

Implementing H.E.A.R.T. Framework: Enhancing Reflection and Psychological Safety in Home Hospice Death Rounds

Zi Chun Cody Koh¹, Woon Chze Christine Loh¹, Melissa Shi Yun Fong, Ong Gillian¹
 1. Methodist Welfare Services Homecare and Home Hospice

Abstract ID: RJZDMKRVJP

1 INTRODUCTION

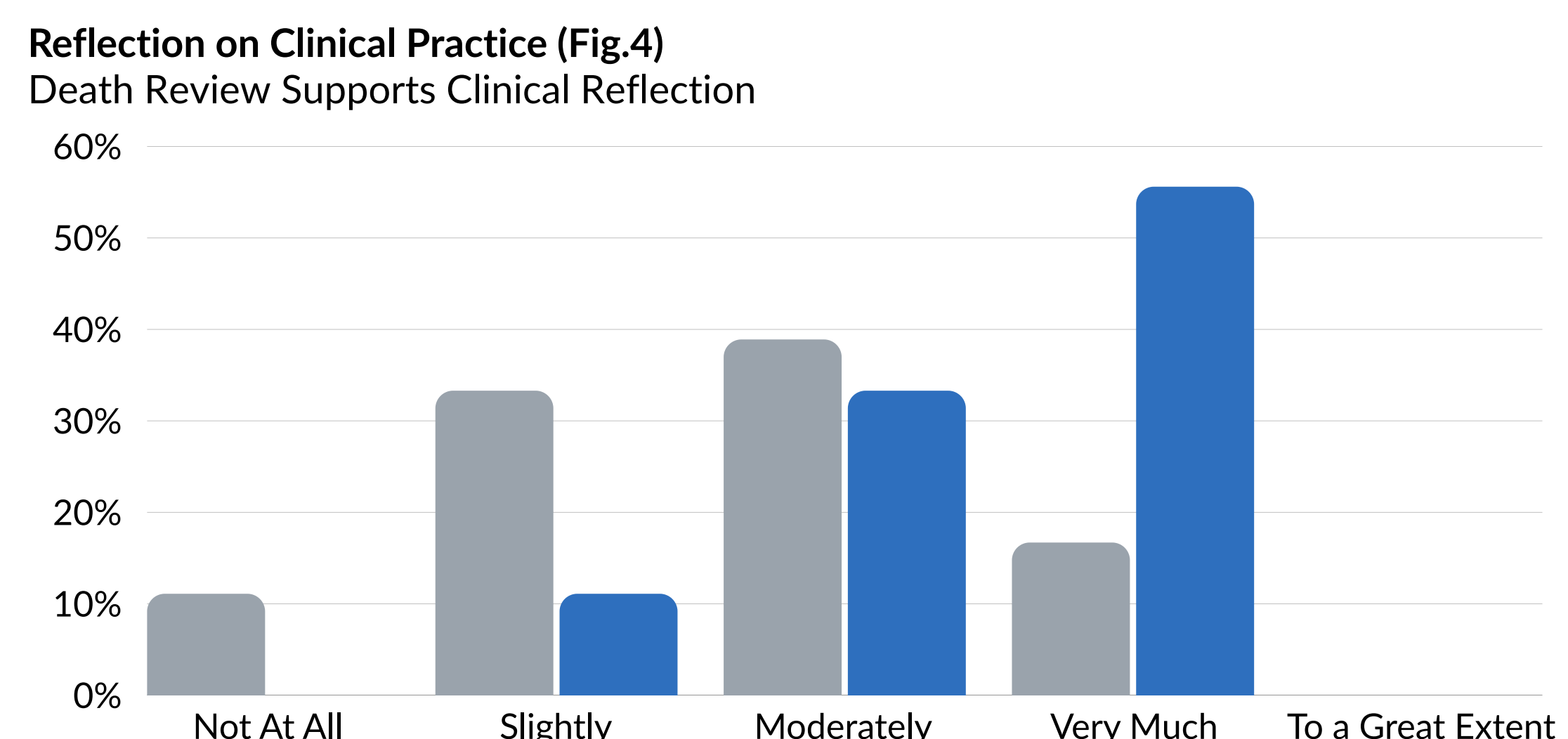
