

# Improving Communication – SBAR

## Why do we need to communicate well?

Many people may be involved in the care of your residents – family, carers on different shifts, GP, district nurse, practice nurse, physio, agency staff, social workers, paramedics, call handlers at 111 or the 999 call centres, hospital, clinics, virtual ward and many more.

We need to be able to communicate with each other clearly to ensure that we don't miss out important information about our residents e.g. at shift change.

We need to be able to give accurate information about our residents to the right people. It is also important that we are able to ask the right questions to get the advice we need to help our residents if things change or there is a problem.

It is easy to get in a muddle about what to say or write; this makes it harder to get help when you need it.

## What is SBAR?

SBAR is an easy to remember framework that helps you ask the right questions and ensures you give the right information to the people you are asking for advice. If we use it consistently, it can improve teamwork and safety for everyone.

It was originally developed for nuclear submarines in the USA and is widely used in the NHS. It encourages you to think and prepare the information you need before asking your question.

It can be used for emergency/urgent calls, requests for GP visits, handovers, emails and telephone calls as well as talking to each other.

SBAR is a set of four questions that help you think clearly and get the answers you want.

**S**ituation – what is happening now?

**B**ackground – what has led up to this situation? It is helpful to know what the resident is normally like and how the current situation is different.

**A**ssessment- what do you think the problem is?

**R**ecommendation- what do you want to happen now?

## How do I use SBAR?

### Situation

- Say who you are, where you are
- What is the resident's name?
- What is the problem

Example: "I'm Kate, a carer at ABCD care home. I am calling about Mrs Example - she is chesty and breathless this morning and unsteady on her feet."

### Background

- Try and keep it simple
- Think about what's changed and when it happened.
- Give some information about the resident and how they are normally
- If you know the medical history briefly say what it is. It is important to say if the resident is diabetic.

Example: "Mrs Example is 73. She has dementia and needs help with daily living and eating. She is normally mobile. Her breathing is normally ok. "

### Assessment

- What do you think is the problem
- What is your concern? It is ok just to say "I'm worried".
- Give observations if you are able – Blood pressure, pulse, temperature, respiration rate
- Don't forget blood sugar if you are able to test this.

Example: "I'm worried Mrs Example has a chest infection. She is coughing up phlegm and her breathing is faster than normal. She seems breathless to me and is finding it hard to get up this morning."

### Recommendation

- What do you want to happen? What have you already done?
- Try and be simple and clear about what you want
- Don't be scared to say you don't know what to do and need help

Example: "I've put Mrs Example back into bed and sat her up as much as I can. Can you come and see her please?"

## What happens next?

Write down what you have said – use the SBAR format to do this. If you are using electronic care plans, still use the SBAR format. If you are emailing or writing to someone, it's ok to write it as SBAR – this is often really helpful for the person receiving the email or letter as your reasons for writing will be clear.

The person you are talking to may repeat a summary of what you have said back to you. This lets you know they have listened to you and understood what you have said.

Make sure you document the outcome of your communication.

Example: “The GP has said he will visit Mrs Example today. In the meantime, he has asked me to make sure she drinks plenty of fluid, encourage her to cough properly and keep her sitting up.”

## What other information may be useful?

If an ambulance or GP are coming please make sure you have the MAR chart, any DNR, ReSPECT or advanced care plans, DoLs paperwork and power of attorney information ready for them.

## Other examples:

Fall:

**S** “I am Irene, calling from ABCD care home. I have just found Mr Resident on the floor in his room, he is crying in pain and cannot get up.”

**B** “Mr Resident is 90. He has fractured his hip in the past and falls regularly as he is very muddled normally. He has dementia and forgets to ask us for help getting up as he has a poor memory. He has been assessed by the falls team. ”

**A** “I think Mr Resident has broken his hip. His left leg is painful and he is very distressed. I am worried about moving him”.

**R** “I really want someone to come and help me urgently”.

Outcome: “the paramedics came and took Mr Resident to hospital as they thought he had fractured his hip. I ensured they had his DNR form and were aware his daughter has power of attorney. I sent his “This is Me” booklet with him.”

UTI:

**S** “Mrs Example is complaining of pain when she wees. She has asked for the toilet a lot this morning but only passed small amounts of urine. She seems a bit more muddled than normal. “

**B** “Mrs Example is 93. She has bad arthritis and finds it painful to move. She hasn’t drunk much over the last few days as her pain has been worse and she doesn’t want to have to get up in the night to wee. “

**A** “I am worried she might have a UTI (urinary tract infection). She is muddled this morning which is new for her. Her urine has a strong smell. She has not drunk much today”.

**R** “Please could you see her? I think she might need assessing for a UTI. I will try and get her to drink more and help her get onto the toilet”

Outcome: The GP visited – he has asked us to record Mrs Example’s intake and output of fluid and encourage her to drink, she should aim for 1600mls per day. He has taken a sample of her urine to be sent to the laboratory for testing and may prescribe antibiotics later. He will come back tomorrow to see how she is and wants us to call if she gets more muddled or will not drink more.”