

Standards of Administration of FOTO Measures

Standards of Administration of PROM Manual

The Standards of Administration of PROM Manual describes in detail standard procedures for administering PROMs so that all patients receive the same instructions prior to answering survey questions. Standard administration of PROMs is essential to ensure: 1) high data integrity, 2) accuracy in measurement of outcomes, 3) the reliability and validity of the PROM results, and 4) accurate benchmarking of performance across clinics and clinicians.

High data integrity requires that all survey questions in the FOTO's patient-reported outcome measures (PROM) are answered independently by the patient, without coaching or other influence by the provider, staff, or clinicians. In addition, all patients must receive the same (standard) instructions prior to answering survey questions. When interacting with a patient who is completing PROM, clinicians and others need to know what steps to take when patients have questions or need help in responding to the survey questions. Although clinicians may have the best of intentions when helping or answering the patients' queries regarding a survey question(s), if these guidelines are not adhered to, clinicians may inadvertently bias patient reporting invalidating measurement results. To reduce biasing patient survey responses, standardization of instructions and guidelines presented in this manual seeks to minimize coaching and other external influences on patient responses to preserve the integrity of PROM results.

High PROM data integrity is a critical component of evidence-based practice enhancing patient centered management while accurately capturing the patients' preferences and goals i.e., the patient's voice. Standardization helps ensure that patients at different clinics and in different settings are all responding to questions based on their own perspectives and experiences. Scores that are obtained under standardized conditions are more trustworthy and the subsequent interpretations sounder. Patients, clinicians, clinics, policy makers and insurers desire and expect consistency, trust, and accuracy in outcome data measurement that produces the most meaningful and precise results. If the patient is unable to answer the questions independently due to musculoskeletal impairment or unable to assess their own status (e.g., the presence of cognitive deficits), clinicians must select Proxy or Recorder on the Episode Details page in the system. It is also important to note that in the absence of a patient's ability to answer survey questions, the responder i.e., proxy or recorder should be the most suitable family member or personal caregiver who observes the patient's day to day functioning.

Background

What does Administration mean?

The term “administration” in this context refers to the manner (both verbally and non-verbally) in which each

Intake and Status PROM assessment is presented to the patient.

Why is this important?

Adhering to standards for administering measures promotes validity, reliability and responsiveness. These properties are critical to clinicians and others who expect consistency and accuracy in measurement of outcomes. Using standard procedures for survey administration allows for more accurate benchmarking of performance across clinics.

At least as important, patients deserve evidence-based care informed by the highest caliber of research, and accurate outcomes measurement is a critical component of evidence-based practice. Researchers, scholars, and policymakers similarly desire measurement that produces the most meaningful & precise results.

Ensuring that all patients receive the same instructions prior to answering survey questions preserves the integrity of the assessment. It is also important that guidelines are consistently followed when patients have questions or need help in responding. Standardization seeks to minimize coaching and other external influences on patient responses. When interacting with a patient who is completing measures, clinicians and others who have the best of intentions can inadvertently bias reporting just by what they say or how they act. Standardization helps ensure that patients at different clinics and in different settings are all responding to questions based on their own perspectives and experiences. Scores that are obtained under standardized conditions are more trustworthy and sound for subsequent PROM data interpretation.

Proxy and Recorder

Some patients may be unable to answer questions independently. Under such circumstances, a Proxy or Recorder may be selected and must be documented as such in the patient record.

General Guidelines for Helping Patients Who Request Assistance

Keep in mind that patient self-report measures are intended to assess the patient’s perception

All attempts should be made following the DOs and DO NOTs outlined below to avoid influencing patient responses to survey questions and to maintain high PROM data integrity.

Example:

General Guidelines when administering the Fear Avoidance Beliefs – Physical Activity.

Re-read the instructions on the computer screen (okay to paraphrase): "It's asking you to rate how strongly you agree or disagree with this statement, 'I should not do physical activities which might make my pain worse.'

Re-emphasize: "....'I should not do physical activities which (might) make my pain worse.'"

Objectively re-state: "Mr. Smith, how strongly do you agree or disagree with this statement: "I should not do physical activities which (might) make my pain worse?"

Supplemental Instructions

In response to patient questions or other special circumstances always, remember to remind the patient of key points from the Intake and Status survey instructions when applicable. In addition to the Intake and Status survey instructions, the following supplemental instructions may be given verbally to the patient

"There are no wrong answers. We want to know what YOU think."

"If you are asked about something you haven't done recently, estimate how hard it would be if you tried to do it now."

"Keep in mind that the assessment does not know who you are. These are standardized questions. If a question does not seem to apply to you, choose the response closest to the right answer for you...or...select the 'best fit' answer."

"The computer is assessing your abilities. In order to find out what you can do, it has to find out what you cannot do."

