

Implementation of SBARD as a structured communication tool within Community Older People's Mental Health Services in Leeds, U.K.

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Background

SBARD (Situation, Background, Assessment, Recommendation, Decision) is a World Health Organisation recommended communication tool used by healthcare professionals to discuss and share important patient information⁽¹⁾

Communication breakdown in healthcare settings has consistently been shown to be a strong predictor of health-related harm⁽²⁾. There is strong evidence to support the use of SBARD in a variety of healthcare settings to promote structure and predictability when discussing patient information in order to minimise communication errors and improve patient safety⁽³⁾.

Within the multidisciplinary team in Leeds Community Older People's Services, no formal method for structured communication was being used to discuss information, creating opportunities for errors to be made which could ultimately affect patient safety. An intervention was designed to implement the SBARD tool in the MDT and to subsequently evaluate its effectiveness within the workplace.

Methods

A pre-intervention questionnaire was sent to all team members to determine their pre-existing familiarity with SBARD and use of the tool as a method of sharing information.

Following this teaching sessions were delivered to all staff working in community Older People's services city wide to facilitate the implementation of SBARD and to discuss how and why it should be utilised.

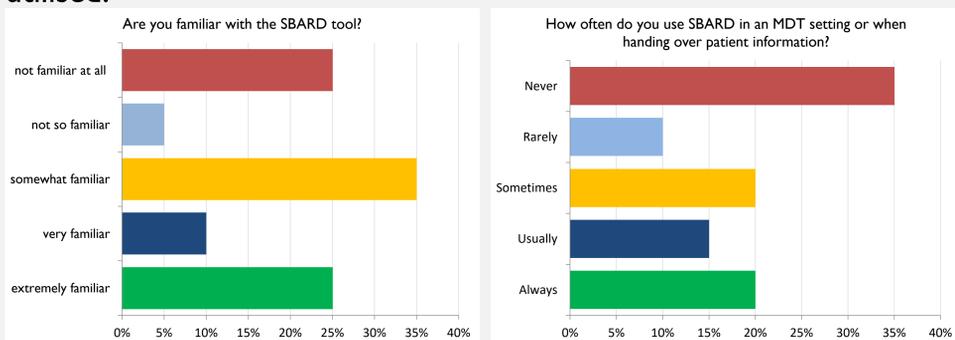


Fig 1: Results from the pre-intervention questionnaire demonstrated varying levels of familiarity with SBARD, along with 35% reporting never having used SBARD to communicate patient information.

A series of posters were designed and placed in clinical areas to explain the role of SBARD, how to utilise it in the community setting and provided examples of clinical features related to Old Age Psychiatry. Smaller sized handouts were also created for staff to keep to refer to in MDT.

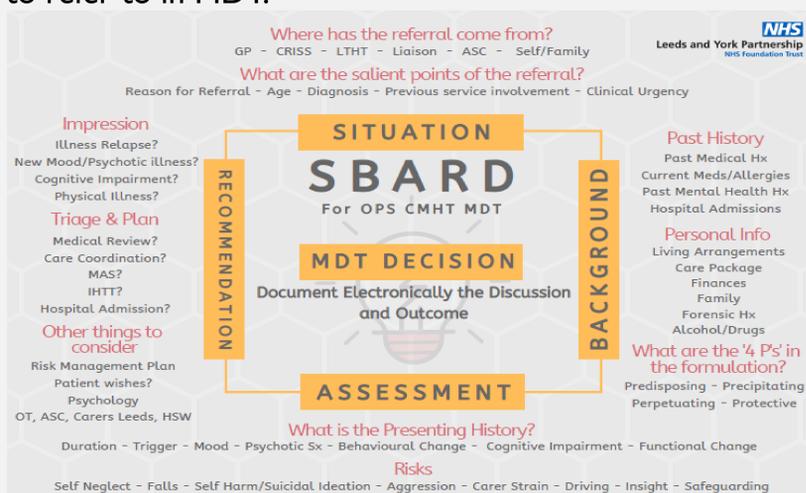


Fig 2: An example of the SBARD poster produced and displayed in clinical and MDT areas

Results

Three months post intervention, a follow up questionnaire was distributed to all staff to evaluate the intervention and staffs subsequent use of SBARD. Information was obtained regarding their influence on use and attitudes towards SBARD, as well as their perceived impact on communication and patient safety. Eighteen responses were received from a range of health professionals.

