Adapting and Implementing SBAR in a home care setting

A studentship Project
Funded in part by the Canadian Patient Safety Institute

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Acknowledgements

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We would also like to thank Gloria Kay, VHA's Quality Improvement Associate, who has worked tirelessly with us to develop the methodology for this project.

Project Summary

Effective communication and teamwork are critical elements of a patient safety culture and the provision of safe health care. SBAR (Situation-Background-Assessment-Recommendation) is a process that helps to enhance both communication and teamwork. Coming from the U.S. Nuclear sub industry, it was first developed for health care by U.S. anaesthesiologist Dr. Michael Leonard and colleagues (Leonard, et al., 2006). They recognized that communication errors may be a result of:

- Human performance limitations
- Interpersonal dynamics
- Team functioning and the clinical environment

The SBAR technique provides a simple yet effective framework for communication between members of the healthcare team. It provides staff with a common approach to framing any discussion, especially critically important ones that may require quick attention and action. SBAR is used whenever you have a request of a colleague, physician, or person in charge. "It allows for an easy and focused way to set expectations for what will be communicated and how between members of the team," which are essential for fostering a culture of safety and for developing teamwork. (IHI, 2008)

SBAR was adapted for use in rehabilitation by the Toronto Rehabilitation Institute (Velji, Baker, Fancott, et al., 2008) and it was strongly believed that the approach would be appropriate and greatly beneficial in a home care setting such as VHA Home HealthCare. The theoretical concepts and principles aimed at improving communication are certainly relevant to safety issues in home and community care settings. Of note, Nancy Sears' 2008 study found an adverse event

rate of at least 13.2% in home care, much higher than the 7.5% adverse event rate estimated for Canadian hospitals by the Baker and Norton et al. (2004) study.

The work done by the Toronto Rehabilitation Institute (TRI) on revising and testing the implementation of SBAR to a rehabilitation setting was the basis for this Patient Safety Studentship project. Two students working on the project adapted the TRI SBAR Implementation Toolkit for Rehabilitation Settings to a community home care setting and then provided the SBAR training to a team of Personal Support Workers (PSWs) and office staff who worked closely with the team. After the project ended, further roll-out of SBAR to other teams was done, including training the management team. The students continue to work on a casual basis to conduct training and follow-up sessions.

Purpose / Objectives

The project's overall goal was to improve the safety of care provided to our clients and prevent adverse events. The key objectives were:

1) To *improve communication* among the VHA team members, and externally with others involved in the 'circle of care'
2) To create a climate at VHA where all staff are comfortable to speak openly about safety concerns and use a clear and effective standardized communication approach.

Historically, healthcare settings have tended to be punitive and focus on individuals rather than the systems they work in when errors or adverse events occur. At VHA, we have been focused, and continue to be, on shifting the safety culture from one of 'blame and shame' to one that is 'just', systems-oriented and focused on process improvements.

Methodology

Beatrice Mpamugo (nursing student) was hired as of April 21, 2009 and was joined by a second student, Jordanne Dalgleish (social work student), on May 19, 2009. They began with background work to become familiar with patient safety concepts and VHA's safety improvement initiatives, in particular, the SBAR method to improve communication among team members. The training program developed by TRI was adapted for the context of home care and personal support (PS) service delivery. The students met with office and field staff in the PS service area to learn about common communication issues and develop relevant training scenarios. Over the first few months regular meetings were held with Colleen Kearney who provided guidance and advice to the students. The program was finalized in early August 2009 through three separate pre-testing sessions held with Patient Safety Committee members and selected field staff who provided feedback and suggestions on the SBAR training content.

The SBAR project involved a pilot study with one of the Personal Support (PS) Service Teams at VHA. The team was comprised of approximately 50 PSW field staff, one Service Supervisor, one Service Planner, one Team Assistant and one Field Educator. The adapted SBAR implementation process and tools were used including evaluation tools. This allowed for assessing the different program components and for making needed revisions/enhancements prior to roll-out to other VHA teams. In addition to conducting the SBAR training and follow-up sessions, the students developed a draft SBAR Training Manual. A version of the training program was modified for the nursing teams with specific nursing-related examples.

The home care SBAR training program consisted of two-hour mandatory training sessions scheduled at different times to accommodate staff on the PS Service Team. The pilot training was completed in the fall of 2009. Four to six weeks after the initial training session, a follow-up session was held to review SBAR methodology and provide support for ongoing use.

The students involved in the Studentship project continued work on SBAR training at VHA on a casual basis (i.e., 4-5 hours per month). In March 2010, a two hour presentation and demonstration of SBAR was conducted with all Senior and Middle management at VHA so that they would be familiar with the conceptual basis of SBAR and the rationale for this communication technique. Training management was considered an important step to secure buy-in and sustainability of SBAR use.

Since completing the pilot project, the continued rollout of SBAR training during 2010 focused on nursing teams as follows:

- Durham region nursing team in April and May 2010
- Nursing teams in Chatham and Sarnia in June 2010
- Customer Service Centre staff in July 2010 focused on the staff who work closely with these nursing teams. This was done to ensure a common approach to communication between office and field staff and to reinforce the use of SBAR
- SBAR training to the Central teams, both adult and Child and Family will take place in October 2010

Rollout of the program in 2011 will be focused on remaining PS teams and office staff.

Results

The training program developed by the students is outlined in detail in a program manual (see Appendix A). The results from the SBAR training sessions are highly positive (see the participant feedback survey tools used in the initial and follow-up training sessions appended in the manual). For the initial two-hour training, 100% of participants rated the session positively (either good or excellent on a four point scale ranging from poor to excellent) on all areas assessed as well as the overall session rating. Average scores ranged from 3.56 to 3.79, where 4.0 would be the highest possible score.

Knowledge gains about effective communication were indicated by participants' ratings before and after the session. Finally, the average confidence rating by participants in their use of SBAR was 8.48 on a 0-10 point scale. 60% rated their confidence as 9 or 10, 27.5% as 7 or 8, and only 12.5% of participants were moderately confident (rating of 5 or 6). No participants rated their confidence in using SBAR below a 5 on the 0-10 point scale.

The results were also very positive from the follow-up sessions held as part of the pilot project. These feedback survey results are provided in Appendix B.

