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Enhancing the Pediatric Emergency Department's Patient Experience Scores

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Abstract

Introduction : Positive health outcomes are linked to patient experience (PE), which is a crucial component of the standard of medical care. PE is challenging in the pediatric emergency department (PED) because of the necessity to balance the requirements of the patient and their family while they are being treated. According to a survey given to patients and their families after their visit to the PED, we found a chance to enhance our PE. **Method** : We put together a diverse team, created our goals, and assessed the procedure using quality improvement techniques. To monitor our performance, we used run charts and a main driver diagram. The group also kept an eye on a number of crucial subcategories within our process of progress. Over the course of nine months, we sought to raise our overall PE score from 86.1 to 89.7 in order to meet institutional goals. **Results:** We increased our overall PE score from 86.1 to 89.8 over a 6-month period. In a similar vein, all of our relevant subscores—physician performance, patient activities in the waiting area, radiology wait times, staff sensitivity, and delay communication—saw increases. A cross-departmental committee, staff training, team meetings, and rounds in the waiting and exam areas were among the interventions. Every metric showed consistent progress. **Conclusions:** Measurable PE improvement may be achieved even in this complicated environment through the meticulous and rigorous process evaluation and improvement efforts of a multidisciplinary team.

Introduction:

In emergency treatment, the patient experience (PE) is complicated. This problem is particularly prevalent in pediatrics, when the viewpoint of the parent or guardian influences the PE. According to the American Academy of Pediatrics, American College of Emergency Physicians, and Institute of Medicine, providing high-quality patient and family-centered care requires an understanding of and commitment to improving the PE.1, 2 Positive experiences receiving care may also translate into better health outcomes for patients and their families. For instance, better adherence to prescribed drug use and care programs is correlated with a favorable PE.3.Expectations for care delivery may be influenced by the experiences of patients and their families.
Patients rank waiting times, symptom alleviation, precise diagnosis, and a compassionate and understanding staff attitude as the most crucial aspects of high-quality care.4,5

In particular, there is a strong correlation between a favorable PE and personnel providing families with regular updates on the care plan.6, 7 For a variety of reasons, giving a positive PE in an emergency room situation can be difficult. Medical or surgical issues may be acute, departments are packed, staff members do not have established relationships with patients, and emergency department visits are frequently unplanned.8. Crucially, though, when articulated through quality improvement, the intricacy of these issues present potential. When compared to 92 similar institutions in the Press Ganey database,

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our institution's pediatric emergency department (PED) PE ratings were below the 50th percentile and lower than those of any other unit (Press Ganey Associates, LLC., Boston, Mass.).

The waiting time for radiology studies, communication regarding delays, the availability of items for the child in the waiting room, and nursing and physician summary scores were specific areas of concern.We discovered a way to raise our measured PE in our PED. By January 1, 2020, we wanted to raise our PE score from 86.1 to 89.7 using a standardized patient and family survey questionnaire so that it would be in line with other units at our organization as approved by our hospital leadership. One of the secondary goals of our improvement work was to improve a number of important subscores that were connected to our total PE score. Our specific goals were to increase waiting times for radiology studies, communication regarding delays, availability of activities for the kid, and physician and nursing category summary scores.

Method:

This quality improvement initiative took place from 2018 to 2020 in an urban tertiary care pediatric emergency department (PED) that experiences approximately 38,000 visits annually, including level 1 trauma cases. Situated within a teaching hospital, the PED is involved in the training of residents and fellows from various specialties. The hospital employs Press Ganey to conduct surveys based on the Clinician and Group Consumer Assessment of Healthcare Professionals Survey (CG-CAHPS). These surveys are distributed via email or mailed paper copies to all patients discharged from the emergency department, while admitted patients are excluded from this analysis as they receive a different survey. Typically, a parent or guardian completes the survey for pediatric patients. The survey encompasses multiple dimensions of care, including arrival, nursing, physician interactions, testing, overall evaluation, personal and insurance details, and individual concerns. The vendor compiles summary scores for each dimension along with an overall "PE" score, which can reach a maximum of 100.

