



The Patient Shadowing Framework

Guidance for completing a patient-centred service review

This guidance should be used in conjunction with
'Shadowing the Patient experience: guidelines for individuals completing
patient shadowing'

October 2012



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Introduction

This document provides guidance for teams who wish to gather information on patient experiences within their service as they are receiving care. Areas of concern raised in complaints, incidents, from comments cards or patient surveys can be further investigated to look for root causes or issues in problem areas and process map the patient's journey through a care experience.

This guidance is to be used in conjunction with 'Shadowing the patient experience: Guidelines for individuals completing patient shadowing'

What is Patient Shadowing?

Patient shadowing is the direct, real-time observation of patients and families as they move through a care experience. By sitting with the patient, making observations, you are able to look at the entire experience through their eyes and to see the emotions experienced by them throughout the care experience and how the hospital experience has impacted on their daily routine. The results obtained allow services to co-design care experiences that keep the patient and family perspectives.

Shadowing allows us to map the patient's experience, to see exactly where they go and who they come into contact with at every point within their journey through a care experience. It is an opportunity to observe the quality of care from the patient's point of view, carry out process mapping and provide positive feedback as well as ideas for improvements

Please see related guidance: 'Shadowing the Patient Experience: Guidelines for individuals completing patient shadowing'

How does this align with other strategic initiatives?

This tool aligns with a number of the Care Quality Commission's core quality standards. Evidence of good practice identified through the patient shadowing process may be useful material to supply in support of a Care Quality Commission inspection, or the development of a Quality Account. In undertaking this project, the team may note good practice or evidence in relation to the following Care Quality Commission quality standards:

Outcome 1 – Respecting and involving people who use the services

Outcome 4 – Care and welfare of people who use services

Outcome 5 – Meeting nutritional needs

Outcome 8 – Cleanliness and infection control

Outcome 9 – Management of medicines

Outcome 10 – Safety and suitability of premises

Outcome 11 – Safety, availability and suitability of equipment

Outcome 16 – Assessing and monitoring the quality of service

The tool also matches many of the quality standards developed by the National Institute for Health and Clinical Excellence: "Quality standard for patient experience in adult NHS services: improving the experience of care for people using adult NHS services."



Background to development of the project

The patient shadowing framework has been compiled to provide managers and staff members with clear instructions on how to set up a patient shadowing project in their service. We have blended two different tools, which adopt two different approaches, to create a framework that involves senior sponsorship to increase the possible impact of any results.

The tools we based our framework on are the 'Fifteen Steps Challenge' and the 'Go-Guide'.

The Fifteen Steps Challenge (<http://www.institute.nhs.uk/>)

This is part of the Productive Care toolkit developed by the NHS Institute for Innovation and Improvement to help NHS services understand how patients feel about the care provided by engaging patients, clinical staff and a board member in carrying out an observation of the ward.

The purpose of The 15 Steps Challenge is to:

- Help staff, patients and others to work together to identify improvements that can be made to enhance the patient experience.
- Provide a way of understanding of patients' first impressions more clearly. It describes how a small team can explore what the patient is experiencing by undertaking ward walkarounds.
- Provide a method for creating positive improvements in the quality of care through identifying what is working well on wards and what could be improved – it supports the sharing of good practice and concentrating on some patient experience improvements.
- Offer a tool that anyone can use to explore care environments.
- Develop a collaborative process and must include both staff and patient.
- The Challenge is NOT a performance management tool.
- The Challenge is NOT an audit (clinical, quality, safety or otherwise).

