Use the SBAR Communication Technique

S **Situation:**
Describe the Situation

B **Background:**
Deliver a Concise History

A **Assessment:**
Use Your Best Judgement

R **Recommendation:**
What Needs to Happen?

The SBAR technique provides a standardized framework for communication between members of the healthcare team about a patient's condition. SBAR is an easy-to-remember mechanism useful for framing conversations, especially critical ones, requiring immediate attention and action.

Using the SBAR model allows for an easy and focused way to set expectations for what will be communicated between members of the team, which is essential for developing effective teamwork and fostering a culture of patient safety.

SaferHealthcare
Creating and Sustaining a Patient Safety Culture™

Situation

Background

Assessment

Recommendation

Use the SBAR communication technique when exchanging patient information, including the following:

1. **Nurse (RN) to RN change-of-shift reports, and when care is temporarily assigned to another RN on a short-term basis (e.g., coverage for breaks, off-unit for meetings).**

2. **Physicians transferring complete responsibility or on-call responsibility for a patient.**

3. **RN to physician, and vice versa.**

4. **Temporary responsibility for staff leaving the unit for a short time.**

5. **Anesthesia provider to post-anesthesia care unit (PACU) nurse.**

6. **RN and/or physician hand off from the Emergency Department (ED) to an inpatient unit.**

7. **Transfer to another hospital, nursing home, or home care agency.**

8. **When critical lab values and other critical diagnostic results are provided to a physician or physician's office staff.**

SaferHealthcare
Creating and Sustaining a Patient Safety Culture™