SBAR PROCESS

July 2012

SBAR HAND-OFF TRIAL

- The goal is to *standardize* the *current* hand-off process, *housewide*, and *improve communication* among *all healthcare providers*.

WHY IS HAND-OFF SO IMPORTANT?

- JCAHO studies estimate that 80% of serious medical errors involve miscommunication during the hand-off between medical providers.

Reference: Joint Commission for Transforming Healthcare

Measuring A Successful Hand-off Between Clinicians: Sender/Receiver

Expectations Out of Balance

- The expectation of the Receiver is to get the critical information needed in order to safely care for the patient.
- The expectation of the Sender is to be able to communicate the critical information to the Receiver in a timely manner.
- However, there is a disconnect between the critical information the Receiver actually receives versus the critical information the Receiver actually needs to care for the patient.
- Receivers experienced less successful hand-offs than Senders.*

*Statistically significant, P value = .001

Joint Commission Center for Transforming Healthcare

ACHIEVING BALANCE: SBAR HAND-OFF IMPLEMENTATION

- Ticket to Ride – eliminated as of August 21 (except ED-ED and Same Day)
  - Found to be ineffective due to poor face-face interaction
- Ticket to Ride will be replaced with the Rounds Report
  - Print at time of transfer
- Sending Nurse will document (on Rounds Report):
  - Orientation/LOC
  - Rhythm
  - Restraints
  - His/Her Phone #
- Utilize *NEW* Cerner "Patient Transfer" PowerForm

ACHIEVING BALANCE: SBAR HAND-OFF DOCUMENTATION

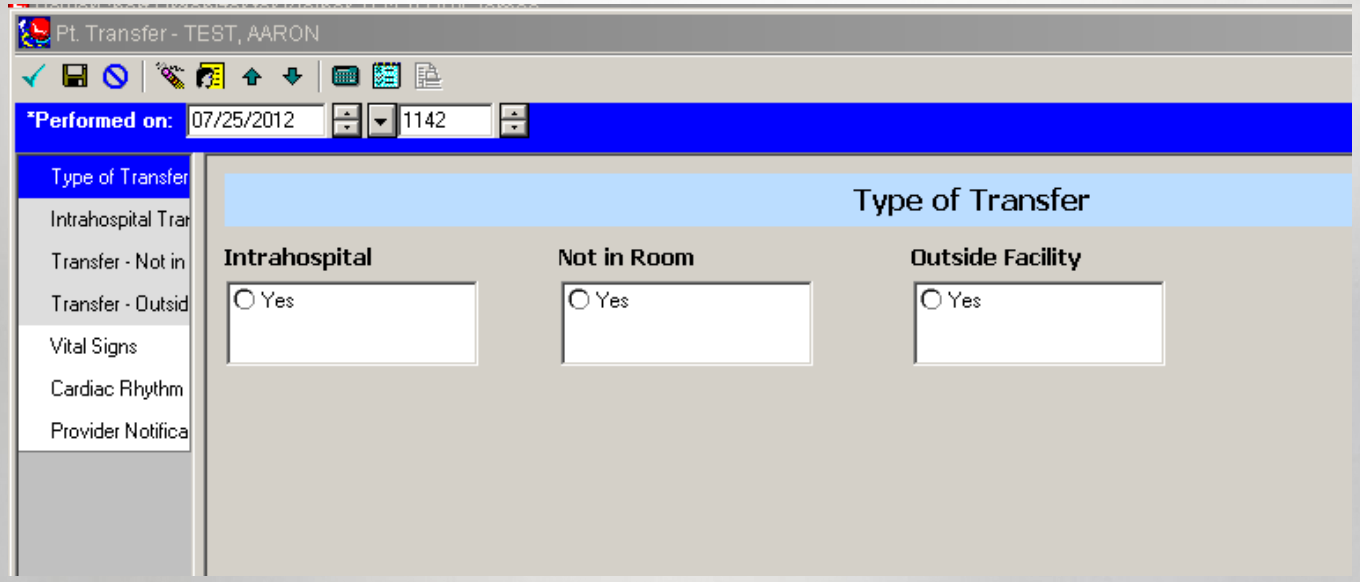
Charting for SBAR Hand-Off

NEW Patient Transfer PowerForm–Transfer between nursing units (i.e. Emergency Room and nursing Unit, PACU to nursing unit, ICU to Step-down or Medical/Surgical Unit, or Nursing Unit to Nursing Unit)