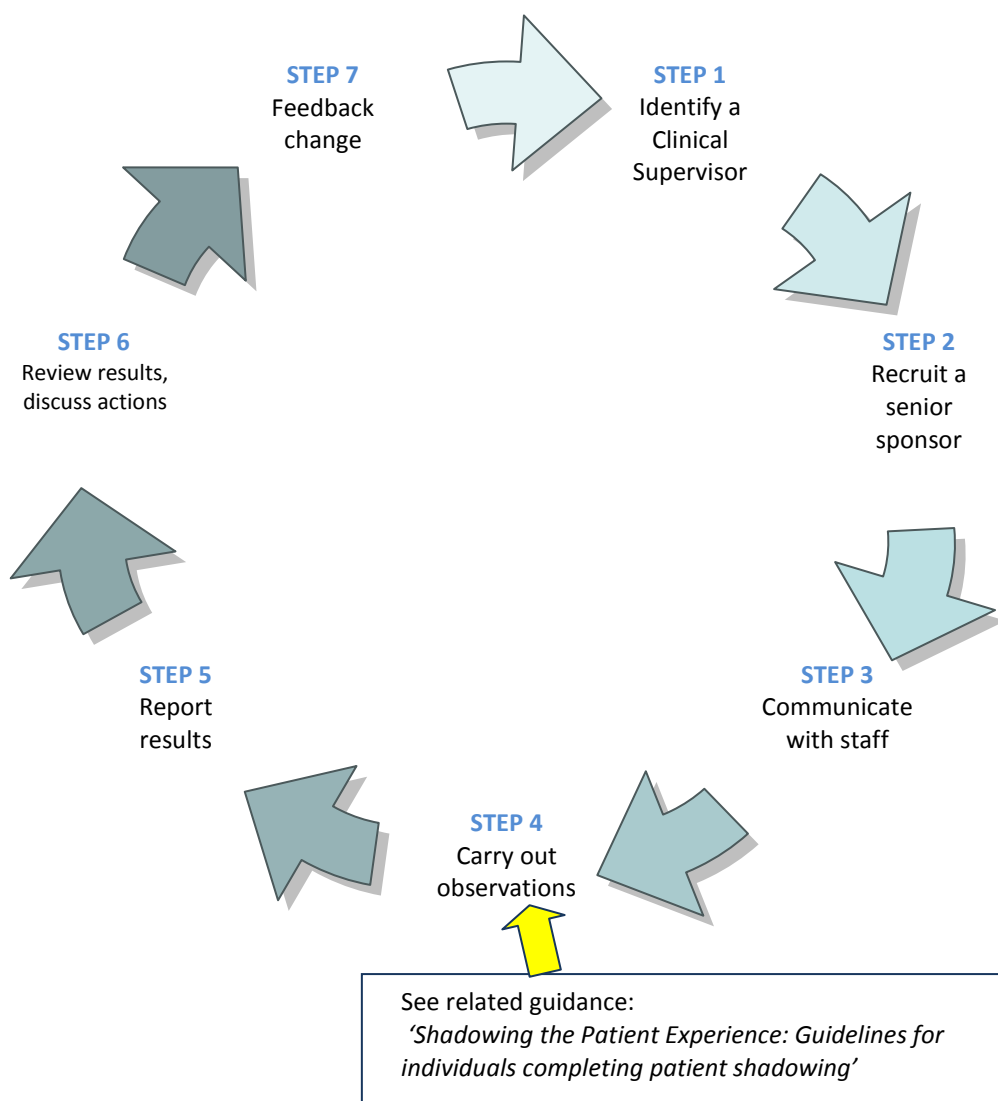
The challenge consists of a series of questions to guide the observers through their first impressions of a ward, which strongly align with a range of strategic initiatives including supporting improvements to quality, safety and patient experience.

The 15 Steps Challenge emphasises the importance of a lead sponsor to champion feedback and actions taken after the challenge has completed

Go Shadow: View and Co-Design Exceptional Care (<http://www.pfcc.org/>)

Developed by the PFCC Innovation Centre of UPMC in Pittsburgh, Pennsylvania, this is an experience-based design approach that provides a step-by-step framework for improving patient safety, patient outcomes, and health care quality by seeing the care experience through the eyes of patients and families. The methodology is a low-cost, high-impact process that seeks to change organisational culture to continually seek ways to

How to complete your patient centred review




STEP ONE: Identify a Clinical Supervisor

The Clinical Supervisor is a clinician or a nurse who will supervise the 'shadowers' through the process.

The Clinical Supervisor will:

- Approach a senior member of the staff to be a Sponsor.

- 
- Recruit some ‘shadowers’ and provide them with a concise and clear explanation on why a particular care process has been assigned and the necessary information to facilitate the shadowing process (i.e. ward routine, building layout, etc.). See “Shadowing the patient experience: guidelines for individuals completing patient shadowing” .
 - Set a timeline.
 - Provide details on how to report their results.
 - Connect with a sample of patients willing to participate and introduce them the patient shadowing principle and the Patient Centred Review Framework.

STEP TWO: Recruit a Project Sponsor

The sponsor needs to be a senior member of the staff or board member, who has deep knowledge of the service and who can champion the results and actions within the service or Trust.

