

## **Chapter 3**

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# **Sampling and Survey Administration Protocol**

## **Sampling and Survey Administration Protocol for the In-Office, Reduced-Item PHDS**

The sampling and survey administration protocol for the in-office PHDS is designed to identify parents who can validly report about the quality of preventive and developmental care received during the last 12 months or since the child was born. The procedures outlined in this chapter provide a standardized method that can be applied across office settings so that similar samples of parents/guardians are identified to complete the survey.

The protocol specified is designed to achieve **150** completed surveys per office over a three consecutive months, with ~~50 completed surveys obtained per month~~. If individual health care provider-level findings are desired, then a total of **75** completed surveys per provider are needed over a three-month period, with ~~25 completed surveys obtained per month~~.

In order to obtain sufficient samples of completed age-specific surveys, it is recommended that the sample be stratified by age. One fourth of the ~~completed surveys~~ from parents of children aged three through 9.99 months old, one-fourth for children 10-18.99 months old, and one-half for children who are 19-46.99 months old at the time of sampling and survey administration. Within each month, once the completed surveys quota is obtained, then sampling and survey administration are stopped until the beginning of the next month.

Therefore, for the **office-level assessment** quota of **50** completed surveys per month, in order to obtain **150** completed surveys over the entire three-month period:

- ✓ ~~Ten~~ completed surveys per month per office from parents of children aged 3 months through 9.99 months old, 30 completed surveys over three-month period.
- ✓ ~~Ten~~ completed surveys per month per office from parents of children aged 10 months through 18.99 months old, 30 completed surveys over three-month period.
- ✓ ~~Thirty~~ completed surveys per month per office from parents of children aged 19 months through 46.99 months old, 90 completed surveys over the entire three-month period.

For the **health care provider-level assessment** quota of **25** completed surveys per month, in order to obtain **75** completed surveys over the entire three-month period:

- ✓ ~~Five~~ completed surveys per month per health care provider from parents of children 3-9.99 months old, 15 completed surveys over the entire three-month period.
- ✓ ~~Five~~ completed surveys per month per health care provider from parents of children 10-18.99 months old, 15 completed surveys over the entire three-month period.
- ✓ ~~Fifteen~~ completed surveys per month per health care provider from parents of children 19-46.99 months old, 45 completed surveys over the entire three-month period.

## ***Preparing for Sampling and Survey Administration***

Prior to conducting sampling and survey administration it is first important to prepare for the sampling and survey administration.

The following are important steps to take:

### ***Exploratory Research about Well-Child Care Visit Rates***

Identify the three consecutive months planned for sampling and survey administration. Examine office visit records books for the number of children ages three through 46.99 months who received well-child care at the office during the same three-month period in the previous year. This number should be tallied for each age group (3-9.99, 10-18.99, 19-46.99 months).

Based on the tallied numbers gathered above, the following options for sampling and survey administration are recommended:

- Option #1. If the number of children across and within each age group who received well-child care is ~~equal to or above~~ the completed surveys quota listed above, then sampling and survey administration can occur during those three consecutive months. Within each month, sampling and survey administration is stopped when the completed surveys quota for that month is reached.
- Option #2. If the total number of children ages three to 46.99 months old who received well-child care in three consecutive months examined is ~~significantly less than~~ the completed surveys quota listed above, then alternate months with possibly higher well-child visit rates should be examined.
  - Option #2A. If there are no months for which the number of children who received well-child care is equal to the completed surveys quota, then the three ~~consecutive months that have the highest number of~~ children receiving well-child care is chosen for sampling and survey administration AND parents of all eligible children receive the survey during a three-month period.
- Option #3. If the total number of children ages three to 46.99 months old who received well-child care is equal to or above the completed surveys quota BUT the number of children WITHIN each age-specific category is ~~below the age-specific completed surveys quota~~, then parents of all eligible children receive the survey, and a stratified sample is not necessary.

### ***Confidential Survey Administration***

A confidential survey administration process be used. Therefore, parents/guardians are ~~not be asked~~ to put their names on the survey. The person who collects the surveys and enters information about completed surveys must destroy all name-specific information about that child from all sampling and survey administration materials. Results from individual surveys cannot be reported at any time, but rather, population-level findings about all those who completed the surveys or findings about population sub-groups can be presented.

