

Patient Safety and ISBAR



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Opinion Paper

Teamwork and communication between healthcare personnel are vital to quality of care and patient safety [1,2]. Patient safety is defined as protection against unnecessary harm resulting from the health service's efforts or lack of efforts [3]. ISBAR is a mnemonic created to improve safety in transfer of patient information. ISBAR is the acronym of Identification, Situation, Background, Assessment, Recommendation. It is a patient safety communication structure that aids simplified, effective, structured and anticipated communication between healthcare personnel. As many authors have discussed, using ISBAR improved the teamwork and patient safety and provided more scope for professional discussions, which led to agreement on treatment and further plans for the patient [4]. The ISBAR communication tool supports common language among team members. It promotes shared decision making and conflict resolution among team members which will likely improve patient satisfaction and outcomes [5].

The objective is to improve patient safety through a systematic way of communication and teamwork by applying ISBAR tool among doctors and nurses [6]. ISBAR is a reliable and validated communication tool which has shown a reduction in adverse events in a hospital setting, improvement in communication among health care providers, and promotion of patient safety [4]. The Joint Commission, Agency for Healthcare Research and Quality (AHRQ), Institute for Health Care Improvement (IHI), and World Health Organization (WHO) recognize SBAR (Situation, Background, Assessment, Recommendation) as an effective communication tool for patients' handoff. One of the main advantages of using ISBAR is that this tool can bring the healthcare team the opportunity to anticipate the adverse effects as well as the holistic approach of the patient from the beginning of his treatment.

The implementation of ISBAR in our department (Lithotripsy and Endourology Unit) allowed us to increase the patient safety and optimize the time in the specific tasks because of the

activity systematization [7,8]. The main drawbacks were that the personnel found that using ISBAR was time-consuming because the communication structure was not integrated into the work routine in the unit. It also emerged that it was difficult to follow the structure automatically, despite they found it easier after several ISBAR simulations. These made us see that training was necessary to incorporate ISBAR as a routine. It requires a culture change to adopt and sustain structured communication formats by all health care providers. Therefore, one of the biggest challenges was the support and acceptance of the workers. It has an important role for the daily development of the nursing activities. For that, it is necessary to achieve a complete alignment between all the staff, including all professional categories. In my opinion, the use of ISBAR can be applied to improve safety in nursing assessment and healthcare. Working with this communication tool brings us the opportunity to understand the clinical decisions and treatments. Teamwork is the key to give our patients the safety and quality they deserve, therefore one might say that using tools like ISBAR in our everyday can make us better in clinical practice. An effective communication flow is a vital factor in providing safe patient care. It can reduce the adverse events related to communication errors and can bring us the opportunity to be better at our work as make better decisions for the patients' treatments. Although we have observed it requires time for its implementation and incorporation in our day to day. The efficiency, in terms of cost-effectiveness, of the ISBAR tool implementation compared to adverse events related to communication errors must be studied to find the value of this tool and to understand the impact of a structured ISBAR tool.

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