Implementation of Structured Interdisciplinary Bedside Rounds (SIBR) in Cancer Care: Evaluation from an Allied Health perspective

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SIBR (Structured Interdisciplinary Bedside Rounds) is a highly structured model of care, where every patient on the ward is seen at the same time every day by their multidisciplinary team. The bedside round covers clinical handover and provides patients with a daily update on their treatment & discharge plans. It has also been shown to have a number of benefits on clinical, cost and patient outcomes. Following the implementation of SIBR in the cancer care wards – the aim of this study was to determine the feasibility, acceptability and effectiveness from an allied health point of view.

Introduction

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Methods

Following the implementation of SIBR in the cancer care wards – the aim of this study was to determine the feasibility, acceptability and effectiveness from an allied health point of view. Allied Health attendance on rounds was monitored at implementation and again at 12-months. Qualitative feedback was sought throughout the implementation phase to help refine and improve processes. At 12-months, a survey was conducted to assess staff views on interdisciplinary care and teamwork.

Training & Attendance

• 68% of Allied Health Cancer Care staff had completed training at 12 months
• Attendance rates varied between disciplines and between SIBR rounds
  • Haem: Dietitian (60%), Pharmacy (50%), Social Work (50%)
  • BMT: Dietitian (60%), Pharmacy (60%)
  • MONC/RONC: Dietitian (40%), Physio (40%), OT (30%)

Interdisciplinary Care & Teamwork

• Good response rates to survey
  • Allied Health (n=13) Nursing (n=25) Medical (n=11)
  • 100% of nursing/medical staff reported Allied health SIBR attendance was valuable
• There was Strong Agreement/Agreement that SIBR resulted in:
  • high confidence communicating with others (98%)
  • act respectfully towards each other (98%)
  • high levels of trust (98%)
  • felt working together improves quality & safety of care (100%)

Key Results

Conclusion

Overall, SIBR was highly valued by staff and improved teamwork, and has become embedded as usual practice in these wards. Training was viewed as important for effectiveness and sustainability of the model. Allied health did have a number of barriers in regards to daily attendance to consider. Further work is underway on the impact of SIBR on clinical outcomes and future work should also aim to include evaluation from a patient perspective.