

# Successfully Implementing Schwartz Center Rounds® Within an Adult Psychiatric Hospital

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This article describes the implementation of Schwartz Center Rounds® (SCR) at Lasting Hope Recovery Center, a free standing, psychiatric, inpatient facility serving a large metropolitan area in Omaha, Nebraska. The context of and rationale for implementing SCR is described. An example of a particular topic covered in the rounds illustrates the manner in which the intervention is conducted. Barriers to implementation and strategies for managing the implementation are discussed along with the impact of SCR on the staff of the facility.

Lasting Hope Recovery Center is a 64 bed acute inpatient psychiatric hospital treating adults with a primary mental health diagnosis. It employs approximately 164 staff members, of whom approximately 82 % are clinical positions. We complete approximately 2400 intakes/year with a 75 % admission rate. Patient diagnoses include schizophrenia, depression, psychosis, bipolar, self-harming tendencies, as well as suicide or homicidal ideation.

The implementation of the Schwartz Center Rounds program came at a time when efforts were underway to improve our facility's patient and employee engagement scores. In 2009, the annual employee engagement survey showed that within the Behavioral Health service line our facility reported the lowest employee engagement scores at 46 % as reported by Gallup. During this same period overall satisfaction by

patients for our facility was 47.9 % (top box score). One study [1] shows that frequency of SCR attendance has been associated with (1) attending to patients' nonverbal cues, (2) having more compassion for patients and families, (3) feeling more comfortable discussing sensitive issues with patients and families, (4) having new strategies for handling difficult patient situations, and (5) feeling more energized about work. A survey [2] conducted on our campus in 2015 indicated that participants in the SCR program felt that participation contributed to their resiliency, teamwork, and patient-centered care.

Unlike traditional medical rounds, SCR focuses on the human dimension of health care by inviting caregivers from all disciplines, including non-clinicians, to discuss the difficult emotional and social issues they face in caring for patients and families. The SCR program was introduced on our campus in May 2012. SCR rounds are held six times per year and are planned by a multi-disciplinary committee. The committee includes both clinical and non-clinical members, including an administrator, a physician leader, and a facilitator. It is the responsibility of the administrator to oversee the planning and scheduling of the sessions. The physician leader serves as champion for the program and liaises with colleagues and senior administration. The facilitator helps guide and direct the discussion during the rounds.

Our approach to the rounds is a hybrid of topical discussions and patient case presentations. This approach allows us to have greater flexibility in selecting panel members for each session. The panel members introduce the topic by providing a personal testimonial related to the topic. In some cases the panel members speak about a shared experience with a specific patient case. During the 4-year tenure of our program, we have addressed a wide range of topics, such as clinical responses to readmissions, involvement of family in patient treatment plans, self-reported stress of care providers, and inter-relationships among community agencies serving the

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same mental health consumer. One of the most powerful rounds occurred about 1 year into the program. By that time, staff had become familiar with the format and purpose of SCR and the committee decided we could address even highly sensitive issues.

### **Death of a Patient Within the Schwartz Center Rounds Framework**

During the spring of 2013, we hosted a SCR titled “When the Unexpected Happens”. This session focused on the social and emotional impact of an unexpected patient death on our campus, due to natural causes. The strong base of organizational support came into play even during the planning process for this topic as we secured support and guidance from the organization’s risk management department prior to scheduling the session. When such difficult events occur there is tension between adopting a protective stance that attempts to control the conversation versus providing opportunities for staff to disclose and process any emotional turmoil they may be experiencing. Yet that opportunity can be particularly important. Evidence indicates [3] that exposure to traumatic events has been linked to the development of symptoms among first responders ranging from minor and perhaps temporary conditions to longer term post traumatic responses. Social support, based on research [4] following an incident can impact a person’s stress response. Evidence from the field has been cited [5] indicating that unusually strong emotions attached to a “critical incident” like an unexpected death, have the potential to interfere with a person’s ability to function at work or away from work. Because the SCR program is not intended to be an evidence-gathering forum, a quality management debriefing, or peer review, it is well suited to allow individuals a safe, confidential, and supportive environment to share their personal struggles as care providers. The experience of the SCR leadership and record of conducting the rounds over the previous year helped establish the environment of trust and confidentiality allowing individuals to seek support through empathetic SCR dialog.

The hospital administrator set the tone for this session, by agreeing to part of the introductory panel. Her vulnerability and willingness to convey her heartfelt anguish for the unexpected death and reassure others that this was not a forum for fault finding helped ease the apprehension that some of the attendees might have felt. Leaders provide implicit and explicit permissions for appropriate behaviors in the workplace by how they behave. Having the leader of our organization describe the emotional turmoil she experienced as she lead the process of discovery, reporting, and recovery from the event humanized her to others and opened the door for others to share their own social/emotional struggles. Both the charge nurse on duty at the time of the vent and one of the mental

health techs revealed their own vulnerabilities as they discussed the self-doubt that monopolized their thinking in the days that followed. It is not certain if this same opportunity for disclosure would exist within another forum (e.g., investigative interview or grand rounds). A significant portion of our audience tends to be students and this transparency was highlighted by many of them as extremely valuable.

### **Challenges in Developing and Maintaining the Program**

SCR implementation has not been the only effort to improve staff engagement during this time. For example, in 2010, hospital leadership created and filled a full time position focused on staff resiliency. However, since the implementation of the SCR program, our campus has seen significant improvements in staff engagement and patient satisfaction. In 2014, our facility was among those with the highest employee engagement score at 77.2 % reported by Healthstreams. In 2014, our patient engagement score increased to 55.9 % also reported by Healthstreams. The recent 2015 survey on our campus among those attending SCR for the past 4 years indicates that 77 % feel it is a benefit to our campus and 81 % indicate that they have an interest in attending [2].

Like many programs designed to benefit clinicians, one of the challenges is getting clinicians to the scheduled sessions. The continuous schedule of patient care, staffing limitations on the units, and workload make it difficult for clinicians to step away from the units to attend the sessions. At our campus, we purposely schedule the program around the lunch hour on a set day each month to support attendance by clinicians. We stress upon leadership the importance of supporting staff, by covering for them on the units, or by rotating staff so that all staff has the opportunity to attend a session during the year.

Another challenge can be maintaining the engagement and participation of members of the planning committee. It is imperative to maintain a diverse and active group of planners who are willing to support and prepare for each session. During our 3 year history we have been fortunate to have a great group of individuals serving on our planning committee. Leadership support is critical. This can be underscored by attendance of organization leaders, direct recognition of participants, and the kind of support mentioned earlier to allow staff time off from regular responsibilities when attending the program or participating on the planning committee.

Another important element in implementing a successful program is educating staff on the purpose and intent. These sessions are solely for the purpose of supporting participants’ social and emotional needs. Many in the healthcare community are not familiar with this model. Members of the planning committee work consistently to educate staff. Schwartz Center Round ® is clearly a part of our overall resiliency plan.

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#### **Compliance with Ethical Standards**

**Disclosures** The authors do not have any conflict of interests associated with the content of this article.

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