

SHADOWING GO GUIDE

—
Your Guide to Shadowing,
the First Step in Co-Design

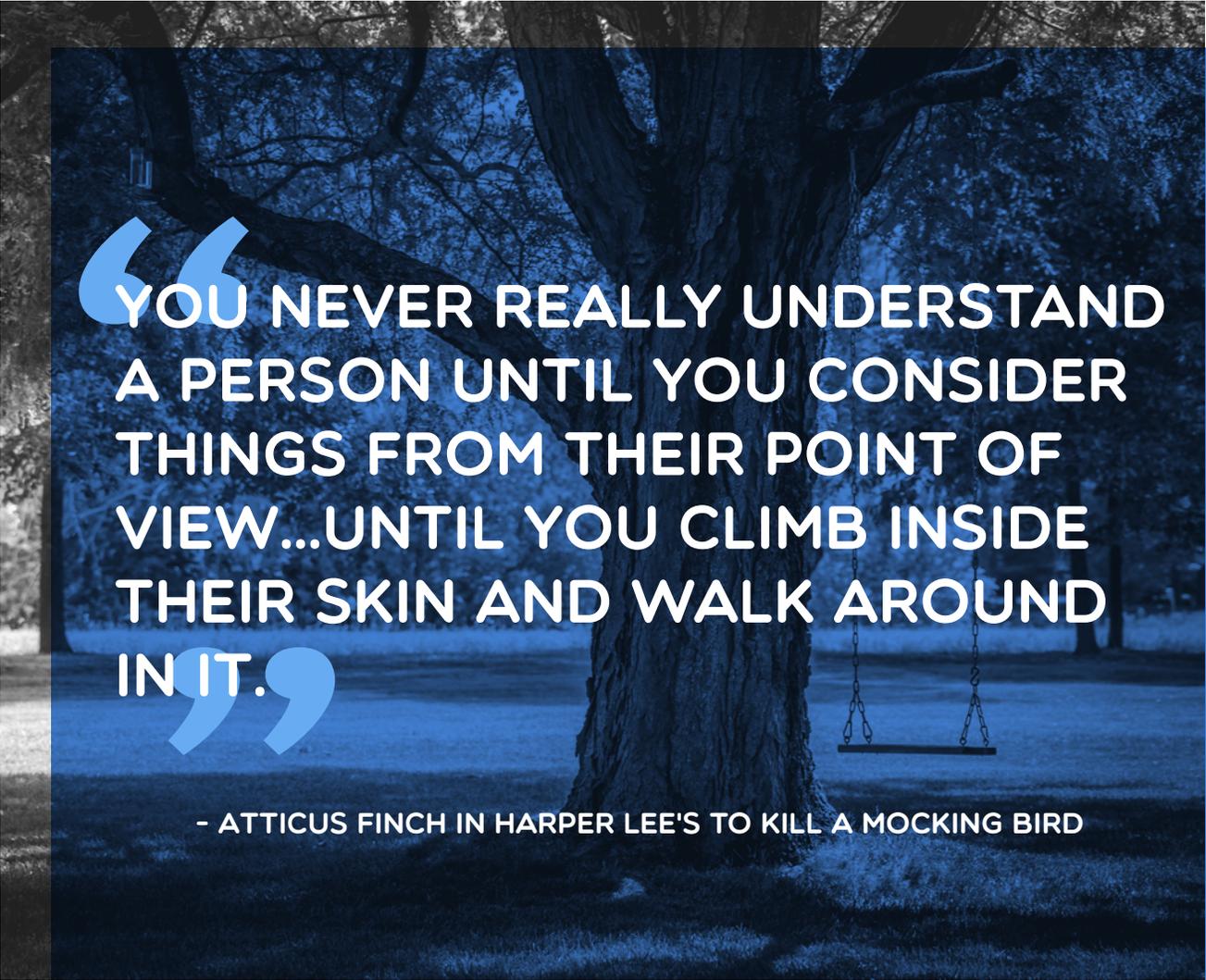
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“YOU NEVER REALLY UNDERSTAND
A PERSON UNTIL YOU CONSIDER
THINGS FROM THEIR POINT OF
VIEW...UNTIL YOU CLIMB INSIDE
THEIR SKIN AND WALK AROUND
IN IT.”

- ATTICUS FINCH IN HARPER LEE'S TO KILL A MOCKING BIRD

WELCOME!

