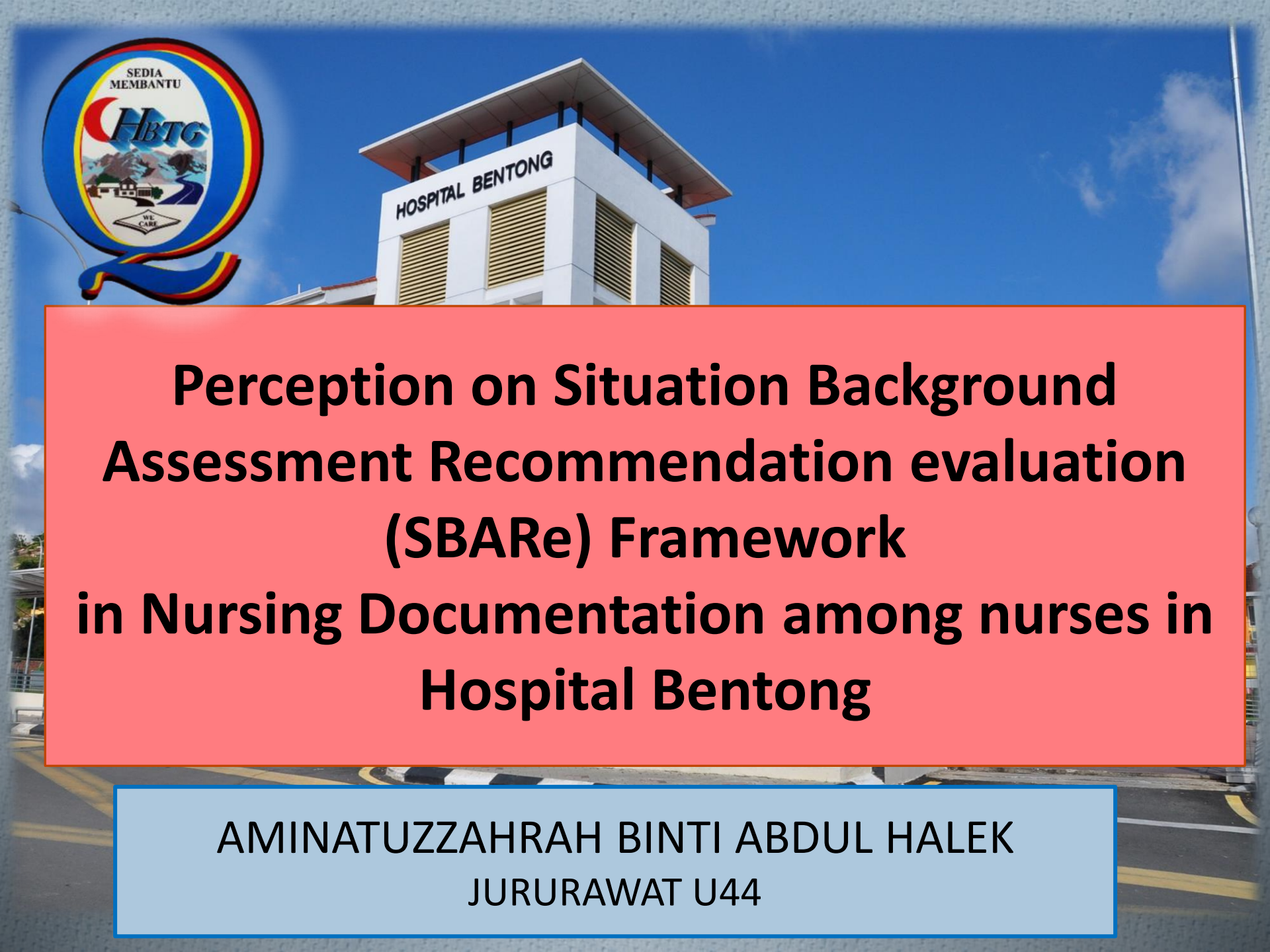

Perception on Situation Background Assessment Recommendation evaluation (SBARe) Framework in Nursing Documentation among nurses in Hospital Bentong

