Implementation of SBAR for Antimicrobial Stewardship Activities

1. **What is an SBAR?**
   SBAR is the acronym for **S**ituation, **B**ackground, **A**ssessment, and **R**ecommendation. It is a communication technique originally developed by the US Navy and initially adopted into healthcare by Kaiser Permanente to facilitate prompt and accurate transfer of information. It has gained increasing acceptance as a standard communication strategy in different areas of healthcare including in antimicrobial stewardship since its introduction.

2. **Why use an SBAR?**
   SBAR outlines an easy-to-remember and structured format for communicating a standard set of information from one person/group to the next. This strategy starts with a statement of why the communication is being initiated (Situation). It continues with providing relevant historical or current information that led up to the situation (Background). This is followed by evaluation of the situation using a standard set of criteria (Assessment). Finally, a course of suggested action is provided based on previously provided information (Recommendation).

   Using this strategy, a bedside nurse can communicate to a clinician essential information such as:
   - Purpose of the communication [e.g., suspecting urinary tract infection (UTI) in a patient]
   - Relevant background information (e.g., presence of a urinary catheter)
   - Analysis of the patient's current condition (e.g., fever of 101 °F, flank pain), and
   - Recommended course of action (e.g., send urinalysis and urine culture)

   Armed with this set of important information, a clinician can make management decision based on recommendations from the bedside nurse or provide an alternative management plan (e.g., initiating an active monitoring protocol or starting empiric antibiotic for suspected UTI after sending urinalysis and urine culture).

3. **What are the steps necessary to implement the use SBAR facility-wide?**
   SBAR can be implemented in many different ways. Below is one example strategy on how to implement the use of SBAR within a facility.
   - Discuss within the antimicrobial stewardship committee and determine the best SBAR format (paper vs. electronic) and for which antimicrobial stewardship processes (for suspected infections vs. antimicrobial time-out) to adopt. Factors including compatibility with current medical record system, workflow, and institutional policy and procedure; availability of information technology support; and costs should be considered.

   - Educate facility clinicians and nursing staff on the purpose of this communication and how it is best accomplished. The education for nursing staff should include detailed instructions on how to use the SBAR tool.

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- Assess compliance and accuracy to the use of this communication strategy periodically. Report outlining de-identified compliance rates should be prepared and distributed to all facility staff.

- Determine the cause for gap in compliance and devise plan to address the deficiency. Corrective actions can include re-education on the purpose and process of the SBAR, personalized discussion with staff member who are non-compliant, revising the SBAR tool to increase the ease-of-use and/or choosing a different SBAR tool.
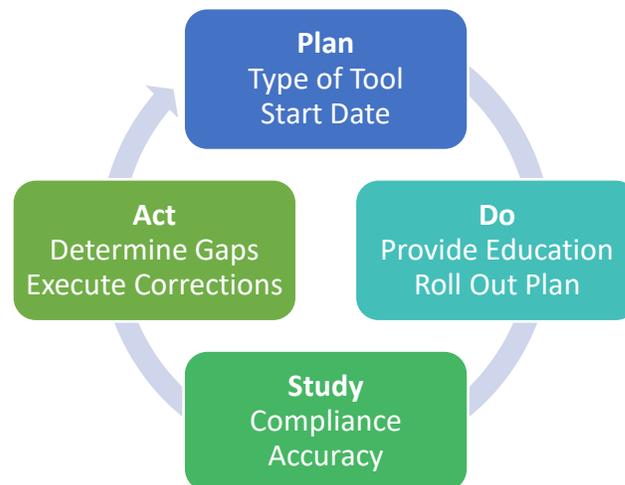

Figure 1. Steps for implementing the use of SBAR

4. **Are there any advantages or limitations to the use of SBAR?**
The implementation of SBAR, reviewing and reporting of compliance with SBAR use, and execution of corrective action plan for quality improvement associated with this process satisfy 5 of the 7 CDC antimicrobial stewardship core elements (Leadership Support, Action, Tracking, Reporting, and Education). In addition, this process ensures patient receive the best care by effectively communicating vital clinical information to clinicians and enabling them to make appropriate and life-saving clinical decisions. It also helps with proper documentation of clinical status, assessment and plan.

While there are a number of benefits to implementation of the SBAR process, there are some limitations. These include:
- Careful education of nursing staff and clinicians is required for successful implementation
- Tools are not available for all antimicrobial stewardship processes
- Periodic review of compliance is required