John Snow, Inc.

**Co-Design for Better Care Program
Co-Design Grantees' Experiences with Shadowing:
Summary of Key Findings**

Prepared for Center for Care Innovations

By
Karuna S. Chibber, DrPH
Jenette Spezeski, MPH
Eliana Greenberg, BA

December 17, 2015

Table of Contents

Introduction

With the implementation of the Affordable Care Act, healthcare organizations nationwide are investing in strategies to improve patient care experiences and clinical outcomes while reducing costs. One such strategy is patient-centered care, which the Institute of Medicine describes as "care that is respectful and responsive to individual patient preferences, needs, and values" and incorporates patient values in clinical decisions and healthcare delivery.[1]

The Center for Care Innovations (CCI) partners with healthcare safety-net providers to accelerate the testing, adoption, and diffusion of innovations designed to better serve the needs of underserved populations, such as patient-centered care delivery projects. In January 2015, CCI collaborated with Blue Shield of California Foundation to launch the 'Co-Design for Better Care' program. In this program, four California safety-net health centers (subsequently referred to as Co-Design program grantees or grantees) received funding and technical assistance to learn and apply the 'Patient and Family Centered Care Methodology' (PFCC) This methodology offers a six-step approach to engage patients and their families in the design and implementation of improvement projects to enhance patient care experiences, better meet their needs, and ultimately, improve health outcomes and reduce healthcare costs.

CCI engaged John Snow, Inc. (JSI), a public health research and consulting organization, to provide evaluation assistance for the Co-Design for Better Care program. JSI's role included the following:
1) Make recommendations to CCI regarding overall program evaluation
2) Facilitate grantee workshops to identify evaluation questions, internal evaluation capacity, and existing evaluation strategies
3) Use data from workshops to recommend outcomes, indicators and measurement strategies for grantees to evaluate their improvement projects
4) Provide technical assistance to support overall program evaluation

As part of JSI's provision of technical assistance, CCI requested that JSI conduct in-depth interviews with Co-Design grantees to better understand their experience employing shadowing. Shadowing is one method or tool in the six-step PFCC methodology that enables caregivers to see and understand any experience from the perspective of the patient and their family. According to the founders of PFCC methodology, shadowing entails "direct, real-time observation of patients and their families as they move through a care experience in any healthcare setting." More than objective observation, shadowing is described as a "pathway to empathy, to true identification, and to authentic communication with patients and families." This document summarizes key themes from interviews with grantees about their experience implementing shadowing in their health centers as part of the Co-Design program.

Methods

In November 2015, JSI conducted in-depth interviews with one member of each of the four Co-Design program grantees. Interview respondents were identified by CCI as Co-Design program leads for their

---

[1] Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academy Press; 2001.

health center and/or active members of the Co-Design teams who would be able to provide a rich and unbiased illustration of their health center's experience implementing shadowing. Interviews were conducted via phone and lasted approximately 45 minutes. Interviews explored the following areas:

- Grantee experience using shadowing
- Comparison of shadowing to other patient-engagement methods
- Barriers/facilitators to applying shadowing
- Plans to continue using shadowing after Co-Design program ends
- Suggestions to improve future efforts to use shadowing in safety-net health centers

Key Findings

In this section, we summarize key themes that emerged from a thematic analysis of interview data.

Shadowing is amenable to staff and patients. Grantees reported that a key benefit of shadowing was how amenable it was to staff and patients. They explained that the patient-centered objectives of shadowing helped to reduce provider anxiety at monitored by supervisors, while making patients feel valued and part of a collaborative effort to improve healthcare. Three out of four grantees reported that patients approached for shadowing were willing to participate. Sharing patients' reaction to shadowing, one grantee said:

> *"They would say, 'Oh I am glad that this happening so that way you are also experiencing what we go through when we wait here in the lobby.'"*

One grantee explained how her staff was usually hesitant to solicit patient feedback since they receive many complaints which leads to finger pointing among staff. She said there was no resistance to shadowing since it had been presented as a team effort focused on understanding the patient experience from perspective of patients, and critically examining health center practices with the goal of improving services.

