THE GEORGE WASHINGTON UNIVERSITY

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Introduction

- The COVID-19 pandemic presented unprecedented challenges in delivering healthcare to patients around the world. Therefore, Telemedicine was rapidly adopted to deliver healthcare during the pandemic.
- As telemedicine evolves and becomes potentially permanent, it is important to include it in measures to preserve and improve patient satisfaction across all healthcare modalities.
- This study explores patient and provider satisfaction with videobased telemedicine visits during the COVID-19 pandemic, utilizing a telemedicine satisfaction survey of both pediatric patients and their parents or guardians who presented to an Anesthesiology Preoperative Evaluation Clinic, and of physician and advanced practice providers who conducted the visits.



Methods

Intervention: Telemedicine Protocol

The Preoperative Anesthesia Clinic video-based telemedicine visits at Children's National Hospital were conducted via Zoom for Healthcare, a Health Insurance Portability and Accountability Actcompliant.



Survey Design

A structured survey was created to assess patient and care-giver satisfaction with video-based telemedicine visits. The survey included questions regarding interaction quality, ease of use, privacy concerns⁸, comparison to in-person visits, and overall satisfaction. A similar survey was created to assess provider satisfaction with telemedicine consultation.

Evaluating patient and provider satisfaction with the use of telemedicine for pediatric pre-anesthetic assessment during the COVID-19 pandemic.

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Data Collection and Analysis

Eligibility

- Patients 18+ that were able to make medical decisions, participated in the survey themselves.
- For patients ages 0-17, the parent or guardian present participated in the survey on behalf of the patient.
- Non-English-speaking patients were contacted with an interpreter. Collection
- Phone calls were made using the hospital line or via the hospital operator, to allow the hospital name to display on the recipient's caller ID.
- Three attempts were made on consecutive days to contact the participant. After the third attempt, patient was deemed unable to be contacted.
- Demographic data and survey responses were collected anonymously.
- Study data were collected and managed using REDcap.
- Providers were given an email link to anonymously complete the survey regarding their overall views of telemedicine for preanesthesia evaluation.

Table 1: Patient demographics (N= 101)				
Patient demographics	N= 101			
Age (years), mean (SD)	9.1 (6.4)			
Sex, n (%) Male Female	55 (54.5) 46 (45.5)			
Race, n (%) White Black Asian American Indian or Alaska Native Other	30 (33.3) 43 (47.8) 3 (3.3) 1 (1.1) 13 (14.4)			
Ethnicity, n (%) Hispanic or Latino Not Hispanic or Latino	19 (19.6) 78 (80.4)			
Insurance status, n (%) Uninsured Private insurance Medicaid Medicare	1 (1.0) 57 (57.0) 40 (40.0) 2 (2.0)			
Preferred language, n (%) English Spanish Pashto	88 (88.0) 11 (11.0) 1 (1.0)			
Procedure, n (%) Orthopedic General Surgery Otolaryngology Plastic Surgery Ophthalmology Dental Radiology Urology Other, Multiple Surgeons	37 (37.0) 9 (9.0) 27 (27.0) 3 (3.0) 1 (1.0) 4 (4.0) 1 (1.0) 9 (9.0) 9 (9.0)			
Device used, n (%) Smartphone Tablet Laptop Desktop	52 (51.5) 8 (7.9) 37 (36.6) 4 (4.0)			
Educational attainment of respondent, n (%) Did not complete high school Completed high school Some college Bachelor's degree Post-graduate degree	5 (5.3) 18 (18.9) 24 (25.3) 33 (34.7) 15 (15.8)			

Results

Patients

Between September 1 and December 15, 2020, a total of 101 responses were recorded.



Providers

Eighteen providers consisting of physicians and nurse practitioners completed a satisfaction survey regarding their overall experience with the telemedicine anesthesia preoperative visits.

Ę >86% Agreed or



Strongly Agreed Table 2: Telemedicine patient satisfaction Likert scale score data (N=101)