Close to one year following the training, staff who participated in the pilot project are still applying the SBAR technique when calling the office. Calls tend to be more concise and organized according to the Customer Service Centre staff that also had the SBAR training. These office staff recommend that SBAR be included in orientation of all new field staff and this has already begun in the Chatham and Sarnia offices.

Limitations

The limitations mainly came from the cost of rolling the program out to the field staff working in the community. Because our nurses and PSWs are not working on site, it is very costly to bring them in for intensive training sessions such as SBAR. Another challenge was posed by a restructuring at the organization that occurred during the pilot project and resulted in changes in office staff affiliated with the PS team involved.

Students' time availability was severely limited once their school year began. Roll-out to the nursing teams was slowed because of this. It is critical for teams to consistently practice using SBAR and until all staff have received the training, it is a challenge to ensure continued use and sustainability of the method.

Recommendations (Gaps in Research, Next Steps)

The effectiveness of the SBAR training adapted for a home care setting was evaluated only partially in this pilot project. The evidence of SBAR use by staff after training is primarily anecdotal and a more robust evaluation would be valuable to better understand the effectiveness of the program. As resources allow, VHA is interested in further evaluation of the program for maximizing the effects of SBAR on communication, teamwork and patient safety.

VHA has a number of ongoing patient safety improvement initiatives that include evaluation. Indicators such as missed visits, client and staff incidents are regularly monitored. As we increase our utilization of review and root cause analyses following safety incidents, we have an opportunity to monitor communication-related safety issues and ideally see how SBAR has had an impact for our organization.

Next steps include providing the training to all new staff as a part of their orientation at VHA Home Healthcare as well as providing training to existing staff who have not yet received it. It is also important that supervisors understand that they have a role to play in sustaining the use of SBAR. They can support teams in their use of SBAR techniques through reinforcing learning and practice applications.

Student Learning

This studentship provided us with an enhanced understanding of the importance of patient safety in general and in a home care context. The project allowed us to further develop project management skills, as we were responsible for the development of the learning plan and tools, and facilitation of the SBAR training. In addition, this venture enhanced our research skills by allowing us to conduct focus groups, disperse questionnaires and analyze the findings. Lastly, this project also aided in building confidence in our abilities as public speakers through presenting the training program to many different audiences.

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Appendices

Appendix A*- SBAR Training Manual for Home Care Setting (PSW version)*

Appendix B*--Evaluation results*

Appendix C*— List of Presentations related to SBAR Studentship project*

SBAR Implementation Manual
Adapted for Personal Support Workers

Prepared by VHA Home Healthcare
as a part of a funded CPSI research study

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We would also like to acknowledge the work of Dr. Michael Leonard and his colleagues at Kaiser Permanente, and Toronto Rehabilitation Institute. These resources have provided the basis upon which our adapted SBAR tool and training manual toolkit have been built.

Lastly, we would like to thank the members of VHA Home Healthcare and the study participants for their contribution during all phases of this project.

More Information
If you require more information on this toolkit or have questions about the adapted SBAR tool or training process, please contact Colleen Kearney at: ckearney@vha.ca.

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Preface

Communication failures have been cited as the leading cause of inadvertent patient harm (Joint Commission on Accreditation of Health Care Organizations, 2005). For this reason, VHA Home Health Care is undergoing a pilot project through funding from The Canadian Patient Safety Institute. Referred to as **'Raising the Bar' on Safety,** this program is aimed at the improvement of effective communication for Personal Support Workers, utilizing the SBAR communication tool.

Adaptation of the SBAR tool:

Training Session 1: Communication in health care- the SBAR tool

- Patient Safety and Communication
- SBAR Application

Training Session 2: SBAR Follow up

"SBAR" refers to a structured communication process:

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

The Personal Support adaptation of SBAR was created from the original designed by Dr. Michael Leonard and colleagues, as well as the manual created by Toronto Rehabilitation Institute entitled: "SBAR: A Shared Structure for Team Communication". Additional information was also obtained through discussion with Personal Support staff, Service Planners, Service Supervisors and Administration, in an effort to ensure SBAR's appropriate implementation.

It is our hope that this adaptation of the SBAR communication tool will prove useful in future training, application and evaluation for other home care organizations.

This manual is intended for facilitator use only. Presentation materials for Personal Support Workers are included on the attached CD.

SBAR Implementation Overview

<u>Session One: Communication in Health Care and the SBAR Tool</u>

Objectives

- Understand the connection between communication and patient safety
- Identify barriers to effective communication.

- To be familiar with the SBAR tool and its effectiveness
- Develop skills on how to use SBAR effectively and with confidence

.

Patient Safety and Communication

Patient Safety

Introduction:
The preservation of patient safety is one of the core values associated with the delivery of healthcare. As active providers of quality care within the community, VHA recognizes the significance of effective communication for patient safety.

Purpose:

This information will enable individuals to identify elements of effective communication as well as associated barriers. Individuals will be able to recognize the importance of standardized communication, as it relates to the improvement of patient safety.

- "Adverse medical events are frequently the result of ineffective team communication" (Joint Commission, 2008, p. 3).
  - *Adverse Event*: an unintended injury or complication that results in disability, death or prolonged treatment and is caused by health care management rather than the patient's underlying condition (Ross Baker et al.,2004, p.1678).
- Standardized approaches and tools provide solutions to improve the quality of communication and prevent subsequent patient harm (Markley & Winbery, 2008, pg.161).
- The Joint Commission's home care national patient safety goals include:
  - Improving the effectiveness of communication amongst caregivers
  - Recommends that home health agencies "implement a standardized approach to handoff communications" including an opportunity to ask questions (Joint Commission, 2007).

Why so much emphasis on Patient Safety?
- Errors occur at all levels of health care
- Even the most experienced and dedicated staff can be involved in preventable adverse events

Communication
- There are three categories of communication failures:
  - ***Systems failures***: Necessary channels of communication do not exist and/or are not functioning (***example- illegible written notes***).
  - ***Message failure****:* Necessary information is not transmitted.
  - ***Reception failures***: Correct message is sent, but misinterpreted by the recipient, or arrives too late (Manning, 2006, p.268).

