COMPASSIONATE HEALTHCARE: SUPPORTING PATIENTS, SUPPORTING CAREGIVERS, MITIGATING RISK

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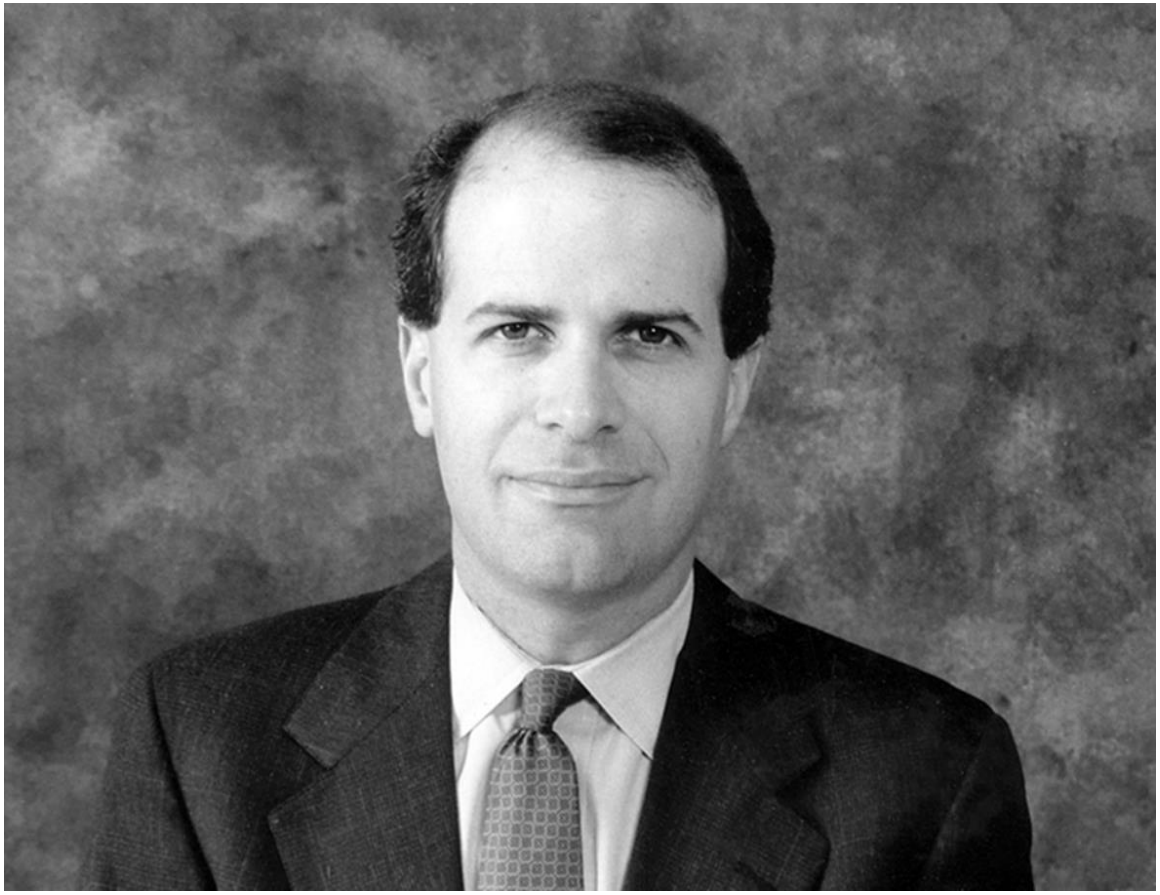
the schwartz center
FOR COMPASSIONATE HEALTHCARE

Learning objectives

- Understand the principles of compassionate care.
- Identify effective strategies that promote high quality, compassionate care.
- Recognize how implementing compassionate care can mitigate risk or loss in healthcare settings.

Kenneth Schwartz



1954 -1995

Key principles

- Compassion is the essential foundation of patient/family-centered, relationship-based care.
- Compassion emerges from a universal need for human connection and relationships.
- Compassion is correlated with important patient, staff, quality/risk, and organizational outcomes.
- Compassion is sustained by organizations that support patients and families' experiences of care, *as well as* professional and staff wellbeing and experiences of caring.

What is compassionate care?

Recognizing, understanding, acknowledging and responding to ameliorate others' concerns, distress, pain or suffering

What must happen to offer compassionate care?

- Attention, active listening
- Resonating with another's experience - empathic concern
- Communication to understand the patient's context and experience of illness, concerns, needs, values
- Communication with other members of the healthcare team to share information and collective expertise
- Collaborative decision-making with all (patients or designated family members, healthcare team)
- System support for closed loop communication and follow up planning with all
- Steadfast commitment to the patient's wellbeing
- Organizational compassion and support for team and staff wellbeing

PATIENT-CENTEREDNESS

By Beth A. Lown, Julie Rosen, and John Marttila

An Agenda For Improving Compassionate Care: A Survey Shows About Half Of Patients Say Such Care Is Missing

DOI: 10.1377/hlthaff.2011.0539
HEALTH AFFAIRS 30,
NO. 9 (2011): –

Are strong relationships, effective communication, and emotional support important in successful medical treatment?

