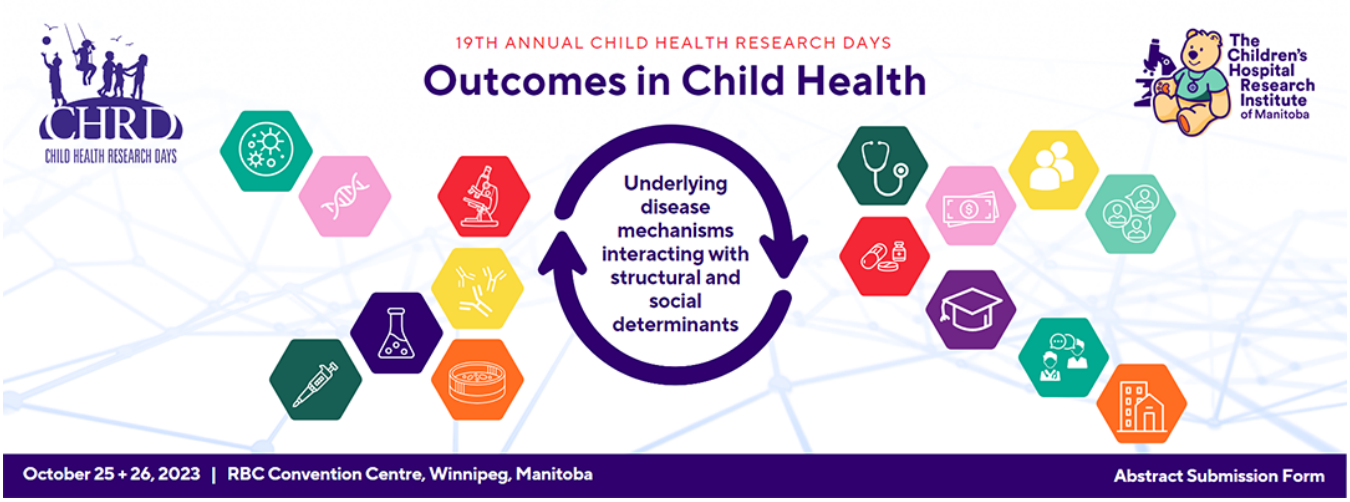

CHRD 2023: Abstract Submission Form

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Presenter Status
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Research Category
Clinical

Role in the project
Design
Perform Experiments
Analyze Data
Write Abstract

Title
Improving Patient Care Experience in the Pediatric Emergency Department: A Systematic Review

Background
Patient experience is an important indicator of healthcare quality. When quality falls, fatalities become increasingly likely, especially in pediatrics. Previous patient experience studies in pediatric emergency departments (PEDs) have been inconclusive, failing to examine equity, diversity and inclusion (EDI) in relation to experience.

Objective
The primary objective of this project was to summarize existing evidence on patient care experience and priorities in PEDs. The secondary objectives were to characterize patient care experience in PEDs, identify barriers to optimal patient care in PEDs and identify the extent of EDI use in pediatric emergency care.

Methods
We performed a systematic review May 28, 2022, utilizing a multi-database search within Ovid and CINAHL. Two reviewers were involved in screening, including articles involving children (≤21 years) with PED experiences listed in Appendix A. Data were obtained from included studies using narrative and descriptive analysis. The process was strengthened by patients, families and providers on the Manitoba Emergency Advisory Committee (MEAC) who proposed additional areas for consideration.

Results
Four articles were included, assessing 9 experiences. All studies were conducted out of high-volume

centres. Primary outcome data (Table 1) shows overall satisfaction being rated positively. Studies reported greater than 70% satisfaction despite lower ratings in privacy, communication and waiting areas. Wait times and speed of care were significantly correlated with satisfaction ($r = -0.48$, $P < 0.01$ and 0.38, $P < 0.01$, respectively), noting wait times and privacy as barriers to care. The EDI factor impacting patient experience was race, showing decreased scores of privacy and patient voice for those identifying as non-white and non-African American.

Conclusion
Even with overall satisfaction of PEDs being high, aspects which influence experience can be improved. Wait times, waiting areas, privacy and EDI factor of race should be addressed to help overcome barriers and improve the care patients receive.

