

Evidence Review

Structured interdisciplinary bedside rounds (SIBR) in sub-acute geriatric evaluation management and rehabilitation

Citation Structured interdisciplinary bedside rounds (SIBR) in geriatric evaluation management and rehabilitation: An Evidence Review. Centre for Clinical Effectiveness, Monash Health, Melbourne, Australia.

Background

The Director of Nursing, Operations Director (Kingston) requested for a review of literature to inform the effectiveness of structured interdisciplinary bedside rounds (SIBR) in the subacute setting.

Objectives

To determine the effectiveness of structured interdisciplinary bedside rounds (SIBR) in the subacute rehabilitation or geriatric evaluation management setting.

Definitions

SIBR is a process for rounding that ensures effective communication between team members and the patient occurs regularly. All relevant healthcare team members, including the patient, the bedside nurse, doctors and allied health team members, gather at the patient's bedside to discuss and develop a plan of care which is inclusive and patient-based. Each member is encouraged to contribute and collaboratively cross-check important information so that the decisions made are up-to-date and based on all of the information available. (Source: CEC <http://cec.health.nsw.gov.au/quality-improvement/team-effectiveness/insafehand/sibr>)

During SIBR™, relevant patient safety concerns are identified, discussed and actioned within an appropriate time frame. This in turn reduces the risk of error and potential adverse events. As a consequence, better coordination of care is achieved, prompting improved patient flow through the unit.

Search strategy

Inclusion/Exclusion Criteria

Table 1. Inclusion/Exclusion criteria

| | |
|----------------------|---|
| Setting | Include: Subacute geriatric evaluation management (GEM)/rehabilitation Exclude: Other settings (i.e., acute care, ICU, Emergency, Pediatric, Medical, Surgical) |
| Interventions | Include: Structured interdisciplinary bedside rounds (SIBR), interdisciplinary ward/attending rounds Exclude: Leadership/teaching rounds, multidisciplinary team rounds where patient was not included |
| Comparator | Traditional care |
| Outcomes | Length of stay (LOS) In-house hospital mortality Morbidity Hospital acquired infection rates Transfer to ICU Patient satisfaction |

| | |
|--------------------------|---|
| | Staff satisfaction |
| Types of evidence | Include: Peer-reviewed literature, government or organisation white papers Exclude: Opinion papers, commentaries, letters, editorials, presentations, conference abstracts |
| Limits | Published between 2012/05/23 and 2017/05/21 English Human |

Search databases

Three medical database (Ovid Medline, Pubmed and CINAHL) and 11 grey literature databases (as listed in Appendix 1 Table 2) were searched. Search terms around “SIBR” were detailed in Appendix 1 (Table 4–6).

