

ISBAR revisited: Identifying and Solving *BAR*riers to effective clinical handover

Project toolkit

Clinical Governance
Hunter New England Health
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Section 1: Introduction to ISBAR

This toolkit introduces the “ISBAR” framework for effective communication. It aims to give users the capacity to adapt, implement and evaluate an approach to clinical communication around clinical handover in a health care setting or organisation.

The toolkit is set out in three sections.

The **first** section introduces the ISBAR framework and answers frequently asked questions about its use and application.

The **second** section sets out an eight-step process for introducing the ISBAR framework to enhance communication in any setting, following the culture change model proposed by Kotter (1996).

The **third** section comprises electronic ISBAR resources found on the accompanying CD and DVD. The CD contains project information about engaging clinicians and managers, project management and governance and staff training, and also contains project resources such as templates for posters, prompt cards and ISBAR note pads. The DVD contains three short films demonstrating use of ISBAR in clinical settings.

This toolkit is informed by the experience of and evidence derived from a 12-month project undertaken by Clinical Governance, Hunter New England Health (HNEHealth), to identify and solve barriers to effective communication in inter-hospital transfer.¹

¹ The development, implementation and evaluation of the project are reported in Aldrich R, Duggan A, Lane K, Nair K, Hill KN (2009). *ISBAR revisited: identifying and solving barriers to effective clinical handover in inter-hospital transfer: final project report*. Newcastle: Hunter New England Health

Situation

Poor communication can harm patients or make work life difficult. Incident and complaint data provide strong evidence for the critical role of lack of appropriate communication in adverse events.² The imperative to act to improve clinical communication is recognised by Australian and international agencies.³

Background

Research has shown that using a standardised format can assist the transfer of information, particularly when there are time-constraints. ISBAR (Introduction, Situation, Background Assessment, Recommendation) is such a tool. ISBAR organises a conversation into the essential elements in the transfer of information from one source to another. Its effectiveness has been demonstrated in both clinical and non clinical situations of communication transfer.

Assessment

The ISBAR approach holds great promise to enhance communication as a simple, portable and memorable tool which

² Hill K, Aldrich R, Lawson D, Easton T *Enhancing Clinical Communication: Characterising the Role of Communication in Clinical Incidents and Complaints* International Society for Quality in Health Care Conference, Boston, 30 September – 3 October 2007

³ Australian Commission on Safety and Quality in Health Care (2009). *The OSSIE Guide to Clinical Handover Improvement*. Sydney, ACSQHC. WHO Patient Safety Solutions 1:Solution 3 May 2007 Communication during patient hand-overs

<http://www.who.int/patientsafety/solutions/patientsafety/PS-Solution3.pdf>
WAPS 2008 Summary of the evidence on patient safety: implications for research. WHO: Geneva 2008
http://www.who.int/patientsafety/information_centre/20080523_Summary_of_the_evidence_on_patient_safety.pdf

can be used by anyone to optimise communication. The ISBAR approach is:

- simple and quick to use
- memorable
- portable, and
- logically structured

Communication is a daily practice for all professionals. Users of this toolkit might include:

- Medical Officers
- Nurses and Midwives
- Allied Health Professionals
- Pharmacy staff
- Health Managers
- Project and quality officers
- Community and Inpatient staff
- Rural and remote area staff

Using the resources in this toolkit participants will be able to:

- Create a sense of urgency for a communication intervention
- Communicate effectively in their own professional practice
- Apply the ISBAR tool in a workplace environment
- Identify situations outside the workplace where the ISBAR tool could be applied to improve communication, and
- Evaluate effectiveness of the implementation of the ISBAR tool.

Recommendation

Our team recommends that

- Health care organisations and professionals adopt an ISBAR approach to professional communication, and
- The eight-step process to culture and behaviour change set out by Kotter (1996) be followed where the ISBAR approach is being used. These steps are set out and explained in the second section of this Toolkit

Frequently asked questions about ISBAR

What is ISBAR?

The ISBAR framework represents a standardised approach to communication which can be used in any situation. It stands for Introduction, Situation, Background, Assessment and Recommendation.

What are the advantages of ISBAR?

The ISBAR framework

- Ensures completeness of information and reduces likelihood of missed data
- Is an easy and focussed way to set expectations for what will be communicated
- Ensures a recommendation is clear and professional
- Gives confidence in communication
- focuses not on the people who are communicating but on the problem itself.

Why would I use ISBAR?

Key reasons for using ISBAR are

- It is portable, memorable and easy to use
- Can be used to present information clearly in any situation
- Helps you to organise what you're going to say
- Standardises communication between everyone

Where did ISBAR come from?

SBAR originated in the US Navy for use in nuclear submarines. It has also been used in the airline industry. Because it assists the transfer of important information in limited time, SBAR has been adopted by many healthcare organisations across the world. Like some other users of the framework HNEHealth added the "I" to stand for introduction to ensure that

- The person talking identifies themselves
- The person talking confirms the identity of the person they are talking to, and
- The person initiating the conversation confirms that they have the attention of the person they are talking to.

