

**Developing Patient and Family Feedback Surveys
at an Urban Pediatric Gender Care Center**

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NURS 703A: DNP Project Planning

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Submitted to: Sandra Banta-Wright, PhD, RN, NNP-BC

This paper is submitted in partial fulfillment of the requirements for the Doctor of Nursing
Practice degree.

Abstract

With the rapid expansion of pediatric transgender and gender diverse (TGD) healthcare, the need for standardized feedback mechanisms has become evident. This study addresses this need by developing patient and family surveys for a gender care clinic (GCC) in the Pacific Northwestern United States. The study purpose was to assess patient and caregiver satisfaction and identify areas for improvement within the TGD clinic. Patient surveys, tailored for those aged 12 and older, consisted of seven questions, which include a Likert scale rating and open-ended prompts. Caregiver surveys mirrored patient surveys but addressed the dependent's care. Data were collected anonymously using Microsoft Forms. Collected data were analyzed using Microsoft Excel, summarizing sample demographics, and assessing satisfaction levels. Patient surveys yielded an average rating of 3.8 out of 5, with positive feedback on the clinic's atmosphere and concerns about certain administrative practices. Caregiver responses, primarily from mothers, averaged 4.68 out of 5, praising the clinic's staff while expressing a need for expanded pediatric mental health resources. These findings highlight areas of strength and improvement within the GCC, informing future enhancements in patient and family care.

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Introduction

Problem Description

Within the last decade, the field of pediatric transgender and gender diverse (TGD) healthcare has experienced a monumental shift, with the number of comprehensive gender clinics increasing from fewer than 10 in 2013 to over 60 in 2022 (Bazelon, 2022). In addition, the number of youths who identify as transgender nearly doubled since 2013, with approximately 300,000 youth nationally in 2022 (Bazelon, 2022). This rapid increase in gender clinics allowed a greater percentage of TGD youth to receive gender-affirming medical care (GAMC) and ultimately achieve their desired gender expression. Having access to gender-affirming multidisciplinary clinics was protective and transformative for these patients, ultimately increasing their quality of life to match that of the general population (Tollit et al., 2018). Tordoff and colleagues (2022) reported emphasizing the importance of GAMC for TGD youth is the independent association between puberty blockers and gender-affirming hormones and decreased rates of depression, anxiety, and suicidal ideation in this vulnerable population.

The urban gender care center at a clinic in the Pacific Northwest expressed the need for a standardized patient and family survey to be developed and distributed to their patient population. Since the clinic opened in 2014, the clinic has expanded rapidly with four providers treating TGD youth. With their increasing volume of patients, there has been little available time and provider capacity to elicit patient and family feedback either face-to-face or asynchronously via a survey tool. However, providers felt it was imperative to gather data about the clinic whether positive or negative from the perspective of both the patient and family.

Available Knowledge

As in any healthcare setting, it was vital to measure patient and family satisfaction to identify outcomes and evaluate improvement in patient care and clinic processes. Gathering feedback from both the patient of the gender clinic and their parent/caretaker was of equal importance to capture the

individual experiences and highlight different areas for growth, as often their priorities vary greatly. Tollit and colleagues (2018) reported on data from patients and their families at a gender clinic in the United Kingdom, which revealed multiple common themes. These themes resulted in a framework for improvement at the clinic. The clinic patients and their families reported satisfaction with clinician's respectful communication, shared decision-making, and validation in individual experiences. Areas of improvement included reducing wait times, increasing frequency of visits, and providing additional resources and support for families (Tollit et al., 2018). Both patients and families reported reduced distress after attending clinic appointments, further validating the importance of the clinic (Tollit et al., 2018). The results provided clinic providers with concrete evidence of successes and weaknesses, which lead to a more focused plan for improvement in patient care and continued progress in the field of GAMC.

When developing a questionnaire for children's experiences at a dentistry practice, Alazmah and colleagues (2021) reported children of varying ages placed emphasis on different aspects of satisfaction and had diverse priorities and interests. In retrospect, having surveys target different ages with appropriate language for that age range allowed children to be able to interpret the questions as intended (Alazmah et al., 2021). The study revealed the importance of measuring patient satisfaction in the realm of pediatrics rather than focusing only on the satisfaction of their caregivers (Alazmah et al., 2021).

