

SBAR

Products and Resources Catalog and Pricing Guide

SBAR is a simple communication technique that helps caregivers convey the most appropriate and critical information needed to make decisions and take action. It allows staff to get to the heart of an issue quickly and concisely.

Health care organizations worldwide have increased levels of patient safety and quality through improving communication by using the SBAR resources contained on the following pages.



For additional patient safety and quality improvement tools and resources for health care professionals and organizations, visit us on-line:

www.SaferHealthcare.com

DVD: SBAR Training Video for Acute Care Settings



This video is an excellent instructional training tool and is used by hundreds of hospitals and acute care systems throughout the world to train staff, physicians, nurses and all personnel involved in the delivery of safe and reliable care. Use this 15-minute video to teach your staff when and how to use SBAR in order to standardize critical conversations and the sharing of important patient information. This overview and training DVD gives practical illustrations of how to use the SBAR briefing model in critical care situations, late night calls to physicians, emergency department, OB/perinatal and other high risk areas.

\$149.00

DVD: SBAR Training Video for Acute Care Settings



The SBAR for Long Term Care training video is 15-minutes in length and contains an overview of the SBAR communication technique and examples of how and when to use the SBAR briefing model. This video is being used in hundreds of facilities to train staff and reinforce best practices. Meet joint commission and regulatory standards and safety goals by using this video.

“This video make it very easy to understand what SBAR is and how to use it in everyday situations. Thank you for making it available.” -- Barbara Miller, RN

\$149.00

Toolkit: SBAR Educational Resource Toolkit



Designed for educators, risk managers, and staff members, this toolkit is designed to be used as training tool.

The toolkit contains samples of many of our best selling SBAR products and educational resources including SBAR notepad, hang-tags and badges, stickers, workbook, tool-card, pocket guide, audio CD, pens, lapel pins, posters, forms, checklists, usage guides. These kits will expedite the roll-out of SBAR in your organization.

\$49.00

CD-Rom: SBAR PowerPoint Presentation and Training Guide



This CD-Rom contains a PowerPoint presentation with 50 slides that you can use to train staff and team members about SBAR.

Ready to use, right out of the box, it is an easy way to create an educational session and training program for nurses, physicians, staff and other personnel using the SBAR technique. Includes scripts for presentation.

\$149.00

Badge: SBAR Quick Reference Plastic Hang-tag / "Badge Buddy"



These durable, plastic quick reference SBAR hang-tags are a great way to spread the SBAR concept and awareness throughout an organization. These credit-card size plastic tags have a hole on one side that allows the staff to attach them to their ID badges.

These best-selling tags are perfect reminders for staff to use for SBAR conversations, leaving voice mails, using during hand-offs, patient transfers and other critical conversations.

\$49.00 (Pack of 25)

\$589.00 (Pack of 500) **Special Bulk Pricing: Save 40%**

Sticker: High Visibility Vinyl SBAR Sticker / Labels



These vinyl SBAR telephone labels are the perfect reminder to place in high-use areas to remind nurses and staff to use the SBAR briefing model when communicating with fellow care-providers.

SBAR labels can be placed on a telephone receiver handle or in other high use areas. Each label has the SBAR technique printed in bright "safety" orange

\$29.00 (Pack of 50)

\$219.00 (Pack of 500) **Special Bulk Pricing: Save 25%**

Lapel Pin: Enamel SBAR Lapel Pin



Distribute these high quality SBAR enamel lapel pins to your staff to reinforce SBAR communication. They are great visual reminders of the SBAR communication model.

Give them out as rewards for SBAR usage or as gifts. Metal backing. Sturdy construction.

Pins measure 1" and can be placed on lanyards, jackets and other clothing items.

\$67.00 (Pack of 20 pins)

Executive Brief: 4-page Executive SBAR Overview and Concept Briefing



These four-page hand-outs are a great way to remind staff about SBAR. Each executive briefing contains an overview of the SBAR concept and instructions for how to use it in every day situations. Distribute these to your teams as an educational resource, reminder or monthly newsletter.

\$67.00 (Pack of 25 Briefs)

\$99.00 (Pack of 100 Briefs) **Special Bulk Pricing: Save 64%**

Reference Guide: Plastic SBAR Critical Situation Report Checklist Guide



These plastic reference cards are a great tool for equipping your staff with a checklist and guide for critical SBAR conversations and reports. Staff can use these reference cards and checklists for making notes and formulating an SBAR conversation. The guide and checklist is printed on a sturdy plastic so it can be wiped clean. Place these cards at nursing stations and high traffic areas or by phones. These useful and practical guides can be used in connection with patient transfers and hand-offs, critical and late night calls to physicians and other briefing situations.

\$59.00 (Pack of 25)

\$189.00 (Pack of 100) *Special Bulk Pricing: Save 20%*

Sticky-Notes: SBAR Reminder “Post-it” Notepads



These sticky-notes give your staff a notepad that has each element of the SBAR communication model. Place these notepads throughout your organization. From nursing stations to executive offices these note pads are a great reminder. Each notepad has 50 sheets. Use them when writing notes, leaving voice mails, or structuring inter-office communications.

