



Sacred Heart
UNIVERSITY

Sacred Heart University
DigitalCommons@SHU

Academic Festival

Apr 20th, 1:00 PM - 3:00 PM

SVMC Emergency Department Handoff Reinforcement Using SBAR

Casey Culkin

Follow this and additional works at: <http://digitalcommons.sacredheart.edu/acadfest>

Culkin, Casey, "SVMC Emergency Department Handoff Reinforcement Using SBAR" (2018). *Academic Festival*. 45.
<http://digitalcommons.sacredheart.edu/acadfest/2018/all/45>

This Poster is brought to you for free and open access by DigitalCommons@SHU. It has been accepted for inclusion in Academic Festival by an authorized administrator of DigitalCommons@SHU. For more information, please contact ferribyp@sacredheart.edu, lysobeyb@sacredheart.edu.

SVMC Emergency Department Handoff Reinforcement using SBAR

Casey Culkin, SN

CON Faculty Mentor: Dr. Susan Goncalves, DNP, MS, RN-BC
 Sacred Heart University ~College of Nursing~ Fairfield, CT
 Thomas More Honors Program



Sacred Heart UNIVERSITY
 COLLEGE OF NURSING

Purpose

- The purpose of this project is to educate and reinforce with nurses the importance of SBAR communication when calling report to transfer patients to floors as well as reporting a concern.
- SBAR helps facilitate the communication process and provides the in-patient units with a concise picture of the patients they are receiving in order to deliver optimal care after initial emergency intervention.

Background

- Communication is a key component for successful patient outcomes in the hospital.
- Nurses in SVMC's ED and medical floors have expressed concern over faulty communication between the units in regards to patient information.
- In order to streamline timely admissions to the floor with PATIENT SAFETY remaining the top priority, reinforcement on the use of SBAR to communicate patient transfers & concerns is required.

Implementation of Project

This project was implemented to the Emergency Department healthcare team to reinforce the organization's High Reliability efforts and continued use of SBAR format as a means of effective communication. **SBAR** is an acronym for **Situation, Background, Assessment, Recommendation**; a technique used to facilitate prompt and appropriate communication.

"Communication failures linked to 1,744 deaths [in the United States] in five years" (Bailey, 2016, p.1)

Goals

- To collaborate with nurses and healthcare professionals in the ED to uncover problems related to communication
- To gain insight into how communication affects patient health and safety
- To determine the significance of SBAR in the communication process
- To reduce/eliminate errors related to communication problems

SVMC EMERGENCY DEPARTMENT

SBAR

Situation – Background – Assessment - Recommendation

Key components for transfer SBAR

Situation - Transfer from ED. Name, date of birth, chief complaint

Background - Brief medical history; Summary of situation

Assessment - Vital signs, interpretation of problem, ABCs/ assessment of chief complaint

Recommendation - Current plan of care & any relevant actions items you think should be

"Approximately 180,000 patients die annually in the United States because of...miscommunication among health care teams" (Martin & Ciuzyznski, 2015)

SBAR has "Improved teamwork, communication, and nursing satisfaction..." (Martin & Ciuzyznski, 2015)

29.9% of hand offs were defective without SBAR but went down to 12.5% after initiation (Briones, 2016)

Some things to include:

- Cultural background/family and race
- Religious considerations
- Diet
- Behavior
- Family members
- Patient mental status
- Ventilation settings & oxygenation status
- Lines, tubes and drains
- Pain level
- Ambulation
- Fall risk
- Braden score
- Glasgow Coma Scale
- Medication list
- Social history
- ROM
- Code status
- Oxygenation
- Allergies

If you were the RN receiving this SBAR report what clarifying questions would you ask??

SBAR Communication utilized in report of patient from ED to Medical/Surgical floor

<p>Situation</p> <p>"This is Casey from the ED with report on Jane Doe, 78 year old female under Dr. Smith. She is A/Ox3 but forgetful. No allergies. No isolation. Full code."</p>	S	B	<p>Background</p> <p>"She was brought in by ambulance at 1547 with shortness of breath and pneumonia. Her past medical history includes COPD."</p>
<p>Assessment</p> <p>"Her vital signs are stable. Low grade fever of 99.8, receiving oral Motrin. No pain. She has a peripheral IV placed in the right AC with NS running continuously. Skin is intact. Palpable pulses. She is receiving 2L O2 and satting 94%. Lungs diminished bilaterally. Regular diet. Active bowel sounds. Voids with bedpan. WBC is elevated, K+ is low."</p>	A	R	<p>Recommendations</p> <p>"Continue to monitor her temperature and oxygen saturation. I recommend continuing the Motrin through the night and rechecking labs in the morning. Do you have any questions or need clarification on any information?"</p>

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

Conclusion

- In all hospital settings, communication plays an integral role to the safety and well-being of patients.
- In the Emergency Department, especially, successful and the use of SBAR as a communication tool plays a strong part in effective communication, minimizing errors and keeping the patient safe.
- Improving communication with the use of SBAR will lead to positive patient outcomes in the hospital.

Selected References available as handouts