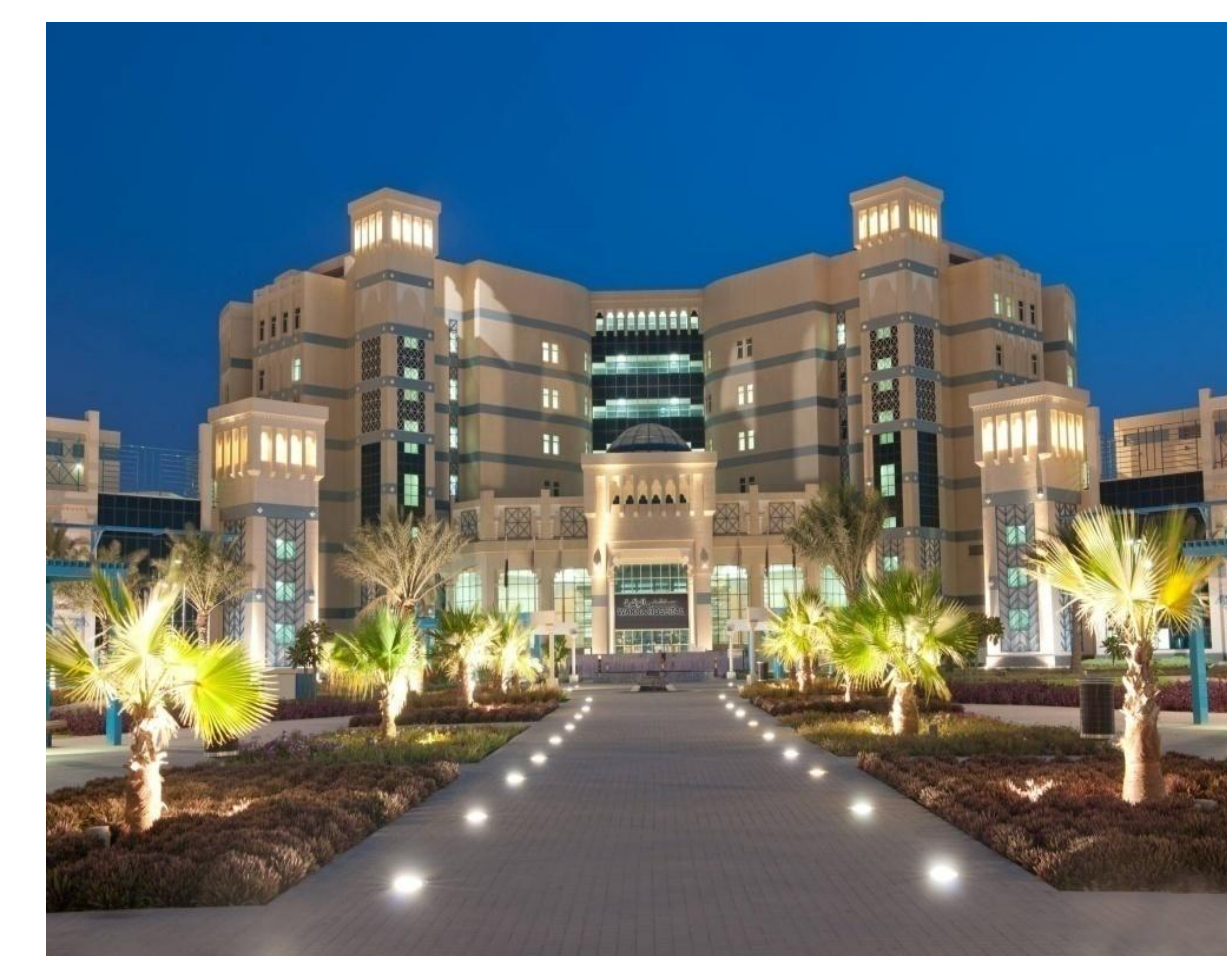


ISBAR for Effective Communication to improve Patient Safety

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Introduction

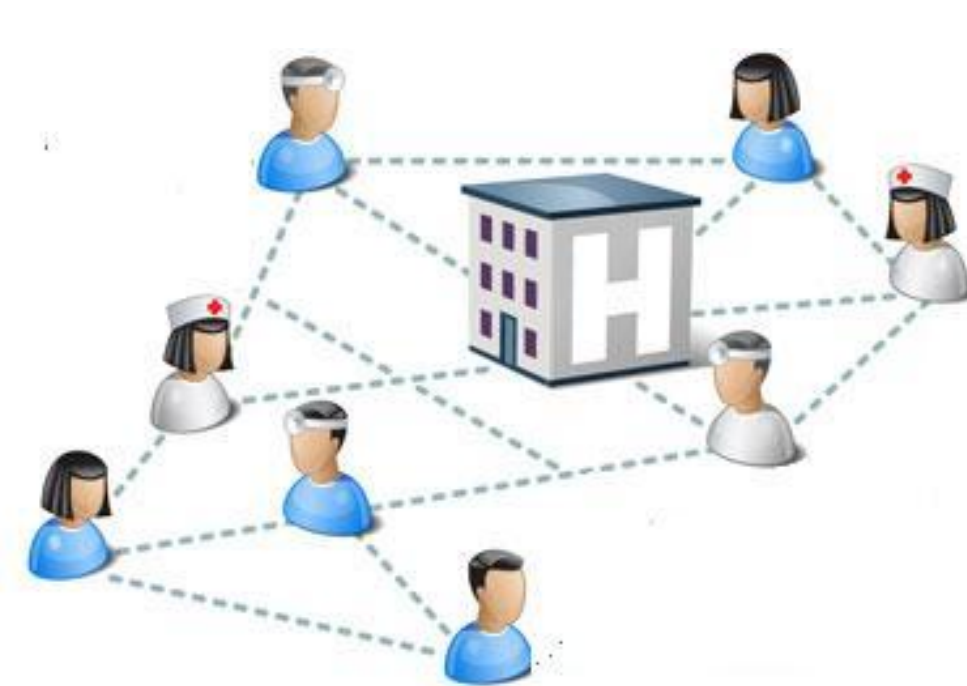
ISBAR is a mnemonic created to improve safety in transfer of patient information. This tool is also recommended by Joint Commission and World Health Organization (WHO). This tool aims in improving communication with teamwork among health care workers. ISBAR organizes a conversation into the essential elements in the transfer of information from one source to another. It consists of five simple elements¹ shown below

I-Identification/Introduction	Who you are? What is your role?
S-Situation	What is happening?
B-Background	What are the issues?
A-Assessment	What is the problem?
R-Recommendation	What should be done to correct the situation?



Objective

To improve patient safety through a systematic way of communication and team work by applying ISBAR tool among doctors and nurses.



Materials and Methods

In collaboration with the Institute for Health care Improvement (IHI) ISBAR tool for Telephonic communication and Hand over was introduced among nurses.

- Telephonic tool-Implemented for the communication with the doctors in regards to patient care related aspects.
- Hand over tool-Implemented for hand over between staff and a concise copy is kept for each patient.

Implementation was taken by joint effort of all staff nurses charge nurses, head nurse, nursing educator and quality team. Initially a training plan and timeline was prepared by the nurse educator which consists of assessment, learning gaps training champions, training nurses, spot checking to measure compliance etc. Thereafter each nurse was evaluated by supervision during endorsement. Nurses started to do endorsement with the tool. Different elements in the tool give a complete detail such as clinical condition performed or planned diagnostic/therapeutic procedures laboratory investigations with report, diet, special nursing needs etc.

ISBAR Tools

Hand Over

Telephonic

ISBAR Telephonic communication Tool

Before contacting prepare! Have all the information ready and available!

Identify (Identify yourself, the unit and the patient)

- Is that (Dr) _____
- This is _____ Unit: _____ Position: _____
- Am calling regarding Mr/Ms: _____ Who is _____ years old, HC: _____ Room Number _____

Situation (Why are you calling?)(What is the problem?)

