

An Evaluation of the Initial Introduction of Schwartz Rounds in Ireland

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Introduction

Schwartz Rounds, a well-established and evidence-based initiative to develop compassionate and supportive cultures for staff to work in, and in doing so, support improvement in healthcare outcomes for patients and service users.

Schwartz Rounds are a multidisciplinary forum designed for staff to come together once a month to discuss and reflect on the emotional and social challenges associated with their work.

Schwartz Rounds – What the Literature Says

Enhanced teamwork and appreciation of various roles and contributions of colleagues (Robert *et al.* 2017, Chadwick *et al.* 2016)

Creates channels for open, transparent modes of communication (Reed *et al.* 2015)

Greater likelihood of staff attending to psychosocial and emotional aspects of patient care, with more robust understandings of the importance of empathy (Reed *et al.* 2015) and compassion in healthcare (Lown and Manning 2010)

Increased staff commitment to the service and greater focus on institution-specific initiatives (Robert *et al.* 2017)

Schwartz Rounds – What the Literature Says

More information needed regarding validity and reliability of evaluation measures (Robert *et al.* 2017)

The influence of ‘rules and boundaries’ imposed upon how people express and how they share thoughts and feelings with others.

Potential harm that may arise where emotions are not contained by the individual or by others (Chadwick *et al.* 2016)

Possible benefits influenced by group size, the participants present, and perceived levels of safety in the group (Chadwick *et al.* 2016).

Aim of Evaluation

- To establish:
- Whether Schwartz Rounds are suitable for introduction practically and culturally in the Irish healthcare system
- The experience of, and personal impact on, panellists, attendees, administrators, facilitators and clinical leads' participation in Schwartz Rounds
- The perceived and/or actual outcomes for the service/hospital
- Key learnings, including contextual factors to help inform HSE decision-making on rolling out the initiative further

How?

The following questions have been developed to reflect the impact of Schwartz Rounds at organisational and individual levels and to drive this evaluation.

Organisational level

- What were the drivers for introducing Schwartz Rounds?
- What were the anticipated gains for the organisation in initiating SRs towards developing more compassionate and supportive cultures for staff?
- What is the evidence so far that point to gains being made?
- What were the unanticipated impacts of introducing SRs to the organisation?
- What, if any, challenges arose in the planning and implementation process?
- How were potential challenges addressed within the organisation?
- What key learning has been achieved that might influence SRs delivery locally and other organisations in the Irish context?

Individual level

- How do individuals describe their experiences of Schwartz Rounds?
- What were the anticipated and unanticipated impacts of participating in/attending Schwartz Rounds?
- What were the drivers and barriers to engaging in Schwartz Rounds whether as a member of the audience, panel or steering group, or as a facilitator?

Evaluation Framework

The evaluation is underpinned by RE-AIM, a well-established evaluation framework in healthcare to address the reach, effectiveness, adoption, implementation and maintenance (sustainability) of initiatives.

The findings will be considered in the context of the implementation science literature for quality implementation.

Eligibility Criteria

All members of staff who were employed by the organisations at the time of the Schwartz Rounds roll out.

Key informants (from each site) include clinical leads, facilitators, steering group, panellists, attendees, staff who did not attend, and senior managers and administrators who had responsibility for supporting the introduction and implementation of Schwartz Rounds, including facilitating staff attendance

Ethical Dimensions

Data

Quantitative Component:

- Analysis of pre and post survey questionnaires and PRO-QOL (Professional Quality of Life) measures to determine the quality of life of staff participating in the Schwartz rounds
- Anonymous attendee feedback forms at each Round

Qualitative Component:

- Focus Group and individual semi structured interviews
- Comment cards

Data Analysis – Stage 1

Quantitative data analysis

Statistical Package for the Social Sciences (SPSS) used to generate descriptive statistics and where possible, inferential statistics.

Qualitative data analysis

A directed content analysis strategy with a coding framework guided by theory underpinning Schwartz Rounds with reference to wellbeing, compassion, support and dialogue and the purpose of this evaluation.

Data Analysis – Stage 2

Alignment of RE-AIM to the Stated Aims of the Evaluation

Findings examined through the RE-AIM lens to elicit reach, effectiveness, adoption/embeddedness, implementation and maintenance/sustainability.

1. Whether Schwartz Rounds are suitable for introduction practically and culturally in the Irish health system (addressed through reach, adoption, implementation and maintenance dimensions).
2. The experience of and personal impact on panellists, attendees, administrators, facilitators and clinical leads' participation in Schwartz Rounds (addressed through effectiveness and implementation dimensions).

