

# **THE EFFECT OF IMPLEMENTING SBAR SHIFT REPORT ON QUALITY OF REPORTING OF PATIENT CARE**

*Thesis*

Submitted for Partial Fulfillment of the  
Requirements of the Doctorate Degree

*In*

**Nursing Science**

*(Nursing Administration)*

*By*

**Samah Mohammed ELsayed**

**M.Sc. Nursing**

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**Faculty of Nursing  
Ain Shams University  
2013**

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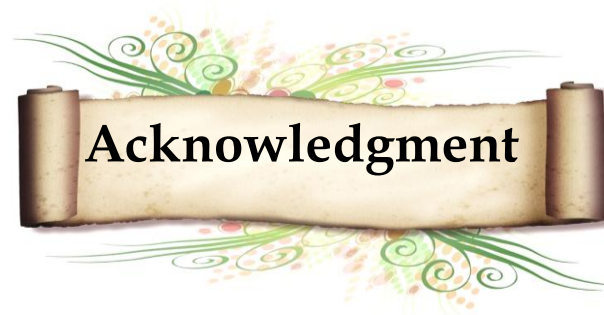
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2013**



*First and foremost, I feel always indebted to **Allah**, the most kind and the most merciful.*

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**Thanks**

# **تأثير تنفيذ تقرير أحوال القسم بطريقة إسبار على جودة تقرير رعاية المريض**

رسالة مقدمة /توطئة للحصول على درجة الدكتوراه

فى

علوم التمريض

(إدارة التمريض)

مقدمة من

**سماح محمد السيد**

ماجستير إدارة تمريض

مدرس مساعد بقسم إدارة التمريض

كلية التمريض - جامعه عين شمس

كلية التمريض

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2013



كلية التمريض  
جامعة عين شمس

## رسالة دكتوراه

اسم الطالبة/ سماح محمد السيد

تخصص : إدارة تمريض

عنوان الرسالة:

تأثير تنفيذ تقرير أحوال القسم بطريقة إسبار على جودة تقرير رعاية المريض

اسم الدرجة : دكتوراه في علوم التمريض.

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تاريخ البحث/

### الدراسات العليا

أجيزت الرسالة : / /

موافقة مجلس الجامعة

/ /

أمين الكلية

ختم الإجازة: / /

موافقة مجلس الكلية

/ /

# **The Effect of Implementing SBAR Shift Report on Quality of Reporting of patient care**

## **PROTOCOL**

Submitted in Partial Fulfillment of The requirements  
for Doctorate Degree in Nursing Administration

By

**Samah Mohammed ELsayed**

Assistant lecturer in nursing administration

**Faculty of Nursing**

**Ain Shams University**

2010

# **The Effect of Implementing SBAR Shift Report on Quality of Reporting of Patient Care**

## **PROTOCOL**

Submitted in Partial Fulfillment of The requirements  
for Doctorate Degree in Nursing Administration

### **Supervisors**

**Prof. Dr . Sohair ELSayed Hassanin**

Professor of Nursing Administration  
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2010



SBAR is an acronym for Situation, Background, Assessment, and Recommendation. SBAR is a standardized way of communicating. It is promoting patient safety because it helps individuals communicate with each other with shared set of expectation. SBAR represents **Situation**: what is happening at the present time? **Background**: what are the circumstances leading up to this situation? **Assessment**: what do think the problem is? **Recommendation**: what should we do to correct the problem? (Craven and Hirnle, 2009). The SBAR process has proven to be an effective communication tool in acute care settings to structure high – urgency communication. SBAR offers hospitals and care facilities a solution to bridge the gap in the communication, including hand –off, patient transfer, critical conversation and telephone calls (Fountain and Martian .2009)to date, successful implementation in health care of the SBAR technique has been demonstrated in high – risk settings including perinatal care , operating rooms intensive care and emergency departments , with improvements seen in staff and patient satisfaction , clinical outcomes , team communication and patient safety culture (Bonacuni, Graham and Leonard)

Reporting is the spoken exchange of information between health care team members. Reporting is used throughout the shift to communicate the changes about patients or resident's status to other health care team members. It is also routinely used when shifts change to keep the staff members who are coming to work aware of all information that is necessary to ensure a smooth continuation of care for the patient or resident (Carter, 2008).