Standards of effective communication (Leonard, Graham, & Bonacum, 2004)
- **Complete**- communicate all relevant information

- **Clear**-convey information that is plainly understood
- **Brief**- communicate information in a concise manner
- **Timely**- offer information in an appropriate timeframe

SBAR Application

Introduction
Errors related to communication typically arise from excessive or inadequate information. The application of the SBAR communication tool, serves to reduce these inefficiencies, by enabling information to be presented in a relevant, clear and concise manner.

Purpose:
This segment is designed to promote an understanding of the SBAR framework as it relates to effective communication. Through this information one will be able to recognize the significance, which standardized communication tools can have on VHA community practice. Individuals will also get an opportunity to engage in interactive activities to become more familiar with the components of SBAR.

What can we do to increase effective communication and patient safety?
The use of SBAR provides an easy to use tool which can be used at anytime and offers a structured approach to delivering relevant information, especially in emergency situations.

S	**Situation:** *Describe the problem or concern* o Identify self, VM number, client's name, time of service, client's address (if needed) o Provide a brief statement of the problem
B	**Background:** *What is the background information that is relevant to the situation?* o Events leading up to the situation if important o Client history
A	**Assessment** o What do you think the problem is? o What have you found?
R	**Recommendation/Response**: o What would you suggest? o What actions were taken?

Example: Not Seen Not Found Visit (NSNFV)

S: Hello my name is Ann Smith VM#1234; I'm calling regarding a NSNFV for my 0900 client Catherine Hall.
B: I arrived at the client's home fifteen minutes ago and there is not answer at her house. Ms. Hall never misses a visit and usually notifies me or the office if she isn't going to be home.
A: A safety check was done and there doesn't seem to be anyone in the household.

R: I'm not quit sure where that client could be but, she did mention that she has a daughter in Markham, she may know the location of her mother.

- SBAR facilitates effective communication in two ways:
  (1) Allows information to be organized in a clear, concise, and direct manner
  (2) Increases the confidence of people delivering the message, and empowers them to state their needs and opinions respectfully and reach a decision collaboratively (Markley & Winbery, 2008, pg 163).

When to use SBAR

- SBAR can be used anytime a situational briefing is required
  Including time:
  - Sensitive/critical situations
  - Clarification of needs
  - Safety issues for Personal Support Worker or the client
  - Transfer of client information
  - Unexpected change in the care process

  (Markley & Winbery, 2008, pg 164).

Why does SBAR work?

- Saves time by providing quick updates, assessing and recommending options.
- Everyone is on the same page when thinking through a problem

How can SBAR *help VHA?*

- SBAR offers a format to use when calling VHA to provide the relevant information
- Communication is accomplished in a timely fashion, which decreases stress and frustration to those involved
- Prevents adverse events by improving communication between members of client service teams
- Creates effective teamwork by:
  - Creating a unified vision
  - Practice coaching and feedback
  - Demonstrating trust and respect
  - Investing in personal and team accountability

  (Haig, Sutton, & Whittington, 2006).

Communicating using SBAR

Assertive Response

- Expressing appropriate assertion:
  - State the problem politely and persistently until a consensus is reached between the two parties
  - Focus on the problem and avoid the question of who is right or wrong
  - Avoid providing solutions in the form of an order or in an authoritative manner. These actions may stir up feelings of anxiety or anger in others
  - Contain "I" statements that take responsibility

(Leonard, Graham & Bonacum, 2004).

- Assertive communication is crucial to patient safety, however many people are stuck in the hint and hope model

  Example: Hint to possible course of action- *Are you sure this would be the right course of action?* Hope *others will pick up on your uncertainty and change their action.*

- Characteristics of assertion include:
  - Being organized in thought
  - Seeking a common understanding
  - Valuing all members of the team (Beyea, 2004).

The two goals of assertiveness are:

1. Standing up for personal rights without infringing on the rights of others
2. To reduce anxiety, that often prevents us from behaving assertively

Example

- **Assertive responses** contain "I" statements that take responsibility

  Example: *I feel that that my client Mrs. Rosen is in need of additional services due to her worsening physical condition.*

Versus

- **Aggressive response** often contain "you" statements that fix blame and undue responsibility on the other person.

  Example: *You need to get my client Mrs. Rosen additional services because her physical condition is worsening.*

- **Passive behavior** is defined as response that denies our own rights to avoid conflict (Arnold & Boggs, 2003, p 370).

  Example: *My client Mrs. Rosen is experiencing difficulty due to her worsening physical condition, what do you suggest we do?*

- Assertive communication contributes to *situational awareness* and the creation of *a safe environment* by ensuring people feel comfortable addressing each other and using an agreed upon framework. By doing so, individuals have a shared understanding of what is happening

  For example: 'Can I make sure I understand you, what is your recommendation here?

Using Critical Language

- Enables people to stop and take notice of concerning situations. It creates a clearly agreed communication model that helps avoid the natural tendency to speak indirectly (Leonard, Graham & Bonacum, 2004).
- Suggest the use of critical language in the first 10 seconds
- Do not be afraid to C.U.S.: (Trentham, Andreoli, Boaro, Velji & Fancott, 2007)
  - C = I am Concerned (with my patient's condition)
  - U = I am Uncomfortable (with my patient's condition)
  - S = The Safety (of the patient) is at risk.

Situational awareness (Trentham, Andreoli, Boaro, Velji, & Fancott, 2007)

- Refers to the health care team maintaining the big picture

- Quality of care
- Safety
- Think ahead and plan
- Discuss contingencies

➢ Keeping everyone on the same page and recognizing red flags which signal that you're getting off track.

Red Flags (Trentham, Andreoli, Boaro, Velji, & Fancott, 2007)

➢ Confusion
➢ Poor communication
➢ Trying something new under pressure
➢ Verbal violence
➢ An uneasy feeling
➢ Being overworked
➢ Being rushed

Creating a Safe environment

➢ People need to feel safe to voice their opinions on various issues
➢ All team members need to feel they are on the same playing field
➢ This principle acknowledges that everyone makes mistakes, BUT we do generally have control of our behavioral choices
➢ Non-punitive design and good behavioral choices, together produce good results

Adapted SBAR Tool–FRAME WORK FOR EFFECTIVE COMMUNICATION

S	**Situation:** *Describe the problem or concern* o Identify self, VM number, client's name, time of service, client's address (if needed) o Provide a brief statement of the problem
B	**Background:** *What is the background information that is relevant to the situation?* o Events leading up to the situation if important o Client history
A	**Assessment** o What do you think the problem is? o What have you found?
R	**Recommendation/Response**: o What would you suggest? o What actions were taken? o What supports do you need?

