Project:
Prepared by:
Date:

Providing care "***in the best way***," should include care that is –
- *Safe*
- *Effective*
- *Patient-centered*
- *Timely*
- *Efficient*
- *Equitable*

From the Institute of Medicine. *Crossing the Quality Chasm.* National Academy Press, 2001.

Patients need information about their choices which addresses --
- *benefits,*
- *harms,*
- *costs,*
- *risks,*
- *uncertainties, and*
- *alternatives.*

Information should be **quantified** where possible.

Patient Care Goals for Health Care Organizations & Clinical Staff: An Ideal Framework

For our patients:

In the **best way** and through best use of **resources**, strive for optimal quality of life by achieving the best possible **health outcomes** --
- Improved **physical** and **emotional functioning**
- Reduced **symptoms**
- And reduced **morbidity** and **mortality**.

Accomplish this through a **patient-centered care experience** that is **satisfying** to patients and which honors and practically supports the **needs, values** and **preferences** of **individual patients** by giving them **choice**.

Do this by applying **reliable and clinically useful evidence**.

Use that information to **identify** and **communicate** with patients to assist them in making choices about the care they receive.

Patients need help to –
- **understand** the issues they face,
- gain enough **information** and **support** to help them make a **decision**,
- **obtain care or take actions**.

Patients have individual preferences for decision styles depending upon their unique circumstances. These styles are **autonomous, physician-directed and shared**. Patient-centered care involves the patient in deciding which decision style to use.

Physicians may wish to favor a more prescriptive style where the evidence is strong. Shared-decision making is often most optimal where there are uncertainties and/or equally reasonable alternatives.

"***Reliable evidence***," means scientific evidence which has passed a rigorous critical appraisal for validity. Preferably it was obtained through systematic means.

See also the **Delfini Tool: Patient Encounter Map** for more on what patients want and for interpersonal communications.

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Content: Validity & Relevance

Is it valid? Accurate • Balanced • Complete (enough) data

Relevant for whom?   Intended audience? How will you reach them? How will you catch their attention?

1. **What do you want to communicate (considering validity issues of accuracy, balance and the right amount of information)?**	Issues to consider including "Patient Care Goals – An Ideal Framework" above + the Delfini Tool: Patient Encounter Map

What will be the key components?
Prevention • Screening • Diagnosis • Treatment • Prognosis • Follow-up • Maintenance

2. **Who is the intended audience?**

3. **What's going to happen to the patient (e.g., physical outcomes, process steps)?**

4. **What are the possible outcomes?**

✓   **Symptom relief • Morbidity • Mortality • Function • Quality of Life**

✓   **Benefits • Harms • Costs • Risks • Uncertainties • Alternatives**

✓   **Effect on Patient Satisfaction**

5. **Do you have reliable and clinically useful evidence?**

▪ **If yes, consider making the patient aid a "prescriptive" one that guides toward the evidence-based choice.**

▪ **If not, consider making the tool a choice-based one that helps elicits patient preferences based on their needs, values and preferences.**

Decision?

6. **How will you quantify the information and provide meaningful anchors for your intended audience?**

Vehicle: Media & Access

How do you wish to deliver it? Intrapersonal • Publication • Intranet • Telephonic • Video • Other?

Will it actually reach them?

Are there timing issues?

7. **What will you choose for delivering the communication?**

8. **How do you know or what will you do to ensure your audience gets the communication?**

Form: Function & Usability

Project:
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Date:

What is the purpose? Information only • Decision Support

How will you design it? Design = Utility

How might it be received? Individual perspective

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9. **What will be your scope?**

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10. **What background do you intend to provide?**

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11. **What, if any, will be your disclaimers?**

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12. **Is the purpose of this tool –**	a) **How will you prep the user in the use of the aid?**
▪ **Information only? []**	b) **How will you accommodate individual needs, values and preferences?**
▪ **Decision support? []** **If decision support, see sidebar for considerations ➜**	c) **What valid and appropriate comparisons can you make?**
▪ **Action aid? []**	d) **Can you show causality and how?**

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13. **Choices for communications considering variation in the ways individuals receive information (make notes in the fields below):**

a) **Words, pictures, numbers:**

b) **Multiple viewpoints:**

c) **Ways to help comprehension:**

d) **Tone (and framing):**

e) **General examples – particular illustrations:**

f) **Subpopulation issues – gender, culture, specific, other:**

g) **Sequencing and layering of information:**

h) **Possibilities to customize and personalize:**

i) **Interactivity:**

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14. **Choices for design – Design = Utility - notes:**

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15. **Choices for visual display of information (consider text tables, graphical formats, small multiples):**

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16. **Other Comments:**

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17. **For additional information, as needed:**

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