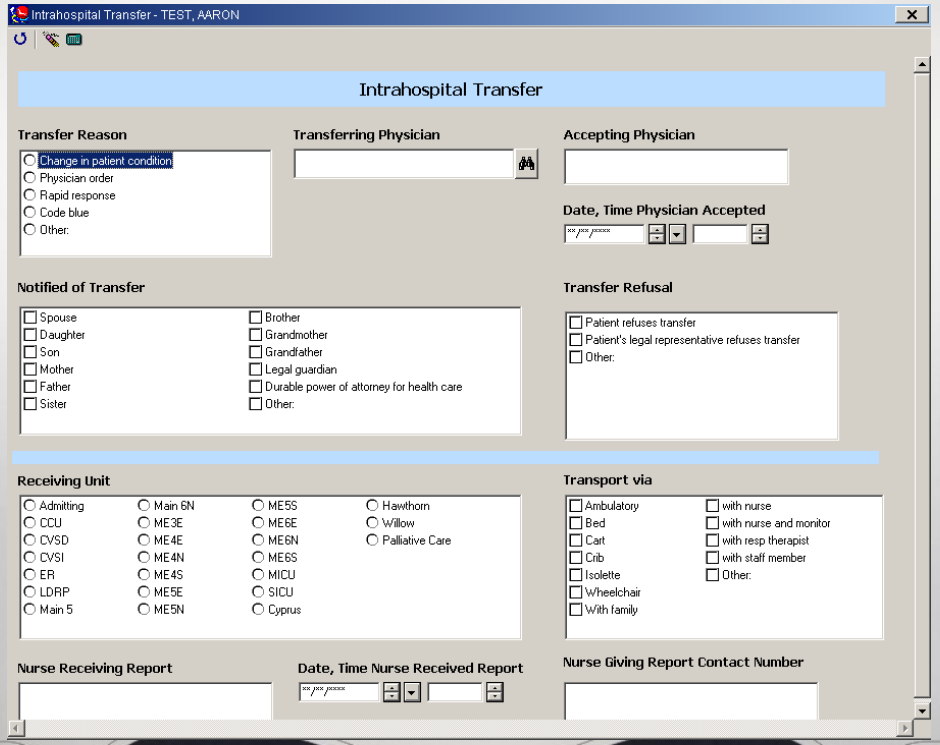
Transfer/Not in Room (Sending/receiving RN without full report)– Transfer between nursing unit and procedure/test area (i.e. Nursing Unit to Radiology, Heart Lab, or Nuclear testing)

Transfer Outside Facility – Transfer from Aultman to another Facility (i.e.- Emergency Room to Akron Children's, Heart Lab to Cleveland Clinic)

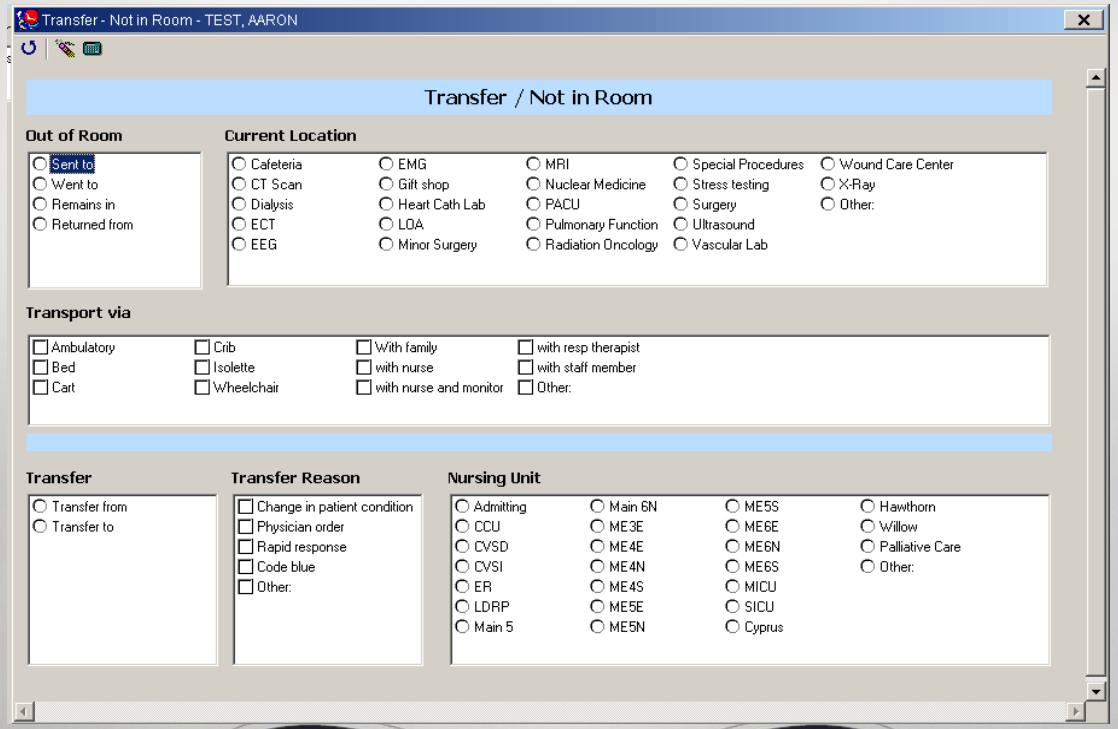
TRANSFER POWERFORM



INTRAHOSPITAL TRANSFER SECTION WITHIN TRANSFER POWERFORM



TRANSFER/NOT IN ROOM WITHIN TRANSFER POWERFORM



ACHIEVING BALANCE: EXPECTATAIONS OF THE SENDER

1. Call Report
2. Document interaction with receiving unit on NEW "Patient Transfer PowerForm"
    1. Sending and Receiving RN will access the form from the ad-hoc folder
    2. PACU / Same Day will continue to document SBAR in SurgiNet
3. Make courtesy telephone call to receiving unit/directly before transfer (except PACU-Same Day and Same Day-PACU)
4. Place call light on upon arrival to unit–wait for receiving **nurse** to enter room
5. Stay in room until receiving nurse places patient on monitor (if applicable). Note: Patient to remain on transport monitor until receiving nurse places patient on their unit monitor.
6. Provide updates as needed (using rounds report) including, but not limited, to the following:
    1. Code Status
    2. Orientation/LOC
    3. Rhythm

