

SBAR Communication Worksheet

Form Number: SBAR-001

This is not part of the medical record

Patient Name: _____

Patient Date of Birth: / /

Date: / /

Time: AM PM

Location: _____

Room Number: _____

Pre-call preparation: Gather the following information: Patient's name; age; chart. Rehearse in your mind what you plan to say. Run it by another nurse if unsure. If calling about pain, when and what was last pain medication? If calling about fever, what was the most recent temperature? If calling about an abnormal lab, what was the result of the last test? What is the goal of your call? Remember to start by introducing yourself by name and location. Use area below as a checklist to gather your thoughts and prepare.

Situation
Briefly describe the current situation. _____
Give a clear, succinct overview of pertinent issues. _____

Background
Briefly state the pertinent history. _____
What got us to this point? _____

Assessment
Summarize the facts and give your best assessment. _____
What is going on? Use your best judgement. _____

Recommendation
What actions are you asking for? _____
What do you want to happen next? _____

Follow-up Action (Next Steps): Document the call and "read back" orders to ensure accuracy. Is there a change in the plan of care? Yes No

Topic: _____

Date: / /

Time: AM PM

Location: _____

Situation

S

Background

B

Assessment

A

Recommendation

R

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SBAR Process / Quality Improvement Action Form

The purpose of this form is to document and outline an action plan to make an improvement to a process or work flow. It is designed to encourage ... transparency and improve the quality and delivery of patient care.

Your Name:

Date Submitted: / /

Proposed Improvement Project Title:

Situation (Use the back of this sheet if you need more room to provide explanation.)

Please provide a brief explanation of what the situation is: What is the process that you believe can be improved.

Where does this process and/or situation occur or what area is impacted? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Preoperative Area (e.g., Holding Area, Inpatient Unit, Admit Area) | <input type="checkbox"/> Operating Room |
| <input type="checkbox"/> Other Clinical Department (e.g., Pharmacy, Radiology) <small>(Specify Below)</small> | <input type="checkbox"/> Procedure Room (e.g., Endoscopy Suite, Procedure Room) |
| <input type="checkbox"/> Administrative Department <small>(Specify Below)</small> | <input type="checkbox"/> Labor and Delivery Suite |
| <input type="checkbox"/> Other <small>(Specify Below)</small> | <input type="checkbox"/> PACU |

Background (Use the back of this sheet if you need more room to provide explanation.)

What drew your attention to this? Is this an issue that happens frequently? Does it affect other people? Why make a change?

Assessment

This recommended change will positively impact the following: (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Improve Efficiency | <input type="checkbox"/> Cut Costs | <input type="checkbox"/> Improve Employee Morale |
| <input type="checkbox"/> Reduce Paperwork | <input type="checkbox"/> Eliminate Waste | <input type="checkbox"/> Increase Patient Satisfaction |
| <input type="checkbox"/> Prevent Harm to Patients | <input type="checkbox"/> Increase the Quality of Patient Care | <input type="checkbox"/> Clarify a Policy or Procedure |
| <input type="checkbox"/> Increase Workplace Safety | <input type="checkbox"/> Speed the Delivery of Care | <input type="checkbox"/> Standardize Care |

This recommended change will make an impact and improvement(s) in the following: (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Communication between staff | <input type="checkbox"/> Reduce Rushing / Haste | <input type="checkbox"/> Equipment Storage |
| <input type="checkbox"/> Staff Changes / Hand-offs | <input type="checkbox"/> Teamwork | <input type="checkbox"/> Supplies and Stocking |
| <input type="checkbox"/> Work Space Cleanliness | <input type="checkbox"/> Scheduling | <input type="checkbox"/> Room Changeover |
| <input type="checkbox"/> Other <small>(Please Specify):</small> | | |

Recommendation

Please use the back of this form or attach additional pages to answer the following:

1. What can be done to improve this situation / or process?
2. What changes need to happen to ensure that this is fixed or improved?
3. How can you help make this change a reality?
4. What is the simplest, fastest but most thorough way to make this happen?

Status

Stick status label here

- Red (Submitted)
- Yellow (Under Review)
- Green (Resolved)



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SBAR Communication Worksheet

Form Number: SBAR-008

This is not part of the medical record

Patient Name:		Patient Date of Birth: / /	
Date: / /	Time: AM PM	Room Number:	
Location:			

Pre-call preparation: Gather the following information: Patient's name; age; chart. Rehearse in your mind what you plan to say. Run it by another nurse if unsure. If calling about pain, when and what was last pain medication? If calling about fever, what was the most recent temperature? If calling about an abnormal lab, what was the result of the last test? What is the goal of your call? Remember to start by introducing yourself by name and location. Use area below as a checklist to gather your thoughts and prepare.

<input type="checkbox"/> Situation Briefly describe the current situation. Give a clear, succinct overview of pertinent issues.	_____
<input type="checkbox"/> Background Briefly state the pertinent history. What got us to this point?	_____
<input type="checkbox"/> Assessment Summarize the facts and give your best assessment. What is going on? Use your best judgement.	_____
<input type="checkbox"/> Recommendation What actions are you asking for? What do you want to happen next?	_____

Follow-up Action (Next Steps): Document the call and "read back" orders to ensure accuracy.
Is there a change in the plan of care? Yes No

Patient: _____

Date: / /

Time: AM PM

Location: _____

Situation

S

Background

B

Assessment

A

Recommendation

R

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OR Team SBAR Briefing & Debriefing Checklist

Patient Name: _____

Patient Date of Birth: / /

Date: / /

Time: AM PM

Location: _____

Room Number: _____

Briefing (Pre-surgery)

Elements Performed (check yes or no for each element)

Situation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Announce team briefing
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Introduce all personnel / team members
Background	<input type="checkbox"/> Yes <input type="checkbox"/> No	Share critical information about patient and procedure
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Encourage team input and continued cross-talk / communication
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Conduct Surgical Time Out (Surgical Pause)
Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Review plan/procedure and contingency plans as needed
Recommendation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask for questions or comments from team

Before Surgery

Debriefing (Post-surgery)

Elements Performed (check yes or no for each element)

Situation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Announce team debriefing
Background	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discuss what went well and not-so-well during surgery
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask how / what the team can improve for next time
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask if the team had the right tools at the right time
Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask all team members for any last questions or comments about case
Recommendation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assign follow-up roles and responsibilities

After Surgery

Follow-up Action(s) Required: Document the what needs to happen and who is responsible for follow-up.

Action Item: _____ Assigned to: _____
 Notes: _____

Action Item: _____ Assigned to: _____
 Notes: _____

Action Item: _____ Assigned to: _____
 Notes: _____

Action Item: _____ Assigned to: _____
 Notes: _____

