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Enhancing Patient Safety Through Effective Communication: The Role of the SBAR Handover Tool

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Introduction

Patient safety is a significant concern during the delivery of health care in hospital settings. The commission of errors during patient handoffs is a growing issue in the healthcare community and a major concern among all nurses. Miscommunication among healthcare workers has been identified as a common cause of medical errors, particularly during the hand- off of patients during shift changes, often due to a lack of consistency during patient handoff procedures [1]. Miscommunication among healthcare workers has been identified as a common cause of medical errors, particularly during the hand-off of patients during shift changes, often due to a lack of consistency during patient handoff procedures [2]. While communication failures are among the most common causes of medical errors that harm patients, 67% of those errors are related to handoffs [3]. Effective communication during nurse-to-nurse reports is critical to ensure information about patients is shared in a manner that promotes safe patient care.

Nurse handoff is the critical process where a nurse transfers patient information and responsibility to another nurse [4]. During nursing handover, there is a critical transition period where responsibility for a patient's care is transferred and if any lapse in communication happens, it could lead to missed or inaccurate information. If this occurs it could potentially lead to risk of medication errors, delay in treatment, and overall compromised patient safety. Effective handoff communication largely depends on the interpersonal communication skills of healthcare providers [3].

The processes used for shift change handoff of patients varies significantly among health care institutions. Many hospital nurses rely on oral report with no form of written documentation. Work areas are often busy and noisy, which could lead to communication issues. Distractors such as equipment alarms, patient call lights and environmental noise can create barriers to effective handoff. Distractions can lead to handoff interruptions, defined as a suspension in activity with the assumption that the initial activity will be resumed [4]. Moreover, the process is not standardized in many units, which may increase the chances of a nurse forgetting to inform their colleague about an important health issue. This transfer of low-quality information received during handoff could contribute to the likelihood of medical errors. When such mistakes occur, patients must be treated for the complications that arise in addition to the condition they were admitted for at the healthcare institution.

The Joint Commission has identified patient safety goals, including a requirement that healthcare professionals implement a standardized approach to handoff communication. The use of standardized tools may lead to better communication and decrease the risk for errors committed during direct patient care. By implementing a more standard approach to handoff could be essential in ensuring patient safety, improving the quality of care, and promoting a positive safety culture for hospital patients [5]. The standardized tool plays a crucial role in sensitizing nurses on the importance of communication and implementing hand- off tools.

A nurse's communication skills are amongst one of the most critical competencies for effectively conveying information regarding their patients. Clear and effective communication enhances the quality of care and helps to reduce error in the clinical setting. Situations, background, assessment, and recommendation (SBAR), SBAR is a reliable and validated communication tool that can be easily implanted in hospital-based practices for sharing information among healthcare providers and is a structured communication tool that enables clear communication in a short time [6]. Enhancement of communication, using the SBAR tool, benefits nurses by ensuring the information intended to be relayed to another nurse is effectively communicated without barriers affecting the communication process.

The use of a standardized handoff tool can also decrease the time needed for shift-change reports. Excessive time spent during shift reports could lead to delays in patient care, which could be detrimental to patients. With the effectiveness of the handoff tool. It could significantly reduce the handoff communication time period [7]. Studies indicate that written hand-off communication can be more effective than face-to-face exchanges. Using a written handoff tool may also save time, as nurses can simply reference the note and follow its outlined content. The time used for conversation between

two or more nurses can be regained and allocated for other nursing duties [8]. The relay of information becomes more efficient by equipping nurses with the necessary knowledge that should be included during the communication process [7].

Other barriers to effective communication are noise, interruptions, and lack of concentration [9]. Nursing stations are busy areas with frequent noise such as loud voices, alarm, and phones ringing which create an environment that causes distraction and interruptions during this exchange of information [10]. Recent studies have shown that inadequate information during the complex handover process contributed to gaps, duplication, or delay in patient care during hand-off and increases the risk for errors and potential harm [11]. Because patient safety is a critical concern, the continuation of safe care depends on the accurate exchange of patient information by nurses. Evidence-based findings support that a standardized hand-off tool is the best approach for effective communication.

Change can be difficult when things have been done the same way for years. Education, support, and enforcement help make change possible. Current evidence-based literature supports a standardized approach to patient handover. Nursing leaders can effectively implement standardized tools by including nursing staff in the development and implementation of the standardized process [12]. Nursing is an ever-changing field as what once was, is no longer. In order to stay with the changing times, nurses need to rely on evidence- based practice and incorporate standardized handoff tools into their practice.

Conflicts of Interest: The authors declare no conflict of interest.

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