

**Table 4: Evidence Supporting the Importance of Appropriate Emergency Department Care and Satisfaction with Care for Children with Sickle Cell Disease**

Type of evidence	Key findings	Level of evidence (USPSTF ranking*)	Citation(s)
<b>Clinical guidelines</b>	Clinicians who work in emergency departments need to be educated so that care offered is consistent and supportive, rather than disjointed and adversarial. The latter approach leads to mistrust or other problems that then affect the patient's relationship with providers outside the emergency department.	III	National Heart Lung and Blood Institute. The Management of Sickle Cell Disease. National Institutes of Health. Bethesda, MD, 2002.
<b>Clinical guidelines</b>	<p>Satisfaction data are useful because they provide a personal viewpoint that cannot be found by abstracting administrative data or even by observing care. Satisfaction data that are creditably obtained will accurately reflect the personal and psychological realities of caring for children with special needs.</p> <p>Satisfaction data are important for children with special health care needs because there are not many other identified indices of outcome. Satisfaction can be measured at the individual level (the quality of the interaction); provider network or plan level (satisfaction with receipt of services); or community level (effectiveness of addressing health needs of an entire population).</p> <p>There are four dimensions of care pertaining to parental satisfaction: 1) developmentally appropriate care (acknowledges the complex interaction between development and health status); 2) family-centered care (recognizes the pivotal role of family in care and is sensitive to cultural background and inclusion regarding decision-making); 3) technical competence (emphasizes provider expertise in care of children with special needs, including risk assessment and good judgment); 4) interpersonal competence (applies technical skills in the context of human relationships; includes kindness and respect and effective communications).</p>	III	Ireys HT, Perry JJ. Development and evaluation of a satisfaction scale for parents of children with special health care needs. Pediatrics 1999; 104(5):1182-1191.

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<b>Clinical guidelines</b>	<p>Patient satisfaction is mix of perceived need, expectations, and experience of care. Satisfaction represents a comparison between a patient's perception of the performance of the health care provided and what the patient wanted or expected.</p> <p>Core satisfaction issues that apply to children include being treated with dignity, effective communications with providers, getting needed care, getting care quickly, and confidentiality. These issues, particularly those around communications and prompt treatment, are highly relevant in the emergency department.</p> <p>Steps that an emergency department can take to improve satisfaction among pediatric patients include improving communications so that patients and families know what to expect; providing clear explanations on arrival about waiting time; offering clear and sufficient instructions for post-discharge care; and encouraging staff members to use a caring approach that helps patients and families deal with the being in the emergency department. Ideally, a caring approach will also help patients and families be better prepared to absorb and use information provided.</p>	III	Darby C. Patient/parent assessment of the quality of care. <i>Ambul Pediatr</i> 2002; 2(4 Suppl): 345-348.

*Note: USPSTF criteria for assessing evidence at the individual study level are as follows: I) Properly powered and conducted randomized controlled trial (RCT); well-conducted systematic review or meta-analysis of homogeneous RCTs. II) Well-designed cohort or case-control analytic study. III) Opinions of respected authorities, based on clinical experience; descriptive studies or case reports; reports of expert committees.*