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JURURAWAT U44

PRESENTATION OUTLINE

- Introduction
- Methodology
- Result & Discussion
- Conclusion
- Acknowledgement
- References

INTRODUCTION

Nursing documentation is legal document about patient care and management provided during visit to healthcare facilities

- Nursing report is not accurate and concise.
- Spend a lot of time to write nursing report

Starting January 2019, Hospital Bentong was implemented SBARe in nursing documentation

Evolution of nursing report writing

PACT : Patient assessment, Assertive communication, Continuum of care, Team work

SHARK: Situation, History, Assessment, Recommendations, Questions

I PASS THE BATON : Introduction, Patient, Assessment, Situation, Safety, the, Background, Action, Timing, Ownership, Next

SOAP : Subjective, Objective, Assessment, Plan

SBAR : Situation, Background, Assessment, Recommendation

General Objective

- **To assess the perceptions of SBARe framework in documentation among nurses in Hospital Bentong.**

Specific Objective

- **1- To identify effectiveness of the SBARe framework.**
- **2- To evaluate the nurses' perceptions on SBARe framework.**
- **3- To determine the association between selected demographic variables and nurses' perceptions on SBARe framework**

METHODOLOGY

METHODOLOGY

Study Design	**Quantitative, Cross-sectional**
Study setting	**Hospital Bentong**
Study duration	**January – Mac 2019**
Data collection	**January- February 2019**
Sampling method	**Convenient sampling method**
Data analysis	**IBM SPSS Statistic Version 22** Descriptive frequency & Chi-square test with *p* value <0.05 is consider significant

Sampling Frame

Convenient sampling method

- Staff nurse in Hospital Bentong

TARGET POPULATION

STUDY SETTING

- Male Ward
- Female Ward
- Paediatric Ward
- Wad Bersalin
- Psychiatric Ward

Exclusion criteria

64

SAMPLE

Inclusion Criteria

All nurses work in:

- Wad Lelaki
- Wad Perempuan
- Wad Kanak- kanak
- Wad Bersalin
- Wad Psychiatric

Exclusion Criteria

All nurses in:

- Maternity leave
- Long sick leave
- On pos basic course/ attachment
- Served as royal nurse

INSTRUMENT

14-item Handover Evaluation Scale from O'Connell, B., Ockerby, C., & Hawkins, M. (2014).

SECTION	QUESTION	TYPE OF QUESTION
A 3 Question	**SOCIODEMOGRAPHIC :** Ward, Age, Duration Of Work	Close ended
B 6 Question	**CURRENT HANDOVER PROCESS AND SBARe:**	Close- ended
C 14 Question	**PERCEPTION OF HANDOVER**	LIKERT SCALE