Table/Figure File
Evan Abram Supplemental Files for CHRD.pdf

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Appendix A. The patient-reported experience measure survey

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1. If an ambulance was called for your child, did the ambulance staff/paramedics explain what was happening in a way you could understand?
2. Overall, how well do you think the ambulance staff/paramedics looked after your child?
3. How did you feel about how long you had to wait to be seen?
4. While you were waiting, did someone keep you informed about what was happening?
5. Was there enough for your child to do when you were waiting to be seen (such as toys, games, and books)?
6. Was there everything you needed while you waited (such as food and drink, toilets, baby changing facilities, etc)?
7. Was your child looked after while you waited (eg, were they given pain relief, blankets or sick bowls, etc if needed)?
8. In your opinion how clean was the waiting area?
9. Did the doctors and nurses that you saw explain what they were doing in a way you could understand?
10. Did the doctors and nurses that you saw explain what was wrong with your child in a way you could understand?
11. Do you think that the doctors and nurses did everything they could to calm and comfort you and your child?
12. If your child was in pain, do you think the doctors and nurses did everything they could to help with your child's pain?
13. Were you and your child given enough privacy when they were being examined and treated?
14. Did a member of staff tell you when your child could re-start their usual activities, such as playing sports or returning to school?
15. Did staff tell you what you should watch out for at home after your child's visit?
16. Did staff tell you what to do or who to contact if you were worried about anything after your emergency visit?
17. Overall, did you receive enough information about your child's condition and
treatment?
18. Overall, how well do you think your child was looked after during their visit?
19. Was the main reason for your emergency visit dealt with well?

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Table 1: Primary outcome: Health care outcome or utilization

Publication	Intervention	Control	Primary Outcome	Primary Outcome Effect Estimate	Primary Outcome Results (Unadjusted)		Variables Used to Adjust Primary Outcome	Primary Outcome Results (Adjusted)	Barriers to Optimal Patient Care	Conclusions
Rutherford, 2010	1. How do you rate overall care by doctors and nurses? 2. How well did doctors and nurses explain what was going on with your care? 3. Did doctors and nurses care about your privacy when they examined you?	Non use of any ED experience	Perceived level of overall satisfaction with health care	Percentage	Intervention : 1. How do you rate overall care by doctors and nurses? 2. How well did doctors and nurses explain what was going on with your care? 3. Did doctors and nurses care about your privacy when they examined you?	Proportion (%) of Respondents with Overall Satisfactory Experience who are Satisfied with Intervention, Overall Unsatisfactory Experience but Satisfied with Intervention (P value) 96, 40 (P<0.0001) 96, 80 (0.120) 87, 80 (0.834)	N/A	N/A	NR	Adolescents expressed high levels of satisfaction of their overall PED experience and care at our institution. Interpersonal communication and respect most significantly correlated with respondents satisfaction rates of their overall PED experience. Most adolescents stated they would recommend the PED to other adolescents who needed emergency medical care
Shefrin, 2012	1. How do you feel about wait time to be seen? 2. Was the waiting room appropriate for your age? 3. Were you given opportunity to talk without a parent in the room? 4. Understanding of diagnosis. 5. Understanding of treatment. 6. Know when to come back to ED. 7. Overall rating of services received in ED.	Non use of any ED experience	Overall rating of satisfaction reported by a cohort of adolescents.	Percentage	Intervention : 1. How do you feel about wait time to be seen? 2. Was the waiting room appropriate for your age? 3. Were you given opportunity to talk without a parent in the room? 4. Understanding of diagnosis: 5. Understand treatment: 6. Know when to return: 7. Overall experience:	Proportion of Responses (%) 35 (just right), 18 (neutral), 47 (too long) 39 (just right), 32 (neutral), 27 (too childish), 2 (too adult) 35 (yes), 59 (no), 6 (no but wished they did) 87 (agree), 9 (neutral), 4 (disagree) 88 (agree), 8 (neutral), 4 (disagree) 83 (agree), 11 (neutral), 6 (disagree) 69 (very good/excellent), 23 (good), 8 (Poor/Fair)	N/A	N/A	Not discussing issues independently with adolescent without parent present	The cohort of adolescents was very satisfied with their care in our pediatric ED. Long waits, lack of teenage-appropriate material in the waiting room, and not talking to teenagers alone are areas of improvement.
Alston, 2015	1. Did doctors explain things in a way you could understand? 2. How often did the staff do everything they could to help with your child's pain?	Non use of any ED experience	Overall satisfaction and characteristics of care (patient/provider communication, quality of pain management and speed of care) and how characteristics of care influence guardian rating of satisfaction	Percentage and Coefficients	Intervention 1. Did doctors explain things in a way you could understand? 2. How often did staff do everything they could to help with pain? Speed of care when needed :	Proportion (%) Always, Usually, Sometimes, Never 43.86, 40.35, 15.79, 0† 54.39, 36.84, 8.77, 0† †Neither found to be significantly correlated to satisfaction and not used in the regression model. 37.5, 35.71, 19.64, 7.14	N/A	N/A	Longer waiting times for rural SCD patients	Majority of guardians of youth with SCD report satisfaction with rural Eds. However, larger percentage are dissatisfied with EDs in rural environments when compared to urban EDs. Findings also indicate shorter wait times and higher rates of speed of care are important

