

SCHWARTZ ROUNDS: LESSONS FROM THE FIRST YEAR

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SCHWARTZ ROUNDS, EAST SUSSEX NHS HEALTHCARE TRUST

Background

- Introduced May 2015 to a large South East Coast Integrated Acute & Community NHS Trust
 - 706 beds (2 acute hospital sites and community hospitals) & community services
 - 6,942 WTE members of staff
 - Serves a population 525,000
- Rounds run monthly, cross-site over lunchtimes on fixed days alternating between both acute hospital sites (have been through other permutations)

Reflections on 1st 12 months

- Hugely enjoyable- Learning curve for both facilitators
- Time needed to prepare – identifying and chasing up panelists
- Feelings of responsibility of SR team for a “good round”
- Challenges in numbers of panelists-now work towards 3 rather than 4 panelists for a round
- Some powerful rounds-centered on “team work”, “day in the life of” (see Table 1)
- Now organised CPD accreditation for rounds to try and encourage attendance & as part of revalidation

Table 1: Schwartz Round Titles to Date
The patient I'll never forget
The patient I'll never forget* (run cross-site)
Just when you least expect it
A patient, A colleague
When your patient is a donor
When I made a difference
Caught in the middle
A Day in the life of the Facilities Team
On the Frontline
A complex patient journey
A Day that I do not want again
A situation that I will never forget
A Day in the life of the Clinical Admin Teams

Results:

Response rate from evaluations mean (SD) = 77.7% (18.1)

- More than ¾ response rate which is encouraging

Number of attendees:

1st 6 months mean (SD) = 32.5 (13.4) (n=185)

2nd 6 months mean (SD)= 24.8 (5.0) (n=139)

- PoCF average benchmarked attendance rates for acute sites mean = 28 so we are around this figure (with a slight decrease in second 6 months).
- However, our figures to date do not count SR Clinical Lead, Facilitator or administrator so would be higher if these are included.

Attendees:

- Majority nurse /midwife
- Some doctors but would be beneficial to try to encourage more
- Positive step that proportion of admin/clerical coming & anecdotally good feedback from them
- Not as many porters/domestic staff/security so maybe look to see how we can encourage them to attend (see Fig 1)

