

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.^{1,4,6}

Patients want to know the plan of action for their care, their questions answered, and their concerns understood.^{2,4}

The existing SIBR model is physician-centered, often with the resident or intern opening and leading the bedside discussion.

PLAN- Goals & Innovation

Our program incorporates core metrics from the Society of Hospital Medicine SIBR model.^{1,6} Our innovation was to modify the SIBR program to be patient-centered. Initial goals included:

- Actively involve our patients by inviting them to open the discussion.
- Build relationships between providers and patients through face-to-face discussion.^{4,5}
- Design effective time-sensitive teaching rounds in presence of the patient.^{1,5}
- Develop enhanced communication, collaboration, and problem solving within a multidisciplinary team that incorporates patient concerns and personalized goals.^{1,4-6}
- Demonstrate improvements in HCHAPS satisfaction scores for physician and nursing communication and overall satisfaction.

Planning for HonorHealth PC-SIBR rounds began in April 2016 anticipating the start of our Internal Medicine Residency Program in July 2016.

- Initial stakeholders included hospitalist team, residency committee leadership, and leadership from nursing and pharmacy.
- Meetings were held weekly and agreed to utilize a Plan-Do-Study-Act (PDSA) model.³
- The academic hospitalist team worked with nursing during June to pilot the program prior to the residents' arrival.
- After advent of the residency program, residents and medical students were incorporated into the PC-SIBR mode.
- Meetings with stakeholders continue monthly utilizing the PDSA model.

DO- Description of Program

Daily PC-SIBR follows the model:

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.

DO- PC-SIBR In Action



Table teaching pre-rounds with medical team and pharmacy team

PC-SIBR rounds with multidisciplinary team

Patient then L-R Primary Nurse, Attending, Pharmacist, Intern, Case Manager, Primary Intern, Nurse Supervisor, Medical Student