Facilitation Notes

➢ Communication is not complete until everyone understands the plan

- Be prepared with the needed information before making a phone call, use critical language
- Sometimes part B (Background) or A (Assessment) may not be applicable

Message before SBAR adaptation

- Hello it's Ann. I am concerned about my client because he only gets service once a week, even though I work really hard during our visits together at 12 o'clock.
- Mr. Brown hasn't been feeling well for a few days.
- I think that Mr. Brown needs more services and I think you should really do something about it.
- It seems that Mr. Brown has been getting worse over the past couple of visits, because before he was doing fine.
- In addition the client does not have a lot of family support; they live far away and can't come very often.
- He is now complaining of weakness, and I don't know what to do about it.

SBAR adaptation

- S: Hello my name is Ann Smith VM#1234; I'm calling regarding my 12 o'clock client Maurice Brown. I'm concerned about this client's safety.
- B: The client hasn't been feeling well for a few days and is now complaining of weakness. In addition, the client does not have a lot of family support
- A: It seems that Mr. Brown has been getting worse over the past couple of visits.
- R: I think Mr. Brown may need more services.

Scenario 1

- Yesterday you felt sick all day, but still worked.
- At 6 am, you woke up and threw up.
- You now feel too weak to work.
- Today you have three clients.
- The first two must be seen on time (8am and 930am)
- The last one is a child and family case for which the client's mother doesn't like new workers.

*Speak with live person

SBAR adaptation

- S: Hello this is Ann Smith, VM#1234. I'm calling because I am unable to work today.
- B: I was feeling sick all of yesterday, but managed to service all you clients. At 6am this morning I awoke and began to throw up.
- A: I am not feeling well enough to service my clients.
- R: I have three clients today the first two are time specific at 8am and 930am. My last client is a child and family case, the mother may or may not want to cancel service, just call her to double check.

Scenario 2

- You arrive at Mrs. W's home and she is not answering the door.
- This has happened twice before, because the client did not hear the door bell.

- But, on this visit you have been waiting outside for 5 minutes, and are beginning to get worried.
- You do a safety check.
- When looking through the client's living room window you see a body lying on the floor and immediately call 911.

*Speak with live person

SBAR adaptation

- S: Hello my name is Anne Smith VM #1234. I'm calling because I found my client Mrs. W lying on the floor during a safety check, I have called 911.
- B: When I arrived at the client's home there was no answer. After waiting 5 minutes I did a safety check and when I looked through a window I saw a body lying on the living room floor.
- A: none
- R: I have called 911, could you please call the client's relatives to let them know what has happened

*Speak with live person

Summary

- SBAR makes communication clear, complete, brief and timely
- Increases patient safety
- Boosts confidence
- Creates better teams
- Creates a safe environment

Session 2: SBAR Follow-Up

Agenda:

- Review and use SBAR
- Discussion
- Evaluation

Facilitator Notes:

- This session should be done approximately three weeks following the training session. The premise of this session is to provide a platform to discuss the participants' experience in the implementation of SBAR as well as address any questions and/or concerns about its application.

Lesson Plan

1. Welcome participants
2. Review SBAR material
3. Practice Scenarios
4. Discussion
5. Evaluation

*Content of presentation on CD

Discussion Guide for Facilitators	
1	In what situations have you used the SBAR tool? (list on board/flip chart) i. Who was involved (VHA staff /other)? ii. What was your reasoning for using SBAR in those particular instances?
2	In what situations did you choose not to use SBAR and why not?
3	What has been your experience in using SBAR? i. Positive/Negative ii. Effect on communication iii. Impact on practice/quality of care/patient safety iv. The most useful way SBAR was promoted and encouraged
4	What would you suggest be used to increase the use of SBAR within VHA?
5	What are the enablers and barriers to using SBAR?
6	What changes if any would you make to SBAR content or reinforcements?

(Toronto Rehabilitation, 2007, p. 28)

S-BAR Training Session

Participant Feedback

Date: ____________________

1. **Please rate this session by placing an "X" in the appropriate box:**

	Poor	*Fair*	*Good*	*Excellent*
a) Organization & content of the session				
b) Clarity of the information				
c) Large group discussion and interaction				
d) Small group exercises				
e) Presenters' knowledge of the subject				
f) Session overall was:				

2. **The length of the training session (2 hours) was:**

☐ too short ☐ just right ☐ too long

3. **On a scale ranging from 0 to 10, how confident are you about using S-BAR?** *(0 is not at all confident, 10 is extremely confident and 5 is somewhat confident)*

0--------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Not at all Confident | Somewhat Confident | Extremely Confident

4. **How would you rate your knowledge about effective communication <u>before</u> the training?**

0--------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Extremely Low | Moderate | Extremely High

5. **How would you rate your knowledge about effective communication <u>after</u> the training?**

0--------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Extremely Low | Moderate | Extremely High

6. **What did you like MOST about the training session?**

7. **What did you like LEAST about the training session?**
8. **Please provide your comments and suggestions on how the training session could be improved:**

Thank you for completing this evaluation form!