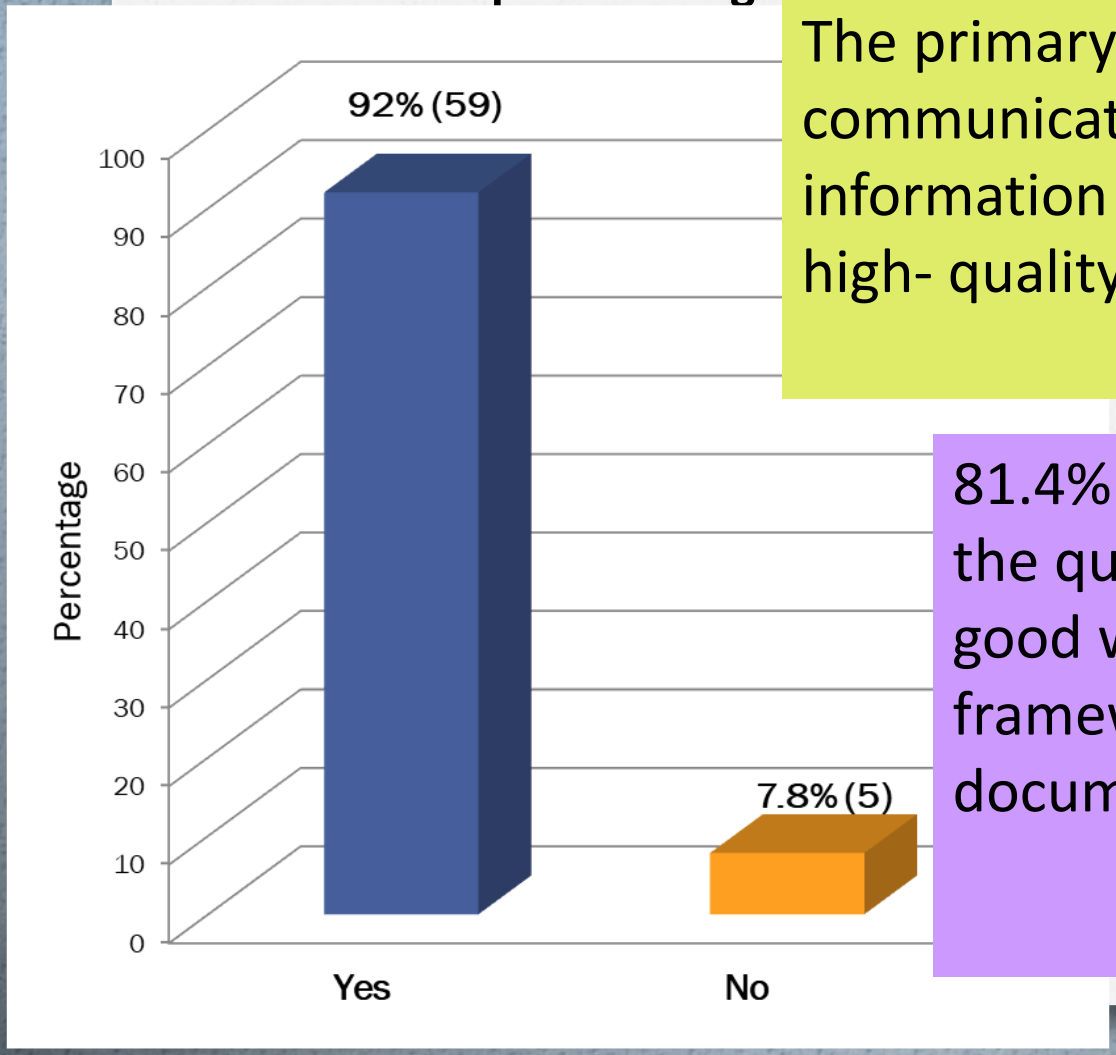
RESULT & DISCUSSION

Socio-demography data (n=64)

	Frequency	%
Ward		
Male Ward	20	31.3
Female Ward	17	26.6
Pediatric Ward	10	15.6
Maternity Ward	9	14.1
Psychiatric Ward	8	12.5
Age		
< 29 years old	22	34.4
30-39 years old	38	59.4
40 & above	4	6.3
Working Experience		
< 5 years	8	12.5
5 -10years	38	59.4
>10 years	18	28.1
Attended SBARe course		
Yes	**20**	**31.3**
No	**44**	**68.8**

Objective No 1: To identify effectiveness on SBARe framework.

Figure 1: Effectiveness using SBARe in report writing



The primary goal of shift handover is to communicate the patient's clinical information and to provide a safe and high- quality care

