

Service Priorities and Programmes Electronic Presentations

Convention ID: 673

Submitting author: Dr Ernest Hon Ming MA

Post title: Senior Medical Officer, Prince of Wales Hospital, NTEC

SBARring ISABR for effective team communication and safe handovers

Ma EHM(1)(3), Chen PP(2), Tong CM(3), Leung P(3), Choi SW(3), Leung MH(4), Chan SP(4), Cheung BWK(4), So HY(3)

(1) Medicine & Geriatrics, Tai Po Hospital, (2) Department of Anaesthesia, North District Hospital, (3) Training and Education subcom, Q&S NTEC, (4) CND, PWH

Keywords:

team communication safe handover crew resource management quality and safety training education

Introduction

SBAR or ISBAR is a standardized communication tool innovated and adopted by high reliability organizations in last two decades to improve safety and service quality. As for healthcare industry, JCAHO also recommended SBAR in National Safety Goals 2007 to enhance team communication and safe handovers. SBAR is taught briefly to HA interns and junior nurses during orientation and also advocated by some hospitals as part of Crew Resource Management training. Despite ISBAR's standardized format of introduction, situation, background, assessment and recommendation to aid prepared and focused communication, variability is observed in what defines I,S,B,A,R. and the critical information for clear and concise communication between message sender and message receiver.

Objectives

The goal is to align ISBAR with available communication training in NTEC and further improve the flow of ISABR through simple ISBAR cue card and highlighting critical changes reporting for safe and clear handover communication.

<u>Methodology</u>

After "SBAR"ring ISBAR with updated literature review, the focused group (senior doctors and nurses with Q&S training) approach was used to clearly define what ISBAR stands for with reference to global practices and prevailing policy and procedure, if available in NTEC.

<u>Result</u>

"I" was not taught in intern orientation. "I" was refined as CID (correct identification) based on existing nursing guideline but expanded to include call sender, patient and call receiver. Situation "S" was refined as "current problem" and routine vitals prepared should not be presented here. Background "B" was refined as "relevant info

to assess current problem" which include brief relevant history and critical vital signs changes to help assessment of current problem. Assessment "A" was refined as "presumptive diagnosis and its acuity". Recommendation "R" was refined as "treatment given and additional help needed". The clarified and simplified ISABR structure was constructed as a simple cue card format to promote quick and easy learning. The details of ISBAR training were also synthesized into two different training modules for doctors and nurses with video-powerpoints, bad and good practice demonstration videos, ISBAR demo examples and e-observation assessment by supervisors of three ISBAR scenarios provided for training online at iLEARN and Q&S Dashboard platform at iNTEC.