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SVMC Emergency Department Handoff Reinforcement using SBAR

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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 & Czurzynski, 2015)

SBAR has "Improved teamwork, communication, and nursing satisfaction..." (Martin & Czurzynski, 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??

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

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

Situation "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."	S	B	Background "She was brought in by ambulance at 1547 with shortness of breath and pneumonia. Her past medical history includes COPD."
Assessment "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."	A	R	Recommendations "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?"

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