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Heart of Safety Coalition

Insights Huddle recap

January 2025

Lessons from palliative care to support team member wellbeing

Our sincere gratitude to **Jennifer K. Clark, MD,** palliative care physician, consultant and author, for leading our Insights Huddle on lessons from palliative care. Below is a summary of the discussion.

Key premise:

Palliative care does more than assemble an interdisciplinary team of experts for patients and families facing complexities of serious illness. It questions one of the core premises of healthcare: that death is a failure. In doing so, palliative care helps upend some harmful mechanisms when trauma happens to care team members and creates compassionate opportunities for meaningful connection. In addition, palliative care's trajectory from its early emergence to its embrace by mainstream medicine provides a guide for leaders working to advance care team safety and wellbeing and support a thriving healthcare workforce.

Topic overview:

What's the difference between palliative care and hospice?

Palliative care

- Palliative care is specialized medical care for people living with a serious illness. This type of care is provided by specialists with specific fellowship training and is focused on providing relief from the symptoms and stress of the illness. The goal of palliative care is to improve quality of life for both the patient and the family.
- Ninety percent of disease that begin with the letter "c" (cancer, congestive heart failure, chronic obstructive pulmonary disease (COPD), chronic kidney disease, cognitive disorders, etc.) are serious illnesses and are technically palliative.
- Palliative care's fundamental tools are prognostication and communication, and its fundamental organizational unit is an interdisciplinary team.
- Palliative care is provided by a specially trained team of doctors, nurses, social workers, chaplains and other specialists who work together with a patient's other care team members to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.
- Palliative care was built out of the question: Why wait for end-of-life care to deliver this level of interdisciplinary care?

Hospice

- Hospice is one way of delivering end-of-life palliative medicine.
- Hospice care was created in 1982 as a benefit of Medicare, premised on the idea that every patient has a family or network of people who can take care of them at home. The social determinants of health play out in end-of-life care.
- Hospice reimbursement requires demonstration of interdisciplinary care, including, at a minimum, nursing care, personal care, prescribers (physicians or APPs), spiritual care and social care.

National Consensus Project (NCP)

- National Consensus Project (NCP) laid down the standards for palliative care, encompassing eight domains (NCP Guidelines - National Coalition for Hospice and Palliative Care):
    - Structure and process of care
    - Ethical
    - Last hours (the imminently dying patient)
    - Spiritual and existential
    - Social
    - Psychological and emotional
    - Physical (pain and symptom management)
    - Cultural

What are the parallels between palliative care's view of patient wellbeing and our approach to team member wellbeing?

- Palliative care was designed to take a more contextual, systems approach to the care of people with serious needs. The Heart of Safety Coalition's three pillars of safety – psychological/emotional safety, health justice and physical safety – are also designed to take a more contextual, systems approach to wellbeing.
- According to Abraham Maslow, humans have three core needs: Safety (food, water, shelter, sleep); Connection; Esteem
- Safety needs are concrete and easy to identify, but we're not able to access growth needs without connection and esteem, which are much harder to measure.
    - In patient care, we look at social determinants. Yet, while we can gauge whether patients have a house, food, etc., it's hard to determine whether they have support, esteem, etc.
    - Similarly, with team members, we can measure OSHA reportables and discrete incidents of many physical safety breaches, but it's much harder to gauge psychological and emotional safety, belonging or mental health.

What lessons from palliative care are transferrable to team member safety and wellbeing?