### ***Institutional Review Board (IRB) Process***

IRB approval should be obtained for this project. The patient's rights are first and foremost. IRBs make sure that consumer/patient rights are protected. The protocols outlined in this manual address the legal issues related to administering surveys in the office. If your organization does not have an IRB, a review is still possible through independent IRBs. Also, almost every educational institution has an IRB. If possible, partner with your local university, and they may be able to have their IRB review the project at no cost to you.

### ***Toll Free Number and Email Address for Parents' Questions***

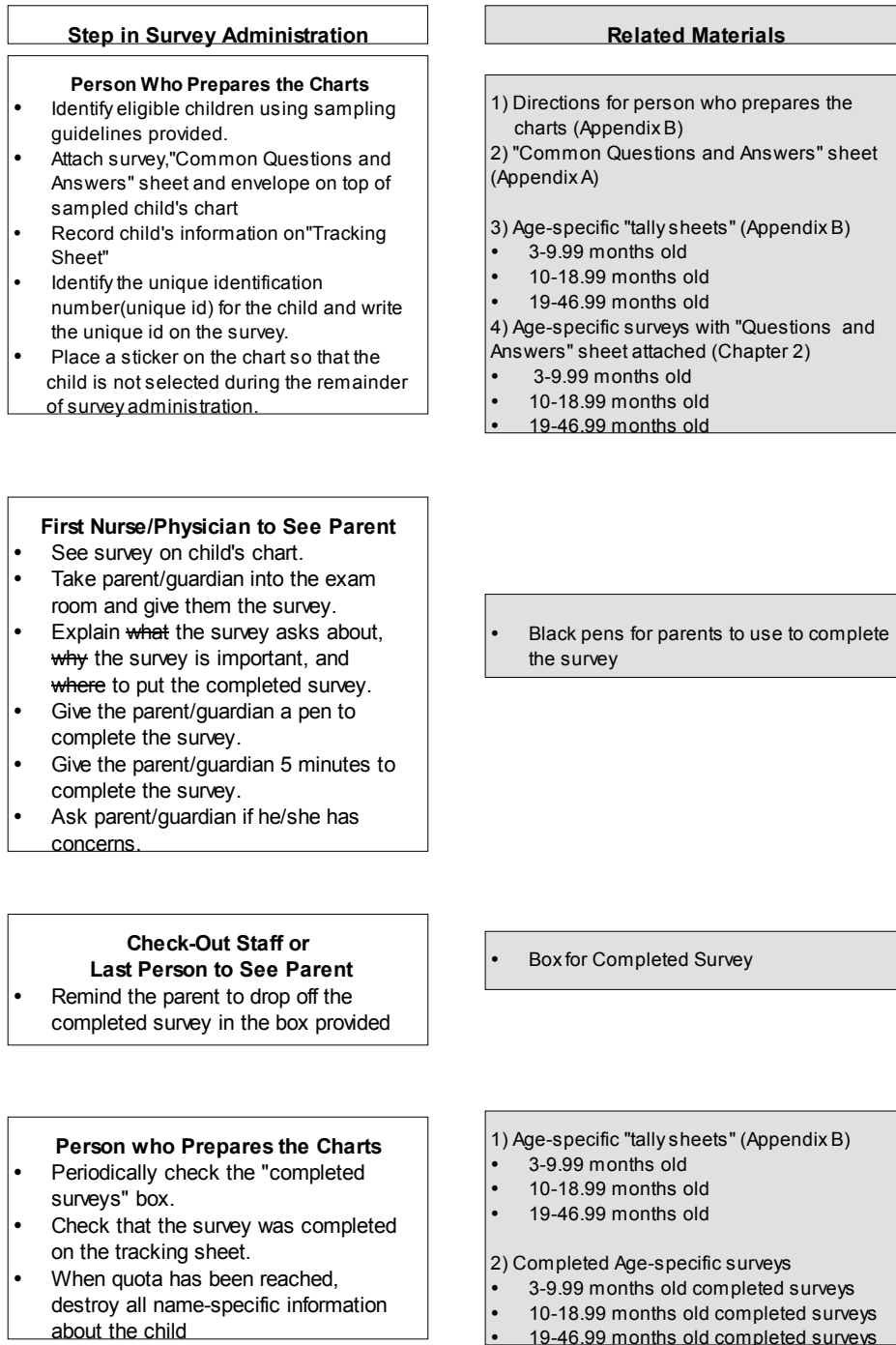
During survey administration parents are given a "Common Questions and Answers" sheet (See Appendix A) which has a space for the office to note a toll-free number that parents can call if they have questions about the survey and/or topics raised in the survey. We recommend having a toll-free number so that parents have an opportunity to ask questions that they may not be able to ask or feel comfortable asking during the office visit. Past experience has shown that very few parents (less than 2 percent) will actually choose to contact the office with questions either via the phone number or via an email address; however, they highly value having the option to contact someone if they do have questions.

