The Relationship Between Implementation of SBAR Communication Techniques and Patient Safety in ICU and ICCU Departments at Kendari General Hospital

AUTHORS INFO
Dina Mariana Larira
Universitas Sam Ratulangi
dinamariana@unsrat.ac.id

Ketut Rasmiati
Puskesmas Bombana

Fitria Indra kasih
RSUD Kota Kendari

Corresponding Author
Dina Mariana Larira
Universitas Sam Ratulangi
dinamariana@unsrat.ac.id
+6282187374018

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Abstract

Patient safety is a spirit in hospital services that guarantees the quality of health services. Effective communication is the key for staff to achieve patient safety. One way to achieve effective communication is by using Situation, Background, Assessment, Recommendation (SBAR). This study aims to determine the relationship between the implementation of SBAR communication techniques with patient safety in the ICU and ICCU rooms of the General Regional Hospital in Kendari 2018.

This research is a descriptive analytic study with a cross sectional study approach. The population in this study were 33 ICU and ICCU nurses in General Regional Hospital in Kendri 2018. The sample was 33 respondents, the sampling technique was total sampling. The statistical test used was the Fisher Exact Test. The results showed there was a relationship between the implementation of SBAR communication techniques with patient safety in the ICU and ICCU rooms of of the General Regional Hospital in Kendari which was indicated by the value of p value <0.001. It is recommended that this study be continued by using more samples and using research methods with the type of case control.

Keywords: implementation of communication, SBAR, patient safety
A. Introduction

Patient safety is a spirit in hospital services throughout the world, not only hospitals in developed countries that implement patient safety to secure good quality of service, but also hospitals in developing countries such as Indonesia (Depkes, 2015).

Patient safety can be seen based on the six patient safety targets issued by the hospital accreditation committee 2012. The six patient safety targets contained in the hospital accreditation standard, consist of accurate patient identification, increased drug safety that need to be watched for (high-alert medications), certainty of right location, right procedure, right patient operation, reduction risk of infection related to health care, reduction risk of falling patients, and improvement of effective communication (KARS, 2012).

Effective communication is the key for staff to achieve patient safety based on patient safety standards in hospital (Istanti, 2015). One way to achieve effective communication is to use Situation, Background, Assessment, Recommendation (SBAR) techniques. SBAR techniques are communication technical frameworks provided to communicate between health workers to conveying the patient’s condition. SBAR are easy-to-remember frameworks, concrete mechanisms used to convey critical patient conditions or need immediate attention and action (Hilda, 2017).

Communication using SBAR structured tools (Situation, Background, Assessment, Recommendation) is used when hand over the patient, reporting the patient's condition to the DPJP (Doctor in charge of the patient) (NHS, 2012).

Vardaman (2012) claim that the SBAR communication system serves as a tool for standardizing communication between nurses and doctors. SBAR can assist in the development of schemes that allow nurses to make quick decisions. Although SBAR communication is designed for communication in high-risk situations between nurses and doctors, the SBAR technique can also be used for various forms of hand over, for example hand over between nurses. At Kaiser where it came from, the SBAR technique was not only used for hand over interdisciplinary assignments but also for various reports by the head of the work unit, sending messages via e-mail or voice mail to solve problems (JCI, 2010).

Poor communication is the most common cause of side effects in all aspects of health care, so that can create problems in patient identification, medication errors and transfusions and allergies are ignored, wrong operating procedures, wrong side the part of operated, all of these have the potential for incidents patients safety and can be prevented with improving communication (Ulva, 2017).

Research conducted by Nazri (2015) found that component A (Assessment) was the lowest frequency SBAR communication component (21%). Problems experienced by nurses when communicating with doctors that is nurses having difficulty to contacting doctors (50%), and nurses find it disturbing doctors before communicating (50%). The weak ability of nurses to communicate and the absence of standardization of communication techniques is a barrier to effective communication (Fajar Nazri, 2015).

Based on the preliminary study, it was found that the implementation of SBAR communication in the ICU and ICCU rooms of the Kendari City Hospital was implemented in March 2018, but the implementation has not yet reached the 100% target. Based on preliminary interviews conducted with the head of the room and several implementing nurses in the ICU and ICCU critical rooms and direct observation, showed that in implementation of SBAR communication, nurses were still not fully implementing according to the SOP, and when reporting a doctor about the patient’s condition or about supporting investigation using SBAR communication, read back is rarely read and the documentation on patient status is rarely signed by doctor. If this keeps happening can be expected to trigger a medical error. Seeing this situation, authors are interested to conducting research with the title: Relationship between the implementation of SBAR communication techniques with patient safety in the ICU and ICCU rooms of the Kendari City General Hospital.

