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Using the SBAR Communication Tool in Mental Health.

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George Smith, Assistant director of nursing education leadership and development, both at South West Yorkshire Partnership NHS Foundation Trust.
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>n=30</td>
<td>4</td>
<td>18</td>
<td>12.2</td>
<td>4.00</td>
</tr>
<tr>
<td></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>n=26</td>
<td>6</td>
<td>19</td>
<td>14.2</td>
<td>3.15</td>
</tr>
<tr>
<td></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