- The problem I am calling about is: _____

Background (Give background about the patient's diagnosis, current medication and any relevant history)

- The Patient is diagnosed as: _____ By Doctor: _____
- The changes in the patient's status is: (Mention ONLY which is relevant to the current situation)
- Heart Rate: _____ Respiratory Rate: _____ Temperature: _____ BP: _____ Blood Sugar: _____ Mental status: _____
- Medication (if indicated): _____
- Lab and Critical Results (if indicated): _____
- Other relevant history findings: _____

Assessment (What do you think is the problem? What is your conclusion?)

(Choose one option from the coming list)

- This is what I think the problem is: _____
- I think the patient may have a (e.g.: cardiac/ neurologic/ respiratory/ GI infection problem).
- I am not sure what the problem is but I am concerned.
- The patient appears to be unstable and we need to interfere.

Recommendations (What is your recommendation?)

(Choose a statement that reflects what you would like to happen)

- Please, come to see the patient now
- Ask for a consultant to see the patient now
- Transfer the patient to (ICU or other health care facility)
- Start or adjust treatment/medications: _____
- Do Investigations: _____

Feedback, Read back and Confirmation

I understand that / the plan is: _____

ISBAR Handover Tool

ISBAR Handover Tool

Identify DATE: _____ SHIFT: _____

- Nurse's name
- Patient's Name
- HC number
- Bed number
- Age
- Attending physician
- Date admitted

Situation

- Diagnosis
- Present complaint
- General Condition
- Changes that demand immediate action
- Vital signs, BP, Temperature, R.R., Pulse, SpO2, pain score
- Critic informed: YES/ No
- Others

Background

- Reason for admission
- Relevant medical history
- General condition on admission
- VTE prophylaxis done
- Expected date of discharge
- Allergies during admission: Yes/ No
- Pharmacy Updates: Yes/ No
- Others