This project is partially funded by:

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Beatrice Mpamugo
Colleen Kearney

VHA HOME HEALTHCARE
Complex care, Simple comforts

S-BAR Follow Up Training Session

Participant Feedback

Date: ____________________

1. **Please rate how helpful this session was by placing an "X" in the appropriate box:**

How helpful did you find:	***Not at all helpful***	***A little helpful***	***Helpful***	***Very helpful***
g) Review of the SBAR technique				
h) Small group practice exercises				
i) Hearing about SBAR experiences of others				
j) Talking about how SBAR could be continued and supported				
k) Session overall was:				

2. **In the past 2 weeks, how often have you used SBAR at work?**

☐ 0-1 time ☐ 2-5 times ☐ 6-9 times ☐ 10 times or more

3. **On a scale ranging from 0 to 10, how useful was the SBAR process in helping your communication?** *(0 is extremely low, 10 is extremely high and 5 is moderate usefulness)*

0--------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Extremely Low — Moderate — Extremely High

4. **On a scale ranging from 0 to 10, how confident are you about using S-BAR?** *(0 is not at all confident, 10 is extremely confident and 5 is somewhat confident)*

0--------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Not at all Confident — Somewhat Confident — Extremely Confident

5. **In your opinion, what would assist you to be more confident in the use of SBAR? (Circle all that apply)**

a. More reinforcements (e.g., SBAR stickers or SBAR key chains)
b. More practice time in training sessions
c. An additional training session
d. No further assistance needed
e. Other suggestions: ____

6. **Please provide your comments and suggestions for improving this follow-up SBAR session:** ***Thank you for completing this evaluation form!***

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APPENDIX B

Pilot project results of the participant feedback survey: Part 1 SBAR training session

Frequency distribution results for the 4 SBAR training sessions are presented in the tables below. Graphical presentations are also provided in pie charts for training areas assessed by the participant feedback questionnaire. Summary of the comments provided to open-ended questions is provided. Finally, average (mean) scores are provided for the items rated on either a 4-point scale or 11-point scale.
The results from the 4 SBAR training sessions are highly positive. Of 40 completed feedback questionnaires, 100% of participants rated the session positively (either good or excellent on a four point scale ranging from poor to excellent) on all areas (organization & content, clarity of information, large group discussion, small group practice and presenters' knowledge of the subject) as well as on the overall rating of the session. Average scores ranged from 3.56 to 3.79 on these items, where 4.0 would be the highest possible score. The highest average score was found for 'presenter's knowledge of the subject' which speaks highly of the two students who took the lead on this SBAR pilot project.
Majority of participants felt the two-hour session was 'just right'—8% reported they felt the session was 'too short'. The items assessing knowledge of effective communication before and after the session showed positive results; frequency distribution findings as well as the average knowledge score on the 0-10 rating scale indicates self-reported knowledge gain. Finally, the average confidence rating by participants in their use of SBAR was quite high at 8.48 on the 0-10 point scale. Frequency distribution results indicated that 38% of respondents reported they were extremely confident (rated confidence at 10, the highest rating). 60% rated their confidence as 9 or 10, 27.5% as 7 or 8, and only 12.5% of participants were moderately confident (rating of 5 or 6). No participants rated their confidence in using SBAR below a 5 on the 0-10 point scale.

Frequency Tables and Pie Charts

Session #

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Part 1 Session #1	12	30.0	30.0	30.0
	Part 1 Session #2	6	15.0	15.0	45.0
	Part 1 Session #3	9	22.5	22.5	67.5
	Part 1 Session #4	13	32.5	32.5	100.0
	Total	40	100.0	100.0	

Session org'n and content

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Good	13	32.5	32.5	32.5
	Excellent	27	67.5	67.5	100.0
	Total	40	100.0	100.0	

Clarity of information

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Good	16	40.0	41.0	41.0
	Excellent	23	57.5	59.0	100.0
	Total	39	97.5	100.0	
Missing	-1	1	2.5		
Total		40	100.0		

Large grp discussion/interaction

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Good	17	42.5	43.6	43.6
	Excellent	22	55.0	56.4	100.0
	Total	39	97.5	100.0	
Missing	-1	1	2.5		
Total		40	100.0		

Small grp practice exercises

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Good	14	35.0	37.8	37.8
	Excellent	23	57.5	62.2	100.0
	Total	37	92.5	100.0	
Missing	-1	3	7.5		
Total		40	100.0		

Presenters' knowledge of subject

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Good	8	20.0	21.1	21.1
	Excellent	30	75.0	78.9	100.0
	Total	38	95.0	100.0	
Missing	-1	2	5.0		
Total		40	100.0		

Session overall rating:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Good	12	30.0	30.8	30.8
	Excellent	27	67.5	69.2	100.0
	Total	39	97.5	100.0	
Missing	-1	1	2.5		
Total		40	100.0		

Length of session was

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	too short	3	7.5	7.7	7.7
	just right	36	90.0	92.3	100.0
	Total	39	97.5	100.0	
Missing	-1	1	2.5		
Total		40	100.0		

Using SBAR-Confidence rating

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	5 Somewhat Confident	4	10.0	10.0	10.0
	6	1	2.5	2.5	12.5
	7	6	15.0	15.0	27.5
	8	5	12.5	12.5	40.0
	9	9	22.5	22.5	62.5
	10 Extremely Confident	15	37.5	37.5	100.0
	Total	40	100.0	100.0	

Knowledge abt effective comm before training

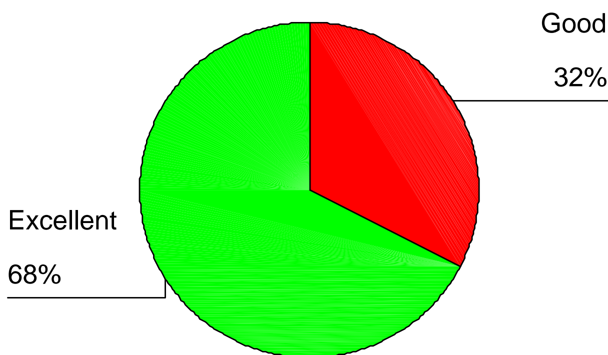
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3	1	2.5	2.5	2.5
	4	1	2.5	2.5	5.0
	5 Moderate	8	20.0	20.0	25.0
	6	3	7.5	7.5	32.5
	7	4	10.0	10.0	42.5
	8	7	17.5	17.5	60.0
	9	10	25.0	25.0	85.0
	10 Extremely High	6	15.0	15.0	100.0
	Total	40	100.0	100.0	

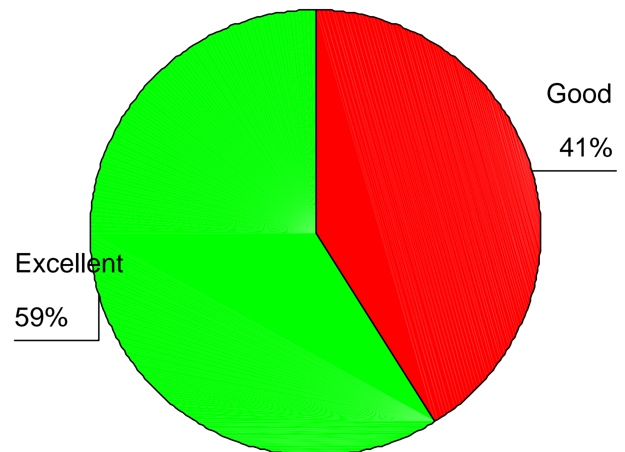
Knowledge abt effective comm after training

