

POISON CENTER CUSTOMER SATISFACTION SURVEY THROUGH MOBILE DEVICES

NP Charlton; KJ Mayo, **JP Vakkalanka**¹

¹ *Department of Emergency Medicine, University of Virginia School of Medicine, USA*

Objectives: In order to evaluate overall customer satisfaction with the poison center (PC), we employed a simple short message service (SMS) cellular phone text survey to capture feedback from the general public about our services.

Methods: Beginning on March 01, 2015, our PC database was queried each Monday for all human exposure cases where the caller site was either own or other residence during the previous calendar week (Sunday through Saturday). Fifteen cases were randomly selected from this subset for each day, corresponding with a total of 105 cases per week. Respondents received a message to their phone via SMS text: "This message is in response to your recent poison center call. Please take 1 minute to answer this 5 question survey. Your help in improving our services is greatly appreciated. Click link for survey." The included link took them to the Survey Monkey® website where they were asked to rank on a scale of 1-5 of how prompt, courteous, and helpful our staff was. We further asked whether they would recommend us to a friend. In order to capture additional qualitative data, we allowed them to leave any comments.

Results: During the first six weeks of initiating the survey, we sent text messages to 600 individual numbers meeting the inclusion criteria. In response, we received 61 responses, corresponding with a response rate of 10.2%. Respondents were overwhelmingly positive about the PC staff, with average scores of 4.9 for promptness, 4.8 for being courteous, and 4.7 for being helpful. More than 95% of respondents reported that would be likely to refer a friend to the PC. Almost half of our respondents responded with additional feedback, most who appreciated the PC staff for allowing them to stay calm during the experience, saving them a trip to the emergency department and avoiding unnecessary costs, and for providing a routine follow up call to ensure the patient was doing well.

Conclusions: There were some limitations to this study. Single calls with multiple exposures (e.g. parent calling about two children) that were selected in this sample were not replaced if both cases were selected. In addition, when SMS texts failed to send, which was possibly due to texting a landline, these calls were not replaced. Though our response rate was only 10% and may have been subject to response bias, we managed to assess our service both quantitatively and qualitatively through this simple survey tool. In an era where the calls to poison centers are declining across the United States, it is vital to gauge the overall satisfaction among the public who reach out to us and to improve services if there are gaps. This study allowed us to identify the value and impact of our PC within our coverage region, which were positive and re-affirming. Finally, sharing this feedback with our staff is also a vital element to ensuring employee satisfaction, building morale, and improving self-appreciation of each individual's role in community health