

Perspective

The Improvement of Patient Safety Outcomes in the Nursing Context: The Effectiveness of the Situation, Background, Assessment and Recommendations (SBAR) Framework

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Aim

In response to the noted rationale, this structured literature review sought to investigate the impact of the SBAR communication and handover tool when used by nurses upon patient safety outcomes.

Background

In nursing practice, effective communication is the most primitive and fundamental trait that has direct influence over the provision of care and thus, care quality and patient safety. Indeed, a wider range of evidence and serious case reviews have shown that deficits in communication and clinical handover can lead to patient harm and even death and thus, utilising tools to optimise communication quality and sufficiency represents an opportunity to prevent such adverse outcomes. The Situation, Background, Assessment and Recommendations (SBAR) framework is one of the most common communication tools used in nursing practice but little is known about its specific direct impact upon measures of patient safety. Thus, there is a need to address this important knowledge gap to help inform current and future nursing communication and handover practices.

Methods

A structured literature review was designed using the PRISMA criteria for systematic reviews to enhance credibility. A search for literature relevant to the research aim was undertaken in February 2021 using the databases of MEDLINE, CINAHL, EMBASE and Google Scholar. Search terms were constructed using the research question, modified with syntax and combined with Boolean logic to optimise search precision. Articles eligible for review were restricted to English language, peer-review and publication since the year 2010. All studies were appraised using the principles of CASP and data was analysed via narrative synthesis due to limited homogeneity across studies that precluded meta-analysis.

Results/Discussion

A total of 12 studies were eligible for review, which comprised eight quasi-experimental before-and-after studies, three cohort studies and one randomised controlled trial. The overall risk of bias was moderate to high for most studies given the detection of issues associated with non-response, recall, confounding and outcome ascertainment biases. Applicability to the UK context also varied due to issues of sample size and representativeness.

Narrative synthesis revealed that the use of SBAR by nurses to guide inter-professional communication and clinical handover was consistently positive in optimising patient safety when compared to non-structured communication controls or baseline. Specific improvements in safety outcomes included: reductions in the number of care omissions, the incidence of near-miss and patient safety events, falls, adverse drug events, restraint use and nosocomial infections and even mortality. Moreover, some studies explored the impact of SBAR upon indirect patient safety measures, which included perceptions that the tool optimised patient safety, as well as inducing improvements to care quality and culture through enhancing communication and documentation quality and sufficiency. These findings were supported by the wider literature and this derived some key implications for nursing practice and handover guidelines.

Conclusion

Overall, this review that was based on the most relevant and best available evidence showed that SBAR can be used to enhance patient safety within varied health contexts and for patients of differing age groups. It is strongly recommended that SBAR is employed with routine nursing practice to guide inter-professional communication and handover, although this may require supplementation with more extensive information exchange in situations of clinical complexity. Moreover, it is important that the current NICE guidelines for structured handover better emphasise the value of SBAR in optimising communication and in reducing the risk of communication errors that can compromise patient safety. Through wider adoption and use of SBAR, it is hoped that the findings of this review will promote marked improvements in patient safety across national and international health systems. Future research, that can account for biases detected among the current evidence, is needed to re-explore the value of SBAR upon patient safety such to validate the findings herein.

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