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SBAR, Communication, and Patient Safety: An Integrated Literature Review

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Departmental Honors Thesis
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SBAR, Communication, and Patient Safety: An Integrated Literature Review

Kathryn R. Stewart

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SBAR, Communication, and Patient Safety: An Integrated Literature Review

In the 2000 landmark report *To Err is Human*, published by members of the Institute of Medicine (IOM), the authors brought attention to the epidemic of medical errors occurring in the United States' healthcare system, concluding that more often than not the root cause of these errors can be traced to faulty systemic processes (IOM, 2000). In particular, errors in communication are a prevalent source of miscalculation and misdirection in the healthcare field. Communication errors between healthcare providers can have serious repercussions, often leading to adverse patient safety events such as delays in treatment, medication errors, patient falls, transfusion incidents, hospital-acquired infections, and patient elopement [The Joint Commission (TJC), 2015]. According to the Sentinel Event Data Report published by TJC (2015), communication errors have been among the top three leading root causes of reported sentinel events every year since 2004. Sentinel events are defined by TJC as incidents involving unexpected patient death or injury not related to the natural course of the patient's disease process (TJC, 2013). While most sentinel events can be attributed to more than one root cause, failures in communication between healthcare providers are cited as primary contributing factors in at least two-thirds of all reported adverse patient safety events (TJC, 2015). In the healthcare field, times of patient handoff are a prevalent source of informational gaps, due to the frequency at which these reports take place and the high stakes nature of the information being exchanged (Staggers & Blaz, 2013).

Background

Handoffs have been formally defined as "the real-time process of passing patient-specific information from one caregiver to another, or from one team of caregivers to

another for the purpose of ensuring the continuity and safety of a patient's care" (TJC, 2008, p. 65). Handoff of information can occur between various members of the patient care team including nurses and physicians, the nurses of inter-unit or inter-facility transfers, and nurses of the same unit at shift-change. Despite being intended to provide the information necessary for the delivery of safe patient care, patient handoffs are particularly prone to communication errors, due to the frequent presence of communication barriers. Common barriers to effective handoff communication in the healthcare field include the hierarchical nature of the field, organizational culture, differences in the practiced communication style of healthcare professions, the lack of a standardized process, and an increasingly complex care environment (Daniel & Wilfong, 2014; TJC, 2005; TJC, 2012). In addition to these barriers, the varying parties involved and the large amount of complex information included in handoff reports frequently result in informational gaps and omissions in the handoff report, ultimately ending in sentinel events and patient harm (Staggers & Blaz, 2013).

In an effort to reduce communication errors taking place at times of handoff, members of the clinical staff at a Kaiser Permanente organization in Colorado adapted the Situation, Background, Assessment, and Recommendation (SBAR) communication template for use in the healthcare field [Institute for Healthcare Improvement (IHI), 2016]. SBAR was initially created by the U.S. Navy to serve as a method for conveying critical information in an effective, timely, and succinct manner (Curry-Narayan, 2013). Employed primarily in high-risk situations of the nuclear submarine industry of the U.S. Navy, use of the SBAR communication tool enabled all users, regardless of the level of command, to communicate via a common structure (Curry-Narayan, 2013). The clinical

staff of Kaiser Permanente adapted this Navy communication tool, producing an SBAR template designed for use by nurses when contacting a physician with questions regarding a patient's care (Curry-Narayan, 2013). Following the initial use between nurses and physicians, the SBAR template has since been used to guide handoffs between varying parties, including participants in the nurse-to-nurse shift change report and interdisciplinary patient reviews.

Under the "S" or situation section, the speaker gives his or her own name and role, the name and room number of the patient, and the reason for the communication. The "B" or background section contains any relevant past medical history of the patient, any treatment measures that have taken place to address the current issue, the admitting diagnosis, and any past significant assessment data related to the patient. The "A" or assessment portion includes a description of what is currently happening, recent changes in the patient's status, and any new assessment data. Finally, in the "R" or recommendation section, the speaker lists his or her questions and any specific requests for tests, consultations, changes in treatments, or transfers (IHI, 2016). In addition to this basic template, SBAR forms utilized for specific scenarios have also been created. For example, an SBAR template used to format a call to a physician is designed to communicate information regarding a specific problem or question. As such, the assessment portion generally includes only the focused assessment of the problem or body system in question. In contrast, an SBAR form used to guide the nurse-to-nurse shift report is designed to give the on-coming nurse a complete clinical picture of the patient's health status. Consequently, the assessment in this SBAR exchange includes all the findings of the most recent comprehensive body system assessment. Refer to Figures

1 and 2 for examples of SBAR report forms. Use of the SBAR template provides a consistent, easy-to-remember framework for communicating patient care information effectively and efficiently (IHI, 2016). Introduction of the SBAR tool has brought regularity and predictability to handoff communications and has since been endorsed by members of the Joint Commission (TJC, 2012).

Methods

A plethora of research pertaining to the SBAR communication tool has been conducted. After an initial assessment of the research, use of the SBAR tool was shown to be a viable intervention for improving communication between healthcare providers. However, understanding of the underlying mechanism and rationale behind the success of SBAR in the healthcare setting is difficult to achieve, due to the different methodologies and variety of outcome measures utilized in the study of the SBAR communication tool. Therefore, the purpose of this integrated literature review is to analyze the literature surrounding the SBAR framework in order to gain understanding of the underlying mechanisms behind the success of SBAR. An integrated literature review approach allows for the inclusion of multiple variables and diverse methodologies in the review, making it the most suitable method available for analyzing the literature surrounding the topic of SBAR pertaining to communication and patient safety (Whittemore & Knafl, 2005). The question guiding the literature review is: How does the use of SBAR during patient handoff as compared to current practice affect communication between healthcare providers and patient safety?