Data Analysis – Stage 2

Alignment of RE-AIM to the Stated Aims of the Evaluation

3. The perceived and/or actual outcomes for the service/hospital (addressed through effectiveness, implementation and maintenance dimensions).
4. Key learnings including contextual factors to help inform HSE decision making on rolling out the initiative further (addressed through all dimensions).

| Brief Overview of Research Activity to Date | |
|--|---|
| Literature and documentary review of feasibility and implementation processes of Schwartz Rounds across various care settings in different jurisdictions | Ongoing |
| Ethical approval and access | √ |
| Observation visits by Evaluation Team in each site | √ |
| Recruitment of Key Informants | In progress |
| Pre-and-post survey questionnaires and PRO-QOL measures that have already been collected during the pilot programme | In progress |
| Analysis of summary data post Schwartz Rounds | √ |
| Individual Interviews (n=2) | In progress |
| Staff member comment cards | In progress n=48 in total (between 2 sites) |

Schwartz Rounds Themes

Thank you: sharing thank-you letters and what they mean to us

What a patient taught me

Isolation

A patient I didn't like

New beginnings

A place of refuge

A bad day at work

Making sense of chaos

The impact of loss...holding on and letting go

Happy ending

Presentation of Findings - Site 1

Routine anonymous attendee feedback forms at each Round, data over 10 Rounds:

Total number of attendees at all Rounds was: 354

Percentage of feedback forms returned was: 94%

Over half (53%) of staff have attended 1-5 Rounds with 21% having attended more than five Rounds

Presentation of Findings - Site 1

High levels of staff engagement SRs and establishment of a core of regular attendees who will benefit from Rounds and promote long-term embedding of this mechanism for staff support. Committed to supporting staff wellbeing

96% of attendees agreed that the SRs would help them 'work better' with their colleagues

85% agreed that they gained insight that would help them to care for patients

95% expressed plans to continue attending SRs

Presentation of Findings - Site 2

Routine anonymous attendee feedback forms at each Round, data over 10 Rounds:

Total number of attendees at all Rounds was: 864

Percentage of feedback forms returned was: 67%

56% were first time attendees, with 38% having attended up to five Rounds.

Presentation of Findings - Site 2

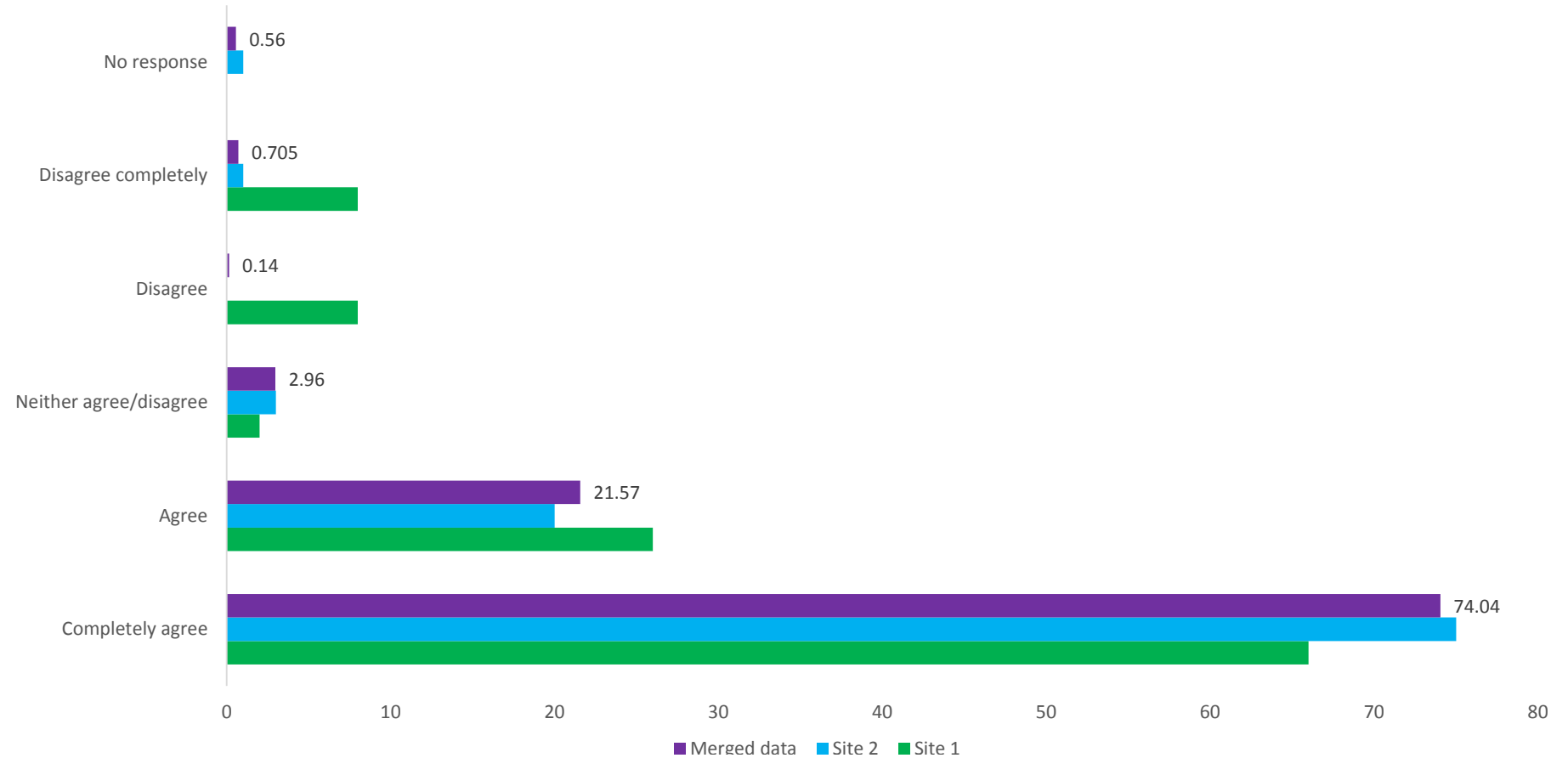
Large scale of site, regular core of routine attenders takes longer to build