Assessment

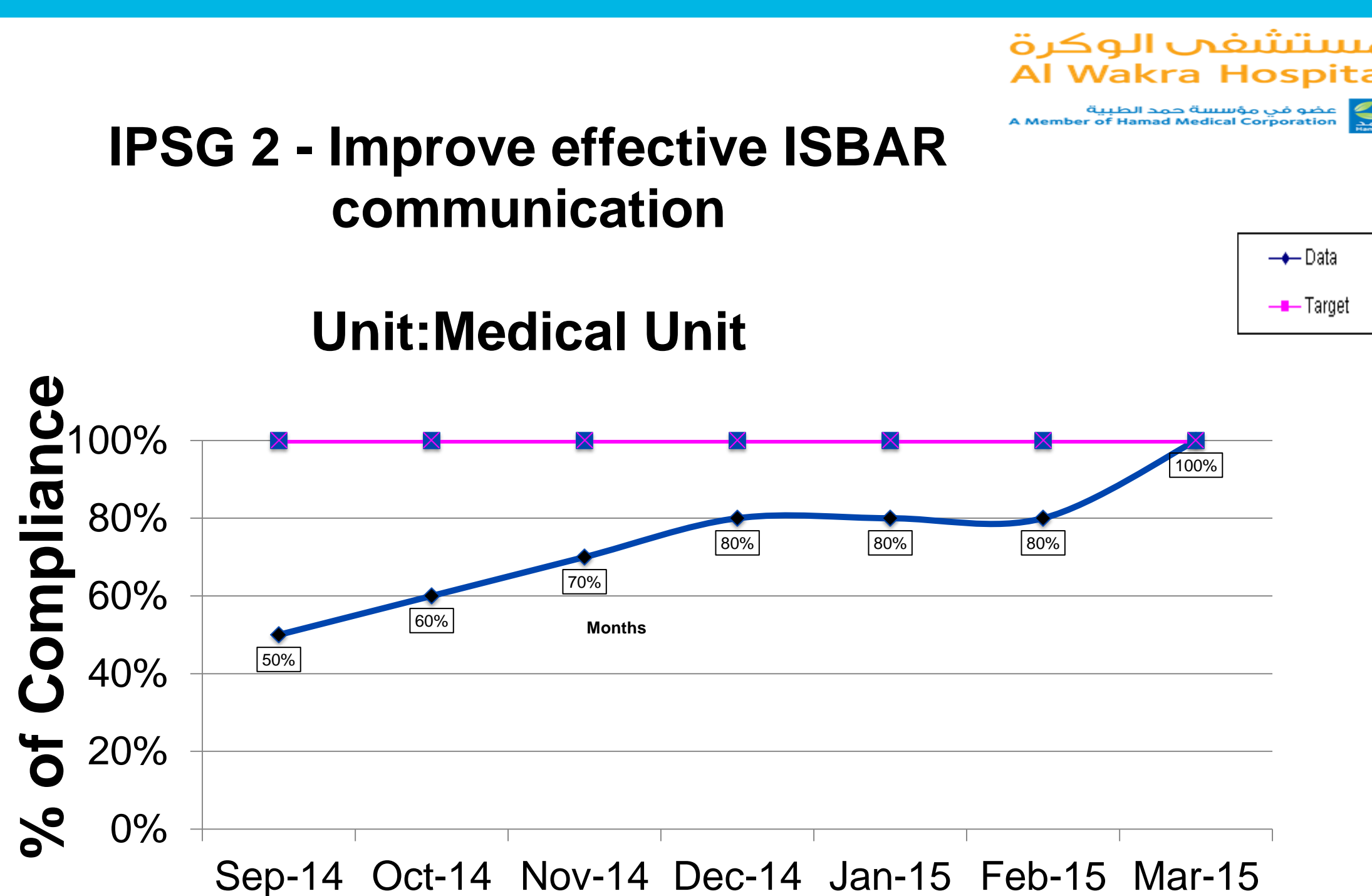
<input type="checkbox"/> Allergies during 8 H	<input type="checkbox"/> Discharge risk assessment: Yes/ No
<input type="checkbox"/> Oxygen: Yes/ No	<input type="checkbox"/> Neurological assessment
<input type="checkbox"/> Mobility/Bedridden/Assistance	<input type="checkbox"/> Falls risk/Level/Score
<input type="checkbox"/> Diet and feeding/ NGT/ Oral	<input type="checkbox"/> Pressure ulcer prevention/ Wound care
<input type="checkbox"/> Intake/ Output	<input type="checkbox"/> Glucose monitoring
<input type="checkbox"/> IV therapy	<input type="checkbox"/> Infection control
<input type="checkbox"/> Hematoma/Echymosis: Yes/ No	<input type="checkbox"/> Medications
<input type="checkbox"/> IV Cannula due for change	<input type="checkbox"/> Labs /Produce. during 8 H
<input type="checkbox"/> Others	<input type="checkbox"/> Critical result

Recommendations

- Medications and IV therapy
- Pending Lab tests
- Procedures or Diagnostic tests
- PFE
- Consultations
- Other

Results

ISBAR showed greater communication of significant clinical information and helped us to improve quality of care. A comparative statistic study from September 2014 to March 2015 of 'Monitoring tool for communication (IPSG-2) showed an improvement in data from 50% to total compliance(100%) by March 2015. An interview conducted by the ISBAR champion showed a good response with the use of handover tool among the nurses which has helped them to organize the communication, saving time and energy in relation to the patient care thereby ensuring patient safety.



Lessons learned

- Effective and proper communication
- Enhanced team work
- Best time utilization
- Rapid response
- Ensured patient safety
- Sustained patient care process

Conclusion

ISBAR, as a formalized tool gives us a remarkable outcome in improving quality of care ensuring patient safety with team work and communication

Acknowledgements

Dr. Nabeel Shaath, (Managing Sr. Consultant-Medicine)
Ms. Parwaneh Al Shibani, (DON),
Ms. Kathy (ISBAR Champion) and IHI Team