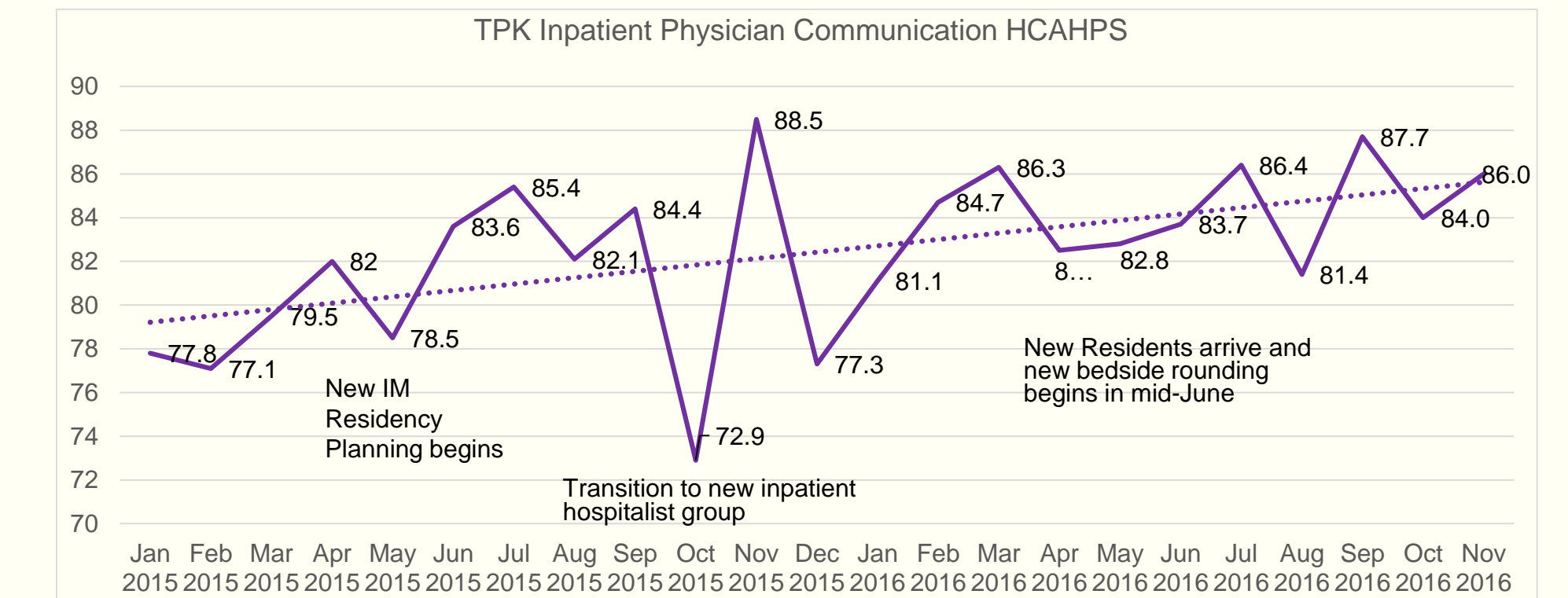


STUDY- Results

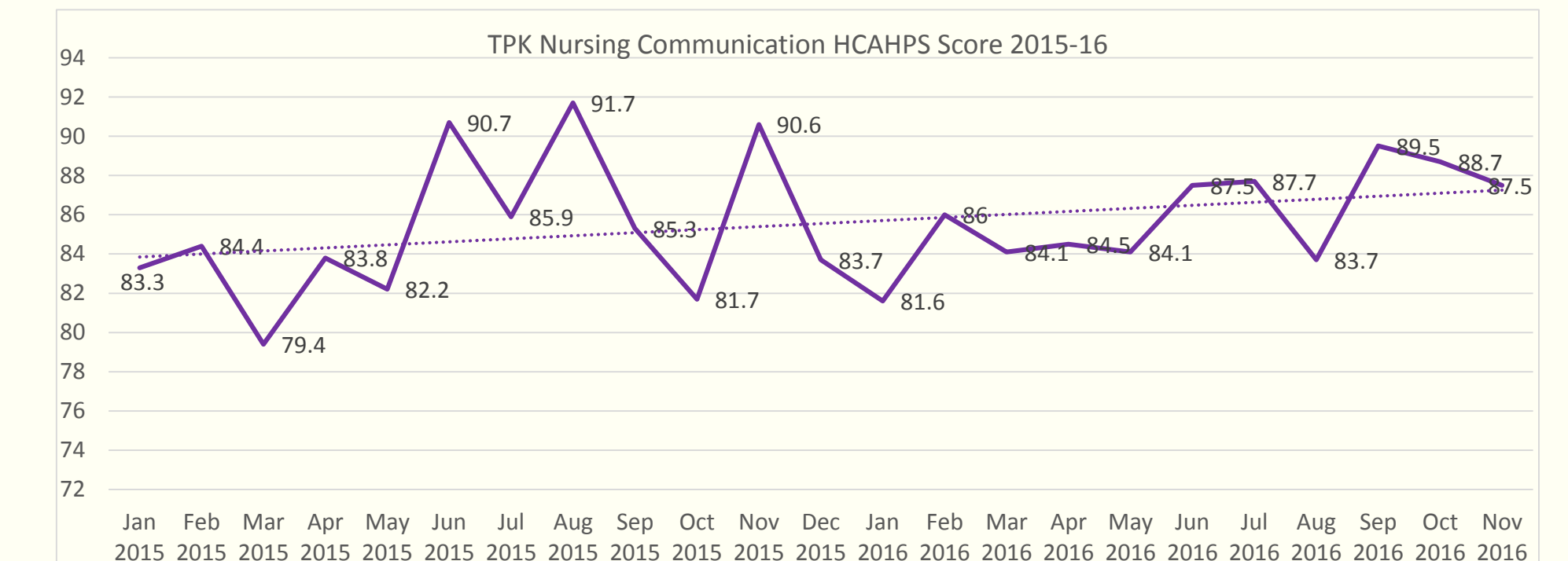
Patient, Nursing, and Team members solicited comments:

- "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



TPK Nursing Communication HCAHPS Score 2015-2016



ACT- Lessons Learned and Adjustments to Program

Challenges faced in implementation of PC-SIBR rounds:

- Transition from physician-centered to patient-centered approach.
- Mitigating 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 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 HCHAPS 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 HCHAPS measure.

References:

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