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# Using the SBAR Communication Tool in Mental Health.

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# 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.
- **S**ituation
  - **B**ackground
  - **A**ssessment
  - **R**ecommendation



# 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

Cohort		Minimum	Maximum	Mean	Std. Deviation
T1 n=30	Time (seconds)	30	1200	192.8	261
	Referral Score	4	18	12.2	4.00
	Decision Score	1	5	3.27	1.14
T2 n=26	Time (seconds)	25	240	91.4	62.2
	Referral Score	6	19	14.2	3.15
	Decision Score	1	5	3.81	0.69

Figure 2: Inferential testing

Outcome Measure	Mean Change	p-value	95%CI
Time	101.5	0.047	(1.3, 201.7)
Referral Score	2.03	0.042	(0.11, 3.95)
Decision Score	0.54	0.035	0.04. 1.04)



# 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