-"Very important": 85% patients;76% physicians

-"Can make a difference in whether a patient lives or dies": 81% patients; 71% physicians

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Polling question

1. Does the U.S. healthcare system provide compassionate care?

Response options: yes or no

Polling question

2. Do most healthcare professionals provide compassionate care?

Response options: yes or no

Are we practicing compassionate care?

1. Does the U.S. healthcare system provide compassionate care?

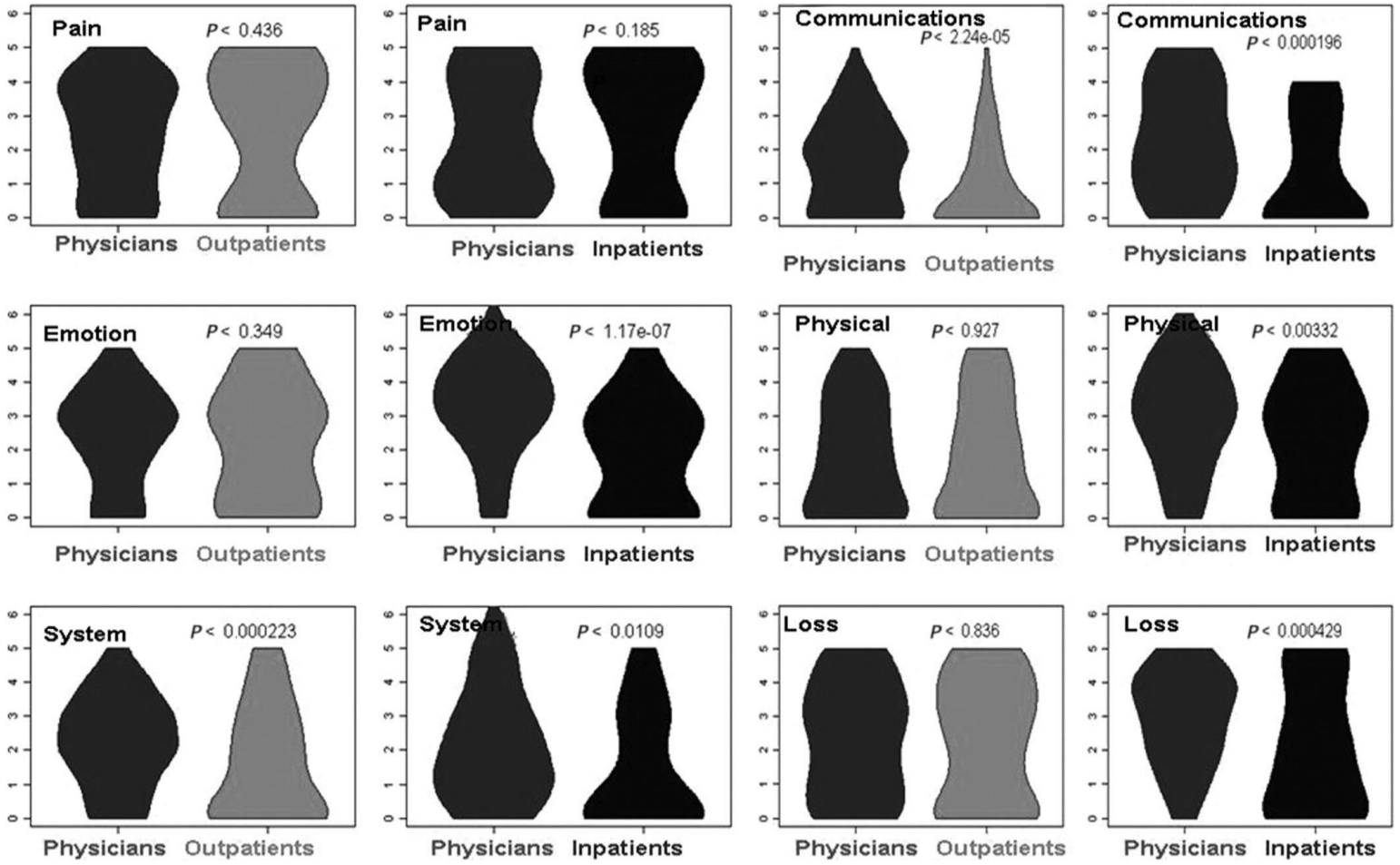
(Our study) “NO”: 47% patients and 42% physicians

