBAR cue sheets form the VNSNY CHAMP website at: http://www.champ-program.org/static/Entire_SBAR_Package.pdf

EQUIPMENT:

SBAR cue sheet (see attached)
 Guidelines for use of SBAR (see attached)
 Secret Tips on how to talk to physicians and fellow employees (see attached)

PROCEDURE:

1. If the patient has a need/problem and physician’s advice/orders are needed, think SBAR.
2. Obtain all information anticipated before placing the call.
3. Obtain information from medical record:
 - a. Age
 - b. Primary diagnosis
 - c. Relevant comorbidities
 - d. Medications
 - e. Allergies, physician may ask before ordering medications
 - f. Lab reports, if any
4. Obtain all physical assessment data that affects the problem/need patient has:
 - a. Vital signs
 - b. Problem/system-focused assessment
5. Determine how you think the problem/need can best be addressed.
6. Discuss your recommendation with the patient, to determine if patient agrees/will follow if made to physician.

7. Call the physician, using SBAR communication.

AFTER CARE:

1. Document in patient record communication with physician and orders obtained.

REFERENCE:

Home Health Quality Initiative (2010). Best Practice Intervention Package: Cross Settings 1. Retrieved July 4, 2012 from <http://www.homehealthquality.org/hh/campaign/cross1/default.aspx>

Institute for Healthcare Improvement (2009 - 2012). Multiple SBAR Communication Resources on website, with key word SBAR. Retrieved July 4, 2012 from <http://www.ihl.org/Pages/default.aspx>

VNSNY Center for Home Care Policy & Research (2010). SBAR: A Home Health Package. New York: CHAMP (Collaboration for Home Care Advances in Management and Practice). Retrieved July 4, 2012 from http://www.champ-program.org/static/Entire_SBAR_Package.pdf

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