Study Selection

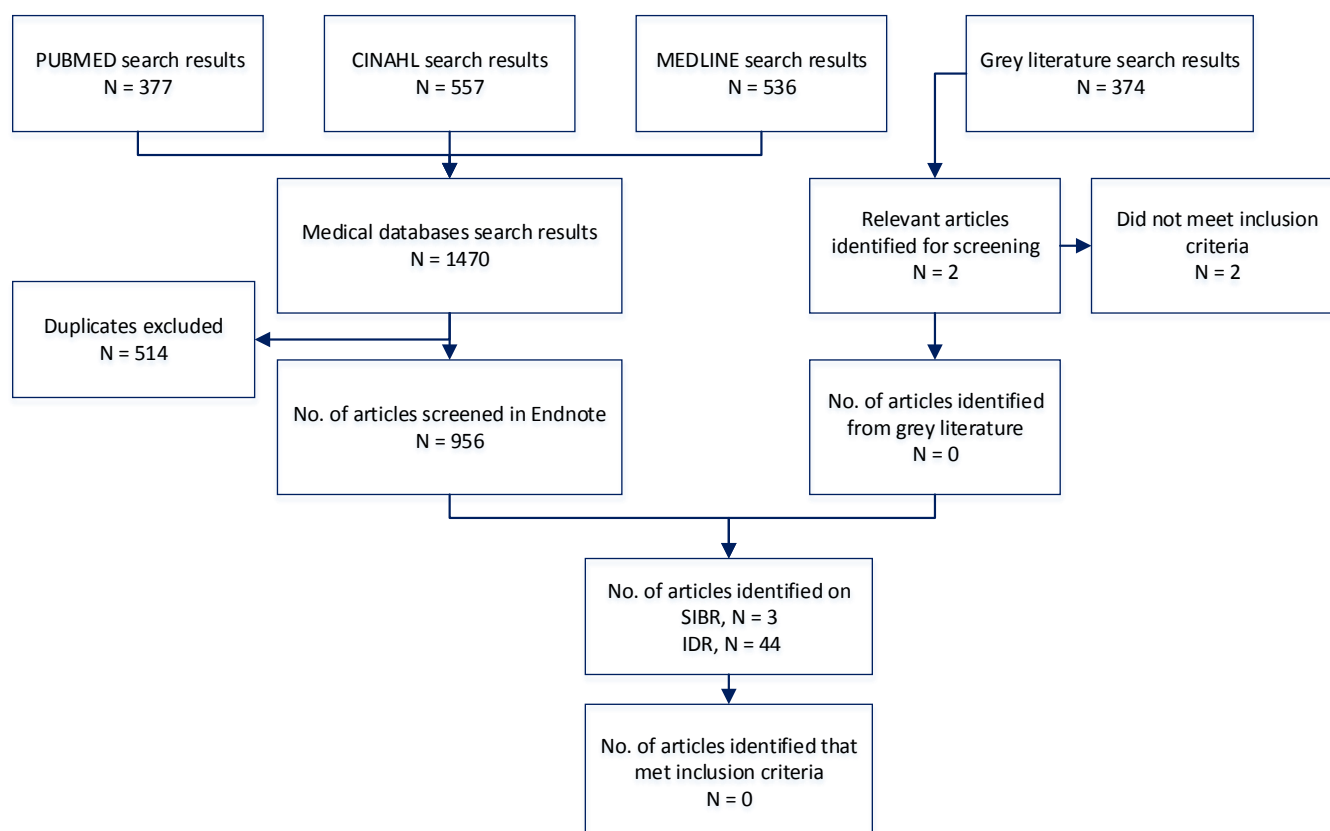
Titles and abstracts identified were exported to EndNote X7 (Thompson, Reuters, Carlsbad, California, USA). Searches of medical and grey literature databases were screened by one reviewer in consultation with another colleague, as necessary. The title and abstracts of papers were screened using the inclusion and exclusion criteria established *a priori*. When we were unable to determine if an article fulfilled the inclusion criteria from title and abstract, the full text article was retrieved.

The terms “interdisciplinary” and “multidisciplinary” are sometimes used interchangeably in literature, although they both describe two different approaches. Therefore literature was screened according to the inclusion/exclusion criteria (Table 1), as well as meeting the definition of having a “SIBR approach” to bedside rounds.

Results

Summary of Findings

Figure 1. Flow diagram of identified and included articles from the different sources searched.



Study Selection

A total of 1470 articles were identified from the medical database searches. (Figure 1) After 514 duplicate articles were excluded, a total of 956 articles from the medical database search were screened in Endnote. During the screening process, a total of 21 full text articles were retrieved to determine whether the article met the inclusion criteria. A total of 47 articles identified either published on “structured interdisciplinary bedside rounds (SIBR)” or other “interdisciplinary rounds” that were being implemented. This included three articles on SIBR, two in the elderly acute care [Gausvik; Huynh] and one in an accountable care unit [Stein], and 44 articles that described interdisciplinary rounds (but not distinctively SIBR). One recent systematic review [Bhamidpati] and one literature review [Walton] that included interdisciplinary ward rounds was identified and screened. We attempted to identify additional papers that may fit the inclusion criteria through reference mining of the two reviews.

We did not identify any additional papers from reference mining, and all the articles mentioned above were excluded due to wrong setting or not being consistent with the definition for SIBR (see above definition).

Conclusions

There was no published literature on the effectiveness of structured interdisciplinary bedside rounds (SIBR) in the subacute rehabilitation or geriatric evaluation management setting identified within the date limits (2012-2017).