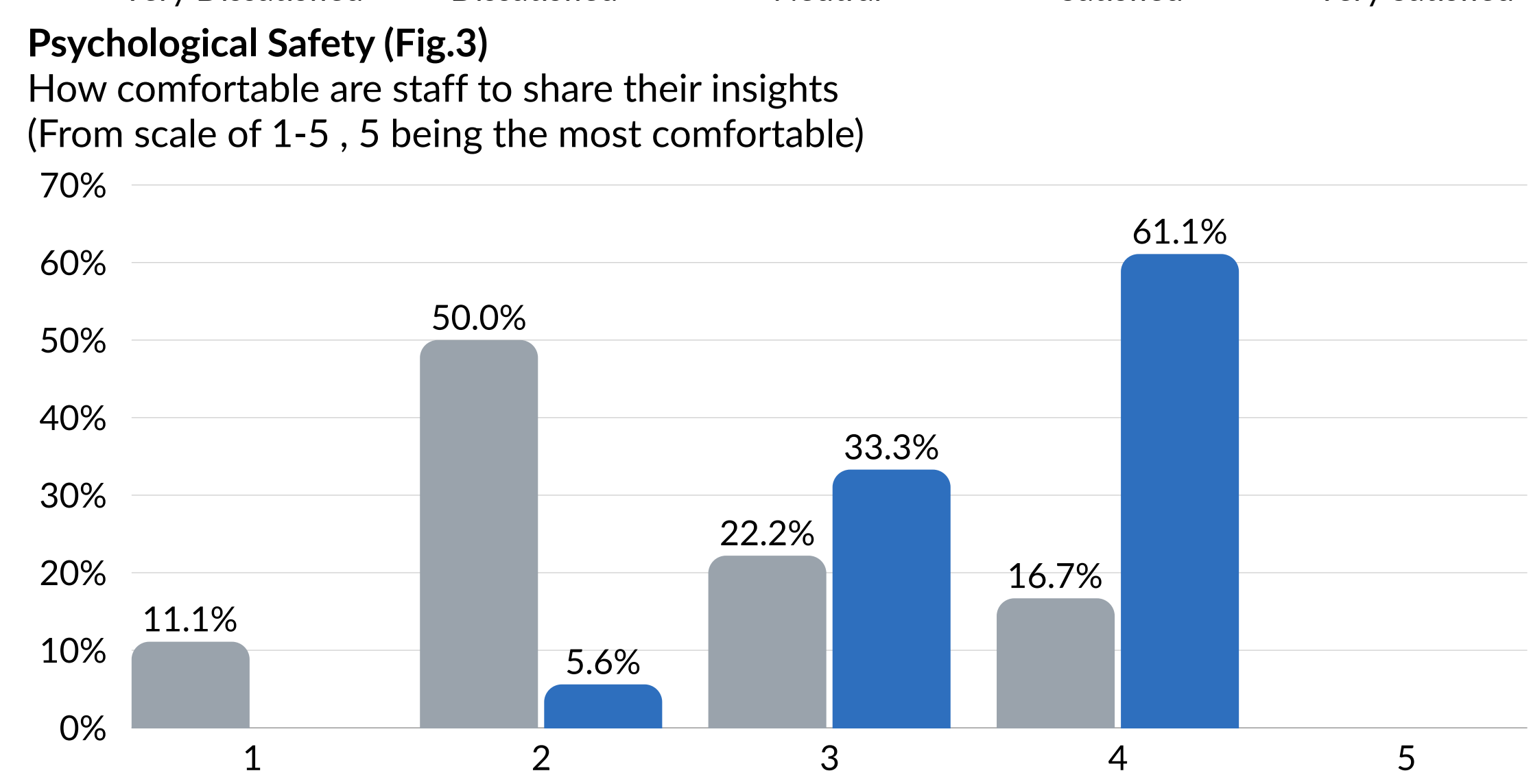
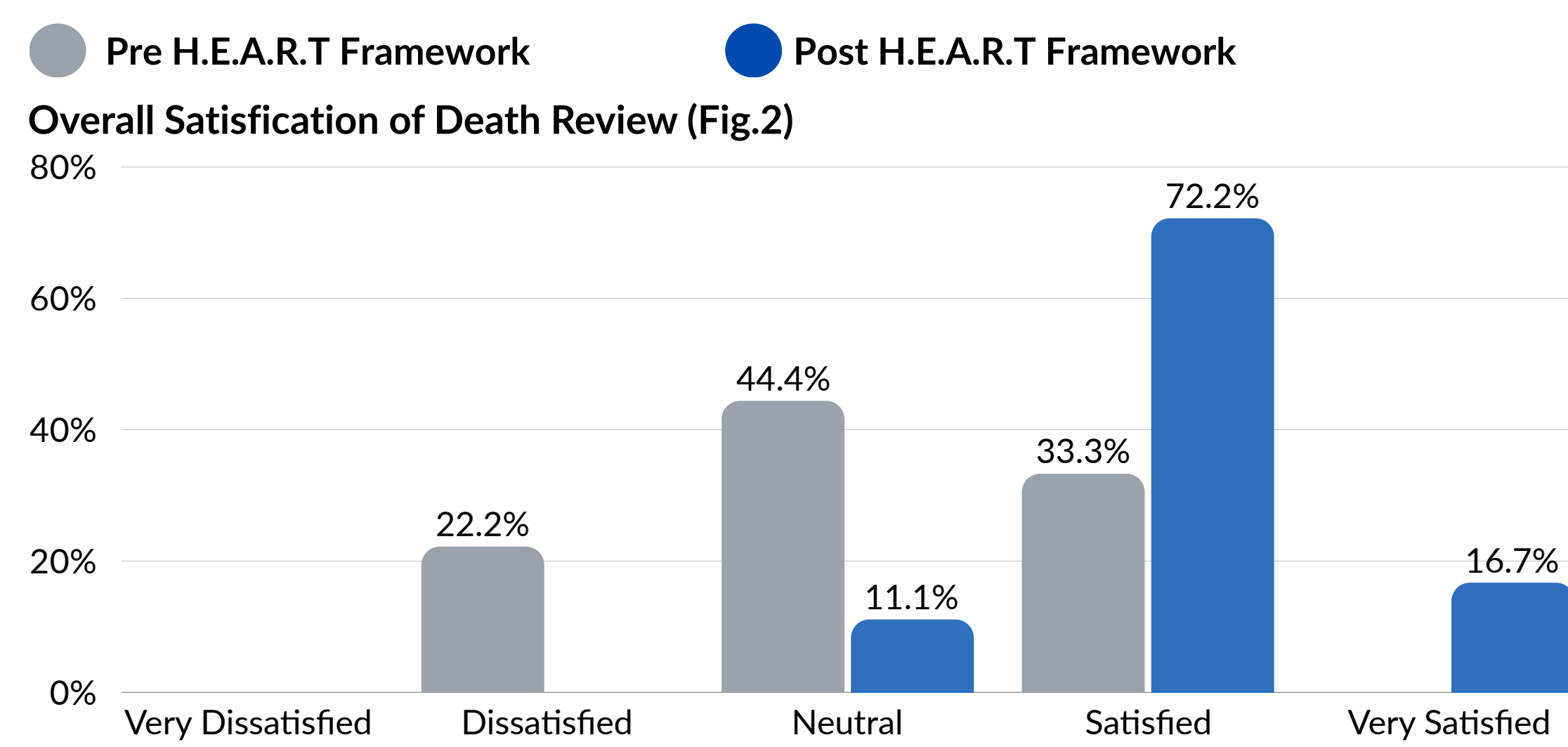
Death round, or death review, is an important component of palliative care, providing opportunities for teams to reflect on the clinical and emotional complexities surrounding patient deaths (Ong et al., 2020). However, limited psychological safety can restrict open interdisciplinary discussion during these reviews (Campos et al., 2025). At MWS Home Hospice, existing death reviews were primarily nurse-led and focused on statistical reporting and identifying clinical lapses, with limited opportunities for broader team reflection.

