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# The pediatric sedation unit: A prospective analysis of parental satisfaction\*,\*\*



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#### ABSTRACT

As financial pressures drive health care to be more cost-effective and efficient, performing procedures outside the main operating room (MOR) is becoming more common. Pediatric sedation units (PSU) have proven both effective and safe at providing anesthesia for children. However, there is limited data available regarding the PSU and its potential application in pediatric otolaryngology.

*Objective:* To evaluate the experience of performing pediatric outpatient procedures in a PSU through a parental satisfaction survey.

Methods: Pediatric otolaryngology procedures performed in the PSU were prospectively recorded in a database. A prospective survey analysis was performed that measured parental satisfaction with scheduling/registration for surgery, nursing care, surgeon care, facility environment, timing/duration, and overall satisfaction. Parents completed this survey for outpatient procedures performed in either the PSU or in the MOR. The same attending surgeon was involved in all cases, with the only independent variable being the location of the surgery. Fifty surveys were collected for each group, and the surveys scores were statistically compared using nonparametric statistical analysis.

Results: Parental satisfaction was high in both the PSU and OR, with mean overall satisfaction scores of 4.8 and 4.9 (respectively) on an ordinal scale from 1 to 5. Parents reported greater clarity in preoperative information in the MOR (mean 4.8) compared to the PSU (mean 4.6) (p < 0.006). Also, parents reported that MOR procedures started on time more often than those in the PSU (90–64%, p < 0.002). There were no significant differences between locations in any other survey metrics, with mean satisfaction scores ranging from 4.5 to 5.0.

Conclusions: The PSU is a satisfactory patient experience for outpatient procedures in pediatric otolaryngology at our institution. However, this parent survey has identified education prior to surgery and timeliness of surgery as two areas to improve to meet the satisfaction standard provided by the OR.

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#### 1. Introduction

In the current economic and political climate, health care systems are under pressure to become more cost effective and efficient. Increasingly, performing procedures outside the hospital main operating room has become an important cost-cutting

methodology in otolaryngology. Previous literature established feasibility and practicality of performing in-office procedures in the adult otolaryngology population to include various laser treatments, balloon sinuplasty, and similar procedures that may only require local anesthesia and/or minor sedation. For procedures requiring general anesthesia or more specialized equipment and/or staffing, ambulatory surgical centers (ASC) provide a cost-saving and efficient alternative to a hospital-based operating room.

For the past 2 years, we used the more available Pediatric Sedation Unit (PSU) at our institution for certain outpatient pediatric procedures to prevent extended wait times for the main operating room (MOR). The PSU model has been studied and is accepted as a safe environment for treatment [1–3]. However, limited data exists regarding the PSU and its potential application in pediatric otolaryngology. The only study identified in a literature

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Additional Ouestions:

Surgery performed:

Patient age/gender:

Date of surgery:

search reported on conscious sedation for videolaryngostroboscopy in a PSU [1]. This study evaluates outpatient procedures in a PSU versus MOR setting through prospective parental satisfaction analysis. The MOR served as a benchmark for standard of care treatment.

#### 2. Methods

The Institutional Review Board at San Antonio Military Medical Center approved this prospective study. Pediatric otolaryngology procedures performed in the PSU and MOR were prospectively recorded for the 2012 calendar year. A modified version of a validated survey was used to measure parental satisfaction with scheduling/registration for surgery, nursing care, surgeon care, facility environment, timing/duration, and overall satisfaction (Fig. 1). The 19-question survey was adapted from a 17-question retrospective survey previously published by Grisel and Arimand [4]. Parents anonymously participated in the survey using a sealed envelope and completed the survey on the day of surgery in the post-anesthesia care unit (PACU). Only outpatient procedures were included for this study. The same attending surgeon was involved in all cases, with location of the surgery as the only independent variable. An independent research assistant handed out and collected the surveys. All approached parents completed the survey the same day for both the MOR and PSU groups. Fifty surveys were collected for cases performed each in the PSU and MOR. Chi Square and Mann Whitney U tests were used as appropriate. A p < 0.05 was considered significant.

#### 2.1. Facility description

The hospital is a Department of Defense (DOD) tertiary care training hospital that treats active duty soldiers, their dependents, and retirees. The PSU has a single procedure room with four monitored recovery beds located adjacent to the Pediatric Intensive Care Unit and Pediatrics ward. It is staffed with three registered nurses with PACU training. The Pediatric Anesthesiology Department provides sedation and anesthesia. Depending on the case, they offer minimal, moderate, or deep sedation as well as general anesthesia.