The Patient Centered Value System (PCVS) requires us to view care as it is experienced by patients and families, to build teams that reimagine the ideal, and to codesign impactful solutions. By engaging and connecting patients, families and caregivers, we improve outcomes and experiences while reducing costs at UPMC and beyond. The PCVS is the transformational approach that will help you to redesign and then implement systemic change.

By reading and using this Shadowing Go Guide, you will learn the proper technique of shadowing and get started transforming the current state into the ideal state.

We look forward to collaborating with you on this journey.

Sincerely,

The UPMC Innovation Center Team

SHADOWING IS:

- The direct, real-time observation of patients and families as they move through a care experience
- The foremost technique for viewing care through the eyes of patients and families.
- The key to co-designing exceptional care experiences.
- A foundational tool in the Patient Centered Value System (PCVS).

Shadowing is both the first step in the Patient Centered Value System and the connector between its other essential components – Team Building for Patient Centered System Improvement and Time Driven Activity Based Costing. By observing and reporting the perspectives of patients, families, and front line caregivers, you will prepare your group with the insight and empathy needed to build teams, make changes, and improve patient, family, and staff experiences.

This guide will provide you and your team with an understanding of why shadowing is the crucial first step in co-design, and how to accurately, quickly, and genuinely capture the powerful voice of patients and families. Six simple steps will help you view and record the care experience through the eyes of patients and families and will enable your team to form the partnerships needed to transform current care into ideal care.

Glossary of Terms

Care Experience: *(noun)*

Everything and everyone that leaves an impression on the healthcare journey; always defined through the eyes of patients and families.

Touchpoint: *(noun)*

Key moment or place where patient and family care experiences are directly or indirectly affected by any caregiver.

Caregiver: *(noun)*

Anyone in the healthcare setting who impacts the experiences of patients and families.

Care Experience Flow Map: *(noun)*

A map, chart, graphic, or table that shows the movement of patient and family through a defined care experience with touchpoints, caregivers, and timestamps noted.

SHADOWING IS MANY THINGS

Shadowing is an ongoing, team effort.

When you shadow, you are part of a team of care givers dedicated to continuous improvement. Your team will shadow repeatedly to evaluate the current state of a care experience. Shadowing is not a “secret shopper” type of program. Patients, families, and caregivers are all aware each time shadowing takes place. Each party is an essential member of the team and is integral in providing suggestions for, or co-designing, the ideal. After changes are made, shadowing is repeated to be sure that the changes improved the patient and family experience.

Shadowing leads to empathy.

Shadowing is your pathway to renewed empathy with patients and families. It provides the objective data – where patients and families go, for how long, who and what they see and hear. But objective data alone is insufficient to motivate change. Shadowing gives a voice to the feelings, impressions, and reactions of patients and families as they travel through a care experience. It is this voice that reminds us why we became care givers, and why we work every day to provide the best care. When we shadow, we gain insight. When we gain insight, we feel increased empathy. Together, insight and empathy create an urgency to drive and sustain change.

Shadowing identifies areas for improvement.

Shadowing will help you to see where improvements are needed from the patient’s and family’s point of view. This real-time feedback from patients and families shows you where to focus existing resources to transform any care experience from the current to the ideal state. Shadowing enables you to involve patients and families in co-designing the care experience, and means that patients and families are partners in, not simply recipients of, their care. As a care giver you, too, are actively involved in co-design. If you’ve ever had ideas for improvement but thought no one is listening, shadowing will give you the opportunity and the tools to share and implement your ideas.