References

Gausvik C et al. Structured nursing communication on interdisciplinary acute care teams improves perceptions of safety, efficiency, understanding of care plan and teamwork as well as job satisfaction. *Journal of Multidisciplinary Healthcare* 2015;8 33–37.

Huynh E. et al. Structured interdisciplinary bedside rounds do not reduce length of hospital stay and 28-day re-admission rate among older people hospitalised with acute illness: an Australian study. *Australian Health Review* 2016 <http://dx.doi.org/10.1071/AH1601>

Bhamidipati V. et al Structure and Outcomes of Interdisciplinary Rounds in Hospitalized Medicine Patients: A Systematic Review and Suggested Taxonomy. *Journal of Hospital Medicine* 2016: 11: 7.

Walton A et al Ward rounds, participants, roles and perceptions: literature review ", *International Journal of Health Care Quality Assurance* 2016: 29, 4, 364-379, doi: 10.1108/IJHCQA-04-2015-0053

Appendix 1

Table 2. Information sources

| Information sources | | | |
|---|--|--|---|
| Medical Databases | PubMed NCBI; Ovid Medline (Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily, Ovid MEDLINE and Versions(R); CINAHL Plus | | |
| Grey Literature databases | 1. Advisory Board 2. Nuffield Trust 3. Joanna Briggs Institute 4. Primary Health Care Research and Information Service | 5. Evidence Compass (Department of Veteran Affairs) 6. Beryl Institute 7. Kings Fund | 8. Agency for Healthcare Research and Quality 9. The Health Foundation 10. NHS Trust 11. Sax Institute |
| Terms related to ("Structured Interdisciplinary bedside round" OR "SIBR") Filters: English language, 2012-2017 | | | |

Table 3. Results from grey literature search

| Grey literature databases | Hits | Results |
|---|------|---------|
| 1. Advisory Board | 180 | 0 |
| 2. Nuffield Trust | 0 | 0 |
| 3. Joanna Briggs Institute | 0 | 0 |
| 4. Primary Health Care Research and Information Service | 3 | 0 |
| 5. Evidence Compass (Department of Veteran Affairs) | 0 | 0 |
| 6. Beryl Institute | 2 | 2 |
| 7. Kings Fund | 3 | 0 |
| 8. Agency for Healthcare Research and Quality | 165 | 0 |
| 9. The Health Foundation | 0 | 0 |
| 10. NHS Trust | 21 | 0 |
| 11. Sax Institute | 0 | 0 |

Table 4. PubMed NCBI Database Search

| Search terms in PubMed NCBI | | Results |
|-----------------------------|---|---------|
| 1 | "SIBR" OR "structured interdisciplinary bedside rounds" | 42 |
| 2 | interdisciplinary rounds | 358 |
| 3 | bedside rounds | 328 |
| 4 | ward rounds | 726 |
| 5 | #1 OR #2 OR #3 OR4 | 1341 |
| 6 | Filter #5: published in the last 5 years; Humans; English | 377 |

Table 5. Ovid MEDLINE Database Search

| Search terms in Ovid Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily, Ovid MEDLINE and Versions(R) | | Results |
|---|---|---------|
| 1 | ((interdisciplinary or bedside or ward) and round*).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms] | 1840 |
| 2 | (SIBR or "structured interdisciplinary bedside rounds").mp. [mp=title, abstract, original title, name of | 35 |

| | | |
|---|--|------|
| | substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms] | |
| 3 | #1 OR # 2 | 1871 |
| 4 | limit 23 to (English language and humans and yr="2012 -Current") | 536 |

Table 6. CINAHL Plus Database Search Terms

| Search terms in Ovid Medline | | Results |
|------------------------------|--|---------|
| 1 | TX (interdisciplinary OR bedside OR ward) AND TX round | 1387 |
| 2 | TX structured interdisciplinary bedside round | 2 |
| 3 | SIBR | 0 |
| 4 | #1 OR # 2 OR # 3 | 1387 |
| 5 | Published Date: 20120101-20171231; English Language | 557 |