Original article

Proposed introduction of the SBAR method in rehabilitation

Propuesta de introducción del método SBAR en rehabilitación

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ABSTRACT

This project aims to implement within the Rehabilitation Operative Unit of the Ausl of Bologna the standardised SBAR (Situation-Background-Assessment-Recommendation) method for the transfer of information between physiotherapists, in order to improve the safety of the care pathway. This project, promoted by the DATeR Direction of the Ausl of Bologna (Technical and Rehabilitation Assistance Direction), is characterised by the insertion of the SBAR form within some of the company's care units.

Professional physiotherapists from some of the Care Units under the Rehabilitation Operational Unit were involved. The rehabilitation SBAR card was introduced in the Care Units involved in the following 6 months. The implementation phase was characterised both by the use of the tool and by periodic peer-to-peer meetings which animated discussions and comparisons on the specific contents concerning the card. Monthly sample checks were carried out on some completed SBAR forms to monitor their correct filling in.

Finally, the opinion of all the physiotherapists of the 4 Care Units was surveyed through the administration of a semi-structured questionnaire.

The SBAR rehabilitation form was therefore officially implemented from January 2020 in the 4 Care Units involved in the project. A further

improvement project is planned to implement the use of the rehabilitation SBAR card in the entire Rehabilitation Unit.

Keywords: SBAR; communication; fetal distress; obstetrics; safety attitudes.

RESUMEN

Este proyecto tiene como objetivo implementar, dentro de la Unidad Operativa de Rehabilitación del Ausl de Bolonia, el método estandarizado Situación Antecedentes Evaluación Recomendación (SBAR, por sus siglas en inglés) para la transferencia de información entre fisioterapeutas, con el fin de mejorar la seguridad de la vía asistencial. Este proyecto, promovido por la Dirección de Asistencia Técnica y Rehabilitación (Dirección DATeR) de la Ausl de Bolonia, se caracteriza por la inserción del formulario SBAR en algunas de las unidades asistenciales de la empresa.

Participaron fisioterapeutas profesionales de algunas de las unidades asistenciales dependientes de la Unidad Operativa de Rehabilitación. Se implantó la tarjeta de rehabilitación SBAR en las unidades asistenciales implicadas en los subsiguientes 6 meses. La fase de implementación se caracterizó tanto por el uso de la herramienta como por reuniones periódicas entre pares que animaron discusiones y comparaciones sobre los contenidos específicos relacionados con la tarjeta. Mensualmente se realizaron controles por muestreo de algunos formularios SBAR completados para controlar que fueran completados correctamente.

Finalmente, se indagó la opinión de todos los fisioterapeutas de las 4 unidades asistenciales mediante la administración de un cuestionario semiestructurado. Por lo tanto, el formulario de rehabilitación SBAR se implementó oficialmente a partir de enero de 2020 en las cuatro unidades de atención involucradas en el proyecto. Está previsto otro proyecto de mejora para implantar el uso de la tarjeta SBAR de rehabilitación en toda la unidad de Rehabilitación.

Palabras clave: SBAR; comunicación; sufrimiento fetal; obstetricia; actitudes de seguridad.

Recibido: 11/06/2022

Aceptado: 30/06/2023

Introduction

The World Health Organization stated in 2007 that the passing of patient-related information is intended to ensure continuity of care and safety in the transition between caregivers, caregivers and patient/family, shifts, wards and settings. This moment of exchange has now become an integral part of daily work, given the frequent need to exchange information both formally and informally even several times a day.[1] It is a very important moment within the process of caring for a person; in fact, the exchange is both in terms of sharing information for the purpose of comparison and decision-making, and in terms of taking responsibility for the patient's care pathway and ensuring its continuation.[2]

The increase in adverse events and relational discomfort between health professionals and between health professionals and patients often seems to be due to poor communication and operational misunderstandings. The emerging communication problem seems to have several causes:[3] increasing complexity of care, increase in co-morbidities of in-patients, increase in the number of competencies attributed to each professional (basic, transversal, high), number of professionals involved in the care pathway, need to respond to complexity both with a technical-procedural approach and with decisions based on confrontation, common sense and opinions of professionals.[4] Differences in age and experience between practitioners, the use of different communication styles may lead to difficulties in the exchange of information. Finally, within each care setting, work processes, relationships between the various professions, communication barriers play a decisive role.