At the beginning of the improvement initiative, a multidisciplinary team was formed, comprising pediatric emergency medicine nurses, physicians, and hospital quality improvement staff. This team assessed baseline performance evaluation scores to pinpoint areas needing enhancement and subsequently created a key driver diagram featuring six primary drivers and nine interventions.

To enhance staff awareness of patient requirements throughout the unit, address existing operational delays, and devise real-time communication strategies with patients and their families, we implemented unit-wide performance evaluation and operations huddles. These huddles, conducted twice daily by the charge nurse using a standardized script, included all clinical staff not engaged in acute patient care. This approach enabled staff to return to patient bedsides to provide families with updates and context regarding their loved ones' care stages.

Furthermore, we formed a cross-departmental team that included stakeholders from the emergency department, radiology, patient registration, social work, housekeeping, parking, and other relevant

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departments. This team convened monthly to evaluate performance scores and exchange improvement strategies.

To enhance the frequency and quality of communication with families, unit leadership initiated daily rounds on patients in their rooms, concentrating on those with prolonged stays or specific care needs. This practice was adapted to a more limited format at the onset of the SARS-CoV-2 (COVID) pandemic to ensure safety. We have enhanced the patient communication boards in each room to clearly display the patient's care team, dietary restrictions, expected waiting times for tests, and other relevant information. These boards are updated by the bedside nurse during interactions with patients and their families.

To improve the experience of families waiting for care, staff have established scheduled rounds in the waiting room, particularly during peak evening hours when patient volume and waiting times increase. Discussions during these rounds focus on departmental updates, potential delays, and available activities for children, such as single-use activity packets. Additionally, staff recognized the need for better access to toys and successfully introduced magnetic play tables for patient use. However, the COVID pandemic hindered this initiative as nonessential staff were restricted from the unit, prompting the triage team to take over the distribution of activity packets.

We also recognized the need for a more uniform communication approach across our unit. To address this, we provided communication training to faculty and staff in small groups, utilizing the Academy of Communication in Healthcare curriculum, facilitated by local trainers.

Furthermore, we designated certain faculty members as mentors for medical trainees in the Pediatric Emergency Department. These mentors, who volunteered for this role, focus on effectively communicating delays to families, maintaining transparency at the bedside, and providing guidance to trainees on communication skills. We emphasized the importance of these four themes to enhance their practice, reinforcing this message through emails and monthly faculty meetings.

Strategies for Enhancing Positive Feedback Responses

Our objective was to increase the number of families providing positive feedback through survey responses. With a typical response rate of approximately 3.7%, we recognized a significant opportunity for enhancement, especially among families who had positive experiences. To address this, our leadership team dispatched a follow-up email to all families, soliciting immediate feedback post-visit. This initiative enabled us to identify families with favorable feedback and motivate them to participate in the formal survey upon its distribution.

Transition Scripting

The improvement team developed standardized scripts for patients in various stages of care, including those in the emergency department and waiting areas. These scripts emphasized the use of clear language, established realistic expectations, and provided families with opportunities to express

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concerns and ask questions. Staff members were trained on these scripts through email communications, supplemented by demonstrations and reinforcement during staff meetings.

Evaluation of Interventions

We collected and analyzed data from Press Ganey, which was documented on a run chart. Utilizing QI Macros for Excel, we organized the data into two-week intervals starting from September 10, 2018. Our primary focus was the overall summary score across all categories, while we also identified specific subscores that required improvement due to either low performance or their significance to the improvement team. These scores were monitored and analyzed, including metrics such as "Availability of Activities for Children," "Radiology Waiting Times," "Communication Regarding Delays," and "Staff Sensitivity to Concerns." Additionally, we assessed summary scores related to "Doctors" and "Nurses." It is important to note that not all respondents completed every survey item, but we incorporated all available data. We compiled approximately six months of baseline data prior to implementing the interventions.

