

# Endoscopy patient satisfaction survey: improving the patient experience

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## Aims

To assess patients' endoscopy experience and identify particular areas for improvement.

## Methods

We conducted a questionnaire-based survey in the endoscopy department of a London teaching hospital. 52 patients – both inpatients and outpatients – completed the anonymous questionnaire after having their procedure. The questionnaire was filled in once they had left recovery in order to minimise sedation effects on patients' responses.

## Results

The median age of respondents was 56 (lower quartile 38; upper quartile 68). The majority (54%) of patients had a colonoscopy, although all major endoscopic procedures (endoscopy, colonoscopy, ERCP, EUS) were represented in the survey.

Most patients (51/52; 98%) agreed or strongly agreed with the statement 'the information about the procedure was clear'. 98% also agreed that 'the consent process was easy to follow'. 90% considered the receptionists to be helpful and courteous, whilst 49/52 (94%) of patients considered the endoscopy unit to be a pleasant environment. 94% also felt that their dignity and privacy were maintained at all times.

Difficulties were reported with the process of making an appointment. A less notable majority (43/52; 83%) agreed or strongly agreed with the statement 'it was easy to make my appointment'. 83% of patients agreed with the statement 'it was easy to follow directions to the department on the day of my appointment'. 10/52 (19%) of respondents had to wait longer than 30 minutes to be admitted after their scheduled time, with 4/52 (8%) waiting over 1 hour. 38/52 (73%) agreed or strongly agreed with statement 'I was given a suitable amount of sedation', with just 30/52 (58%) describing the procedure as 'comfortable'. 11/52 (21%) did not receive any information about what to do if they required advice after their procedure.

## Conclusions

Areas of strength with predominantly positive feedback included the pre-procedure information given, the consent process, the help of receptionists, and the environment of the unit itself.

There were five main areas that received negative feedback and thus require significant improvement. These include: 1) the ease with which appointments can be made; 2) the process of following directions to the department on the day of the procedure; 3) the unexpected waiting times; 4) the amount of sedation given; and 5) the ability of the department to deliver post-procedure advice consistently to all patients.

We propose the following: 1) interpreters should be available to help patients from ethnic minorities make and keep their appointments. Using other means, such as mobile apps to automatically book free endoscopy slots, may also improve this process; 2) patients should be given maps before their appointment detailing directions to the department clearly; 3) details should be imparted to all patients with respect to likely waiting times and possible delays (including median waiting time based on previous month's data); 4) endoscopists should attend a formal training course in sedation with protocols readily available in the department; and 5) it should be ensured that patients do not leave the department without appropriate advice being given.

Having implemented these five interventions, endoscopy patient satisfaction should be reassessed within 6 months to assess possible improvement in the patient experience.

## Conflict of interest statement

None declared. ■