Poor and inaccurate handover is estimated to be responsible for 80 % of preventable serious adverse events.

The consequences in terms of harm to the patient, organisational malaise for staff, and costs for health care companies, have in recent years stimulated the analysis of 'patient care' activities, with the aim of investigating the criticalities that may arise and their causes, and the search for effective and efficient solutions.[3]

The transfer of information between physiotherapists generally takes place in the event that the practitioner in charge of the physiotherapy programme needs to transfer responsibility for the continuation of that programme to a colleague. In the last decade, the planning of physiotherapy intervention, always strictly outcome-based, has undergone significant changes. Nowadays, the intervention of the physiotherapist is not limited to highly rehabilitative settings, but is also recommended in

early or advanced phases of the patient's care process during which individual programmes are carried out in specialised but non-rehabilitative settings.

The handover can be transferred in different ways: verbal, written, at the patient's bedside. Typically, physiotherapists used verbal delivery supplemented by the paper documentation already in use and available for consultation at any time: the daily diary, the functional assessment, the team cards when present. In recent years, verbal delivery alone has proven insufficient to respond to the complexity of the organisation, often professionals do not meet in person, secondly, the amount of information is numerous; therefore, it is difficult to remember everything by heart and in particular to select the necessary information to be transferred. Written deliveries make it possible to quickly assess and redistribute the daily workload of the entire care unit in the event of organisational needs. In view of the emerging need to standardise handover between physiotherapists, an improvement project was set up in 2019 aimed at incorporating a flexible and standardised tool for the exchange of handovers in the Rehabilitation Operating Unit, which would be adapted to the different physiotherapy settings and programmes. In particular, inspiration was taken from the recent implementation in the Medical Area of the SBAR (acronym Situation, Background, Assessment, Raccomandation)[5] method (implemented in 2018), also for the rehabilitation area, a standardised method that is effective in guaranteeing the correct exchange of information and consequently safety and continuity of care.

Metod SBAR

The methodology SBAR (acronym Situation, Background, Assessment, Raccomandation),[6,7,8,9] problem-centred and not person-centred, it is the most widely used in healthcare today. The World Health Organization has given the method wide recognition by including it in 2009 as one of the Communications Tools for patient safety. It can be used in all settings, and although it is set up as written communication, it also lends itself to direct face-to-face and telephone communication. SBAR ensures that everyone has the same expectations of the content of the delivery by facilitating communication even between different professions. In particular, it ensures clarity about what will be communicated, how the information is classified and what information is needed.

Table 1 - SBAR TOOL

S	Situation	A concise statement of theproblem	Problem Description
B	Background	Pertinent and brief information related to the situation	Relevant information with respect to history and situation
A	Assessment	Analysisi and cponsiderations of oprions - whatyoufind/think	Assessment of the problemby the professional
R	Recomendation	Action requested/reccomended - whatyouwant	Recommended actions

The acronym identifies 4 columns whose contents, in order to convey an effective and safe delivery, must be developed according to a "horizontal" logic by problems, the current or proposed interventions must be inherent to specific problems, avoiding useless information concerning functional aspects for which there is no need to intervene (problems are described).

The literature suggests that this method is also adaptable to the rehabilitation field.[6,7,10,11]

This project was promoted by the Directorate DATeR of Bologna (Technical Assistance and Rehabilitation Management), has therefore addressed the profession of Physiotherapist in particular. The project started at the beginning of 2019.

Indicator 1 - Use of the board SBAR

Number of rehabilitation SBAR cards filled in/ number of deliveries made (target 80 %). Given the impossibility of identifying a specific moment for the hand over, and given the high number of filled in SBARs expected to be collected, a quantitative self-detection method was chosen by the professionals of the Operating Units. Each professional, for each moment of hand over (delivery in case of absence of the professional from the service, delivery for the Saturday shift), filled in:

1) the SBAR forms concerning the number of patient-cases-treatments to be transferred.

