

Sharon Hurrell, who works in Workforce Development at Hampshire Hospitals NHS Foundation Trust, tells us how she uses the standardised communication tool SBARR*.

Q; How did you get your staff engaged in using SBARR?

A; By including SBARR sessions in yearly updates within the departments and on induction days for new nurses and preceptees to the Trust.

Using group work is good too, i.e.

- Chinese whispers exercise in groups to see if the message at the end is the same as at the beginning.
- Give them case studies to document on an SBARR sheet and feedback on what they wrote where and what their actions would be.
- Using this [you tube video](#) on SBARR to drive the message home.

Q; What makes it appeal?

A; When real cases histories are used it gives a greater impact. Also making it interactive helps with learning rather than a lecture on how to do...

It helps drive home the importance of communication and how easily it can go wrong and delay action/referral/treatment.

Q; What challenges did you come up against when introducing it?

A; Staff didn't understand it – yet another mnemonic to learn, what content needs to fit in where.

Providing an easy way to describe the process helps, i.e. I gave the analogy of a burger – the roll is the outer layers, so should be short and to the point, the filling, the burger and salad, should be the part loaded with (relevant) content.

It would be useful to have SBARR stickies to put in notes to evidence that SBARR has taken place and enable staff to put in the vital information – less chance of them forgetting something before they call for help or review.

Q; What difference has it made to your typical staff member in their day to day?

A; We use SBARR on our Electronic Patient Records as part of the escalation process for deteriorating patients via NEWS charts, as well as for verbal handovers. It makes for a more efficient way to escalate concerns for use by all multi-disciplinary team members.

There's less chance of information being missed, such as when patients are being handed over, or are being transferred elsewhere.

A staff member knows what has been done and can then determine what needs to happen next.

It allows staff on the receiving end to adopt a 'fresh eyes' approach and support colleagues in their clinical assessment and prioritising care.

Q; What tips would you give to someone introducing SBARR for the first time?

A; Make training enjoyable and interactive.

Ensure you know the process robustly so you can advocate its use.

Use real (anonymous) case histories – the impact on training is more powerful and meaningful, feels real.

Keep reinforcing its use within the team.

Introduce paperwork to use specifically for SBARR in handover, transfer, alerting staff for patient review etc.

Thank you Sharon!

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And how about you? Your experience matters. What tools and techniques do you use to make care safer? Can you tell us what you know works and the communications challenges you face locally? We can share your thoughts with the wider Sign up to Safety community. Email us on signuptosafety@nhs.uk.

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***About SBARR**

[SBARR](#) stands for Situation, Background, Assessment, Recommendation, Read back or Response

It's a structured method for communicating critical information that requires immediate attention and action contributing to effective escalation and increased patient safety.

It can also be used effectively to enhance handovers between shifts or between staff in the same or different clinical areas.

It is an example of a standardised communication tool, one of five types of practical tools that Sign up to Safety recommends you use. The others are;

- An escalation process tool to facilitate timely communication
- Daily multidisciplinary rounds using a daily goals sheet
- Team huddles during each shift
- Briefing and de-briefing at the beginning of shifts, clinics or sessions

These are all tested and trialled; they are known to work.

- See more at:

http://www.institute.nhs.uk/safer_care/safer_care/situation_background_assessment_recommendation.html#sthash.TkeUDuyx.dpuf