
Study: SBAR Tool Improves Team Communication



A team of Canadian researchers investigating the use of a communication tool within an acute healthcare organisation reports that dialogues improved among staff and between staff, patients and their families. Communication was evaluated before and after implementation of the tool, with participants self-reporting their levels of satisfaction. Leadership was found to be important in the creation and sustenance of change for improved organisational outcomes. The longitudinal study was published in the *Journal of Hospital Administration*.

The Situation, Background, Assessment and Recommendations (SBAR) Tool

The Situation, Background, Assessment and Recommendations (SBAR) tool was originally developed and adopted in the military for the purpose of achieving clear, consistent communication between members of different organisational ranks. Used in a healthcare setting, the tool has the potential to reduce medical errors and adverse events by improving communication between medical professionals, including but not limited to doctors and registered nurses. For this reason, among others, SBAR is endorsed by the World Health Organisation (WHO) and the Joint Commission on Accreditation of Healthcare Organisations (JHACO).

Communication at Ontario's Lakeridge Health, one of the province's largest hospitals, was assessed prior to the use of SBAR and again after three months. A final evaluation a year later recorded participants' interpretations of its usefulness on a variety of measures. The study involved four phases administered over the course of one year: pre-implementation, education, post-implementation and a final evaluation. A total of 705 multidisciplinary participants comprised the study sample, with a subset submitting surveys after the completion of three of the study's individual phases (n=259 for Phase 1; n=209 for Phase 3; n=237 for Phase 4).

Longitudinal Design

Phase 1 involved biweekly planning meetings over a two-month period, attended primarily by nursing staff of various levels, along with the study coordinator and primary researcher. Phase 2 comprised educational sessions held at Lakeridge's four sites and several patient care units, targeting members from all disciplines and positions across the organisation. Three months after SBAR's implementation, a short assessment tool was circulated for a two-week period (Phase 3), generating the data that would be compared to pre-implementation surveys. Phase 4 involved a final evaluation of SBAR's effectiveness.

The surveys were adopted from resources shared by Toronto Rehabilitation Hospital and adapted for this study. Participants were allowed to complete the surveys either via Survey Monkey or using a paper-based tool. Results were considered to be positive if they showed an improvement of at least 5 percent. Negative results implied a drop of at least 5 percent, as analysed by SPSS.

SBAR Improved Communications With Patients and Families

Based on a comparison of the pre- and post-implementation surveys adopted for this study, only one survey question met the criteria for assessing a change greater than 5 points in either direction. Specifically, there was a 5.87 percent improvement in the reported good communication between respondents and Lakeridge's patients and their families. All other survey questions involving communication had more subtle increases (less than 5 percent).

Two questions had drops between the two surveys: one, which measured staff willingness to use SBAR, and another which recorded familiarity with the tool. The authors noted that these results could be due to changes in the organisation's senior management team during the course of the study, which might reflect wavering leadership support for the SBAR tool. In fact, the researchers acknowledge that changes to the team between inception and completion of the study is a limitation related to its longitudinal design. Another possibility for the decreased positive responses relates to time; culture-wide changes within any organisation can take months or years to implement.

Error Reduction and Staff Satisfaction

The authors hypothesised that, after one year, participants would recognise that a communication tool like SBAR has the potential to reduce error rates within their health organisation. In fact, at the conclusion of the study, a majority of participants confirmed this hypothesis in the evaluation survey, reporting that the SBAR tool would likely reduce the potential for errors related to communication moderately, very much or significantly (66.2 percent). 69.5 percent felt that the SBAR process was at least moderately useful in facilitating communication with their team members and patients.

Communication flow between members of the same area or discipline, and between colleagues, was perceived as improved by SBAR (53.7 percent and 52.1 percent, respectively). Importantly, 71.7 percent of respondents reported being satisfied that their messages were received and

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understood when they used the SBAR tool, according to results of the final evaluation survey.

A communication tool made available to team members across a multisite acute health organisation has the potential to facilitate dialogue within the organisation as well as with patients and their families, which after all are important members of the healthcare team. Consistent leadership, which supports use of the tool, is a valuable factor in its longterm success.

[Source: Journal of Hospital Administration](#)

Published on : Tue, 3 Jun 2014