

ABOUT THIS MODULE





STRUCTURED INTERDISCIPLINARY ROUNDS

What is the goal of this module?

This session will create a space for teams to discuss the use of structured interdisciplinary rounds (SIDRs) as a tool for communication, and they will draft a plan for how to best implement structured interdisciplinary rounds in the team's work practices.

What is the collective leadership focus of this module?

- Cooperation and coordination between members
- Engagement of all team members
- Recognising and valuing contribution of others
- Mix of leadership and followership: People leading on topics where they have expertise and motivation

What areas of team behaviour does this module focus on?

- Enhanced collaboration
- Coordination and effective team working
- Cooperation between team members

Who is this module for?

All team members.

What is the patient safety impact of this module?

SIDRs allow for better sharing of information between members of the interdisciplinary team, and give the patient a direct point of contact with all members of the team so they can be involved in their interdisciplinary care goals and decision making. The use of SIDRs can help with communication of patient management plans, increase inputs from the whole team, and improve clarity of tasks.¹

References

 Cao V, Tan LD, Horn F, Bland D, Giri P, Maken K, Cho N, Scott L, Dinh VA, Hidalgo D, Nguyen HB. Patient-Centered Structured Interdisciplinary Bedside Rounds in the Medical ICU. Crit Care Med. 2018 Jan;46(1):85-92. doi:10.1097/CCM.0000000002807.











STRUCTURED INTERDISCIPLINARY ROUNDS

SESSION OVERVIEW

Purpose:	This session will create a space for teams to discuss the use of structured interdisciplinary rounds as a tool for communication.
Timing:	60 min.
Setup:	Information > Group exercise > Facilitated discussion > Feedback
Outcomes:	The participants will draft a plan for how to best implement structured interdisciplinary rounds in the team.
Facilitators:	1-2 team members to facilitate; 1 team member to act as flipchart scribe to record ideas, discussion points, and outputs.

ADVANCE PREPARATION

Equipment: Materials:	Flipcharts, markers, pens, paper, post-it notes. Printed discussion questions, handouts, and outcome templates.	
Room:	Configure for round table discussion or small groups for larger teams	
Attendees:	If some team members cannot attend due to geographic location, they may participate remotely via teleconference. In such cases, session materials should be shared in advance via email.	







STRUCTURED INTERDISCIPLINARY ROUNDS

START OF SESSION

1) Welcome and introduction (5 min.)

Introductions if new people are attending the session, recap of the aim of Co-Lead (aim to introduce Collective Leadership to healthcare teams to improve Safety Culture).

Give an update on what progress has been made / is being made on previous sessions (e.g. are any sub-teams working to implement or refine team decisions/outputs from previous sessions?)

Highlight the aim of today's session: To discuss how best to implement structured daily interdisciplinary rounds to facilitate communication between all members of the multidisciplinary team.

2) Icebreaker and discussion (10 min.)

Using the 1-2-4-all method*, have the team reflect on and discuss the following questions:

- 1. How do our patients benefit from good interdisciplinary work?
- 2. What barriers can limit good day-to-day interdisciplinary work in our team?

*One minute to reflect individually on the question; two minutes for discussion in pairs, and four minutes for feedback from small groups. If the team size permits, let every individual team member share one central point from their pair's discussion with the whole group.

3) Introduction to structured interdisciplinary rounds (SIDR) (10 min.)

Explain that the team will be trying to introduce SIDR on the ward to reap these benefits and bypass some of the barriers. SIDRs allow for better sharing of information between members of the interdisciplinary team and gives the patient a direct point of contact with all members of the team so they can be involved in their interdisciplinary care goals and decision making.

Show the team the video "Awareness test": https://www.youtube.com/watch?v=Ahg6qcgoay4

(Be careful not to scroll down and reveal the video description, as that will ruin the exercise.) Prior to showing the video, instruct the team members to follow the video's instructions, however give out "secret notes" (notes, post

(Continues on next page)

·2



STRUCTURED INTERDISCIPLINARY ROUNDS

(contd.)

its or similar) to 2-3 individuals, instructing them to ignore the video's instructions completely and instead look out for what else happens. Pause the video at 23 seconds and ask the team how many passes they counted. After you hear their guesses, ask the one or two of the individuals with the "secret notes" to share what they saw (hopefully they saw a moonwalking bear!). Watch the rest of the video together until 55 seconds – "it's easy to miss something you're not looking for".

