

ISBAR

COMMUNICATION

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https://www.youtube.com/watch?v=3LfJj_pnQZ8&feature=player_embedded

<http://thehappyhospitalist.blogspot.com/2010/11/xtranormal-medical-videos-multiple.html>

Learning objectives

- Understand why effective verbal and written communication are an important part of clinical care
- Understand what ISBAR stands for
- Understand how ISBAR can be used
- Be able to apply ISBAR
- Understand how to use a tool for communicating patient deterioration to others

Why is effective communication important?

- Getting the right response when calling for help
- Clear documentation such as actions taken and targets for treatment
- Allows continuity of care

Situation

Good communication is recognised as essential to quality and patient safety and is well evidenced as decreasing communication related errors.

C&CDHB ISBAR Handover / Communication Guideline

- “The purpose of this guideline is to provide a consistent communication method using the ISBAR tool for use in verbal exchanges between staff for requests for assistance, patient transfers, shift handovers and in deteriorating patient situations. The aim is to ensure patient safety through effective and efficient communication.”

Background

ISBAR has been adapted from SBAR, a tool developed by the US Navy to improve communication.

Specific to C&CDHB, a third of complaints have communication issues at their core and a number of reportable events are also related to poor handovers and communication.

Assessment

- Our assessment is that ISBAR is a supportive and structured tool which enables all health professionals and support staff to communicate using a consistent method.

Recommendation / Request

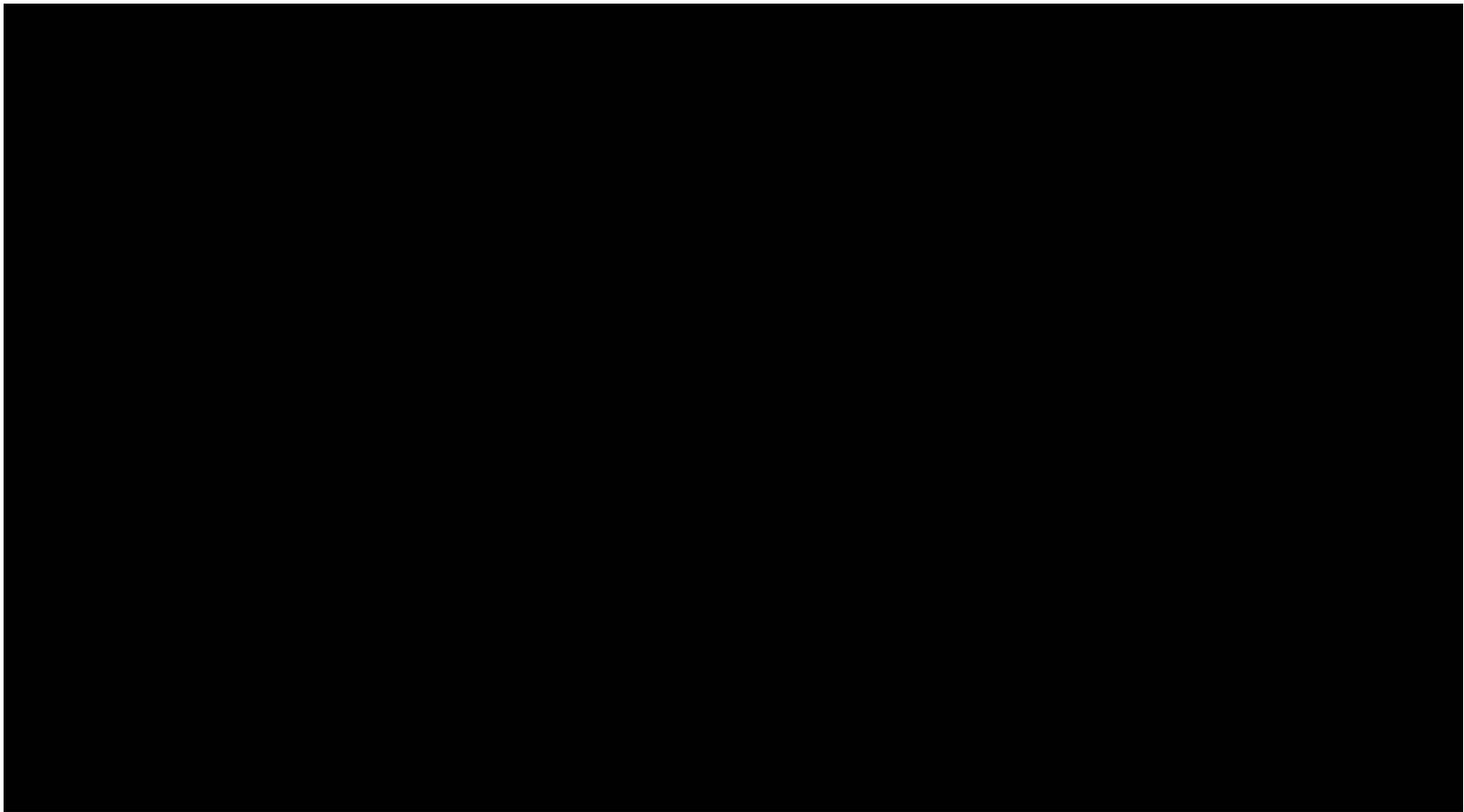
- It is recommended that all clinical and support staff at C&CDHB (who have involvement in patient care) become familiar with ISBAR and utilise this communication method as a tool to assist in verbal and written communication.

