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Effective Communication in Care Transition: A Systematic Review

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----------ABSTRACT----------

Communication is an essential pillar for patient safety, especially when there is a transfer of responsibility in the provision of health care. To systematize the scientific evidence on the subject of effective communication via the use of ISBAR. A Systematic Literature Review with an exploratory character and a qualitative approach was used. The search for the studies carried out having a search made in the CINAHL Plus databases and MEDLINE, both with Full Text. The descriptors used were: "handover", "SBAR", "communication" and "Nursing". The inclusion criteria were: primary articles. Publications between 2015-2021. Eight articles were identified.The implementation of ISBAR allows communication improvement since the information is structured. Scientific evidence suggests that its use could be a tool with an impact on health services. The implementation of the ISBAR technique implies adaptation to the daily context, and it can be an instrument, with simple and effective health care language.

KEYWORDS;-*Handover, SBAR, communication, Nursing*

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I. INTRODUCTION

The National Plan for Patient Safety[1] aims to improve the management of the risk associated with the provision of health care. This document also mentions that communication is an essential pillar for patient safety, especially when there is a transfer of responsibility in the provision of health care.

In recent years, poor practice in these transfers has been identified as one of the main factors contributing to patient harm, with 80% of serious errors in healthcare being attributed to errors in communication between healthcare professionals during the transfer of patients, with approximately one out of five patients suffering an adverse event[2]. These events could have avoidable costs if the "communications" were more effective.

The transition of health care can be observed at any time, resulting from the provision of care, where there is a transfer of responsibility for care and information between providers and which ensures their continuity and safety. Some examples can be identified as the transition of care between primary health care, hospital care and integrated continuing care, as well as the intra/inter-institution transition. "The moments whose complexity involves a greater risk of error in the transfer of information, such as admissions and hospital discharges to home or to another level of care, are vulnerable/critical moments in the transition of care to patient safety, and of shift changes in the same institution"[3].

The largest challenge is knowing what information should be transmitted, and there may be a tendency to pass on too much information and, in other situations, the information is insufficient, irrelevant and sometimes unnecessary, compromising patient safety. Communication is a key aspect in promoting the continuity of nursing care and the foundation of care. Thus, the implementation of standardized communication tools aims to mitigate existing flaws, regarding the lack of formal structure, and creating guidelines that allow organizing the information to be transmitted.

The Systematic Review of the Literature (SRL) on this topic is essential because it allows the systematization of the scientific evidence disclosed. SRL provides the sustained knowledge for the translation of the same to be done in a coherent way, founding a practice based on updated evidence on the promotion of quality and safety of nursing care through effective communication.

Thus, for the elaboration of the SRL, we start out by defining the research question, as Donato and Donato [4] mentions: the starting point for an RSL is the research question. Consequently, the question of this SRL was created according to the acronym "PICO" (Population, Intervention, Context and Outcome/result). The

population is represented by nurses in a clinical context, the intervention refers to the ISBAR technique (Identification; Situation; Background; Assessment; Recommendations). The context refers to communication in health and the outcome refers to the quality of care. This acronym translates into the following research question: How does health information/communication contribute to the efficiency and improvement of the quality of care?

This SRL is oriented towards analyzing whether there is a demonstration of benefit/improvement in care transfers with the use of effective communication through ISBAR.

II. MATERIAL AND METHODS

In a first phase of the methodological approach, a generalized search was carried out, in the Google search engine and in the Open Access Repository of Portugal, in order to obtain gray literature. Subsequently, on the EBSCOhost aggregator platform, a search was carried out in the CINAHL Plus with Full Text, MEDLINE with Full Text and Nursing & Allied Health Collection: Comprehensive databases in order to extract the words in natural language that alluded to the inclusion criteria. Regarding the published documents, the degree of relevance in the title and abstract of each document were identified as keywords or search terms: "handover", "SBAR", "communication" and "Nursing". These 4 terms are part of the Health Science descriptor group (DeCS) except "SBAR". We thus obtained the most suitable descriptors.

