



KEY POINT SUMMARY

OBJECTIVES

To assess the change in perception of the standard of pediatric care following the opening of a dedicated pediatric emergency area in an established tertiary hospital emergency department on patients and families, hospital staff and the general practitioners of the local community.

DESIGN IMPLICATIONS

Separate pediatric treatment and waiting areas in the ED should be considered to enhance the level of satisfaction of patients and their families and the satisfaction and confidence of ED staff.

Paediatric Emergency Department Design: Does It Affect Staff, Patient and Community Satisfaction?

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*2003 | Emergency Medicine Australasia
Volume 15, Issue 1, Pages 63-67*

Key Concepts/Context

The study site was an Australian metropolitan teaching hospital with 34,000 ED visits per year. (Fifteen percent of these were pediatric visits.) A dedicated pediatric waiting area and treatment area were constructed at the study site, physically separate from the adult ED, with décor more appropriate for children, entertainment facilities, and a dedicated nurse in the area. The author assessed how the redesigned ED affected patient satisfaction, as well the staff satisfaction in the ED and if any changes in satisfaction had an effect to the other members of the medical/ nursing fraternity in the hospital and community.

Methods

A questionnaire of between four to six Likert scale questions (5 points) was developed by the authors and was circulated to the four constituent groups (patients/families; general practitioners who refer patients; inpatient staff in the pediatric ward; and ED staff). Surveys were distributed one month prior to and six months after the opening of a new pediatric department in the existing ED. The list of respondents came from the ED attendance records and the GPs from the hospital database. Reply paid envelopes and follow-up reminders were not used. The questionnaires for the ED staff and inpatient staff were distributed by hand or internal mail and were returned the same way. The same questions were asked in both cycles and the distribution process was similar. The questions related to the physical environment, perceived level of care and the overall satisfaction with treatment.



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Findings

According to the author, the most striking change was in the patient-family group who showed an increase in their level of satisfaction with the physical environment and their overall care. The patient group felt that there was no significant change in waiting times nor times to definitive treatment. The general practitioner group showed only a slight improvement, while the inpatient staff showed no notable changes. The emergency department medical and nursing staff felt more comfortable in their new working environment and developed a higher level of confidence and satisfaction. As noted in prior studies, this increased confidence may have been a contributing factor to the increased patient satisfaction.

Limitations

Several limitations were defined by the author:

1. The demographics of the study population were not recorded
2. The case mix was not recorded
3. Due to the pediatric population, many responses were from parents, introducing potential bias
4. The study had a low response rate

It is unclear from the paper how the survey was developed or tested. Due to the limited number of questions, there were no detailed questions to offer insight into the implications of the design.