



PATIENT SAFETY TOOL BOX TALKS®

EFFECTIVE CARE & SUPPORT

EFFECTIVE CLINICAL COMMUNICATION

*ISBAR (Identify-Situation-Background-
Assessment-Recommendation)*

v1.1



Good communication is essential for safe patient care. Bad communication can have serious consequences. Without a framework the communication of important clinical information may be forgotten or missed. The ISBAR (Identify -Situation-Background-Assessment-Recommendation) technique is a simple way to plan and structure communication. It allows staff an easy and focused way to set expectations for what will be communicated and to ensure they get a timely and appropriate response.

It helps to prevent vital information being missed, provides a recognised framework within which to organise what you want to say and give the opportunity for you to state what outcome you desire from the conversation.



I

Identify – It identifies those to whom the call relates. Verify that you are speaking to the person you are seeking to communicate, state your name, grade and the location you are calling from and identify the name of the patient you are communicating about.

S

Situation - It identifies why you are calling and allows you to state the problem.

B

Background – It gives a summary of information relevant to the current problem this may include medications, laboratory results, diagnostic tests or surgical procedures.

A

Assessment – Summarise relevant information gathered, what has changed, what is your interpretation of this? It describes what you found on examination of the patient, charts and results. It may include an ABC assessment or an Early Warning Score.

R

Recommendation – It allows you to ask for what you would like to happen without hinting or hoping for the right action. It may be that your recommendation is simply to ask for advice. An action plan should be agreed between you.

ISBAR

Communication Tool

I Identify	<p>Identify: You, Doctor, Patient Is this Dr. _____? This is _____ (e.g Mary, I am team leader on 7A) I am calling about _____ (e.g Mr David Jones)</p>
S Situation	<p>Situation: Why are you calling? I am calling because _____ (e.g Total EWS of 6 or 3 in a single parameter) Resp Rate _____ Sats _____ O2 Delivery _____ Temp _____ Heart Rate _____ BP _____ Urinary Output _____ LOC _____ (only use abnormal reading initially)</p>
B Background	<p>Background: What is relevant background? They are _____ years old Admitted for _____ Recent surgery or procedures _____ Relevant past medical/surgical history _____ They currently have _____ (e.g. IV fluids, Urinary Catheter, PCA)</p>
A Assessment	<p>Assessment: What do you think is the problem? I think _____ (e.g they are hypovolaemic) (you can skip this if they don't know what is wrong)</p>
R Recommendation	<p>Recommendation: What do you want them to do? I would like you to _____ (e.g come and review him please) Is there anything you would like me to do before you</p>

Acknowledgement: The SBAR tool originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA.