Schwartz Rounds

Dr Emma Husbands
Consultant Palliative Medicine
Gloucestershire Royal Hospitals
Emma.husbands@glos.nhs.uk
Compassionate care
Schwartz Rounds - where they came from and what they are
Our experience
Give it a go ...............
This was a system failure as well as failure of an individual organisation. No single recommendation should be regarded as the solution to the many concerns identified. A fundamental change in culture is required across the NHS. We need to secure the engagement of every single person serving patients in the change that needs to happen.
The media focus

- “Patients will be told how many nurses should be on each ward”
- “...bosses will be barred from the NHS”
- “Hospitals could have to pay for mistakes”
- “Hospitals must be open about failings, says Hunt”
- “NHS must reveal ‘near misses’”
- “Patients to get named doctors after Mid Staffs”
- Limited press coverage of important areas like staff engagement, leadership, culture
19 November 2013: **Hard Truths – the journey to putting patients first**

- **Patient safety**: Patient Safety Collaborative Network to spread best practice. Greater involvement of patients in decisions and patient safety data to be more accessible to the public. National Quality Board to work with NHS organisations and staff to maximise the potential of Human Factors practice and principles. New offence of wilful neglect.

- **Rights and responsibilities**: NHS England, CCGs and HEE working with NHS staff and patients on embedding the NHS Constitution

- **Staff wellbeing as the foundation of compassionate care**: Point of Care Foundation to work on spreading Schwartz Rounds.

- **Complaints**: Chief executives and Boards to take greater personal responsibility for complaints

- **Openness and transparency**: Statutory duty of candour on organisations; professional duty of candour on individuals

- **Staffing and recruitment**: Values based recruitment. Guidance and toolkits on safe staffing levels, with CQC to inspect
“If staff are to deliver good, compassionate care, it is critical to care for them so that they can care properly for others. Good working environments have the right levels of staff with the right skills, and support from colleagues and managers.”

“Systematically creating an environment in which compassionate care is the norm requires imaginative commissioning, organisational commitment, planning, education, training, reinforcement through leadership and insightful scrutiny and challenge. It is the very opposite of the ‘soft’ issue it can too often be characterised as. Ensuring compassionate care is therefore not an ‘issue’ for organisations providing care. It is, along with safety, the essence of the business that they are in.”
What is Compassion?

- “...a sensitivity to the suffering of self and others, with a deep commitment to try to relieve it.”

The Dalai Lama (1995)
Components of Compassion

Adapted from Gilbert (2009)
What gets in the way of being compassionate?
Looking beyond the individual

- Organisations may encourage compassion or stifle it.
- Competitive business culture – drive for efficiency:
  - demands & pressures upon patient care can hinder professionals’ ability to provide a compassionate service, which can mean less 1 to 1 patient care (Sanghavi, 2006)
- Reward systems or threat systems (linked to targets)
  - employees are likely to be most stressed when they experience high demands, have little control over workload & low support (Evans et al., 2006: Citing Karasek (1979)
  - Time demands, bureaucratic paperwork (defensive practice)
- These all create unpleasant & draining work environments for service users & employees
Potential benefits of giving compassion care

- Compassionate clinical relationships prevent health problems & promote faster recovery (Hamilton, 2010).

- Patients are more likely to disclose concerns, symptoms & behaviours, helping to inform treatment plans, improve outcomes & increase satisfaction. (Halpern, 2001; Larson, 2005; Sanghavi, 2006).

- Relationships can be enhanced across professions, leading to greater awareness of cultural beliefs & more supportive environments for staff (Lown & Manning, 2010).
Potential benefits of giving compassion care

- Boyatzis et al., 2006:
  - creativity and decision making can also be enhanced in less stressful environments, where people feel more supported within their organisation

- The Health of the Nation (Secretary of State for Health; 1992):
  - health improvement and promotion strategies within the workforce at large can be significant in developing improvements in overall health.
“...even though there can be “empathy fatigue,” there cannot be “compassion fatigue,” since compassion is essentially a wholesome, positive state of mind, while empathy is only the tool that allows one to correctly perceive the state of mind of others. The more one experiences compassion and loving kindness, the more one progresses towards authentic well-being, and becomes unconditionally available to others...”.

http://www.huffingtonpost.com/matthieu-ricard/could-compassion-meditati_b_751566.html
Our Work……

● Patient I was due to telephone – had planned this for 10am but was delayed and patient phoned at 10:15 - IRRATE

● Our patients are dealing with horrendous issues

● You can’t walk through water without getting wet……………….
Potential benefits of giving compassion care

“By developing health care systems that facilitate compassionate care, our patients' experiences & clinical outcomes will be better, our own risks of burnout or litigation will be less, & our job satisfaction will be considerably greater”

(Cole-King & Gilbert 2011)
Until now, I had spent a considerable part of my career as a health-care lawyer, first in state government and then in the private sector. I came to know a lot about health-care policy and management, government regulations, and contracts. But I knew little about the delivery of care. All that changed on November 7, 1994, when, at age 40 I was diagnosed with advanced lung cancer. In the months that followed, I was subjected to chemotherapy, radiation, surgery, and news of all kinds, most of it bad. It has been a harrowing experience for me and my family. And yet, the ordeal has been punctuated by moments of exquisite compassion. I have been the recipient of an extraordinary array of human and humane responses to my plight. These acts of kindness—the simple human touch from my caregivers—have made the unendurable bearable.
To promote compassionate healthcare so that patients and their professional caregivers relate to one another in a way that provides hope to the patient, support to caregivers and sustenance to the healing process.’

http://www.theschwartzcenter.org/
Background

- Introduced in USA 14 years ago
- Now in 225+ USA hospitals
- Staff use patient stories to explore compassionate healthcare
- Two UK pilots established 2009 (GHNHSFT and Royal Free) with support from the Kings Fund (Point of Care Programme)
Principles

