

Delfini Evidence-based Clinical Quality Tool Kit

Help for Creating Patient Communication Aids (Can Be Used for Others As Well)

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	

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What is the purpose? Information only • Decision Support

How will you design it? Design = Utility

How might it be received? Individual perspective

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

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

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

12. **Is the purpose of this tool –**

- **Information only?**
- **Decision support?**
 If decision support, see sidebar for considerations →
- **Action aid?**

- a) **How will you prep the user in the use of the aid?**
- b) **How will you accommodate individual needs, values and preferences?**
- c) **What valid and appropriate comparisons can you make?**
- d) **Can you show causality and how?**

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:**

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

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

16. **Other Comments:**

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