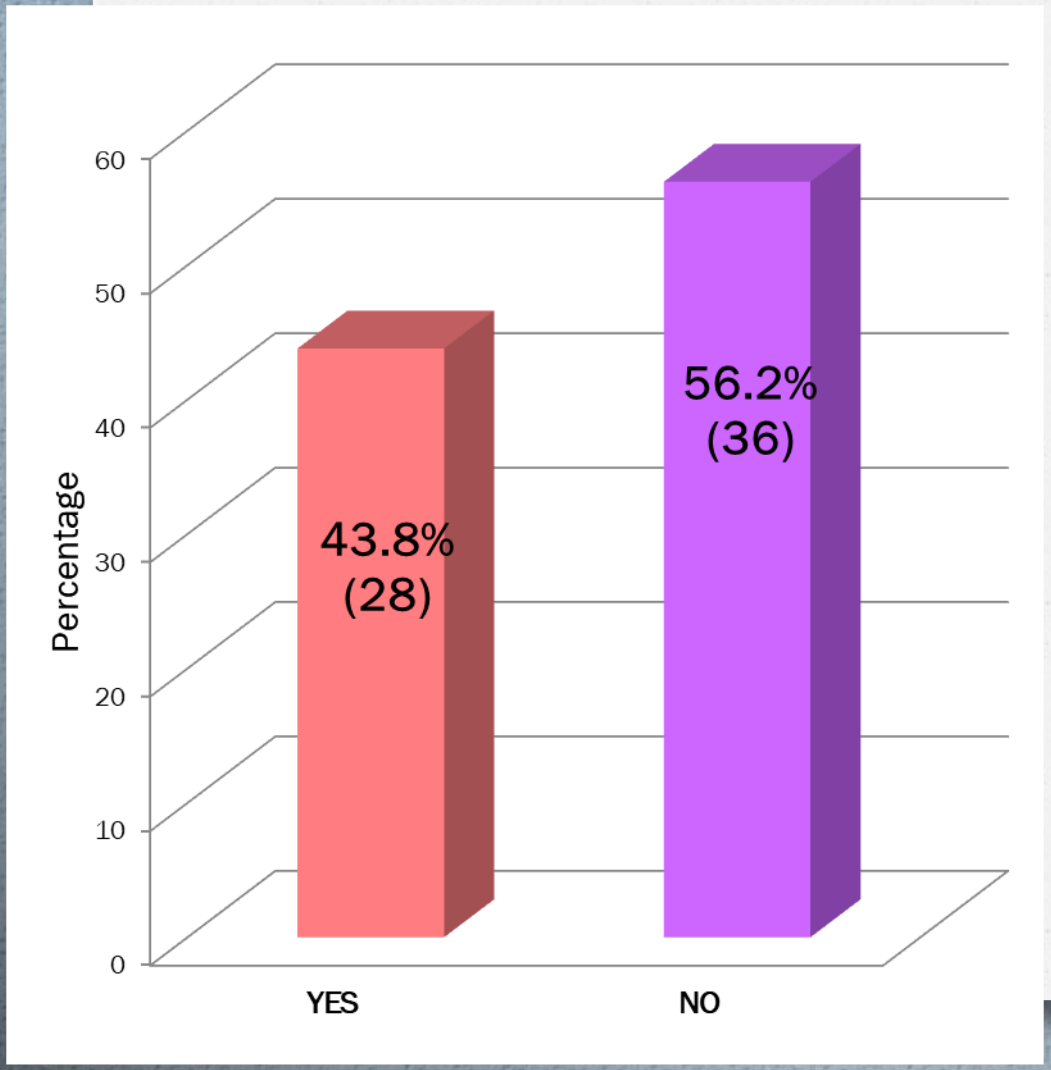
Hansten (2003)

81.4% staff nurses reported that the quality of information was good when they used the SBAR framework for communication and documentation

Nagammal, S. et al (2016)

Objective No 1: To identify effectiveness on SBARe framework.