95% of attendees agreed that the SRs would help them 'work better' with their colleagues

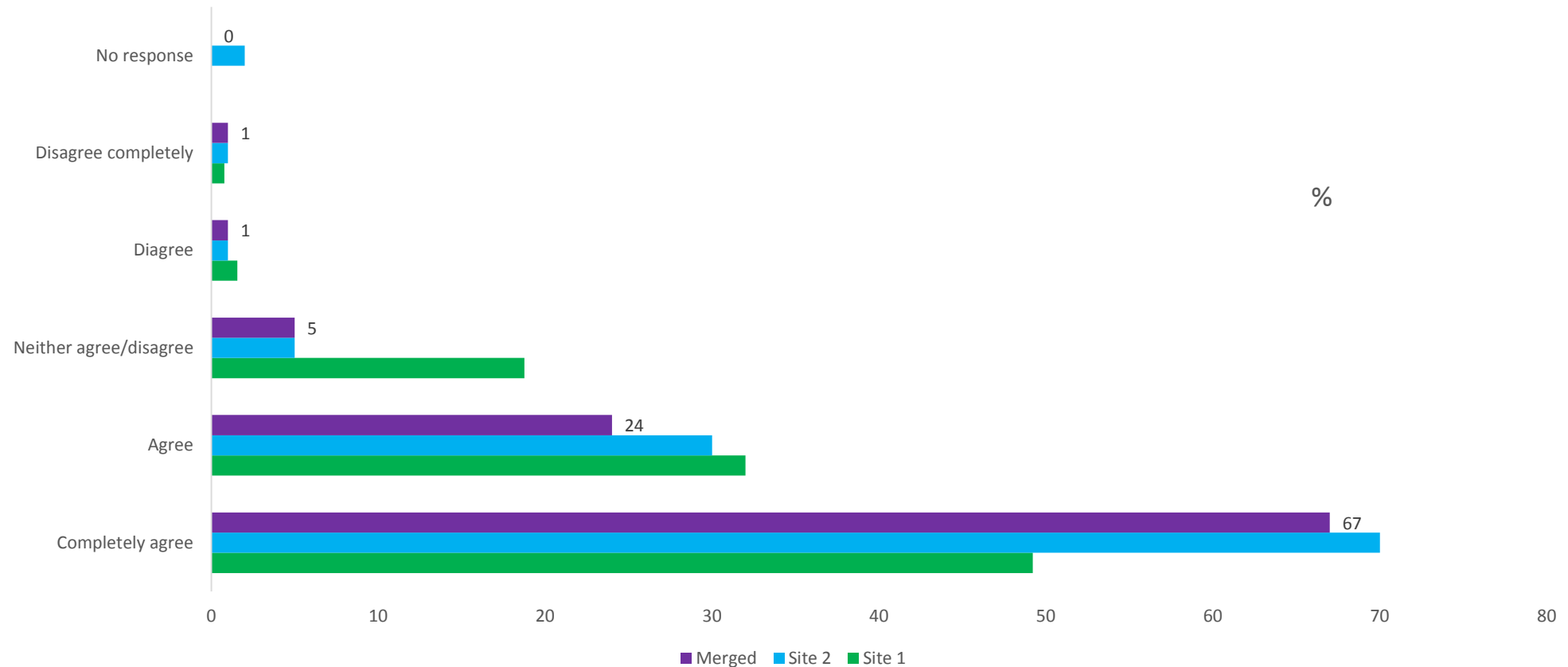
97% agreed that they gained insight that would help them to care for patients.