What are the elements of the ISBAR Framework?

The ISBAR framework is simple. It consists of 5 elements that focus a conversation to relevant detail. This helps to focus the information and eliminate irrelevant information. These elements are

I – Introduction

Who you are, your role, where you are and why you are communicating

S – Situation

What is happening at the moment?

B – Background

What are the issues that led up to this situation?

A – Assessment

What do you believe the problem is?

R – Recommendation

What should be done to correct this situation.

Where can ISBAR be used?

The ISBAR framework may be used in any information handover situation. For example:

- Shift changes
- Discharge to community services
- Inter-hospital transfers
- Intra-hospital transfers
- Time-critical situations such as medical emergencies or evacuations
- Procedure documents
- Reports, memorandums and briefings

Who can use ISBAR?

Because it focuses on the issue at hand, it means that those of different discipline and seniority will speak the same language. This allows more effective communication.

ISBAR creates a shared mental model for the transfer of relevant, factual, concise information between clinicians. It flattens the hierarchy and so eliminates the power differences that may inhibit information flow.

- Doctor to Doctor,
- Nurse to Nurse,
- Nurse to Doctor,
- Doctor to Allied Health
- To and between wardstaff, housekeeping and clerical staff).

How else can the ISBAR approach be used?

Due to the flexibility of the ISBAR tool, it can be used in areas other than clinical handover. Reports, memos, referral documents and briefs can be written in the ISBAR format. For example, a memo to staff may read:

Introduction

Memo from Felicity Black, Service Manager, Fenton Mental Health Service. To all staff

Situation

For the next two weeks, staff will need to use the front entrance of the building to both enter and leave the facility.

Background

As you know we are purchasing a new security system and workman will be here to install it on Monday. This will require a resiting of the rear door and they anticipate that this will take five days to complete.

Assessment

As a consequence, passage through the door will not be possible.

Recommendation

From Monday morning please use the front door for exit and entry to the building and advise any visitors of same.

Many more examples of ISBAR in practice can be found on the CD under "Training: Training Presentations" and in each of the short films on the accompanying DVD.

How can I train people to use ISBAR?

HNEHealth has developed training resources which can be used to train staff in using the ISBAR framework. The methods used to train staff as part of the HNEHealth project, and the resources, evaluation surveys and other tools used as part of that project can be found on the CD enclosed with this package.

How can I measure the effectiveness of training in ISBAR?

Tools to assist with measuring the effectiveness of training sessions can be found on the CD enclosed with this package.

How can I measure the impact ISBAR might have on the patient experience?

Tools to assist with measuring the effectiveness of ISBAR communication around patient care can be found on the CD enclosed with this package.

Section 2: Introducing ISBAR

Eight essential steps for managing the change process around the flexible adaptation and introduction of ISBAR

Introducing a new idea or innovation to a facility or organisation is essentially a change management activity. John P Kotter (1996 *Leading Change* Boston: Harvard Business Press)⁴ elaborated eight steps for change management, the principles of which are consistent with the actions required to introduce the ISBAR framework to a facility or organisation. The steps are

Step One: Create Urgency

Step Two: Form a Powerful Coalition

Step Three: Create a Vision for Change

Step Four: Communicate the Vision

Step Five: Remove Obstacles

Step Six: Create Short-term Wins

Step Seven: Build on the Change

Step Eight: Anchor the Changes in Corporate Culture

⁴ More information available at http://www.mindtools.com/pages/article/newPPM_82.htm

Step One: Create Urgency

Aim
To understand and characterise the need for a clinical communication intervention
Process
<ul style="list-style-type: none"> • Evaluate evidence for need for clinical communication • Understand where areas of critical communication breakdown occur and where critical risk to patients and community is highest
Examples of actions or outputs
<ul style="list-style-type: none"> • Data to demonstrate why the problem must be addressed
Expected outcomes
<ul style="list-style-type: none"> • Rationale for intervention well understood • Engagement with senior organisational decision-makers

Step Two: Form a Powerful Coalition

Aim
To identify change champions and influential actors who can generate and support momentum
Process
<ul style="list-style-type: none"> • Identify in your setting who are the cultural influencers and who can identify as supporters of the use of the ISBAR tool • Support these influencers by identifying strategies and techniques to make it easy for people to use the tool • For each stakeholder or professional grouping think through those elements or factors which might support or obstruct the uptake of the tool
Examples of actions or outputs
Written and verbal uses for the ISBAR tool identified and re-worked into an ISBAR format
Expected outcomes
Templates for official or technical communication set out in ISBAR format

Step Three: Create a Vision for Change

Aim
To identify where you want to get to, and how To plan the project in detail
Process
Undertake a comprehensive project planning process including essential elements such as <ul style="list-style-type: none"> • Identify need and objectives • Characterise your culture • Consulting widely to ensure tools and approaches are informed by end users • Develop evaluation measures for both training in and implementation of any tool
Examples of actions or outputs
<ul style="list-style-type: none"> • Establish a project team • Identify and develop a plan to address essential elements of the project
Expected outcomes
<ul style="list-style-type: none"> • A well planned project which can be followed and deliver the desired outcomes