Figure 2: Effectiveness in using SBARe framework in critical situation



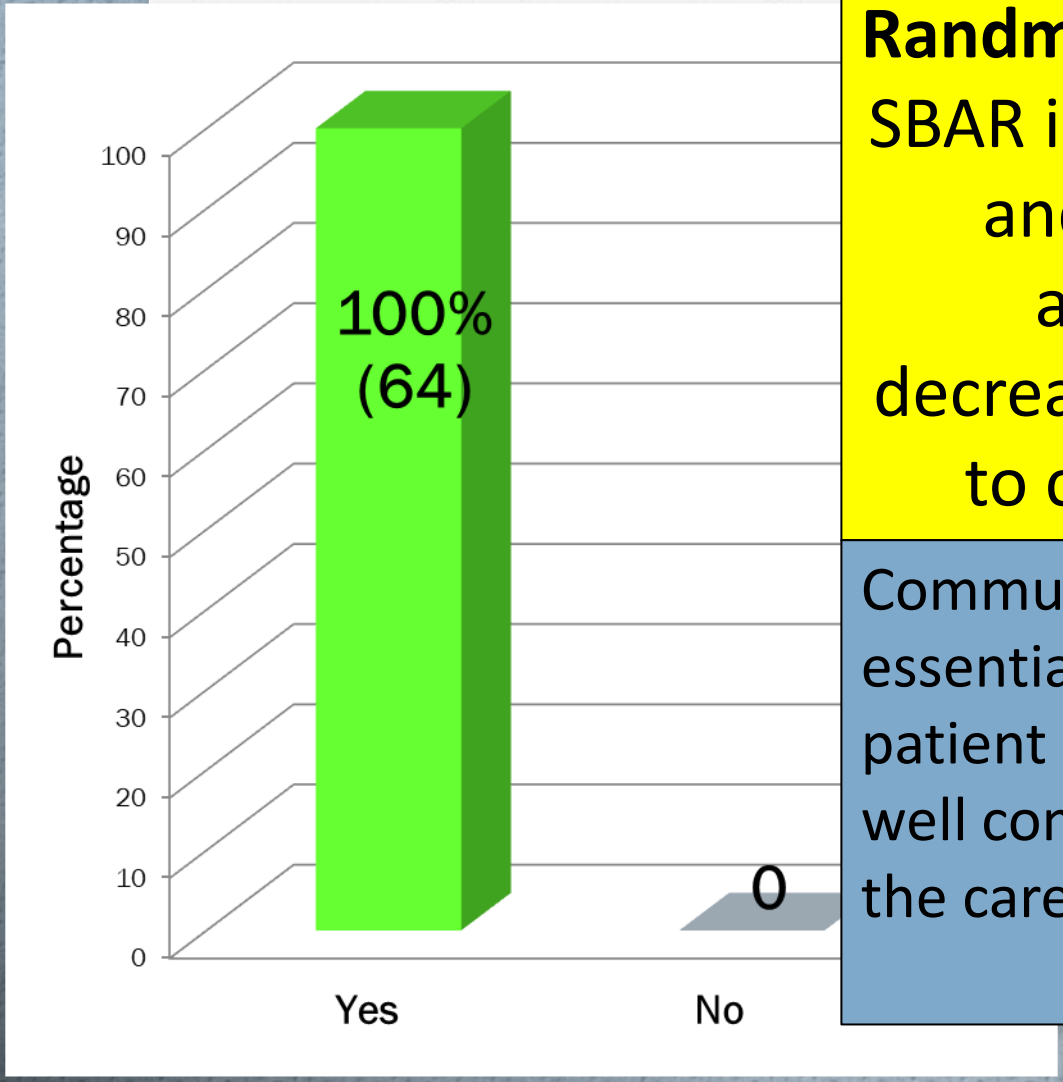
The adaptation of SBAR communication tool was effective in rehabilitation setting either in urgent and non- urgent situation.

Velji K et al (2008)

in Rehabilitation Centre Canada

Objective No 1: To identify effectiveness of the SBARe framework.