- **Challenge hidden beliefs:** We, as a society, need to start talking candidly about death and dying. We also need to talk about and understand the many psychological, emotional, physical and equity challenges care team members face at work every day. When we disrupt the status quo, we can change system norms and advance the nature of work and human-centered cultures to improve healthcare experiences for patients and care teams.
- **Amplify stories:** At the inception of palliative care, much of the specialists' work was making connectections: names, disease, outcomes, burdens on families, etc. We are still early in the journey toward care team safety and wellbeing. There's an element of truth telling – naming the ubiquitous elements of culture, operations, processes and beliefs that are harmful to team member safety and wellbeing and, therefore, to patient safety and system resilience.
- **Take a team-based approach:** In palliative care it takes an interdisciplinary team and an alignment of systems to keep patients safe. The same is true for care team safety, which needs healthcare leaders, learners and advocates across the system focused on the three pillars of safety (psychological/emotional safety, health justice, physical safety).
    - What would happen if we explicitly recognized the interdisciplinary nature of care team safety and wellbeing as necessarily requiring explicit support and engagement from process improvement, quality improvement, finances, operations, etc.?
    - **Understand roles and goals:** The role of palliative care isn't to be the captain of the ship, taking ownership of collaboration and execution across every discipline. The role of a palliative care specialist is to be the cartographer who outlines the map and sets the destination so everyone on the boat can go in the same direction. Safety and wellbeing

leaders have a similar role of defining the direction of an ideal healing and working environments and mapping out the principles to guide decisions that support organizational values, priorities and goals. Healthcare leaders are responsisible for overseeing "content" (the specific operational actions and processes needed to achieve outcomes) and for creating "context" (the application of values and priorities that guide decisions and support individual growth). For clinical leaders this is a shift from "clinical medicine" to "administrative medicine."
    - The successful practice of administrative medicine requires human-centered leadership skills to strengthen people's sense of security, purpose and passion for healing and thriving.
- **Change the context**: Palliative care helps create context for mortality salience. "It is quite clear that we are always suffering from this cloud that hangs over us – the fear of death. If you can transcend the fear of death, which is possible. If I could now assure you of a dignified one, of a gracious, reconciled, philosophical death…your life today, at this moment, would change. And the rest of your life would change. Every moment would change. I think we can teach this transcending of the self." – Abraham Maslow
    - As a hospital leader, Jennifer would spend time in the physicians' lounge, and her presence would create implicit permission for clinicians to ask hard questions. For example, "Is it okay to talk to my patient about stopping dialysis?" The hidden notion in medicine that "death equals failure" moves people away from their own mortality salience. Her presence helped create a safe space for colleagues to embrace and accept mortality – their own and their patients.
    - A culture of safety and wellbeing doesn't address the fact that every one of us is going to die, but it does open the door to the idea that in a calling as complex as healing and caring, every one of us is likely to suffer or witness suffering. In doing so, safety and wellbeing efforts help change the context and normalize help-seeking behaviors.

Discussion overview:

The Insights Huddle discussion centered on the ideas of human development and flourishing. Jennifer connected team-based care to compassion. The interdisciplinary process allows connection across the full spectrum of human experience. Absent of this, we see burnout and empathy fatigue, which Jennifer distinguished from compassion fatigue. Compassion doesn't fatigue because it's forward-looking. Empathy fatigues because it too often involves a taking on of others' pain, which can lead to burnout. True interdisciplinary care requires clinicians to be more human. It reduces the carrying of unintegrated experiences – both traumatic and sublime. In one healthcare organization Jennifer implemented a "mourning report" for team members to share and integrate their experiences in a structured, safe way.

Additional resources:

- Journal of Palliative Care: Social model hospice homes: bridging the gap in end-of-life care delivery
- National Coalition for Hospice and Palliative Care: NCP guidelines
- Caring Greatly podcast episode: The power of connected leadership
- Jennifer Clark's book: Suffer

If you have topic ideas or best practices you want to share to improve the safety and wellbeing of healthcare team members, email **HeartofSafetyCoalition@stryker.com**.

About the Heart of Safety Coalition

The Heart of Safety Coalition places care team member safety and wellbeing at the heart of healthcare. This national community of leaders, learners and advocates ensures that voices are heard, connections are made, and standards are raised to inspire systemic, team and individual change that improves working and healing environments. The Coalition's three pillars of care team safety advance the Heart of Safety Declaration, which intersects the essential wellbeing pillars of dignity and inclusion, physical safety, and psychological and emotional safety. Driven by its mission to make healthcare better, Stryker supports and manages the Coalition.

Learn more at www.HeartofSafetyCoalition.com.