The general objective of this study was to determine the relationship between the implementation of SBAR communication techniques with patient safety in the ICU and ICCU rooms of the Kendari City General Hospital.
B. Literature Review

1. Implementation of SBAR Communication Techniques
   Research conducted by Supinganto, et al with the title Research Identification of Effective Communication SBAR (Situation, Background, Assessment, Recommendation) in Mataram City Hospital shows that the communication situation (S) component is mostly in the effective category, the components of background communication (B), assessment (A) and recommendations (R) largely in the ineffective category.

2. Patient Safety
   The second journal Patient safety in elderly hip fracture patients: design of a randomized controlled trial. Researcher Hanneke Merten, Sanne Lubberding, Inge van Wagendonk, Paul C Johannesma, Cordula Wagner (2011). Method Randomized controlled trial research consists of three interventions. Research result using SBAR communication tools can improve the quality and completeness of the transfer information and patient satisfaction experienced hip fracture, so you can improve patient safety.

C. Methods

1. Research Design
   The type of research is descriptive analytic research that aims to reveal the correlation between the independent variable and the dependent variable. The approach used is a cross sectional study, that is a study to learn the dynamics of correlation between risk factors and effects by means of approach, observation or data collection at the same time (Notoatmodjo, 2012). In this study, researchers sought the relationship implementation of SBAR communication techniques with patient safety in the ICU and ICCU rooms.

2. Participants/Respondents/Population and Sample
   The population is the whole subject of research (Arikunto, 2010). The population in this study were all nurses in the ICU room, amounting to 18 people and nurses in the ICCU room, amounting to 15 people in the Kendari City General Hospital.

   Samples are part of the population selected with certain sampling techniques to be able to meet or represent the population (Nursalam, 2014). The sample in this study were nurses in the ICU and ICCU room of the Kendari City General Hospital, amounting 33 people.

3. Data Collection
   Primary data collected in this study are data obtained from observation sheets of SBAR technique implementation, and questionnaires about patient safety that were distributed to research respondents.

   The instrument used in this study consist of 2 questionnaires. The first questionnaire is observation sheet of the SBAR method adapted from a research journal from Agus Supinganto, Misroh Mulianingsih, Suharmanto with the research title Identifying Effective Communication SBAR (Situation, Background, Assessment, Recommendation) in Mataram City Hospital in 2015. The questionnaire was modified by the researcher in accordance with the research title . The questionnaire consisted of 14 statements about SBAR with 3 choices of answers namely disagree, not agree, and agree. This questionnaire has been tested for validity. The results of the questionnaire analysis showed that all questions had Alpha Cronbach 0.699 so that all statements were declared valid. The item reliability test gives a value> 0.6 for all statement items which shows all statement items are reliable. The second questionnaire is Observation sheet application of patient safety standards adapted from Yuliana Aristya Dewi's research thesis with the title research Factors Influencing the Implementation of Patient Safety Targets for Nurses in Inpatient Rooms Class I, II, II, RSUD Dr. Sudirman Kebumen. The questionnaire consisted of 24 statements with 2 answer choices,
yes and no. The results of the questionnaire analysis showed that all questions had Alpha Cronbach 0.699 so that all statements were declared valid. The item reliability test gives a value > 0.6 for all statement items which shows all statement items are reliable.

In research, it must meet the rules of research. In this research plan, contains ethics according to national guidelines on health research ethics (2011) The principle of respecting human dignity (respect for persons), the principle of doing good (beneficence) and not harming (non-maleficence), and the principle of justice.

4. Data Analysis

The data that has been obtained then analyzed descriptively and the presentation of the data is processed, presented in the form of a distribution and frequency table accompanied by an explanation (Sugiyono, 2015).

