CONSIDERATIONS:
1. The Joint Commission estimates that over 2/3 of Sentinel Events are related to communication failures between healthcare providers.
2. Studies indicate that nurses and physicians do not communicate effectively about patient care:
   a. Related to power differential but hierarchical communication is not effective in complex situations
   b. Nurses learn narrative communication. Physicians learn bullet communication. Physicians want concise problem-oriented communication which demonstrates nurse’s expertise at identifying relevant data
3. The SBAR technique is an effective communication technique for communication between nurses/therapists and physicians:
   - **S** = Situation
   - **B** = Background
   - **A** = Assessment
   - **R** = Recommendation

<table>
<thead>
<tr>
<th>Situation</th>
<th>What is the patient’s problem?</th>
<th>Patient name</th>
<th>Problem is…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background</td>
<td>Alert MD to patient’s identity</td>
<td>Age</td>
<td>Diagnoses</td>
</tr>
<tr>
<td>Assessment</td>
<td>What does MD need to know to make a decision</td>
<td>Vital signs</td>
<td>Focused-assessment data</td>
</tr>
<tr>
<td>Recommendation</td>
<td>What should MD do? By when?</td>
<td>Action needed</td>
<td>Timeframe</td>
</tr>
</tbody>
</table>

   4. Before placing a call to a physician about a patient need/problem, assure you have all needed information available and organized:
      a. What will the physician want to know? Predict what information he/she needs to make a good decision
      b. Have medical record available
      c. Know diagnoses, medications, allergies, pharmacy telephone number
      d. Perform an assessment:
         i. Vital signs
         ii. Signs/symptoms
         iii. Think about what body system seems to be affected. How can you do a complete assessment of that system?

5. Organize the data concisely into a 1 minute or less report:
   a. What is the patient’s main need/problem
   b. How will you remind MD of patient’s identity: name, diagnoses, hospital discharge date, last seen by doctor about and when
   c. Did you complete all parts of the assessment which may be relevant, which can feasibly done
   d. What do you think the problem is? What is your recommendation for resolving the need/problem
   e. Consider the urgency of the need/problem:
      i. Emergent : Now - 2 hours
      ii. Urgent: 1 -12 hours
      iii. Routine: Business hours

6. If the physician does not respond, or seems to be making “the wrong decision,” use CUSS:
   a. I am Concerned
   b. I am Uncomfortable
   c. I feel the Safety of the patient is at risk
   d. Stop. We have a problem. Listen to me

7. SBAR communication is also effective for:
   a. Giving reports
   b. Communication between disciplines
   c. Problem solving with patients and families

8. Consider downloading the tools and SBAR cue sheets form the VNSNY CHAMP website at:

EQUIPMENT:
- SBAR cue sheet (see attached)
- Guidelines for use of SBAR (see attached)
- Secret Tips on how to talk to physicians and fellow employees (see attached)

PROCEDURE:
1. If the patient has a need/problem and physician’s advice/orders are needed, think SBAR.
2. Obtain all information anticipated before placing the call.
3. Obtain information from medical record:
   a. Age
   b. Primary diagnosis
   c. Relevant comorbidities
   d. Medications
   e. Allergies, physician may ask before ordering medications
   f. Lab reports, if any
4. Obtain all physical assessment data that affects the problem/need patient has:
   a. Vital signs
   b. Problem/system-focused assessment
5. Determine how your think the problem/need can best be addressed.
6. Discuss your recommendation with the patient, to determine if patient agrees/will follow if made to physician.
7. Call the physician, using SBAR communication.

**AFTER CARE:**
1. Document in patient record communication with physician and orders obtained.

**REFERENCE:**


Adopted VNAA; Approved Policy Committee 12/10/13