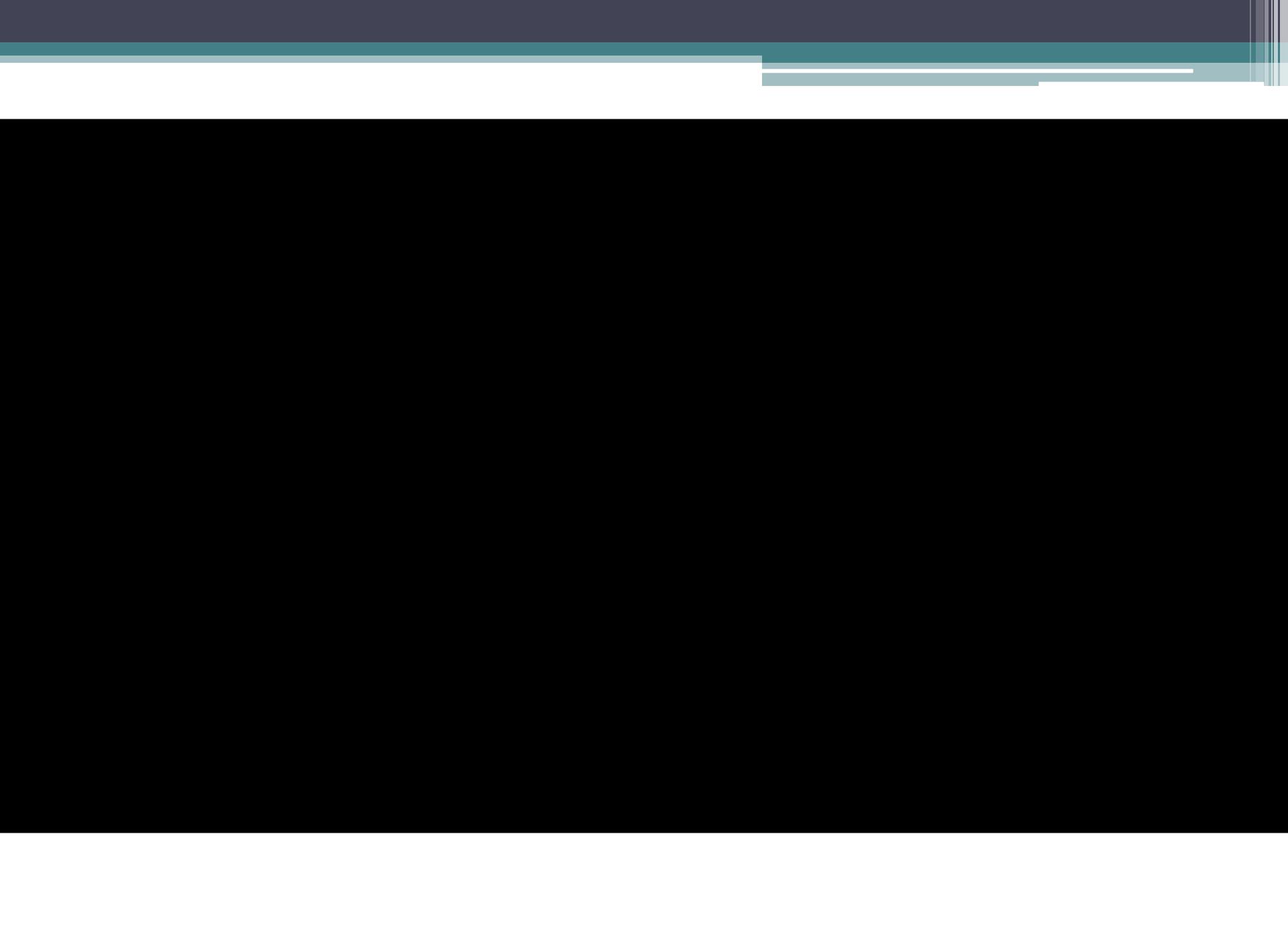
Training - So what is ISBAR?

