SBAR Handoff at Bedside Report

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Background

- A leading cause of sentinel events evaluated by The Joint Commission is communication failure during handoffs
- The Agency for Healthcare Research and Quality has identified improving handoffs as a priority in US nationwide efforts to improve patient safety
- Benefits include: better communication among nurses and other health care providers, increased visibility of nursing interventions, improved patient care, enhanced data collection to evaluate nursing care outcomes, greater adherence to standards of care, and facilitated assessment of nursing competency
- Giving new staff the tools to continue to build long term stability and confidence

Practice Change

Improved SBAR Handoff during Bedside report between registered nurses using a formulated tool, designed by nurses for nurses

Methods

- Distributed paper pre-surveys to RNs
- Formulated a tool that included criteria pertinent to the SBAR policy PCD 04-001
- Utilized handoff tool during bedside report and revised it to fit patient and unit specific criteria

Measures and Results

Pre-Survey Results (n=15)

Summary/Discussion

Next Steps:
- Create and implement a Hand Off in SBAR format that would be helpful to narrow in on the key points
- Follow track patient care and information making sure that all pertinent information is being relayed
- Continue to provide the best handoff possible to aid in the continuity of care

Barriers of this Study:
- Lack of participation due to resistance of change
- Lack of seasoned nurses wanting to adapt to new ways

Conclusion

- Patient continuity of care and patient satisfaction were greatly improved
- Communication was greatly improved, making sure patients were cared for to the highest standard during their stay
- Specific care of patients was greatly improved, less items were missed
- Post education results pending

References