97% expressed plans to continue attending SRs

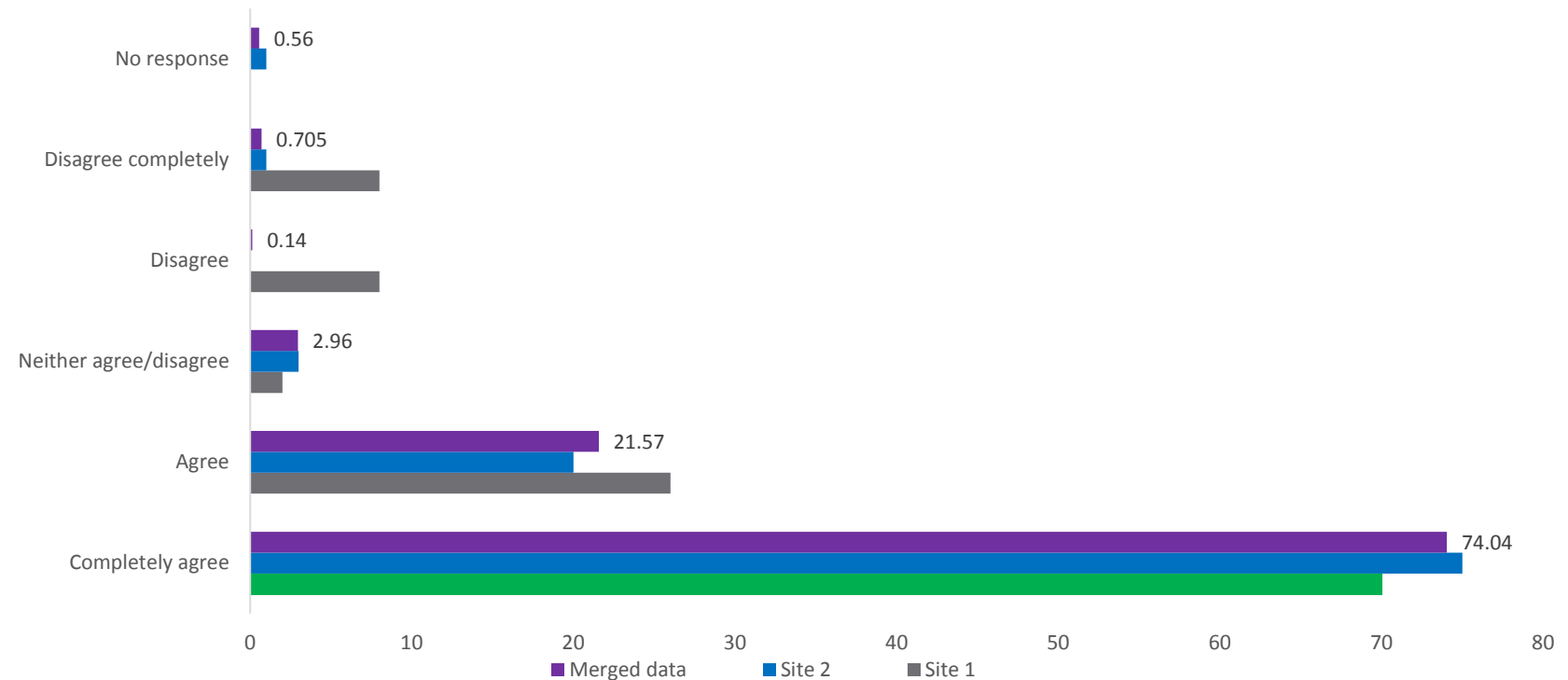
‘The stories presented by the panel were relevant to my daily work’ %



