

SBAR Training for Laboratory Associate

Definition of SBAR

SBAR is an acronym that stands for Situation, Background, Assessment, and Recommendation.

- It is a standardized way of communicating a problem across the organization.
- Associates and providers can use SBAR to share patient information in a concise and structured format.
- It improves efficiency and accuracy in the care of patients and workplace environment.

Definition of SBAR

- ***Situation***-Who you are and who, what, and where is the immediate problem
- ***Background***-A brief description of relevant history related to the current situation or condition
- ***Assessment***-Your view of the situation and your perception of the urgency of action
- ***Recommendation***-Your suggestion about the action that should be taken to solve the problem or your request for guidance on what the action should be

History of SBAR

- SBAR was originally developed by the US Navy as a communication technique that could be used on nuclear submarines.
- The airline industries began to use SBAR in the 1980s after a series of airline crashes in which investigators determined that communication was contributing factor.

SBAR Communication

- Saint Agnes Hospital has adopted this form of communication for all associates. (Please reference hospital policy SYS HOS 68 Hand-off Communication).
- SBAR can be used:
 - During change of shift
 - Notification of alert lab values to providers
 - Notification of discrepant laboratory results/information
 - Communication regarding instrument downtime
 - Communication of unacceptable specimens to providers

Why is SBAR Important

- A program that facilitates effective communication is mandated by regulatory and accrediting agencies such as The Joint Commission and CAP.
- Identify patients correctly.
- Efficient communication between associates.
- Identify patient safety risks.

Error Prevention Technique: SBAR - Non-Clinical

SBAR is a communication tool for planning and structuring information about a problem in both clinical and non-clinical situations. Each letter represents information that is important to communicate.

Definition	Expectation	Error Prevention Focus
<ul style="list-style-type: none"> • Situation • Background • Assessment • Recommendation 	<p>Clear and Complete Communications:</p> <p>"I am personally responsible for professional, accurate, clear, and timely verbal and written communication."</p>	<ul style="list-style-type: none"> • Critical thinking • Communication

S	Situation: Who you are and who, what, and where is the immediate problem.
B	Background: A brief description of relevant history related to the current situation or condition.
A	Assessment: Your view of the situation (i.e. "I think the problem is..." or "I am not sure what the problem is.") and your perception of the urgency of action ("The patient is deteriorating rapidly." or "We will not be able to continue service without more supplies.").
R	Recommendation or Request: Your suggestion about the action that should be taken to solve the problem or your Request for guidance on what action to take.

Have *all* information *available* when reporting: Chart, allergies, medication list, pharmacy number, and pertinent lab results.

Scenario:

Situation: George Smithton is a trauma patient in the critical care unit. He has fourteen family members waiting to visit.

Background: Only two visitors are allowed in the room at one time, which the family does not understand. It is already 7:30 p.m.

Assessment: George is in critical condition and is not expected to live. In the lobby area, George's family members are loudly expressing their grief and are very anxious. This is upsetting some of the other people waiting to see patients. George's family continues to ask Terry, the volunteer at the reception desk, about George's status. Terry uses SBAR when calling Logan, the nursing supervisor in George's unit.

Recommendation: Terry recommends that Logan come down to speak with the family.

Result: Logan comes down, moves George's family members to a Quiet Room near the chapel, and allows three people to visit George at a time.

S	<p>Situation</p> <p>My name is _____.</p> <p>I work in _____.</p> <p>The situation I am calling about is: _____.</p> <p>(state the problem, when it started, and how severe it is)</p> <p>I am calling about: _____.</p> <p>(name of the person whom you are calling about, if applicable)</p>
B	<p>Background</p> <p>The background of the situation is: _____.</p> <p>Relay pertinent details: _____.</p> <p>State the location of the situation: _____.</p>
A	<p>Assessment</p> <p>My assessment of the situation is: _____.</p> <p>Explain your impression of what is happening: _____.</p> <p>State any danger that may be associated with the situation: _____.</p>
R	<p>Recommend</p> <p>I recommend: _____.</p> <p>Provide your suggestion to remedy the issue: _____.</p>

Example Scenario

A patient has expired on unit S4500 at 18:00. The body has been transported to the Morgue. Autopsy has been requested. Next day, PA has informed you that there is no autopsy permit.

Use of SBAR

- Situation: Hi, this is [name] from the Pathology Department. We received decedent John Doe, but there is no accompanying autopsy permit. Can you please submit the permit for John Doe.
- Background: Patient expired last evening and was transported by Minnie Mouse and Daisy Duck RN.
- Assessment: Autopsy can not be performed without the permit and there will be a delay in service to the patient's family.
- Recommendation: You can use the Post-Mortem checklist as a tool to remind you what documents need to accompany the decedent. An ORF will be submitted to the Nursing Administration.