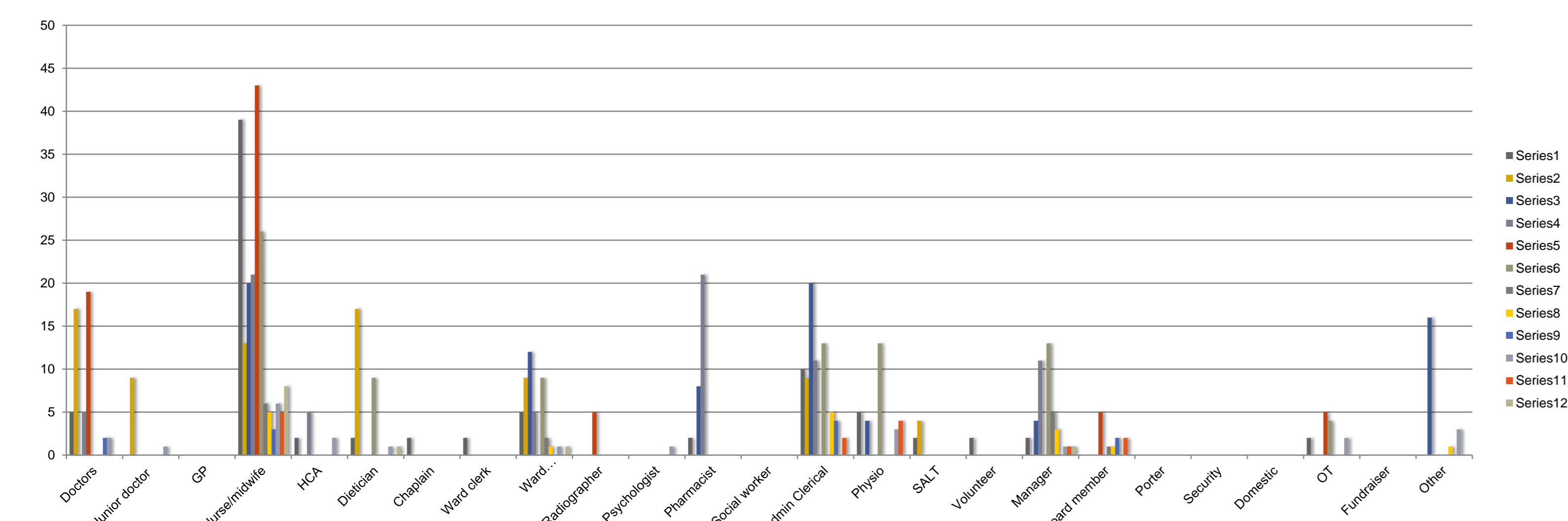


Fig 1: Pooled results of staff groups attending Schwartz Rounds over 12 months (each colour represents a different Schwartz Round)

- Evaluation:** Good feedback - especially in terms of recommending SR to others (96% agree somewhat or completely agree) & planning to attend again (96% agree somewhat or completely agree). Overall rating equal to benchmarked PoCF “all settings” figures See Fig. 2 & Table 2