The Project Sponsor will be asked to:


- Discuss with the Clinical Supervisor and or staff to identify aspects of the services that need review by the shadowing process.
- May carry out an observational ward round with a patient representative and ward member (see pg.8).
- Ensures that the patient shadowing is aligned to strategic priorities for the ward and for the trust.
- Support the staff involvement through effective communication.
- Support the staff in change management.

STEP THREE: Communicate with staff

Before carrying out any observations, communicate to staff about the project and gather additional information and inputs to better define the areas of the service to be observed.

We suggest you discuss the ideas at a staff meeting and brief staff on the following items:

- The Patient Shadowing Framework: what is it, why is needed.
- Discuss potential areas for gathering patient experience. These can be chosen as a result of known concerns or problems e.g. recent incidents, complaints, other ward audits, staff experiences or from key points of care e.g. discharge, admission, meals.
- Who will be carrying out the shadowing?
- What are the implications for the staff and the ward routine?
- How long will it last?
- How the results will be feedback?
- How will the staff be involved in acting on results?



STEP FOUR: Carry out observations (More detailed guidance is available in ‘Shadowing the Patient Experience: Guidelines for individuals completing patient shadowing’)

We suggest ‘shadowers’ are medical or nursing students, this is will be beneficial for the patients, the ward staff and themselves for several reasons:

- They are not usually part of the specified care experience therefore they may be more impartial and offer an unbiased opinion of an experience
- They are not formally employed therefore don’t imply changes to the staff resource plan
- They are cost neutral to the ward/trust
- They will gain a valuable experience that will build their professional and personal skills

The ‘Shadowers’ will:

- Read the “Guidelines on shadowing the patient experience” document and refer to it throughout the process.
- Contact the sample of patient previously identified by the Clinical Supervisor, explain the shadowing and get their agreement to observe them.
- Gather Information about the care process they have been assigned.
- Choose the most appropriate tool to obtain the data (patient interviews, patient surveys, template form to note your observation, care experience flow map, etc.).
- Observe and record the care experience as viewed through the eyes of patients.

STEP FIVE: Report results

The ‘shadowers’ will collect a lot of data about the care experience, including the patient’s point of view, the points of contact and the quality of interactions the patient experiences. The Clinical Supervisor needs to make sure that the ‘shadowers’ understand who they report their findings to and should suggest the most appropriate way to present their data (i.e. short power point presentation, written report, excel spreadsheet etc.)

There are various methods available to display the findings from shadowing, depending on the care experience you are researching, such as:

- Observational reports (you can choose to use the observational template to present your findings.)
- Care experience flow maps.
- Time studies.

STEP SIX: Review results, discuss actions

Once results have been collated they should be feedback to the team and also the staff in that area

- Have a group discussion to decide actions and assign leads for each action.
- Agree timeframes for your actions.
- The Senior Sponsor may be required to support actions that require change at an organisational level according to the level of priority and resources available.

STEP SEVEN: Feedback change

It is also important to feedback the results and the Board staff decisions to the patients and the ward staff who participated to the shadowing project.

Suggestions for Project Sponsors and Clinical Supervisors

Based on the model of The Fifteen Steps Challenge (NHS Institute for Innovation and Improvement) the set of questions below are provided to help the Project Sponsor and the Clinical Supervisor identify areas of the service to be looked at from a user perspective and to choose specific indicators to analyse (eg Interaction between staff and patients).

It may also be used to guide a ward walkaround of the first impressions of a ward. This process also utilises senior staff members and patient representatives, but the focus is on understanding how the ward environment impacts on a patient's experience of the quality of care. For details on how to carry out this walkaround process please see: 'The Fifteen Steps Challenge: Quality from a patient's perspective' at <http://www.institute.nhs.uk/>.

"Welcoming , Caring and Involving"	Things to look out for
<ul style="list-style-type: none"> • Using my senses – what can I hear, smell, see, feel, touch? • How does this ward make me feel? What is the atmosphere like? • What interactions are there between staff/patients/visitors? • Is the reception area welcoming? (welcome signs, acknowledgement on arrival – eye contact, smiles, a greeting, Information available, clear and visible, contact information for relatives and visitors is visible, visiting times are evident) • What behaviours can I see that do or do not inspire confidence? • How have the staff made me feel? • Are there any indicators that patients and carers are involved in their own care? • How is dignity and privacy being respected? • Is the routine of the ward evident to patients (e.g. when ward rounds happen, mealtimes, drinks etc.) 	<ul style="list-style-type: none"> • Staff are with patients • Patient feedback is displayed • Curtains are long enough, close fully and are used • Patients are dressed to protect their dignity • Information is available for patients and carers in a clear and user friendly format • Information is seen that empowers patients (e.g. they can wear their own clothes, choose their meals) • Information about who the staff team are and who the ward manager is • Visitors have access to chairs and space to visit • Information about how to complain and compliment is visible

"Safety"	Things to look out for
<ul style="list-style-type: none"> • What do I notice about safety issues? • Does this ward appear to think that safety is important? • What information tells me about the quality of care here? • What tells me that staff are concerned about safety and preventing harm (eg infections, falls)? • How are medications managed on the ward? 	<ul style="list-style-type: none"> • A clean environment • Hand gels are available and used • Clear information about infection control • Rubbish/dirty items and linen are disposed of appropriately and not visible • Patients and staff have identification bracelets/badges • Patients have access to call bells, drinks, side tables, and walking aides they might have • Protected times/areas for staff to manage drugs and essential equipment • Mealtimes might be protected on some wards to ensure patients are not interrupted while eating • Security and fire procedures are evident

"Well organised and calm environment"	Things to look out for
<ul style="list-style-type: none"> • Does the ward feel calm or chaotic (even if it is busy)? • Are the staff prepared to give information when patients ask? • Is essential information about each patient clearly visible (even where names are anonymised)? • Is there evidence that equipment is stored in particular places and where it should be • Are there doors open to other rooms (ie stock/linen cupboard, staff room or kitchen)? • Do they look well organised, clean and uncluttered? 	<ul style="list-style-type: none"> • An uncluttered, clean environment, including nurses' station, hallways, bays and visitor areas • Clear signage to rooms, WCs etc. • Well maintained, appropriate (eg non-slip) and clean condition of walls, floors, windows and ceiling • Staff have easy access to patient information that is visible and organised. There is a transparent and communal information board (patient status at a Glance board) • Patient boards show evidence of co-ordination between different departments • Equipment stored tidily and managed eg colour-coded, staff return equipment after use, stock cupboards are clearly labelled – including visible management



References:

- PFCC Go Guide 2.0: The Patient and Family Centered Care Methodology and Practice – The New Operating System for Health Care
http://innovationctr.org/assets/_pdf/Go-Guide2011.pdf
- Go Shadow: View and Co-Design Exceptional Care Experiences – Your Guide to Patient and Family Shadowing With Patients, Families and Care Givers
<http://innovationctr.org/assets/JONA%20-%20A%20Patient%20Centered%20Model.pdf>
- Shadowing Field Journal- An On-the-Go Tool For Shadowers in the Field
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- DiGioia, A. M., Lorenz, H., & Greenhouse, P. K. (2010). A Patient-Centered Model to Improve Metrics without Cost Increase. *Journal of Nursing Administration*, 40 (12), 540-546.
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- Pollington, C., Salter, E. and Wilson. L. Patient shadowing: a simple guide. University of Dundee, NHS Tayside
- The Fifteen Step Challenge
<http://www.institute.nhs.uk/productives/15stepschallenge/15stepschallenge.html>



Appendix 1: Example of patient centred framework review of an IBD service

STEP ONE: Identify a Clinical Supervisor

- The Clinical Lead for the IBD Service, a Consultant Gastroenterologist agreed to supervise the patient shadowing.
- Two medical students met with Clinical Supervisor and discussed their role and the ideas behind the shadowing. They were provided with guidance on how to carry out patient shadowing and were asked to produce a patient information sheet and observation templates. This was carried out as part of a month project they were required to do for University.

STEP TWO: Recruit a senior sponsor

- The Clinical Supervisor approached a service manager to sponsor the work.
- Three key areas for review were identified:
 - Outpatient appointments
 - Biologics (i.e. infliximab) infusions
 - Ward rounds

STEP THREE: Communicate with staff

- The Clinical Supervisor presented the patient shadowing principle and the patient centred service review methodology to the ward staff at the monthly ward meeting.
- The Clinical Supervisor discussed the key areas previously identified with the Project Sponsor and asked for feedback and other suggestions from the ward staff.
- He introduced the medical students who will be acting as ‘shadowers’ and invited each staff member to briefly present themselves. It is important that ‘shadowers’ and staff members know each other and are comfortable to work side to side.
- The Clinical Supervisor set the start and end date for the project and encouraged the ward staff to collaborate to fit the patient centred review project with the ward routine and to raise their concerns.

STEP FOUR: Carry out observations

- The students produced an information leaflet (appendix 3) and consent letter to give the patients in preparation for the study. For the outpatients appointments, they gained consent via telephone calls and met the patients at the reception desk upon arrival.
- They also developed observation templates for each care experience to chronologically record the touch points and actions of the patient and caregiver. The templates contained also sections to record the ‘shadowers’ impression of the care experience, and any quotes from the patient or care.
- Before taking note of patients’ comments the students asked their permission to mention their quotes when presenting the study results to the ward staff and reassured the patients that their comments are reported anonymously.
- The ‘shadowers’ carried out a method of shadowing which involved both observation and semi-structured interviews. The observation period began when they introduced themselves to the patient, and this was recorded as the first touch point. They then carried out a short semi-structured interview of pre-prepared questions, once this finished they continued to observe the care experience.
- During the observation they considered the following points:

- Which caregivers come into contact with the patient
- How long each caregiver interacts with the patient
- Where the patient physically goes throughout the observation period
- The standard of information given to the patient, and any questions raised by the patient or caregiver
- Our observation of each touch point, and our views on whether improvement could be made
- Any concerns we believed should be acted upon

- The semi structured interviews were carried out at the start and finish of each observation period and had a loose structure with open ended questions (figure1- appendix 2).

STEP FIVE: Report results

The final step for the 'shadowers' was to analyse the data and report our findings. They produced:

- Observational reports: allowed them to have a record of the entire care experience, including verbatim quotes to aid understanding of the patients' emotions (figure1- appendix 2. Observation template- appendix 4)
- Care-flow maps: allowed them to identify bottlenecks and omissions in appropriate care (figure2- appendix 2)
- Time studies: allowed them to illustrate the amount of time to each touch point and where improvement to flow and process may be recommended to improve the care experience for the patient (figure 3- appendix 2)

These elements enabled the students to perform a thematic analysis of the patients' quotes (figure4, 5, 6 –appendix 2). They then pulled everything together into a written report and added suggestions to improve the areas of the service they analysed (figure7- appendix 2)

STEP SIX: Review results, discuss actions

- The Clinical Supervisor presented the results of the patient shadowing project to the ward staff and the Project Sponsor at the following monthly meeting.
- The team agreed on an action plan and time frame to make some simple service organisational re-design based on the findings.
- The Project Sponsor discussed the patient centred review methodology and the findings obtained at a manager's meeting and liaised with the Board staff to carry forward other service improvement initiatives.

STEP SEVEN: Feedback change

- As the service improvement actions are agreed, let your patients and all your ward staff know! This can be done by producing an information leaflet or a poster to display in the ward reception that tells what will be changing thanks to the patient centred review project

Appendix 2: Examples of semi-structured interviews questions, care-flow map, time study, thematic analysis and recommendations for service review

OUTPATIENTS	WARD ROUND	INFUSION
Do you know what this consultation is about, what do you hope to get out of it?	What do you understand by the term ward round? How do you think this will affect your care?	Do you know what you have come in for today? Do you know how long it is expected to last and what will happen?
Who do you generally see in clinic? Have you ever been to an appointment thinking you would see one person and end up seeing someone different?	Is there anything in particular you would like to get from the ward round?	How do you rate the staff here? Do they meet your needs; do you feel comfortable asking questions?
Do you think clinic appointments are important? How do you think the experience affects your care?	What matters to you most about being in hospital?	Do you experience any problems with booking appointments/travelling over here? Is there anything you would change?
What is the most important aspect of the appointment? Have you had problems in the past?	Does the length of your stay in hospital affect how much you get from a ward round?	What is most important to you when you come here for infusions? What do you worry about the most?
Did you see the healthcare professional you thought you would see?	Do you feel as though you were able to ask questions and that they were answered appropriately during the ward round?	After your infusion today do you have belief in the competence and ability of the staff?
Did you feel that you were able to talk about things which are important to you? And that your questions are answered appropriately?	Do you feel as though you have enough contact time with the doctors?	How do you feel like today has gone, are you happy with your experience?
Did you understand all the information given to you?	Is there anything that would make the ward round more useful?	
How long did you have to wait for your appointment? Did you receive an explanation?	How do your family members interact with the staff? And how do they view the ward round process?	
Would you change anything about the experience you have had?	Did you understand the information given? Can you tell me what you thought they told you?	

Figure 1: Semi-structured interview questions

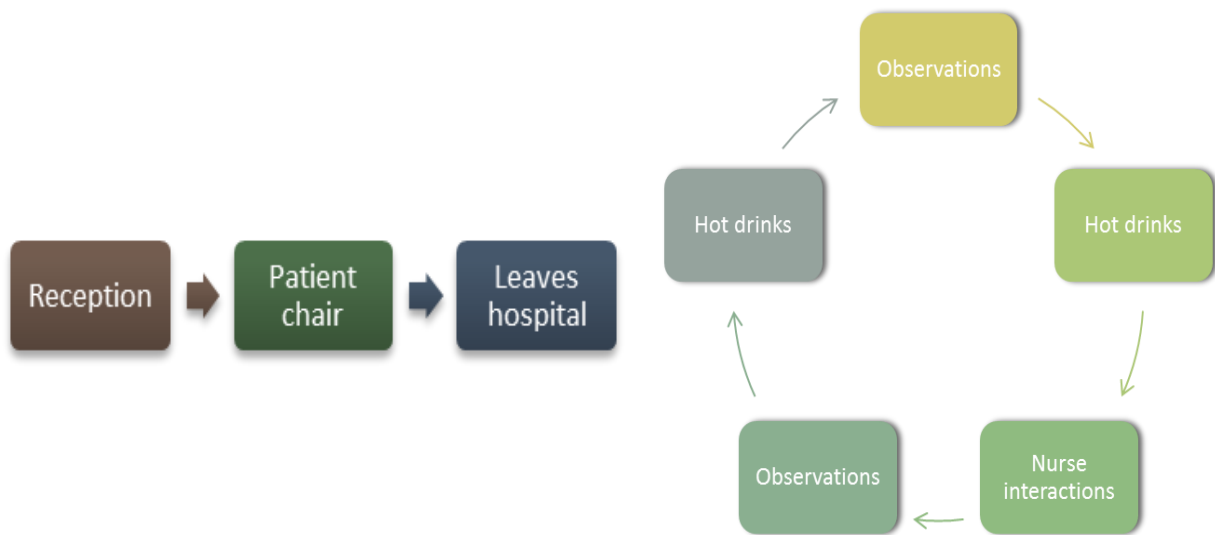


Figure2: care-flow map of outpatient care experience

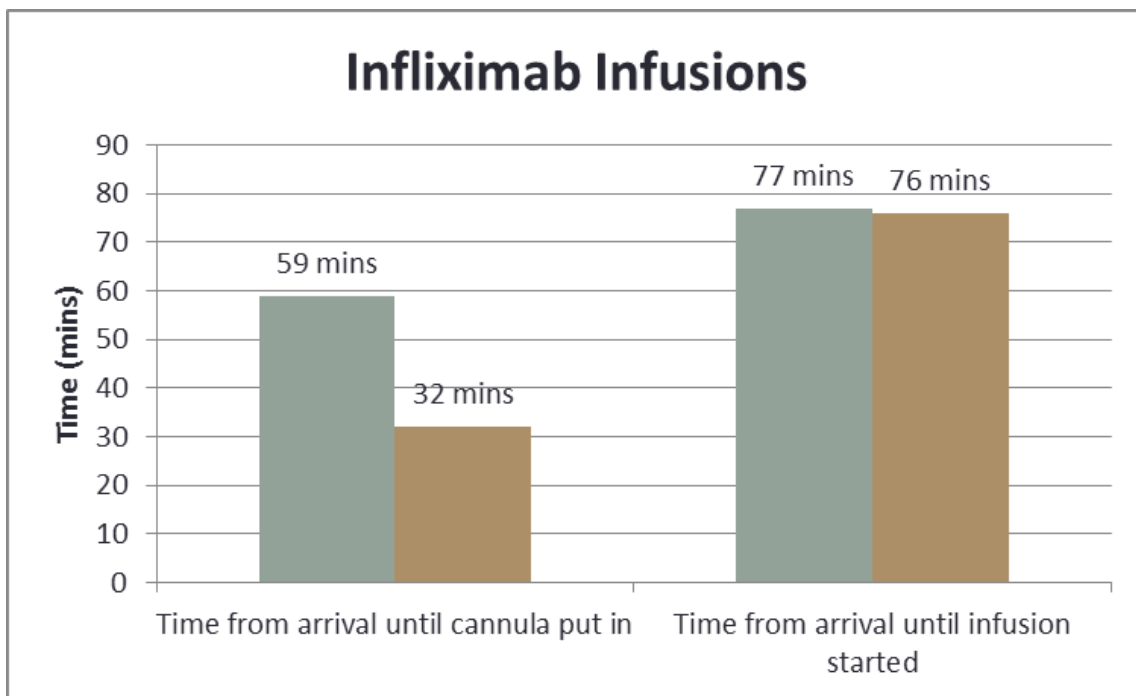


Figure3: time study infliximab infusions on a cohort of 2 patients

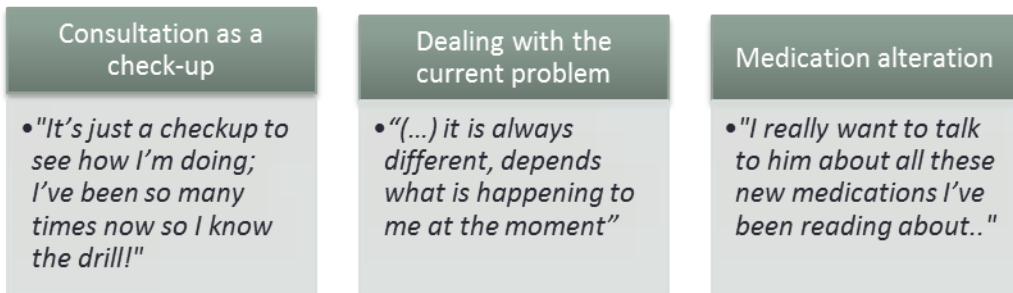


Figure 4: direct quotes on "patient's expectations of the consultation" from patients interviewed during outpatients clinic

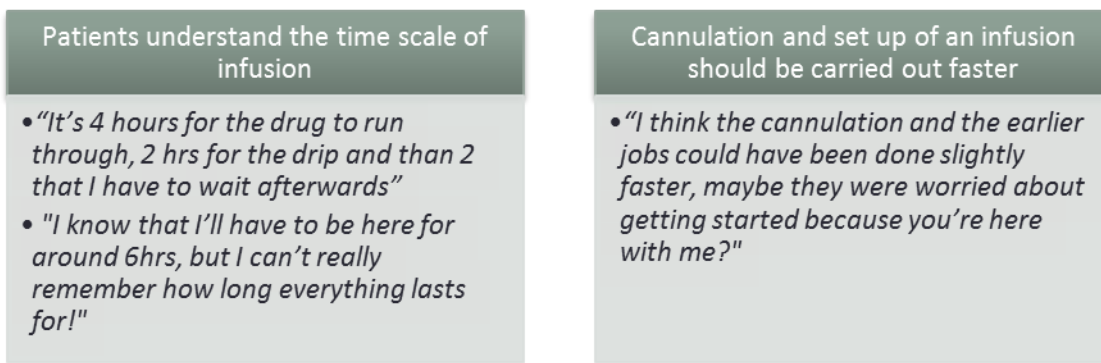


Figure 5: direct quotes on "waiting times" from patients interviewed during infusion

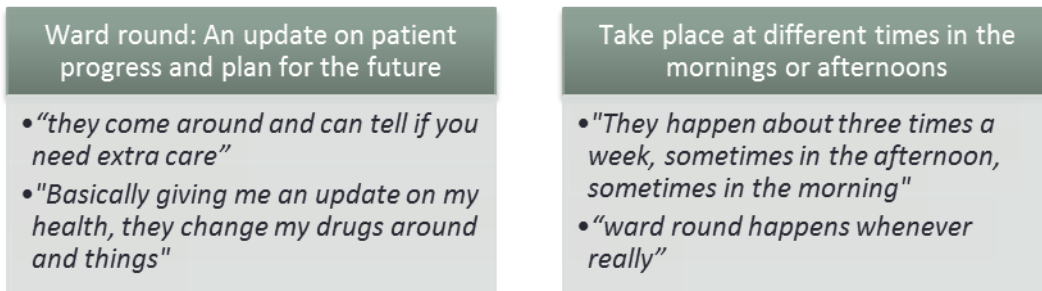


Figure 6: direct quotes on the "expectation of ward round" from patients interviewed during ward rounds



OUTPATIENT CLINICS

Communication

- Informing patient whom they will be seen by on the day at reception
- Informing about estimated delay at reception
- Providing written information about estimated delay (white board/electronic boards)

Patient recommendation

- Text messages reminding about outpatient appointment the day before

Toilets

- Access and education about 'can't wait' cards


Reducing waiting times

- 20 minutes consultation slots
- Prevent overbooking clinics

Parking

- Number of disabled places: increase
- Prices decrease

Figure7: example of recommendations to improve the outpatient care experience



Appendix 3: Patient consent form template

Patient shadowing consent form

My name isand I am a student taking part in a project that looks at the way in which healthcare is currently provided, to see how we can improve the care experience of patients and their families. For this we need the participation of patients to enable us to see where we need to improve the care provided to them.

