***MEETING – DATE***

***SHADOWING PROJECT – AREA***

**1 Aim**

The purpose of this report is to…

**2 Background**

Background to project

**3 What is shadowing?**

Example:

*Shadowing is an observation technique with a third person recording what happens during a patient’s pathway. It involves witnessing everything the patient experiences, observing and recording each step of the process, and then seeking feedback from the patient at each point. Shadowing gives staff the opportunity to see care experience through patient’s eyes and raises staff awareness of the patient experience, including what is working well and areas for improvement.*

**4 Area shadowing carried out**

4.1 Shadowing carried out by

4.2 X patients have been shadowed (X females and X males) through xxx These patients were shadowed between the dates xx xx xx and xx xx xx.

4.3 X patients were accompanied by spouses or other relatives/ carers, X attended clinic alone.

4.4 Have shadowed the patients from as early as possible in their experience and stay with them until they leave the hospital.

**5 Patient Experience – Touch points**

 By shadowing the patient it gives an understanding as to the ‘touch points’ they experience. Table 1 below summarises those touch points and which member of staff they came into contact with.

|  |  |
| --- | --- |
| **Touch point** | **Member of Staff (Role)** |
| *Reception*Example | *Receptionist/ Volunteer* |
| *Consultation room 1* | *Consultant* |
|  |  |
|  |  |

*Table 1 – Touch points*

**6 Observation Report**

6.1 Arrival at the hospital (car park, main entrance, tower entrance)

* Had no problem finding a space
	+ “*Lots of congestion in car park but car park attendant helped direct to ‘faster queue’ by asking the purpose of visit*”
	+ Patient required use of the toilet but toilets out of use, a long walk to next available toilets. Sign not clear to toilets.
	+ Patient had trouble finding the hospital, suggested having a map or link to our find us page on the website within the appointment letters

6.2 Reception

* Receptionist friendly/ pleasant.
* Receptionist checked the patient in efficiently ensuring date of birth address and correct telephone number recorded
* Receptionist had to repeat questions to several patients.

6.3 Waiting Area

* Patient found seat too high – feet did not touch floor (alternative heights were available).
* Waiting room busy but appeared organised.
* Patient chose to sit to right of reception desk as noted from experience it is easier to hear your name being called.
* HCA asked patients to complete ‘Oxford Hip Score’ questionnaire, very lengthy form and some patients found it difficult to complete e.g. the print is very small in places
* HCA friendly and checked patients date of birth.
* Patients found it difficult to hear their names being called and noted that some staff should have confidence in saying the patient names as this will help with clarity.

6.4 Imaging – Reception/ waiting area/ x-ray room

* Receptionist checked name and date of birth.
* Radiographer friendly. Patient happy with efficiency and care received.

6.5 Corridor/ Consultation room

* HCA asked patient to stand on scales in corridor to take a BMI reading, patient unsure where to put coat and umbrella. Suggest allowing the patient to place additional items in the consultation room and then taking them to the scales.
* Consultant/ Registrar introduced themselves, were welcoming and friendly
* Reviewed the patient and discussed what further action was required.
* If surgery required then in most cases risks and complications were discussed.
* Person accompanying the patient asked by consultant if they had any questions
* HCA provided patient with any additional paperwork to complete e.g. pre-assessment form

**7 Time Study (optional)**

Table 2 demonstrates the time that each patient arrived at the hospital, the time their appointment was scheduled, the time they were seen by the consultant and for how long and the time the patient left including the total time spent at the hospital.

 *Add some detail as to reason for delays etc…*

The average time

* waiting from appointment time to time called for consultation **25.8 minutes**
* spent with Consultant/ Registrar **12.9 minutes**
* spent in the hospital **71.7 minutes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient** | **Time arrived** | **Time of appointment (delay)** | **Time with Consultant** | **Time left****(total time)** |
| Patient A | 10:45 | 11:00 (5 mins) | 11:05 – 11:19 (14 mins) | 11:30 (45 mins) |
| Patient B | 11:00 | 11:20 (13 mins) | 11:43 – 12:00 (17 mins) | 12:10 (70 mins) |
| Patient C | 13:55 | 14:00 (26 mins) | 14:26 – 14:35 (9 mins) | 14:40 (45 mins) |
| Patient D | 13:50 | 14:10 (35 mins) | 14:45 – 15:00 (15 mins) | 15:20 (90 mins) |
| Patient E | 14:00 | 14:30 (67 mins) | 15:37 – 15:43 (6 mins) | 15:43 (103 mins) |
| Patient F | 08:20 | 09:00 (12 mins) | 09:12 – 09:22 (10 mins) | 09:25 (65 mins) |
| Patient G | 08:35 | 09:20 (30 mins) | 09:50 – 10:00 (10 mins) | 10:00 (85 mins) |
| Patient H | 13:55 | 14:00 (12 mins) | 14:12 – 14:2214:50 – 15:02(22 mins) | 15:02 (67 mins) |
| Patient I | 08:55 | 09:00 (13 mins) | 09:13 – 09:28 (15 mins) | 09:42 (37 mins) |
| Patient J | 10:54 | 11:20 (45 mins) | 12:05 – 12:16 (11 mins) | 12:43 (110 mins) |

*Table 2 – Time study*

**8** **Evaluation**

**9 Next steps**

Author, Designation

Date