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Parent Satisfaction with Outpatient Pediatric Endoscopy Procedures at University of New Mexico Children's Hospital



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NEW MEXICO

•	Endoscopy	is	the	key	component	of	Pediatric	Gastroenterology
	practice.							

Background

- All patients should have access to high-quality GI endoscopy services.
- High-quality endoscopy is defined as an examination in which patients receive an indicated procedure, correct and relevant diagnoses are recognized or excluded, any therapy provided is appropriate, and all steps that minimize risk have been taken.
- Adult endoscopy units administer patient satisfaction surveys for quality-control purposes.
- It is uncommon in pediatric endoscopy units.

Objective

As a part of endoscopy quality improvement (EQI) project, we decided to measure parent satisfaction about pediatric endoscopy service at University of New Mexico Children's Hospital.

Methods

Design: The 12 questions survey was sent to participants via email or text message.

Setting: Academic Children's Hospital Participants: Parents/legal guardian of children's undergoing elective outpatient endoscopy procedures.

Interventions: Parents/legal guardians were asked to complete 12questions survey that asked about parent's satisfaction with nurses and physicians, wait times, patient education, scheduling, procedure preparation, and discharge instructions.

The survey was conducted from December 2017 to July 2018.

175 patients were scheduled to undergo endoscopy procedures.

Results

- 14 patients cancelled the procedure for various reasons.
- 2 of them rescheduled the procedure.
- The survey was sent to 150 patients (143 via email and 7 via text message).
- 11 patients received survey in Spanish (6 via text message).
- We could not send survey to 12 parents (5 no email address or text message, 5 parents were Spanish speaking only (we didn't have survey in Spanish initially), 1 refused, and 1 lived in residential institution).
- 35 parents completed the survey (two were Spanish survey).
- Response rare was 23.3%.
- Below are the responses to individual questions.

Questions	Agree	Neutral	Disagree
I feel the doctors and nurses prepared me for and explained the procedure to me	35 (100%)	0	0
I feel the doctor explained the procedure including risks, benefits, and alternative or other options	32 (91%)	3 (9%)	0
The written information helped me understand the basics of my child's procedure	33 (94%)	2 (6%)	0
The nurses thoroughly explained the preparation instructions to me and my child	33 (94%)	2 (6%)	0
Your provider explained your child's endoscopy findings to you	35 (100%)	0	0
My overall experience on the day of the procedure (from check-in to discharge) was good *	30 (86%)	4 (11%)	0
My overall experience in the scheduling of my child's procedure was good	31 (89%)	4 (11%)	0
We received discharge instructions.	35 (100%)	0	0

Results									
Questions	Too long	About right	Too short						
The amount of time between scheduling and the actual procedure was	4 (11%)	30 (86%)	1						
Our wait time between check in and going to the operating room was	7 (20%)	(77%)	1						

received written information about the procedure by: Email: 13 (37%), Mail: 2 (6%), In person: 20 (57%), I didn't receive: 0

Please share your experience (what went well, did not go well, and/or suggestions for improvement): Ten parents (28%) didn't comments, twenty-five parents (72%) had comments: 3 parent had negative comments and two three parents (92%) had positive comments.

Discussion

Patient survey is one of the component of endoscopy quality improvement. Harewood et al reported response rate of 34% using web-based survey. Our study had a response rate of 23%. Parents had excellent pro and postprocedure care. Wait time from check in to OR was long.

Limitations: 1. The study was not randomized 2. Patient satisfaction survey is not validated. 2. Results can't be generalized as it is single center study.

Conclusion

Response rate was low compared to published endoscopy survey studies. Overall, parents had a positive experience at our outpatient pediatric endoscopy center.