\$25.00 (Pack of 10)

\$189.00 (Pack of 100) *Special Bulk Pricing: Save 25%*

Pens: SBAR Ballpoint Easy-grip Pens



These easy-grip ball point pens are an easy way to reinforce the SBAR concept. Each pen has the word SBAR and Situation, Background, Assessment and Recommendation spelled out to remind staff to use this efficient communication technique.



Distribute these pens to all staff members or place them in nurse stations or other high visibility areas. Pens are bright orange to reinforce the concept of safety and the use of SBAR to create a patient safety culture.

\$69.00 (Pack of 25 pins)

Exercises: SBAR Training Exercises and Recommended Solutions



These exercises are a great way to train staff about SBAR. Distribute copies of these sheets to enable all staff to practice and rehearse the SBAR communication technique. Set contains five exercises include leaving voice mails, patient transfers, had-offs, and security briefings. Each page has a narrative scenario and a corresponding area for each SBAR component. Solutions are provided as recommended ways to present the material in the SBAR format. Recommended for clinicians and non-clinical personnel.

\$29.00 (Set of 5 Exercises) *PDF download or e-mail delivery available*

Workbook: SBAR Staff Training and Education Booklets



Use these educational training workbooks for staff development. Teach your personnel about the SBAR communication technique. These 24-page workbooks are an easy way to create an SBAR training program. Use these in small or large group settings. Workbook includes practice exercises, concept write-ups, usage guides and concept definitions.

\$99.00 (Pack of 20)

\$389.00 (Pack of 100) *Special Bulk Pricing: Save 25%*

Poster: SBAR Awareness and Technique Definition



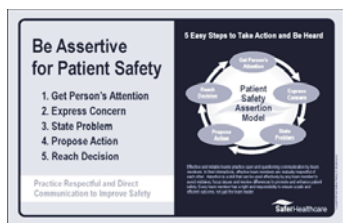
Place these posters throughout your facility to remind staff about SBAR and how to use it.

Posters measure 11" X 17" and are a perfect size to place in patient rooms, hallways, on bulletin boards, in nursing stations and other high visibility areas.

\$89.00 (Pack of 12)

\$499.00 (Pack of 100) *Special Bulk Pricing: Save 40%*

Poster: Be Assertive for Patient Safety



Place these posters throughout your facility to remind staff about the assertive model and how to use it to enhance patient safety.

Posters measure 11" X 17" and are a perfect size to place in patient rooms, hallways, on bulletin boards, in nursing stations and other high visibility areas.

\$89.00 (Pack of 12)

\$499.00 (Pack of 100) *Special Bulk Pricing: Save 40%*

Patient Safety Video Library and Vignette Collection



This kit contains over 50 short video vignettes and interviews with caregivers and experts designed to be incorporated into PowerPoint presentations for staff development and training.

Topics include SBAR, Conflict Resolution, Communication, Teamwork, Red Flags, CRM, Culture Change, Normalization of Deviance, High Reliability, Briefings, Debriefings and many more.

Comes complete with resources including: full text of each video, usage guide and more. Ideal for trainers, managers, executives and educators.

\$2,499.00

SBAR Communication Worksheet

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

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\$49.00 (Pack of 5 notepads)

Individual sheet forms and multi-sheet (multi-color) forms are available upon request. Call for pricing.

Topic: _____

Date: / /

Time: AM PM

Location: _____

Situation

S

Background

B

Assessment

A

Recommendation

R

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Phone: 303.298.8083
Toll-free: 1.866.398.8083

www.SaferHealthcare.com

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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, reliability and safety in 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) (Specify Below)	<input type="checkbox"/> Procedure Room (e.g., Endoscopy Suite, Procedure Room)
<input type="checkbox"/> Administrative Department (Specify Below)	<input type="checkbox"/> Labor and Delivery Suite
<input type="checkbox"/> Other (Specify Below)	<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 (Please Specify): _____		

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 Shift Report Hand-off Guide

1. Situation

- Patient Room #
- Admitting Physician Admitting Diagnosis / Secondary Diagnosis
- Most Current / Pertinent Issues

Use this checklist to gather your thoughts and structure your hand-off report. Use the note space below to make additional notes pertaining to the report as needed.

Note: The elements within this checklist are not intended to be comprehensive but rather a starting guide to assist in organizing a plan of communication.

