Implementation of Patient-Centered Structured Interdisciplinary Bedside Rounds (PC-SIBR)

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Background

Structured Interdisciplinary Bedside Rounding (SIBR) is a well-accepted program in many medical teaching institutions. Patients want to know the plan of action for their care, their questions answered, and their concerns understood. The existing SIBR model is physician-centered, often with the resident or intern opening and leading the bedside discussion.

DO- PC-SIBR In Action

Table teaching pre-rounds with medical team and pharmacy team

DO- Description of Program

1. Introduction of members of care team and patient/patient’s family.
2. Elicit patient’s goals/concerns and open meeting with asking the patient “What is most important to you today?”
3. Address patient’s goals and update status regarding active medical problems with input from all medical specialties by intern/resident.
4. Update on significant events and concerns from nursing, pharmacy, social work, palliative care.
5. Synthesis of plan for the day.
6. Solicit questions and concerns from patient/family regarding plans for treatment and goals of care.
7. Ensure patient, family, and team are all in agreement about day’s goals of care.
8. Nursing supervisor calls ahead to prepare next patient and nurse for rounding.

STUDY- Results

Patient, Nursing, and Team members solicited comments:
- “I definitely feel as though everyone is here for me and my feelings and concerns matter.” Patient
- “I appreciated my doctor so much yesterday. I felt, like he really heard me and cares about what I want. I’ve never been taken care of better.” Patient
- “I am very fortunate to be part of a team that utilizes many different healthcare professionals to optimize patient care. Here, the patient comes first and is the focus of care.” Pharmacist
- “My patients usually get excited about the whole group coming in... they feel more secure with more people watching and taking care of them. It’s very positive.” Nurse
- “I think it’s been overwhelmingly positive especially for the patient experience. I feel like the patient is going to be better looked after, actually, because there’s more eyes on them, more people participating.” Nurse
- “The patients want to ask questions.” Nurse Supervisor

TPK Inpatient Physician Communication HCAHPS 2015-2016

Challenges faced in implementation of PC-SIBR rounds:
- Transition from physician-centered to patient-centered approach.
- Aligning patient expectations in a new teaching institution.
- Managing time constraints with a large multidisciplinary team.
- Transition from ELINQS to EPIC electronic medical record.
- Change of satisfactions scores from Picker to Press-Gainey scoring system change in Dec 2016.

Adjustments made to program:
- Implementation of table rounds with medical team/pharmacy preceding bedside rounds.
- Ongoing education for all members of the team to develop skills, attitudes, and awareness working within a collaborative multidisciplinary structure.

Conclusion

Implementation of PC-SIBR at this new teaching institution has resulted in improved HCAHPS scores in overall patient satisfaction, physician communication, and nursing communication.
- Patients have been very receptive to the PC-SIBR rounds. Effects have been sustained over the first four months of implementation.
- Patient overall satisfaction at our hospital is in the top 10% of hospitals nationwide per HCAHPS measure.

References: