Unstructured qualitative data is invaluable when looking to gain insight into quantitative data. With qualitative data alone, it can be difficult to translate respondents true meaning, make sense of comments, and determine what to do next. Asking patients and staff questions adapted from “What Matters to You?” is a powerful first step to drive change. When this method is coupled with shadowing they create a catalyst for change that leads to lasting results.

**PROBLEM STATEMENT:** Collecting qualitative data is essential, but it can be hard to determine how to activate it and drive effective change.

**APPROACH:** Ask patients and staff “what matters?” and turn their responses into action items. Focus shadowing efforts on their identified problem areas to uncover solutions.

**TOOLS USED:** “What Matters?” Surveying + Shadowing

A Neonatal Intensive Care Unit (NICU) wanted to improve staff and patient satisfaction scores. The goShadow recommendation was to first identify problem areas and motivating factors by asking “what matters?”. Families were surveyed one on one and staff were given a paper survey for goShadow to aggregate and report. Survey questions addressed concepts such as joy in work, overall patient satisfaction, and resources desired by staff and families to improve their experience.

Results overwhelmingly indicated that families appreciate their care team and providers enjoy their jobs. Major pain points identified by staff were related to confusion about NICU triage and the initial communication with mothers and families about their newborn needing to go to the NICU. Triage is a busy area, which functions as an emergency department led by care providers that vary from shift and week, so these communication issues resulted in added stress for families and affected long-term relationships with the unit. NICU leadership took into consideration staff and family feedback in identifying areas to shadow in the hopes of identifying easy improvements, enhancing experiences, and processes for staff and families alike.

Armed with the goShadow “what matters?” reports, leadership decided to deep-dive into triage. The goShadow team shadowed staff and family experiences in labor and delivery, during admission to, and discharge from NICU triage. Based on findings, the multi-disciplinary team identified the initial hours of communication after a baby arrives at triage as touchpoints that were ripe for change.

Using real-time qualitative and shadowing data, the team developed a triage communication protocol and checklist for the first 12 to 18 hours that a patient and family would be in NICU triage. The tool is simple: it outlines each touchpoint for parent communication, when and where that communication occurs, the information conveyed, as well as who communicated with the parents or family. Based on the success of the tool and excitement generated in just three months, NICU leadership wants to pursue a similar protocol in the 7 semi-permanent NICU pods.

By asking families and staff for their unfiltered feedback and activating their responses through shadowing, the team was able to develop a simple tool that satisfied a need and provided value to families and the care team alike. Transparency with all internal and external stakeholders, as well as with families and staff resulted in a tool that filled a critical communication gap and is leading to a cultural communication change within the NICU.