Let the team members reflect for a moment on how the exercise relates to interdisciplinary team work.

Give each team member a copy of the handout "Structured Interdisciplinary Rounds (SIDRs) - WHAT, HOW and WHY". Give them 5 minutes to read through the document.

4) Group exercise (15 min.)

Have the team split up in subgroups as appropriate, preferably interdisciplinary groups. Give each group an outcome template and have them discuss and take notes for each of the following questions:

- 1. How might SIDRs benefit our patient care and daily work?
- 2. What challenges could we experience in implementing SIDRs in our daily work?
- 3. When, where and how often will our SIDRs take place?
- 4. Who will participate in the SIDRs?
- 5. How will SIDRs run in our team?
- 6. Choice of structured communication framework (ISDA/ISBAR/other?)
- 7. How and when will we evaluate the SIDRs?
- 8. What support/materials would we need to implement the SIDRs? (e.g. pocket cards, posters outlining SIDR goals and/or the communication framework, etc.)

(Continues on next page)





STRUCTURED INTERDISCIPLINARY ROUNDS

5) Facilitated discussion (20 min.)

The team will collectively discuss how the SIDRs should be implemented. The subgroups feed back their thoughts on each question, and the team collectively discusses and attempts to reach team consensus on each question.

Facilitator note: If there is team resistance to the SIDR, suggest a trial period. The team will then discuss how, when, how often, etc. the SIDR will take place, and how long the trial period should be. The team should come up with a plan for when and how the trial period is evaluated, and how the decision will be made on whether to implement the SIDR more long term. If there is insurmountable team resistance to trialing the rounds, discuss with the team how else to optimise interdisciplinary team work and - communication and / or how to improve current ward round practice.

Have a team member or co-facilitator write down the discussion points and particularly any decisions made by the team (e.g. by editing into a visible electronic document/power point slide, or by taking notes on a flipchart, whiteboard or similar).

6) Close of session (5 min.)

Please fill in the outcome template using the notes from the team's discussions and decisions for use in future team meetings and in the implementation of the SIDRs. Give brief feedback on the session.





HANDOUTS





HANDOUT



STRUCTURED INTERDISCIPLINARY ROUNDS

SIDRs: WHAT, WHY, and HOW

WHAT?

- A daily multidisciplinary review of each patient's status and care plan.
- Attended by the patient and all members of the multidisciplinary team as appropriate.
- Typically every morning Monday-Friday.
- Consistent round times result in less waiting time for the patient and makes it easier for patient relatives to attend the rounds.
- Duration depending on the complexity of the patients up to 3-5 minutes per patient.

WHY?

- Facilitate communication between all members of the multidisciplinary team
- Create situational awareness about the patient and their circumstances
- Enable collaborative decision making between members of the interdisciplinary teams and the patient
- Reduce patient review times (Cornell et.al 2014) facilitating information to be shared among all disciplines
- Reduce adverse events, particularly medication errors (O'Leary et.al 2011)
- Reduce readmission rates (Townsend-Gervis et.al 2014)

Goals of the SIDR

- > Exchange information
- > Identify patient care plans and goals
- > Determine discharge needs
- > Generate task-list for interdisciplinary team members
- > Problem solve difficult social or discharge issues
- > Allow the patient to ask questions to all members of the interdisciplinary team







STRUCTURED INTERDISCIPLINARY ROUNDS

HOW?

- The MDT will review and communicate with and about each patient using a structured communication framework (ISDA, ISBAR or similar)
- A facilitator might help facilitating closed loop communication and ensure the rounds are conducted within a reasonable time frame
- Resources to help facilitate the SIDRs can be made, such as facilitator reference sheet and pocket cards (see back of page).
- An Interdisciplinary Documentation Template, following the chosen communication framework, can be developed.
- Can be stationary (e.g. a meeting room) or mobile depending on the ward/team requirement.