					Wait time : 40.4 (< 1 hour), 35.09 (between 1 and 2 hours), 24.56 (3 and 5 hours) Overall satisfaction : 77.78 (satisfied)* *When 10-point scale dichotomized (0-4 dissatisfied, 5-10 satisfied) Correlations indicated shorter wait time (r = -0.48, P < 0.01) and higher speed of care (r = 0.38, P < 0.01) related to higher satisfaction. Shorter wait times (B = -0.41, P<0.01, SE = 0.40) and higher ratings of speed of care (B = 0.30, P = 0.02, SE = 0.37), uniquely predicted higher satisfaction. Characteristics of care were significantly intercorrelated with strength of correlations (0.60 to 0.73) and ratings were negatively correlated with wait times (-0.31 to -0.37).				predictors of overall satisfaction in rural EDs for guardians of youth with SCD. Youth with SCD in rural settings have longer wait times than urban EDs
Reiser, 2019	1. Wait time to be examined was reasonable. 2. Reasonable explanation given about child's problem. 3. Explanation from doctors and nurses was understandable. 4. Explanations during discharge were clear and understandable.	Non use of any ED experience	Parent satisfaction with first visit	Median	Intervention : Median Rating (IQR)‡ ‡5 point Likert scale 1. Waiting time to be triaged/examined by nurse/physician: 5 (4-5) 2. Provided reasonable answer to problem child suffered from: 5 (4-5) 3. Explanations I received from the nurses were clear and well understood: 5 (4-5) Explanations from physicians were clear and well understood: 2 (2-3) 4. Explanations during ED discharge were clear and understandable: 5 (4-5) Overall satisfaction of initial visit 8-10‡ ‡given by 88.7% respondents10 point Likert scale	Outcome at second visit (discharged or admitted)	Intervention: Median Rating Discharged (IQR), Admitted (IQR) 1. Waiting time to be triaged/examined by physician: 5 (4-5), 5 (4-5) 2. Provided reasonable answer to problem child suffered from: 5 (4-5), 5 (4-5) 3. Explanations I received from the nurses were clear and well understood: 5 (4-5), 5 (4-5) Explanations from physicians were clear and well understood: 2 (2-3), 2 (2-3) 4. Explanations during ED discharge were clear and understandable: 5 (4-5), 5 (4-5)	NR	Parents were overall satisfied with initial visit. There were lower levels of Satisfaction with physician interactions. Discharged and admitted groups showed similar scores, indicating no difference based on the PSQ.

Note: ED - Emergency Department, SD = Standard Deviation, IQR = Interquartile Range, NR = Not reported, N/A = Not Applicable, CTAS = Canadian Triage Acuity Score, SCD = Sickle Cell Disease, EURV = Early Unplanned Return Visits, PSQ = Patient Satisfaction Questionnaire