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Scientific/Clinical Article

Hand therapist use of patient report outcome (PRO) in practice: A survey study



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ABSTRACT

Purpose: The purpose of this survey was to gain greater insight into hand therapists' use of Patient Report Outcome (PRO) measures.

Methods: An 11-question survey that evaluated therapists' perceptions, preferences, and patterns of use of patient report outcome measures was sent to members of ASHT.

Results: A total of 633 ASHT members participated in the survey study. A large majority of participants (92%) responded affirmatively to using a PRO measure in practice. The DASH was reported as the most frequently used measure (90%). The majority of therapists (84%) discuss the results of the outcome measurement score with their patients. Of the participants who use more than one outcome measure, 44% report that this allows them to better establish their patient's functional and physical limitations.

Conclusion: The findings in this study suggest that a large percentage of hand therapists are currently including a PRO measure in their hand therapy practice.

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Introduction

Addressing functional deficits and assisting clients with return to performance are important objectives in the hand therapy profession. As indicated by the World Health Organizations' (WHO) International Classification of Functioning, Disability and Health (ICF), considering activities and participation domains is needed to comprehensively describe an individuals' health.¹ Therefore, assessment of limitations and restrictions in activities of daily living, work, and leisure to identify areas or tasks of concern is a vital component of hand therapy evaluations.² Outcome measures used in hand therapy practice often include physical impairments such as

range of motion (ROM), strength, edema, atrophy, pain, sensation, or posture. Michener et al³ evaluated the relationship between grip strength and functional outcomes in patients recovering from hand trauma. They found that more than one variable predicts hand function outcome; therefore, the authors recommended that a Patient Report Outcome (PRO) measure be administered along with grip strength assessment.³ PROs are standardized tools that can be used in hand therapy practice to provide information regarding the impact of symptoms on the function of an individual with an injury to the upper extremity.² A PRO can address different aspects of impairment and disability as for example: the patient's level of satisfaction regarding the appearance of their injured hand, the patient's level of irritability after their injury, or the patients capacity to perform self care tasks like buttoning buttons. Hand therapists and payers typically focus on PROs that address functional abilities

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for example the patient's ability to open a jar, turn a key, or use bathroom tissue. PROs gather subjective and pertinent information, from the patients' perspective.

Although the proliferation in measurement tools may suggest PROs can inform clinical practice as well as research in hand therapy, nonetheless, hand therapists may not be incorporating PRO measures into routine practice.^{4–8} Jette et al⁹ examined the use of outcome measures among physical therapists in the United States and found that 52% of the respondents did not use a standardized outcome measure. Practice pattern surveys in Ireland found that only 19% of occupational therapists and physical therapists incorporated a standardized outcome measure into practice.^{10–12} Limited use of standardized outcome measures by therapists also occurs in Great Britain,¹³ Australia,¹⁴ and Canada.¹⁵

The use of PRO measures to assess functional status are reported as not well understood by hand therapists¹⁶ and are reported to be used less frequently than other clinical measurements in hand therapy practice.^{2,17} However, there may be a trend for increasing usage. In 2001, a survey of practice patterns in patients with distal radius fracture indicated that while most therapists measured impairments like grip and range of motion, less than 10% used a PRO.² More recent surveys of practice patterns in tennis elbow in 2010 suggested 24% used a PRO,¹⁸ and in a 2012 study of elbow fracture practice patterns this was approximately 35%.⁵ Further, some of the existing studies have not been specific to hand therapists or have been focused on a single clinical condition.^{2,5,10–15,18,19} There are a few recent studies that have explored hand therapist's opinions about why outcome measures are/are not used. Therefore, there is a need for a study that would determine current practice patterns and attitudes with respect to PRO use among hand therapists. The primary purpose of this study is to gather information regarding hand therapists' use of outcome measures that can serve as a tool for better understanding the use of outcome measures in practice. The secondary purpose of the study was to seek information regarding the perceived usefulness of strategies to overcome barriers regarding the use of patient reported outcome measures.

Methods

Development of the survey

Eight members of the research division for the American Society of Hand Therapists (ASHT) developed the survey. An 11-item open survey related to hand therapists' perception, preference, and patterns of use of outcome measures were developed. No demographic data were obtained, because it was beyond the scope of this survey. The survey was developed with the option to "opt out" of answering any question. The lead survey designer has previous experience with conducting online surveys for research (KV). The questions were designed in a multiple-choice format and some questions allowed for free text comments for further explanations. The survey was electronically mailed to the research division's members for additional review. The pre-selection of single PROs provided in question four of the survey was determined through a consensus vote during a American Society of Hand Therapists research division monthly meeting. Based on comments and suggestions from the committee, adjustments were made to the survey questions. A pilot study was then completed at the annual ASHT meeting in Chicago, IL in October 2013. Recommendations were made to improve the clarity of a few questions and adjustments were made. The 11-question survey was submitted for Institutional Review Board (IRB) approval from the Wright Center for Graduate Medical Education, Scranton, PA. Upon review it was determined that IRB approval was not necessary due to the nature of the survey questions. Please refer to

Appendix B for a copy of the survey. The web-based survey was delivered through Survey Monkey (Survey Monkey; Palo Alto, CA (USA):<http://www.surveymonkey.com>).

Survey administration

The survey was administered through an electronic mailing to all ASHT members with email addresses on file. In an effort to maximize the response rate, an invitation to participate in the survey was electronically distributed on 3 separate occasions. The initial 2 mailings were in November and December 2013 and the third and final mailing occurred in January 2014. A link to the survey site, Survey Monkey, was included in the email blasts.

Data analysis

Raw survey data were extracted from the electronic Survey Monkey site at the end of the survey period and processed using SPSS statistical package (version 20.0, IBM, NY, USA). Descriptive statistics were used to summarize and analyze the frequencies of survey responses. Four authors were involved in the analyzes of the qualitative data. Several multiple-choice questions allowed multiple answers; therefore, total frequencies were expected to exceed 100%. Open-ended responses were organized through the development of categories.

Results

A total of 633 ASHT members responded to the survey. A total of three mailings were sent to a total of 2912 therapists. Data were collected regarding the number of therapist opening the emails and the maximum number of therapists opening the email was 1157 (40%). 79 emails were returned for incorrect email address. Hence the response rate was determined as 633/1157 (55%).

Use of PRO measures

Out of a total of 623 total respondents, an overwhelming majority of therapists 92.5% (577) responded affirmatively that they use an outcome measure in their practice when answering question one. Seven percent ($n = 43$) responded negatively, a small percentage of 0.5% (3) declined, and 10 skipped the question.

Perceived barriers and suggested strategies to overcome the barriers of use of PRO measures

Question two inquired the reasons why a PRO measure was not used in the participant's clinical setting. Barriers cited included lack of time to administer, difficulty accessing appropriate tools, lack of useful information gleaned from their use, lack of understanding on how to score or interpret the score of the tools, and difficulty choosing the most appropriate tool (see Fig. 1).

Some of the write-in responses to this survey question included:

- "Lack of importance by institution"
- "It is more bureaucracy and less patient treatment time!"
- "Some of the providers in my area use outcome measures but it does not make a difference with referrals"
- "These are subjective measures compared to a thorough evaluation and specific client centered activities to focus on objective findings and specific exercises for deficits found."

The research division sought information regarding the perceived usefulness of strategies to overcome barriers regarding

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