To address this, the **H.E.A.R.T. Framework (Fig.1)** was co-developed by the social work and nursing teams to support psychologically safe dialogue and structured interdisciplinary reflection. Grounded in systemic thinking and the principles of Safety I and II (Hollnagel, 2014), the framework shifts the focus from individual error toward understanding how teams navigate complex care systems.

This study evaluated the implementation of **H.E.A.R.T. Framework** and its impact on staff perceptions of psychological safety, satisfaction, and reflective learning.

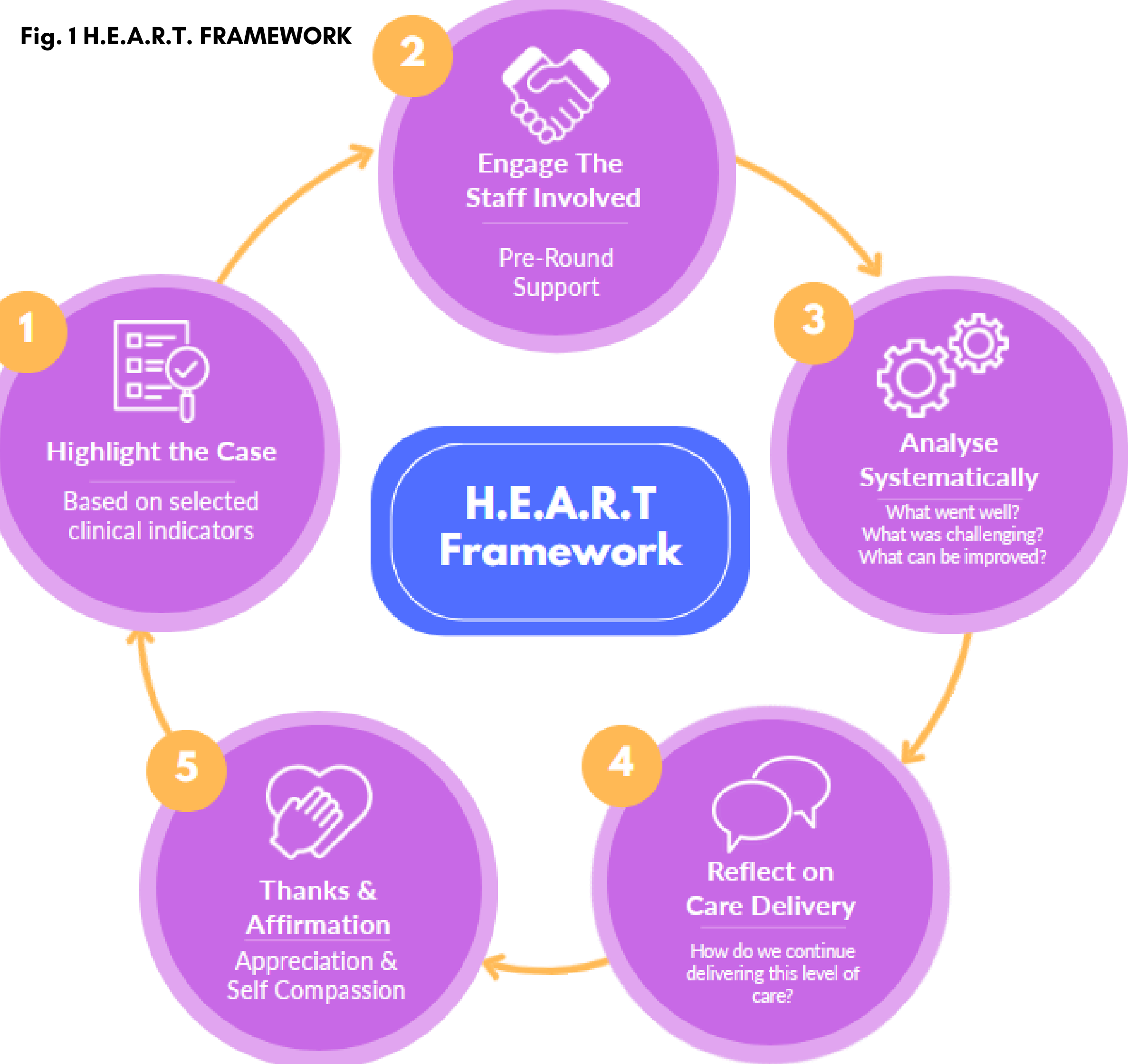
3 RESULTS

Pre-survey responses highlighted gaps in **structure, psychological safety, and reflective purpose** in existing death rounds. Post-implementation results showed marked improvements: staff satisfaction rated as satisfied and very satisfied cumulatively increased from 33.3% to 88.9% (Fig.2). The perceived levels of psychological safety (rated as moderately to very or extremely comfortable) surged from 38.9% to 94.4% (Fig. 3) and perceived value for reflection rose from 55.6% to 88.9% (Fig.4). Thematic analysis attributed these gains to key framework components, particularly, (i) structured Reflection, (ii) closing Thanks, and (iii) pre-session Engagement, which together fostered a more respectful and supportive environment.



2 METHODOLOGY

- **Design:** A Pre and Post survey evaluation of **H.E.A.R.T. Framework** involved 18 interdisciplinary home hospice staff comprising of doctors, nurses and social workers.
- **Pre-implementation:** A semi-structured survey was conducted to gather staff perspectives on the existing death review process. involving 18 interdisciplinary staff comprising of doctors, nurses and social workers reviewed perceived levels of psychological safety, learning, and team reflection using likert scales and open ended questions.
- **Framework development:** Built on literature on psychologically safe clinical review and reflective debriefing that emphasises on learning from successful practices within complex healthcare systems (Island Health, n.d.). Principles were integrated with systemic thinking and the Safety I and II framework.
