

OASIS Alert

QUALITY IMPROVEMENT: Decrease Acute Hospitalizations Using A Tested Process

Take control with SBAR.

You can't change a physician's communication style, but you can influence it by how well -- or poorly -- you communicate.

Efforts to improve the rate of unplanned hospitalizations among home health patients continue, with very little to show for it yet. But all Quality Improvement Organizations are focusing on this outcome as their top priority this year, said **Marian Essey**, project director with **Quality Insights of Pennsylvania** in Pittsburgh. "Choose what you can do, believe in it and buy into it," she told attendees at the October **National Association for Home Care & Hospice's** 25th Annual Meeting in Baltimore.

Join the Best Performing Agencies

Among the top 10 approaches used by the most successful agencies to minimize unplanned hospitalizations is improving physician communication, Essey said. Agencies should ask themselves the following questions, she suggested:

- How can you be viewed as an asset to physicians?
- Is your communication process consistent?
- How can you help physicians improve themselves and their offices?
- Are you adding chaos or decreasing it?

Control the Call With a Consistent Tool

Many agencies have found the SBAR approach helpful, Essey said. This communication tool divides the information the agency provides into four sections and the form helps the clinician or supervisor have all necessary information ready, Essey explained (see the form in this issue).

S (situation) gives basic information about the current problem.

B (background) reviews the diagnoses, admission date, complaint, medications, allergies, lab results, treatments and most recent vital signs that will help the physician put the problem in perspective.

A (assessment) gives your conclusions about the situation. You don't need to give a diagnosis but can use words such as "might be" or "could be." This part of the call should also inform the physician of any significant changes that are relevant, such as weight or blood sugar.

R (recommendation) includes what you think would be helpful or what needs to be done. This could include treatment changes, consults, medications or a doctor's visit.

Strategy: If the physician resists your efforts, "just CUS," Essey said: **C** (I'm concerned), **U** (I'm uncomfortable with the patient's condition) and **S** (The safety of the patient is at risk).

Getting started: Go to www.medqic.org and put "SBAR" in the search box. The search results will direct you to a Web training program for your staff and to the SBAR home health package that includes instructions, forms, a pocket card and scenarios you can use to get your improved communication program off to a good start.