Then, a protocol was elaborated with the necessary steps for the writing of the RSL. Reference 4 describes the phases of the review protocol adopted in this study: formulation of a research question; production of an investigation protocol and register it; define inclusion and exclusion criteria; develop a research strategy and search the literature – Identify the studies; selection of studies; assessment of its quality; data extraction; synthesis of data and assessment of the quality of evidence. As already mentioned, the research question was formulated: How does health information/communication contribute to the efficiency and improvement of the quality of care?

Research Strategy

After establishing the research question, a search for studies was carried out in the aforementioned databases, crossing the aforementioned descriptors in all languages. The search strategy adopted took place in February 2021 and Headings was used to find the terms indexed to each keyword. The Boolean expression 'AND' was used, applying the time interval between 2015-2021 as research limits. From this research, 40 articles emerged (Table 1)

Table 1: Research Strategy

	Terms	**Results**			
		CINAHL	MEDLINE	Nursing & Allied Health Collection	Total
#1	*HANDOVER AND COMMUNICATION AND SBAR AND NURSING*	29	10	1	40

The eligibility and exclusion criteria were defined based on the "PICO" strategy (Table 2).

Table 2: Eligibility criteria and exclusion of articles

EligibilityCriteria		
Inclusion	**Design**	Primary studies; All studies published in journals, academic journals, primary source documents, standards, dissertations and theses available in full text.
	Population	Nurses in a clinical context in the transition of care.
	Intervention	SBAR intervention was implemented in clinical routines; SBAR between levels of care.
	Context	Information transfer and communication between nurses.
	Result	Application of the ISBAR tool, but with different strategies.
	Language	English;

	Period	2015-2021
Exclusion	Systematic literature reviews, articles in all languages other than those included, opinion articles, ISBAR developed in the patient/nurse context or in the shift change between nurses.	

Selection of studies

The articles examined were evaluated according to their relevance for the review, with the information given by the title and abstract, by two independent reviewers. In situations in which, after reading the abstracts, there were doubts regarding the relevance of the study, the full text was saved. The full text was considered for the study when all inclusion criteria were met. Reviewers examined the full texts separately so that they could independently confirm that all inclusion criteria were met by the selected texts. Disagreements that arose were resolved through discussion of the procedures and through a third reviewer. If the eligibility of the article is not clearly determined, the article is included to be later read in its entirety and evaluated.

After selection, the articles received exploratory reading to identify the validity of the document and the value for the research, and later, an analytical reading was carried out to organize and summarize the information about the object of study, where they were approached with a characteristic reading. interpretive, correlating the authors' statements with the proposed problem.

The literary search identified 40 articles. Eleven (11) articles were automatically excluded, 7 because they were repeated, 3 because the language was in Chinese and 1 in Italian, thus resulting in 29 articles (n =29) (Appendices A).

By reading the title and abstract of the 29 articles found, all of them met the inclusion criteria and were included in the review. After full reading of the 29 articles according to the eligibility criteria, we excluded 13 articles: 2 opinion articles, 1 article only with the costs of a project; 2 systematic literature reviews, 1 unpublished thesis; 2 articles from 2014, 2 article that describes the development, implementation and evaluation of the simulated obstetric clinical experience, 8 articles with ISBAR developed in a context of patient/nurse communication, 1 article that addresses the communication between doctor and nurse and finally 1 article whose population under study are nursing students in a simulation context. Data such as: author, year, article title, document type, methodology, objectives and study results were extracted from the included articles.

Evaluation of the article's quality

The evaluation of the methodological quality of the selected works was carried out according to the categorization proposed by the Oxford Center for Evidence-based Medicine, which is based on the type of study from which it recommends levels of evidence (Appendix I). The evaluation of the quality of the articles allows us to analyze the credibility of the results. Therefore, if the articles have an "A" recommendation level, it means that the method complied with the procedures determined by the study, and the results have a high level of reliability. Based on these recommendations, two independent investigators assessed the quality of the included studies and differences were reconciled through mutual agreement and a third reviewer (Table 3).