Two studies (Gore et al., 2016 & McNeill et al., 2021) reported the lack of patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) that specifically targeted the pediatric population. Gore and colleagues (2016) discussed a validated PREM for children with allergic disease to promote feedback, targeted education, and improvement to existing services using children to guide the questions they included on the survey. McNeill and colleagues (2021) reported reframing children and families from receivers of healthcare to active participants with the

ability to be involved in research and promote improvement, which is beneficial for the future of pediatrics.

Rationale

This quality improvement (QI) project was guided by the Institute for Healthcare Improvement (IHI) Model for Improvement (MFI). The IHI MFI incorporates the Plan, Do, Study, Act (PDSA) cycle as the process for implementing change. This model guided the planning of the two surveys, development and distribution of the surveys, analysis of the results, and communication of findings to the GCC to facilitate a change in practice based upon the results.

During the root cause analysis and creation of a cause-and-effect diagram, barriers to implementing patient and caregiver feedback surveys were identified (Appendix A). This QI project provided data to allow the providers and support staff at the gender care center (GCC) to be aware of areas of success and areas where improvement was needed.

Specific Aims

The goal of this QI project was to gather feedback on provider care and clinic processes from patients and caregivers via two respective surveys. The aim was to measure patient and caregiver satisfaction by identifying areas of success and those requiring modification at the GCC to improve patient and family care.

Methods

Context

This QI project utilized a mixed method design, which was completed at one GCC in the Pacific Northwest at a regional children's hospital in an urban setting. The metropolitan area has a population of about 2.51 million people (Statista, 2023); however, the clinic treats youth who travel from within the local metropolitan area and from rural areas of the state. The care team at the clinic consists of three medical doctors (MDs), one physician's assistant (PA), one registered nurse (RN), and one licensed clinical

social worker (LCSW). The providers and staff at the clinic desired feedback from patients and their caregivers to identify areas of improvement or changes in practice in addition to identification of aspects of the clinic that was positively viewed by patients and their caregivers. Prior to this project, the clinic had no formal method of receiving feedback; rather, providers and staff relied on real-time feedback from patients and their caregivers, which was not a consistent system to base changes or address issues in patient and family care.

TGD youth receiving care at the GCC were presented with the opportunity to provide feedback and have their voices heard regarding their care, which was of critical importance given the sensitive nature of the specialized care at the clinic. These youths comprised an extremely vulnerable population and were encouraged to express their autonomy and opinions that would foster confidence and ultimately help them develop into adults who advocate for themselves and their care. Gathering feedback from the patients' caregivers ensured the clinic staff were also identifying logistical and contextual processes, such as wait times and insurance, that may benefit from improvement.

Study of the Interventions

To improve patient and caregiver satisfaction at the GCC, focused surveys were developed for each population with specific questions to identify areas of success and areas for improvement. The patient surveys were limited to youth 12 years and older to allow for independent patient participation. Unique identifiers were used to ensure patient confidentiality in the survey responses. The surveys were provided to patients and caregivers from October 1, 2023 to February 1, 2024 and were anonymous. Survey responses were read and reread to identify themes from the data to support practice change and improve satisfaction as well as what the clinic was doing well. Additionally, the results were communicated to the GCC staff via a meeting with the clinic providers to encourage immediate change if possible.

The adolescent patient survey consisted of seven questions, beginning with the age of the patient and the length of time that they had been a patient at the clinic. Next, the survey asked the patient to rate their experience at the GCC on a Likert scale of 0 to 5, with 5 being the best experience possible and 1 being the worst. The following questions expanded on the Likert scale response, prompting the patient to identify why they chose the rating they did, what aspects of care at the clinic are helpful, and which areas may benefit from improvement (Appendix B). The caregiver survey was similar to the patient survey in that the questions refer to their dependent's care at the clinic. The first two questions, however, differed as they asked the caregiver their relationship to the patient and how long their dependent had been a patient at the GCC (Appendix C).

Measures

The primary outcome measure in this project was identification of issues recognized by patients and their caregivers, which would make the GCC function and flow better. A balancing measure was the average amount of extra time required by patients and caregivers to complete the survey. Short surveys were developed in the hopes of getting more feedback from both patient and caregivers. The caregiver survey took an average of 4 minutes and 24 seconds while the patient survey took an average of 6 minutes and 33 seconds.

Analysis

Data were collected using Microsoft Forms, which is an online survey tool. The survey was made available to patients and caregivers for a total of 4 months via a quick response (QR) code on a flier in the clinic as well as imbedded into patients after visit summaries (AVS). When the survey closed, data were downloaded into Microsoft Excel and then compared to the hard copy of each participant's data to check for accuracy prior to analysis. Sample demographics were summarized using means and standard deviations for continuous variables, and frequency counts and percentages for nominal variables. The open-ended questions were analyzed using a qualitative descriptive approach (Doyle, McCabe, Keogh,

Brady, & McCann, 2020). The use of qualitative descriptive approach was particularly relevant as information was required directly from those experiencing the phenomenon under investigation, such as patients and caregivers attending a GCC. Sullivan-Bolyai, Bova, and Harper (2005) made a compelling argument for the use of qualitative description in health care research because of its ability to provide clear information on how to improve practice.

Ethical Considerations

A request for determination from Legacy IRB was first obtained (Appendix D). Afterward, a request for determination from Oregon Health Sciences University (OHSU) IRB was submitted which included the Determination from the Legacy IRB and was determined to be not human research (Appendix E). No identifiable data was collected from the participants as the surveys were anonymous. Autonomy of the patients and their caregivers was reserved through the right to participate or to not participate. Data from surveys were secured on a password protected device. The participating clinical site and graduate student agreed to the project by signing the Legacy Graduate Project Clinical Agreement Form (Appendix F) and the participating clinical site gave consent to the project by signing the OHSU Letter of Support (Appendix G).

Results

Demographics

Demographics were compiled from both surveys. Ninety (90) percent of patients were between 15- to 19-years of age while only one patient was less than 13-years of age, had attended the clinic for less than 2 years, and had a mean Likert score of 3.8. In comparison, 75% of caregivers were mothers, had attended the clinic with their child for 1.4 years and had a mean Likert scale of 4.6. (Table 1).

Table 1*Demographic Characteristics of Patients and Caregivers*

Participants		Attendance (years) M (range)	Likert Survey Score M (range)
Patients			
Child (< 13 years)	1 (10%)	4	4
Adolescents (>13 years)	9 (90%) (15-19 yrs)	1.3 (0.6 to 5 years)	3.8 (1 to 5)
Caregivers			
Mothers	6 (75%)	1.4 (0.2 – 4 years)	4.6 (1-5)

Common Adolescent Themes

Qualitative analysis yielded an overarching theme, *Becoming the True Me*, and three subthemes: Creating a sense of normalcy, using my identified pronouns, and eliminating my given name that captured the adolescents' experience of transitioning from their assigned gender at birth to their true gender (Figure 1).

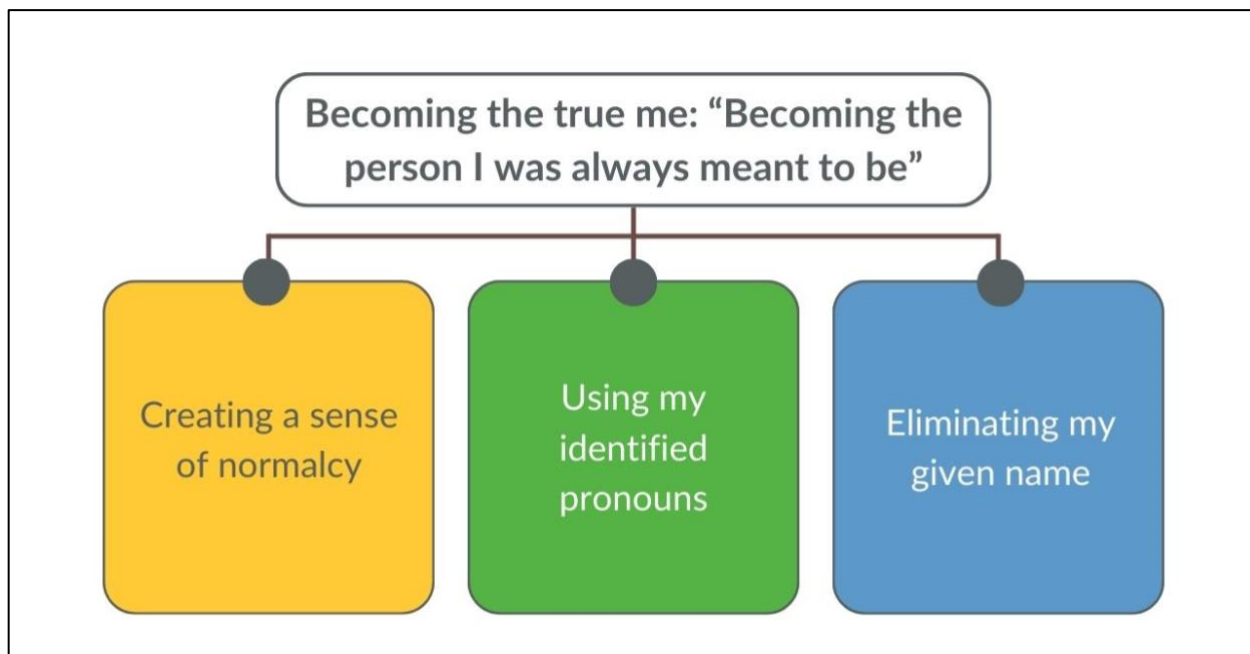
Becoming the True Me

There was an overall positive tone noted in the open-ended question responses from patients, with multiple mentions of welcoming and supportive staff. This resulted in the adolescent theme of "becoming the true me" (Figure 1). This overarching theme was based upon the response, "I'm becoming the person I was always meant to be" along with multiple responses indicating the idea of the GCC allowing the youth to become their truest selves. Adolescent patients, who received care at the GCC, seek this specialty care to facilitate their transitioning from their assigned sex at birth to their true gender. The goal of the GCC providers and staff is to aid youth in becoming their most authentic selves,

and many of the adolescent survey responses spoke to the effective way the GCC embodies that objective through their care.

Figure 1

Becoming the True Me



Creating a Sense of Normalcy

Throughout the survey responses, there were multiple mentions of the youth feeling as though the GCC created a sense of normalcy in their lives by eliminating the "otherness" that the transgender and gender diverse population experiences regularly. The GCC normalized the experiences TGD youth encounter that are specific to this population. The GCC was able to exhibit this sense of normalcy by the providers, group discussions with TGD peers, and facilitating TGD youth to meet adults of this population.

Using My Identified Pronouns

Patients at the GCC likely had pronouns that differed from their biological sex. The youth survey respondents praised the GCC staff for ensuring the use of their correct pronouns and names for each patient, as this seemingly small gesture was very validating for the youth's sense of self.

Eliminating My Given Name

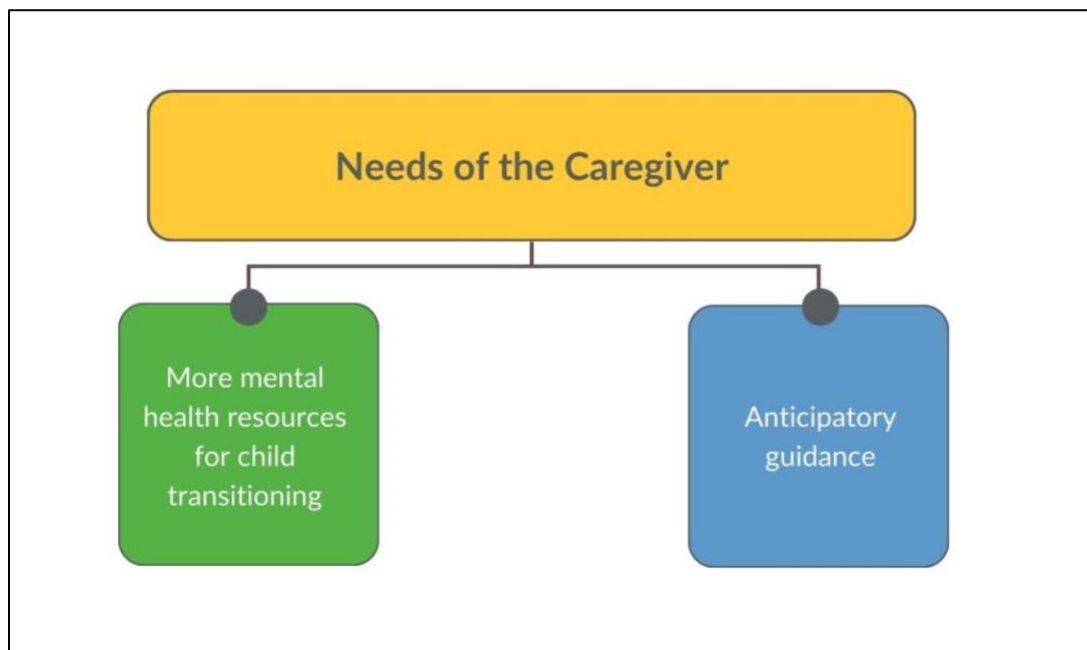
Similarly to the identified pronouns, many adolescent patients, who received care at the GCC, had a name that differed from their given name. Many survey responses emphasized the GCC staff crossing out their given legal name on their identification stickers that were placed on various papers to be helpful for the youth's sense of self.

Common Caregiver Themes

Qualitative analysis yielded an overarching theme and two subthemes that captured the caregivers' experiences as their children transitioned from their identified gender at birth to their true gender (Figure 2). Caregivers reported appreciating the various resources and anticipatory guidance provided by the clinic to guide patients and their families through the process of transitioning along with gratitude for the knowledgeable providers, who had created a safe space for this youth population. Additionally, caregivers identified a need for more pediatric mental health resources for their children who were transitioning.

Figure 2

Needs of the Caregiver Whose Child is Transitioning



Discussion

This QI project revealed valuable insights into patient and caregiver experiences, highlighting areas of success and opportunities for improvement at the clinic. The TGD youth surveyed expressed a positive experience at the clinic, feeling supported and empowered to transition to their true gender identity. Caregivers valued resources provided by the clinic for guiding their child's transition and emphasized the importance of pediatric mental health support for transitioning children.

Overall, the findings from this study were consistent to those found in the literature (Gore et al., 2016; Alazmah et al., 2021; McNeill et al., 2021). The patients and caregivers expressed an overwhelming satisfaction with GCC and its providers, particularly with communication, guidance, and support. Surveying adolescent patients uncovered valuable information for the clinic staff to utilize to improve and validate the care they provide, such as the importance of utilizing youth's chosen pronouns and names, further proving the importance of surveying pediatric patients as well as their caregivers.

Limitations

There were limitations with this QI project that must be considered. First, the sample was small given the simplicity of the survey. While there were 10 respondents to the patient survey, the open-ended answers were noted to be brief phrases with limited rich material. There was only one patient less than 13 years of age who responded. Therefore, the experience of other patients may not necessarily be the same. However, commonalities tend to exist in similar, or like groups experiencing similar experiences, such as transitioning to their “true me.” As for the caregiver survey, 75% were mothers who supplied brief responses to the open-ended questions. The experience of other caregivers, such as fathers or legal guardians, may not necessarily be represented accurately as mothers responded to 75% of the time. Just as like adolescent patients who attended the GCC, caregiver commonalities tend to exist in similar, or like groups, such as their child transitioning to their “true me.” Consequently, the responses from adolescent patients and their caregivers described in this QI project, although not generalizable to all patients and caregivers, are anticipated to describe commonalities and highlight their experiences. Together with the interpretations, the findings have revealed meanings of the patients’ and caregivers’ experiences at the GCC.

Future Quality Improvement Projects

There are numerous avenues for future projects that build on findings from this QI project. Moving forward, the integration of patient and caregiver feedback into clinic processes should be prioritized, fostering a culture of continuous improvement and responsiveness to the unique needs of this vulnerable population. By embracing patient-centered approaches and leveraging feedback mechanisms, pediatric gender clinics can further advance towards their goal of providing comprehensive, compassionate, and affirming care for all TGD youth and their families through the identification of accurate areas requiring improvement. Completing similar surveys at multiple gender care centers in the country would likely reveal some differing trends, but yet have probably some similar

experiences even in different geographical areas based on the laws and scope of care in each state. Additionally, interviewing youth 15- to 19-years of age may provide perspectives that differ from this population. If they transitioned at an earlier age, their experiences could be very different when it was not as common from those who are transitioning now whether younger or older.

Conclusion

This QI project underscored the critical importance of gathering adolescent patient and caregiver feedback in the realm of pediatric transgender and gender diverse healthcare. The findings revealed not only areas of success, but highlighted crucial areas of improvement, ultimately striving for the provision of more effective and supportive pediatric mental health care. The significant increase in gender clinics over the past decade signifies a positive shift towards greater access to gender-affirming medical care for TGD youth. Even as GCC become more common, this QI project emphasized the ongoing need for continuous evaluation and enhancement of these services.

The implementation of focused surveys enabled the identification of key themes, such as the significance of affirming environments and the necessity for expanded mental health resources. These insights, derived directly from adolescent patient and caregiver experiences, serve as invaluable guides for refining clinic practices and enhancing overall satisfaction. Moreover, this QI project amplified the voices of TGD youth and their caregivers, empowering them as active participants in their healthcare journey.

