

SBAR Communication Tool

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SBAR – Communication Tool

The SBAR (Situation, Background, Assessment, and Recommendation) is a quality improvement tool. It can be used by health plans and providers as they work to improve their communication and coordination of care.¹

What is SBAR?

SBAR is an effective and efficient way to communicate important information. The SBAR offers a simple way to help standardize communication and allows organizations to have common expectations.²

- S = Situation (a concise statement of the problem)
- B = Background (pertinent and brief information related to the situation)
- A = Assessment (analysis and considerations of options — what you found/think)
- R = Recommendation (action requested/recommended — what you want)

¹ Originally developed by the United States Navy as a communication technique that could be used on nuclear submarines, Safer Healthcare helped introduce SBAR into healthcare in the late 1990's as part of its Crew Resourced Management (CRM) training. Since that time, SBAR has been adopted around the world as a simple yet effective way to standardize communication between care givers. More information can be found here:

<http://www.saferhealthcare.com/sbar/what-is-sbar/>

² This content about SBAR was adapted from Kaiser Permanente; more information is available through the following website:

<http://www.ihl.org/resources/Pages/Tools/SBARToolkit.aspx>

SBAR Example

The SBAR tool was introduced into the Disability Competent Care Learning Community (DCCLC)³ as participating health plans sought to improve the coordination and communication of information on participant needs and preferences to primary care practitioners. The page below is based on the work of one health plan to incorporate SBAR into its co-visit process (i.e., having a health plan care coordinator attend a primary care visit with a participant). The example, including the participant and provider names, does not describe an actual case but is meant to serve as a demonstration of how the SBAR tool can be used in a similar clinical setting.

In this scenario the health plan care coordinator has a discussion with a plan participant in preparation for an office visit and uses the SBAR tool to organize the information and prepare for the discussion with the provider. The SBAR tool succinctly states the challenges being experienced by the participant and ensures that the primary care provider has the necessary information to respond to the participant's needs and preferences. The SBAR is sent to the primary care office electronically and is included in the patient's medical record so that it is available to the primary care provider at the time of the visit.

Situation:

I am Laura, a health plan Care Coordinator/Social Worker for Jane. Jane, a participant, has asked me to accompany her on her next primary care visit. She has recently been having difficulty managing her condition and medications and she would like to spend time during the visit discussing these issues.

Background:

Jane has been a participant in our health plan since 2009. I have been her Care Coordinator/Social Worker since January 2013. Jane would like to discuss the following health problems: losing her balance and/or falling more than five times since July 2015, increased urination/incontinence decline since April 2014, constipation within the last month, and continued difficulty sleeping. Jane is also concerned with the number of medications she takes (17).

Assessment:

Jane believes the reason she falls or loses her balance is due to her pain intensity and would like to continue working with you and her pain management specialist to identify a more effective pain management regimen. She received the referral for physical therapy and will call to schedule the initial appointment.

Regarding the increased incontinence, she's not sure what could be causing this and has not been able to identify anything different since the flow increased.

Jane has a long history of difficulty sleeping and is currently prescribed Ambien 10mg and Seroquel 10mg, but has an appointment with the psychiatrist to discuss antidepressants. She also sees a therapist once a week.

Jane noticed her constipation started when she ran out of the stool softener and forgot to request a refill. She says that the stool softener works well.

³ The Disability-Competent Care Learning Community (DCCLC) is a national initiative funded by the CMS Medicare-Medicaid Coordination Office (MMCO) through a contract with The Lewin Group. The DCCLC was designed and delivered by the Institute for Healthcare Improvement (IHI). The DCCLC includes eight health plans that, supported by national experts in disability-competent care and in improvement science, completed the DCCAT and are taking steps to begin to close service delivery gaps based on the results of their self-assessment.

Recommendation:

Jane understands that the number of her medications may not be able to be reduced at this time but she would like to talk with you about how they might be reduced in the future. Jane and I discussed the use of a monthly pill box with dosage compartments to better manage medications. A prescription is required for the pill box. I will follow up with Jane about how to obtain and use the pill box once she receives the prescription.