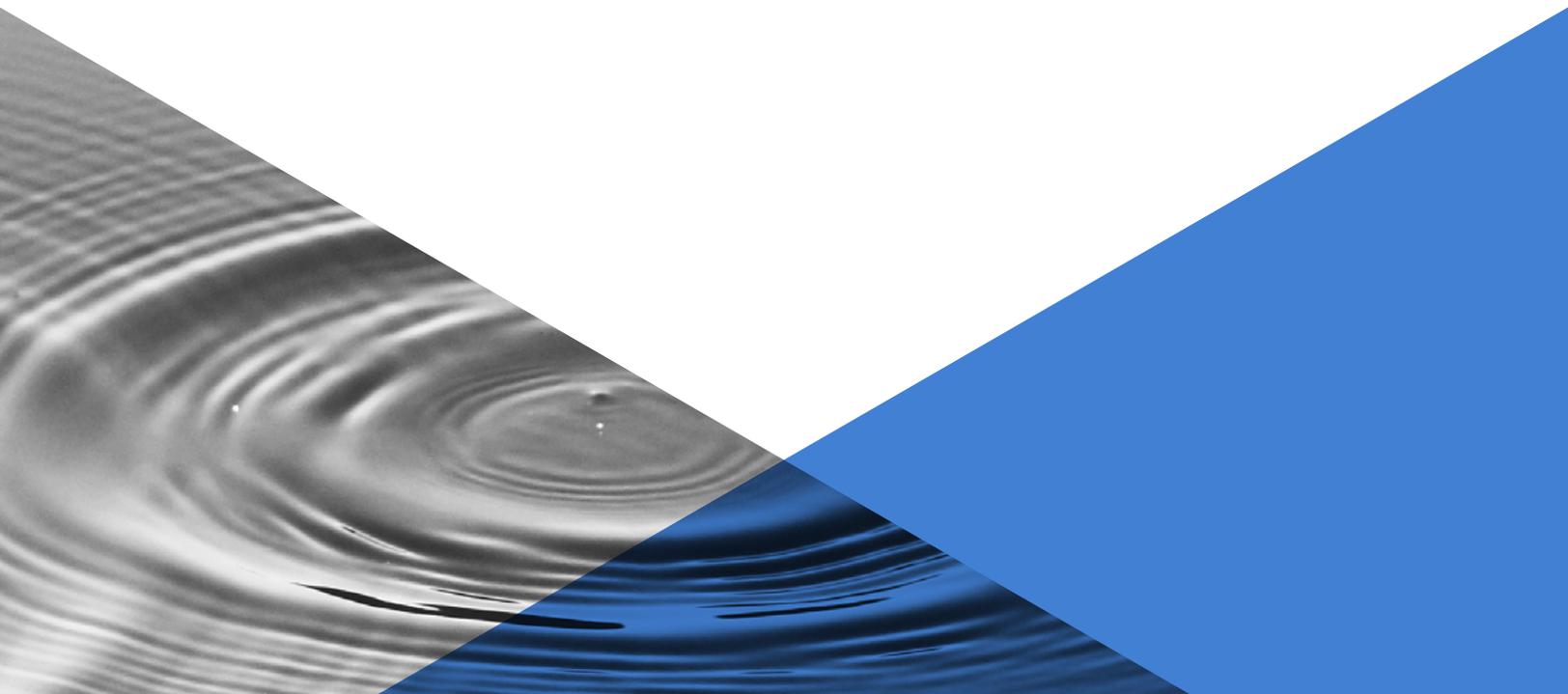


BUT LET'S BE HONEST – CHANGE IS NOT EASY.

No question about it, change can feel threatening. “After all,” you may think, “We already practice patient and family centered care, don’t we? What will patients and families think when we tell them we’re going to start now?” Our fear of change prompts us to ask many negative questions that serve only as roadblocks. In health care, traditional thinking can keep us stuck and prevent us from making needed improvements. Our long-established conventions and traditions have led us to an age where patient and family centered care is talked about as a priority, but it is not practiced throughout systems.

Instead, why not ask, “Why wouldn’t we want to try something new if it means improving patient and family experiences and outcomes, staff fulfillment, and our bottom lines? Why wouldn’t we want to involve everyone in the organization - patients, families, nurses, doctors, front line staff, and everyone in between – in implementing changes that affect us all?”

The Patient Centered Value System (PCVS) is a step-by-step framework that can lead you and your organization through a journey of change. An essential step in the system is to “evaluate the current state” of a care experience through shadowing. Whether used on its own or as part of the full six-step improvement process, shadowing is the technique that enables you to evaluate the current state, report your findings, and develop a sense of urgency to drive change.



GO SHADOW

Shadowing involves six simple steps. By following these steps, you will be on your way to co-designing the ideal care experience in partnership with patients, families, and fellow care givers

STEP 1

DEFINE THE CARE EXPERIENCE TO BE SHADOWED.

STEP 2

SELECT A SHADOWER.

STEP 3

GATHER INFORMATION ABOUT THE CARE EXPERIENCE.

STEP 4

CONNECT AND COORDINATE WITH THE PATIENT AND FAMILY.