References

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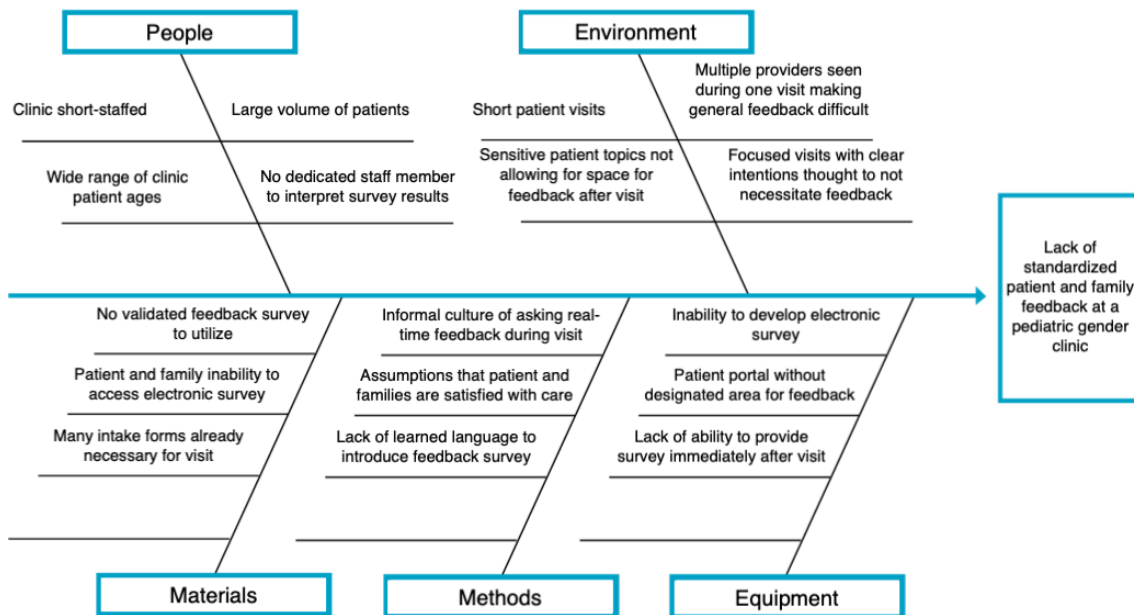
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<https://doi.org/10.1001/jamanetworkopen.2022.0978>

Appendix A

Cause and Effect Diagram



Appendix B

Patient Survey

1. Age (in years)
2. How long have you been a patient at Gender Care Center (formerly T-Clinic)?
3. How would you rate your experience at the clinic? (0-5 with 5 being exceptional care)
4. Tell us why you chose the score in the previous question.
5. Tell us about what has been helpful in your experience at GCC.
6. Tell us about what we could do better.
7. Please share any other feedback you would like to provide.



Appendix C

Parent/Caregiver Survey

1. Which of the following are you to the patient?
2. How long has your child been a patient at GCC?
3. How would you rate your experience at GCC? (0-5 with 5 being exceptional care)
4. Tell us about why you chose your score in the previous question.
5. Tell us what specifically has been helpful in your child's experience at the GCC.
6. Tell us about areas where we could improve.
7. Please share any other feedback you would like to provide.



Appendix D

Legacy IRB Determination



LEGACY
RESEARCH
INSTITUTE

Legacy Research Institute
1225 N.E. Second Ave.
Portland, OR 97232
503.413.2491 phone
503.413.4942 fax

LEGACY HEALTH INSTITUTIONAL REVIEW BOARD

NOTICE OF IRB ACTION

Protocol: <i>Developing a Patient and Family Feedback Survey at an Urban Pediatric Gender Care Center (GCC)</i>	
Principal Investigator: Chelsea Daniel, BSN, RN, CCRN	Board Action: EXEMPT QI DETERMINATION
Submission type/date: Exempt QI request 7-19-23	Date of Board Action: 8-1-23
Sponsor: NA	Study Risk Level: Minimal Risk
Site(s): Randall Children's Gender Care Center	Jurisdiction: OHRP/OCR
IRB Tracking Number: TBD	Continuing Review: None
Reviewing IRB: Exemption Review	

SUBMITTED DOCUMENTS REVIEWED

- } DNP Student Agreement 5-31-23
- } PI CITI
- } PI Resume
- } Caregiver Survey
- } Patient Survey

REVIEW

REVIEW TYPE	IRB ACTION
<ul style="list-style-type: none"> } Initial Review } Exemption Review } QI Review 	<ul style="list-style-type: none"> } Exempt from IRB Review determination

ADDITIONAL FINDINGS AND REQUIREMENTS FOR THIS STUDY

- } The study is minimal risk.
- } The study qualifies for a waiver of consent.
- } Legacy site management must be apprised of the study and the Board's action.

