

ICARE Rounds Project at Highland Hospital

J. MacLaren Kelly, Lauren DeCaporale-Ryan, Sally J. Rousseau, Chin-Lin Ching, Sandra Katz

Introduction

Burnout, compassion fatigue, reduced patient empathy, and emotional distress are common experiences amongst healthcare professionals (Lee et al., 2013; Mol et al., 2015; Wilkinson et al., 2017), which impact patient care (Hall et al., 2016). Interventions to target these concerns are needed (Brand et al., 2017; Burton et al., 2017). In 2013, Highland Hospital (HH) established ICARE Rounds, an interdisciplinary meeting providing staff a setting to discuss complex psychosocial and emotional issues faced while caring for patients and families. Modeled after the popular Schwartz Rounds program (<http://www.theschwartzcenter.org>), ICARE Rounds typically includes a panel discussion regarding staff experiences with actual patient cases. By enhancing interdisciplinary communication of person-centered topics, ICARE Rounds aims to: improve relatedness among staff, teams, and the organization; reduce workplace burnout and disengagement; and, eventually strengthen caregiver-patient relationships. In recent years, ICARE Rounds at HH has been less well attended.

This project aimed to relaunch the program in a meaningful manner to promote enhanced patient-family centered care and communication, improved team dynamics, and increased staff and clinician wellbeing.

Methods and Preliminary Findings

An interdisciplinary team (including medicine, nursing, palliative care, patient relations, psychology, and social work) met to discuss the previous program structure and generate ideas related to its modification. In October, staff were invited to a soft relaunch where we distributed paper-based surveys to gather baseline quantitative and qualitative data on reasons for attending, likes/dislikes about past ICARE rounds, and other items.

Baseline Evaluation: October Rounds. 29 participants attended October rounds and 28 completed the survey (Table 1).

- Demographics: The majority identified as female (92.86%) and served in the role of social worker (Figure 1a and 1b).
- Primary reason for attendance: professional growth. Secondary: a place to find community/support/safe holding place with coworkers
- Aspects of *previous* Rounds that staff members disliked included, “*conversation became argumentative*,” “*sometimes it felt like there were judgments of patients*,” “*too much time spent on details of the case*,” “*lack of ... opportunity for more people to share ideas*.”
- Additional general feedback from attendees included, “[*would like*] *other options that are not just case review. i.e., self-care, conflict resolution*,” “*great job with allowing group participation!*,” “*I like having a pre-post eval. This seems like more of a collaborative process*.”
- 96% of the attendees endorsed “*agree*” or “*strongly agree*” to the following items: “[*Today’s*] *open discussion was helpful to me*,” “*I plan to attend ICARE Rounds again*.”

Table 1

Variable	Category	Oct 2019 %	Jan 2020 %
Age	18-24	3.57	0.00
	25-34	28.57	17.24
	35-44	25.00	10.34
	45-54	14.29	20.69
	55-64	25.00	41.38
	65-74	3.57	10.34
Education	High School	3.57	0.00
	Some College	0.00	0.00
	Associates	7.14	6.90
	Bachelor’s	10.71	27.59
	Master’s	71.43	55.17
	Professional Doctorate	3.57	6.90
Years in role at HH	Less than 1	25.00	0.00
	1 to 3	37.50	27.59
	4 to 10	25.00	31.03
	More than 10	12.50	41.38
	# of past ICARE Rounds Attended	None	22.22
	1 to 3	7.41	29.63
	4 to 10	44.44	33.33
	More than 10	25.93	33.33

Figure 1a.