STEP 5

OBSERVE AND RECORD THE CARE EXPERIENCE AS VIEWED THROUGH THE EYES OF PATIENTS AND FAMILIES.

STEP 6

REPORT YOUR FINDINGS TO THE PCVS WORKING GROUP AND PROJECT TEAMS.

STEP 1: DEFINE THE CARE EXPERIENCE TO BE SHADOWED.

The first step in patient and family shadowing is to select a specific care experience, clearly defining where it begins and ends. This will establish parameters for shadowing and help you focus your efforts. Remember, the care experience includes everything and everyone that leaves an impression on the healthcare journey. By defining the beginning and end points, you will be sure to capture all of those “touchpoints” and “caregivers” during shadowing.

Your care experience may be broad, such as an inpatient stay, where the “beginning” is defined as a patient’s and family’s entrance into the hospital and the end is when the patient is discharged to home or to a skilled nursing center. Or, your care experience may be narrow, such as a visit to an outpatient appointment, where the beginning is defined as walking into the doctor’s office and the end is leaving the office from check-out. Whether your focus is broad or narrow, your essential first step—no matter the setting—is to clearly define where the care experience begins and ends.

Don’t bite off more than you can chew—there is no need to shadow an entire care experience at once. Break a broad care experience up into smaller segments to make shadowing manageable. It may be helpful to have more than one person shadow at a time. See Step 3 for more information on shadowing in segments.

It won’t take long for shadowing to show you where changes are needed. For example, if a registration process is redundant, or if a particular point in the care experience seems to be a bottleneck, shadowing patients and families a few times will show you. You will be surprised at how quickly common themes or patterns emerge as a result of simply looking through the patient’s eyes.



STEP 2: SELECT A SHADOWER.

When you have decided which care experience to shadow, the next step is to decide who will shadow. The truth is, anyone can shadow. Do you know someone who is a good listener? A keen observer? Empathic and open-minded? Although anyone with these qualities would make an ideal shadower, a shadower need not possess every one of these qualities. Think creatively about candidates for shadowing—the availability of resources can be tremendous and virtually free.

To shadow patients and families, consider choosing:

- Any care giver, including new hires and those on light duty
- Members of your Guiding Council and Working Group
- Representatives from your quality and safety departments
- Volunteers
- Patient advocates
- Summer interns
- Health professions students of any kind, including medical students, nursing students, students of pharmacy, public policy, health care administration, and so on

Do not worry if the shadower has no experience in a particular area of care. The fewer preconceptions a shadower has about the care experience, the more objective the shadower can be. Therefore, it is often preferable to choose a care giver who is unfamiliar with the experience being shadowed. Ask care givers to shadow segments of a care experience with which they are not involved, but which precede or follow the segments in which they work. This allows care givers to see the continuum of care from the patient's and family's point of view, rather than focusing narrowly on the segment of care for which they are usually responsible.

STEP 3: GATHER INFORMATION ABOUT THE CARE EXPERIENCE TO BE SHADOWED.

To prepare for shadowing, answer the following questions:

- **Which patients and families should we shadow?**

Should we choose new patients and families, returning patients and families, and/or patients and families who have transferred from other facilities?

- **Which days and times should we shadow?**

Should we base our decisions on patient volume, type of procedure, the number of care givers present on a given shift, or other considerations?

- **How do we perceive the current flow of care?**

Map what you think is the current flow of the care experience before you start to shadow. After shadowing, you will construct a Care Experience Flow Map (see glossary) to see the actual flow, and then compare the two.

- **Should we shadow each experience in a single episode, or break the experience into separate segments?**

The answer to this question will depend on the care experience you've chosen. If it is narrow (an outpatient office visit), you may choose to shadow the entire visit at once. If it is broad (the surgical experience of a patient needing a total joint replacement), you could choose to break the experience into smaller, more approachable segments (i.e. the operative segment, recovery, inpatient day one, etc.). After shadowing all segments, you can use them to build a complete story.

- **How and when will we notify stakeholders that we will be shadowing?**

Remember, shadowing is not a “secret shopper” program. In addition to patients and families, all caregivers should be aware of your presence and should feel free to provide input. Successful shadowing depends on input from patients, families and caregivers. If you develop a transparent relationship with these parties in advance, you will find that gathering information is not only easier, it is also more enjoyable. Make announcements at staff meetings, post notices on bulletin boards, and send e-mails regularly to keep all caregivers aware.

