Structured Inter-Disciplinary Rounds (SIDR) Implementation Guide
INTERACT project

The **INTER**disciplinary **A**pproaches to **C**ommunication and **T**eamwork (**INTERACT**) project is designed to improve communication and teamwork on general medical hospital units. The intervention consists of Prepared Nurse-Physician Co-Leadership and Structured Inter-Disciplinary Rounds (SIDR). The project is supported by a grant from the Agency for Healthcare Research and Quality. This implementation guide is intended to provide practical advice to hospitals wishing to improve teamwork and patient safety by implementing similar interventions.

Are you ready?

You must first define your goal. What are you hoping to accomplish by implementing co-leadership and SIDR? Be specific about your goals and/or the problems that you hope to address. We've seen improvements in teamwork ratings and a reduction in adverse events. We have not seen a reduction in LOS or cost. We have not yet assessed the effect on patient satisfaction.

Get stakeholders on board early. Stakeholders include all the team members who will attend SIDR, the leaders of those respective disciplines, and the individuals who will lead SIDR. Additional stakeholders include key institutional leaders who will ensure adequate resources for co-leaders and champion these efforts.

Make sure implementation of SIDR is feasible. In large hospitals, individual physicians often care for patients on multiple units and floors. Physicians will not attend more than 1 or 2 SIDRs per day. Therefore, you may need to consider changing the admission process such that any particular physician will not have patients on more than 1 or 2 units.

Address skeptics early. Many will ask how SIDR is different from the interdisciplinary rounds (IDR) [a.k.a., multidisciplinary rounds (MDR)] found in most hospitals. The table below compares traditional IDR to SIDR.

Feature	**Traditional IDR**	**SIDR**
Leadership	Often missing, inconsistent or representing only 1 discipline	Consistent, trained nurse and physician leadership
Leader preparation	Often none	Selection of leaders for interpersonal skills and trained in patient safety principles, closed loop communication, and facilitation of discussion
Nurse attendance	Often just the charge nurse	All staff nurses
Physician attendance	Sporadic	Consistent
Pharmacist attendance	Inconsistent	Consistent
Social worker attendance	Consistent	Consistent
Case manager attendance	Consistent	Consistent
Discussion	Not focused and often relating mainly to discharge planning	Focused with use of structured communication tool and trained co-leaders. Emphasizes daily plan of care.
Frequency	Often three times a week	Every weekday

Duration	Often an hour	30-40 minutes
Reward / acknowledgement	Absent	Co-leaders publicly highlight and thank individuals involved in conversations which reduce risk
Structured Communication Tool	Absent	Used for new patients as they often have new & evolving plans of care
Coordination between units	Often not present	Emphasized to ensure attendance by all disciplines at SIDR on all units

Getting set to begin

Leadership is critical and leaders need training to be effective. Leaders should be trained to facilitate the discussion between team members at SIDR and to avoid providing their own opinions regarding clinical decisions. Team members will quickly limit and/or alter discussion if they feet the leaders are judging their clinical decisions. Leaders must ensure closed loop communication. Leaders should know the names of all team members. Leaders need to pay close attention to verbal and nonverbal cues and pull team members into the discussion when needed. Conversely, leaders will need to help some members focus their discussion.

Define the team from the patient's perspective. Which disciplines need to be on the same page to ensure safe, effective care for the patient? We feel that the staff nurse (not just the charge nurse), the primary hospital physician, the unit pharmacist, social worker, and case manager are essential.

Engage frontline healthcare professionals in developing co-leadership and SIDR. The optimal location, timing, frequency, duration, and format for SIDR should be determined with input from people who will attend SIDR. Should all individuals be present for the duration of SIDR? Or will you stagger the attendance of nurses or physicians? If implementing SIDR on multiple units and if certain individuals are involved in the care of patients on more than one unit (pharmacist, physicians), you'll need to stagger the times to allow individuals to attend the SIDRs on all their units. We assemble interdisciplinary unit working groups, which met for 12 weeks before we went live with SIDR. Our medical units conduct SIDR each weekday in the unit nurse report room in the late mornings with unit times staggered to allow physicians and pharmacists to attend SIDR on both of the 2 units on which they care for patients.

Define realistic expectations for SIDR attendance. We strongly recommend that all staff nurses (not just the charge nurse), all physicians, the unit pharmacist, social worker, and case manager attend SIDR. We expect >85% for each discipline. In our co-leadership model, we expect that at least 1 of the 2 leaders be present each day for SIDR and that both are present >50% of the time.

Prepare a structured communication tool (a.k.a., checklist). Structured Communication Tools should prompt discussion of important elements of care that otherwise may be overlooked. We use the tool for new patients. An alternate approach would be to use a longer structured communication tool for new patients and shorter for old patients.

Going forward
Reinforce good habits. Examples of “nice catches” during SIDR should be acknowledged by unit co-leaders and rewarded. We gave coffee cards to all individuals involved in conversations which resulted in safer care for their patients.

Eliminate bad habits. Unit co-leaders should speak with individuals who are not attending or performing well in SIDR in person, outside of SIDR, to explore reasons and give corrective feedback.