



**PRIMARY CARE PROJECT CHECKLIST  
INTEGRATING DECISION SUPPORT INTO CLINICAL CARE**

	▶ identify facilitators and barriers ▶ define project	✓	
	■ clinicians <b>Ask for interested participants , hope to get minimum of half of staff</b>	✓	
	■ staff <b>want to include nursing and admin support-phone and exit secretaries</b>	✓	
	■ patients <b>--n0t yet</b>		
	Report findings to larger group. Continue to report at regular intervals to those who will take part in/be affected by this change: (physicians, mid-level providers, nurses, secretarial and support staff, section managers)		
<b>IV.</b>	<b>PROJECT DESIGN:</b>		
	<b>A. Specify clinical and decision support objectives</b>		
	1. Type of project:		
	▶ clinical integration		
	■ prevention and screening decisions	✓	
	■ acute care decisions		
	■ chronic disease management		
	■ advance care planning, misc.		
	▶ research <b>Are men better prepared for the PSA discussion, does it take less time to discuss?</b>		
	▶ combination		
	▶ other		
	2. Existing resources:		
	▶		
	▶		
	▶		
	3. New resources needed:		
	▶ <b>money</b>		
	▶ <b>statistician, programmer, analyst</b>		
	4. Personnel and roles within project:		
	▶ PI <b>Dr. Getitright</b>	✓	
	▶ Co-PI <b>Dr. Emdun</b>	✓	
	▶ Consultants	✓	
	•		
	•		
	▶ Administrative staff <b>full time, ? new hire</b>	✓	
	▶ Research associate	✓	
	▶ Programmer	✓	
	▶ Data analyst	✓	
	▶ Nursing staff <b>? part time to consult</b>	✓	
	▶ Management staff		
	▶ Other:		
	<b>B. Consult statistician/data analyst/programmer to plan data gathering methods, tools, power analysis</b>		

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<b>V.</b>	<b>INITIAL CLINICAL WORKFLOW MAPPING</b>		
	<p><b>Map current sequence of care.</b></p> <ul style="list-style-type: none"> <li>▶ Begin with scheduling patients for clinical appointments. <b>Reminder card- computer system sends at 60 days before due; patient calls for appt; scheduling secretary makes appt and enters yes to send letter to patient. Appt reminder letter (sent to reception staff to fold and stuff enclosure of health history info; appt day, reception staff checks patient in, LNA “rooms” the patient. MD sends patient to exit secretary to schedule follow up labs, xray etc, MD asks RN to call patient with f/u test results</b></li> <li>▶ End with the step that currently closes the decision-making loop for patient and clinician, i.e. <ul style="list-style-type: none"> <li>■ Follow-up call</li> <li>■ Return appointment</li> <li>■ E-mail contact</li> </ul> </li> <li>▶ Involve clinicians, managers, support staff, IT staff</li> </ul>		
<b>VI.</b>	<b>REVISE CLINICAL WORKFLOW MAPPING</b>		
	<p>A. Based on II, III and IV above, revise current sequence of care map to reflect:</p> <ul style="list-style-type: none"> <li>▶ Data capture that addresses project objectives</li> <li>▶ Decision support integration points and methods</li> </ul>		
	<p>B. Determine optimum decision aid distribution method(s)</p> <p>Consider resources (financial, personnel, etc)</p> <p>Consider optimum pairings of decision/delivery method/timing</p> <ul style="list-style-type: none"> <li>▶ e.g.: mail screening DAs pre-visit <b>want to make this happen</b></li> <li>▶ e.g.: prescribe acute care DAs post-visit <b>not using</b></li> </ul>		
<b>VII.</b>	<b>DESIGN DATA COLLECTION PROCESS to meet clinical objectives (based on II, III and IV above)</b>		
	What measurement tools and decision support instruments will be used?		
	Decision aid(s):		
	Generic decision support tool (OPDG <sup>2</sup> )		
	Decision-specific modification of OPDG <sup>2</sup>		
	Decisional Conflict Scale <sup>3</sup>		
	Preparation for Decision Making Scale <sup>4</sup>		
	Decision Self-Efficacy Scale <sup>5</sup>		
	Decision Quality Measures: Process <sup>6</sup>		
	Decision Quality Measures: Knowledge <sup>7</sup>		
	Decision Quality Measures: Values <sup>8</sup>		
	Decisional Regret Scale <sup>9</sup>		

<sup>2</sup> 2004, O'Connor, Jacobsen, Stacey. Ottawa Personal Decision Guide, Ottawa Health Research Institute, Canada.

<sup>3</sup> O'Connor, 1995, revised 2005.

<sup>4</sup> Graham, O'Connor, 1995, revised 2005.

<sup>5</sup> O'Connor, 1995.

<sup>6</sup> Foundation for Informed Medical Decision Making, 2005.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

v. 1: 6.10.05

v. 2: 5.1.07

v. 3: 2.5.08

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	Persistence With Choice		
	Choice/Values Match		
	Expected/Actual Outcomes		
	Satisfaction with Process Measures		
	Others:		
<b>VIII.</b>	<b>DESIGN FEED FORWARD AND FEEDBACK REPORTS</b>		
	<ul style="list-style-type: none"> <li>▶ <b>Feed forward</b> (display useful data in real time) <ul style="list-style-type: none"> <li>■ Individual patient report for clinician at the episode of care</li> </ul> </li> </ul>		
	<ul style="list-style-type: none"> <li>▶ <b>Feedback:</b> <ul style="list-style-type: none"> <li>■ Individual patient report for clinician during/after episode of care</li> <li>■ Aggregate reports for clinicians, admin. staff</li> </ul> </li> </ul>		
<b>IX.</b>	<b>DESIGN A ROLL-OUT PLAN</b> <ul style="list-style-type: none"> <li>■ Number of clinicians: early adopters, all, randomized groups?</li> <li>■ Number of decision aids: <b>one preventive, consider expanding in 6 months to add colon ca screening</b></li> <li>■ Pilot or full roll-out? <b>Pilot for one month with 6 staff</b></li> <li>■ Information/training sessions for clinicians, staff <b>information session with early adopters , one week before roll out</b></li> <li>■ Update plan: feedback to clinicians, staff <b>schedule feedback with clinicians and staff at 3 weeks, modify plan according to feedback and roll out two weeks later to all staff</b></li> <li>■ Define measures of success</li> </ul>		
<b>X.</b>	<b>DESIGN AN EVALUATION PLAN:</b> Instruments that demonstrate degree of success: <ul style="list-style-type: none"> <li>■ Outcomes <ul style="list-style-type: none"> <li>▪ Decision quality</li> <li>▪ Decisional regret</li> </ul> </li> <li>■ Quality of life</li> <li>■ Satisfaction</li> <li>■ Improved knowledge, values/choice concordance</li> <li>■ Decisional regret</li> </ul>		