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	7	2	5.0	5.1	5.1
	8	8	20.0	20.5	25.6
	9	12	30.0	30.8	56.4
	10 Extremely High	17	42.5	43.6	100.0
	Total	39	97.5	100.0	
Missing	-1	1	2.5		
Total		40	100.0		

Change in knowledge rating

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	9	22.5	23.1	23.1
	1	11	27.5	28.2	51.3
	2	10	25.0	25.6	76.9
	3	2	5.0	5.1	82.1
	4	5	12.5	12.8	94.9
	5	2	5.0	5.1	100.0
	Total	39	97.5	100.0	
Missing	-1	1	2.5		
Total		40	100.0		

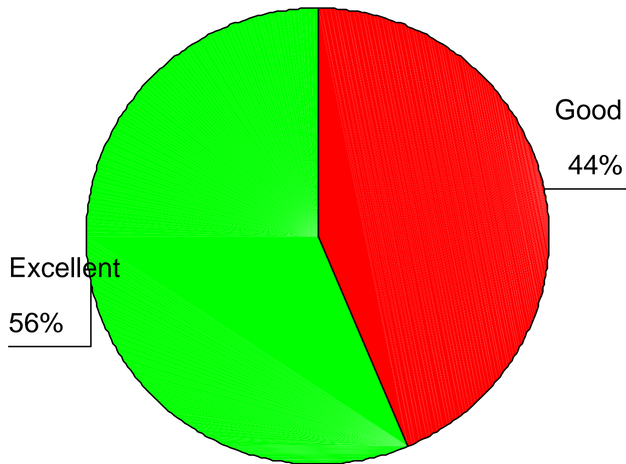


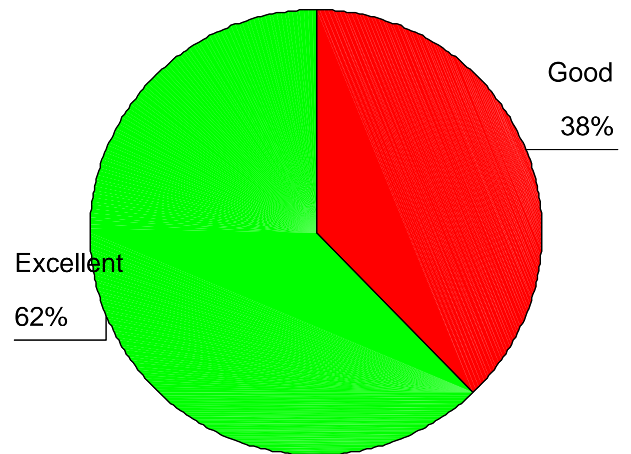


This project is partially funded by:

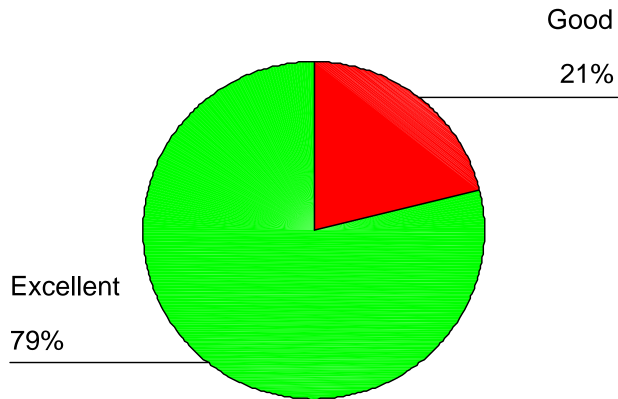
Adapting and Implementing SBAR in a Home Care Setting