IRB ACTION SIGNATURE

BY LEGACY IRB OFFICE – EXEMPT QI– DATE: 8-1-23



Paul Newton JD CIP – LEGACY IRB ADMINISTRATOR

8-1-23

Paul Newton JD CIP

DATE

Legacy IRB Administrator

IRB CONTACT

If you have questions or concerns or wish to ask the IRB to reconsider its action, please contact Paul Newton, JD, CIP, Research Regulatory Specialist Sr. at 503-413-5355, pwnewton@lhs.org.

IRB INFORMATION

Legacy IRB: FWA00001280
REG: #1 (Good Sam): 00000677
REG: #2 (Emanuel): 00000678
LRI IRB (LRI): 00011999

END OF IRB ACTION DOCUMENT

Appendix E

OHSU IRB Determination



 A green rounded rectangular graphic containing the text "IRB MEMO" in white, serif, all-caps font.
 IRB MEMO

Research Integrity Office

 3181 SW Sam Jackson Park Road - L106R1
 Portland, OR 97239-3098
 (503)494-7887 irb@ohsu.edu
NOT HUMAN RESEARCH

October 2, 2023

Dear Investigator:

On 10/2/2023, the IRB reviewed the following submission:



Title of Study:	Developing Patient and Family Feedback Surveys at an Urban Pediatric Gender Care Center
Investigator:	Sandra Banta-Wright
IRB ID:	STUDY00026289
Funding:	None

The IRB determined that the proposed activity is not research involving human subjects. IRB review and approval is not required.

Certain changes to the research plan may affect this determination. Contact the IRB Office if your project changes and you have questions regarding the need for IRB oversight.

If this project involves the collection, use, or disclosure of Protected Health Information (PHI), you must comply with all applicable requirements under HIPAA. See the [HIPAA and Research website](#) and the [Information Privacy and Security website](#) for more information.

Sincerely,

The OHSU IRB Office

Appendix F

Legacy Graduate Project Clinical Agreement Form

Determination of Research or QI/EBP

Instructions: Answer YES or NO to each of the following statements:

	YES	NO
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	Yes	
The specific aim is to improve performance on a specific service or program and is a part of usual care . ALL participants will receive standard of care.	Yes	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does NOT develop paradigms or uses untested methods or new untested standards.	Yes	
The project does NOT follow a research design that tests a hypothesis, includes randomization or has comparison or control groups. The project does NOT follow a protocol that overrides clinical decision-making.	Yes	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does NOT seek to test an intervention that is beyond current science and experience.	Yes	
This project does NOT depend on the voluntary participation of colleagues, students and/or patients (e.g. the methods of the project do not involve soliciting or recruiting participants).	Yes	
If there is an intent to publish, or a possibility of publishing your work, you and your supervising faculty are comfortable with the following statement: <i>“This project was undertaken as an evidence-based practice or quality improvement project at X hospital and as such was not formally supervised by the Institutional Review Board.”</i>	Yes	

If the answer to **ALL** of these items is yes, the project can be considered an evidence-based or quality improvement activity that does NOT meet the definition of research. IRB review may not be required (final determination is made by IRB in review of the Statement of Mutual Agreement). If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

Statement of Mutual Agreement

Student name:	Chelsea Daniel
University:	Oregon Health and Sciences University
Degree (i.e., MSN, DNP, PhD, etc.)	DNP
University project advisor name and email:	Sandra Banta-Wright bantawrs@ohsu.edu
Legacy Site where project will occur:	Randall Children's Gender Care Center
Unit/area(s) involved:	Patient care areas of clinic