- **Preparation:** Introduced **H.E.A.R.T. Framework** during team meetings before implementation to familiarise staff with the new structure and objectives.
- **Implementation:** Facilitated by a senior social worker trained in reflective debriefing. Identified cases include challenging scenarios and effective care. Sessions followed the framework to support psychological safety and systems-oriented reflection.
- **Evaluation:** Following a two-month implementation period, we conducted a post-implementation survey with structured questions and likert scale ratings on staff perceptions of satisfaction, psychological safety, and opportunities for reflective learning.



4 CONCLUSION

The H.E.A.R.T. Rounds framework transformed traditional death reviews into a more meaningful and psychologically safe space for interdisciplinary reflection, with notable improvements in staff satisfaction and engagement.

This structured, facilitator-led approach offers a practical and transferable model for hospice teams seeking to strengthen reflective practice and team resilience. Future work will explore the framework's long-term sustainability and adaptability across other care settings.

5 REFERENCES

- Ong, K. K., Sum, C. L., Zhou, X. J., & Chow, Y. L. (2020). Death rounds to support critical care nurses: A qualitative study. *BMJ Supportive & Palliative Care*, 14(e2), e1866–e1872. <https://doi.org/10.1136/bmjspcare-2020-002533>
- Campos, B. A., Brindle, M. E., Cummins, E., Hannenberg, A., Salley, D., Sonnay, Y., & Samost-Williams, A. (2025). Overcoming Professional Silos and Threats to Psychological Safety: A Conceptual Framework for Successful Team-Based Morbidity and Mortality Conferences. *Joint Commission journal on quality and patient safety*, 51(6), 415–422. <https://doi.org/10.1016/j.jcjq.2025.02.005>
- Hollnagel, E. (2014). *Safety-I and safety-II: The past and future of safety management*. Ashgate Publishing.
- Island Health. (n.d.). *Morbidity and mortality rounds – “What works” rounds*. Medical Staff.