Abstract:
Introduction: Patient and family satisfaction is a strategic objective of Cincinnati Children’s Hospital Medical Center (CCHMC) and the department of Anesthesia. In order to improve satisfaction, a multidisciplinary team was created to implement improvement initiatives for perioperative pain control.

Objectives: Our specific aim for this initiative is to decrease the percentage of families rating their experience with postoperative pain control in the PACU as either fair or poor from 1.5% to 1.3% by June 2013.

Methods: Surveys are conducted 3 weeks postoperatively and include the question “How would you rate how well your child’s pain was managed in the recovery room after his or her procedure?” Key drivers were determined for improvement of pain in the PACU, and several interventions were developed from these key drivers (figure 1). The first intervention will educate families on what to expect in the immediate post operative period.

Results: Percentage of families giving a score of “fair” or “poor” to pain management in the PACU from August 2008 to August 2012 is represented in the control chart in figure 2. This chart represents baseline data. The mean percent of families with this score was less than 2.0%.

Conclusion: It is too early to determine whether the initial intervention of preoperative patient education regarding pain expectations will improve satisfaction. With an already low failure rate, it may take many interventions, across multiple key drivers, in order to detect an improvement.

Background:
• Patient and family satisfaction is a strategic objective of Cincinnati Children’s Hospital Medical Center (CCHMC) and the department of Anesthesia.

• While current levels of satisfaction in regards to postoperative pain control are reassuring, there remains room to improve the patient and family experience.

• A multidisciplinary team was created to implement improvement initiatives for perioperative pain control.

Objective:
• Our specific aim for this initiative is to decrease the percentage of families rating their experience with postoperative pain control in the PACU as either fair or poor from 1.5% to 1.3% by June 2013.

• This aligns with CCHMC’s strategic initiative of improving the patient and family care experience.

Methods:
• Family satisfaction has been tracked since 2008, via phone, by Cooper Surveys. Surveys are conducted 3 weeks postoperatively and include the question “How would you rate how well your child’s pain was managed in the recovery room after his or her procedure?”

• Responses are categorized as “excellent”, “very good”, “good”, “fair”, or “poor”. A rating of either “fair” or “poor” is considered a failure.

• Key drivers were determined for improvement of pain in the PACU, and several interventions were developed from these key drivers (figure 1). The first intervention will educate families on what to expect in the immediate post operative period.

• Responses are categorized as “excellent”, “very good”, “good”, “fair”, or “poor”. A rating of either “fair” or “poor” is considered a failure.

Results:
• Percentage of families giving a score of “fair” or “poor” to pain management in the PACU from July 2008 (FY 2009 Q1) to July 2012 (FY 2013 Q2) is represented in the control chart in figure 2.

• The mean percent of families giving a fair or poor rating during this time was less than 2.5%.

• The data in this process is in control as can be seen by the upper and lower control limits. A point of special cause variation can be seen in Q4 of FY 2012.

• This chart represents data prior to the interventions.

Conclusion:
Parents currently have a high level of satisfaction with postoperative pain control in the PACU at our institution, however there is still room to improve patient and family experience.

It is too early to determine whether the initial intervention of preoperative patient education regarding pain expectations will improve satisfaction.

With an already low failure rate, it may take many interventions, across multiple key drivers, in order to detect an improvement.