Getting Started with Information Governance: Applying SBAR to IG

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A communication technique developed by the United States Navy and used with nuclear submarines has been endorsed by multiple healthcare organizations. That technique, known as "SBAR," is an acronym for "Situation, Background, Assessment, Recommendation," a technique that is used to facilitate prompt and appropriate communication.

In the 1990s the SBAR technique was first introduced to healthcare by Kaiser Permanente to promote accurate and effective communication between providers, such as exchanges between nurses and physicians.[1] In recent years the Institute for Healthcare Improvement has endorsed the SBAR method for healthcare and SBAR is now the Joint Commission's stated industry best practice for standardized communication.[2,3] The format of SBAR allows for short, organized, and predictable flow of information between professionals. More recently, SBAR has been identified as an effective tool to initiate information governance (IG) efforts in healthcare.

Applying SBAR to Information Governance Efforts

The SBAR technique (see details in the sidebar) can be easily and effectively applied to IG efforts within an organization to identify and tackle IG issues. To illustrate how the SBAR technique can be applied to healthcare IG, three examples are described below. The Information Governance Principles for Healthcare (IGPHC)TM provide a framework for addressing information governance and can be addressed using the SBAR techniques as illustrated in the following examples.[4]

Example One: The Principle of Retention

Situation: Paper records from the last 25 years are being maintained in both on-site and off-site storage. Storage and retrieval fees are expensive. Space is becoming constrained for on-site storage.

Background: The retention policy is out of date and is not regularly consulted. Off-site storage fees have not been assessed nor compared to other vendors. Price comparison has not been done outlining costs of ongoing retention. Record storage inventory has not been performed. Individual provider requests for inactive record storage needs to be accommodated.

Assessment: Conduct analysis of current storage costs. Research legal requirements for retention. Inventory the age and volume of records being stored. List pros and cons of each option to assist in formulating a recommendation. Include costs associated with each option.

Recommendation: Update the retention policy. Develop a new retention process. Identify legacy records to be incorporated into the electronic health record (EHR). Develop and implement the destruction process as outlined in the policy. Investigate and compare vendor costs for destruction. Destroy inactive records. Train workforce—include the destruction policy in annual training. Include retention and destruction policy in medical staff orientation.

Special Considerations for IG

An important component of IG in healthcare is the identification of organizational stakeholders with an interest in the information management issue being addressed. In example one, stakeholders include clinical providers, health information management (HIM), finance, facilities management, legal, and administration. With these representatives involved in retention management policies and procedures, effective action can be expedited.

Leadership involvement is also critical to the success of IG efforts. Organization-wide record retention should be a standing agenda item on appropriate committees. The organization should commit to the SBAR technique for dealing with IG issues.

Example Two: The Principle of Integrity

Situation: The template-driven functionality in the EHR is resulting in data quality errors. The right data is not being captured in the right place.

Background: There is an inconsistent process to identify patients at the access point. Record fields are auto-populated with no quality control. Audit and monitoring tools are not used. Staff turnover is high and training is minimal.

Assessment: Conduct widespread analysis of scope of data inaccuracies and root causes to address the widespread problem. Perform a focused review of templates where the majority of data errors occur. Analyze legal actions against the organization resulting from inaccurate information. List pros and cons for each approach and identify any associated costs.

Recommendation: Educate workforce on the importance of accurate data capture and patient identification. Focus education on the critical nature of accurate data. Consider creation of a medical data manager position within the organization.

Special Considerations for IG

Although EHR management and clinical data quality are HIM domains, the implications are wide-ranging both within and external to the organization and will not be enumerated here. (Foundational AHIMA resources on data quality are listed below.) The organization's stakeholders with an interest in data quality range from patient access, HIM, IT, and quality management to risk management and legal. Participation by all these areas is critical for a comprehensive data quality program.

Example Three: The Principle of Availability

Situation: New fields are being added to EHRs but are not communicated throughout the organization. Output (for release of information) does not include these data, resulting in incomplete information being released.

Background: No control mechanism exists for altering new fields in the EHR. There is no documented standardized process for changing and adding fields. And it follows, then, that there is no education for this practice. There has been no audit of input-to-output flow.

Assessment: Survey IT and clinical areas that frequently request template and data field changes. Audit critical content (i.e., core measures) that is not part of standard output. Identify examples of adverse impacts of incomplete data on clinical care (resulting in legal action), coding (resulting in lost revenue), and reporting (resulting in low performance). List pros and cons for each approach and identify any associated costs.

Recommendation: Formalize the process and approval procedures for changes to the EHR. Educate the workforce about the approved process for EHR changes.

Special Considerations for IG

This example clearly shows the importance of organization-wide communication, collaboration, and commitment to govern the quality of information. People, processes, and technology in every department should be involved in this effort. Everyone is a stakeholder in information quality.

The SBAR Elements

S=Situation (a concise statement of the problem)

B=Background (pertinent and brief information related to the situation)

A=Assessment (analysis and considerations of options—what you found/think)

R=Recommendation (action requested/recommended—what you want)

Situation

This section of the SBAR process helps determine what is going on and why. In this section, the relevant parties identify the problem and why it is a concern for the organization and then provide a brief description of it.

Background

The goal of the background section is to be able to identify and provide the reason for the problem.

Assessment

At this stage, the situation is analyzed to determine the most appropriate course of action. Include any data that has been gathered and spell out the pros and cons of each option being considered.

Recommendation

Possible solutions that could correct the situation at hand are considered. In this section, a recommendation is provided based on the data presented in the assessment section.

SBAR Brings Teams Together

As illustrated in the above examples, using SBAR is one simple way that you can bring attention to an existing information governance problem and gain executive support. The SBAR technique will also assist when developing a cross-functional team of stakeholders who can then help with getting identified problems resolved.

Acknowledgment

AHIMA thanks ARMA International for use of the following in adapting and creating materials for healthcare industry use in IG adoption: Generally Accepted Recordkeeping Principles® and the Information Governance Maturity Model. www.arma.org/principles. ARMA International 2013.

Notes

[1] Safer Healthcare. "Why is SBAR communication so critical?" www.saferhealthcare.com/sbar/what-is-sbar/.

[2] Institute for Healthcare Improvement. "SBAR Toolkit." www.ihi.org/resources/Pages/Tools/SBARToolkit.aspx.

[3] The Joint Commission. "Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation." November 19, 2012. www.jointcommission.org/improving_patient_worker_safety/.

[4] Kadlec, Lesley. "Getting Started with IG—No Time to Sit and Relax." *Journal of AHIMA* IGIQ Blog. October 8, 2015. http://journal.ahima.org/2015/10/08/getting-started-with-ig-no-time-to-sit-and-relax/.

References

AHIMA. "Assessing and Improving EHR Data Quality (Updated)." *Journal of AHIMA* 86, no. 5 (May 2015): 58-64.

AHIMA. "Data Quality Management Model (Updated)." *Journal of AHIMA* 86, no. 10 (October 2015): 62-65.

AHIMA. "Health Data Analysis Toolkit." 2014.

Bowman, Sue. "Impact of Electronic Health Record Systems on Information Integrity: Quality and Safety Implications." *Perspectives in Health Information Management.* October 1, 2013 (Fall 2013). www.ncbi.nlm.nih.gov/pmc/articles/PMC3797550/.

Brown, Linda et al. "Amendments in the Electronic Health Record Toolkit." Chicago, IL: AHIMA Press, 2012.

Wiedemann, Lou Ann. "Nonsensical Data Input Produces Undesired Output for Data Analysis." *Journal of AHIMA* 85, no. 6 (June 2014): 50-51.

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