**SBAR Case Study Form**

Please provide as much information as possible in each area of the form. Submit form to NHPCO via the Quality Connections email at [qualityconnections@nhpco.org](mailto:qualityconnections@nhpco.org) with **“Case Study”** in the subject line of the email.

|  |  |
| --- | --- |
| Case presenter name and credentials |  |
| Presenter’s organization and location |  |
| Case type  Hospice clinical practice – this category includes review of patient case study or other clinical care process issues.  Hospice operation practice – this category includes review of operational process issues.  Palliative care clinical practice – this category includes review of patient case study or other clinical care process issues.  Palliative care operation practice – this category includes review of operational process issues. | |

**Complete the S, B, and A areas of the SBAR form below**

|  |  |  |
| --- | --- | --- |
| S | Situation  What is going on? Describe the situation you are experiencing and your concerns. |  |
| B | **Background**  What is the background or context of the situation? i.e. history that contributes to the circumstances. |  |
| A | **Assessment**  What is the problem? What are your assumptions about why the problem is happening? |  |
| R | **Recommendation**  What is the next step or steps that can be taken? | **Do not complete this section. Recommendations will be provided during the ECHO session if case study is selected.** |