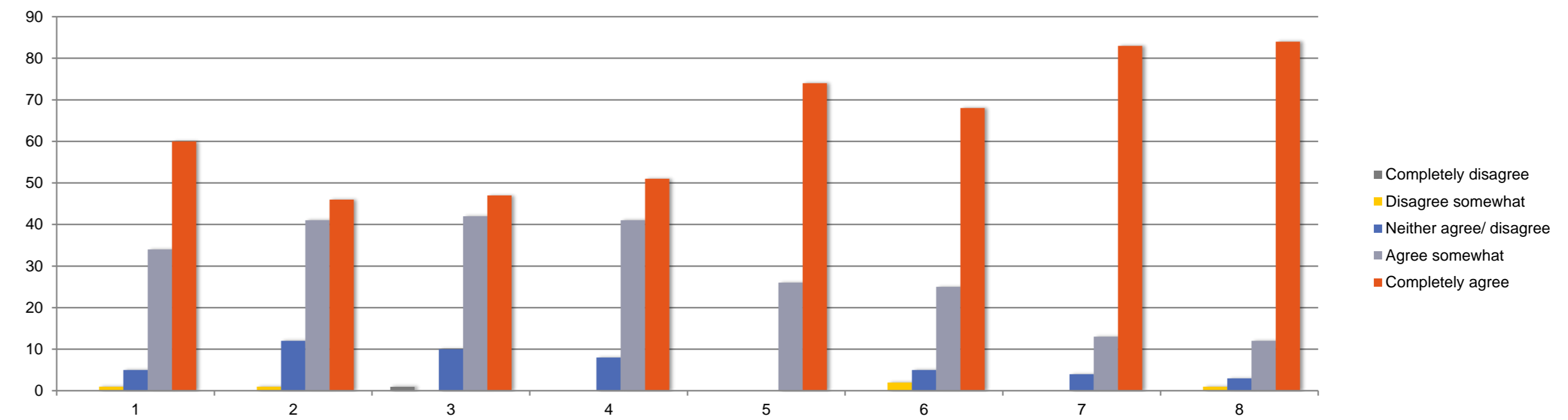


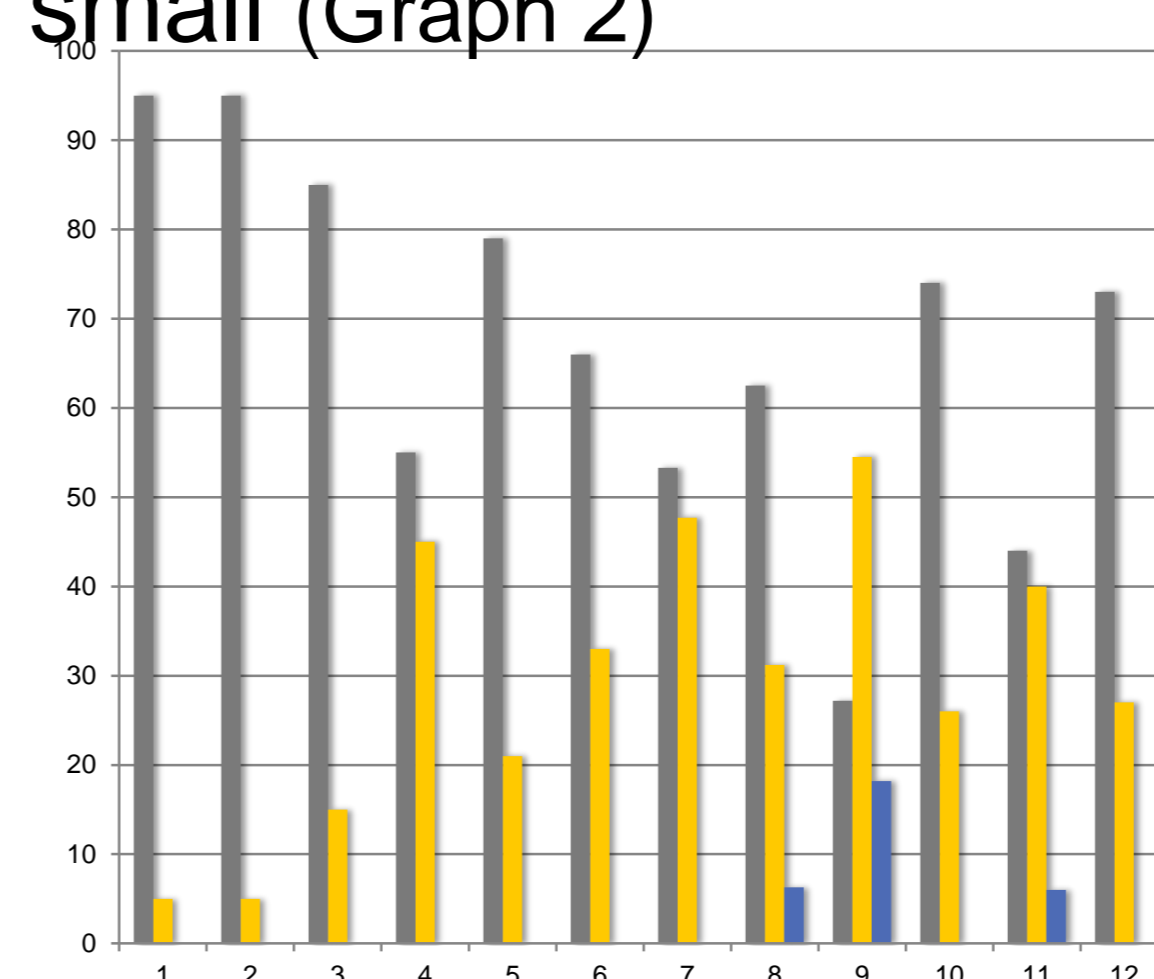
Fig 2: Pooled results for Schwartz Rounds at ESHT 2nd 6 months Jan-July 2016

- 1= The stories presented by the panel were relevant to my daily work
- 2= I gained knowledge that will help me care for my patients
- 3= Today's round will help me to work better with my colleagues
- 4= The group discussion was helpful to me
- 5= The group discussion was well facilitated
- 6= I have gained insight into how others care for patients
- 7= I plan to attend the SR again
- 8= I would recommend SR to colleagues

