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**Using SBAR Technique to Improve Team Communication**

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Hand-offs, or transfer of care from one provider to another or between facilities, poses risks for both client and provider. Communication is a contributing factor in at least 80% of sentinel events in hospitals and is identified as a root cause by CABC-accredited birth centers in over 20% of sentinel event reviews. Issues with communication can occur within the birth center team, or between birth center staff and receiving personnel, including EMS and hospital providers and staff. A study released in 2016<sup>1</sup> estimated that communication failures in U.S.

health care facilities and practices were at least partially responsible for 30% of all malpractice claims.

Potential for client harm occurs when the receiving provider or hospital staff gets information that is inaccurate, misleading, incomplete, not timely, misinterpreted, or otherwise not what is needed to assume care. Distractions, insufficient staffing, and anxiety on the part of either the giver or receiver of information all can contribute to communication breakdown. Sometimes the midwife simply fails to get the attention of the receiving physician or does not adequately convey their level of concern. It has also been documented that differences in communication styles between physicians and nurses can contribute to miscommunication. Communication gaps among health care providers can be complicated by a hierarchical reporting structure,



	Content	Examples
<b>Situation</b>	<ul style="list-style-type: none"> <li>Identify yourself and your birth center</li> <li>A brief statement of the problem, including what it is, when it happened or started, and how severe. <i>The key word is "brief." A critical part of SBAR is omitting irrelevant information.</i></li> </ul>	<p>"This is Sandy Smith, a midwife from the City Birth Center."</p> <p>"I have a primip with a prolonged 2nd stage who needs transfer to L&amp;D."</p>
<b>Background</b>	<ul style="list-style-type: none"> <li>A concise overview of the situation.</li> <li>This may include relevant obstetrical history, course of labor, treatments provided so far, and anything that is relevant to the personnel who will be assuming care.</li> <li>Think about what the receiving provider needs right away and have it readily available.</li> </ul>	<p>"Labor onset was at 0300 with a normal 1<sup>st</sup> stage. FHT's have been reassuring, but there are now decelerations with pushing. She has been pushing for 3-hours with slow descent. Fetus is OP and asynclitic. Contractions remain strong and q2-3 minutes."</p>
<b>Assessment</b>	<ul style="list-style-type: none"> <li>Sum up what you think is going on.</li> <li>If you don't have a clear assessment, just say that – "I'm not sure what is going on but they need to be in L&amp;D for your evaluation."</li> </ul>	<p>"The client is too tired to push effectively now and the baby is no longer tolerating labor well."</p>
<b>Recommendation</b>	<ul style="list-style-type: none"> <li>Clearly state what you are requesting.</li> <li>Be specific about suggested action and time frame.</li> <li>If you are uncertain about a recommendation, simply state that you are concerned and need help evaluating the clinical situation.</li> </ul>	<p>"The client needs continuous EFM."</p> <p>"The client needs a cesarean."</p>

<sup>1</sup> CRICO Strategies. Malpractice risk in communication failures; 2015 Annual Benchmarking Report. Boston, Massachusetts: The Risk Management Foundation of the Harvard Medical Institutions, Inc., 2015

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gender, education, cultural background, stress, fatigue, social structure, and issues with technology. High quality hand-offs are complex and require specific communication skills and procedures.



The SBAR model was first developed by the U.S. Navy and then adopted by the aviation industry. It was first introduced into a health care setting in 2003 at Kaiser Permanente as a framework for structuring conversations between nurses and doctors about situations requiring immediate attention. It became the communication standard in healthcare when the Joint Commission endorsed it in 2013. AHRQ, WHO, and IHI have also endorsed SBAR as the standard communication tool for handoff among health care providers.

### SBAR Critical Words

The goal with SBAR is to get someone to take action. That means the recommendation must get their attention and be taken seriously. Using “critical” language increases the urgency of your recommendation. Use words like “now,” and “immediately” when the situation is urgent. Here are some other critical words to use in SBAR communication :

Must	Priority
Right away	Quickly
STAT	At once
Need	Requires
Critical	Urgent
Important	Essential

### Preparing to Use SBAR

Using SBAR does not have to be formal. The key is to go through the thought process, so all relevant information is included, and all superfluous details are left out.

1. Practice using SBAR during drills and when reporting off to others on your birth center team so that everyone is comfortable using it.
2. Consider developing templates for client and newborn transfer to help staff remember what information should be communicated.
3. Explore whether SBAR is in use among hospital and EMS personnel with whom you collaborate.
4. Solicit feedback from the personnel who will be assuming care of your clients. Ask them what information they need during a transfer.
5. Carefully think through the problem and what you will say before calling.
6. Think about what information the receiving provider or personnel will need and have it handy.
7. Organize your facts according to the SBAR format.

### SBAR Resources

<https://www.nationalcomplex.care/wp-content/uploads/2021/06/SBAR-IHI.pdf>

<https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/>

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