Investigators:
Jordanne Dalgleish
Beatrice Mpamugo
Colleen Kearney

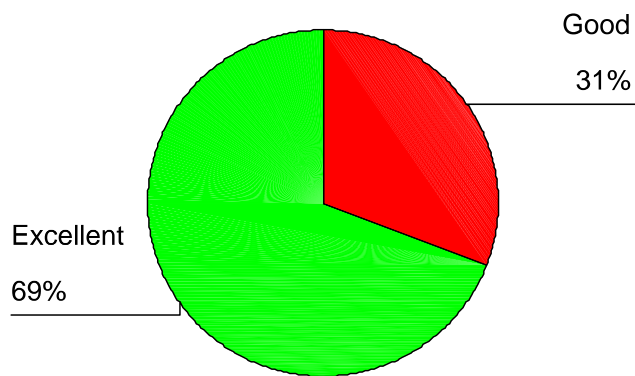

Large grp discussion/interaction
Good
44%
Excellent
56%

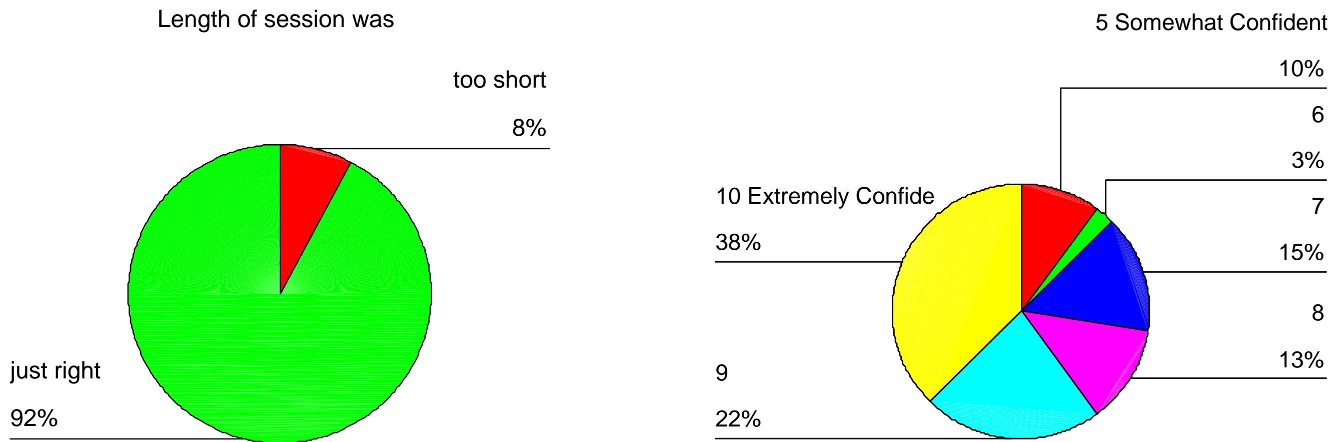

Small grp practice exercises
Good
38%
Excellent
62%

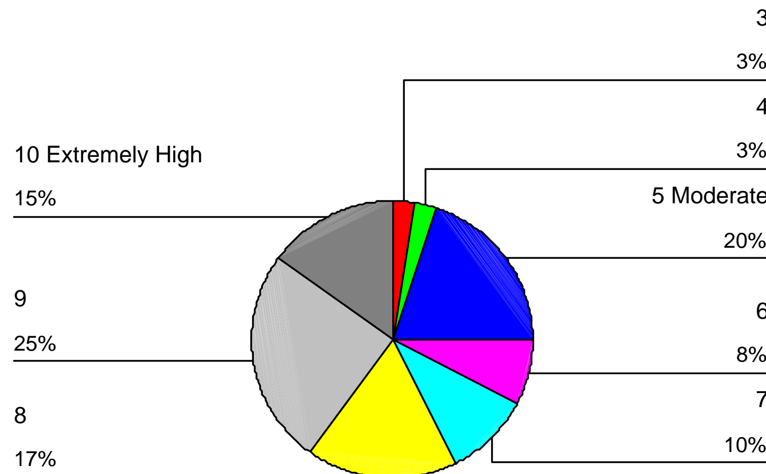
Presenters' knowledge of subject



Session overall rating:







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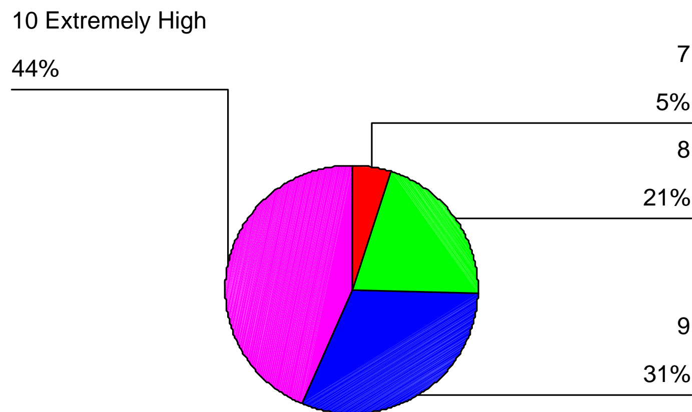
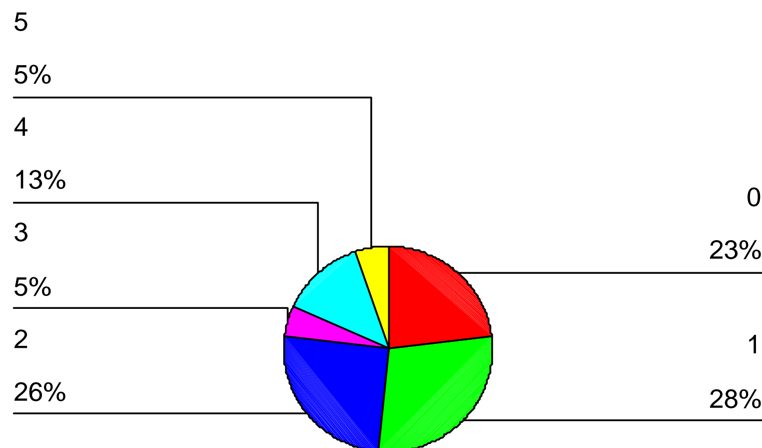




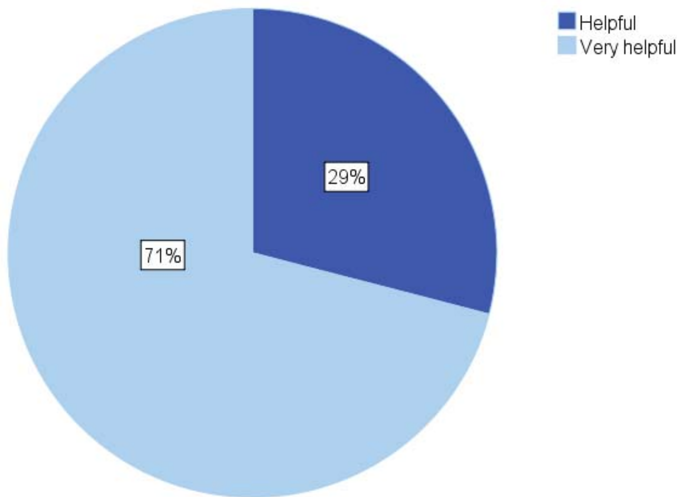
Open-Ended Responses
In addition to the quantitative items, there were open-ended items on the participant feedback questionnaire. Comments on what was liked most and least about the session were not often completed but some participants noted they liked:

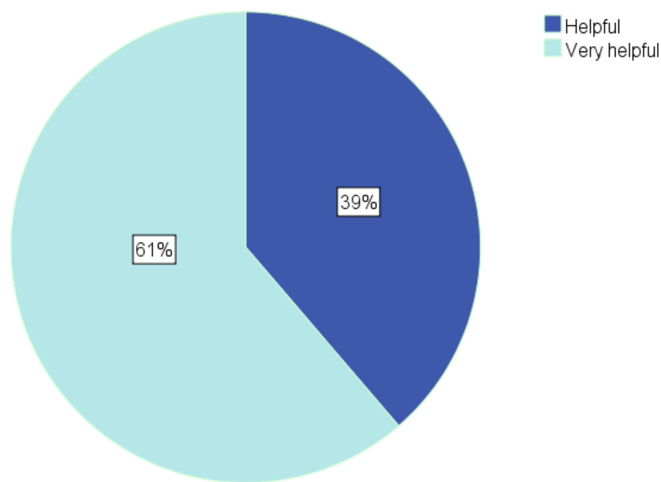
- scenarios used
- practice exercises
- explanations
- presenters' kept interest/ presenters' excitement