### ***Standardization of the Survey Administration Protocol and Survey Instruments***

In order to assure comparability, the recommended sampling and survey administration protocols should be followed, and the format of the PHDS should not be altered. Differences in where and how the survey is administered and significant alterations to the survey itself may affect the findings and compromise cross-practice comparability. Therefore, if there are differences in where and how the survey is administered and if the format of the survey is significantly altered, comparing the findings across practices is discouraged.

## **Overview of Sampling and Survey Administration**

Below is a diagram listing the key steps and specific materials used for sampling and survey administration:



### ***Sampling Frame***

Those children who have received well-child care at the office in the last 12 months comprise the sampling frame for the survey.

Children whose parents/guardians are eligible to receive the survey are those meet the following criteria:

- ⇒ Child is coming into the office for well-child visit.
- ⇒ Child is between the ages of three and 46.99 months old at the time of survey administration.
- ⇒ Child has been to that office in the last 12 months for a well-child visit.

### ***Sampling Two Children In The Same Family Having a Well-Child Visit on the Same Day***

If a parent/guardian has two children who meet the eligibility criteria and both are receiving well-child care at the office that day, then the parent is given the age-appropriate survey for the ~~oldest eligible~~ child and instructed to complete the survey only for the oldest child.

### ***Attaching the Surveys to the Child's Chart***

The person who prepares the medical charts for the office visit should conduct the sampling. **Appendix B** provides instructions sheet and a tracking form that the person who prepares the charts can use to determine if a child is eligible to receive the survey and to document important information about a child and his or her health care.

### ***Information to be Gathered At the Time of Sampling***

**Appendix B** also provides tracking form that the person who prepares the charts can use to document important information about the child and child's health care use. This information will be used to guide the person who prepares the charts in assuring that only eligible children's parents receive the survey.

Information to be gathered at the time of sampling includes:

- ↳ Child's age in months
- ↳ Child's gender
- ↳ Health care provider child is seeing that day for well-child visit
- ↳ Date of last well-child visit at the office and the health care provider who delivered well-child care.

### ***Making Sure A Same Child is Not Sampled More Than Once***

Some children may come into the office for a well-child visit more than one time during the three-month sampling period. For example, a child may come in for the 4-month and the 6-month well-child visits during the three months. A survey should not be attached to a child's chart more than once during the three-month survey period. Therefore, the person who prepares the charts should mark each chart to which he or she has attached a survey so that no additional surveys are placed in the child's chart at later visits.

### ***Length of Time for Sampling***

Overall, sampling and survey administration lasts for **three consecutive months**.

Sampling occurs daily until the ~~quota number of surveys is obtained for that month~~, at which time sampling and survey administration ~~stops for that month~~. Continuous sampling and survey administration over a three-month period is recommended only if the quota number of surveys has ~~not been~~ obtained during a given month.

## ***Survey Administration Protocol***

### ***Overview of Protocol***

1. The person who prepares the chart will attach the survey to the child's chart.
2. The check-in person will note that there is a survey on the child's chart and make sure that the first nurse or physician who will see the child knows that he/she is to give the survey to the parent.
3. When an exam room is available, the first nurse or physician who picks up the child's chart will ask the parent to come into the exam room and will give the parent/guardian the survey to complete. This nurse/physician leaves the parent alone in the exam room for five minutes to complete the survey.
4. After completing the survey, the parent puts the survey into the envelope provided and into the "completed surveys" box. Parents can also choose to hand completed surveys to office staff to place in the completed survey box.
5. When the nurse/physician comes back into the exam room, ask the parent about any concerns he/she may have about his/her child's learning, developmental and behavior.
6. The person who preps the charts will periodically check the "completed surveys" box. Once the target number of completed surveys has been reached, then survey administration will end for that month.

