

Development of a patient decision aid regarding discharge planning for hospitalised patients with stroke

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Background

In order to decide which discharge destination is most suitable for an individual patient with stroke, partnership between health care professionals and patients, i.e. shared decision-making (SDM), can add value to the decision-making process. Since availability of outcome information about stroke severity, premorbid circumstances and individual patient preferences can support decision-making, this study aimed to develop a patient decision aid (PtDA) on discharge planning for hospitalised patients with stroke.

Methods

A convergent mixed methods design was used, consisting three phases:

1. Needs assessment

- Survey among patients and health care professionals
- Focus groups with patients

2. Development of the PtDA

- Co-creation sessions with stakeholders
- Guidance by the IPDAS criteria

3. Usability test

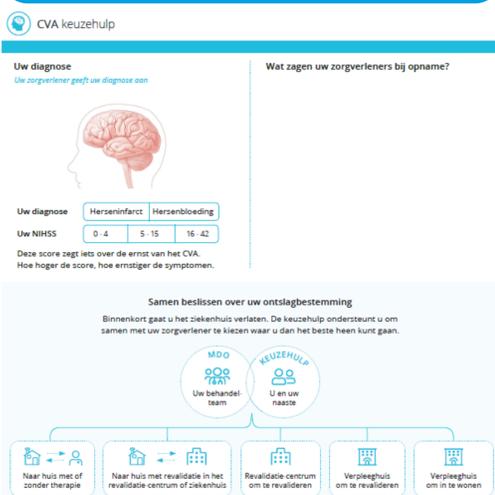
- Speak-out-loud sessions with patients
- Survey among health care professionals



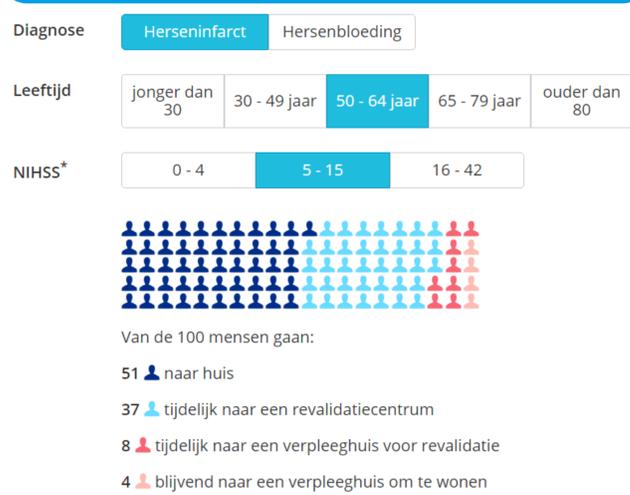
Results

Patients (n=52) and health care professionals (n=86) indicated that the (outcome) information in the PtDA should be brief but complete and displayed clearly. A three-step PtDA was developed, each supporting a step in the SDM process. Usability testing was conducted with patients (n=7) and health care professionals (n=35) to further optimise the PtDA.

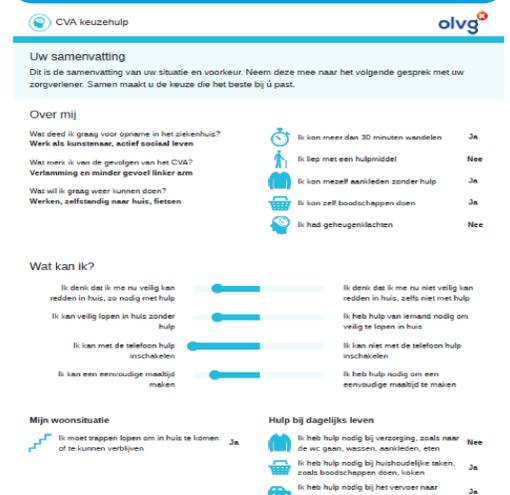
A printed consultation sheet to introduce the decision, containing basic information that can be specified for each individual patient



An online information and deliberation tool to support patient education and values clarification, containing an integrated "patients like me" model about discharge locations



A summary sheet to support decision-making, containing patients' values and preferences concerning discharge planning



Conclusion

The developed PtDA was found acceptable for patients and health care professionals and is currently under investigation in a clinical trial to determine its effectiveness.