OMC Osceola Medical Center

SBAR WORKSHEET

YOUR NAME:

DATE:

PROJECT TITLE / ISSUE TITLE:

Note: When making a recommendation, close the loop and make sure both parties agree on the next steps.

SITUATION

What is happening now? Briefly describe the current situation. Give a clear, succinct overview of the main problem.

BACKGROUND

What relevant factors led up to this event? Briefly state the pertinent history. What got us to this point? Is this an issue that happens frequently?

ASSESSMENT

What do you think is going on? What improvements would we see if we made a change? (Examples: improved efficiency, improved employee morale, increased customer/client satisfaction, better communication among staff.) If there is a financial assessment required, work with finance and include it here.

RECOMMENDATIONS

What action do you propose? Propose a number of options that could be considered. How can you help make this change a reality? What is the simplest, fastest, yet most thorough way to make this happen? What actions are you asking for?