ISDA

> Identify the patient's name, main diagnosis or reason for admission, anticipated discharge date and disposition

> **Summarise** the goals of care and treatment plan

> Discuss and interdisciplinary issues for daily cares and discharge planning

> Ask what was missed and what orders need to be placed





HANDOUT

STRUCTURED INTERDISCIPLINARY ROUNDS

Questions for group discussion

- 1. How might SIDRs benefit our patient care and daily work?
- 2. What challenges could we experience in implementing SIDRs in our daily work?
- 3. When, where and how often will our SIDRs take place?
- 4. Who will participate in the SIDRs?
- 5. How will SIDRs be run in our team?
 - Choice of structured communication framework (ISDA/ISBAR/other?)
 - Facilitator role?
- 6. How and when will we evaluate the SIDRs?
- 7. What support/materials would we need to implement the SIDRs? (e.g. pocket cards, posters outlining SIDR goals and/or the communication framework, etc.)





HANDOUT



STRUCTURED INTERDISCIPLINARY ROUNDS

VA Quality Scholars

The most valuable 15 minutes of your day When: M-F, 11:30am-12:15pm (Blue, Red, then White Team) Where: Interdisciplinary Care Room, 7W07 Who: Interdisciplinary care team members -- Resident Physician, Charge Nurse, Nurse Manager, Social Work, Palliative Care, Utilization Review, Respiratory Therapist, Pharmacist, Dietician, Physical Therapist, Occupational Therapist, Diabetic Nurse Educator, and anyone else involved in care coordination and discharge planning. Why: Exchange information, identify patient daily care plan and goals, determine discharge needs, get assistance in accessing resources for patient, generate task list for interdisciplinary team members, and problem solve difficult social or discharge issues.

What is the physician role?

7E/7W Interdisciplinary Rounds

- Identify: patient name, PCP, hospital day, main diagnosis or medical issue, anticipated discharge date and discharge disposition. ("Mr. Smith is a 67 yo followed by Dr. Iverson in the White team admitted 2 days ago for community acquired pneumonia. We anticipate he will be able to discharge to home on Wednesday.")
- Summarize: the goals of care and treatment plan. If this is not clear to the medical team, enlist the interdisciplinary care team to help identify goals. ("His goals of care are to return to his baseline functional status and go home.")
- Discuss: the main interdisciplinary issues in daily care and discharge planning (See over). ("The main issue for him today is to continue IV antibiotics until stable for discharge. He is weak and needs PT evaluation to determine whether he will need outpatient physical therapy. He is on O2 now, but was not prior to admission and we do not anticipate he will need home O2.)
- <u>Ask: what was missed and orders to place?</u> (e.g., home health, travel needs, home O2, medical supplies) ("What other interdisciplinary issues have I missed?")

How long should it take?

Discussions of daily care plan and discharge needs can take anywhere from a few seconds to 3-5 minutes per Veteran, depending on how complex the issues are. By focusing on the main interdisciplinary care issues, asking for input from team members, and being on time, you can make these minutes <u>the most valuable 15 minutes of vour day</u>.

ICVA Hospitalist Service Hilary Mosher, MD

Common Interdisciplinary Issues

Early Hospitalization

- Physical Function
- Mental Function

Daily Care & Preparing for Discharge

- Lines and Tubes
 Poly-Pharmacy
- Medication reconciliation
 Non-Formulary Medications

Planning for On Time Departure

- Transportation
 Home Infusion (e.g. antibiotics)
 - (DAV, ambulance, etc)
 Home Support (homemaker, skilled nursing)
- PlacementMedical Supplies
- Home OxygenOutpatient Appointments

Nutrition and Swallowing

Palliative Care/ Advanced Care Planning



Example of a facilitator reference sheet and pocket card for use in Structured Interdisciplinary Rounds – from VA Quality Scholars (VAQS), available at https://www.cadre.research.va.gov/forms/IDRToolkit.pdf



Patient communication boards can assist the SIDRs: The patient and family can record questions for all or any members of the MDT ahead of the SIDRs, and the team can record collaborative goals and plans on the board.



OUTCOMES TEMPLATE



STRUCTURED INTERDISCIPLINARY ROUNDS

	SUGGESTED AT THE INTERVENTION SESSION	SUBSEQUENT FOLLOW UP ON THE TEAM'S SUGGESTIONS
How might SIDRs benefit our patient care and daily work?		
What challenges could we experience in implementing SIDRs in our daily work?		
When, where and how often will the SIDRs take place?		
Who will participate in the SIDRs?		
How will SIDRs run in our team? e.g. choice of structured communication framework (ISDA / ISBAR / other?)		
How and when will we evaluate the SIDRs?		
What resources / materials would we need to implement the SIDRs? (e.g. pocket cards, facilitator reference cards)		