Scheduling surgery begins with the Pediatric Otolaryngology service placing an electronic consult to the PSU schedulers. The PSU nurse then calls the parents to schedule a surgery date and take the patient's history. If children are American Society of Anesthesiology (ASA) status I or II, a patient history can be taken over the phone, and the patient can meet the anesthesiologist on the day of surgery. If the patient is ASA class 3 or higher, or has other potential anesthetic/airway risks, the schedulers will make a preoperative PSU appointment for an in-person evaluation. On the day of surgery, the patient is scheduled to arrive 30 min prior to their scheduled operation. Operations range from 15 to 30 min to complete, and their recovery time ranges from 30 to 60 min. Patients are typically given the same general anesthesia that they would have received in the MOR, only delivered in the PSU (hence, despite being labeled as a "sedation" unit, general anesthesia is frequently used). For example, ear tube cases typically utilize sevofluorane, nitrous oxide, intranasal fentanyl (2 mcg/kg) and Tylenol per rectum. Rigid bronchoscopy cases utilize propofol and fentanyl. The patients are discharged as soon as they return to baseline mental status and are tolerating an oral diet with stable vital signs, similar to the MOR PACU.

The MOR is a hospital-based facility supporting outpatient and inpatient procedures. All patients are required to schedule a preanesthesia appointment before MOR procedures regardless of ASA class, usually within a week of their surgery. This appointment last between 1 and 3 h depending on wait times. On the day of surgery,

Sched	uling/Registratio	on: to schedule your c			
-,	Not at all easy	Somewhat easy	Moderately easy	Quite easy	Very Easy
2)	Was your child's	s surgery scheduled	l for a convenient	late? Y/N	
3)	Was your child?	s surgery scheduled	l for a convenient t	ime? Y/N	
4)	How clear was the information your child received prior to surgery (i.e. time of surgery, how to prepare)?				
	Not at all clear	Somewhat clear	Moderately clear	Quite clear	Extremely clear
5)	Not at all	s the registration st Somewhat	Moderately	Quite helpful	Extremely
Nurse	helpful	helpful	helpful		helpful
		were your child's n	urses?		
	Not at all courteous	Somewhat courteous	Moderately courteous	Quite courteous	Extremely courteous
7)	Harri attantiva r	ana tha manaa ta ru	ova shild's someour	a9	
7)	Not at	ere the nurses to yo	Moderately	Quite attentive	Extremely
	all attentive	attentive	attentive	Quite attenuire	attentive
8)	How confident of	lid you feel about t	he skills of the nur	ses taking care of	your child?
-	Not at all	Somewhat	Moderately	Quite confident	Extremely
	confident	confident	confident		confident
Surge 9)		were your child's s	urgeons?		
- /	Not at all	Somewhat	Moderately	Quite courteous	Extremely
	courteous	courteous	courteous	-	courteous
				•	
10	) How attentive w Not at	ere the surgeons to Somewhat	your child's conce	Quite attentive	Extremely
	all attentive	attentive	attentive	Quite attentive	attentive
11]		id you feel in the s			
	Not at all confident	Somewhat confident	Moderately confident	Quite confident	Extremely confident
12	Before the surge	ry, how clear was t		surgeons provided	
	Not at all clear	Somewhat clear	Moderately clear	Quite clear	Extremely clear
13.	After the curgers	, how clear was the		urgeons provided s	hout what
10,		your child's surge		urgeons provided a	ioout what
	Not at all clear	Somewhat clear	Moderately clear	Quite clear	Extremely clear
acilit					
14	Not at all	was the family was	Moderately	Quite	Extremely
	comfortable	comfortable	comfortable	comfortable	comfortable
15		e was your child in			20
	Not at all comfortable	Somewhat comfortable	Moderately comfortable	Quite comfortable	Extremely comfortable
16	How clean is the	e surgical unit?			
	Not at all clean	Somewhat clean	Moderately clean	Quite clean	Extremely clean
		surgery start on tin			
	Not at all clear	Somewhat clear	Moderately clear	Quite clear	Extremely clear
18]	Think about the	duration of your ch		n stay. Was it:	
ĺ	A lot shorter than needed	A little shorter than needed	About right	A little longer than needed	A lot longer than needed
ا <b>د</b>					
Overa 19		ou to recommend t	his surgical facility	to others?	
اُ	Not at all likely	Somewhat likely	Moderately likely	Quite likely	Extremely likely

Fig. 1. Parental satisfaction survey, adapted from Children's Hospital Ambulatory Questionnaire.

patients typically arrived 2 h before their scheduled operating room time, and recovery times range from 2 to 4 h in the PACU and same-day surgery recovery areas, depending on extent of surgery.

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