Table 3: Quality Assessment of selected studies. GR: Degree of Recommendation. NE: Level of Evidence

Autors	Year	Type of study	Sample size	(GR)	(NE)
[5]Kitney P., Tam. R, Bramley D, et al (1)	2020	Observational project, pre and post-intervention	50 Audited processes	C	4
[6]Fawaz (H) Dalky, Rawan Salem Al, et al (2)	2020	quasi-experimental	71 female nurses	B	2 B
[7]Tun K, Wai K, Yin Yin, et al (4)	2019	Observational	120 Audited processes	B	2 B
[8]Frances Abela-Dimech, Olga Vuksic (8)	2018	Observational project, pre and post-intervention	230 mail nurses	C	4
[9]Fitzpatrick D, McKenna M, Duncan EAS, et al (12)	2018	Observational project, pre and post-intervention	46 female nurses	C	4
[10]Moss S., Mitchell M., Thomson M, et al (15)	2017	Research results (from observation of therapeutic results or clinical evolution).	33 female nurses	B	2C
[11]Funk E., Taicher B., Thompson J., Iannello K., et al (23)	2016	Action research study	52 records/observation of the transition of care before the intervention and 51 records/observation of the transition of care in the post-intervention phase.	B	2C
[12]Randmaa M, Christine L., GunillaMartensson, et al (28)	2016	Prospective, controlled study with a high degree of confidence	73 transfers in the preoperative period and 91 transfers in the postoperative period.	B	2C

III. RESULTS

The search identified 8 studies that met the inclusion criteria. In order to systematize the results of the 8 articles included in the SRL, a data extraction table was prepared to allow a summary description of the articles that are in line with the objective and theme of this present study. The table elaborated for the extraction of data and analysis of the articles, gathers the following information: a) Author(s), b) Year of Publication, c) Title, d) Keywords, e) Type of document, f) Methodology, g) objectives, i) Results. Table 4 presents the characterization of the selected studies. The included studies were published between 2016 and 2020. The studies had the same objective, the application of the ISBAR tool but with different strategies, their summary contributed to their analysis and systematization of the results (Appendices B).

Table 4: Characterization of studies included in the SRL

Authors	Yearo fPublication	Title	Key-Words	Typeof Document	Metodology	Objetives
[5]Kitney P., Tam. R, Bramley D, et al (1)	2020	Handover using ISBAR principles in two perioperative sites - A quality improvement project	Handover,ISBAR, anaesthetist, post-anaesthetic care nurse, holding bay nurse, instrument nurse, scout nurse, perioperative	article	observationalstudy	Evaluate the results of audits carried out in the different pre- and post-operative phases, regarding the use of the ISBAR instrument
[6]Fawaz (H) Dalky, Rawan Salem Al et al (2)	2020	Evaluation of the Situation, Background, Assessment, and Recommendation Handover Tool in Improving Communication and Satisfaction Among Jordanian Nurses Working in Intensive Care	Communication Communication, Handover tool, ICU nurses, Job satisfaction, SBAR	article	quasi-experimental study	To evaluate the implementation of ISBAR in intensive care nurses.
Tun K, Wai K, Yin Yin et al(4) 7	2019	Postoperative handover among nurses in an orthopedic surgical setting in Myanmar: a best practice implementation project.	Audit\r, andover\r, postoperativehandover\r, SBAR checklist	article	observationalstudy	Improve continuity of care in the post-operative orthopedic context within the local context of an environment by implementing best practices.