ACHIEVING BALANCE: EXPECTATAIONS OF THE RECIEVER

1. Respond promptly to the senders call light notification
2. Place patient on monitor and verify w/ central station (as applicable)
3. Document in real time upon arrival to unit on "Patient Transfer" or "Transfer/Not in Room PowerForm

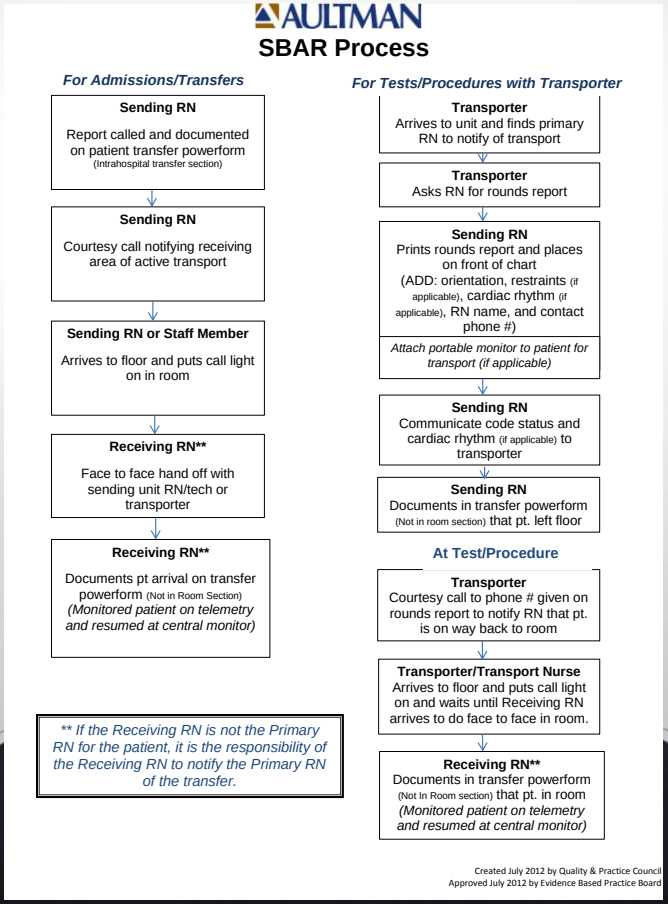
RN Expectations:

- Face-face interaction required between sending **staff member** and receiving RN
- The person whom **first** enters the room assumes care of the patient …until report is given to the appropriate caregiver

ACHIEVING BALANCE: ADDITIONAL ITEMS

- Vital signs must be completed within 30 minutes prior to transfer and within 30 minutes of arrival to unit
- Courtesy calls will be made before patient arrives to nursing unit
- Face-Face communication between sender and receiver is expected
- Prompt response to call light is expected upon arrival to nursing unit
- Monitored patients-Receiving RN must ensure monitoring is resumed at central station
- Documentation of SBAR should be completed by the sender and receiver on the appropriate Cerner power forms or in SurgiNet

SBAR PROCESS-ALGORITHM



SBAR PROCESS-SUMMARY

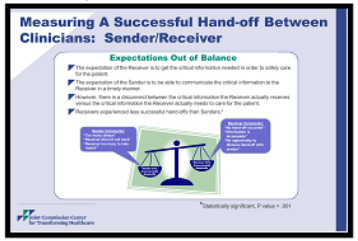
SBAR: Process Improvement Event

Start Date: July 31, 2012

- The goal is to standardize the current hand-off process, housewide, and improve communication among all healthcare providers.

Why is Hand-off SO Important?

- JCAHO studies estimate that 80% of serious medical errors involve miscommunication during the hand-off between medical providers.



What you need to know/do:

- Elimination of Transfer Hand Off sheet and Ticketoo-Ride
- Rounds report printed directly before patient leaves floor. Write in patient orientation, restraints if applicable, cardiac rhythm if applicable, RN name, and contact #.
- Courtesy calls will be made before patients arrive to floor (new admit, transfer, and returning from test/procedure
- Call light turned on in patient room on arrival
- Wait for face-to-face encounter with RN
  - If patient is heart monitored, both transporter and RN accompanying patient are to wait at bedside until face-to-face encounter occurs and patient is placed back on heart monitor.
- Remember vital signs needs to be complete within 30 minutes of transfer and on arrival to unit.

Questions: Notify Clinical Unit Director Kelly Lilly – Administrative Champion or Laurie Clark – Patient Safety Officer

SBAR HAND-OFF TRIAL

Questions?

Notify Clinical Unit Director