Confidential
Multidisciplinary
Patient Story
Active listening
  (facilitator)
Senior participation
Slides
Inclusive
Organising committee
Nourishment

= COMPASSION
What they hope to achieve

- Cathartic?
- De-shaming?
- Understanding of each others roles?
- Affirmation of the reasons why we come to work?
- Sharing a common humanity?
- A recognition from the organisation that work has an emotional impact
- A recognition that time is needed in work to process/discuss the emotional impact of the work
- Caring for the people that care
Setting up Schwartz rounds at GHT

- Introduced with the sanction of the main Trust board in 2009.
- Commitment to patient and staff experience
- Recognition of the importance and challenge of providing compassionate care.
- Hospital/Trustwide initiative – accessible to all staff
Running Schwartz Centre Rounds at GHT

- A monthly meeting (alternates between hosp sites), for 1 hour.
- Lunch is provided
- An open meeting
- A space and a place to discuss the emotional impact of the work we do
  - They are NOT clinical Supervision (group or individual)
  - They are NOT a de-brief
  - They are NOT a place to problem solve or discuss care planning
- They are a place to BE WITH how work affects us and to share how we feel
● Each Round has a dedicated speaker(s)

● Speakers speak for about 15 minutes on their chosen topic area

● The remaining 45 minutes are for the Round attendees to:
  ● Share how they felt about the topic
  ● Share their experience of a similar situation
  ● Share how they would have felt in that situation
Each Round has a Chair:
- For us, usually a doctor

Each Round has a facilitator:
- For us, and for most of the Rounds in the UK, this is a Clinical Psychologist

The facilitator meets with the speakers prior to the Rounds, to ‘run through’ the Rounds,
- ensure speakers feel safe
- Identify possible themes
After the Round

- Short debrief with panellists
- Multidisciplinary Steering group
- Review of evaluation and facilitator debrief
- Written summary of key themes which is published on intranet
‘When Staff become patients’

‘Hyper vigilant families’

‘No place to go’

‘A day in the life of…’

‘One life gone, 2 others ruined – a bad night in ED’

‘To tell or not to tell’

“What did the family want?”

‘Making sacrifices, booking privately’

‘When a new baby isn’t good news’

‘Two’s company, three’s a crowd’
What we’ve learnt

- Keeping environment safe & need for a clear contract
  - Different kind of dialogue about the human side of medicine – people’s feelings and the relationships between staff and their patients

- The desire is there – people do want to talk about and reflect on what it means to care for others.
Heightened empathy and compassion for colleagues – “walk in their shoes”. Recognition of:
- Different perspectives
- Emotional toll of caring
- Ambiguity and complexity surrounding clinical care

Lunch helps!

Senior involvement and MDT approach
Attendance by profession (GHT)

- Doctors: 26%
- Nurses: 13%
- OT's: 11%
- Physiotherapy: 7%
- Psychology: 4%
- Other AHP/Prof Tech: 2%
- Medical Students: 1%
- Other: 33%
Participants’ satisfaction (GHT)

- Exceptional: 12%
- Excellent: 64%
- Good: 23%
- Fair: 2%
Rounds Assessment (GHT)

- Help work better with colleagues: 4
- Gained knowledge: 4
- Case was relevant: 4
- The facilitator helped: 4
- Overview & presentation was helpful: 4
- Open discussion was helpful: 4
- Gained insight: 4
- Plan to attend again: 4
Staff feedback: lessons learned

- Understanding the vulnerability of clinicians more
- I worry about the fact that statistics and targets can ignore the human side of care.
- Realising that Consultants feel under stress when facing unfamiliar or unexpected situations
- Understanding that there isn’t a right or wrong
- Sharing – communicating process for bed management.
- Helped colleagues realise ‘tensions’ of priorities
Useful to have time and space to consider how I might have conversations with patients who may wish to film their care.

Realising that the anxieties that we face as health professionals are often similar

Focus on emotional impact for staff during difficult work environments very useful and important

It's just good to know that there are great people in the Trust who care and are professional
Words used to summarise rounds

- engaging
- insightful
- emotional
- connecting
- supportive
- reflective
- validating
- honest
- empathetic
- worthwhile
- refreshing
- essential
- normalising
- enlightening
Qualitative research

● Personal benefit of attending rounds
  ● Encouraging compassion, empathy & understanding. Acknowledgement of feelings and reducing stress.

● Benefits for team working
  ● Encourage networking. Strengthen multi-disciplinary working and working with colleagues.

● Benefit for hospital culture
  ● Less hierarchical. Culture of openness. Underpinning strategic vision. Links to patient and staff experience agenda. Symbolic value of rounds as a sign of caring for staff well being.
Impact of Rounds - National

Goodman Research Group Survey

- More likely to consider the effects of illness on personal lives of patients
- Greater appreciation for roles and contributions of colleagues
- Greater sense of belonging to a care giving team
- Improved co-ordination/co-operation
Conclusions (Kings Fund)

- Transfer USA to UK successful
- Similarities greater than differences
- Demonstrate a need and valued by participants
- Benefits reported day to day care
- Rounds are a source of support for day to day care of patients
- Team work strengthened
- Contributes to changes in hospital culture
- Strong support from board and clinical leaders essential for success
- Commitment to spreading Rounds within UK
“Rounds are a place where people who don’t usually talk about the heart of the work are willing to share their vulnerability, to question themselves. Rounds are an opportunity for dialogue that doesn't happen anywhere else in the hospital.”

-Rounds participant
“Smile - you are on candid camera”
References


References

- The Schwartz Center for compassionate healthcare. (www.theschwartzcenter.org)