

OASIS Alert

Communication: Decrease Hospitalizations with an SBAR Approach

Get your message across in 60 seconds or less.

Ineffective clinician/physician communication can lead to an increase in hospitalizations and a decrease in outcome scores for your agency. But once you understand key communication style differences and begin using a time-tested tool, you'll be better able to get your message across.

Don't Get Derailed by a Failure to Communicate

Almost 70 percent of sentinel events studied in a **Joint Commission** report were the result of communication problems, said **Mary Narayan, MSN, RN, HHCNS-BC, COS-C**, with Narayan Associates in Vienna, Va. These problems fell into three basic categories:

- **Ineffective communication:** The information wasn't delivered in a manner that brought it appropriate attention.
- **Inadequate communication:** Relevant and important facts were missing.
- **Untimely:** The communication came too late.

One hotspot in nurse/physician communication is differing communication methods, Narayan said during her session "Improve Outcomes through Effective Communication" presented at the 2013 **National Association for Home Care & Hospice** annual meeting.

Nurses tend to approach communication as a narrative with descriptive language and a time-sequenced flow, Narayan said. But physicians lean toward concise, bullet-point summaries.

Problem: When physicians feel a nurse's communication isn't concise and to-the-point, they tend to come to the conclusion that they are speaking with someone who doesn't understand what is important, Narayan said. "This compromises the nurse's credibility in the physician's eyes."

When nurses call, doctors want to know three things:

- What is the problem?
- What do you need me to do?
- By when do I need to respond?

Try the SBAR Solution

A Situation-Background-Assessment-Recommendation (SBAR) tool can help you to organize your thoughts so you can best present them to the physician. This tool helps you to summarize the patient's situation, background, assessment, and recommendation so you have all the details at hand when you contact the physician.

The SBAR consists of four areas of information you need to convey when you contact the physician. If you prepare ahead of time, you should often be able to get your message across in 60 seconds or less. The table on p. 18 breaks down the components of SBAR Communication

Gather Information before Calling

Suppose your patient has a situation that merits a call to the physician. For best results, before picking up the phone, use your critical thinking, clinical judgment, and in-depth data gathering to determine what he needs to know, Narayan said.

This includes four steps.

Step 1: Assess the patient. Focus on the diagnosis and signs and symptoms with a "focused comprehensive assessment" of the systems involved. This includes determining which systems are involved, what assessment techniques you will use, and what data the doctor will want to know.

Step 2: Determine urgency. How quickly do you need to communicate with the physician? What is the severity/urgency? What is the risk for hospitalization? You can triage your communication into the following categories:

- **Routine** ☐ Can be handled during business hours.
- **Urgent** ☐ Should be dealt with in the next six to twelve hours.
- **Emergent** ☐ Must be addressed within the next one to two hours.

Step 3: Review the medical record. You should have an idea of what the patient's condition was previously, including:

- Age
- Diagnoses
- Reason for home care
- Recent assessments
- Recent change in POC
- Lab results
- Medications
- Allergies
- Pharmacy number
- Advanced directives

Step 4: Organize the data. Determine what information is primary (needs to be shared with the physician) and what is secondary. Determine what you need the physician to do. Use your critical thinking and clinical judgment to organize the data.

Once you've gathered all of the data you need, it's time to put it into an SBAR format. You'll find SBAR forms for various types of communication online. Turn to p. 19 for a Medication Discrepancy/Issue SBAR.

In general, an SBAR should include the following information.

Situation: Your name, discipline, and agency. The patient's name and problem. Make a concise statement that describes your reason for concern. Include signs and symptoms and their severity.

Background: The patient's age and relevant diagnoses. Relevant recent events such as hospital discharge, surgical procedures, or new medication started. Other relevant history such as advanced directives or "no caregiver in the home."

Assessment: Include pertinent data from the physical assessment. Use your clinical judgment and critical thinking to determine what data is primary. Omit the normal. Give your analysis of the problem including severity and urgency.

Recommendation: What do you want to happen and by when? What action is needed? What option(s) do you recommend? By when? Try these wording hints: Focus on the goal and take a team approach: "To prevent avoidable hospitalization, do you think we should try ... ?" "Would you recommend ...?" "Should we consider ... ?" "I think ... might work."