- **When is a good time to tour the area in advance of shadowing?**

A quick tour of the care experience location will help shadowers in several ways. It will provide the visibility that helps develop relationships between staff and shadowers. It will also provide an opportunity to ask questions about logistics – Where will we meet patients? Who can help us identify the patients we can shadow? What is the appropriate attire? Who is the appropriate caregiver to ask when we have questions? Choose one or two shadowers to tour the care area and pass the information along to others.



STEP 4: CONNECT AND COORDINATE WITH THE PATIENT AND FAMILY.

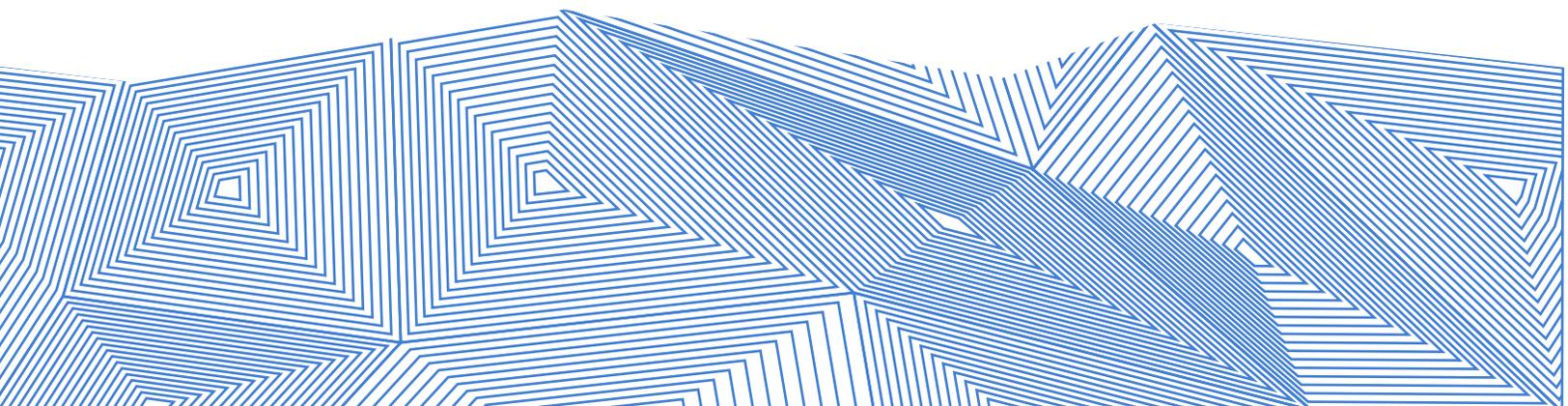
If you've met with a contact person in advance, you will know how to identify the right patients and families on the day of shadowing. Be ready to greet them when they arrive in the care area. When you introduce yourself, tell them who you are and explain your role as a shadower. "Shadowers observe, record, and evaluate experiences so we can improve the delivery of care for all patients and families, now and in the future." Let them know that you will be following them throughout the experience and that you'll be recording your observations on the goShadow app on your phone.

Always ask for permission to shadow. While informed consent is not needed, patients and families always have the right to refuse at any time. In most cases, patients are willing to be shadowed, especially when they are told that their input is welcome and valuable, and their participation will help others. If they agree, ensure them that no identifying information will be collected and that their privacy is taken seriously.

If the care experience dictates, it may be best to contact the patient before they arrive in the care area. For example, you may want to shadow patients and families starting from the time they arrive at the hospital parking garage until they check in at their appointment. Shadowing this segment would provide valuable insight into wayfinding, navigation, directions, and resources available to patients. If this is the case, give them your contact information so they can inform you if their plans change.

When you've finished shadowing with the patient and family, ask them if they have any additional questions, thoughts, feelings, or impressions they would like to share. Take a minute to wish them well and give them a shadowing "Thank You" card that contains your contact information.

A few days after shadowing, you can call the patient at home to ask for any other feedback and answer questions. A "Thank You" template is available at www.discoverdrd.com.



STEP 5: OBSERVE AND RECORD THE CARE EXPERIENCE AS VIEWED THROUGH THE EYES OF PATIENTS AND FAMILIES.