Step Four: Communicate the Vision

Aim
To ensure that the environment and context of implementation are well-prepared for the introduction of the new approach
Process
<ul style="list-style-type: none"> • Identify communication channels operating within the facility or setting • Develop information in familiar formats and using appropriate media • Set out what people can expect to happen in the next few weeks and months • Develop and implement expert training sessions
Examples of actions or outputs
<ul style="list-style-type: none"> • Consultation to determine the best ways to reach stakeholders: the influencers will know • Development of newsletters, emails, information sheets • Taking every opportunity to discuss the vision and the plan (project) • Training sessions using expert resources such as trigger films
Expected outcomes
<ul style="list-style-type: none"> • Project plan well understood • Participants anticipating project implementation

Step Five: Remove Obstacles

Aim
To identify potential obstacles to the introduction of the ISBAR approach
Process
<ul style="list-style-type: none">• Undertake a cultural analysis including stakeholders, patterns of behaviour• Identify key individuals within the setting who can assist with resolving obstacles as they arise• Identify perverse incentives to maintain status quo• Make it easy for people to participate and difficult to not participate
Examples of actions or outputs
<ul style="list-style-type: none">• Discussion with key stakeholders to identify potential obstacles and solutions
Expected outcomes
<ul style="list-style-type: none">• Key individuals identified• Obstacles identified and removed

Step Six: Create Short-term Wins

Aim
To identify and celebrate short-term wins
Process
<ul style="list-style-type: none">• Potential for wins identified• Careful attention to evaluating and being able to evaluate short-term gains as they happen
Examples of actions or outputs
<ul style="list-style-type: none">• Data capture process in place• Evaluate training programs using a Likert-type confidence scale
Expected outcomes
<ul style="list-style-type: none">• Short-term wins celebrated

Step Seven: Build on the Change

Aim
To consolidate activities and see translation of processes into changed practices
Process
<ul style="list-style-type: none">Steady attention to the process of translating training into practiceContinuing to support training and changed practice through pragmatic and ready support
Examples of actions or outputs
<ul style="list-style-type: none">Tools and training and expert support available to support project implementation
Expected outcomes
<ul style="list-style-type: none">Diffusion of the idea beyond that generated by the program team ("second generation diffusion") once a critical mass of implementation achieved

Step Eight: Anchor the Changes in Corporate Culture

Aim
To ensure sustainability beyond the life of the resourced project
Process
<ul style="list-style-type: none">Identify strategies to allow change to be embedded (such as introduction of an essential step in communication, or use of a single written format in key settings only)
Examples of actions or outputs
<ul style="list-style-type: none">Align corporate documentation to the ISBAR framework
Expected outcomes
<ul style="list-style-type: none">Use of the ISBAR approach becomes standard, usual and normal

Think Talk Write ISBAR

Section 3: ISBAR Resources

Table of Contents for CD

Information to support the local implementation of an ISBAR project:

- **Engagement**
- **Governance**
- **ISBAR toolkit** (text of this document)
- **Methods and resources** (including HNEHealth Project Methods, templates for cards, posters and notepads and project survey tools)
- **Training** (including training presentations)

Table of Contents for DVD

Three short films are included on the DVD:

Phone call at night: talk ISBAR

Tells the story of a clinician who has called for help before collecting their thoughts

Discussing a plan of care: think ISBAR

Tells the story of a registrar discussing a patient care plan with their consultant

Escalating a clinical concern: talk ISBAR

Tells the story of a mental health nurse escalating her concerns about a deteriorating patient to a colleague

References

- Aldrich R, Duggan A, Lane K, Nair K, Hill KN (2009) *ISBAR revisited: identifying and solving barriers to effective clinical handover in inter-hospital transfer: final project report*. Newcastle: Hunter New England Health
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- WHO *Patient Safety Solutions* 1:Solution 3 May 2007 Communication during patient hand-overs
<http://www.who.int/patientsafety/solutions/patientsafety/PS-Solution3.pdf>

**For further information about the HNEHealth ISBAR program
please contact**

Dr Kim Hill
Director, Clinical Governance
Executive Sponsor
HNEHealth ISBAR Clinical Communication Program

Phone 02 49 214 913

Postal: Locked Bag 1, New Lambton NSW 2305 AUSTRALIA

**For further information about the resources contained in this
toolkit please contact**

Dr Rosemary Aldrich
Associate Director
Clinical Governance
Hunter New England Health

Level 1, The Lodge, Rankin Park Campus,
Lookout Rd, New Lambton Heights NSW

Postal: Locked Bag 1, New Lambton NSW 2305 AUSTRALIA

Phone +61 (0) 2 49 214 935
Mobile +61 (0) 4 23 782 182
Fax +61 (0) 2 49 855 361

Email: rosemary.aldrich@hnehealth.nsw.gov.au