The combined search terms of “SBAR”, “Communication”, and “Patient Safety” were entered into PubMed, the Cumulative Index of Nursing and Allied Health Literature

Complete (CINAHL Complete), and Cochrane Library databases to find peer-reviewed, English language articles published between 2005 and 2015 that evaluated SBAR and the subsequent effect on communication between health care providers and patient safety. Despite the filters used in the initial search criteria, one article written in Italian and one non-peer reviewed article presented in the search results and were subsequently excluded from the review. Additional reasons for exclusion from the literature review were overlapping articles between databases, studies still in progress with no available results, articles describing only the implementation process of SBAR, and editorial articles. After application of the exclusion criteria, a total of 26 articles regarding SBAR, communication, and patient safety were retained for this review. The included publications were analyzed for the findings regarding SBAR, communication, and patient safety.

Results

The results of the empirical studies were recorded onto a table in order to identify recurring themes regarding SBAR and the effect on communication and patient safety (see Table 1). Four primary themes pertaining to SBAR, communication, and patient safety were extracted from the results of the 26 included articles.

I. Utilization of SBAR creates a common language for communication of key patient care information.

Utilization of the SBAR tool establishes a common zone for communication regarding patient care. Specifically, when used to guide information exchange between nurses and physicians, the communication gap that exists between the two professions is bridged through the combination of the communication styles of nurses and physicians

that exists in the SBAR tool (Haig, Sutton, & Whittington, 2006). In addition, use of the SBAR communication tool temporarily flattens the hierarchy perceived in most healthcare settings, resulting in more effective channels of communication between healthcare providers (De Meester, Verspuy, Monsieurs, & Van Bogaert, 2011).

Historically, nurses and physicians are taught to communicate using styles suited to the needs and thought processes of the respective professions. As the bedside caregiver involved in the play-by-play action of caring for the patient, the nurse perceives the subtle changes in condition and unique responses of each individual patient. Consequently, nurses tend to communicate using a subjective, narrative style that reflects the continuous flow of information received in the constant caregiving of the nursing profession (Haig et al., 2006). In contrast, physicians are accustomed to communicating via an objective, headline approach that echoes the action-oriented method of traditional medical education in which expertise of the diagnosis and treatment of the disease process demands quick action that is based on the objectivity of current evidence (Haig et al., 2006). The clash of the two styles often results in miscommunication or omission of key patient-care information that can ultimately jeopardize the safety of the patient in question. In the SBAR framework, the communication styles of nurses and physicians are combined, establishing a method for handoff reports that promotes effective informational exchange between the two professions. The authors of a quasi-experimental study concluded that because of the unique combination of the two communication styles found in SBAR, use of the tool between nurses and physicians creates a shared mental model between the two professions, leading to enhanced communication and improvements in patient safety (Haig et al., 2006). Moreover, the

authors of the study found that the “recommendation” portion of the SBAR tool improved the situational awareness of physicians by allowing them to view the patient through the eyes of the bedside caregiver, further enhancing communication between providers and patient safety (Haig et al., 2006, p. 175). The findings were reiterated by the authors of another quasi-experimental study in which use of the SBAR tool to guide information exchange resulted in the emphasis of situational information over ancillary background facts and improvement of overall handoff communication (McCrory, Aboumatar, Custer, Yang, & Hunt, 2012). The integration of the communication styles of each profession that occurs in the SBAR tool results in a more holistic process for communication, adding standardization to nurses’ individualized assessment report and increasing the situational awareness of physicians, therefore improving communication between the two professions, and consequently leading to improvements in patient safety (Haig et al., 2006; McCrory et al., 2012).

Utilization of the SBAR communication tool also serves to temporarily eliminate the perceived hierarchies of the healthcare system through the provision of a communication structure used by all healthcare professions and positions (De Meester et al., 2013; Donahue, Miller, Smith, Dykes, & Fitzpatrick, 2011; Haig et al., 2006). When used consistently throughout an organization, utilization of the SBAR tool prevents the framework of handoff exchanges from being one in which the speaker feels pressured to edit the content of his or her report due to the perceived hierarchical status of the receiver. In the U.S. Navy, use of the SBAR tool was implemented in high-stakes situations to temporarily place all users on the same level of command in order to facilitate open lines of communication and ensure effective transfer of critical

information (Curry-Narayan, 2013). In the same way, SBAR use in the healthcare field provisionally eliminates any real or perceived superiority of hierarchical status, thus preserving effective communication between the various levels of patient care providers (De Meester et al., 2013; Donahue et al., 2011; Haig et al., 2006; Vardaman et al., 2012). Use of the SBAR communication tool in a quasi-experimental study resulted in nurses being more willing to contact the attending physician earlier regarding a change in patient status because use of the SBAR tool eliminated the nurses' fear of "looking stupid" when speaking to a higher member of the perceived hierarchy (De Meester et al., 2013, p. 1195). The increased willingness of nurses to call physicians sooner regarding a patient's changing status, brought about by use of the SBAR tool, subsequently led to an increase in patient transfers to intensive care units with a corresponding decrease in the number of unexpected patient deaths (De Meester et al., 2013). Flattening the hierarchical communication barrier that exists in the healthcare field maintains the integrity of the information exchanged by allowing patient-care briefings to take place openly and remain unrestricted, regardless of the superior status or position of the receiving individual. Improving the flow of information between healthcare providers in this manner helps to ensure that every patient-care decision made is based upon the available information, which subsequently enhances patient safety.

II. Utilization of SBAR increases the confidence of the speaker and the receiver of the handoff report.

Use of the SBAR communication tool provides a simple framework for conducting effective handoff reports through standardization of communication. Standardizing the format of the report eliminates the question of how to conduct a

handoff report by giving the speaker of the report a set method for the communication; thereby, improving the speaker's confidence in his or her ability to give an effective report (Christie & Robinson, 2009). In two quasi-experimental design studies in which the consistency of handoff reports between nurses using SBAR was measured, the authors of each study concluded that handoffs formatted according to the SBAR template are more consistent because of the standardization of handoff reports brought about through use of the SBAR technique (Cornell, Townsend-Gervis, Yates, & Vardaman, 2014; Wentworth et al., 2012). Similarly, the authors of multiple studies reviewing the effect of the SBAR tool on the handoff abilities of nursing students in simulated scenarios suggested that use of the SBAR tool enabled the student to organize his or her thoughts quickly, increasing the student's confidence to conduct an effective handoff report (Ascano-Martin, 2008; Thomas, Betram, & Johnson, 2009). Because the order of the report is uniform regardless of the profession, experience, or position of the users, utilization of the SBAR template enables the speaker and the receiver to focus on the information being exchanged as the expectations for the report are clearly defined and consistent between both parties (Christie & Robinson, 2009).

