

Table of Evidence: SBAR

Article citation	Type of research or non-research evidence	Sample & Sample Size	Results	Limitations	Rating
<p>Beckett, C. D., & Kipnis, G. (2009). Collaborative communication: Integrating SBAR to improve quality/patient safety outcomes. <i>Journal for Healthcare Quality</i>, 31(5), 19-28.</p>	<p>Non Research EBP project</p> <p>Purpose: to evaluate the effectiveness of the SBAR collaborative communication intervention for best practice.</p>	<p>Convenience sample 215 staff; 30 physicians in a pediatric perinatal services department. Within a 271 bed hospital in Arizona.</p>	<p>Safety Attitudes Questionnaire: Teamwork and Safety Climate Survey demonstrated statistically significant differences in 12 of 27 items in realms of collaboration; degree that nursing input was welcomed, resolving of clinical disagreements, and overall patient safety. Identified qualitative theme: positive communication reported finding of increased patient safety outcomes and consistence in reporting.</p>	<p>Unable to track specific individuals' pre/post; only 71 of 212 staff completed post intervention survey. No physician participation in education. Change measured only 3 months.</p>	<p>3/B</p>
<p>Cornell, P. & Gervis, M. T. (2013). Improving shift report focus and consistence with the situation, background, assessment, recommendation protocol. <i>The Journal of Nursing Administration (JONA)</i>, 43(7/8), 422-428. doi:10.1097/NNA.0b013e31829d6303</p>	<p>Research-descriptive</p> <p>Purpose: to assess the impact and value of SBAR in shift reports.</p>	<p>75 nurses from 4 medical surgical units of a 339 bed hospital</p>	<p>Time for report decreased using SBAR; better with paper than electronic. Time on "shift report tasks (<.03), and verbal communication increased using SBAR (p. <.01). Time writing decreased substantially</p>	<p>Observation study; Nurses aware that they were being observed and recorded. Possible Hawthorne effect.</p>	<p>3/A</p>

			using SBAR but then increased with the EHR. Increased reports delivered in the patient's room from 17% to 45%.	Did not measure effectiveness of information delivered using format.	
De Meester, K., Verspuy, M., Monsieurs, K. G., Van Bogaert, P. (2013). SBAR improves nurse-physician communication and reduces unexpected death: A pre and post intervention study. <i>Resuscitation</i> , 84, 1192-1196. doi:10.1016/j.resuscitation.2013.03.016.	Research- Purpose: to determine the effect of standard SBAR communication in deteriorating patients on the perception of effective communication and collaboration between nurses and physicians and the incidence of SAEs in adult hospital wards.	245 nurses completed the Communication, Collaboration, and Critical Thinking Quality Patient Outcomes Survey Tool (CCCT) pre-SBAR intervention and 180 post intervention. 210, 074 inpatient days/37, 239 admissions	CCCT scores increased from 58 to 64 (<.001). Pre-intervention serious adverse events (SAE) 81; post intervention 126. Unplanned ICU transfers increased (p=.001) and unexpected deaths decreased from 16 to 5 (p<0.001).	Single center. In Europe. Only nurses educated.	3/B
Freitag, M., & Carroll, S. (2011). Handoff communication: Using failure modes and effects analysis to improve the transition in care process.	Non research – EBP project Purpose: to determine if improvements in handoff	Telemetry nurses	Press Ganey satisfaction scores increased. Gains ranged from 4.4% to 8.7% for 5 nursing indicators and overall satisfaction. Patient satisfaction rates	Moved report to the bedside concurrently could confound results. SBAR used only for handoffs.	5/A

	communication could be obtained using SBAR using a model integrating FMEA with Jean Watson's Caring Theory		were sustained after the pilot with similar gains in the institution as a whole. Nurse sensitive indicators should significant decreases with Inpatient fall rates decreasing by 5%, restraint use decreasing by 31%; and catheter associated URI rates decreasing by 34%;	No component of physician report. Long term results demonstrated some regression in gains.	
Joffe, E., Turley, J. P., Hwang, K. O, Johnson, T. D., Johnson, C. W., & Bernstam, E. V. (2013). Evaluation of problem-specific SBAR tool to improve after-hours nurse-physician phone communication: A randomized control trial. <i>The Joint Commission Journal on Quality and Patient Safety</i> , 39(11), 495-501.	Research – RCT Purpose: to evaluate after-hours phone communication using SBAR.	92 phone calls (43 SBAR; 49 controls); 20 RNs made calls to physicians regarding 6 simulated cases	No difference in the rate of communication of situation cues (what is wrong with the patient that prompted the call) between SBAR & control methods. Lower rate of background cue-specific clinical finding e.g. why does the patient suffer from this problem (not statistically significant). SBAR related to increased rate of communicating the cause of hospitalization & medical history. SBAR forms did not improve the situation or background cues communications. 88% of appropriate data	SBAR form not explained to nurses prior to use. Did not analyze reasons for communication of incorrect information	1/B

			communicated with or without SBAR		
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