Introduction

Prenatal assessment and planning (PAP) clinics are in widespread use in adult practice, and increasingly in pediatrics. Intended functions include identifying comorbidities, coordinating testing, and family education. Currently, no prospective studies have evaluated parental satisfaction with these clinics. We have conducted a pilot study to explore several domains of the parental experience, as the discovery phase of a larger quality improvement (QI) initiative.

Aims

1. Measure parental concerns, expectations, and satisfaction with the pre-anesthetic visit
2. Identify deficiencies in the quality of information given to families, process measures, and in their satisfaction with the clinic experience
3. Utilize the above metrics to plan targeted improvement initiatives that address deficient areas

Methods

Setting: PAP clinic in a tertiary care children’s hospital, operating 5 days weekly, staffed by MD anesthesiologists and advanced practice nurses (APNs)

Patients: Convenience sample of patients presenting via any referral pattern for any procedure requiring anesthesia services

Instrument: Structured questionnaire exploring various domains of parental concerns, expectations, and satisfaction, scored on modified Likert scales.

Analysis: Pilot data to be used to assess feasibility, time burden, and guide survey modification. Chi-square as appropriate.

Table 1. Demographics of patient cohort, n=37

<table>
<thead>
<tr>
<th>Age categories (mean ± SD)</th>
<th>21 ± 32</th>
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<tbody>
<tr>
<td>&lt; 6 months</td>
<td>22%</td>
</tr>
<tr>
<td>6-12 months</td>
<td>27%</td>
</tr>
<tr>
<td>12-24 months</td>
<td>38%</td>
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<tr>
<td>&gt; 24 months</td>
<td>14%</td>
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Discussion / Future Directions

• This pilot study has established feasibility of conducting a survey of parental experience with a pediatric PAP clinic.
• The results of this initial experience were used to refine the questionnaire, expectation, and satisfaction that will be used to design targeted QI initiatives.

Results

Complete questionnaires were obtained from 37 families, described in Table 1. Surveys took an average of 6 minutes (mean 5.94 min (SD 3.38)) to complete, and did not place an unacceptable burden on nursing staff.

Death was the concern endorsed by the highest number of respondents (Fig. 1). Over 40% expected to have their child’s history reviewed, while only a small minority of families expected to undergo preoperative testing (Fig. 2a). There was notable discrepancy between expectations of postoperative pain scores, and what the patient felt was a reasonable goal (p=0.002, Fisher exact test) (Fig. 2b).

Overall satisfaction with the clinic experience was quite high; the lowest satisfaction was with waiting time and time spent in the anesthesiologist (Fig. 3). There was no association between waiting time and time spent with the anesthesiologist. We found however a significant association between satisfaction with the time spent with the MD, and overall satisfaction with the clinic experience (p=0.003, Fisher exact test).

References


Figure 1. Preoperative parental concerns, ranked by % answering in the affirmative

Figure 2a. Preoperative parental understanding of the purpose of clinic visit

Figure 2b. Parental expectations regarding magnitude of child’s postoperative pain, and reasonable pain score goals for their child

Figure 3. Parental satisfaction with clinic and planning with several aspects of the clinic experience, ranked by % answering in the affirmative