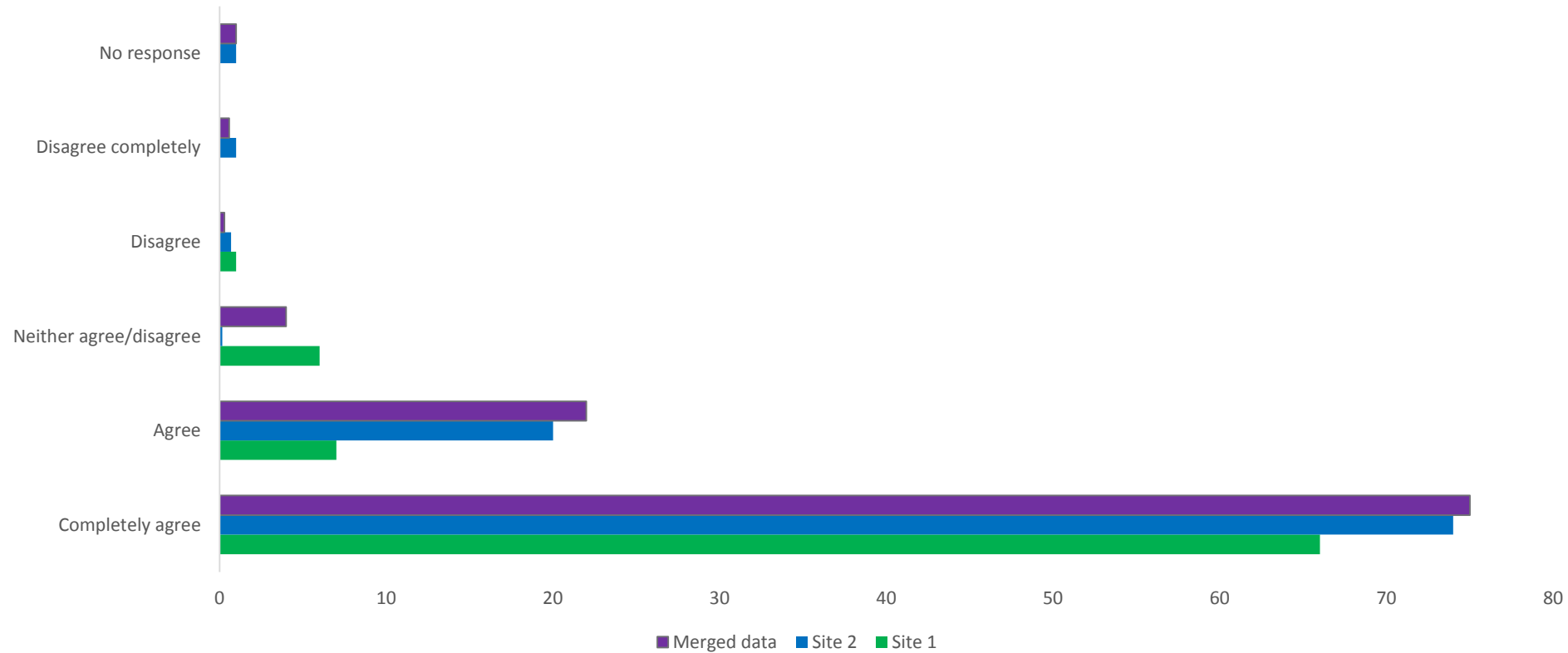
'I gained knowledge that will help me care for my patients' %



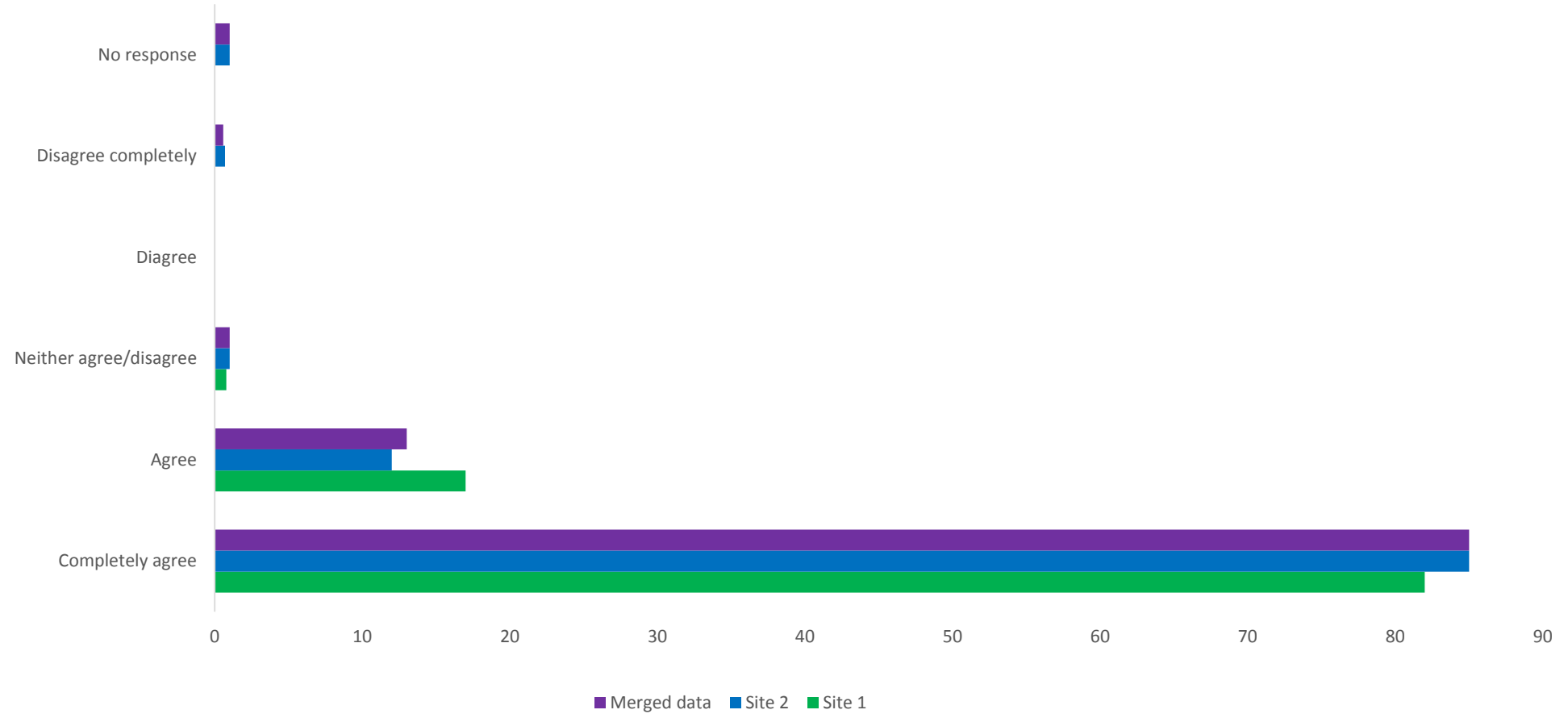
'Today's round will help me to work better with my colleagues' %