2. Do most healthcare professionals provide compassionate care?

(Our study) “NO”: 46% patients and 22% physicians

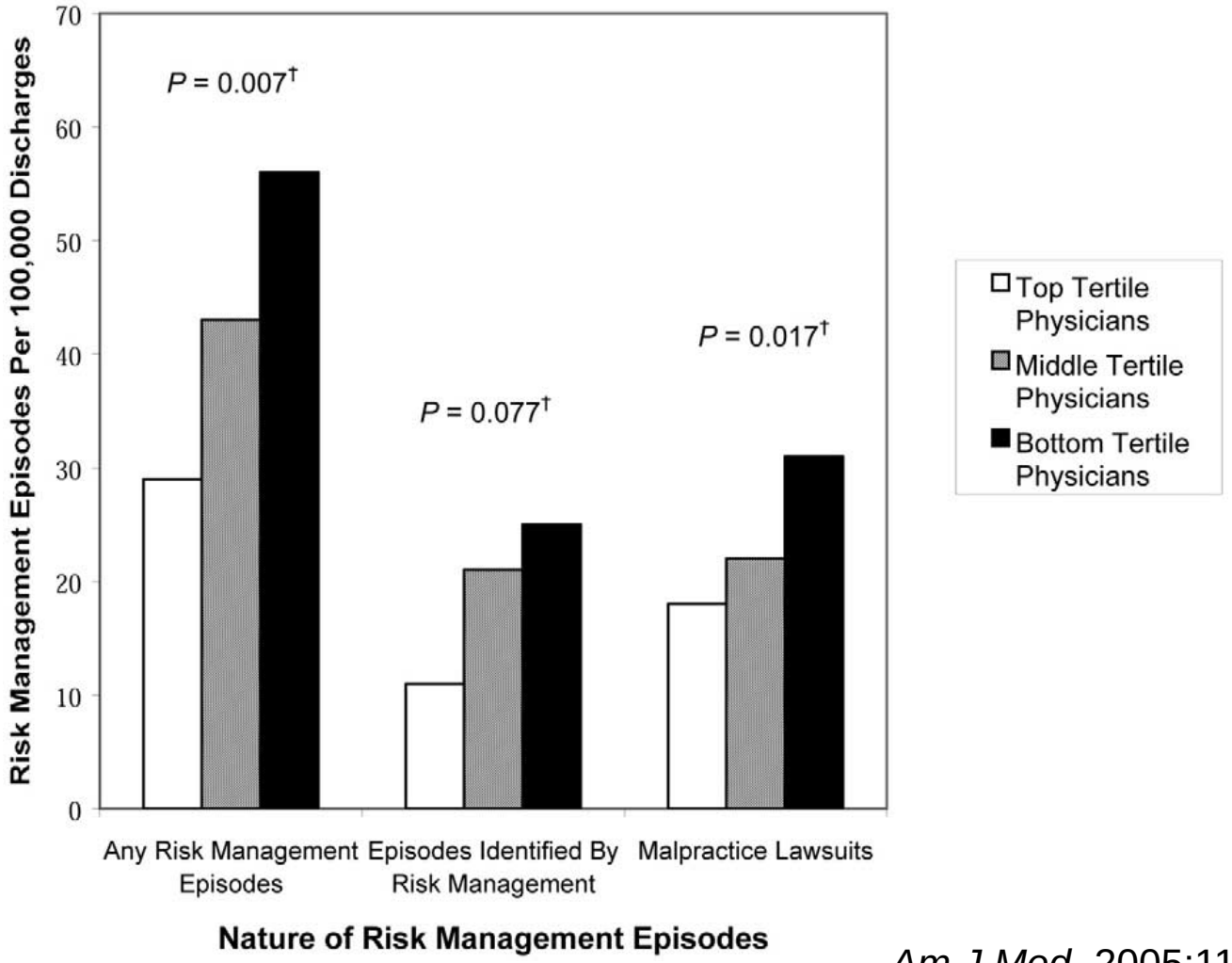
Lown BA, et al. *Health Affairs (Millwood).* 2011; 30: 1772-8.

Is 30% physician-patient agreement about the extent of patients' suffering good enough?



Acad Med. 2009 May;84(5):636-42.

What do we know about hospital physicians' compassion, communication and risk?