Would you be willing to allow me to observe you for an hour or so, to see what you experience in terms of interactions with staff, how long you stay in one location, positive or negative experiences you may have and any comments or suggestions you or your family wish to share about the care you have received?

I am only here to observe, I do not know about your medical history and therefore I am unable to share information or discuss your care. I will not observe any examinations you may have, only note the length of time they take.

While carrying out the observation of your care experience I may take note of your comments to gather additional information to support the findings of this shadowing project. Patients' quotes may be fed back to the ward staff as part of the presentation of the shadowing project results. We will not disclose your details or any information that might relate to you, but if you wish us not to mention your comments just let us know.

From observing your care experience we will be able to gain a better understanding into how we can improve our care

I hope that you are happy to participate in this project for healthcare improvement.

Many thanks,



Appendix 3: Patient information leaflet template

PATIENT SHADOWING: EXPERIENCING HEALTHCARE THROUGH THE PATIENTS EYES

What is patient shadowing?

Patient shadowing is one way for hospitals to measure how the ways they deliver healthcare has an impact on the experience of their patients. The patient's view is vital for services to get ideas for improvement, such as looking at how care delivery works, how staff interact with patients, what is causing delays, length of times for different activities, the quality of information provided to patients etc.

If you are happy to take part you will be visited by , who will collect information by observing you in the hospital and will then feedback the observations to help improve specific areas of care.

Having a greater understanding of your view of the care you receive will allow us to deliver our care most appropriately, and create a better and more efficient environment. We need your views and opinions, we want to make your care experience the best it can be.

What does the observation process involve?

We would like to observe you for a few hours, to see what you experience in terms of communication from staff, how long you stay in one place, positive and negative experiences you may have throughout the process and importantly any comments or suggestions that you and your family may wish to share about the care that you received.

If you do not want to take part in this process that is absolutely fine and we understand that you may find this difficult if you are feeling unwell. Please just let the 'shadowers' know that you do not wish to participate and this will not impact on any of your care.

It is important to understand that we are only here to observe, we do not know the details of your medical history therefore we cannot discuss your care or share any information. We will be sharing the information you give to us with the staff providing your treatment.

Our main objective is to observe the patient's journey in different healthcare settings, focussing on four main areas of your care:

- Your views of a ward round.
- Your views of an outpatient appointment.
- Your views of a ward admission/discharge.
- Your views of receiving an infusion in medical day care.

The staff at this hospital will know that we want to meet with you and they are expecting us.

We will be documenting certain details during the shadowing, such as interactions with staff, times and any specific comments you might have. We may also have a few questions to ask you about your experience that will have been discussed with the team beforehand.

If you would like to look at the recorded observations or if you would like the 'shadowers' to leave at any point, such as during an examination, please just inform them.



How we will use the information from the patient shadowing observation

Once we have carried out the observations, they will be reviewed by us and the fed back to the team (within), along with some recommendations for how they may make any improvements.

Appendix 4: Observation form template

Date:

Patient no:


Ward:

Male/female:

TIME	TOUCHPOINT/ ACTION	IMPRESSION	COMMENTS

Things to consider when shadowing:

- Time and duration for all events; who enters and leaves, what they do.
- Touch points, or anyone who comes in contact with the patient.

- 
- Care experience pathway (where does the patient/family travel within the setting).
 - First hand patient/family questions, comments, concerns, complaints.
 - Your impressions and ideas as to what to improve in order to create the ideal experience.
 - Staff interaction and their suggestions.

Specific questions related to the observation:

1.

Answer:

2.

Answer:

3.

Answer:

Reflection of shadowing experience:

- 1.Shadower experience:
- 2.Any patient comments or opinions about shadowing:
- 3.Any awkward moments?
- 4.What worked well?
- 5.What worked less well?
- 6.How did staff react to your presence? Any comments?

Any recommendations:

