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Using the SBAR Communication Tool in Mental Health.

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Dr John Stephenson, Senior lecturer of health and biomedical statistics, University of Huddersfield.
Where we work.

- Calderdale has a population of 200,000 people.
- Three Mental health inpatient wards.
- Multi-disciplinary working.
- High patient turn over.
- The safe communication of patient details is crucial.
Communication, Communication, Communication.

- Communication failure is the leading cause of inadvertent patient harm. (Leonard 2004)
- Causes of communication failure are multifactoral.
- Standardised Communication tools are recommended where human error puts lives at risk.

- **Situation**
- **Background**
- **Assessment**
- **Recommendation**

Leonard M Graham S, Bonacum, (2004), The Human Factor: the importance of effective teamwork and communications in providing safe care. Qual Saf Health Care, 13, i85 - i90
Does SBAR improve the quality and efficiency of referrals?

- Junior Doctors on call rated the quality of every other new referral on a series of likert scales. (T1)

- Time spent on the telephone was also recorded.

- Nurses were trained to use SBAR, aide memoires were provided on all wards.

- The same data collection tool was used at post SBAR training. (T2)
Results

- 88% of nurses trained
- Cronbach’s alpha for evaluation tool = 0.859

Figure 1: Mean changes in time, combined referral score and decision score from T1 to T2

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>30</td>
<td>1200</td>
<td>192.8</td>
<td>261</td>
</tr>
<tr>
<td>Referral Score</td>
<td>4</td>
<td>18</td>
<td>12.2</td>
<td>4.00</td>
</tr>
<tr>
<td>Decision Score</td>
<td>1</td>
<td>5</td>
<td>3.27</td>
<td>1.14</td>
</tr>
<tr>
<td>T2</td>
<td>25</td>
<td>240</td>
<td>91.4</td>
<td>62.2</td>
</tr>
<tr>
<td>Referral Score</td>
<td>6</td>
<td>19</td>
<td>14.2</td>
<td>3.15</td>
</tr>
<tr>
<td>Decision Score</td>
<td>1</td>
<td>5</td>
<td>3.81</td>
<td>0.69</td>
</tr>
</tbody>
</table>

Figure 2: Inferential testing

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Mean Change</th>
<th>p-value</th>
<th>95%CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>101.5</td>
<td>0.047</td>
<td>(1.3, 201.7)</td>
</tr>
<tr>
<td>Referral Score</td>
<td>2.03</td>
<td>0.042</td>
<td>(0.11, 3.95)</td>
</tr>
<tr>
<td>Decision Score</td>
<td>0.54</td>
<td>0.035</td>
<td>(0.04, 1.04)</td>
</tr>
</tbody>
</table>
Improving Safety and Quality?

- **Conclusions:**
  - A significant improvement in the perceived quality of clinical information.
  - Ability to make clear decisions enhanced.
  - Time spent receiving the referral halved.

- **Limitations:**
  - Size.
  - Subjective material.
  - Bias.
  - Blinding.

**Further Work**