

61. ▲ Putting the patient in patient decision aid: Protocol for exploring the potential of a new approach to address implementation challenges

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BACKGROUND

Despite the potential of patient decision aids as shared decision-making tools, barriers to their routine implementation in clinical care persist. Particular impediments include poor fit of the tools with existing clinical workflows, and clinician concerns regarding their relevance for their patients. In this study, we intend to explore the potential of a decision aid for pregnant Australian women deciding between several distinct available models of maternity care (MMCs) that is designed to address these two major challenges. Specifically, we will (i) adopt a novel approach to content development that uses local, patient-reported data to maximise user relevance, and (ii) employ a dissemination strategy designed to relocate patient preparation for decision-making to the pre-visit period and facilitate improved communication within the brief clinic visit where decision-making and referral occur.

METHODS

Initially, we will undertake a needs assessment to identify potential users' salient information needs for MMC decision-making. Participants will be stratified by parity in order to examine divergence in information needs and determine the value of developing tailored decision aids. Local, population-level, patient-reported clinical and experiential data will then be utilised to develop up-to-date, contextually-relevant content for the decision aid. Separate decision aids will be developed for primiparous and multiparous women if divergent information needs are identified. Usability testing and clinician consultation will also be undertaken to ensure the accuracy, relevance and acceptability of content. We will then conduct a pilot study with pregnant women considering their MMC. The decision aid will be delivered direct-to-consumers before the clinic visit. We will assess the immediate impact of decision aid exposure on decisional conflict, and the perceived utility of the decision aid. We will also assess the longer-term impact on self-reported participation in decision-making, decision satisfaction, and clinical and psychosocial health outcomes. By using standardised outcome measures, we will be able to make general comparisons between our findings and those of published studies using traditionally-developed decisions aids.

CONCLUSIONS

This study will contribute important knowledge on the impact of a unique, entirely patient-driven decision aid developed to fit better with clinical workflows and the potential of this approach for other contexts.

63. ✦ Research Protocol: Implementation and Evaluation of a Pediatric Hospital-Based Decision Support Service

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BACKGROUND

Inadequate family involvement in health decisions leads to unwarranted practice variation, not achieving evidenced based practice, higher costs, and threatens patient safety. Although the benefits of a shared decision making (SDM) approach in adults have been demonstrated, families report inadequate involvement in decisions about their children's health. At one academic teaching hospital in Canada, local stakeholder feedback was obtained from all levels of hospital administration and healthcare professionals, families and youth regarding barriers and facilitators to implementation of SDM initiatives. Then, a highly contextually relevant model for the implementation of SDM was developed to address local structural and process factors using multifaceted knowledge translation (KT) strategies. KT-strategies include patient-mediated interventions, educational interventions, audit/performance feedback, linkage and exchange.

OBJECTIVE

To implement and evaluate a hospital-wide pediatric decision support service using KT-strategies to create provider-pull and patient-push for greater family involvement in decision-making about children's health.

DESIGN/METHODS

A mixed method approach will be used to implement and evaluate three multifaceted interventions: (1) Decision coaching for families using a generic patient decision aid (Ottawa Family Decision Guide (OFDG)), (2) SDM educational workshops for healthcare professionals, and (3) SDM educational workshops for youth with chronic illness and their parents. Similar to decision coaching services available through a central referral service, decision coaches (nurses, social workers) will be trained in targeted clinical areas to provide decision coaching using an interprofessional SDM model and the OFDG to families facing preference-sensitive decisions. The SDM educational workshop for youth with chronic illness and their parents is under development. These interventions will be systematically evaluated to determine the extent to which they impact barriers and facilitators to SDM (face to face interview with stakeholders), result in integration of SDM approaches within the hospital (referral rates, family / professionals survey), and increase family involvement in decision-making (family survey, 3rd person rating of videotaped interactions).