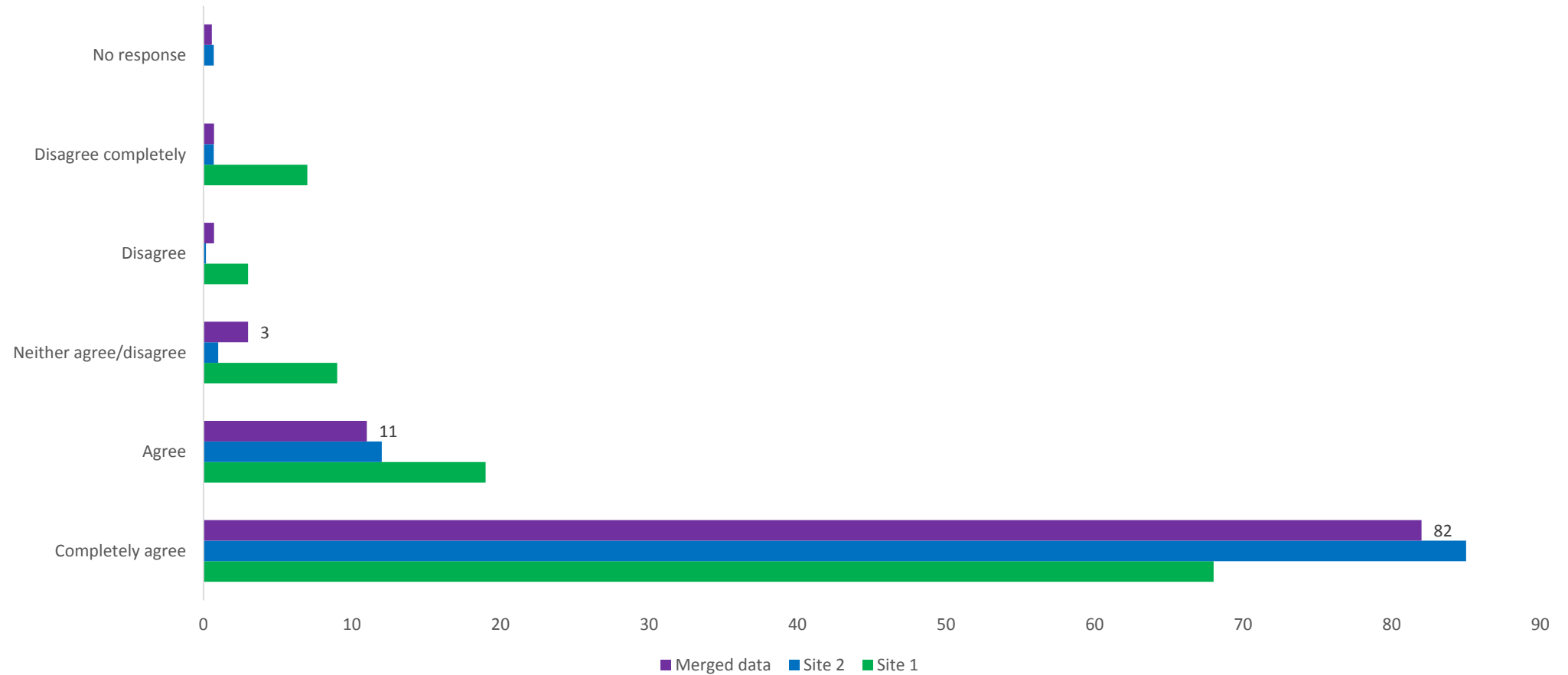
‘The group discussion was helpful to me’ %



