

## Sickle Cell Disease

### **Measure 19: Satisfaction with Care in the Emergency Department for Children with Sickle Cell Disease**

#### **Description**

The percentage of parents or guardians of children identified as having sickle cell disease (SCD) who responded, on a scale of 1 to 5, “*Satisfied (4)*” or “*Very Satisfied (5)*” to a survey question regarding satisfaction with the care received in the emergency department. A higher proportion indicates better performance as reflected by high parent/guardian satisfaction.

#### **Calculation**

This measure requires survey data and is calculated as the following rate:

The percentage of parents or guardians who responded “*Satisfied (4)*” or “*Very Satisfied (5)*” to the question “In the past 12 months, on a scale of 1 to 5, how satisfied have you been with the care you/your child have received in the emergency room?” (Emergency department numerator divided by denominator).

#### **Definitions**

**Intake period** January 1 to December 31 of the measurement year.

**Survey** Sickle Cell Disease Association of America (SCDAA) Michigan Health Status Assessment Form (Table 1)

**Table 1: SCDAA Michigan Health Status Assessment Form Question and Response Options**

<b>Questions</b>	<b>Response Options – Apply to all questions</b>
In the past 12 months, on a scale of 1 to 5, how satisfied have you been with the care you/your child have received in the emergency room?	1 (Not satisfied at all) 2 3 4 5 (Very satisfied) N/A Don't Know Refused to respond

## Eligible Population

The determination of the eligible population for this measure requires survey data.

**Ages** Parents or guardians of children younger than 18 years of age during the survey period.

**Event/Diagnosis** Response(s) of parents or guardians of a child with a positive, confirmed newborn screening result of SCD (see Table 2) to a survey question about satisfaction with care in the emergency department.

**Table 2: Codes to Identify Sick Cell Disease**

Condition Name	Hemoglobin Screening Result	ICD-9 Code(s)
<a href="#">Hb S beta-thalassemia</a>	Hb F,S,A	282.41, 282.42
<a href="#">Hb SC-disease</a>	Hb F,S,C	282.63, 282.64
<a href="#">Hb SS-disease (sickle cell anemia)</a>	Hb F,S	282.6, 282.61, 282.62

## Specification

**Denominator** The eligible population is drawn from all SCD cases reported in state newborn screening program records whose parent or guardian responded to the survey question regarding satisfaction with the care received in the emergency department.

### Numerators

#### ***Satisfaction with Care in the Emergency Department***

Eligible parents or guardians who responded “*Satisfied (4) or Very Satisfied (5)*” to the survey question “In the past 12 months, on a scale of 1 to 5, how satisfied have you been with the care you/your child have received in the emergency room?”

## Exclusions

- Children with a negative newborn screening result indicating one of the sickle cell disease variants listed in Table 3 should not be included the eligible population *unless* there is also a positive, confirmed newborn screening result of SCD (Table 2).

**Table 3: Excluded Hemoglobin Screening Results**

Condition Name	Hemoglobin Screening Result	ICD-9 Code(s)
<a href="#">Hb beta zero-thalassemia</a>	Hb F only	282.49
<a href="#">Hb SD-disease</a>	Hb F,S,D	282.68, 282.69
<a href="#">Hb C beta-thalassemia</a>	Hb F,C,A	282.49
<a href="#">Hb D beta-thalassemia</a>	Hb F,D,A	282.49
<a href="#">Hb E beta-thalassemia</a>	Hb F,E,A	282.49
<a href="#">Hb C-disease</a>	Hb F,C	282.7
<a href="#">Hb E-disease</a>	Hb F,E	282.7
<a href="#">Hb H-disease</a>	Hb F,H	282.49
<a href="#">Hb C-carrier</a>	Hb F,A,C	282.7
<a href="#">Hb D-carrier</a>	Hb F,A,D	282.7
<a href="#">Hb E-carrier</a>	Hb F,A,E	282.7
<a href="#">Hb S (sickle)-carrier</a>	Hb F,A,S	282.5
<a href="#">Hb SE-disease</a>	Hb F,S,E	282.68, 282.69