Patient and Family Shadowing

Creating Urgency for Change

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The Patient- and Family-Centered Care (PFCC) method and practice has been developed over the past 4 years as a means of improving care experiences by viewing all aspects of a patient’s care experience through the eyes of the patient and family. One of the most powerful components of the method, evaluating care through patient and family shadowing and the accompanying care experience flow mapping, is described. An overview of the PFCC method can be found in the authors’ article in the December 2010 issue.

The Patient- and Family-Centered Care (PFCC) method and practice has been developed and refined over the past 4 years at the University of Pittsburgh Medical Center (UPMC) as a means of improving care experiences and exceeding the needs and desires of patients and their family members. A simple 6-step process that focuses on viewing all aspects of a patient’s care experience through the eyes of the patient and family, the PFCC method and practice has proven to be a reliable and sustainable method of improving care delivery quality, patient safety, and satisfaction without additional cost.

1 Originally developed and implemented in 2006 in a busy orthopaedics service, the PFCC method and practice has since spread to dozens of clinical and nonclinical care experiences at 10 hospitals, corporate service, and ambulatory areas of UPMC, including such diverse care experiences as trauma, rheumatology, oncology, home healthcare, and human resources, with impressive results.

The third step and one of the most powerful components of the PFCC method and practice involves evaluating the current state of the care experience selected for improvement through a variety of methods from the PFCC toolkit, including patient and family shadowing (PFS).

What Is PFS?

Before making changes to any component of the care delivery experience, it is critical that care givers and project team members accurately understand, in detail, what patients and families currently experience; otherwise, even the best intentioned attempts to improve the care experience will fall short of making meaningful and lasting, transformational improvements. Too often, we assume that we know what our patients and families experience, but without properly observing and recording and evaluating the experience (from beginning to end), we do not truly know what the experience feels like to those going through it.

Shadowing, simply stated, involves having a committed and empathic observer follow a patient and family throughout a selected care experience to view and capture the details of the entire care experience from the point of view of the patient and family. As Brown2 discusses in Change by Design: How Design Thinking Transforms Organizations and Inspires Innovation, humans are ingenious at adapting to inconvenient situations and often do not recognize less-than-optimal situations or know how to transform an imperfect situation to create the ideal. It is impossible to articulate needs or desires of which we are not aware. Brown states that 3 elements are necessary for transformational change: (1) insight,
which requires observing actual experiences beyond gathering and analyzing data, (2) observation, which is the most likely technique to trigger truly new ideas, and (3) empathy or feeling the emotions of a situation. As Brown says, empathy "is how we translate observations into insights."

A sense of urgency, then, is created by empathetically observing the care experience through the eyes of the patient and family, and the insights gained drive change as care givers strive to perfect the patient and family care experience. The continuity of the stepped PFCC process, with a permanent working group and a continual influx of project teams, makes the drive toward change sustainable.

At UPMC, PFS has evolved over several years. It began when leaders of the orthopaedics program were looking for ways to improve services; summer students from a local healthcare administration program, who had been hired for a variety of tasks, were asked to shadow patients and families as a way to help care givers view care through the eyes of patients and families. Initially, PFS was pursued for subjective/qualitative information; soon, however, the technique began to be formalized, and its use was extended to mapping the care experience and capturing objective data, for example, time studies.

As the PFCC method and practice was developed, PFS and care experience flow mapping became centerpiece tools, with low cost and high impact, and it became clear that these techniques, which enabled care givers to view care experience through the eyes of patients and families, were driving change in the work groups and transforming care experiences.

**PFS Shadowers**

The first step in setting up the PFS component is to appoint a PFS shadower. This shadower is responsible for shadowing patients and families throughout the selected care experience, as well as for recording and reporting his/her observations. Figure 1 displays the basic skills and qualities desirable in a PFS shadower.

In the best case scenario, the patient/family will feel a level of confidence in the shadower that leads them to mention every instance wherein an aspect of their care experience exceeds their expectations as well as anything felt to be less than optimal. The shadower serves as a real-time recording device, carefully documenting anything and everything that directly or indirectly has a positive or negative impact on the care experience as seen through the eyes of the patient and family. Metrics for time studies and details for a care experience flow map are also recorded.

Although there are no rules for the number of times a care experience needs to be shadowed to collect an adequate amount of observational information, the care experience should be shadowed at least 2 separate times to ensure that the first shadowing results were not atypical and to document differences across individual care experiences. There are times when the shadower can get a sufficient amount of information within the first few hours of a shadowing event, and there are times when repeated observations (or repeated observations of smaller segments of the entire care experience) are necessary or are requested by the working group. Gathering more observational data generally results in a more accurate and informative shadowing report.

