

## SBAR Communication Transitional Care Contingency/Crisis Use

**Purpose:** To provide SBAR overview and simple worksheet for a range of Contingency/Crisis Swing Bed/Transitional Care scenarios

**Background:** SBAR is an acronym for “Situation”, “Background”, “Assessment”, and “Recommendation or Response” (O’Daniel and Rosenstein, 2008). Developed by the U.S. Navy for clear and concise communication, SBAR was first used in healthcare by Kaiser Permanente of Colorado (IHI, 2017). It is broadly recommended by organizations such as the Institute for Healthcare Improvement and the Agency for Healthcare Research and Quality (AHRQ, 2019). This document includes two-use basic SBAR worksheet staff may use to collect their thoughts as they communicate (**Appendix A**). The following are examples of SBAR use.

### **Scenario: Ad hoc huddle to determine if the hospital should accept new Swing Bed referrals**

**S:** “Census is fourteen, four acute and the rest are Swing Bed. St. Mercy just referred four Swing Bed patients. We have no COVID-19 patients in house. Two RNs and one C.N.A. are scheduled today and tomorrow, and Dr. Smith is here.”

**B:** “Two current Swing Bed patients can go home today. We haven’t had any COVID-19 patients in the ED since Monday. There are no procedures today.”

**A:** “We have open beds, and we can pull in a nurse from the clinic to help if needed. We have no referral screening concerns, and are currently stocked with what we need.”

**R:** “I think we should discharge at least two of the current Swing Bed patients today, pull in a clinic nurse, and accept the new Swing Bed patients. What do you all think?”

### **Scenario: Communicating team nursing assignments at start of shift**

**S:** “We have four acute patients and ten Swing Bed, none are Covid-19 positive. R.B. and T.F. should be discharging home today. We’re admitting four swing beds later from St. Mercy. Our team today is Hospital RN Cindy, Clinic RN Randy, Hospital C.N.A. Betty, and me (hospital RN). Dr. Smith is here today, and rehab therapy is fully staffed.”

**B:** “R.B. and T.F. have had their discharge teaching completed, and both should have rides here after lunch. We’ll need to verify that R.B.’s home O2 is ready. The four acute patients are very stable. The four new Swing Bed patients include a hip fracture due to a fall, a patient with blood sugar issues, a patient with a wound, and a patient post-appendectomy.”

**A:** “We have good experience here today in Cindy, Betty, and I, and Randy is very familiar with medications and assessments.”

**R:** “Cindy, you take the two discharging patients, two current swing patients, and the first two new Swing Bed admits. I’ll take the other two new Swing Bed patients and any acute admissions. Randy, you can do morning medications and help with assessments. Betty, you can focus on meals, call lights, and getting patients up and moving. How does that sound?”

### **Scenario: Nurse to provider communication regarding patient needs**

**S:** “Hi Dr. Smith. This is Cindy on Med Surg. I’m calling about Rich Brown. He’s here for Swing Bed/Transitional Care post hip fracture and is having increased pain with his therapy exercises. Pain is 8/10 with movement and he’s refusing to get up to a chair.”

**B:** “He’s currently got an order for Tylenol, 650 mg p.o. four times a day scheduled, but no additional p.r.n.’s. He had a dose of Tylenol two hours ago. He was on scheduled Tylenol 3’s up until yesterday, but it was discontinued because he was concerned about constipation. Last night he did have a normal stool. He is on daily Colace.”

**A:** “I’m concerned we’re not staying ahead of his pain, and he’s going to have to stay longer if he’s not fully participating in therapy.”

**R:** “I’d like to get him back on the scheduled Tylenol 3’s, and add 2 mg IV morphine before his daily therapy session just for the next three days, and then reassess the plan. We can discuss a different approach if he has constipation before then, but it’s important that we keep him participating in therapy so he can go home.”

### **Scenario: Critical Access Hospital communicating bed capacity to acute care hospital**

**S:** “Hi Toni. This is Phil, CNO at Strong Critical Access Hospital. I’m calling to give you an update on our bed availability.”

**B:** “Since I talked to you yesterday, we have discharged three patients. We reviewed the charts you sent this morning.”

**A:** “Our staffing is back up, and we should be able to take 3 patients today and 1 tomorrow.”

**R:** “We’d like to admit R.B. and T.F. today, and either A.L. or K.T. as well if you are able to send some wound care supplies to last until our shipment comes on Wednesday. We’d be happy to take R.J. tomorrow if transportation can be arranged.”

## **References**

Agency for Health Research and Quality. (2020, March 30). *About TeamSTEPPS*.

<https://www.ahrq.gov/teamsteps/about-teamsteps/index.html>

Institute for Healthcare Improvement. (2020, March 30). *SBAR toolkit*.

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

O’Daniel, M., & Rosenstein, A. H. (2008). Chapter 33: Professional communication and team collaboration. In Hughes, R. G. (Ed.), *Patient safety and quality: An evidence-based handbook for nurses, vol. 2* (pp. 271-284). Agency for Healthcare Research and Quality.

Appendix A: Two-use Basic SBAR Worksheet

**S**ituation (What is going on?):

**B**ackground: (What is the context)?:

**A**ssessment: (What you think about the scenario):

**R**ecommendation: (What you'd like to do):

**S**ituation (What is going on?):

**B**ackground: (What is the context?):

**A**ssessment: (What do you think about the scenario?):

**R**ecommendation: (What would you like to do?):