[8]Frances Abela-Dimech, Olga Vuksic (8)	2018	Improving the practice of handover for psychiatric inpatient nursing staff.	Communication; Handover; Nursing; Psychiatry.	article	Plan-Study-Act framework for quality of care improvement	Incorporate the SBAR as a communication structure in the practices of the nursing team of 27 psychiatric units. Improvedcommunication in patienttransferbetweenunits.
[9]Fitzpatrick D; McKenna M; Duncan EAS; et al (12)	2018	Critcomms: a national cross-sectional questionnaire-based study to investigate prehospital handover practices between ambulance clinicians and specialist pre hospital teams in Scotland.	Critical care teams; HEMS; Handover; Mnemonics; Paramedic; Prehospital; Quality; Safety.	article	cross-sectionalstudy	To investigate current clinical information transfer practices, perceived challenges, and the preferred transfer mnemonic in use during patient transfer, in the multidisciplinary team.
[10]Moss S.; Mitchell M.; Thomson M; et al (15)	2017	The key to improving clinical handover practices.		article	Plan-Do-Study-Act (PDSA) cycle	Implement the ISBAR instrument in a radiology service
[11]Funk E, Taicher B , Thompson J, Iannello K, et al (23)	2016	Structured Handover in the Pediatric Postanesthesia Care Unit.	Handover, PACU pediatric, SBAR, communication, ISBARQ	article	observational study, pre and post application of a patient transfer checklist	Build a patient transfer structure in a pediatric anesthetic care unit.
[12]Randmaa M, Christine L., Gunilla Martensson,, et al (28)	2016	Implementing situation-background assessment-recommensation in naanaesthetic clinic and subsequent information retention among	SBAR, Handover	article	prospectiveandcomparativestudy	Evaluate the implementation of the SBAR scale in the postoperative context during the transfer of information

		receivers: A prospective interventional study of post opertive handovers.				

Effective communication during care transitions is crucial for ensuring patient safety and improving health outcomes. It involves clear and accurate information exchange among healthcare professionals, across organizations, and with patients, families, and caregivers. Table 5 points out the results of the studies included in the systematic review of the literature.

Table 5: Results of studies included in the SRL

Author Year Country	Sample Description	Data collectionp eriod	StudyType	ComparedInte rventions	Results
(1) [5]Kitney P., Tam. R, Bramley D, et al 2020 Australia	Convenience sample consisting of nurses from the ward, waiting room, observers and PACU (post anesthetic care unit) from two perioperative units of two hospitals with the same health service. The sample was observed for a certain period of time. Handovers were performed by ward nurses, observers and PACU and were included in the audit. 50 auditswerecarr ied out ateachservicel ocation.	Oversixmo nthsof 2017	Multi-site, pre- and post-intervention observational study involving audits of perioperative transfers at all selected transfer points, except from the anesthesiologist to PACU nurses. Pre-test/post-test cohort study, using audit tools to measure compliance before and after the use of quality improvement interventions.	The transfer of information and communication between teams without the use of SBAR compared to the use of SBAR in practice was evaluated.	Adherence to ISBAR transfer principles improves over time. In a context of an increase in continuous audits and training.
(2) [13]Dalky, F., **Al-Jaradeen** et al 2020 Jordan	Convenience sample of 71 ICU nurses.	January to July 2019.	Quasi-experimental study using pre-test and post-test. An ICU physician-nurse questionnaire, consisting of 43 items, was used to assess the effectiveness of the SBAR, measured by	The transfer of information and communication between ICU teams without the use of SBAR compared to the use of SBAR in	Improved communication, relationship and team satisfaction.