Positive experiences using shadowing and method has many benefits. Grantees consistently reported positive experiences with shadowing and emphasized several benefits. They said that shadowing could be conducted by all staff after basic training and that it provided a *"fast way of learning and for getting insight on changes that are being tested out, and what is working or not working."* A few emphasized the value of shadowing early in care redesign efforts. According to respondents, shadowing provided a comprehensive understanding of the entire patient visit, allowed identification of areas for improvement, and revealed new insights about clinic practices. For example, shadowing revealed the difference in staff perceptions of patient experiences versus patients' reality. Shadowing also illuminated that clinic systems had been working in the exact opposite way of how staff intended. Articulating these ideas, grantees said:

> *"It offers insights you can't anticipate. It is also helpful to understand the current state in order to know what to improve…. Helpful to understand where we were really were."*

> *"The things we learned doing the shadowing are not things that we would have learned if we hadn't done the shadowing."*

Other benefits included facilitation of conversation among staff about areas of improvement. According to grantees, since shadowing reveals findings about the entire patient visit, the data reflected many aspects of a health center's operations, rather than being pointed at one individual staff member. This made it more comfortable for staff to discuss findings and to brainstorm strategies for improvement. Shadowing also helped to facilitate conversations between staff and patients. One grantee explained how discussing shadowing findings with her patient advisory council members led to more candid feedback from patient advisors and allowed for a more open and free-flowing conversation. She attributed this to the fact that advisors may have previously felt compelled to acknowledge staff perspectives (e.g., how staff are overworked) when consulted on specific quality improvement (QI) issues; however, with shadowing the advisors were reacting to findings from observations of actual practice. Articulating this sentiment she said:

> *"In most QI efforts patient advisors are engaged for a specific aspect of care design. With shadowing patients get to surface what experiences they want to share and what parts of their experience they would like to improve [and this is what was brought to advisors for discussion]."*

Shadowing has distinct benefits in comparison to other methods. Most grantees agreed that shadowing was less time intensive, less costly, and logistically less challenging to implement compared to other methods of gathering patient information. Unlike focus-groups and interviews, shadowing did not require advance set-up. Patients were always available at the clinic and, by repeating shadowing, grantees expressed that they could obtain a more representative sample as compared to a focus group with 6-8 patients. Grantees said that other patient engagement methods, while valuable, were extremely time-intensive, such as recruiting and sustaining patient advisors. Comparing shadowing to patient surveys, grantees said that shadowing provided answers to more than just a few questions. As one grantee indicated, shadowing was extremely powerful to capture information in real-time and *"experience it first-hand."* Importantly, shadowing differed from surveys in questions did not have to be determined a-priori but could be adapted to what seemed most relevant to the particular shadowing cycle. Compared to observation, shadowing had the benefit of *"being able to move with the patient through the entire visit to understand experiences and see all touch points."*

A grantee with extensive experience in a variety of patient engagement methods and practice improvement work said that while shadowing was useful it was important to remember that not all methods serve the same need. She said that shadowing is a valuable tool to add to grantees' toolkit of patient-engagement methods. According to this grantee, it was important for grantees to enhance their toolkit but to always think about the congruity between the tool and the question at hand. Expressing this idea she said:

> *"There are many tool and techniques for patient engagement, staff engagement and learning from our patients. The benefit has been that the tools have not dropped out [after grants and trainings and continue to be used]…. We need to ask what we are doing, what do we need to know and what are best tools that we can use."*

Skills gained. A few grantees said that shadowing had raised staff awareness of patients' needs and sensitivity to their feelings and emotions. By using the shadowing tool, for instance, staff had been able to capture and better understand patients' emotional pain points. One grantee said that this heightened awareness of patients' emotional experiences is carrying over into other aspects of their work, making

3

staff more sensitive to their patients. Others reported that shadowing was an important tool to understand the patient experience, but it had not improved patient-provider communication.

Shadowing implementation and adaptation align with clinic needs. Grantees mostly reported using PFCC methodology's shadowing guidelines and tools. They did, however, report varying levels of patient interaction while implementing shadowing. On one side of the spectrum, shadowers passively observed patients and answered only urgent questions (e.g., reminding patients to schedule follow-ups or involving appropriate staff member if an issue was time sensitive). On the other side of the spectrum, shadowers observed and actively interacted with patients, using the opportunity to educate patients about clinic practices and address concerns and *"show that you care."*

A few grantees, often those with more experience in patient-engagement strategies, adapted the technique to better fit their health centers' needs. For example, one grantee said during the second round of shadowing her team added a series of probing questions to enhance shadowing findings. Explaining why this was important, she said:

> *"Just because you get a person to observe does not mean you're getting the patient's perspective. It is important to ask questions with the observations and get feedback from the patient how they are viewing it. So we added a few probing questions."*

This grantee's team had also developed shadowing practices for staff-to-staff observation of practice and training. The grantee said that when she presented shadowing to one of her patient improvement teams, they decided to adapt it to train new staff, and now many clinics were using shadowing to *"improve the working environment and communication between front and back office staff."* They had developed a checklist of practices to be observed by staff when shadowing each other.

Another grantee tried multiple approaches to shadowing and explained the value of each approach. One was similar to participant observation where staff would just *"watch and listen"* and behave like other patients by standing in line and waiting for the appointment to truly experience the patient's perspective. A second approach was to have staff inside the clinics act as observers but also be available to answer patient questions, and triage issues as needed during the observation periods.