After receiving permission to shadow, carefully observe and document everything and everyone with whom the patient and family come into contact, as well as their thoughts, feelings, reactions, and impressions. Remember, collecting data is important, but data alone is insufficient to motivate change. A profoundly important result of shadowing is the qualitative information it yields. Shadowing tells the story of how it feels to be the patient and family.

Use the goShadow app to collect your data. goShadow allows you to capture the touchpoints, caregivers, timestamps, and qualitative observations that tell the story of the patient and family experience. When you're done shadowing, use the web platform to aggregate your data and construct a variety of shadowing reports. Refer to the goShadow User Guide and goShadow.org in order to download the app and for specific usage instructions.

To tell the most descriptive story, note the following in the goShadow app:

- **What are the touchpoints? Who are the care givers? This information will help you develop your Care Experience Flow Map.**
- **How long does each step along the care pathway take? For example, how long do patients and families spend in waiting areas, exam rooms, and so on? Easy-to-use timers within the goShadow app will allow you to time multiple caregivers and touchpoints at once.**
- **What are the first-hand comments, questions, reactions, and concerns raised by the patient and family, and at which points in the care process?**
- **What are the comments and suggestions made by care givers at each touchpoint?**
- **What are your own impressions, observations, and ideas for improvement based on the experiences and comments of the patient and family?**

Because the Health Insurance Portability and Accountability Act (HIPAA) mandates that patient privacy be protected, remember to disguise the real identities of patients and families during shadowing and in your shadowing report.

It will take only a few sessions of shadowing a particular care experience for themes or patterns to emerge. Although there is no rule specifying how many times patients and families should be shadowed, we recommend that you shadow a care experience at least twice. Shadowing multiple times—on different days and times—will ensure that your results are typical and will show you whether patients and families view their care experiences in the same way regardless of staffing levels, shift changes, patient volume, and so on. After you have a baseline understanding of the whole care experience, you may decide to shadow smaller segments to gain clarity and ensure you have adequate information. The more information you gather and the more thorough your notes, the more accurate and descriptive your shadowing report will be.

Shadowing should be done repeatedly over time. The “current state” of any care experience is dynamic, not static. You will always be evaluating the “new” current state and making changes to establish the “new ideal.” By shadowing repeatedly over time, you are seeing the ever-changing care experience through patient’s and family’s eyes. Not only will you continue to identify areas for improvement, you will see how past improvement projects affect patients and families. Think of shadowing and the improvement projects that result as a never-ending cycle. This is what makes the PCVS sustainable and brings renewed energy to improving care experiences over time.



STEP 6: REPORT YOUR FINDINGS TO THE PCVS WORKING GROUP AND PROJECT TEAMS.

The overarching goal – and a critical component of shadowing – is to construct a Care Experience Flow Map. This can be in the form of a map, a chart, or another graphic. As long as it depicts the places (touchpoints) through which patients and families pass and the people (care givers) with whom they interact, it will reflect the current state. Care Experience Flow Mapping can be eye-opening, prompting all care givers to ask, “How can we work together to not only improve flow, but the entire care experience for patients and families?” Your Care Experience Flow Map will help set the stage for change.

The Care Experience Flow Map that emerges from shadowing, allows Working Group and Project Team members to visualize what the experience truly looks and feels like to patients and families. The shadower presents the Care Experience Flow Map along with notes, observations, and other information captured with the goShadow app, to the Working Group. This information inspires improvement projects for specific aspects of the care experience.

When preparing your shadowing report, aim for the hearts, not just the heads, of your audience. Help your fellow care givers to empathize with the way the patient and family felt as they moved through the care experience. The shadowing report should put a face on the patient, family, and care givers, while telling the story of the entire care experience, step by step. Remember, data is essential but insufficient to motivate change. Emotions are powerful tools – use them to get and keep your audience’s attention and to persuade them of the urgent need for change.

Consider what will work best for your audience and construct your presentation accordingly. This could be an in-person meeting with a slide presentation, a virtual meeting with information available on a shared platform, or a simple oral report with a handwritten Care Experience Flow Map.

At a minimum, your shadowing report should:

- Define the care experience or portion of the care experience that was shadowed.
- Express the comments and observations made by the patient, family, caregivers and shadower, as well as any other details that aim for the heart.
- Summarize the demographics of the shadowing event (for example, the date[s], time of day, and number of patients and family members shadowed, etc.).
- Include a Care Experience Flow Map highlighting the touchpoints and care givers identified through shadowing.
- Include narrative details, such as any recommendations made by the patient, family, or shadower.