Consistent use of SBAR also aids in the identification and correction of omitted information, subsequently improving the confidence of the receiver in the information contained in the handoff report (Blom, Petersson, Hagell, & Westergren, 2015). In the same way that assessing the body systems in a consistent order for every patient helps protect against an accidental assessment oversight, so following a standardized format for every handoff communication can help protect against the accidental omission of critical information. Furthermore, use of the SBAR tool grants the handoff a checklist of sorts,

creating a commonly-held expectation for how the report will proceed and increasing the receiver's confidence in the information being communicated. In a quasi-experimental study, use of the SBAR framework between nurses and physicians decreased the receiver's impression of needing to consult the medical record to verify information communicated in the handoff report because the receiver felt more confident in the information communicated under the SBAR framework (Randmaa, Martensson, Swenne, & Engstrom, 2013). Knowing when to expect which type of information allows the receiver of the report to withhold questions regarding information that has not yet been communicated, anticipating that the information will be covered in the remaining duration of the handoff report. Should patient-care information be mistakenly skipped over by the speaker, the information is easily identified as missing, pointed out, and then requested by the receiver of the report.

III. Utilization of SBAR improves the efficiency, efficacy, and accuracy of the handoff report.

Use of the SBAR communication template gives the handoff report a standardized format that becomes engrained in the habits of the users, decreasing the time required for report and increasing the efficacy of the report (Christie & Robinson, 2009; Cornell et al., 2014; Harris, 2008; Marshall, Harrison, & Flannagan, 2009; Wentworth et al., 2012). Performing a task the same way every time naturally facilitates improved proficiency for the user. In a quasi-experimental study, implementation of the SBAR template for use during the nurse-to-nurse shift handoff resulted in handover times decreasing from approximately 45 minutes pre-SBAR to 7 minutes post-SBAR (Christie & Robinson, 2009). Authors of another quasi-experimental study also concluded that consistent use of

SBAR during inter-disciplinary rounding and the nurse shift handoff report resulted in more focused patient reviews and shift reports, with increases in the volume of information exchanged, reductions in time spent on non-pertinent information, and decreases in the overall time spent giving and receiving report (Cornell et al., 2014). While decreasing the time the handoff report takes is certainly not the primary goal, increasing the efficiency of the report and reducing the amount of time spent on extraneous and unnecessary patient information allows healthcare professionals to dedicate more time to activities that pertain to patient care. Furthermore, by decreasing the amount of time dedicated to handoff reports, use of the SBAR communication tool results in financial savings for hospitals through the reduction of overtime hours spent in lengthy handoff reports (Freitag & Carroll, 2011; Novak & Fairchild, 2012).

In addition to shortening and focusing handoff reports, consistent use of the SBAR technique also improves the accuracy and efficacy of information exchanged during report (Blom et al., 2015; Randmaa et al., 2013). The simplicity and consistency of the SBAR communication tool facilitates the ability of those conducting the report to differentiate the information needed for safe patient care and then convey the information correctly (Randmaa et al., 2013). Implementation of the SBAR tool to guide inter-unit transfers between intensive care units, step-down units, and medical-surgical floors at a Magnet hospital was reported by nurses to improve satisfaction with the transfer process and resulted in a decreased need for follow-up phone calls to clarify information given in the handoff report (Harris, 2008). In a survey study, use of the SBAR tool was reported by nurses to improve the clarity of the content in the handoff report (Lepman & Hewett, 2008). Similar results were reiterated by the authors of a randomized control trial in

which use of the SBAR tool for handoff improved the clarity and increased the volume of information exchanged, creating a more effective handoff report through the provision of clear, concise, and applicable information (Marshall et al., 2009). Improving the clarity of information exchanged in handoff report translates into reduction in the number of incidents related to miscommunication. In a quasi-experimental study, use of the SBAR tool during handoffs decreased the proportion of incident reports related to misunderstanding, misinterpretation, or omission of information from 31% to 11%, demonstrating that use of the SBAR tool decreases communication errors (Randmaa et al., 2013). By providing a standardized expectation for the structure of the handoff report, use of the SBAR tool creates a process in which the speaker is guided in giving a focused, relevant, and factually correct report. Having to consistently format the report according to the SBAR template forces the speaker to consciously and purposefully organize the information, resulting in a more meaningful and more accurate report.

Together, the gains in efficiency, efficacy, and accuracy of handoff reports, brought about by use of the SBAR tool, culminate into quantifiable improvements in patient safety. In a quasi-experimental study, SBAR implementation during the nurse-to-nurse handoff indirectly contributed to improvements in nurse-sensitive patient safety outcomes (Freitag & Carroll, 2011). Specifically, there was a 5% decrease in the rate of patient falls, a 31% decrease in the rate of restraint use, and a 34% decrease in the rate of catheter associated urinary tract infections (CAUTIs) following implementation of the SBAR communication tool (Freitag & Carroll, 2011). SBAR use between nurses and physicians in another quasi-experimental study resulted in improvements in medication reconciliation and reductions in adverse events stemming from miscommunication

(Ardoin & Broussard, 2011).

IV. Utilization of SBAR improves the perception of effective communication

between healthcare staff and promotes a culture of patient safety in healthcare organizations.

The SBAR framework is considered by nurses and physicians to be an effective method for organizing the handoff report. Authors of a quasi-experimental study utilizing pre/post SBAR questionnaires to evaluate healthcare provider's perceptions regarding communication concluded that introduction of the SBAR tool resulted in a functional process for handoff reports that improved perceptions of communication in nurse-to-nurse and nurse-to-physician scenarios (Blom et al., 2015). Use of SBAR in this study was also linked to an increase in the proportion of survey participants agreeing that the present structure used for handoff communication was efficient, and agreement with this questionnaire item increased from 45% pre-SBAR to 70% post-SBAR (Blom et al., 2015). In multiple other quasi-experimental studies, through the post SBAR survey results, the authors demonstrated the common perception among healthcare staff that use of the SBAR tool during handoff increases the level of communication and collaboration within the patient care team (Beckett & Kipnis, 2009; De Meester et al., 2013; Martin & Ciurzynski, 2015).