### ***Overview of Roles and Responsibilities for Office Staff***

<b>Chart-Pren Person</b>	<b>First Nurse/Physician to See Parent/Child</b>	<b>Check-Out Staff</b>	<b>Chart-Pren Person</b>
<ul style="list-style-type: none"> <li>• Attach age-specific surveys to the charts of eligible children</li> <li>• Document all information on the tracking sheet (<b>Appendix B</b>) for the surveys placed in the chart</li> <li>• Identify the unique identification number (unique id) for the child and write the unique id on the survey</li> <li>• Place a post-it or sticker on the chart of the child so that the child WILL NOT be selected again.</li> </ul>	<ul style="list-style-type: none"> <li>• Take the parent and child into the exam room.</li> <li>• Give parent/guardian the survey, a "Common Questions and Answers" sheet (<b>Appendix A</b>), pen, and envelope to place the complete survey.</li> <li>• Use the script provided (<b>Appendix C</b>) to ask the parent to complete the survey.</li> <li>• Encourage parent/guardian to try and complete the survey before the exam begins.</li> <li>• Place any completed surveys received from the parent in the "completed surveys" box.</li> <li>• Ask the parent/guardian if they noted any concerns about the child in the survey.</li> </ul>	<ul style="list-style-type: none"> <li>• Remind parents/guardians to turn in their completed surveys into the box.</li> </ul>	<ul style="list-style-type: none"> <li>• Periodically collect surveys from the box</li> <li>• On the tracking sheet (<b>Appendix A</b>) check the survey was returned and completed and enter in all remaining information</li> <li>• When age-specific quota is reached for the month cease inserting surveys in the children's charts</li> <li>• At the end of survey administration destroy the name-specific information that links the completed survey to the child.</li> </ul>

### ***Timing of Survey Administration***

- ⇒ Survey administration begins at the ~~same time each month~~ (first day of the month or first Monday of the month).
- ⇒ Within each month, ~~once the quota number of surveys is obtained~~, then survey administration ~~stops for that month~~. Continuous survey administration over a three-month period is recommended only if the quota number of surveys has ~~not been~~ obtained.

### ***Tracking Returned Surveys***

As has been highlighted, a “completed surveys” box should be labeled well, placed in a spot in the office that is highly visible to parents, labeled well and that parents/guardians will pass on their way out of the office. Again, parents/guardians place their completed surveys in an envelope and then into the “completed surveys” box or can hand the completed surveys enclosed in the envelope to office staff to place in the box.

The person who is responsible for preparing the charts and for attaching the surveys to the charts periodically checks the “completed surveys” box. Depending upon the number of parents/guardians who complete the survey per day, for most practices, the person who prepares the charts can check the “completed surveys” box weekly. In a private space that is not open to patients, the person who prepares the charts to opens the envelopes and record all tracking information about the completed survey, and file the completed survey in a safe and secure spot.

### ***Asking Parents About Their Concerns About Their Child's Learning, Development or Behavior***

**Appendix C**, the talking points for nurses and/or physicians giving the survey to the parent, reminds the nurse and/or physician seeing the child to specifically ask the parent about whether he/she noted in the survey any concerns about his/her child's learning, development or behavior. Questions **#4 a-f** of the PHDS are adapted from the *Parents' Evaluation of Developmental Status* ©, and ask parents about specific concerns they may have about their child's learning, development and behavior. Because we recommend a confidential survey administration process, the nurse and/or physician who will be seeing the child during the well-child visit does not see parents' actual responses to these questions. In order to assure that parents' concerns are addressed during the office visit, we recommend that the nurse/or physician seeing the child specifically ask the parent.

## ***Printing the Surveys***

~~Number of surveys to print:~~ Several factors need to be considered in determining the total number of surveys to print for the three- month survey administration period. In addition to printing the completed survey quota that is desired, the starting sample size for surveys to be printed is inflated by the following factors:

- *Parents Unable to Complete the Survey:* Not every parent who is asked to complete the survey will be able to complete the survey. Based on the pilot tests in Vermont, approximately five percent of parents will not be able to complete the survey in the office.
- *Parents and children who do not show up for the well-child visit.* The percent of parents and their children who do not show up for well-child visits should also be examined and accounted for in determining the number of surveys that may be placed on a chart but never actually given to a parent to complete.

***Tip:*** *Print enough surveys for the first month of survey administration, and monitor the factors noted above in order to determine the number of surveys printed for the second and third months of survey administration.*

~~Printing the age-specific surveys in different colors:~~ It is recommended that the three age-specific surveys (3-9.99 months, 10-18.999 months, 19-46.99 months) be printed in three different colors. Due to the shading and tables that are embedded in the surveys, light colors are recommended, such as yellow, light blue, light green, and pink.

## ***Printing the “Common Questions and Answers” Sheet for Parents (Appendix A)***

It is recommended that this sheet be printed in color and on a different color of paper than is used for printing the age-specific surveys.