Main barrier to implementing shadowing relates to lack of staff time. Grantees consistently reported that the biggest challenge to implementing shadowing was the lack of time. Many grantees explained that they tend to be short staffed and that implementing shadowing often required taking time away from other commitments. Some grantees had addressed this challenge by working with volunteers or interns with designated time for shadowing. Lack of time also meant that staff sometimes forgot to shadow, and that it took a few tries and reminders to integrate shadowing with routine clinic practice. Another reported was the need for flexibility, especially when trying to shadow unscheduled visits such as patient walk-ins. This, in turn, made it inefficient to hire staff exclusively for shadowing.

Citing resource limitations that prevented all staff from doing shadowing, one grantee highlighted the need for protocols and systems to ensure that the findings gleaned from shadowing were shared in ways that are inclusive. Engaging all staff in the process and report back of findings, the grantee felt, would help to ensure buy-in for areas of change that had been identified. She said:

"[Need to make sure] that all staff are somehow involved in the process rather than just a small group making decisions that have implications for everyone."

Plans for future use. Two of the four grantees interviewed said that they hoped to find ways to continue using shadowing after the Co-Design program ends. The other two grantees clearly described how they had already started to internalize shadowing with clinic practice.

One grantee said that even though they could not use shadowing as consistently as during the program, they had decided to make shadowing part of their practice. For example, it had also become part of their practice of training new staff. Advocating for shadowing she said:

"We're just not going to stop using it. It is part of our regular routine…. It will remain how we do business and we will do it a couple times a week."

As previously described, for another grantee, shadowing continues to be used in the clinic where it was introduced as well as others in her organization. It is being used for the purposes of shadowing staff-to-staff practices, patient observations, and improving communication. Additionally, the grantee explained that she plans to train new clinic administrators in shadowing and to integrate shadowing with ongoing practice improvement efforts. Articulating her ideas for integrating shadowing with routine practice, she said:

"As we start a new practice improvement team, we always need to gather new information, so I might start with shadowing for our new team. It is a good assessment tool. This time we don't intend to use POM survey [a tool previously used for patient assessment] but will use shadowing. It is a good opportunity to learn more from patients as we identify areas of improvement."

Suggestions for future use. A consistent message from grantees was that *"everyone can do shadowing"* and that other health centers should *"just do it"* since shadowing reveals new and interesting things, often different from provider assumptions. Two grantees emphasized the importance of thinking about sustainability for future use of shadowing. They recommended finding ways to integrate shadowing practices with other clinic improvement activities and regular QI infrastructure. Explaining the importance of sustainability of shadowing, one grantee said:

"[The] value in learning a new method is the ability to continuing using the techniques as they fit within the organization and beyond the life of the grant."

A grantee with more experience in patient engagement shared her perspective that shadowing is easier to implement, produces more meaningful results, and is likely to be sustainable if the health center establishes a practice improvement culture. She attributed the relative ease of implementing shadowing in her health center and taking it to higher levels to having spent time fostering a culture of practice improvement. A final suggestion was to think about the synergy between shadowing and other CCI training and tools. One grantee reported finding the additional tools provided through the Co-Design program (e.g., innovator's guidebook) to be very useful and said that it would be helpful to think about how *"all the tools link together and how they can be used most effectively."*

Additional support needs. Grantees were satisfied with the resources and support provided through the Co-Design program for shadowing. They wanted more support in other areas. For example, one grantee

wanted more support for implementing changes such as with the improvement projects. She said even if staff were willing to shadow and identify areas of improvement, her team continues to be resistant to implementing change processes. Another grantee wanted more guidance on how to integrate shadowing methodologies beyond Co-Design, especially with other QI efforts existing clinic efforts to improve patient experience that are not solely focused on Co-Design.

Conclusion

In conclusion, grantees report overwhelmingly positive experiences with shadowing. Shadowing is perceived as an easy-to-use and quick way of gathering insights about patient experiences and how change efforts are working. Shadowing is seen to have several distinct benefits as compared to other method of patient-engagement, including being less time-intensive/costly and logistically challenging to set up and implement. Of particular value is the fact that the patient-centered objectives of shadowing make it agreeable to staff and patients. Grantees felt shadowing helped reveal new and interesting things about clinic practice and facilitated conversations among staff, as well as between staff and patients. Grantees think of shadowing as a valuable addition to their toolkit of patient engagement strategies. All grantees are advocating continuing shadowing in their clinics, and two of the four grantees have already internalized shadowing into daily clinic practice and further adapted the method to better fit their needs, taking it to new levels.