The perception among healthcare staff that use of the SBAR communication tool improves communication is not unexpected, given the actual effect that use of the SBAR technique has been shown to have on quantifiable patient safety outcomes such as rate of CAUTIs, patient falls, use of restraints, and medication errors (Ardoin & Broussard, 2011; Freitag & Carroll, 2011). While not unexpected, the perception is significant

because gaining the confidence of healthcare providers produces a progressive cycle in which the number of providers willing to use SBAR increases when providers perceive the tool as effective and worthwhile. The cycle synergistically furthers the positive effect of SBAR on communication and patient safety by increasing the number of providers using the tool, leading to better results in the realm of patient safety. With more consistent and widespread use of the SBAR template, the more the use of the tool is able to contribute to improved communication and patient safety by becoming engrained in the habits of the users, endowing the handoff report process with dependability and reliability through standardization of format and expectations (Christie & Robinson, 2009; Cornell et al., 2014).

Corresponding to the perceived improvements in communication between healthcare providers, utilization of the SBAR technique also advances the safety culture of healthcare organizations. As previously noted, under the SBAR template, patient information is framed in a consistent order that enables both the speaker and the receiver to focus on the information being exchanged, subsequently improving the perception of communication and the focus on patient safety (Christie & Robinson, 2009; Donahue et al., 2011; Fay-Hillier, Regan, & Gordon, 2012). Safety culture is defined as the “values, attitudes, perceptions, competencies, and patterns of behavior that determine commitment to, and the style and proficiency of, an organization’s health and safety management” [Agency for Healthcare Research and Quality(AHRQ), 2014, Safety Culture Definition, para. 1]. Furthermore, a culture of patient safety involves a healthcare environment in which there is mutual trust, shared perceptions regarding the importance of patient safety, and confidence in the efficacy of existing safety measures (AHRQ, 2014). Utilization of

the SBAR tool promotes a higher culture of safety by creating shared expectations for reporting among all users, increasing confidence in the efficacy of handoff reports, and establishing a common trust between healthcare providers. In a quasi-experimental study utilizing the Hospital Survey of Patient Safety Culture, published by members of AHRQ, use of the SBAR framework had a positive effect on interdisciplinary team communication, resulting in improvements in the safety culture of the team (Velji et al., 2009). In another pre/post SBAR implementation survey study using the same AHRQ survey, use of the SBAR communication tool improved the safety culture of the implementing hospital, increasing the percentage of staff who considered patient safety to be a top priority (Donahue et al., 2011).

Discussion

The benefits of the SBAR communication framework can be divided into two categories, the benefits that result from the standardization of the handoff report process, and the benefits that are brought about by characteristics specific to the SBAR tool. The impact of SBAR on the hierarchical barriers, confidence of the users, length of report time, and accuracy of exchanged information stem chiefly from the provision of a standardized process for handoff reporting and could therefore be achieved using a standardized procedure other than SBAR. However, in addition to the benefits secondary to standardization, use of the SBAR template also produces several primary advantages that are derived directly from characteristics unique to SBAR. Specifically, utilization of the SBAR technique establishes a process for handoff reporting that functions across disciplines, improves the perception of communication by health providers, and advances the culture of safety.

While the SBAR tool was designed for use between nurses and physicians, a review of the literature regarding SBAR, communication, and patient safety supports use of the tool outside of nurse-physician scenarios. In addition to the enhancement of nurse-physician exchanges, use of the SBAR tool also promotes perception of effective communication and advances the safety culture of healthcare organizations, resulting in an increased willingness of healthcare providers to utilize the tool based on the confidence that use of SBAR produces real effects on patient safety. The standardization of communication with the SBAR tool regardless of the profession, level of hierarchy, or years of experience of the user also promotes effective, accurate, and clear communication, furthering the benefits produced by implementation of the SBAR tool.

Conclusion

When the IOM report *To Err is Human* was published, light was shed on the number of individuals inadvertently harmed by errors occurring in the healthcare field and the role that faulty systemic processes played in the incidence of such errors (IOM, 2000). In addition to the recognition that individuals ought not to be blamed for mistakes resulting from errors in systemic design, a call for change in the healthcare system was included in the IOM report (IOM, 2000). Rather than placing blame on the individuals making the mistakes, members in the healthcare field as a whole should work towards making systemic changes; thereby, creating a just culture in which the root cause of the error is analyzed and addressed, leading to lasting and effective change (IOM, 2000). While much progress has been made since the publication of the IOM report, errors in communication continue to be a contributing factor in adverse patient events in healthcare systems. The systemic nature of this problem of miscommunication between

healthcare providers indicates a need for a corresponding change in the system design of communication.

From the effects on the length and accuracy of handoff report, to the improvements in inter-professional communication and ability to span the gap between hierarchical levels, use of the SBAR tool has been shown to improve communication between healthcare providers, leading to quantifiable, positive gains in patient safety. Use of the SBAR tool, as demonstrated by the evidence in this review, is a simple and effective method for bringing about systemic change in healthcare communication, ultimately leading to improvements in the safety culture of the healthcare system. While miscommunication errors are not the fault of any one individual, it is unacceptable for patients to continue to be harmed by a system from which they seek aid when effective solutions like the SBAR communication template have been identified. Use of the SBAR tool, therefore, should be implemented on a systematic and pervasive basis in order to begin the process of healing healthcare communication and creating a safer healthcare environment for people who seek care.