"Your clinician is interested in learning more about how your condition may or may not be affecting you either physically and / or emotionally."

You also will have the opportunity to respond regarding your satisfaction with your experience at this facility." (for Status if Satisfaction not turned off.)

"The information you give is a part of your medical record, and subject to regulations that protect your health care information."

This assessment on average usually takes about 5-10 minutes." Reassure the patient that it is okay to take more time if you feel that will be the case. The point here is that you give the patient an overall estimate for the time required to complete the survey(s).

How to Handle Common Scenarios

This section expands upon supplemental instructions and the general guidelines presented in the previous sections. Below are 4 common scenarios and examples that you may encounter with patients during routine clinical practice along with other recommended standardized instructions / wording that may be helpful.

Common Scenarios:

A patient's function may be limited due to medical contraindications, such as post-operative rotator-cuff repair. Do not tell the patient which response to choose. Re-state the instructions and / or the question and / or the patient's perception. For example,

Example:

Patient:

"I'm not supposed to raise my arm because my doctor told me not to yet. How should I answer this question about reaching a shelf at shoulder height?"

Response:

"Remember that the instructions for this survey said that you are supposed to answer based on how you are presently. You said that you are not supposed to raise your arm; how do you think that applies to this question about reaching up to a shelf at shoulder height? There are no wrong answers; choose what you feel is the best-fit response."

Let's say the patient decides that even though they aren't supposed to reach to shoulder height as per doctor's orders, that they could do it if they tried and thus, they select "moderate difficulty" rather than "Unable;" that would be the correct response because it is the patient's perception!

Patient feels that certain questions are inappropriate, such as an older adult being asked about running or hopping:

Example:

Patient: "I'm 80 years old, so why am I being asked if I can run?"

Response:

"The survey is assessing your abilities. In order to find out what you can do, it has to find out what you cannot do."

Administering optional questionnaires about psychosocial topics contain questions some patients may consider sensitive and inappropriate.

Examples:

Patient:

"Why is this asking about things that are not my problem?"

Response:

"Keep in mind that the assessment does not know who you are. These are standardized questions. If a question does not seem to apply to you, choose the response closest to the right answer for you...or...select the 'best fit' answer."

Patient:

"Why is it asking me about worry and distress? My problem is physical. Do you guys think I am faking it or that it is all in my head?!"

Response:

"Your clinician is interested in learning more about how your condition may or may not be affecting you either physically and / or emotionally."

A patient is using assistive device to perform activities.

Example:

Patient: "Patient asks if they should respond to the survey question based on their current ability or function with or without their assistive device".

Response: Instruct the patient to respond based on what the patient feels would be normal function for them.

For instance: perform without the device.

Someone who has used a walker for several years might consider that their normal function means how they can walk using a walker, or they might not!

Someone who is using an assistive device short-term due to the injury / condition might consider that their normal function means how they could

Always default to affirming to the patient that their perception is correct and that there are no wrong answers.

Non-verbal Communications

Keep in mind the importance of tone of voice and body language. These non-verbal communications may inadvertently influence the patient's survey responses even though the clinician is verbally following the standardized instructions.

Again, it is important to deliver all non-verbal and verbal patient instructions in a manner that communicates that the PROM assessments are valuable. The patient's responses may be more thoughtful and accurate if the patient understands that the assessment process is an important component of their care and input for goal setting.

Paraphrasing Instructions

It is generally acceptable to paraphrase or restate the patient's question or the survey question. Remain objective!

Often it is best to start responding to patients' questions by using the scripted survey instructions verbatim. As you become more comfortable with remembering the instructions, you might evolve into putting things into your own words (but stay on message) as long as you are communicating with the patient in a neutral and non-biased manner.

When to Administer Surveys

It is recommended that patients complete their PROM intake or status surveys either online or at the beginning of each office visit prior to seeing their clinician. Completing the PROM assessment post- evaluation or after a treatment visit is not a preferred option but it is the best alternative compared to not getting the PROM assessment at all.

It is also important to administer the last survey on the patient's last visit i.e., discharge or within one week prior to discharge. Best outcomes are consistently observed when the PROM is administered on or as close to the last visit at discharge as possible. If you miss administering a status survey at discharge, asking the patient to complete the survey online within 1 week after discharge is recommended.

How Much Assistance is Too Much?

After delivering the Intake or Status survey instructions verbally, the survey administrator may wish to remain with the patient until the patient responds to the first survey question in order to make sure the patient is comfortable navigating the survey using a tablet, laptop, or computer. Once survey setup is complete and the patient has started answering survey questions, DO STEP AWAY and let the patient complete the survey independently. However, let the patient know that you are available if the patient needs help.

If the patient asks for help, follow the instructional guidelines provided in this manual. For patients who have difficulty navigating the survey responses or continually need the close presence or guidance of another, consider selecting Proxy or Recorder as survey administration options.