ImERSE
(Improving Experience through Regular Shadowing Events)

1) Understanding care as an experience in the context of the whole family &

2) Using PFCC for education and quality improvement

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It is only with the heart that one can see rightly; what is essential is invisible to the eye.”

Antoine de Saint-Exupéry, The Little Prince
Session Outcomes

1. Understand the potential benefits to a healthcare service in implementing Patient and Family Centred Care (PFCC) methodology.

2. Be able to design a shadowing initiative of their own, and methods of analysing the outcomes.

3. Have a new appreciation for the stratification of QI findings.

4. Understand further ways to address the “hidden curriculum” of medical student education.
Alder Hey Children’s NHS Foundation Trust

First children’s ‘hospital in a park’
The patients we serve

The scope of our work

- **270,000** episodes of care a year
- **8 million** people served across North West and Wales

Regional & National specialisms

- Craniofacial
- Neurosciences
- Oncology
- Cardiac
- Major Trauma
- Spinal services

Specialist Networks/shared care with 25 hospitals

Local services

- Primary
- Community
- CAMHS
- General Paediatrics
Our Purpose. Our Vision.

Our Purpose
We are here for children and young people, to improve their health and wellbeing by providing the highest quality, innovative care.

Our Vision
Building a healthier future for children and young people, as one of the recognised world leaders in research and care.
PFCC at Alder Hey

- **Acute abdominal pain pathway**
  - 2012-2013. The Health Foundation, The King’s Fund
  - AED based
  - Patient storytelling methodology

- **Surgical Decision Unit**
  - To address problem found in management of abdominal pain
  - Dedicated APNP
  - Decreased time to surgical review
  - Earlier time to theatre
  - Improvement in reported satisfaction
  - Cost saving (decreased stay, increased ward based activity)
Our “lightbulb moment”...

Surgical Department Meeting; October 2013

• Medical Students already shadowed a family through surgical day case admission.

• But we were not capturing their observations.

• Could we use this opportunity to collect huge amounts of qualitative data for quality improvement.
How we started and progressed.....

- November 2013: Executive Board Presentation
- November 2013 to January 2014: Planning, Shadowing training
- January 2014 to April 2014: ImERSE Cohort 1
- May 2014 to July 2014: ImERSE Cohorts 2 & 3
- August 2014: Summer review
- September 2014: Educational Proposal to University of Liverpool
- October 2014: UPMC, Stepping Hill, The BMJ
Student Pack

Inspired by children
ImERSE – where we are at

1. Structured patient shadowing collecting direct observations of hundreds of patient and family experiences per year…

2. ....using this in a system of continuous service evaluation and improvement…

3. ....shaping compassionate healthcare providers now and for the future.
Patient and Family Centred Care and Patient Shadowing

What is it?

How do we it?

Why should we do it?

Is it difficult?
Patient and Family Centered Care, as a concept, is health care that is compassionate, includes patients and families as partners and collaborators, is provided with respect, and treats patients and families with dignity. It is care that revolves around the needs and desires of patients and families rather than around the organizations and systems in which it is provided.

How can we know what patients and families truly want and need?

Is there an approach which will transform care delivery in any care setting from any current state to the ideal?
Getting behind the rhetoric..

3 identified methodologies for assessing PFCC

Experience based design methodologies allowing patient co-design

3) Patient and family shadowing
Establishing a Shadowing initiative

Step 1: DEFINE the Care Experience to be Shadowed in conjunction with PFCC Working Group and Project Teams

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 PFCC Working Group
Quiet thoughts...

Where can you do shadowing?

Where can’t you do shadowing?

Who can shadow?

Who can’t shadow?
Shadowing
Difficulties of PFCC methodologies

Demonstrating benefits

Logistics / organising

Capturing data and Analysis

Reporting outcomes

Corporate buy-in
Demonstrating benefits - The Trifecta

- Improved experiences
- Improved outcomes
- Decreased costs
The King’s Fund: The benefits of the PFCC Approach

PFCC helps tackle issues in:
1) the organisation of care (care ‘transactions’ – how care is delivered)
2) ‘relational’ aspects of care (the human interactions that take place between patients and families, and their professional carers).

PFCC helps to promote:
The multidisciplinary team, rather than individuals acting alone.
It cuts across boundaries to look at care experiences from the patient’s – rather than the organisation’s – point of view.
It also forges links between the board and frontline staff.
Logistics / Organising

Getting the right people involved

Identifying the shadowing event and shadower

Getting the information out there

Executive buy in

Data capture
Capturing Data

Quantitative versus Qualitative

Free Text

Emotional touchpoint mapping

Context of the shadowing experience

Paper versus digital
Analysis – How?

Thematic analysis – scrutiny technique
The rigor of qualitative analysis is maintained by the experience of the analyser

BUT

To start with....
Trend analysis – positive / negative
Word co-occurrence – normal / abnormal
How can we stratify outcomes/findings

Consistency of occurrences
- Common (consistent)
- Uncommon (inconsistent)

Positivity of Experience
- Positive
- Negative
Quality Improvement Matrix

-VE

NATURE OF EXPERIENCE

+VE

CONSISTENCY OF OCCURRENCE

LOW

HIGH

Alder Hey Children’s
NHS Foundation Trust

Inspired by children
Our Findings and actions

<table>
<thead>
<tr>
<th>Positive Inconsistency</th>
<th>Positive Consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceptional care of those with special needs</td>
<td>Nursing staff</td>
</tr>
<tr>
<td>NO RISK</td>
<td>NO RISK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Negative Inconsistency</th>
<th>Negative Consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>“random drug”</td>
<td>Waiting times</td>
</tr>
<tr>
<td>Near miss – drug incident</td>
<td>Consent</td>
</tr>
<tr>
<td>HIGH RISK</td>
<td>Lack of parent facilities</td>
</tr>
<tr>
<td></td>
<td>LOW RISK</td>
</tr>
</tbody>
</table>
What can mapping of outcomes allow?

- Short term review and feedback
- Longitudinal (long term) assessment
- Continuous improvement model
Education

What are the educational benefits?
Medical Education...

TAUGHT

Patient and family Centred Care

Patient Safety

Quality Improvement – Continuous cycles, PDSA

LEARNT

Preparation for Practice

Interprofessional Education

Social Sciences

Inspired by children
Importance of “The Hidden Curriculum”

Empathy acquisition

Develop professional identity

Belay starter anxiety

Decrease burnout
Just Good Friends...
On reflection, what have you personally learnt?

That understanding a patient's concerns and addressing them allows for better care.

On reflection, what have you personally learnt?

The perspective from the parents, that they continuously worry.

On reflection, what have you personally learnt?

Communication is underrated - makes the difference between good stay and dad.

On reflection, what have you personally learnt?

That the patient's family is vital and crucial to the patient.
What are your thoughts on shadowing?
What can we create?

Locally:
Patient specific pathways
Population specific pathways

Nationally/Internationally:
PFCC Network
Educational Network
Our PFCC messages....

- Pick a single pathway or area
  - *don’t bite off more than you can chew*
- Each step of the process needs engagement
  - *look carefully*
- Everybody’s contribution essential
  - *listen closely*
- When you know what needs to be done
  - *act on it, continuous cycles of improvement*
- Involving all the right people
  - *priceless*
Why should you pursue PFCC?

1. It’s what the public and patients want?
2. An empathic doctors improves patient outcomes
3. It will improve everything ......
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Thank You

Questions?

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