Figure 1 – Nurse-to-Physician SBAR Report Form

S	<p>Situation I am calling about <patient name and location>. The patient's code status is <code status> The problem I am calling about is _____ I am afraid the patient is going to arrest. I have just assessed the patient personally: Vital signs are: Blood pressure _____/_____, Pulse _____, Respiration _____ and temperature _____ I am concerned about the: Blood pressure because it is over 200 or less than 100 or 30 mmHg below usual Pulse because it is over 140 or less than 50 Respiration because it is less than 5 or over 40. Temperature because it is less than 96 or over 104.</p>
B	<p>Background The patient's mental status is: Alert and oriented to person place and time. Confused and cooperative or non-cooperative Agitated or combative Lethargic but conversant and able to swallow Stuporous and not talking clearly and possibly not able to swallow Comatose. Eyes closed. Not responding to stimulation. The skin is: Warm, pale, and dry – OR – Mottled and Diaphoretic Extremities are cold or warm The patient is not or is on oxygen. The patient has been on _____ (l/min) or (%) oxygen for _____ minutes (hours) The oximeter is reading _____ % The oximeter does not detect a good pulse and is giving erratic readings.</p>
A	<p>Assessment This is what I think the problem is: <say what you think is the problem> The problem seems to be cardiac infection neurologic respiratory I am not sure what the problem is but the patient is deteriorating. The patient seems to be unstable and may get worse, we need to do something.</p>
R	<p>Recommendation I suggest or request that you <say what you would like to see done>. transfer the patient to critical care come to see the patient at this time. Talk to the patient or family about code status. Ask the on-call family practice resident to see the patient now. Ask for a consultant to see the patient now. Are any tests needed: Do you need any tests like CXR, ABG, EKG, CBC, or BMP? Others? If a change in treatment is ordered then ask: How often do you want vital signs? How long to you expect this problem will last? If the patient does not get better when would you want us to call again?</p>

***This SBAR tool was developed by Kaiser Permanente. Please feel free to use and reproduce these materials in the spirit of patient safety, and please retain this footer in the spirit of appropriate recognition.*

	PATIENT LABEL or Name/ DOB		Correct Arm band <input type="checkbox"/> Yes <input type="checkbox"/> No Code Status: <input type="checkbox"/> Full <input type="checkbox"/> DNR <input type="checkbox"/> Limited						
			Admit Status <input type="checkbox"/> Observation <input type="checkbox"/> Inpatient <input type="checkbox"/> POD #						
	Admitting DX:			Procedure/ Sx:					
	Hx:								
	Allergies:								
Background	Unit Specific								
Assessment	POC up to date <input type="checkbox"/> Yes <input type="checkbox"/> No White Board up to date <input type="checkbox"/> Yes <input type="checkbox"/> No Goal for today: 1. _____ 2. _____ Fall Risk <input type="checkbox"/> Yes <input type="checkbox"/> No Bed Alarm Arm bands Non Skid socks				IV Site: Date: _____		See back of sheet for Wound(s) location		
					IV Pump # Verify CCA Epi / PCA # Verify Settings Sequential Hose <input type="checkbox"/> Yes <input type="checkbox"/> No		PUP for PUP <div style="background-color: green; width: 20px; height: 10px; display: inline-block;"></div> Green <div style="background-color: yellow; width: 20px; height: 10px; display: inline-block;"></div> Yellow <div style="background-color: red; width: 20px; height: 10px; display: inline-block;"></div> Red Turn Q 2 ☺ <input type="checkbox"/> Y <input type="checkbox"/> N Mepilex <input type="checkbox"/> Y <input type="checkbox"/> N		
Diet Order: Diabetic <input type="checkbox"/> Yes <input type="checkbox"/> No Med. Pass <input type="checkbox"/> Yes <input type="checkbox"/> No			BG/ Time		BG/ Time		BG/Time		
Background	Pain scale : Last pain med: @		Controlled Uncontrolled				Specialty Gtt:		
	PCA / Epidural				♥ Rate and Rhythm:				
	M ed	Basal	Dose	Lockout	Limit				
	Alternate Pain control:								
Assessment	Labs: Abnormal or pending		Last BM:		Vitals BP: _____ RR: _____ Temp: _____ O2Sat: _____ RA/NC Mask HR: _____ Other: _____				
			Incontinent: Bowel Bladder Foley Date _____ <input type="checkbox"/> Yes <input type="checkbox"/> No						
Recommendation for Referrals					DC Plan/CM needs:				

***SBAR tool was developed by clinical staff of CHI Memorial Hospital, August 2015*

Table 1 – Article Matrix

Author/ Date	Title	Purpose	Methods	Results	Database/ LOE	Setting
Donahue, M., Miller, M., Smith, L., Dykes, P., & Fitzpatrick, J. 2011	A leadership initiative to improve communication and enhance safety	To use the EMPOWER (Educating and Mentoring Paraprofessionals On Ways to Enhance Reporting) project to promote a culture of safety by training healthcare professionals on the use of SBAR for patient report.	Pre/post-SBAR measurements of the perception of hospital safety culture among paraprofessionals (PPS) and of the existing communication patterns using the AHRQ survey of safety culture.	Pre-survey, 33% of PPS reported feeling that the person as opposed to the safety issue was written up during safety reports, decreasing to 21.7% in the post-survey. In the pre-survey, 78% felt that patient safety was a top priority, vs. 86% in the post-survey. In the pre-survey, 18.6% PPS reported communication changes in patient status to doctors, vs. 30% in the post-survey. SBAR and the EMPOWER project improved the safety culture of the hospital.	CINAHL Complete Level III	Donahue Hospital in Connecticut
McCrory, M., Aboumatar, H., Custer, J., Yang, C., & Hunt, E.	ABC-SBAR training improves simulated critical patient hand-off by pediatric	To assess if an ABC-SBAR (Airway, Breathing, Circulation, Situation, Background, Assessment,	Pre/post-SBAR scoring of handoff reports given by 26 interns who were reviewing a scenario involving a decompensating pediatric patient.	The mean score of the handoffs increased from 3.1/10 to 7.8/10 in the post-intervention scenarios ($p<0.001$). Current situational information was prioritized above background information in the post-intervention scenarios (4% in pre vs. 81% in post,	CINAHL Complete Level III	Simulated Critical Pediatric Scenarios at Johns-Hopkins University

