

Shadowing Improves Patient Care Experience



Understanding every moment of the patient and family experience in their journeys through a healthcare system — from parking in the hospital garage to being treated in the ICU — is key to achieving patient-centred care. This is the philosophy behind a novel quality improvement programme implemented at the University of Pittsburgh Medical Center (UPMC).

“Healthcare providers should view all care as an experience through the eyes of patients and families,” says Pamela Greenhouse, MBA, executive director, Patient and Family Centered Care Innovation Center (PFCC) at UPMC. “Our goal is to help patients, families and healthcare providers learn from each other and partner to co-design ideal care delivery.”

UPMC’s quality enhancement programme identifies care experiences and processes that need to be improved, and forms cross-functional project teams of personnel involved in targeted patient and family experiences. These teams include clinicians and non-medical staff, such as administrators and even parking staff, billers and schedulers.

A critical step in the PFCC methodology is shadowing, or real-time observation of patients and families as they move through each step of their healthcare journey. According to Greenhouse, shadowing not only provides objective information, such as where patients and families go and who they come in contact with, but also subjective feedback — impressions, concerns and ideas.

“We partner with patients, family and staff in gathering this information. The goal is to capture the current state of the care experience you are trying to improve,” Greenhouse explains. “We often meet families in the parking garage because for us the experience begins when we first connect with them, but for families and patients, it begins earlier and transcends walls and departments.”

Greenhouse notes that shadowing makes patient engagement much more than a marketing buzzword. “Shadowing leads to empathy, which leads to insight, and provides an emotional connection not possible by analysing data.”

One example of the benefits of shadowing, cited by Greenhouse, is the way it has been used to improve experiences and clinical outcomes among bariatric surgery patients. “Shadowing showed that patients and families were receiving insufficient education about common complications of the procedure — poor hydration, abdominal pain and nausea,” says Greenhouse. “This prevented many patients from managing these symptoms post-discharge and often resulted in return visits to the hospital.”

As a result of the observations and seeking patient and family input for redesign, these changes have been implemented for bariatric surgery patients:

- Hydration information is now included in pre-op/discharge education packages;
- Patients are quizzed before discharge to help clinicians gauge their understanding of hydration;
- Patients leave the hospital with a pre-measured water bottle and a discharge journal for recording information about fluid intake, wound assessment, pain and nausea frequency and severity.

The UPMC-PFCC methodology has been adopted by more than 35 healthcare provider organisations worldwide.

Source: [National Association for Healthcare Quality](#)

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Published on : Wed, 29 Apr 2015