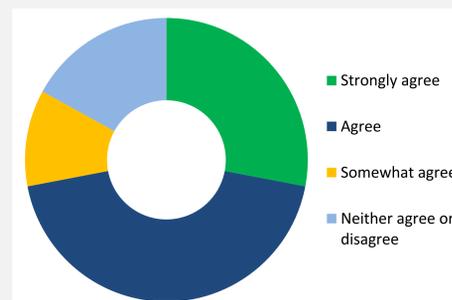


Fig 3: 68% of respondents strongly agreed or agreed that their knowledge and familiarity with SBARD had increased post intervention

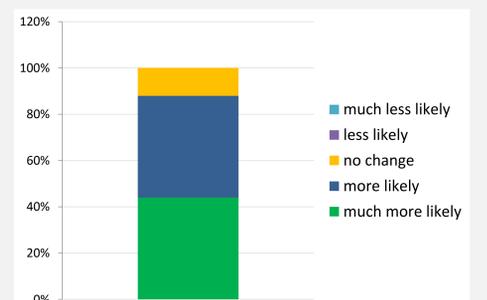


Fig 4: 88% of respondents were much more likely or more likely to use SBARD in MDT post intervention

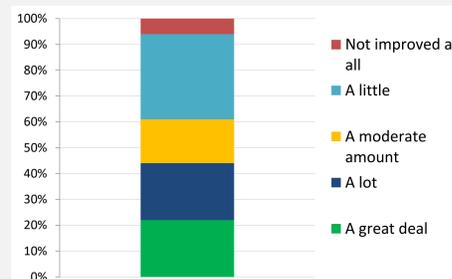


Fig 5: 94% of respondents reported some degree of improvement in communication flow between team members following the introduction of SBARD

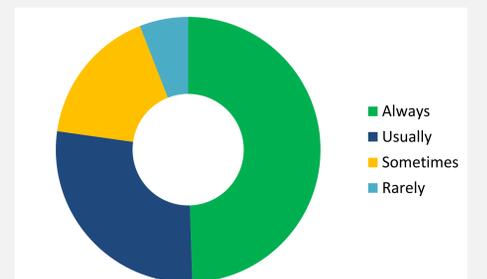


Fig 6: 78% of respondents reported 'always' or 'usually' using SBARD in MDT, compared to only 35% prior to the intervention

"I have found the small version of the poster most useful and use at all times when preparing for MDT."

"It assists with clarity/focus to our presentations. It also helps to effectively regulate the timing for each professional in our busy MDT"

"(The teaching session) was very useful in encouraging SBARD implementation within the team"

"I like the SBARD tool and have found it effective using it following the intro session"

Fig 7: Examples of free-text comments from respondents from a range of community services following the intervention

Conclusions

Results have demonstrated;

- Improved staff familiarity with the SBARD tool and increased likelihood of its use to communicate patient information.
- Subjective improvement in communication flow has also been demonstrated. Visual prompts provided by the posters and teaching sessions have helped to facilitate this change.

Continued use of SBARD by community teams will be reliant on peer support and its use being encouraged by senior staff in the MDT setting.

References

- (1) Leonard M, Graham S, Bonacum D The human factor: the critical importance of effective teamwork and communication in providing safe care. Qual Saf Health Care 2004;13(Suppl 1):i85-90
- (2) WHO Patient Safety Solutions| volume 1, solution 3 | May 2007
- (3) Bass M P79 Using SBAR to enhance the Multi-Disciplinary Team Meeting (MDTM) BMJ Supportive & Palliative Care 2013;3:A37-A38