2012	interns	Recommendation) mnemonic improves handoff reports.	Two blinded reviewers assessed the 52 recordings for information inclusion, information order, and elapsed time of the handoff.	p<0.001). Duration of the handoff increased from 29 sec to 36 sec in the post-intervention scenario. ABC-SBAR training and use is related to more consistent inclusion of important situational patient-care information.		
Novak, K. & Fairchild, R. 2012	Bedside reporting and SBAR: Improving patient communication and satisfaction	To determine if report at the bedside using the SBAR framework provides for enhanced patient and family outcomes when compared to handoffs in a different setting using a different tool.	Literature review of relevant articles.	Bedside report using SBAR results in: financial savings secondary to decreased adverse events and decreased overtime hours, a more concise report, increases in patient and family satisfaction, a decrease in adverse events due to improved communication.	CINAHL Complete Level V	Not Applicable
Vardaman, J., Cornell, P., Fondo, M., Amis, J., Townsend	Beyond communication: The role of standardized protocols in	To explore the uses of SBAR and assess the potential impact of SBAR on the daily experience of	Qualitative case studies of two hospitals implementing SBAR, documents pertaining to the	SBAR has 4 additional uses beyond its use as a communication tool. 1. Schema formation (mental models that impact response to situations, mental habits), 2. Development	PubMed Level IV	Medical-surgical units in 2 hospitals (one 339 bed acute

-Gervis, M., & Thetford, C. 2012	a changing health care environment	nurses	implementation of SBAR, and 80 semi-structured interviews with nurses, nurse managers, and physicians were reviewed to determine to the uses of SBAR.	of legitimacy (especially helpful for new nurses calling physicians). 3. Development of social capital (trust that develops from an individual's network of relationships), and 4. Reinforcement of dominant logics (templates that guide cognition). SBAR may be valuable to professionals outside of nursing (administrators, orderlies, other healthcare professionals, etc.).		care hospital and one 140 bed women's hospital)
Beckett, C. & Kipnis, G. 2009	Collaborative communication: Integrating SBAR to improve quality/patient safety outcomes	To evaluate the effectiveness of SBAR at improving communication and patient safety outcomes.	An SBAR intervention was implemented in a pediatric/perinatal department. Pre/post questionnaires were used for quantitative analysis while qualitative analysis involved staff observations and interviews.	SBAR was reported by staff as improving communication and collaboration. Physicians reported liking being "SBAR-ed" and that phone and in-person reports had greatly improved. SBAR improved patient safety outcomes secondary to improved communication.	CINAHL Complete Level III	271 bed hospital in Arizona, five units within the pediatric/perinatal department (OB, L&D, NICU, Pediatric floor, and PICU).

Fay-Hillier, T.M., Regan, R.V., & Gordon, M.G. 2012	Communication and patient safety in simulation for mental health nursing education	To examine the effects of the SBAR communication tool in a simulated mental health setting at improving communication among mental health nursing students.	Students were educated on SBAR use and provided with a peer evaluation forms, SBAR communication forms, and the simulation interview guidelines. The nine students were assigned to observe a patient and then give report using SBAR, while being evaluated by another student.	All of the participating students reported SBAR as having assisted them in focusing on patient safety. Simulation experiences and team communication using SBAR can promote patient-centered care and interdisciplinary communication.	CINAHL Complete Level IV	Simulated patient interviews
Velji, K., Baker, R., Andreoli, A., Boaro, N., Tardif, G., Airmone, E., and Sinclair, L.	Effectiveness of an adapted SBAR communication tool for the rehabilitation setting	To evaluate the effectiveness of SBAR at improving communication in urgent and non-urgent rehabilitation situations.	Pre/post-SBAR measurements of staff perception of team communication and patient safety culture using an AHRQ survey, patient satisfaction using a questionnaire, and	Staff found SBAR helpful in individual and team communication, noting that it improved the safety culture of the team. A positive though statistically insignificant effect on patient satisfaction occurred. Improvement in safety reporting of incidents and near misses occurred across the organization. SBAR improves the perception	PubMed Level III	Rehabilitation and continuing care complex in the United States

2009			patient safety reporting using reported safety outcomes data.	of communication and safety among healthcare professionals.		
Joffe, E., Turley, J.P., Hwang, K.O., Johnson, T.R., Johnson, C.W., & Bernstam, E.V. 2013	Evaluation of a problem-specific SBAR tool to improve after-hours nurse-physician phone communication : a randomized trial	To assess effectiveness of SBAR at improving communication of key information in after-hours telephone communication between nurses and physicians.	Randomized control trial using simulated on-call setting: 20 nurses called physicians regarding six adapted cases. Three cases were handled without SBAR (control), three with SBAR. Communication regarding specific situation cues and background cues were evaluated.	A total of 92 phone calls were reviewed. Most nurses in both groups reported situation cues (SBAR 88%, control 84%, $p=0.6$), but not background cues. Fewer background cues were provided in SBAR cases (14% SBAR, 31% control, $p=.08$). Simply providing SBAR based forms did not ensure communication of key information in after-hours phone calls.	Cochrane Library Level II	Simulated after-hours telephone communication to on-call physicians ,
Freitag, M. & Carroll, S. 2011	Handoff communication: Using failure modes and effects analysis to	To improve nursing handoff communication between shifts and units using SBAR and a failure modes and effects	Pre/post-SBAR data measurements of patient satisfaction scores, teamwork, attention to patient-specific needs, overtime	SBAR use improved patient satisfaction and nurse-sensitive clinical outcomes. Post-implementation, falls decreased by 5%, restraint rate decreased by 31%, and rate of CAUTIs decreased by 34%. Overtime	PubMed Level III	In-patient telemetry unit

	improve the transition in care process	analysis.	salary costs, nurse-sensitive measures of quality of care, and nurse perception of the handoff process.	costs were not able to be reliably measured due the presence of uncontrolled variables.		
Cornell, P., Townsend-Gervis, M., Yates, L., & Vardaman, J. 2014	Impact of SBAR on nurse shift reports and staff rounding	To measure SBAR's effect on report times, report consistency, quality of information, use of paper and paper handling, transcription times, and patient review time when used during shift reports and interdisciplinary rounds.	Pre/post observations of shift reports and interdisciplinary rounds following initial introduction of paper SBAR form and then an electronic SBAR form.	Regarding shift reports: post-SBAR, time to complete the shift report decreased with both paper and electronic SBAR. A higher volume of information was also exchanged with use of SBAR. Regarding interdisciplinary rounds: post-SBAR implementation, patient reviews were more consistent and significantly shorter.	CINAHL Complete Level III	48 bed medical-surgical unit in the mid-South.
Ardoyn, K., & Broussard, L. 2011	Implementing handoff communication	To describe implementing standardized handoff communication to reduce errors and	Measurements of nurse and physician perception of communication, medication reconciliation data,	Nurse and physician surveys indicated an improved perception of nurse clinical knowledge and communication with physicians. Improvements in medication reconciliation and	CINAHL Complete Level III	Large community hospital