Figure 3: Reduction in communication error after using SBARe framework



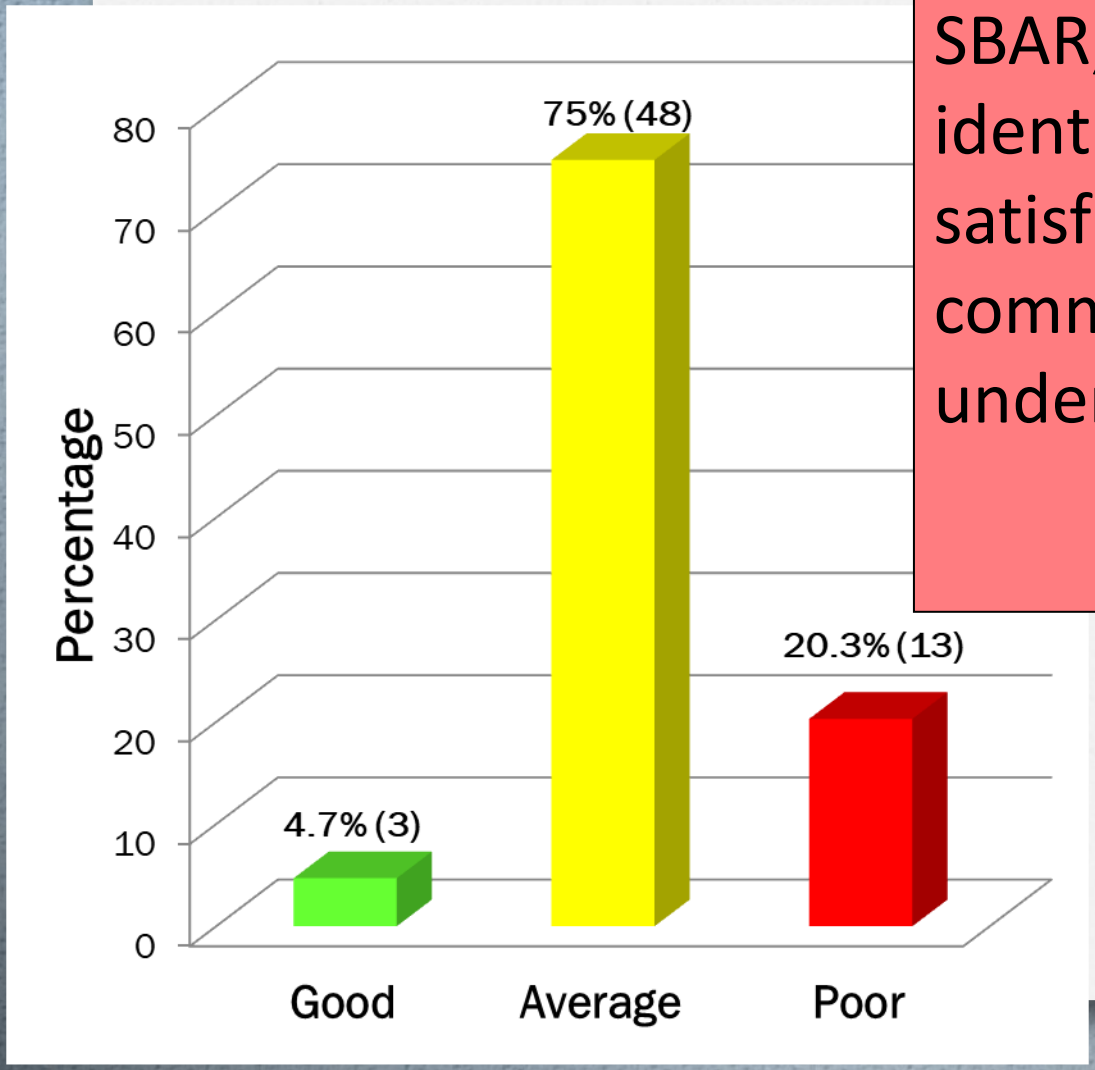
Randmaa, M. et al (2011) SBAR improves communication and safety climate in an anaesthetic clinic by decreases incident reports due to communication errors

Communication at all levels is an essential component of health care as patient safety relies heavily on how well communication emerges between the caregiving team

(Ayala, W. L., 2017).

Objective No 1: To identify effectiveness of the SBARe framework.

Figure 4: Satisfaction using SBARe framework



Since the implementation of SBAR, 71.7% of participants identified that they were satisfied when using SBAR in communication and easily understood.

Sear, K. et al (2013) in Canada

Objective No 2: **To evaluate the nurses' perceptions regarding SBARe framework.**

Perception	Frequency	%
Poor	0	0
Moderate	23	35.9
Good	41	64.1

Scores of 33.33% to 66.67% : Moderate perceptions

The study also indicates 87.3% of respondent had good perceptions regarding the use of the SBAR framework.

