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.stephenworld.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 have not been 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 clinician (59.26%) or nurse (34.48%); 28 completed the survey (Table 1).

Table 1

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Oct 2019</th>
<th>Jan 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>18-24</td>
<td>3.57</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td>28.57</td>
<td>17.24</td>
<td></td>
</tr>
<tr>
<td>35-44</td>
<td>25.00</td>
<td>10.34</td>
<td></td>
</tr>
<tr>
<td>45-54</td>
<td>10.71</td>
<td>28.57</td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>21.43</td>
<td>21.43</td>
<td></td>
</tr>
<tr>
<td>65-74</td>
<td>3.57</td>
<td>10.34</td>
<td></td>
</tr>
</tbody>
</table>

Education
- High School: 3.57%
- Some College: 0.00%
- Associates: 7.14%
- Bachelor’s: 17.10%
- Master’s: 71.43%
- Professional: 3.57%
- Doctorate: 3.57%

Years in role at HH
- Less than 1: 25.00%
- 1 to 3: 37.50%
- 4 to 10: 25.00%
- More than 10: 12.50%

If past ICARE Rounds Attended
- None: 22.22%
- 1 to 3: 7.14%
- 4 to 10: 44.34%
- More than 10: 25.93%

Role in Organization, October 2019 (N = 28)
- Other: 10.71%
- Administrator: 10.71%
- Clinical Worker: 3.57%
- Nurse Practitioner: 10.71%
- RN Quality/UM: 7.14%
- RN Clinical: 7.14%
- Patient Care Tech: 3.57%
- Environmental Services: 10.71%
- Physician: 7.14%
- Staff: 3.57%
- RN Care Coordinator: 10.71%
- RN Quality/UM: 3.57%
- Patient Care Tech: 3.57%
- Environmental Services: 3.57%

Role in Organization, January 2020 (N = 29)
- Other: 5.17%
- Administrator: 10.34%
- Clinical Worker: 3.45%
- Nurse Practitioner: 11.03%
- RN Quality/UM: 3.45%
- RN Clinical: 10.34%
- Patient Care Tech: 7.14%
- Environmental Services: 3.45%
- Physician: 7.14%
- RN Care Coordinator: 7.14%
- RN Quality/UM: 7.14%
- Patient Care Tech: 7.14%
- Environmental Services: 7.14%

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 restructuring format was well-received and generated increased 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.

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.
- To provide a variety of inputting methods (I.e., active participation by consent, written surveys, small group discussions).
- To limit the number of participants to 40.
- To use cutoff scores derived from questionnaires on quality of life and burnout with scale ranges from 0 to 4 (Trockel et al., 2018).
- To provide a summary of the discussion to non-attendees.

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
- Participation 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 average associated with “very good” overall quality of life (M = 3.33, SD = 0.69, Range = 2.00 – 4.00).
  - Average HH staff scores were below average associated with those who experienced burnout (M = 0.69, SD = 0.40, Range = 0.00 – 1.40).

References