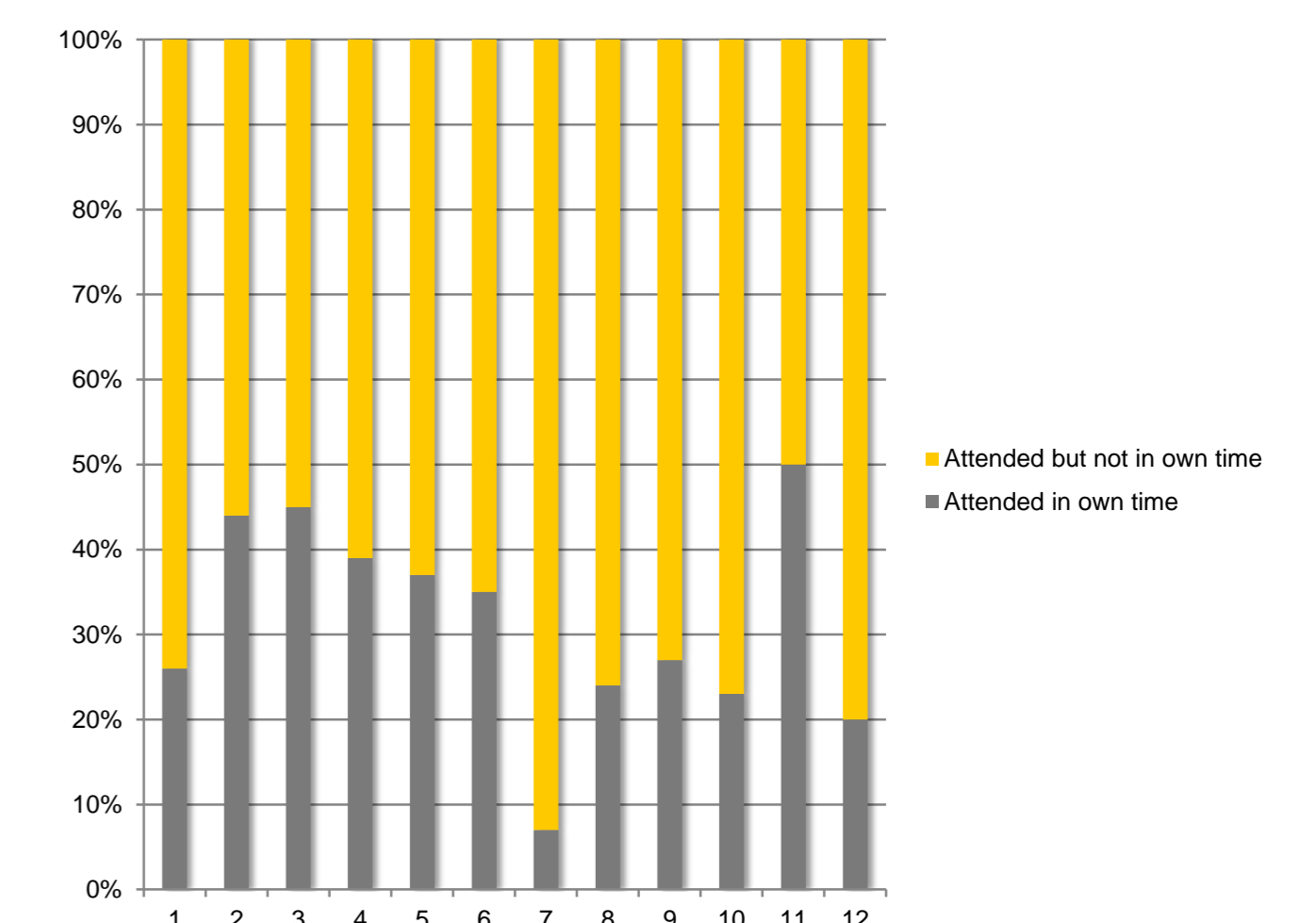
	Non-acute settings	Our results	Acute Settings	Hospices	All settings
Q9 Overall rating of round	4.07 (1846)	3.98 (208)	3.93 (5788)	4.01 (1984)	3.98 (9618)

Table 2: Overall rating of the Schwartz Round over 12 months

- Gender:** N= 235; M= 17% F = 83%- Overwhelmingly female attendees (but what is gender structure of the NHS workforce?)
- Re-attendance:** Possible trends that we are seeing a proportion of people returning whilst still attracting newcomers but variable (Graph 1)
- Majority attend in their working hours however a proportion are attending in own time (range 8-50%) but numbers who responded small (Graph 2)



Graph 1 Re-attendance at Schwartz Rounds



Graph 2: Attendance in own time

Feedback: vast majority of feedback consisted of positive comments supportive of the SR initiative

Themes centered on:

- Space, time and opportunity to reflect and appreciate other people's experiences and on how powerful this felt to attendees.
- Honesty, openness & humanity
- Professionalism and pride in job/organisation
- Relevant clinical cases that had resonance
- Attendees enjoyed hearing from non-clinical staff

Future Steps

- Potential Pop up rounds for community sites
- Invite / target specific areas/ teams to put forward themes/ panelists
- Training up further 2 facilitators to help run other sites
- Timing of rounds- now fixed days in both hospitals & over lunchtimes- is this something that we keep doing? This is an ongoing question...
- Evaluate more fully impact of Schwartz Rounds via Staff Survey & other methods

Acknowledgements: Members of the ESHT SR Steering Group Committee. Attendees and panelists at the Schwartz Rounds.