A note on sharing difficult feedback:

There will undoubtedly be occasions when a shadower observes an occurrence that is less than ideal. He or she may be uncomfortable reporting this information for fear of getting a care giver into trouble or painting the care experience in a bad light. Keep in mind that, in most cases, revealing this information is exactly what is going to help improve the care experience for patients and families. Shadowing is meaningful and helpful only if you do not sugar-coat your observations and reports. Use your best judgment and immediately speak up if you feel you're witnessing an issue of patient safety. If you encounter a particularly egregious event during shadowing, consider sharing it with a Care Experience Champion (a key member of the Guiding Council) before sharing it with members of the Working Group.

SHADOWING IS THE KEY TO CO-DESIGNING EXCEPTIONAL CARE EXPERIENCES.

In the busyness of our professional lives, it can be easy to forget that we are not just care givers, sometimes we are patients, or the family members of patients, ourselves. Shadowing reminds us what it feels like to be vulnerable. If we are open to seeing, we will inevitably be open to doing whatever we can to improve the care experience for patients, for families, and, by extension, for ourselves. Shadowing renews the empathy that drives us to propose, make, test, and spread needed changes. If you've had ideas for improvement in the past but thought no one was listening, shadowing will give you the forum to explore and share those ideas. The results—the transformation of care, one experience at a time—will simply amaze you.

Let this guide serve as your resource for guiding your team through shadowing and for using your shadowing results in the most effective way. For a quick review, and concise answers to our most frequently asked questions, please see the following pages.

FREQUENTLY ASKED QUESTIONS

- ***What is shadowing?***

Shadowing is the real-time observation of patients and families as they move through each step of a care experience.

- ***What does shadowing show us?***

Shadowing shows us where the patient and family go, who they interact with, for how long, and what they see, say, hear, and feel during the care experience.

- ***Who can shadow?***

Anyone can shadow. Those who work both in and outside of healthcare can observe the patient and family experience. Shadowers can be employees, students, or volunteers. The technique is easy to learn and simple to start. Refer to the “Train the Trainer” guide for more information on building your own shadowing program.

- ***I have no experience in any healthcare setting. Can I still shadow?***

Yes. Anyone who is willing to see through the patient’s and family’s eyes can shadow.

- ***Are shadowers “secret shoppers?”***

No. Shadowing is not a secret shopper program. Patients, families, and caregivers are all aware every time you shadow. Even more, patients, families, and staff are all instrumental in giving you the feedback that will form your shadowing report and Care Experience Flow Map.

- ***How should I record my shadowing observations?***

Use the goShadow app. The goShadow app allows you to easily record and time all of the touchpoints (places) and caregivers (people) who interact with the patient and family. In addition to touchpoints and caregivers, you can also record the patient’s and family’s comments, questions, reactions, and concerns about the care experience. Download the goShadow app at goShadow.org.

- ***Do patients need to sign informed consent?***

No informed consent is necessary, but always ask the patient and family for permission to shadow their experience. Patients and families have the right to refuse for any reason at any time.

- ***Will shadowing cause a HIPAA violation?***

No patient, family or staff identifiers are collected during shadowing. All observations are kept anonymous and no names, medical record numbers, or other unique identifiers are recorded.



FREQUENTLY ASKED QUESTIONS (contd)

• *What do I do with shadowing data?*

Information like time stamps, touchpoints, and caregivers, are used to construct a Care Experience Flow Map (that shows the patient's and family's care experience). A shadowing report tells the story of the patient's and family's care experience using their observations, feelings, and impressions. The goShadow app easily generates both reports with a few simple clicks. Within the goShadow app, create a "Comprehensive Report" to see qualitative observations of a care experience. Create a "Time Study Report" to see the chronological flow through touchpoints, and times spent with caregivers. Additional reports that are available through the goShadow app are Accolade and Opportunity reports that clearly delineate the "thumbs up" and "thumbs down" moments witnessed by shadowers.

• *Who is the audience for the Care Experience Flow Map and shadowing report?*

These reports will be presented to the Working Group and Guiding Council at the Working Group kick-off meeting. These reports should also be shared with leadership including, but not limited to, hospital CEOs and VPs, chief medical and nursing officers, administrators, directors, and clinicians.