	n (%)						Median score
Likert Scale Score	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	score (SD)	(Range)
My concerns were addressed during this visit	0 (0%)	0 (0%)	1 (1.0)	34 (33.7)	66 (65.3)	4.6 (0.5)	5.0 [3.0, 5.0]
Preoperative anesthesia instructions were given during this visit	1 (1.0)	3 (3.0)	3 (3.0)	35 (35.0)	58 (58.0)	4.5 (0.8)	5.0 [1.0, 5.0]
l feel this preoperative consultation was beneficial to my child's care	0 (0%)	0 (0%)	0 (0%)	37 (37.0)	63 (63.0)	4.6 (0.5)	5.0 [4.0, 5.0]
The technology to set up the telemedicine visit was easy to use	1 (1.0)	5 (5.0)	10 (9.9)	36 (35.6)	49 (48.5)	4.3 (0.9)	4.0 [1.0, 5.0]
I was able to talk comfortably with the providers on the video screen	0 (0%)	2 (2.0)	2 (2.0)	32 (31.7)	65 (64.4)	4.6 (0.6)	5.0 [2.0, 5.0]
I was able to understand the provider's recommendations for my child	0 (0%)	1 (1.0)	1 (1.0)	30 (29.7)	69 (68.3)	4.7 (0.6)	5.0 [2.0, 5.0]
I was able to see the providers easily during the telemedicine visit	0 (0%)	1 (1.0)	2 (2.0)	31 (30.7)	67 (66.3)	4.6 (0.6)	5.0 [2.0, 5.0]
I feel confident my child's privacy was respected during the telemedicine visit	0 (0%)	0 (0%)	2 (2.0)	34 (33.7)	65 (64.4)	4.6 (0.5)	5.0 [3.0, 5.0]
Overall, I am very satisfied with this preoperative anesthesia visit	0 (0%)	0 (0%)	0 (0%)	38 (37.6)	63 (62.4)	4.6 (0.5)	5.0 [4.0, 5.0]
The pre-operative anesthesia telemedicine visit was as good as a regular in-person visit	3 (3.0)	5 (5.0)	8 (7.9)	39 (38.6)	46 (45.5)	4.2 (1.0)	4.0 [1.0, 5.0]
Telemedicine saved me time traveling to a hospital or clinic	1 (1.0)	1 (1.0)	2 (2.0)	27 (26.7)	70 (69.3)	4.6 (0.7)	5.0 [1.0, 5.0]
The visit provided over the telemedicine system is as effective as in-person visits	2 (2.0)	7 (6.9)	7 (6.9)	30 (29.7)	55 (54.5)	4.3 (1.0)	5.0 [1.0, 5.0]
I would use telemedicine services again	2 (2.0)	1 (1.0)	2 (2.0)	33 (33.0)	62 (62.0)	4.5 (0.8)	5.0 [1.0, 5.0]
Overall, I am satisfied with this telemedicine system	0 (0%)	1 (1.0)	1 (1.0)	39 (38.6)	60 (59.4)	4.6 (0.6)	5.0 [2.0, 5.0]

Table 3: Likert scale score data for providers (N=18)

	n (%)					Mean	Median
Likert Scale Score	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	score (SD)	score (Range)
I could easily talk to the				10			4.0.[4.0
patient/parent on the video screen	0 (0)	0 (0)	0 (0)	(55.6)	8 (44.4)	4.4 (0.5)	4.0 [4.0, 5.0]
I was able to hear the							
patient/parent clearly	0 (0)	0 (0)	0 (0)	12 (66.7)	6 (33.3)	4.3 (0.5)	4.0 [4.0, 5.0]
I was able to see the							
patient/parent during	0 (0)	0 (0)	1 (5.6)	11	6 (33 3)	4.3	4.0 [3.0,
the telemedicine visit	0(0)	0(0)	1 (5.0)	(61.1)	0 (55.5)	(0.6)	5.0]
I feel confident the patient's							
privacy was			2	-		4.2	4.0.[2.0
respected during the telemedicine	0 (0)	0 (0)	3 (16 7)	(38.0)	8 (44.4)	4.3	4.0 [3.0,
visit care			(10.7)	(38.5)		(0.0)	5.0]
I was able to obtain all the							
necessary			2			4.2	40520
information during this	0 (0)	0 (0)	2 (11 1)	(61.1)	5 (27.8)	4.2	4.0 [3.0,
telemedicine visit			(11.1)	(01.1)		(0.0)	5.0]
The preoperative anesthesia visit							
provided over the telemedicine			4	7		27	4.0.[2.0
system is as good as an in-person	0 (0)	3 (16.7)	4 (22.2)	(38.9)	4 (22.2)	(1.0)	4.0 [2.0,
visit			(22.2)	(30.5)		(1.0)	5.0]
The technology to set up the							
telemedicine	0 (0)	0 (0)	2	11	F (27 0)	4.2	4.0 [3.0,
visit was easy to use	0(0)	0(0)	(11.1)	(61.1)	5 (27.8)	(0.6)	5.0]
I am very satisfied with the			2	10		4.2	4.0.12.0
telemedicine	0 (0)	0 (0)	2 (11.8)	(58.8)	5 (29.4)	4.Z (0.6)	4.0 [3.0, 5.0]
preoperative anesthesia visit			(11.0)	(55.6)		(0.0)	5.0]



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Conclusion

- Patient satisfaction metrics are an important component of health care quality and can play a significant role in long-term acceptance, insurance coverage, and success of a telemedicine program.
- Previous studies of patient satisfaction with telemedicine across various medical specialties before and during the COVID-19 pandemic have shown that patients are generally satisfied with these visits.
- To our knowledge, this is the first study addressing patient satisfaction with telemedicine in an anesthesiology pediatric preoperative clinic during the COVID-19 pandemic and is a foundation for future studies involving the safety and efficacy of telemedicine in children.

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