Legacy preceptor (if applicable):	Clancy Roberts, LCSW
Legacy IRB determination required by University (y/n)?	Yes
Title of project:	Developing a Patient and Family Feedback Survey at an Urban Pediatric Gender Care Center (GCC)
Project description and objectives:	<p>Description: This project will implement surveys to gather feedback about the care provided at the Randall Gender Care Center. There will be two different surveys, one for patients at the clinic ages 12-18 and one for the patients' caregivers. The surveys will be distributed either via paper copies provided at the clinic or via a QR code available on the patients' after visit summary (AVS).</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Gather data about patient satisfaction at the clinic • Encourage patient input and advocacy • Observe trends in responses to see where improvement is needed
List all data to be collected (or attach data collection form):	Surveys linked in email
Does this project require staff time or involvement (if yes please explain):	No.
Does this project include a potentially sensitive or vulnerable population or topic (e.g. children/adolescents, sexual health, incapacitated patients, identifiable staff surveys, etc.) (if yes please explain):	Yes, the goal of this project is to gather input from transgender and gender diverse children who are patients at the gender care clinic and their caregivers regarding the care they receive. I will deidentify any data or protected health information using unique identifiers.
Anticipated start date:	7/1/2023
Anticipated end date:	10/1/2023
On-site activities (please list):	<ul style="list-style-type: none"> • Collecting completed surveys if provided via paper copy • Discussing results with staff

Terms and Conditions (please initial), I agree to the following:

CD Any Protected Health Information (PHI) (<https://www.hipaa.com/hipaa-protected-health-information-what-does-phi-include/>) collected as part of the project outlined above will only be viewed and stored on a Legacy-secured computer or network. If PHI is required to be used outside of Legacy, please contact Cindy Bianchini (cbianchi@lhs.org).

CD No data, except what is listed above, will be collected and shared. If additional data collection is required, please contact Cindy Bianchini (cbianchi@lhs.org).

CD Any external publication or presentation of this project (beyond university stated above) will be approved by the hospital CNO

CD Following completion of this project, a final report will be send to the unit manager and Cindy Bianchini, including all tools developed and data collected during completion of the project

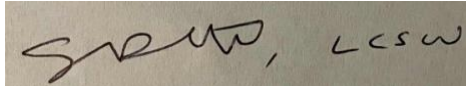


Chelsea Daniel
5/31/2023

Student

Signature

Date



Clancy Roberts
6/13/2023

Legacy unit manager/director

Signature

Date

Please return this completed form to Cindy Bianchini by email (cbianchi@lhs.org) or directly (EM 3072).

Appendix G

Clinical Site Agreement

Letter of Support from Clinical Agency

Date: 6/13/2023

This letter confirms that I, *Clancy Roberts* allow *Chelsea Daniel* (OHSU Doctor of Nursing Practice Student) access to complete his/her DNP Final Project at our clinical site. The project will take place from approximately 11/1/2023 to 2/1/2024.

This letter summarizes the core elements of the project proposal, already reviewed by the DNP Project Preceptor and clinical liaison (if applicable):

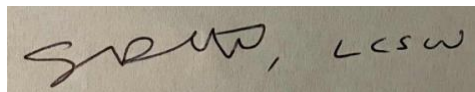
- **Project Site(s):** Randall Gender Care Center, 501 N. Graham St., Suite 375, Portland, OR 97227
- **Project Plan:**

The urban gender care center at a clinic in the Northwestern United States expressed the need for a standardized patient and family survey to be developed and distributed to their patient population. Given the rapid increase in number of patients since the clinic opened in 2014, the staff and providers have not had the ability to gather formal feedback on their care. Thus, this project will implement surveys to gather feedback about the care provided at the Randall Gender Care Center. There will be two different surveys, one for patients at the clinic ages 12-18 and one for the patients' caregivers. The surveys will be distributed either via paper copies provided at the clinic or via a QR code available on the patients' after visit summary (AVS). These feedback surveys will lead to improvement by identifying areas lacking in satisfaction from both patients and caregivers so the staff and providers can alter their care to better serve this population. The specific aim is to gain definitive data that guides measurable improvement in patient and caregiver satisfaction. The data gathered will be de-identified using Microsoft Forms. Each survey asks the respondents to rate the care provided and identify areas of strength and potential improvement within the clinic. The front desk staff at the clinic will distribute the flyer with the QR code to each patient in the appropriate age-range and encourage patients and caregivers to fill out the survey. They will also ensure that patients and caregivers are aware that the QR codes will be included in the AVS.

During the project implementation and evaluation, *Chelsea Daniel* will provide regular updates and communicate any necessary changes to the DNP Project Preceptor.

Our organization looks forward to working with this student to complete their DNP project. If we have any concerns related to this project, we will contact *Chelsea Daniel* and *Sandra Banta-Wright* (student's DNP Project Chairperson).

Regards,
Clancy Roberts, LCSW, Randall Gender Care Center
crobert@lhs.org



Signature

6/13/2023
Date Signed