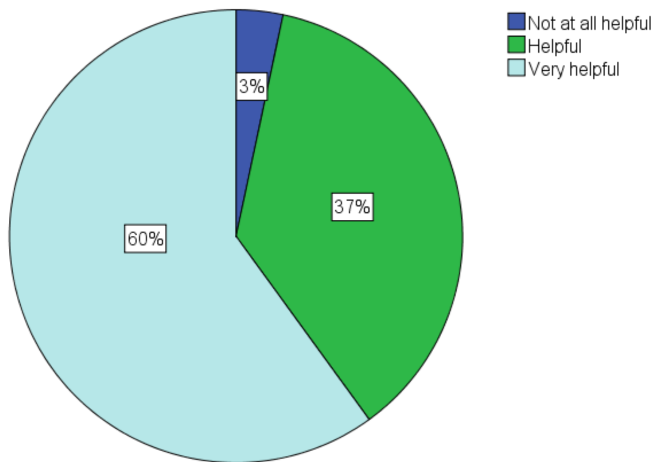
Improvement suggestions included:

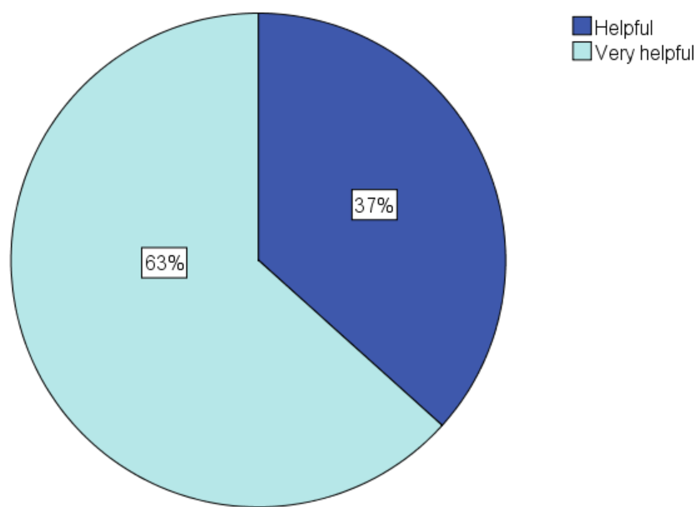
- longer session/more time for discussion
- provide drinks
- handout of slides

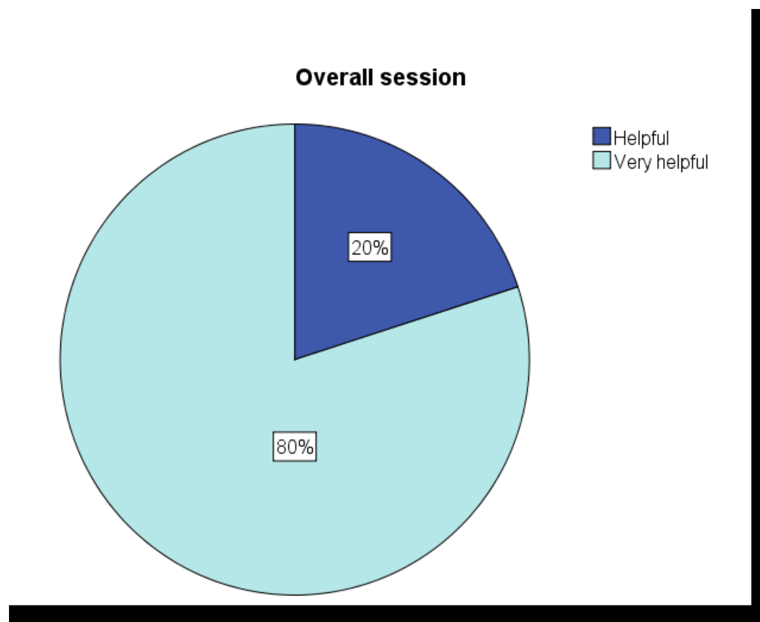
Pilot project results of the participant feedback survey after the Follow-up SBAR training session.






Hearing about SBAR experience of others
Not at all helpful
Helpful
Very helpful
3%
37%
60%


Discussion of how to support SBAR use
Helpful
Very helpful
37%
63%



In past 2 weeks, how often did you use SBAR?

		Frequency	Valid Percent	Cumulative Percent
Valid	0-1 time	3	10.0	10.0
	2-5 times	15	50.0	60.0
	6-9 times	6	20.0	80.0
	10 or more times	6	20.0	100.0
	Total	30	100.0	
Missing	-1	1		
Total		31		

How useful was SBAR (on 0-10 point rating scale with 0 being not at all useful, 5 moderately useful and 10 extremely useful)

		Frequency	Valid Percent	Cumulative Percent
Valid	6	2	6.7	6.7
	7	4	13.3	20.0
	8	8	26.7	46.7
	9 very useful	7	23.3	70.0
	10 Extremely useful	9	30.0	100.0

	Total	30	100.0	
Missing	-1	1		
Total		31		

How confident in use of SBAR (on 0-10 point rating scale)

		Frequency	Valid Percent
Valid	6	1	3.2
	7	7	22.6
	8	6	19.4
	very confident	6	19.4
	Extremely confident	11	35.5
	Total	31	100.0

APPENDIX C

<u>List of Presentations related to SBAR Studentship project</u>
(Presentations available upon request)

Simon, D., Kearney, C. & Kay, G. Raising the Bar on Client Safety in Home Care. Poster at the Ministry of Health Innovation Fair, Toronto, Ont., November, 2009.

Kearney, C. & Kay, G. Raising the BAR on Team Communication and Client Safety. Paper presentation at the Canadian Home Care Association Annual Conference, Banff Alberta, Oct. 2009.

Kearney, C. & Kay, G. Raising the (S) BAR on Client Safety. Poster presentation at the Canadian Patient Safety Institute Conference, Toronto, Ont., April, 2010.