2. Background

Discuss only elements that have recently changed or are pertinent to this patient

- Admit Date _____ Anticipated Date of Discharge _____
- Physician / Ancillary Consults
 - Psych. Surgical PT/OT Speech Wound Care Other
- Date / Time last seen by Physician _____
- Allergy _____
- Code Status / DNR _____
- Patient / Family Concerns _____
- Medications (pertinent issues / effectiveness) Immunization status
- Recent Interventions / Effectiveness _____
- Abnormal Labs _____
- Vital Signs Temp Pulse Respirations O₂ Sat.
- Pain status Location Score Modalities Used Effectiveness
- IV Type Amount Site Issues
- Drains / Tubes
- Wounds / Dressings
 - Type Location Color Edema Temp Change in Size
- Decubiti Stage Location Treatment

Systems: Discuss only systems pertinent to this patient

- Neurological / Mental Status
 - Level of consciousness Speech Pattern Dementia Confusion Depression
- Lungs / Respiratory
 - Lung sounds (rales, rhonchi, wheezes)
 - Cough (productive (description), dry)
 - Shortness of breath, difficulty breathing, orthopnea
 - Respiratory rate
 - Oximetry
 - O₂ @ _____ liters / per _____
- Cardiovascular Heart Rate Regularity SOB Edema
- GI Appetite changes Diet type Thickened Liquids TPN Weight
 - Abdominal Tenderness Distention Vomiting Nausea I @ _____ ml / _____
 - Last Bowel Movement Constipation Diarrhea Colostomy
- GU Catheter Urine Color Dysuria Frequency Last UTI O @ _____ ml / _____
- Musculoskeletal Pain Mobility Issues Positioning Fall risk status
- Assistive Devices Wheel Chair Cane Walker Other
- Skin Temperature Condition Edema Hematoma
- Discharge Plan / Issues Case Management Patient / Family Education
- Other _____

Notes:

S

B

A

R

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3. Assessment

- What do you think is going on with the patient?
- Do you have concerns about this patient? If yes, are they mild, moderate or severe?
- Discharge planning issues or concerns that need to be addressed

4. Recommendation

- Care / Issues requiring follow-up
- Orders requiring completion / follow-up
- Pending treatment / tests
- Issues / Items left undone that require follow-up

To order additional copies of this hand-off report guide, call 303-298-8083 or visit www.SaferHealthcare.com



\$49.00 (Pack of 5 notepads)

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SBAR Communication Worksheet

This is not part of the medical record

Patient Name: Patient Date of Birth: / / Room Number:

Date: / / Time: AM PM 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.

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



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Patient: _____		
Date: / /	Time: AM PM	Location: _____
<input type="checkbox"/> Situation	_____	
S	_____	

<input type="checkbox"/> Background	_____	
B	_____	

<input type="checkbox"/> Assessment	_____	
A	_____	

<input type="checkbox"/> Recommendation	_____	
R	_____	

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 Safer Healthcare
Creating and Sustaining a Patient Safety Culture™

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SBAR Checklist

Critical Situation Call to a Physician or Nurse Practitioner

Situation

Introduction and overview of problem

- My name is _____ insert your name and position / title
- I am calling from _____ insert facility name / unit about _____ insert patient name
- The problem I am calling about is _____ (or) I am concerned about _____

Background

Information pertinent to the problem or your concern

- The admitting Doctor, PCP, or NP is _____
- Admitting diagnosis is _____
- Secondary diagnosis is _____
- Code status / DNR
- Allergies
- Vital Signs are: Temp: _____ Pulse _____ Respirations _____
- Pain status:
 - Location Duration Changes in severity Intensity
 - Pain scale number Effectiveness of pain meds Other treatment modalities
- Current meds pertinent to the problem
 - Blood thinners Antibiotics Other
- There are changes in the following:

Use the checklist below to describe pertinent issues / recent changes that relate to the reason you are calling

- Neurologic: Speech pattern Numbness Paralysis Weakness
- LOC: Alert and oriented Confused Agitated Combative
 - Unresponsive Delirium
- Respiratory function: Pulse ox reading Difficulty breathing
 - O2 @ _____ Breath sounds Cough
- Cardiovascular: Pain Heart rate Heart sounds Regularity
 - Chest pain Edema
- GI function: Tenderness Distension Vomiting Nausea
- GU function: Catheter I/O Pain upon urination
- Urine color: Red Pink Straw-colored Dark Concentrated
- Musculoskeletal system: Pain Tenderness Alignment
 - Mobility Edema
- Skin: Temp Dry Moist Clammy Mottled Cyanotic Hives
- Wound status: Induration Drainage Color Wound approximation
- Abnormal test results: Labs INR Blood gases Imaging results
- Other: _____

Assessment

What you think is going on

- I think the problem may be _____ (i.e. infection, cardiac, neurologic, fracture, etc.)
- I'm not sure what is going on, but the patient's condition is deteriorating.
- The patient seems to be unstable and may get worse. We need to do something.

Recommendation / Request

What you think should happen / what you need

- I think this patient should be transferred to _____
- I think we need to discuss the code status with the patient / family.
- Do you want to order any tests or make changes in her current treatment plan?

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Gather the chart and the patient information before you make a call. Use this checklist to gather your thoughts and structure your call.

Note: The elements within this checklist are not intended to be comprehensive but rather a starting guide to assist nurses in organizing their communication.

Use the note space below to make additional notes pertaining to the report as needed.

Notes:

S

B

A

R



Produced in cooperation with Education Solutions for Long Term Care
www.educationsolutionsltc.com

\$49.00 (Pack of 5 notepads)

Individual sheet forms and multi-sheet (multi-color) forms are available upon request. Call for pricing.

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: _____	_____

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