Data analysis was performed in 2 ways, that is univariate analysis and bivariate analysis. Univariate Analysis done by calculating the frequency in the form of a percentage of the variables studied. While the Bivariate Analysis aims to determine the relationship of independent variables with the dependent variable is done by Chi Square statistical tests using SPSS 23.0 for windows, and the provisions that all cells do not have an expected count value <5, if there are cells that have an expected count value <5 then an alternative test or a follow-up test using the fisher exact test is used with a confidence level of 95% (0.05)

D. Results and Discussion

1. Results

a. Analisis Univariat

<table>
<thead>
<tr>
<th>Characteristics of Respondents</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (Y)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26-35</td>
<td>30</td>
<td>90,9</td>
</tr>
<tr>
<td>36-45</td>
<td>3</td>
<td>9,1</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>14</td>
<td>42,4</td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
<td>57,6</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D3</td>
<td>20</td>
<td>60,6</td>
</tr>
<tr>
<td>S1</td>
<td>4</td>
<td>12,1</td>
</tr>
<tr>
<td>Ners</td>
<td>9</td>
<td>27,3</td>
</tr>
<tr>
<td>Employment Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PNS</td>
<td>6</td>
<td>18,2</td>
</tr>
<tr>
<td>Non PNS</td>
<td>27</td>
<td>81,8</td>
</tr>
<tr>
<td>Work Experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-5 years</td>
<td>22</td>
<td>66,7</td>
</tr>
<tr>
<td>&gt; 5 years</td>
<td>11</td>
<td>33,3</td>
</tr>
<tr>
<td>Patient Safety Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Already</td>
<td>25</td>
<td>75,8</td>
</tr>
<tr>
<td>Not yet</td>
<td>8</td>
<td>24,2</td>
</tr>
</tbody>
</table>

Source: Primary data processed in 2018

The data in table 1 illustrates the largest distribution of respondents by age, 26-35 years (90.9%). From 33 respondents it is known that 57.6% women and 42.4% men. Most respondents education is D3 60.6%. The highest employment status is 81.8% non-civil
servants. The most widely worked period of 0-5 years is 66.7% and respondents generally have taken patient safety education with a total of 75.8%.

Table 2
Distribution of Respondents by Characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBAR Communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do</td>
<td>24</td>
<td>72.7</td>
</tr>
<tr>
<td>Not to do</td>
<td>9</td>
<td>27.3</td>
</tr>
<tr>
<td>Patient Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied</td>
<td>26</td>
<td>78.8</td>
</tr>
<tr>
<td>Not Applied</td>
<td>15</td>
<td>21.2</td>
</tr>
</tbody>
</table>

Source: Primary data processed in 2018

Table 2 illustrates 33 respondents, who made SBAR communication, namely 72.7% and those who did not do 27.3%. Whereas those who applied patient safety were 78.8%, and those who did not apply were 21.2%.

b. Analisis Bivariat

Table 3
The Relationship Between the Implementation of SBAR Communication Techniques with Patient Safety in the ICU and ICCU rooms in RSUD Kota Kendari

<table>
<thead>
<tr>
<th>SBAR Communication</th>
<th>Patient safety</th>
<th>Amount</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Applied</td>
<td>Not Applied</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Do</td>
<td>23</td>
<td>88.5</td>
<td>1</td>
</tr>
<tr>
<td>Not to do</td>
<td>3</td>
<td>11.5</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>26</td>
<td>100</td>
<td>7</td>
</tr>
</tbody>
</table>

Fisher Exact Test

The results of the analysis in the table showed that respondents who did SBAR communication and implemented patient safety were 23 (88.5%) respondents, while respondents who did SBAR communication but did not apply patient safety were only 1 (14.3%) respondents. In addition, respondents who did not communicate with SBAR and applied patient safety were 3 (11.5%) respondents, while respondents who did not communicate with SBAR did not even implement patient safety as many as 6 (85.7%) respondents.

The results of analysis and calculations using the Fisher exact test formula were computerized obtained p value <0.001, then Ha was accepted and Ho was rejected, thus there was a significant relationship between the implementation of SBAR communication techniques with patient safety in the ICU and ICCU rooms of RSUD Kota Kendari.

2. Discussion

a. Implementation of SBAR communication techniques

The results showed that nurses in the ICU and ICCU rooms who conducted SBAR communication were 24 respondents with a percentage of 72.7%, while those who did not communicate with SBAR were 9 respondents with a percentage of 27.3%.

Communication can run effectively because nurses always mention the name, age, date of patient entering the room and day of treatment, even nurses also mention medical
diagnoses, nursing problems of patients who have and have not been resolved. Meanwhile, this ineffective communication is caused because nurses sometimes do not explain the intervention of each patient's nursing problem, nurses sometimes do not mention a history of allergies, and even nurses sometimes do not explain and identify the patient's knowledge of medical diagnoses experienced by patients.