Nagammal, S. et al (2016) in Qatar

Objective No 3 : To determine the association between selected demographic variables and nurses' perceptions on SBARe framework

	Nurses' Perception on SBARe Frame work Frequency (n=64)			*p value
	Poor	Moderate	Good	
Type ward				
Male Ward	0	3	17	0.037
Female Ward	0	8	9	
Pediatric Ward	0	3	7	
Maternity Ward	0	3	6	
Psychiatric Ward	0	6	2	

Nagammal, S. et al (2016) reported that nurses perception on SBAR not significant with working in the unit (p= 0.191)

Objective No 3 : To determine the association between selected demographic variables and nurses' perceptions on SBARe framework

	Nurses' Perception on SBARe Frame work Frequency (n=64)			*p value
	Poor	Moderate	Good	
Working experience				
Less 5 years	0	7	15	0.750
5 – 10 years	0	15	23	
>10 years	0	1	3	
Age				
<29years old	0	7	15	0.750
>30years old	0	15	23	
>40years old	0	1	3	

Nagammal, S. et al (2016) reported that nurses perception on SBAR not significant with age (p= 0.600) and working duration in the unit (p= 0.776)

STUDY LIMITATION

- Represent data for inpatient services Hospital Bentong only
- Solely on the perceptions. This study can not identify specific issue while writing SBAR report

CONCLUSION

- The study show nurses perceived well in adaptation of SBARe but further guide must be offer from nursing supervisor to help in writing incident or event report.

- SBARe was new in Government Hospital in Malaysia; therefore active monitoring to nurses must be done to assist in documentation. Several courses and bed side teaching must be done to helps nurses to write proper report.

RECOMMENDATION

- Standardized SBARe format as nursing documentation.
- Establish SBARe as formal communication among Health Care Workers

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REFERENCES

- Ayala, W. L. (2017). Impact of a Standardized Tool on Handoff Quality in Nurse Change-of-Shift Reports. *Walden University Scholar Works.* http://scholarworks.waldenu.edu/dissertations
- Drach-Zahavy, A., Goldblatt, H., & Maizel, A. (2015). Between standardization and resilience: Nurses' emergent risk management strategies during handovers. *Journal of Clinical Nursing*, 24(3-4), 592-601
- Greenword, B., (2019). *How to Write a Nurse's SOAP Note*. Retrieved on 2nd February 2019 from https://careertrend.com/how-5020028-write-nurses-soap.html
- Groves, P. S., Manges, K. A., & Scott-Cawiezell, J. (2016). *Clinical Nursing Research*. Handing off Safety at the Bedside.
- Linton, S, & Moon, K.,(2014). Nursing Documentation. *The Royal Children's Hospital Melbourne*. Retrieved on 23 January 2019 from http://www.rch.org.au
- Malezadeh, J et al (2013). A Standardized Shift Handover Protocol: Improving Nurses' Safe Practice in Intensive Care Units. *Journal Caring Science.* 2013 Sep; 2(3): 177–185. doi: 10.5681/jcs.2013.022

- Nagammal, S. et al (2016). Nurses' perceptions regarding using the SBAR tool for handoff communication in a tertiary cancer center in Qatar. *Journal of Nursing Education and Practice*, 2017, 7 (4). doi:10.5430/jnep.v7n4p103
- Novak, K. & Fairchild, R. (2012). Bedside Reporting and SBAR: Improving Patient Communication and Satisfaction. *Journal of Pediatric Nursing*, 2012, *27,* 760-762. doi:10.1016/j.pedn.2012.09.001.
- O'Connell, B., Ockerby, C., & Hawkins, M. (2014). Construct validity and reliability of the Handover Evaluation Scale. *Journal of Clinical Nursing, 3*(3-4), 560-570. doi:10.1111/jocn. 12189
- The Joint Commission (2019). *SBAR- a powerful tool to help improve communication*. Retrieved on 17 January 2019 from https://www.jointcommission.org
- Velji K, Baker GR, Fancott C, et al. (2008). Effectiveness of an adapted SBAR communication tool for a rehabilitation setting. *Healthcare Quarterly*. 2008 Mar 15; 11(Sp).
- Wong, M. C., Yee, K. C., & Turner, P. (2008). Clinical Handover Literature Review, eHealth Services Research Group, *University of Tasmania Australia.* From http://www.safetyandquality.gov.au/internet/ safety/
- Wikipedia (2019). *SBAR.* Edited on 12 January 2019 from https://en.wikipedia.org/wiki/SBAR

Thank you

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