- Introduction/Identify
- Situation
- Background
- Assessment
- Request / Recommendation

ISBAR In Our Communication

- **Introduction/Identify**
 - Who, what and where you are and why are you calling also is this a good time to talk?
- **Situation**
 - What is happening now. “The situation is...”
- **Background**
 - What led to the situation. “By way of background...”
- **Assessment**
 - What you consider the problem is. “My assessment is” or “I assess....”
- **Request/Recommend**
 - What should we do to correct the problem. “I recommend.....”





What will ISBAR do for me?

- Ensures completeness of info and reduces likelihood of missed data
- Is an easy and focussed way to set expectations for what will be communicated
- Standardises communication between everyone – Doctor-Nurse, Nurse-Nurse, Doctor-Physio as well as administration staff, housekeeping and security staff
- Helps organise what needs to be said
- Ensures a recommendation is clear and professional
- Gives confidence in communication

The ISBAR format can be used in all forms of communication:

- Clinical Handover
- Referrals
- Reports (Ward etc)
- Protocols, memos and emails
- Personal interactions

Examples of ISBAR

Patient Transfer Sheet Speech Language Therapy Department



Referring SLT: Contact Details:		IDENTIFY <i>Patient/Referrer Details</i>
Transferring from:	Name: _____ NHI No: _____	
Transferring to:	Address: _____ DOB: _____	
Signed:	Tel: _____	
Date:	↑ Stick patient label here (or fill in if no label available) ↑	

SITUATION
*Reason for admission
Reason for transfer*

BACKGROUND
*Relevant Medical History
Any relevant events during admission
Summary of SLT Intervention
Social History*

ASSESSMENT
Current SLT Status

RECOMMENDATIONS
SLT Recommendations for Follow Up

ISBAR

To be used at ED
doctor handovers

SAFE Clinical Handover
is timely, clear and a
focused exchange
of relevant information
that contributes to
safe patient care

I

IDENTIFY

- Patient - Name, Age, Sex

S

SITUATION/STABILITY

- Situation - e.g. 'I think this patient has appendicitis and I have referred to Surg Reg' 'I will discharge' 'I need help with this case as I'm not sure what the diagnosis is'
- Stability - is the patient well or unwell?

B

BACKGROUND

- Presenting complaint
- Expand on Presenting complaint
- Relevant PMH
- Relevant Meds - (esp. cardiac/anticoagulants immunosuppressants) and Allergies
- Relevant Social Hx (e.g. elderly, lives alone)

A

ASSESSMENT

- Vital signs
 - Relevant Examination findings
 - Relevant Investigations - ECG Labs Imaging
- WHAT IS THE DIAGNOSIS? or Do you need MORE INFORMATION or SENIOR REVIEW ?

R

ROUND-UP

- Treatment so far
- What is pending - what needs doing/chasing
- What needs chasing, whether pt needs review
- What is the likely disposition - admission vs d/c

EVERY SHIFT – EVERY PATIENT

Remember ISBAR

- **I** – Introduction/Identify - I am
- **S** – Situation - What's going on
- **B** – Background - Brief, relevant history
- **A** – Assessment - What I think is happening
- **R** – Request/Recommend - What you are asking them to do

Exercise

Think of how you may write a brief summary about something you have recently needed to communicate. This could be a patient transfer or referral, an issue at work or something personal. In groups of 5 practice delivering and receiving information Using the information provided.

- **Introduction/Identify** – yourself, patient, who you are talking to (esp. phone)
- **Situation** – “the situation is...”
- **Background** – “the background is....”
- **Assessment** – “my assessment is ...”
- **Recommendation** – (I am telling you this because) I am asking you to/ I would like you to/ I am requesting that....