		improve patient safety	and number of adverse events resulting from communication failures were taken pre and post SBAR implementation.	medicals errors from miscommunication were also noted.		
Haig, K., Sutton, S., & Whittington, J. 2006	SBAR: A shared mental model for improving communication between clinicians	To promote a culture of safety by introducing SBAR as a template to guide communication regarding the clinical information.	An interdisciplinary team was formed to develop better ideas to describe the case for using SBAR to improve communication and decrease adverse events. Pre/post-SBAR measurements of medication reconciliation, rate of adverse patient events, and rate of adverse drug events.	<p>A mean of 96% SBAR use was achieved. Admission medication reconciliation improved from 72% to 88%, discharge medication reconciliation improved from 53% to 89%, and rate of adverse events reduced from a baseline 89.9 per 1000 patients to 39.96 per 1000 patients. Adverse drug events decreased from a baseline of 29.97 per 1000 patients, to 17.64 per 1000 patients.</p> <p>SBAR flattens the hierarchy between team members, combines the communication styles of nurses and physicians, and provides physicians with situational awareness through the recommendations section.</p>	CINAHL Complete Level III	St. Joseph Medical Center

Harris, R. 2008	SBAR communication: Can you hear me now?	To assess the effectiveness of SBAR use for shift-end and transfer reports in guiding the communication of key patient information.	Educators of ICUs, med-surg units, and ICU stepdown units collaborated to develop an SBAR worksheet. Pre/post-SBAR measurements included staff satisfaction and the need for follow-up phone calls subsequent to handoff between transferring units.	After 2 months, staff reported satisfaction with the worksheet and with communication during the handoff report using the SBAR template. The need for follow-up phone calls post-handoff report decreased between transfer units following SBAR implementation.	CINAHL Complete Level IV	Magnet Hospital in PA
Wentworth, L., Diggins, J., Bartel, D., Johnson, M., Hale, J., & Gaines, K. 2012	SBAR: Electronic handoff tool for non-complicated procedural patients	To improve the efficacy and accuracy of communication during patient transfers using an SBAR tool.	An electronic SBAR tool was designed to generate a patient-specific SBAR form in order to minimize manual entry, maintain efficiency of handoffs, and provide an opportunity for questions during	Staff found electronic SBAR tool useful in promoting a standardized and structured handoff report. The SBAR tool eliminated duplication of documentation and improved accuracy of data given in the handoff report.	CINAHL Complete Level III	Cardiovascular Procedural Unit and Progressive Care Unit

			the handoff. Pre/post-SBAR surveys were used to measure the efficacy of the tool and accuracy of the handoff.			
Randmaa, M., Martensson, G., Swenne, C.L., & Engstrom, M. 2013	SBAR improves communication and safety climate and decreases incident reports due to communication errors in an anesthetic clinic: A prospective intervention study	To examine the effect of SBAR on staff members' perceptions of inter-professional communication, safety attitudes, rate of incident reports related to communication errors, and psychological empowerment.	Pre-post-SBAR measurements of incident reports related to communication, and staff perception of communication via pre/post surveys were taken in an intervention and a control group at two anesthetic clinics.	In the intervention group, the proportion of incident reports due to communication errors decreased from 31% to 11% ($p<0.0001$). Staff perception of "between group communication accuracy" improved ($p=0.039$) as did perception of the safety climate of the organization ($p=0.011$).	PubMed Level III	Anesthetic clinics in two hospitals in Sweden
De Meester,	SBAR improves	To evaluate the effect of SBAR on	Nurses in 16 hospital wards were	Post-SBAR implementation, all 4 SBAR elements were notated	CINAHL Complete	573 bed tertiary

K., Verspuy, M., Monsieurs, K.G., & Van Bogaert, P. 2013	nurse-physician communication and reduces unexpected death: A pre and post intervention study	the incidence of serious adverse events including unexpected death, unplanned ICU admission, and cardiac arrest in hospital wards.	trained on SBAR use when communicating with physicians on the cases of deteriorating patients. A pre/post-SBAR study using review of patient records for SBAR items during the 48h prior to the adverse event, questionnaires measuring nurse-physician collaboration, and rate of significant adverse events (SAEs) was performed.	more frequently in patient records prior to SAEs (from 4% to 35%, $p<0.001$). The number of unplanned ICU admissions increased from 13.1/1000 to 14.8/1000, $p=0.001$), and unexpected deaths decreased from 0.99/1000 to 0.34/1000 ($p<0.001$). No difference in cardiac arrest team calls was noted. Perception of effective communication and collaboration increased. Using SBAR, nurses were more willing to call physicians. The increase in unplanned ICU admissions most likely resulted from nurses identifying patient status earlier, leading to admission to the ICU, and the decrease in unexpected death seen in the study.	Level III	referral hospital (primarily med-surg, no psych or chronic issues)
Ascano-Martin, F. 2008	Shift report and SBAR: Strategies for clinical post-conference	To assess the effect of SBAR on enhancing the confidence of nursing students and preparing nursing students to	Use of SBAR during the clinical post-conference was implemented in place of the traditional case study discussion.	Students reported enhanced confidence in their ability to communicate the status of their patient. Professors reported improved participation in the post-conference discussion. Organizational skills of the	PubMed Level IV	3 semesters of senior nursing students on medical-