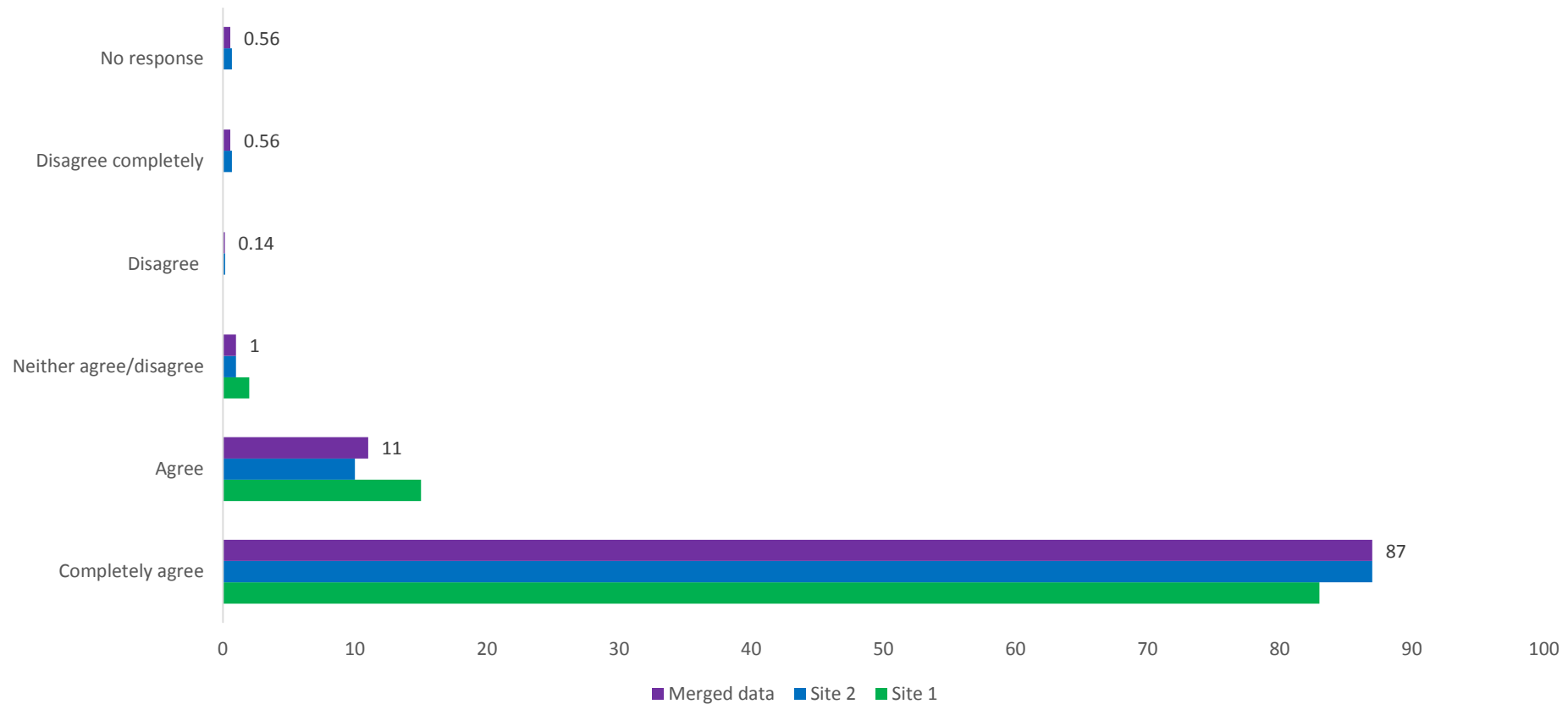
‘The group discussion was well facilitated’ %



