|  |
| --- |
| **The National Quality and Patient Safety Directorate invites each organisation interested in introducing Schwartz Rounds to complete the form below.**  **Please contact Caroline Lennon-Nally, Schwartz Rounds Co-ordinator:** [**caroline.lennonnally@hse.ie**](mailto:caroline.lennonnally@hse.ie) **for more information.**  **Please submit your completed application form to: Noemi Palacios, Schwartz Rounds Administrator** [**noemi.palacios@hse.ie**](mailto:noemi.palacios@hse.ie) |

|  |  |
| --- | --- |
| **Full name and address of organisation (if multi-site, please list all hospitals/locations where Schwartz Rounds will be implemented initially)** |  |
| **Number of staff in organisation (approx.)** |  |
| **CEO/General Manager contact details:** | **Name**  **Title**  **Email address**  **Telephone number** |

1. Please provide details of **Executive management team/Board support** for the introduction of Schwartz Rounds (200 words).

|  |
| --- |
|  |

1. Please give a brief outline detailing what **governance arrangements** are in place to support successful delivery Schwartz Rounds (300 words)

|  |
| --- |
|  |

1. Please provide details in Appendix 1of your nominated **Schwartz Rounds roles** (i.e. Facilitators, Clinical Lead and Administrator Are time allocations for each of these roles agreed by management? (200 words)Follow link to roles’ description: <https://s16682.pcdn.co/wp-content/uploads/2016/04/All-Schwartz-Job-Descriptions.pdf>

|  |
| --- |
|  |

1. Please confirm a Schwartz Round Steering Group is being established for your organisation. Please provide details of your of **Steering Group Membership** ( Appendix 2)
2. **Logistical and planning:** Have funds for the training been allocated as well as provision of staff refreshments at Rounds? Is there a room of adequatesize available in which to hold the Rounds?
3. **SR Memorandum of Understanding Agreement:** Please complete the Memorandum of Understanding Form at **Appendix 3** and return with this form to the National Quality and Patient Safety Directorate, with **Appendix 1 and 2** also.

**Appendix 1: Contact details**

|  | **Name** | **Job Title** | **Postal Address** | **Phone Number** | **Email Address** |
| --- | --- | --- | --- | --- | --- |
| Schwartz Rounds Administrator |  |  |  |  |  |
| Clinical lead |  |  |  |  |  |
| Facilitator 1 |  |  |  |  |  |
| Facilitator 2 |  |  |  |  |  |
| Any other contact details you would like to provide |  |  |  |  |  |

**Appendix 2: Steering Group Contact details**

|  | **Name** | **Job Title** | **Postal Address** | **Phone Number** | **Email Address** |
| --- | --- | --- | --- | --- | --- |
| Member |  |  |  |  |  |
| Member |  |  |  |  |  |
| Member |  |  |  |  |  |
| Member |  |  |  |  |  |
| Member |  |  |  |  |  |
| Member |  |  |  |  |  |
| Member |  |  |  |  |  |
| Any other contact details you would like to provide |  |  |  |  |  |

**Appendix 3: Schwartz Rounds: Memorandum of Understanding**

**We, hereby, confirm the conditions established for the introduction of Schwartz Rounds in our service will be under the sublicense Memorandum of Understanding between the Point of Care Foundation (PoCF) and HSE National Quality and Patient Safety Directorate (NQPSD).**

On behalf of our service, I provide a commitment to the HSE (tick boxes);

* that Schwartz Rounds will be conducted within our service using the general format created by the Schwartz Center, as advised by the Point of Care Foundation from time to time, and as laid out in The Point of Care Foundation handbook, ‘Setting up and running Schwartz Rounds’.
* to respect the integrity of the focus of the Rounds and to ensure that the Rounds are not combined, included with, or incorporated into other clinical rounds or any other programme. Rounds differ from typical clinical rounds in that the focus of the Rounds is the social and emotional issues that arise in caring for patients.
* to appoint core staff who are involved in all Rounds as follows:
* a minimum of two trained facilitators (trained by PoCF for day one training or its online equivalent)
* a trained clinical lead (trained by PoCF for day one training or its online equivalent)
* a multidisciplinary steering group
* an administrator
* a multidisciplinary presenting panel who will change each month.

Guidance and a person specification for these roles can be found on The Point of Care Foundation website: <https://www.pointofcarefoundation.org.uk/our-work/schwartz-rounds/schwartz-rounds-roles/>

* to link with nominated Schwartz Rounds mentor and seek their advice and support
* that the service will support the on-going development (i.e. attendance at Schwartz Rounds Conferences) and training of additional facilitators and clinical lead (as required).
* that all participants will be asked to respect the confidentiality of all comments made during rounds in order to ensure that staff members participating in Rounds obtain the full benefit of such participation.
* that the service will collect feedback from participants at every Round and evaluate results in accordance with guidance issued by the Point of Care Foundation.
* that the service will inform the HSE National Quality and Patient Safety Directorate if we are discontinuing the provision of Schwartz Rounds within our services.

**On behalf of the Health Service Provider**:

Name of the Health Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of CEO/Service General Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On behalf of the National Quality and Patient Safety Directorate:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_