• *Won't staff act differently because they know they're being watched?*

Sometimes, yes. This is a well-known occurrence and is called "the Hawthorne effect." The Hawthorne effect is when individuals change their behavior because they know they are being observed. If staff changes the way they act during shadowing so that they provide the best possible care, this is an added bonus – after all, we are aiming to improve care delivery! Remember, we are, in fact, shadowing the "system of care delivery" of which each staff member is a part. It is not unusual for staff to become quite open, making suggestions for improvement right in front of patients and families. This is another positive result of this open and transparent process!

• *How many times do I need to shadow a care experience?*

There is no sample size or statistical significance to aim for when shadowing. Opportunities for improvement will be identified even after one shadowing experience. After shadowing multiple times, you will see that themes and patterns will emerge (i.e. things like communication, wayfinding, environment, or staff education). When these themes and patterns emerge, and when you have enough information to construct your Care Experience Flow Map, you can decide the next step. You might want to wait for a Project Team to implement changes and then re-shadow the experience. Or you may want to shadow individual segments of the care experience to gain a better understanding of details. Work with the Guiding Council and Project Teams to determine your next steps.



FREQUENTLY ASKED QUESTIONS (contd)

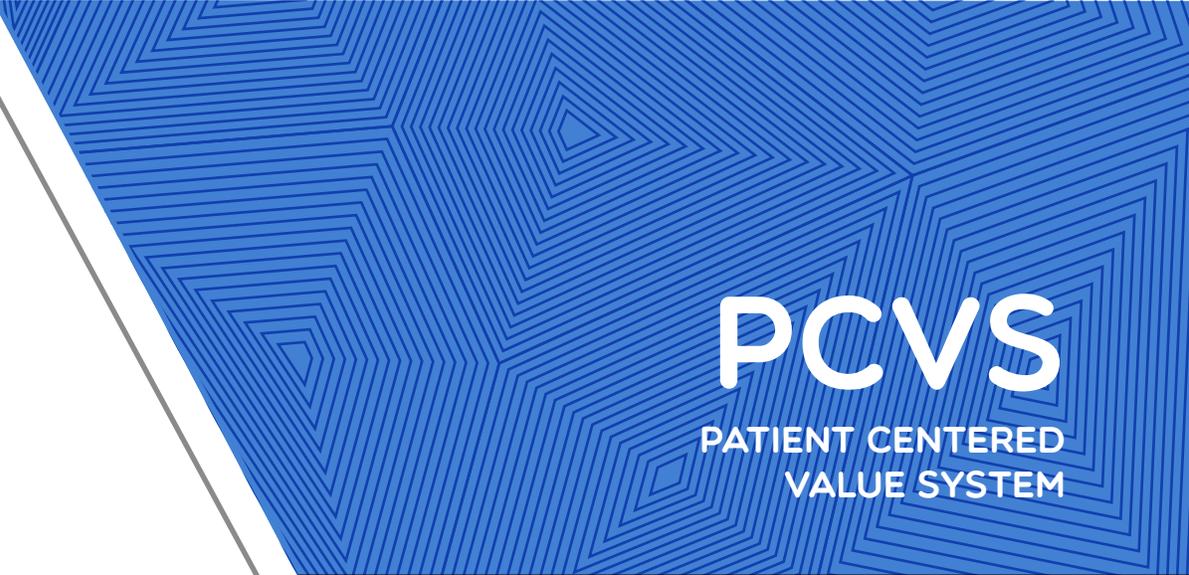
- ***What if, while I'm shadowing, I see something wrong or something that will compromise patient or staff safety?***

Always speak up for safety and for ethical practices while making sure to also note the observation. While the shadower should not normally affect the observation process, if there is something you see or hear that puts a patient or staff member in danger, or something that is clearly wrong, definitely say something. Safety is always our first priority. If you feel uneasy about something you've witnessed or feel there is an issue that should be dealt with urgently, reach out to a member of your Guiding Council for direction.

- ***Will the information I record get staff in trouble?***

No. Information you will record will be de-identified. No staff members will be individually named. However, remember it is imperative that shadowers collect observations that are accurate, represent the current state and are not sugar-coated. Only with truthful, transparent information can we identify areas for improvement and make the changes needed to improve the care experience.





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