Am J Med. 2005;118:1126-33

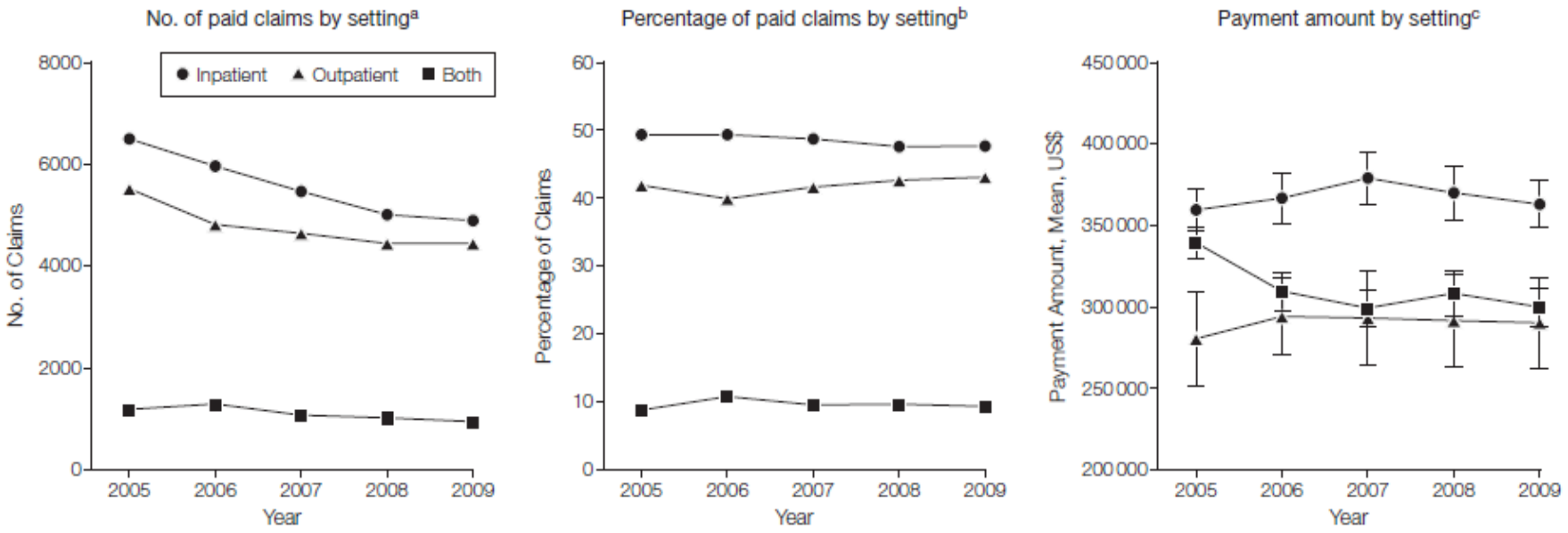
Team communication and errors

- Communication is critical to effective teamwork.
- Poor communication contributed to:
  - ~ 65% of sentinel events reported to Joint Commission 1995 – 2003
  - > 80% of sentinel events involving delay in treatment
  - Greater proportion of medication error-related fatalities

http://www.jointcommission.org/sentinelevents/statistics/

Trends in the number, percentage and mean dollar amount of malpractice claims by setting, 2005 - 2009

Figure. Trends in the Number, Percentage, and Mean Dollar Amount of Malpractice Claims by Setting, 2005-2009



Error bars indicate 95% confidence intervals. Some error bars for narrow confidence intervals are included within the size of the data markers.
[a] Number of claims decreased significantly in all settings ($P < .001$). Rate of decrease was lower in the outpatient setting compared with the inpatient setting ($P < .001$).
[b] Percentage of outpatient claims increased significantly from 2005 to 2009 ($P < .001$).
[c] No significant change in payment amount from 2005 to 2009 in all 3 settings ($P > .05$).

JAMA. 2011;305:2427-31

What do we know about compassion, communication and risk in outpatient settings?

Satisfaction measure	All physicians (n=161)	*P* value
Quality of physician-patient interaction	0.61 (0.48,0.77)	< 0.001
Health promotion support	0.86 (0.68, 1.09)	0.23
Organizational access	0.60 (0.44, 0.81)	< 0.001
Care coordination	0.65 (0.52, 0.82)	< 0.001
Clinical team	0.70 (0.53, 0.94)	0.02
Office staff	0.93 (0.61, 1.43)	0.76

All results are incidence rate ratios with 95% confidence intervals.

Int J Qual Health Care. 2007; 20:5-12

Patients sue doctors whom they perceive as uncaring and uncompassionate

- Review of randomly selected plaintiff depositions
- Problematic relationship issues identified in 71% of cases:
  - Deserting the patient (32%)
  - Devaluing patient and/or family views (29%)
  - Delivering information poorly (26%)
  - Failing to understand the patient and/or family perspective (13%)

Arch Intern Med. 1994;154:1365-70.

Communication, interpersonal connection, and malpractice claims in outpatient settings

Compared with primary care physicians (PCPs) with malpractice claims:

- PCPs with no claims engaged patients more in dialogue
  - Soliciting opinions
  - Checking understanding
  - Encouraging patients to talk
- Warmer interpersonal style (humor, laughter)

*JAMA.*1997;277:1583-9

Surgeons with no claims had gentler, less dominating tones of voice than surgeons with claims.

Surgery. 2002;132:5-9

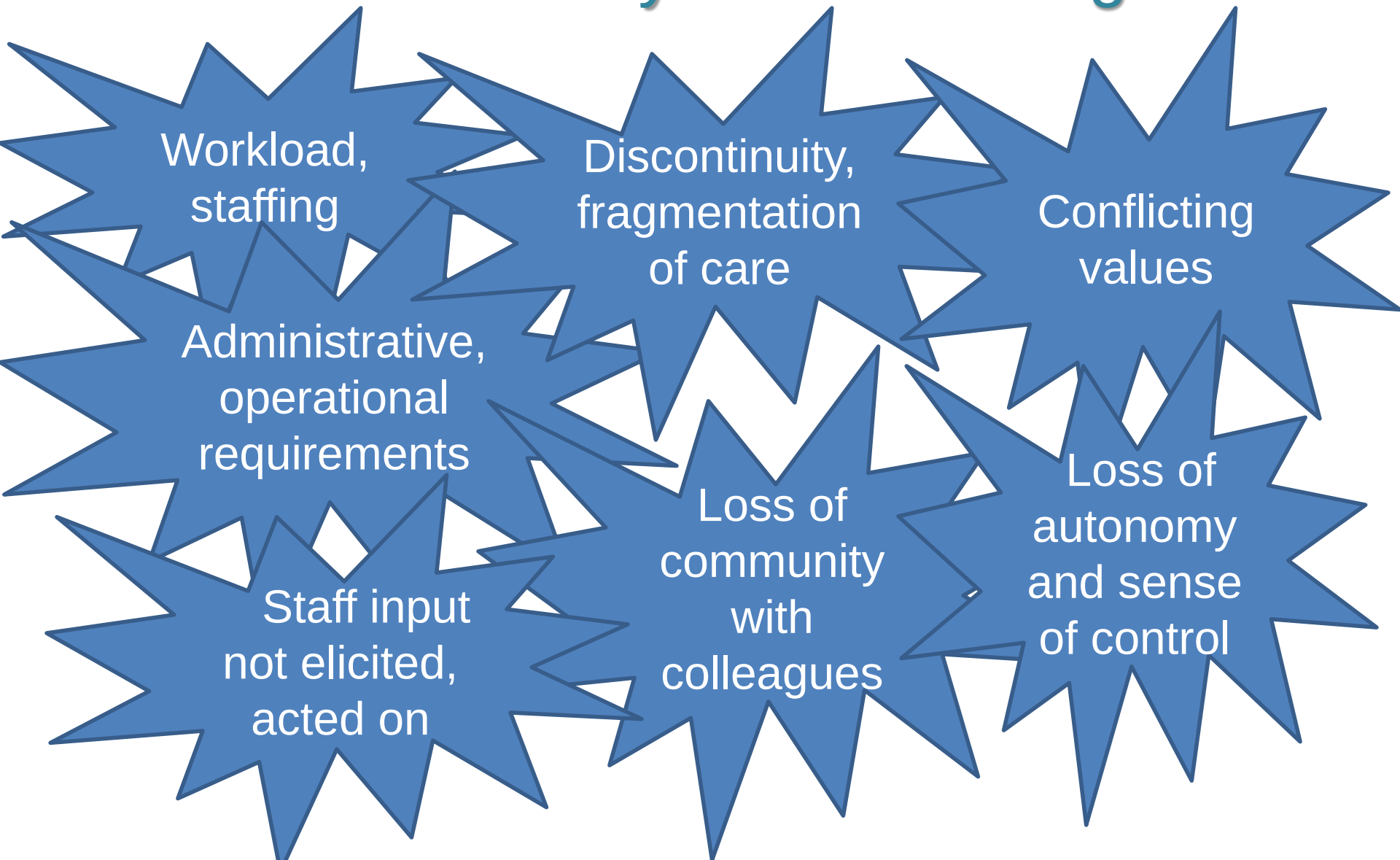
Patients' perceptions of provider/team caring, concern, connection and communication matter

- Patients' experiences of care, including their interactions with physicians, nurses, and the clinical team correlate with complaints and risk management episodes.

Survey items include:

- Concern for your questions and worries
- Caring and kind
- Knowledge of you
- Clear explanations
- Follow-up and coordination of care
- Spent enough time

We know the systemic challenges



Occupational hazards? Improvement targets?

- Inadequate self-care
- Pathological altruism, depletion
- Burnout (30% - 60%) [1]
- Physician suicide (♀ 130%> ; ♂ 40% > population) [2]
- 2˚ trauma - prolonged exposure to others' suffering
- Moral distress – unable to do what is right
- Exposure to disrespectful behaviors, bullying, abuse
- Erosion of employee engagement

[1] *Lancet.* 2009;374:1714-21.
[2] *NEJM.* 2005;352:2473-6.

Compassion practices and Hospital CAHPS®

HSR Health Services Research

Compassion Practices and HCAHPS: Does Rewarding and Supporting Workplace Compassion Influence Patient Perceptions?

Laura E. McClelland and Timothy J. Vogus 2014

Compassion Practices Scale:

To what extent does the Hospital use … (scale 1 -7)

- Recognition programs to reward employees for acts of caring shown to pts/families?
- Recognition programs to reward employees for helping one another?
- Compassionate caregiver/ employee award programs?
- Regular programs that provide pastoral care for employees?
- Support sessions for departments/units dealing with crises, conflict, trauma, workplace stress

Association between hospital's compassion practices and Hospital CAHPS ®

In all regressions, compassion practices remained positively and significantly associated with Hospital CAHPS ® ratings and likelihood to recommend the hospital, even after including robust control variables that capture technical quality of care (e.g. readmissions) and quality of organization (e.g. Magnet status).

Support for providers and staff: Schwartz Center Rounds

- Experiencing and showing feelings is normalized
- Stories about moral distress, compassion, kindness are accepted
- Shared experiences deepen mutual understanding and empathy, flatten hierarchy

NY Times, September 15, 2011

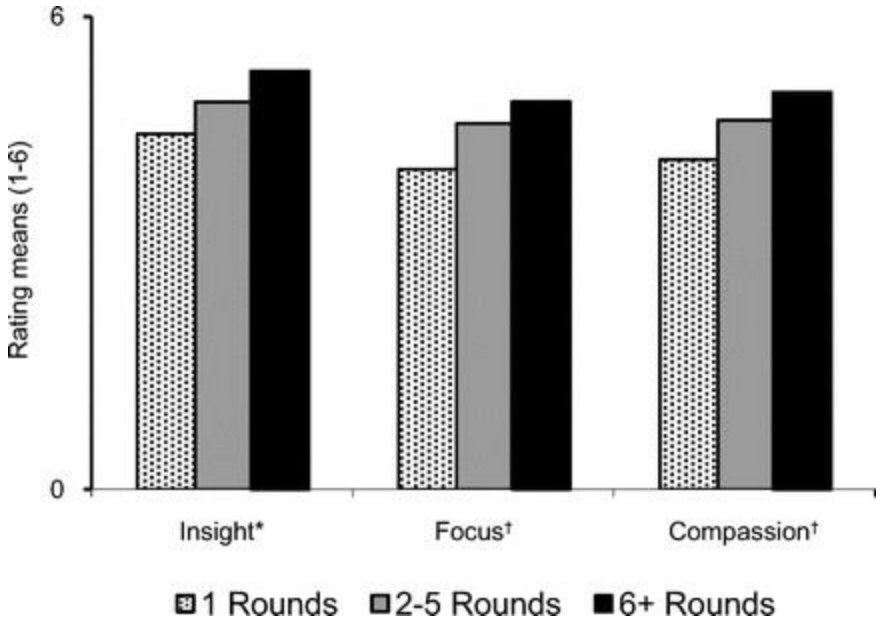
National Rounds on the impact of errors and malpractice on physicians and nurses

- Impact on individuals
- Impact on relationships
- Impact on teams
- Impact on organization

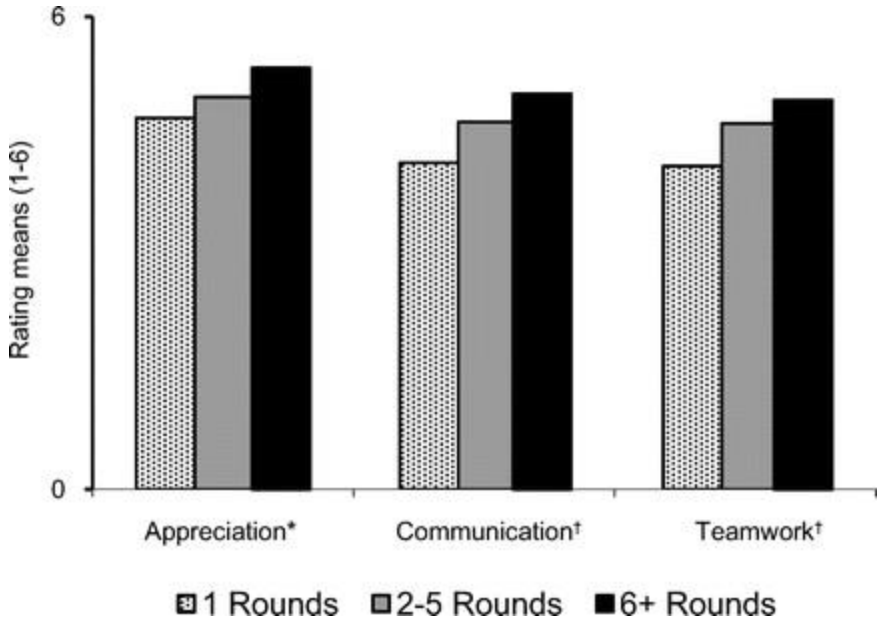
- *"The Rounds evoked memories of other adverse events, the 'ghosts' of patients who had been lost."*
- *"Caught in the middle"*
- *"Guilt by association"*
- *"The snowball effect"*

Impact of Schwartz Center Rounds: "Dose response" among attendees

Patient Interaction Scale



Teamwork Scale



Lown BA, Manning CF. Acad Med. 2010; 85:1073-81.

Impact of Schwartz Center Rounds on Caregiver Distress

Table 3

Pre/Post Survey of Changes in Stress and Sense of Personal Support Correlated With Frequency of Rounds Attendance at Sites After Newly Implementing the Rounds, 2006–2007 (N = 150–153)

Changes	Attendance frequency: No.*	Item response: Mean (SD)†	F‡	P value§
I feel more supported in work with patients	• One-time: 25 • Infrequent: 80 • Frequent: 48	4.32 (1.11) 4.53 (1.35) 5.00 (1.17)	3.108	.048
I feel less stressed in work with patients	• One-time: 25 • Infrequent: 80 • Frequent: 45	3.64 (1.44) 4.16 (1.40) 4.58 (1.08)	4.133	.018
I feel less isolated in work with patients	• One-time: 25 • Infrequent: 80 • Frequent: 47	3.76 (1.27) 4.30 (1.40) 4.70 (1.20)	4.225	.016

* "One-time" attendees came to Rounds one time during the study period. "Infrequent" attendees came two to five times. "Frequent" attendees came six or more times.

† Responses to each question were measured on a scale from 1 (Strongly disagree) to 6 (Strongly agree).

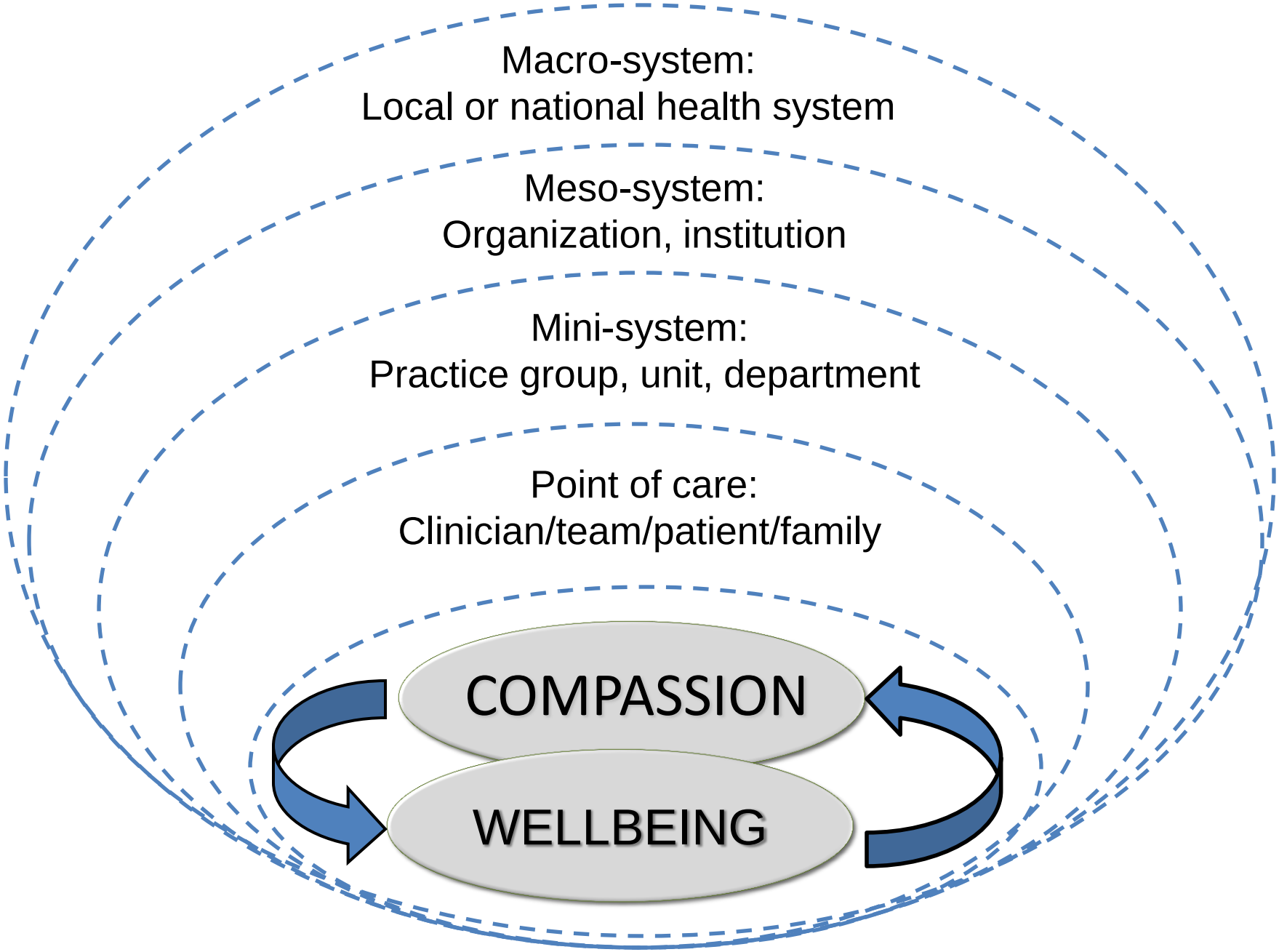
‡ The *F* statistic is the mean square for the factor divided by the mean square for the error.

§ Calculated by one-way analysis of variance between groups.