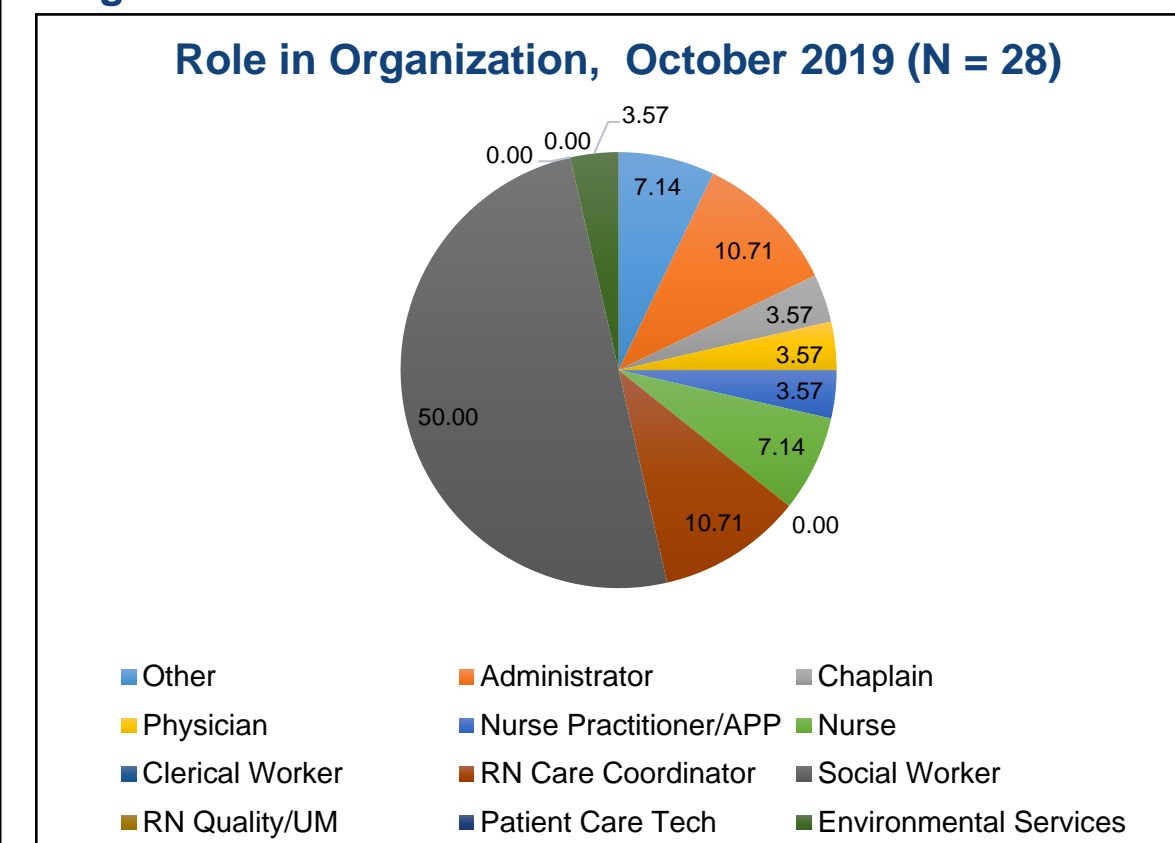
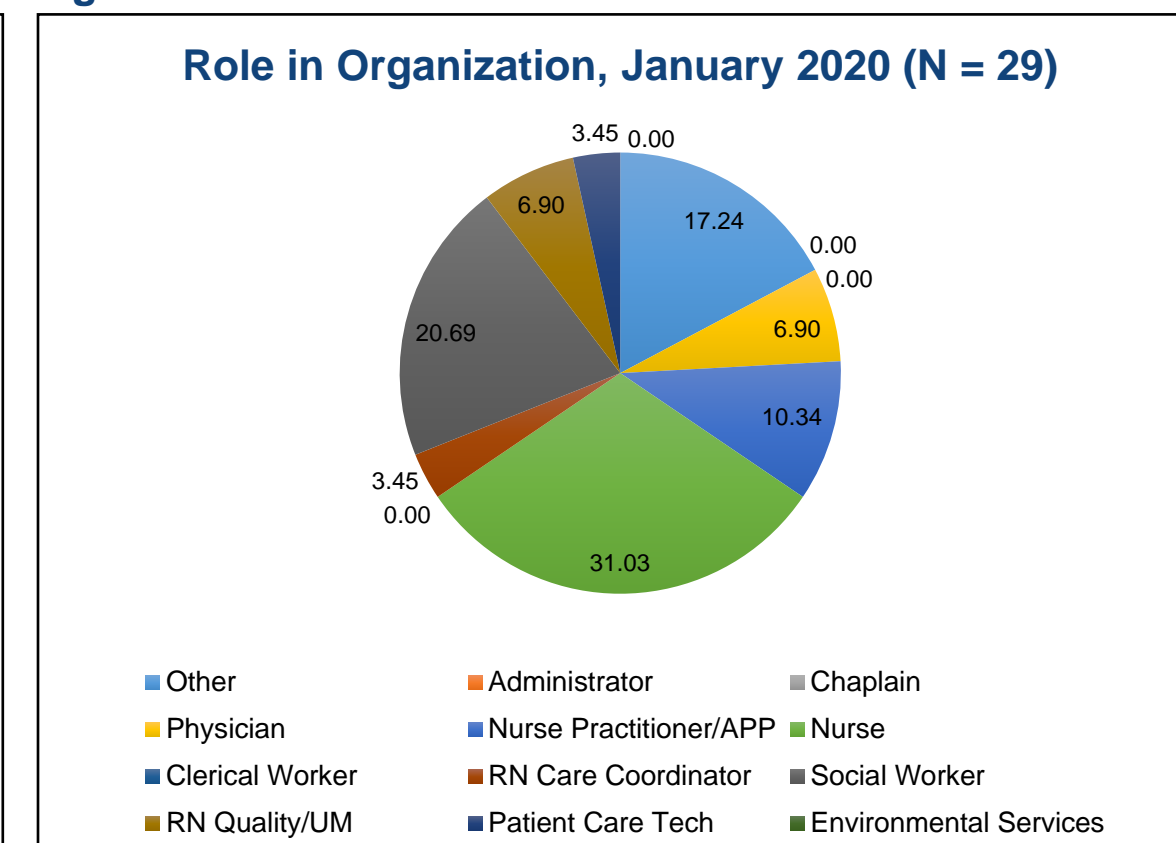