Optimally, PFS shadowers should not be familiar with the care experience being observed; to the contrary, it is best to use individuals who can look at the patient and family experience with a fresh set of eyes, without preconceptions or biases. Suggestions for observers include summer interns, college students, nursing and medical students, light duty staff, or even volunteers, who can be inexpensive but high-impact resources.

**Initial Shadowing Guide**

Before shadowing begins, the PFCC working group champions or project team leaders should meet with the PFS shadower to review the care experience being observed and help the shadower develop an initial shadowing plan. The initial shadowing plan will be used as a “standardized protocol” while sequentially shadowing multiple individual patients and family members through their care journey so that similar categories of information are collected from observation to observation.

The initial shadowing guide was designed at UPMC as a tool for the PFS shadower to use as a reminder of what to look and listen for during PFS. As Figure 2 shows, it provides the PFS shadower with a guideline regarding elements of the care experience to capture during the shadowing, such as first

| Positive attitude |
| Empathy |
| Detail-orientation |
| Critical/analytical thinking |
| Ability to multi-task |
| Reliability |
| Compassion |
| Ability to convey trustworthiness |
| Ability to engage and connect with the patient and family throughout the care experience |
| Ability to engage with staff involved in the care experience |

Figure 1. Basic skills and qualities of a patient and family shadowing shadower.
impressions; current care flow; redundancies; process work-arounds that staff have created; metrics such as wait times and number and type of interactions and communications between patients/families and staff; patient and family reactions; and ideas for changes by patients, families, staff members, and the shadower. The initial shadowing guide can, however, be modified and customized to meet users’ needs.

Although the main goal of the shadowing guide is to document the patient and family care experience, the PFS shadower should also make note of recommended changes to the guide itself that can lead to improvements in the quality of data being captured in subsequent shadowing sessions. The real-life excerpt below illustrates the PFS shadower’s recommended changes to an initial shadowing guide.

Protocol

1. It was originally determined that initial contact between the PFS shadower and the patient/family would occur at the surgical services unit of the hospital.

Findings

1. It was difficult to locate the patient and family in the crowded surgical services waiting area without disrupting other patients and staff. Two patients’ experiences were not fully captured because contact was made in the preoperative holding area rather than the surgical services unit waiting area.

2. If initial contact between the PFS shadower and the patient and family is made in the surgical services unit waiting area, it was observed that there was a catch-up period in which the patient and family voiced their opinions about things they experienced before initial contact with the PFS shadower.

Possible Solutions

1. Modify the initial shadowing guide to expand the defined care experience. Rather than beginning at the surgical services unit waiting area, start at the point where the patient and family arrive at the hospital (e.g., valet parking or parking garage).

2. Develop a new method for making initial contact with the patient and family. Try contacting the patient the night before surgery and establishing a meeting time and place.

From the moment initial contact is made between the PFS shadower and the patient/family, the shadower must be immersed in the care experience, carefully and accurately recording everything that occurs, as much in real-time as possible. Every touch point (defined as any time a patient or family member has an interaction with any care giver) of the care experience needs to be recognized and documented in the shadowing process. Critical areas to observe and record include the following:

- Time and duration of events
- Staff-patient/family interactions
• Care experience pathway (where does the patient/family travel within the healthcare setting)
• Patient/family questions, comments, concerns, complaints
• Personal thoughts and observations concerning the care experience
• Staff interactions and suggestions

It is important for the shadower to remember that no one need see these raw notes. The notes will be converted into a report to help the working group and project team understand the care experience pathway, the positives and negatives of the care experience, and the areas that need to be improved. All HIPAA privacy rules must be followed while documenting the care experience; therefore, names must be omitted. The shadower might use a numbering system wherein a number represents a specific patient and family.

**PFS Report**

The PFS shadower should review the raw notes (starting at the beginning and mentally walking through the actual experience through the eyes of the patient and family) and create a patient and family care experience report. This report should be a clear, coherent, and in-depth synopsis of the PFS shadower’s raw notes. It should allow the reader to “walk in the footsteps” of the patient and family. Although the general appearance of the report may vary from PFS shadower to shadower, and by care experience, the PFS shadower must analytically create a report that is easy to read and from which all relevant information can be recognized as quickly and effortlessly as possible. Figure 3 is an excerpt from a PFS report highlighting 1 segment of a patient/family journey through the ambulatory surgery experience at a tertiary care hospital.

**Care Experience Flow Maps**

Care experience flow maps are an important result of shadowing and are always included as part of the PFS compilation report, as shown in the example in Figure 4, which was generated after observing patients and families at an outpatient office visit.