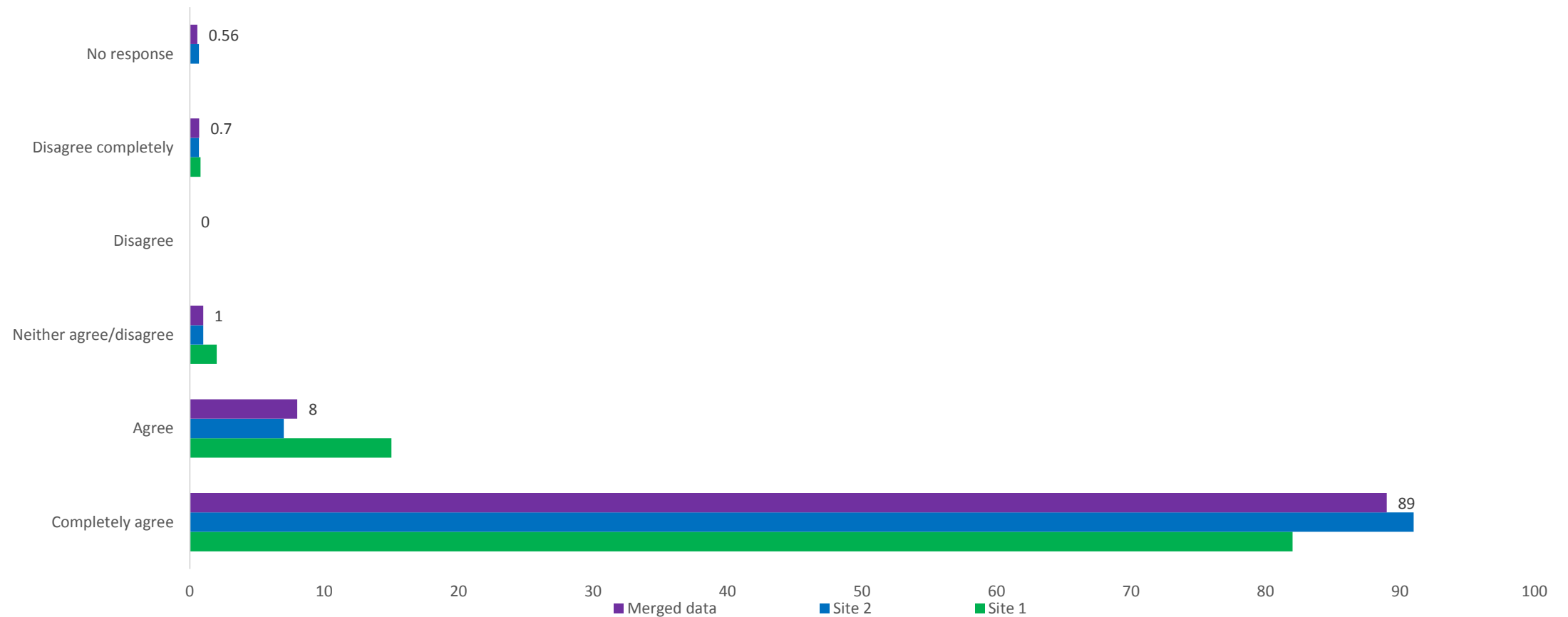
'I have gained insight into how others care for patients' %



'I plan to attend Schwartz Center Rounds again' %



'I would recommend Schwartz Center Rounds to colleagues' %



Rounds Evaluations - Sample Feedback

‘Very good, it will certainly help me to consider other colleagues’ personal lives and appreciate that words, once spoken, cannot be taken back’

‘Very well facilitated and resonates with my own practice/life. I identified a few key themes to learn to cope. Ensure adequate support i.e. talking to other people, accept that we may not have to be our best. The collision between personal and work world’

‘Thank you so much for today's round and for lunch. It was a reminder that when worlds collide we have the support of our colleagues’

Rounds Evaluations - Sample Feedback

‘Excellent - I feel privileged to have been present, thanks to the panel’

‘Makes one feel a togetherness that is so important’

‘I understand a lecture theatre would create a didactic setting; however, Schwartz rounds are very important and people will not continue to come if they are turned away due to a lack of seating’

Early Qualitative Findings - What Works

Pre-existing interest/engagement in implementing evidence based methodologies to support staff wellbeing

High level of commitment to SR and supporting colleagues by steering groups, facilitators and clinical leads

Steering group composed of a wide range of multi-disciplinary representation, ensuring good communication and potential 'stories' relevant to all

Regular steering group meetings

Early Qualitative Findings - What Works

Relationships between facilitators and clinical leads

Rounds communication via posters and email but mostly through word of mouth, this is particularly effective

Schwartz Rounds 'Champions'

Evidence of flexibility to enable all staff to attend

Attention to physical comfort, as well as emotional considerations

References

Robert G, Philippou J, Leamy M, Reynolds E, Ross S, Bennett L, et al. Exploring the adoption of Schwartz Center Rounds as an organisational innovation to improve staff well-being in England, 2009–2015. *BMJ open*. 2017;7(1):e014326.

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