How does using the ISBAR tool provide clear communication between health care professionals and improve patient outcomes?

COMMUNICATION IS KEY!

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INTRODUCTION

There are many reasons why effective and organized communication is important postoperatively; namely to maintain patient safety and provide continuity of care. The use of ISBAR organizes and offers information in a way that can be understood interprofessionally through succinct presentation and clearly prioritized report giving.

138,000, which is approximately one in every 18 patients, admitted to a Canadian hospital in 2014 and 2015 experienced at least one adverse event (Chan, 2016). It was also found that 19.8% of the patients admitted into surgical wards experienced adverse events with 37% of the total adverse events occurring due to healthcare provider error and miscommunication (Chan, 2016).

By using ISBARR, communication can be streamlined which would decrease continuity of care complications, improve patient outcomes and decrease time spent by patients in the hospital which is more cost efficient. After reviewing literature we have found that implementing ISBAR increases patient safety which can shorten recovery time, increase patient centered care, and prevent adverse events related to communication errors or misunderstandings.

APPLICATION IN PRACTICE

As a student nurse, you would apply using the ISBAR when communicating with other health care professionals in clinical practice. Let's go through the ISBAR acronym:

I = Introduction:
You would introduce yourself by stating your name, profession, and the unit you are working on in a hospital and the patient's room number. Then you would mention the name, age, sex, and the admitting physician of the patient.

S = Situation:
For the situation, you are giving a statement of why you are calling. Briefly explain what happened to your patient that led you to call the doctor, and voice your concern about the patient.

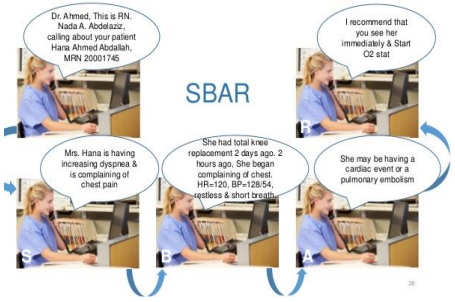
B = Background:
Background means that you should mention the patient's admitting diagnosis and why your patient is in the hospital. You are giving the patient's history of the current problem. It is very important to mention any relevant information such as the type of surgery the patient had and the patient's relevant medical history. Also, give a quick summary of the patient's treatment plan.

A = Assessment:
Next, you would explain the nursing assessments you have done on the patient, along with the patient's most recent vital signs. Use your nursing knowledge to suggest what the issue may be with the patient.

R = Recommendation:
With whoever you are speaking to, you are sharing or looking for any recommendations that you may have for the patient. This can include requesting for tests to be done, medications, or treatment that may help the patient. You would ask something like: "What would you like me to do for the patient while you are making your way to the hospital?"

R = Response:
The response is the last step of the ISBARR abbreviation. The response refers to repeating back what was said to confirm what you heard. This is a way to cancel out any possible mistakes or misunderstanding.

INTRODUCTION	• State your name, designation, ward/unit • State the patient's name, age, sex and/or Admitting Doctor
SITUATION	• "I am calling about" - state the reason for the call or referral • Explain what happened to trigger this conversation • High stakes – medical emergency – time dependent • Articulate your concern
BACKGROUND	• State age sex and reason for admission • History of current problem • State any **relevant** medical, surgical or social background • A brief synopsis of treatment to date
ASSESSMENT	• State the patient's current vital signs and observations, outline what is recorded on the chart • Explain what you think the problem is or what possibilities you are considering • State what you have done for the patient so far
RECOMMENDATION / RESPONSE	• **SO WHAT? Or WHERE TO FROM HERE** • This can include your recommendation, or you can be refer to seeking the other persons recommendation. • State what you are looking for from the other person " I need you to review the patient" (PROVIDE A TIME FRAME) or " I need a management plan for this patient" • READ BACK OR REPEAT WHAT WAS SAID TO CONFIRM WHAT YOU HEARD



RESEARCH

Stewart and Hand (2017) published a literature review on the relationship between using SBAR for communication and patient safety. The authors looked at peer reviewed empirical studies involving the SBAR tool, communication, and patient safety. They found four recurring themes: SBAR creates a common language for communication of key patient care information, increases confidence of speaker and receiver of handoff report, improves efficiency, efficacy, and accuracy of handoff report, and improves perception of effective communication and is well received among HCP (Stewart and Hand, 2017). The writers recommended for SBAR to be used in nursing practice and integrated in nursing curriculum because of its success in the clinical setting.

Cornell et al. (2014) hypothesized that using the SBAR model would result in shorter report times, greater consistency, and reduce paper handling. The authors observed shift reports, verbal, written, or electronic, on a medical-surgical unit using an electronic and handwritten protocol. The writers found that using the SBAR framework improved workflow as it reduced the amount of time spent writing and allowed for the nurses to spend more time focusing on the patient rather than managing information (Cornell et al., 2014). These findings provided the evidence to support the hypotheses put forward by the writers.

The use of SBAR as a model for communicating between nurses or other health care providers has been well supported in research. Many published studies support the use of SBAR for effective communication. These studies, recommend implementing this model systematically in the healthcare field to both improve communication and the patient's environment.

CONCLUSION

In conclusion, the studies we researched showed that the ISBARR model is considered as an excellent tool for effective communication which will improve patient care and safety if used. For this model to be considered successful, there needs to be mutual respect and the ability to work on open communication. It requires all healthcare workers to accept change in their communication styles if necessary and consistency is also considered key. If everyone is on the same page, it decreases the risk of miscommunications which could potentially lead to patient harm.

Passing off key information in report is extremely important and new nurses or new grads could potentially struggle and might feel as though they are not providing an efficient amount of detail. The SBAR model provides an outline and helps the healthcare provider gather their thoughts and enables them to include all salient information.

Overall, after looking at the research available, we were able to answer our PICOT question which was as follows: how does using the ISBAR tool provide clear communication, between health care professionals, and improve patient outcomes? The ISBAR tool provides structure and allows information to be presented in a way that can be understood interprofessionally, allowing effective communication and decreased misunderstandings.

As a result, it increases patient safety which includes a shorter recovery period, increased patient centered care, and most importantly prevention of adverse events related to communication errors.

References

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