Reports offer a summary of activities or observation seen, performed, or heard common types of reports given by nurses include change of –shift reports, telephone report, transfer reports, and incidents reports. The change of shift report occurs 2or 3 times a day in all types of nursing units. At the end of each shift nurses report information about assigned clients to nurses working on the next shift the purpose of the report is to provide better continuity of care among nurses who are caring for a client. The change of shift report should be given quickly and efficiently. A good report provide baseline for comparisons and indicates the kind of care to be anticipated for the next shift. An organized and concise

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approach helps nurses set goals and anticipate client needs and lessens the chance of important being overlooked. (Iyer and camp, 1995)

Thus SBAR shift report not only considered as a documenting aspect but also Safe and effective care depends on reliable and standardized communication among all caregivers. When is a breakdown of communication, the risk of potential harm to client increases, this especially true during client transfer, nursing handoffs or repots and when critical events are taking place Joint commission on accreditation of health organization (**Joint commission on accreditation of health organization, 2004**) has recognized the risk and thus issued requirements as part of the national safety goals of 2007. This goal reads "implement standardized approach to "hand of" communications, including an opportunity to ask and respond to question, Situation, Background, Assessment and Recommendation. (Craven and Hirnle, (2009)

Documentation is a vital aspect of nursing practice. Overtime, the format and quality of documentation have evolved with a focus that continues to have a positive impact on client care. Client care requires proficient communication among members of health care team. The quality of client care depends on care giver's ability to communicate with one another. Care givers use a variety of ways to exchange information about client. For this purpose **Accreditation** agencies such as the joint commission on accreditation of health care organization specify guidelines for the type of information in and the format for documentation. (Fontain. and Morton, 2009)

Client care requires proficient communication among members of health care team. The quality of client care depends on care givers' ability to communicate with one another. Care givers use a variety of ways to exchange information about client. The nurse is held accountable for accuracy of documentation entered into the client's record. The nurse is responsible for insuring that all information needed for nursing care is documented. Six important guidelines must be followed for quality recording and reporting: accuracy, completeness, current ness, organization, and confidentiality (Rogers, 2007) .Communication failures have been cited as the leading cause of inadvertent patient harm. (**Joint commission on accreditation of health organization, 2004**)

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Communication failures include issues such as insufficient information, faulty exchanges of existing information, ambiguous and unclear information and lack of timely and effective exchange of pertinent information, increasing recognition of these issues has made improving team work and communication a priority for advancing patient safety and quality of care (Bonaccum, Graham and Leonard, 2004). Standardized tools and behaviors such as SBAR, appropriate assertion, critical language and situational awareness can greatly enhance safety by helping to set expectations for what is communicated and how communication is handled among team members (JAHCO, 2004).

SBAR create a shared mental model for effective information transfer by providing a standardized structure for concise, factual communication opportunities that involve transferring important information (Brown, 2009). health care professionals can learn to communicate in ways that are effective and meaningful. This in turn will lead to a reduction in harm, increased satisfaction for all providers and overall better outcome for patients and their families (karima and baker and fancott, 2009)

#### Significant of the study

The safe and effective care of patients depends on consistent communication between care givers. Hand-offs or the process of passing on specific information about patients from one caregiver or one team to another is an area where the break down of communication often leads to episodes of avoidable harm to patients. The joint commission on accreditation of hospitals has added "standardized communication" to the patient safety goals and recommends SBAR as a best practice. Some studies indicated 70 to 80 percent of medical record are related interpersonal interaction issues it has been noted that 63% of sentinel event occurrence, communication breakdown is the leading root cause. Poor communication has also been identified as the primary factor of both medical malpractice claims and major patient safety violations, including errors resulting in patient death (karima and baker and fancott, 2009).