			the following subscales: "general relationship and communication", "teamwork and leadership" and "job satisfaction".	practice was evaluated.	
(4) [7]Tun K, Wai K, Yin Yin et al 2019 Myanmar	Sample consisting of 52 nurses from an orthopedic surgery clinic with 500 beds, where 40 consecutive transfers were observed in the 1st week of December 2017 and another 40 transfers in the last week of January 2018.	September 2017 to February 2018	The study used the JBI Clinical Evidence Practice Application System and the "Getting Research into Practice" audit tool (with 6 selected criteria) to conduct a baseline audit and two follow-up audits.	Postoperative transfer between nurses was evaluated, before and after education sessions (on postoperative transfers) to implement best practices in an orthopedic surgical environment.	The audits carried out on the implementation of the ISBAR document showed little adherence by the team in the context of an orthopedic surgical environment.
(8) 8Abela-Dimech, F. Vuksic, O. 2018 Canada	This study was carried out in a large psychiatric hospital in Ontario, Canada. The hospital has 27 psychiatric inpatient services, for young and adult patients, for a total of approximately 498 patients and with 481 nurses. 122 transferswereo bserved.	January 2015 to April 2016	Qualityimprovementpr oject	The transfer of information and communication between teams without the use of SBAR compared to the use of SBAR in practice was evaluated.	The use of SBAR in practice increased from 4% before the intervention to 79% after the intervention. Satisfaction with the information received during the transfer increased from 34% to 41%.
(12) [9]Fitzpatrick D; McKenna M; Duncan EAS; et al 2018 Scotland	Scottish Ambulance Service (SAS) care is provided by paramedics and emergency medical technicians (EMT) and occasionally by specialist	July to September 2016	A cross-sectional online questionnaire developed in 3 phases: -Phase 1: a scoping review of the literature was carried out to identify articles on pre-hospital transfer and medical emergency. - Phase 2: some elements of each specialized team reviewed and	The exchange of clinical information between ambulance doctors (RBAC) and specialized pre-hospital teams (SPHT) using their preferred mnemonic during the	The most frequently reported method of recording and transferring information during transfer was memory (n = 112 and n = 120, respectively) and 'interruptions' were perceived as the most

	paramedic teams and doctors leading specialist pre-hospital teams. There were 247 pre-hospital incidents involving specialized teams and 190 individuals responded to the questionnaire.		recommended changes to the questionnaires. - Phase 3: an iterative process of reviews by all authors produced a final draft of the questionnaire. This was sent to identified members of each service to test the ease of understanding and filling out the questionnaire and led to a small number of revisions.	transfer of critically ill patients in urgent care was evaluated.	significant barrier to effective transfer.
(15) [10]Moss S.; Mitchell M.; Thomson M; et al 2017 Australia	Project carried out in the radiology department of the hospital in Brisbane, Australia, with the aim of evaluating the adaptation of the instrument in order to mitigate errors. The implementation of this project involved different changes to the service. The adaptation of the ISBAR scale and application by the clinical team made it possible to compare the number of incidents, during the transition of care, before the intervention and after the intervention. The incidents were	Over 2 yearsfrom 2013 to 2015	The method used was the continuous quality improvement cycle, which can be considered research-Action.	Intervene to mitigate incidents during the transition of care to other hospital services in the radiology department. Evaluate the adherence of the nursing team to the project, comparing the results before and after the intervention after 2 years.	Reductionofcriti calincidents.

	categorized into: communication incidents - wrong patient, wrong documentation. The other incidents were identified from the transfer of patients from radiology to different departments. The 2nd phase of the intervention consisted of evaluating the nurses' perception and attitudes towards the implementation of the project.				
(23) [11]Funk E, Taicher B , Thompson J, Iannello K, et al 2016 USA	The study took place in an American pediatric hospital. Convenience sample of 52 records/observation of transition of care before the intervention and 51 records/observation of transition of care in the post-intervention phase. They were collected during the care of the team in the transition of care in a pediatric anesthetic care service and post-operative follow-up	July 2013 to December 2013	The study was structured based on action research to assess the impact and fidelity of a structured transfer process using the ISBARQ communication checklist.	The study aimed to evaluate the following results: (1) Participation of each member of the patient care team during pediatric patient transfer. (2) Compliance with the modified SBAR (IS BARQ) format and subsequent adaptation of the specific content noted in the transfer checklist. (3) Pediatric patient care team members' satisfaction with the transition	Structured information improves communication in passing information.