We conducted an analysis of run charts to identify special cause variation, defining a shift as eight or more consecutive points deviating from the centerline, adhering to established standard rules. Ethical considerations were addressed, with our local institutional review board exempting this quality improvement initiative from formal approval in accordance with local policies, and no significant ethical concerns, conflicts of interest, or patient risks were identified.

Results:

Our project commenced in March 2019, with a baseline Press Ganey score of 86.1 derived from 904 surveys. Notably, we detected special cause variation in our primary outcome metric, with eight consecutive points exceeding the centerline starting September 23, 2019, ahead of our nine-month target. Consequently, we adjusted the centerline to 89.8, surpassing our goal. This improvement was maintained over the subsequent year, encompassing 1,881 surveys. We also observed significant enhancements in specific areas, such as the availability of activities for children, which increased from 71.7 to 78.3, and overall feedback regarding doctors, which rose from 88.6 to 92.1, both beginning in the same September 2019 timeframe. Additionally, the summary metric for nurses improved from 89.7 to 93.6 during this period. Further improvements were noted in staff sensitivity to concerns, rising from 84 to 91.4, and in waiting times for radiology tests, which increased from 81.3 to 90.2, starting February 10, 2020. Communication regarding delays also saw an increase from 75.7 to 87.3 beginning March 9, 2020.

Discussion

We illustrated the significant effects of interventions centered on leader rounding, staff communication training, and various initiatives aimed at enhancing patient and family experiences. By the conclusion of our project, our Patient Experience (PE) scores surpassed our target. Initially, during the baseline period, our overall score ranked in the 48th percentile compared to similar institutions, but in the final six months of our project, we achieved the 90th percentile. This initiative highlights the effectiveness

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of a multidisciplinary and multifaceted approach in measurably and sustainably enhancing PE in a Pediatric Emergency Department (PED). A notable strength of our study was the continued improvement observed during the sustainability phase, which coincided with the SARS-CoV-2 pandemic, a challenging time for both families and staff. While a decline in satisfaction scores during the pandemic was anticipated, the emphasis on communication, along with the pre-COVID rise in scores for "Staff Sensitivity to Fears and Concerns," may have alleviated the expected downturn. Additionally, the run chart indicates the initiation of each intervention. Ongoing staff training and cultural shifts likely contributed positively to our performance during the pandemic. Nevertheless, these potential factors for the increased scores highlight the necessity for further investigation, as the COVID-related enhancement in PE was not attributable to demographic shifts or changes in length of stay. Our department did, however, experience some workflow adjustments related to COVID. Enhancing PE is a crucial aspect of quality improvement and may directly influence patient outcomes. Patients who report positive experiences have shown better adherence to treatment plans, greater engagement in preventive care, and reduced resource utilization. Future research could investigate the relationship between PE and outcomes in emergency department care and utilization.

While initiatives designed to boost survey participation among patients and families with favorable PE do not directly alter the unit's experience, they are crucial for achieving better survey scores. It is essential that these strategies do not create a sense of obligation for families to respond; rather, they should encourage families to acknowledge outstanding staff members or express their opinions.

The limitations of this study include its single-site nature, which may restrict the applicability of our results. Additionally, our self-report assessment tool experienced a low response rate, and variations in survey response rates or patient demographics across different clinical settings may yield different outcomes. Furthermore, the COVID-19 pandemic has had a specific impact on operational efficiencies and workflows, such as a noted decrease in the time required for completing radiology studies. Our research did not aim to separate this effect from improvements in communication regarding delays, which may affect the generalizability of our conclusions.

Conclusion

In conclusion, a focused, thorough, and collaborative approach can significantly enhance the reported experiences of patients in a pediatric emergency department (PED). While these improvements are noteworthy, we remain committed to further enhancing the experiences of our patients and their families. Through continuous efforts, we aim to fulfill our overarching goal of ensuring a positive experience for every patient and family.

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