

Decision Aid Workflow Template

Purpose: Design a workflow to distribute decision aids to patients at your site.

Team members involved in development of workflow:

Decision Aid(s) covered with this workflow:

The template below is for your team to think through the main steps and create a detailed workflow plan. Please replace the italicized text with the responses appropriate for your site. For sites that have ongoing decision aid use, please reflect on the existing workflow, including whether and how the activities are reviewed and revised.

Activities	What	When	Who	How	Some Considerations
Engage	Buy-in from	When will you	Who will get buy-in	How will you get buy-	Some sites may prefer to do a small pilot
leadership,	leadership to support	get buy-in?	from leadership,	in? Is it best to present	first and then use that data to generate buy-
clinicians and	this as a priority, from		surgeons, other	at clinic meeting?	in from larger group, but ideally, it is
staff	clinicians to approve use with their patients and from staff to understand this is priority for the team is essential to success of the project.	reconnect to confirm support?	clinicians and staff?	Individual meetings?	important to do this before launching the project. Do you anticipate any pushback? Other competing priorities? If there is variable interest, will you allow differ participation for different doctors/practices or will you mandate same procedures?



Activities	What	When	Who	How	Some Considerations
Target individuals or populations	For each decision aid, define the target patient population for the decision aid.	When will you determine the target population? If ongoing, how often do you review and revise target population?	Who will determine the target population to get the decision aid?	How will target patient population be identified?	Will you allow each surgeon to have a different target population or will you standardize across the team? Do you want to start with one decision aid and then expand to others or start with all?
Identify eligible patients	Create standard operating procedure for identifying eligible patients.	When in the process of care are patients identified?	Who identifies and determines eligibility?	Where is the needed information to determine eligibility? What should happen if there are questions regarding eligibility?	Is the intake information standardized across the clinic and does it contain needed level of detail? Depending on how strict sites are with screening they often make tradeoff between giving decision aids to people who may not be eligible or not giving them to people who are eligible?



Activities	What	When	Who	How	Some Considerations
Distribute the decision aid	Create standard operating procedure for getting the decision aid to patients.	When are decision aids delivered before, during or after the visit?	Who is responsible for getting the decision aid to patients?	How is the decision aid delivered? Is it a mailed paper copy or an online link sent electronically or some combination? How much can be automated via EMR?	If possible, patients indicate strong preference to receive materials in advance of visit with the surgeon. Sites may need to build in some redundancy to ensure patients are able to access the decision aid (e.g. electronic copy with paper back up).
Encourage use of decision aid	As part of the process, it is important to make sure that patients are aware of the decision aid and encouraged to review it.	When will patients be encouraged to use it?	Who is responsible for encouraging patients to use it? Is someone able to remind patients to review the materials?	How is the encouragement given (via electronic message, phone call, in person?)	Ideally, this may happen multiple times from multiple people (e.g. email from surgeon, reminder from front desk staff at check-in).



Activities	What	When	Who	How	Some Considerations
Support SDM conversation	The decision aid helps patients prepare for a SDM conversation with the surgeon.	When does the conversation typically happen (at the initial, new patient visit or are there multiple interactions?)	Who is involved in these conversations?	How are patients invited to participate and engaged in the decision?	Depending on the decision aid, some tools may have print-outs or summaries that can be used to support conversations. Training can be designed to provide tips for communicating risk or eliciting patients' preferences.
Documentation and measurement	Documentation of decision aid delivery and use is important for monitoring success of the project.	When will the DA delivery, use and conversation be documented?	Who will document the DA delivery, use and conversation?	How will the DA delivery, use and conversation be documented?	Collecting monthly data on decision aid delivery is core requirement for the Learning Collaborative. MGH team is happy to work with sites interested measuring impact on patients' decisions – we have short set of items that can be added to PRO registry.



Activities	What	When	Who	How	Some Considerations
Feedback	What Provide routine feedback on delivery and usage to clinicians, staff and leadership to keep informed on project success.	When How often will summary reports and feedback be given?	Who will receive the feedback? Who will send it?	How will the report be created and prepared?	Some Considerations Whether via a short email or quick update at monthly team meeting, providing data and trends over time can help everyone see impact of the project. Providing recognition and rewards (e.g. pizza lunch) for staff for maintaining strong decision aid delivery is also helpful for sustaining delivery.