		communicate effectively regarding patient status.	Post-SBAR perception of students and faculty regarding communication was reported.	students also improved, likely due to the standardization of the SBAR activity.		surgical units.
Lepman, D. & Hewett, M., 2008	Short and sweet and right to the point! SBAR communication: The key to success for effective, safe patient care	To evaluate the effect of SBAR on the organization of healthcare discussions and management of patient care.	Pre/post-SBAR measurements of nurse and physician perceptions of communication.	Nurses reported improved clarity of information to due simple structure of SBAR tool. Physician satisfaction with nurse report improved following SBAR use.	CINAHL Complete Level IV	Hoag Memorial Hospital in CA
Martin, H.A, & Ciurzynski, S.M. 2015	Situation, background, assessment, and recommendation: Guided huddles improve communication	To assess the effect of SBAR on communication between nurse practitioners and registered nurses in a pediatric emergency department.	Structured observation and pre/post implementation surveys were used to measure the presence or absence of team patient evaluation, SBAR use to guide the	86% of huddles were conducted using SBAR. Teamwork, communication, and nurse satisfaction scores improved post-SBAR implementation.	PubMed Level III	Pediatric emergency department in Rochester, NY

	ion and teamwork in the emergency department		huddle, verbalization of the treatment plan, communication, teamwork, and nurse satisfaction.			
Landua, S., & Wellman, L.G. 2014	Small changes can streamline the handoff process in a staff-driven process improvement project	To evaluate the use of SBAR in improving patient satisfaction, communication, and teamwork among staff of the Labor and Delivery, and Maternity units.	Over a period of 10 months, staff members were educated on use of SBAR in combination with other handoff practices. Post SBAR measurements of staff satisfaction with handoff report during the transfer.	Post-intervention, staff reported increased satisfaction with the handoff report between transferring units.	CINAHL Complete Level IV	Labor and delivery unit, and maternity unit in CT hospital.
Thomas, C.M., Betram, E., & Johnson, D. 2009	The SBAR communication technique: Teaching nursing students professional communication	To evaluate the effect of SBAR use in improving the clinical practice preparation and communication competency of senior nursing	Pre/post-SBAR measurements of communication, decision making, problem solving, organization, time management, and critical thinking skills of senior	Pre-SBAR, nursing students lacked appropriate knowledge of how to communicate in a sequential process and confidence when phoning communicating with physicians. Communication was scattered, with students forgetting to identify themselves and the	CINAHL Complete Level III	A group of senior nursing students

	ion skills	students.	nursing students over a time period of several semesters.	patient. Post-SBAR incorporation, communication improved, resulting in the ability to organize the information quickly and concisely, allowing physicians to make better clinical decisions. The sequential communication skills of the students improved, as did the students' confidence in their ability to give report.		
Blom, L., Petersson, P., Hagell, P., & Westergren, A.	The Situation, Background, Assessment, and Recommendation (SBAR) Model for Communication between Health Care Professionals: A Clinical Intervention Pilot Study	To evaluate the effect of SBAR use on health care professionals' experiences with handoff processes.	A pre/post-SBAR questionnaire to evaluate healthcare professionals' communication experiences.	Introduction of SBAR increased the experience of having an efficient structure for oral communication between healthcare workers from 45% pre-SBAR to 70% post-SBAR ($p=0.001$). SBAR is perceived by healthcare professionals as an effective and efficient way to structure patient reports. Written comments specifically noted SBAR as facilitating improvements in patient safety.	CINAHL Complete Level III	Hospital Surgical Wards

Raymond, M., & Harrison, M.C. 2014	The structured communication tool SBAR (situation, background, assessment, and recommendation) improves communication in neonatology	To determine the efficacy of SBAR in an acute neonatal clinical setting.	Pre/post-SBAR questionnaire regarding communication was administered to nurses and physicians.	The majority of the staff agreed that SBAR helped with communication, confidence, and quality of patient care. Qualitative evidence also suggested that SBAR use led to greater promptness in response to acutely ill patients.	PubMed Level III	Neonatal unit in Cape Town, South Africa
Marshall, S., Harrison, J., & Flanagan, B. 2009	The teaching of a structured tool improves the clarity and content of inter-professional clinical communication	To assess the effect of of ISBAR (Identification, Situation, Background, Assessment, Recommendation) use at improving the content and clarity of a telephone referral in a simulated	Seventeen teams of final-year medical students were randomized into intervention and control groups. The intervention group was trained on the use of ISBAR. Each group was presented with a clinical scenario in	Communication content was higher with the ISBAR intervention (mean score of 10.2 items increased to 17.4 items with intervention, $p < 0.001$). Clarity of information was also higher with the ISBAR group. Teaching the structured ISBAR technique improved clinical communication in senior medical students.	Cochrane Library Level II	Simulated telephone referral communication to senior colleague.

		clinical scenario.	which one of the students made a phone referral to a senior colleague. Communication for each group was then scored for content and clarity using a blinded approach.			
Christie, P & Robinson, H. 2009	Using a communication framework at handover to boost patient outcomes	To evaluate the effect of SBAR at improving patient outcomes, clinical practice, and healthcare communication.	Pre/post SBAR measurements of hospital mortality rate, rate of adverse events, rate of cardiac events, rate of MRSA bacteriaemias, and length of report.	Hospital mortality was reduced by 11%, adverse events by 65%, cardiac arrest by 8%, and MRSA bacteriaemias by 83%. Length of handover decreased from approximately 45 minutes to 7 minutes. Prior to SBAR, handover was used as a social time. SBAR shortened the time by providing clear expectations for the content of the report.	CINAHL Complete Level III	South Devon Healthcare Foundation Trust Torbay, England.
Andreoli, A., Fancott, C., Velji, K., Baker, R.,	Using SBAR to communication falls risk and managemen	To assess the effect of SBAR use on communication, fall management, and fall	Pre/post-SBAR measurements of staff perception of the patient safety culture, team effectiveness, falls	Rehabilitation teams showed improvements in 9 of the 12 dimensions of the patient safety culture survey (most improving by more than 10%). Fall severity and near-miss reporting	CINAHL Complete Level III	Rehabilitation unit in Toronto

Solway, S., Aimone, E., & Tardif, G. 2010	t in inter- professional rehabilitatio n teams	prevention.	incidence (including fall severity), and near- miss reporting.	decreased across the organization and the intervention units, while total number of falls showed an increasing trend in the intervention units. SBAR is effective in improving staff perception of patient safety.		
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