

Appendix 1: Checklist developed with some modifications of SIBR: Interprofessional rounding, VCU Health

1. **Intervention team does SIBR rounds on all patients** (not just the patients being discharged today).
  - a. Intervention team 1 from beds A951 to A963
  - b. Intervention team 2 from beds A964 to A974
2. \*Care Coordinators – will lead team in, manage time.
3. \*Nursing will update team/patient first.
4. \*Preamble to be used sparingly; communicate only what cannot be discussed with patient/family.
5. \*SIBR time is to update plan of care for the day with team and patient/family.
6. Speak to your patient directly, limiting medical jargon or terms so that patients and families understand.

**BEDSIDE NURSE: 45 seconds** (Only discuss what is applicable)

Introduce yourself and your discipline and speak directly to the patient using “You” statements:

1. Overnight events and patient goals for the day
2. Vital signs and pain control
3. Fluid and food intake
4. Fasting blood sugar
5. 24-hour blood sugar range
6. Urine and bowel output
7. Oxygen weaning
8. Mental status and ADLs (Activities of Daily Living)
9. Update barriers to discharge (may include dressings, pain management, challenges with glycemic control, bowel or bladder concerns, mobility)
10. Share any concerns patient has shared with you previously.

**BEDSIDE NURSE QUALITY AND SAFETY CHECKLIST: 15 seconds** (Keep or discontinue- Only discuss what is applicable)

1. Foley catheter
2. Central line
3. VTE prophylaxis
4. Pressure ulcer and stage
5. Hypo/Hyperglycemia
6. CPAP/BIPAP
7. Telemetry

**PROVIDER- Physician, NP, PA: 45 seconds**

1. Review active problems or updates and response to treatment
2. Discuss test results/consultant inputs
3. Discuss goals of care and potential discharge date

4. Ask patient and family “Did I leave anything out? Is there anything I missed? “

**PHARMACY MEDICATION INFORMATION/UPDATES: 1 MINUTE TOTAL**

Introduce yourself and your discipline and speak directly to the patient using “You” statements.  
Medication Reconciliation to be entered day before discharge.

1. Review medications and any changes
2. Confirm home pharmacy
3. Ask about any barriers to obtaining medication
4. Ask about barriers to opening medication containers
5. Review orders in real time
6. Ask patient/family if they have questions

**SOCIAL WORKER/CASE MANAGER CONFIRM PLAN FOR DISCHARGE: 1 MINUTE TOTAL**

Introduce yourself and your discipline and speak directly to the patient using “You” statements:

1. Discharge day and realistic time of day
2. Discuss discharge needs
3. Confirm address or where patient will be discharged to
4. Do you have transportation?
5. Resources at home?
6. Discuss plan for post discharge
7. Ask patient/family if they understand or have questions

**BRIDGE NURSE INTRODUCE ROLE AND CONFIRM TRANSITIONAL CARE PLANS: 10 Seconds**

Introduce yourself and your discipline and speak directly to the patient using “You” statements:

1. If patient on your list, explain when you will be back to talk to them about post discharge needs.
2. Discuss any post discharge resources needed or arrangements made
3. Discuss any education that was done or will be done

**Close the loop PROVIDER- Physician, NP, PA: 5 Seconds**

“Mr. /Mrs. \_\_\_\_\_, have we missed anything? Do you have any further questions?”

**SIBR Training (Video) Link- [Click Here](#)**