The same thing was also found from previous studies which stated that the factors affecting the communication problems between nurses and doctors were weak professionalism, inadequate collaboration, nurses' difficulties when contacting doctors and lack of doctor's attention when called (Miller, 2010).

Nurses also revealed that doctors have a low ability to receive messages by telephone, such as the limited time that doctors have in receiving messages. This is consistent with the research revealed by Thomas (2010) which found that the lack of time the doctor had in receiving messages was due to doctors not having enough time to communicate because of their busy work activities. The problem of nurses having difficulty contacting doctors can cause communication preparation by nurses to be less than optimal, so this can affect limited human memory (Tja, 2009).

b. Patient Safety Events

The results showed that nurses in the ICU and ICCU rooms who applied patient safety were 26 respondents with a percentage of 78.8%, while those who did not apply patient safety were 7 respondents with a percentage of 21.2%.

Based on the results of statistical analysis, the usual application of patient safety standards is not done by nurses, namely when administering drugs where nurses sometimes do not explain to patients about the indications, side effects, dosages, and ways of drug administration. In addition, nurses also rarely monitor the administration of high-alert drugs closely, resulting in medical errors. This is consistent with the results of a survey at PKU Muhammadiyah Yogyakarta Hospital which stated that the most reported patient safety incidents were errors in drug administration (Fatimah, 2014).

Communication that does not work effectively can lead to medical errors that disrupt patient safety. This is consistent with the results of research that states that as many as 50% of the incidence of medical errors and up to 20% of errors in drug administration are due to ineffective communication (Muhajirin, 2013).

c. Relationship between the implementation of SBAR communication techniques with patient safety

The results of analysis and calculations using the Fisher exact test formula were computerized obtained ρ value <0.001, which means that there is a significant relationship between the implementation of SBAR communication techniques with patient safety in the ICU and ICCU rooms in RSUD Kota Kendari.

Based on the results of the analysis, it was found that respondents who conducted SBAR communication and applied patient safety standards were 23 (88.5%) respondents, while those who conducted SBAR communication but did not apply patient safety standards were only 1 (14.3%) respondent. Respondent who communicate with SBAR but do not apply patient safety standards are caused because nurses sometimes neglect to monitor drug administration. The nurse reports about the patient's condition to the doctor in full, however, nurses also sometimes neglect to monitor the patient's drug administration. This is consistent with the results of a survey at PKU Muhammadiyah Yogyakarta Hospital which stated that the most reported patient safety incidents were errors in drug administration (Fatimah, 2014).

Respondents who did not communicate with SBAR but applied patient safety standards were 3 (11.5%), while those who did not communicate with SBAR did not even apply patient safety standards to 6 (85.7%) respondents. Respondents who did not communicate SBAR were because nurses rarely explained the interventions/actions of each patient's nursing problem, but nurses applied patient safety standards that nurses
were very concerned about giving medicines to patients, especially drugs that were included in the high alert group.

Inaccurate information can have a serious impact on patients; nearly 70% of sentinel events occur, namely events that result in death or serious injury in the hospital due to poor communication. This is in accordance with the statement of Angood (2010) which revealed that the adverse event, near miss, and sentinel events in the hospital, the problem that became the main cause was communication.

The six main target elements of patient safety from care to patients are effective communication. Avoiding the risk of errors in providing patient nursing care and increasing the continuity of nurses and treatment are required to implement effective communication (Casey, 2011).

The RS accreditation standard 2012 SKP.2 / JCI IPSG.2 requires that the organization devise an effective, timely, accurate, complete, clear, and understandable communication method for the recipient. This is to reduce errors and produce improvements in patient safety. Communication is the first cause of patient safety problems. Communication is a very special and meaningful process in human relations. Effective communication that is timely, accurate, complete, clear, and understood by the recipient reduces errors and improves patient safety.

E. Conclusion

Based on the results of the study concluded that there is a relationship between the implementation of SBAR communication techniques with patient safety. This is evidenced by the results of the fisher exact statistical test obtained p value <0.001, so it can be concluded that statistically there is a significant relationship between the implementation of SBAR communication techniques with patient safety in the ICU and ICCU rooms in RSUD Kota Kendari.

Author Contribution (optional if author more than one)
all authors contribute equally

Conflict of Interest (optional)
The authors report no conflict of interest. The authors alone are responsible for the content and writing of the article.

F. References