	service in a health center.			process and transfer ISBARQ checklist (4) Average transfer duration measured in minutes.	
(28) [12]Randmaa M, Christine L., GunillaMartensson,,et al 2016 Sweden	The study took place in two hospitals in Sweden. In which the implementation of ISBAR was carried out in the hospital in the context of post anesthetic care, at the time of patient transfer. For data collection, the team of researchers applied the ISBAR in the hospital; in the 2nd hospital, he did not introduce the instruments and evaluated the same communication parameters. There were 73 preoperative transfers and 91 postoperative transfers.	2011 2012	Prospective study with a group in which an intervention was applied and a control group, that is, similar but which did not undergo the intervention. The evaluation was carried out before and after the intervention. Theinstrumentsusedwereobservation, records.	To assess whether the implementation of the ISBAR communication tool (SBAR) has an impact on the transfer of information from the operating room team to the post anesthetic care team.	The researchers did not find statistically significant differences between the service where ISBAR was implemented compared to the other, without ISBAR, regarding the transfer of information in the postoperative period.

IV. CONCLUSION

The scientific evidence, identified in the aforementioned databases, demonstrates that effective communication in the transition of care has been adding value to health care and gaining interest from the scientific community.

The transfer of patients has been internationally recognized as an area of risk for patient safety, which can put their lives at risk[14] (Joint Commission, 2007). Communication failures have been identified as the main causes of adverse events[15]. The factors identified [9] as having an influence on the transfer of information are the following: “interruptions”, followed by “lack of coordination between recipients”, “lack of a structured process”, “lack of clear professional leadership”, “poor verbal communication”, “absence of written clinical information”.

In 2007, the Commission on Safety and Quality in Health Services in Australia started a program with the aim of improving clinical transfers, having recommended the use of the ISBAR technique in the moments of information transfer as a strategy to improve communication during the transfer of information. The ISBAR tool

has a positive impact on improving communication among nurses and increasing job satisfaction[13]. Other research studies carried out in Australia and Burma used the implementation of the ISBAR tool in the surgical context, in the context of continuous quality improvement, also recommending regular audits and training, both to sustain change and to improve care delivery[5]. Also, according to these authors, strategies to improve communication during the transfer of care were identified, including the development of a shared mental model through the standardization system, innovations to support registration, delivery of information and the clear identification of incidents of a transfer. .

The implementation of ISBAR can be a challenge as it encourages nurses to do something different, to make a change [10]. Moss and Marion (2017) in their study [10] raise the hypothesis that, eventually, the failure to implement ISBAR may be related to the implementation strategy, namely in the evaluation of team involvement. Randmaa et al in 2016, also mention that the ISBAR instrument needs to be adapted to the context and depends on factors that may affect the instrument's implementation and its effectiveness in terms of communication in the transfer of information[12].

Regarding the quality of the 8 studies included in the RSL, we found that more than 50% (5) have a level of evidence B, revealing the consistency and reliability of the results, giving them credibility. However, we believe that there is a need to carry out more consistent studies with more rigorous methodologies to test the instrument's effectiveness and reliability.

Communication between healthcare professionals is critical to promoting client safety. There are advantages in using communication-facilitating tools such as the ISBAR technique. Its use has advantages for patients and the healthcare team, with a strong impact in terms of improving patient safety during clinical transfers. It also has advantages for health professionals due to its simplicity, clarity of content and portability. The use of the ISBAR technique reinforces the importance of effective communication in patient safety with consequent improvements in quality and in the sensitive results of nursing care. ISBAR should be a daily communication tool, with a global, simple and efficient health care language. The RSL made it possible to understand the importance of training professionals in order to ensure the correct use of the ISBAR technique and the identification of factors that hinder or promote effective communication.

Effective communication can be achieved through the implementation of structured tools/communication techniques that guide the transfer of information, with the use of the ISBAR technique (Identification; Situation; Background; Assessment; Recommendations) being frequently recommended during the process of transmitting information between Health professionals. This contributes to the fact that the use of this technique currently takes on a global scale with studies developed in various parts of the globe in order to understand how it is used, what are its advantages and applicability in different contexts.

This review has several limitations. Firstly, significant heterogeneity was detected among some outcomes, which might result from variations in the ISBAR contexts. Lastly, only English databases were searched, and eligible articles in non-English languages may be missed.

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