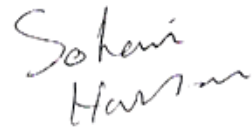
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### **Aim of the study**

The aim of the study is to determine The Effect of Implementing SBAR Shift Report on Quality of Reporting of Patient Care through:-

1. Developing and implementing training program for using SBAR shift report by head nurses and staff nurses working at critical units.
- 2- Evaluating report procedure of nurses to nurses hand over and head nurses to head nurses to head nurses handover.
- 3-Evaluating the quality of reporting of patient.

A handwritten signature in black ink, appearing to be 'Gulab', with a long horizontal stroke extending to the right.A handwritten signature in black ink, appearing to be 'Sohani Hassan', written in a cursive style.



### **Research hypothesis**

SBAR shift report will improve quality of reporting of patient care.

### **Subject and methods**

#### **Research design -**

→ A descriptive cross – sectional design will be used in carrying out the study.

#### **Setting:-**

- Setting the study will be conducted at intensive care units in the El demerdash and Ain shams hospitals academic institute of cardiology , maternal and pediatric hospital affiliated to Ain- shams university hospitals.

#### **Subject:**

Two groups of subjects will be included in the study namely head nurses group and nurses group.

##### **1- Head nurses group :-**

1- All head nurses and their assistant are works in intensive care units at pediatric, maternal, Eldermerdash, Ain Shams university hospital Affiliated to Ain Shams hospital during the time of the study with experience not less than two years include head nurses with diploma degree, technical institute and nursing bachelor degree working at three shifts and their number (60) head nurses and their assistants

##### **2- Nurses group:-**

All available nurses working at intensive care units at pediatric, obstetric, Eldermerdash, Ain Shams university hospital Affiliated to Ain Shams hospital during the time of the study with experience not less than two years in clinical setting with diploma degree, technical institute degree are bachelor degree working at three shifts . their numbers is (130)

#### **Tools of data collection**

Three tools will be used to collect data for this study.

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1. Knowledge questionnaire. this will be developed and constructed by the researcher , reviewed by expert and pilot tested to assess knowledge of head <sup>nurses</sup> about SBAR shift report <sup>before and after Training program</sup>
2. Evaluation tool. this will be developed by the researcher according to relevant literature and it intended to assess the performance of nurses' uses of SBAR shift report

observation  
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3-Audit sheet .this sheet will developed by the researcher according to relevant literature to assess and evaluate the quality of <sup>nurses</sup> reporting of PT Care.

#### **Ethical consideration**

Prior to the pilot study, approval will be obtained from faculty of nursing Ain Shams University and approval will be taken from all hospital that the study will be carried out in addition, written informed consent will be obtained from each participant. They will be assured that anonymity and confidentiality would be guaranteed and the right to withdraw from the study at any time.

**Pilot study:** a pilot study will be carried out for ten percent of study subject in Ain shams university hospitals to test clarity and applicability of the items and time needed for filling questionnaire and necessary modification of the tools will be done according result of pilot study.

#### **Field work**

- Researcher will visit each department team number to explain the aims of the study
- The researcher explain how to fill-in the questionnaire sheet .
- Study assessment will be carried out before the program and after the program .
- The program will be carried out whiten 40 days including pre and post test
- The result of the assessment of needs will be analyzed .
- According to the results analysis. The program will be constructed including ( objectives ), resources includes trainers, audience, material , method, and evaluation tools.
- Post test will be carried to assess nurses performance.

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- Post test will be carried to assess nurses performance.
- The results will be analyzed.
- Implementation session will be started with observing the candidates during practiced performance . To identify feedback of SBAR short report program on quality of client care . Through application of audit sheet.
- The session will be grouped according to the policy of each hospital during the study.

### **Results**

The data will be collected, arranged, tabulated and analyzed using appropriate statistical tests of data description according to time of study.

### **Discussion**

The results will be discussed in the light of the available national and international studies and review.

### **Conclusion and recommendation**

The conclusion will be derived from the results of study and discussion., the recommendation will be developed based on finding of the study.

### **Summary**

A brief description for work does through the study

### **References**

Arabic summary

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