Each numbered block of the care experience flow map represents a distinct step in the overall experience and is numbered chronologically. Furthermore, the blocks are spatially arranged to mimic the actual patient/family journey.

### Arrival and check-in experience on day of surgery

- The patient’s family members (daughter and son-in-law) were met in the ambulatory surgery unit’s family lounge of the hospital at 5:25 AM.
- Upon arrival of the patient and family shadowing shadower, the patient was already in the pre-operative holding area and was greeted at 5:36 AM.
  - When asked, the patient and family reported having “absolutely no problems at all with their arrival to the hospital,” including parking and locating the ambulatory surgery unit.
  - They reported arriving at 5:10 AM and the patient was taken back to pre-operative holding at 5:15 AM. At 5:30 AM, staff brought out the patient’s belongings in 2 large plastic bags and gave them to the family.
- Upon arrival to pre-operative holding area 7, the patient’s daughter commented, “Why was I told that only one family member is allowed back here? Everyone else has 3 or 4 people with them…”
  - NOTE: There was only one chair for one family member in the holding area bay.
- Upon the nurse’s arrival to place the wristbands on the patient, she commented that she would get another chair for a family member to sit on.
  - Why was the patient told that only one person was allowed back, and then offered additional seating once actually in the pre-operative holding area?
- The nurse returned at 5:58 AM to chart patient’s vitals and brought an additional seat to holding area 7.
  - The nurse also offered to “check-in” the patient’s belongings so the family didn’t have to carry them around all day.
  - Patient’s daughter went back to family lounge to get belongings to be checked.
    - If “check-in” is possible for belongings, why were belongings returned to the family in the first place? Possibly automatically “check-in” all patients’ belongings.
  - Nurse also informed family that the patient can receive a phone or leave a cell phone number with the liaison to receive updates if the family members leave the family lounge area.
  - Nurse offered patient additional blankets before exiting.
- Physician’s resident entered to check patient’s history at 6:07 AM.

Figure 3. Day of surgery experience (arrival and check-in).
office, thus reflecting the movement of the patient and family through their care experience. The time durations located above the black arrows signify the average time it took for each patient/family to travel from the previous step in the process, whereas the times in parentheses in block 4 represent the average time each patient spent waiting in the examination room, as well as total time spent with the physician. The bulleted statements located inside of the blocks represent events that were standard to all patient and family experiences.

Care experience flow mapping provides a visual representation of the care experience that can illuminate inefficiencies in process and/or physical space, care delivery silos that present barriers to optimal care experiences, as well as redundancies or omissions in the care experience.

**Presentation of PFS Findings**

After the compilation report is completed, the PFS shadower presents the findings to the entire PFCC care experience working group. From the plethora of information generated by the PFS shadower, the PFCC working group members begin to identify gaps in, or less-than-ideal components of, the care experience and to prioritize the opportunities to make improvements. Project teams are then appointed to begin the work of improving the existing care experience.

Through PFS, the positives and negatives of patient and family experiences are identified, as are artificial silos among staff that prevent the delivery of exceptional care. The shadowing observations drive the PFCC working group and empower staff to become more active participants in the care experience. Defensiveness among staff and resistance to change are decreased or eliminated altogether as the PFS process removes blame from care givers by placing the focus on transforming the patient’s and family’s care experience. It is at this point in the PFCC method and practice that a sense of urgency is created, as staff gains an appreciation for the care experience through the eyes of the patient and family and desires to make changes so that subsequent care experiences are exceptional.
**Conclusion**

Patient and family shadowing allows the care givers to see both what is good and what is not so good about patient and family experiences through the capture of both hard and emotive data. It points to specific areas where improvements can (and must) be made, such as touch points where breakdowns in communication between services tend to occur. Shadowing also highlights inefficiencies and redundancies in the care experience pathway and allows care givers to focus on the effects that these have on patients and families. It is this focus that creates the urgency that drives change.

Patient and family shadowing provides a tremendous opportunity to gain an insider view of the healthcare system and of the individual care experiences that occur day in and day out. The deeper understanding of the patient and family journey through the healthcare experience provided by PFS often invokes feelings of empathy among care givers, which in turn helps to remove bias and reduce defensiveness, ultimately creating a learning environment that both welcomes and drives innovation and change. Furthermore, the immediate feedback provided by PFS shortens the design cycle and the time necessary for implementing change.

Patient and family shadowing is simple, and thus, it is often overlooked as an important step in performance improvement; however, it yields benefits far beyond those that occur with other performance improvement techniques, providing the foundation upon which rapid, sustainable, and transformational improvements can be made to achieve true PFCC.

**References**


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**The Journal of Nursing Administration**

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