Team training programs: teamSTEPPS®

- Developed by U.S. Department of Defense Patient Safety Program and the Agency for Healthcare Research and Quality for healthcare professionals (2006)
- Improves staff perceptions and observed teamwork
- Correlations with clinical outcomes remains difficult

teamstepps.ahrq.gov


Macro-system:
Local or national health system
Meso-system:
Organization, institution
Mini-system:
Practice group, unit, department
Point of care:
Clinician/team/patient/family
COMPASSION
WELLBEING

Commit to strategies that promote compassion capacity

- Compassionate leadership
- Education for compassion
- Value and reward compassionate care
- Support clinical caregivers
- Involve, educate, learn from patients, families
- Build compassion into healthcare delivery
- Research and measurement of compassion and compassionate care

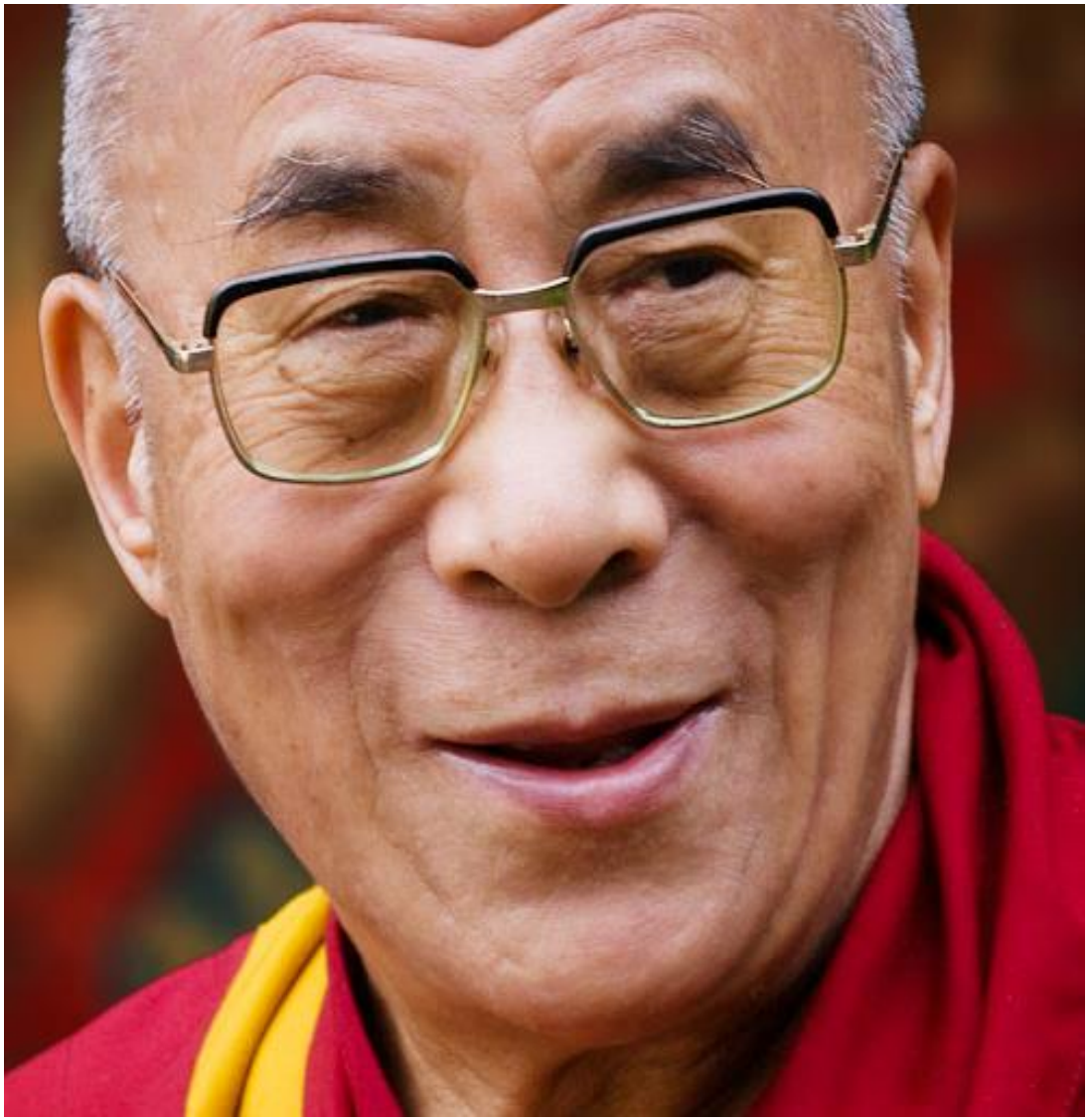
www.theschwartzcenter.org/committocompassion/

Compassion is good medicine

- Compassion heals those who are distressed or suffering.
- It reminds us why we chose this work.
- Compassion nurtures our wellbeing and the wellbeing of those we serve.
- Compassion creates a sense of meaning and purpose and reminds us of our common humanity.

"Love and compassion are necessities not luxuries.

Without them humanity cannot survive."



His Holiness, the 14th Dalai Lama

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