2) the weekly survey form of the number and type of deliveries made. For each hand-over time, the practitioner reported the number of patient-cases-treatment delivered to the colleague, the mode of delivery used (by SBAR, verbal, other) and the reason why a delivery other than SBAR was used.

Both the SBAR and the survey form were included in the 'deliveries'. In order to adapt to the different intervention settings, SBAR sheets were compiled and collected in folders grouped by work area and shared. On the other hand, the 'handover survey' form was only filled in on paper.

At the end of the month, the Business Unit working group collected the contents of the binder for the measurement of the indicator.

For the measurement of the indicator, it was defined a priori that each transferred case-patient-treatment corresponded to the filling in of one SBAR form, even though several case-patients may be present in one form.

Table 2 - Indicator 1

Unit care rehabilitation	**Mode of transfer of handover**				**Total handover**
	SBAR	Other form handover	Other documents	Report	
UA OB	238	/	15	23	276
UA OM	569	23	45	53	690
UA SGP	179	3	25	23	230
UA P-V	132	/	18	34	184
Total	1118	26	103	133	1380

Legend: UA OB: Rehabilitation Care Unit Bellaria Hospital; UA OM: Rehabilitation Care Unit Maggiore Hospital; UA SGP: Rehabilitation Service Unit San Giovanni in Persiceto Hospital; AU P-V: Hospital and Territorial Rehabilitation Service Unit Porretta and Vergato

Indicator 2 - Correct way of filling in the SBAR card

Number of completed cards adhering to the legend/number of completed cards sampled (target 80 %)

It was decided to carry out the verification of the correct filling in of the SBAR form on a sample of selected forms. Within each Operating Units, 1 SBAR form was selected each month for each area of physiotherapy intervention, when present. The correctness of the compilation was verified by checking the contents of the different columns I, S, B, A, R) (adherence to the legend). The forms containing at least one error were considered to be incorrect.

Table 3 - Indicator 2

	Rehabilitation Care Unit				
	UA OB	UA OM	UA SGP	UA P-V	
Total areas of work	7	7	5	6	
Sampled SBAR cards	42	42	30	36	150

Correct cards	28	24	24	32	108
Incorrect cards	14	18	6	4	42

Legend: UA OB: Rehabilitation Care Unit Bellaria Hospital; UA OM: Rehabilitation Care Unit Major Hospital; UA SGP: Rehabilitation Service Unit San Giovanni in Persiceto Hospital; UA P-V: Hospital and Territorial Rehabilitation Care Unit Porretta and Vergato.

- Indicator 1

The self-registration by the physiotherapists of the delivery methods they used was useful for the detection of the indicator but took up some of the time that would have been useful for practice with the SBAR. Some colleagues experienced this commitment with anxiety as an evaluation of the professionals' performance. It was noted by professionals that some paper SBARs were then not reported, losing some data. Similarly, some completed SBARs were lost because they were saved on computers but not in the appropriate folders. The difficulty of inserting a new tool was mainly due to the resistance of some who, from the outset, judged the SBAR form as inappropriate for delivery. In spite of the criticism, most of the colleagues involved showed a proactive approach to the tool, making interesting contributions both for the improvement of the scale and to better clarify certain points in collective meetings.

- Indicator 2

The need to synthesise the information for the hand-over according to a problem-based logic created difficulties for almost all physiotherapists, resulting in overly rich sheets of information often placed in the wrong box. Delivery according to the global patient care model remains in use by a minority of the colleagues involved, although the SBAR method has given rise to reflections. The change to a new delivery method with its tool stimulated individual professional reflection and virtuous discussion between professionals, but also resistance of individuals to the change and took a long time on the part of professionals. It might be useful to continue with the professional reflection and peer discussion by analysing in more detail:

-the specific contents for different work settings

-the physiotherapist's reasoning models to allow the definitive transition to the logic of problem solving in the hand over process

-the ways to reduce the compilation time

-Integration of SBAR within other care pathways

Acknowledgements

The authors wish to thank Dott.ssa Donatella Ferrifor having allowed the realization of this trial, of the Ospedale Maggiore.

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Conflict of interests

The authors declare that there is no conflict of interest.

Authors' contribution

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