Figure 1b.



Modifications and Early Results

Based on feedback, the program was restructured with the following aims:

- To focus on a central theme (e.g., promoting a culture of safety, responding to difficult conversations, managing different values between patients-families-and the healthcare team) rather than a specific case.
- To increase the active verbal participation of as many attendees as possible.
- To engage staff in purposeful reflection regarding their *personal* experiences
- Monthly ICARE Rounds with revised structure offered from November 2019 to January 2020

Follow-Up Evaluation: January Rounds.

- Pre-Post design adopted to assess potential impact/benefits of attending ICARE Rounds
- Survey battery updated to include questionnaires from past research on Schwartz Rounds Program (Patient Interaction and Teamwork Scales; Lown & Manning, 2010) and physician wellbeing (Professional Fulfillment Index, Burnout Scale; Trockel et al., 2018).
- Revised survey battery sent on day prior to January ICARE Rounds through Intranet communications
- Prior to the onset of the COVID-19 pandemic, our intention was to repeat this data collection later in the spring

Early (Anecdotal) Results

- Attendance numbers increased from 29 in October to 43 in January 2020. 32 individuals (75%) were able to stay for the full duration of the session.
- Attendees tended to represent a wider range of disciplines (Figure 1a and 1b)
- Using cutoff scores derived from questionnaires on quality of life and burnout with scale ranges from 0 to 4 (Trockel et al., 2018)
 - Average HH staff scores were above value associated with “very good” overall quality of life (M = 3.13, SD = 0.60, Range = 2.00 – 4.00)
 - Average HH staff scores were below value associated with those who experienced burnout (M = 0.69, SD = 0.40, Range = 0.00 – 1.40)

Discussion

ICARE Rounds were relaunched with modifications informed by attendees of the ICARE Rounds meetings between October 2019 and January 2020. Preliminary program evaluation suggested that the restructured format was well-received and generated interest in participation. With a structure that is more of an open forum, even brief participation may still be meaningful. Among our most exciting result is the increase in attendance of staff members. Limitations included our small sample size, and limited repeated-measures data collected over time. We plan to continue efforts to evaluate the ICARE Rounds project and remain committed to the central aim of ICARE Rounds: to offer a supportive setting to HH staff to discuss complex psychosocial and emotional issues faced while caring for patients and families.

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