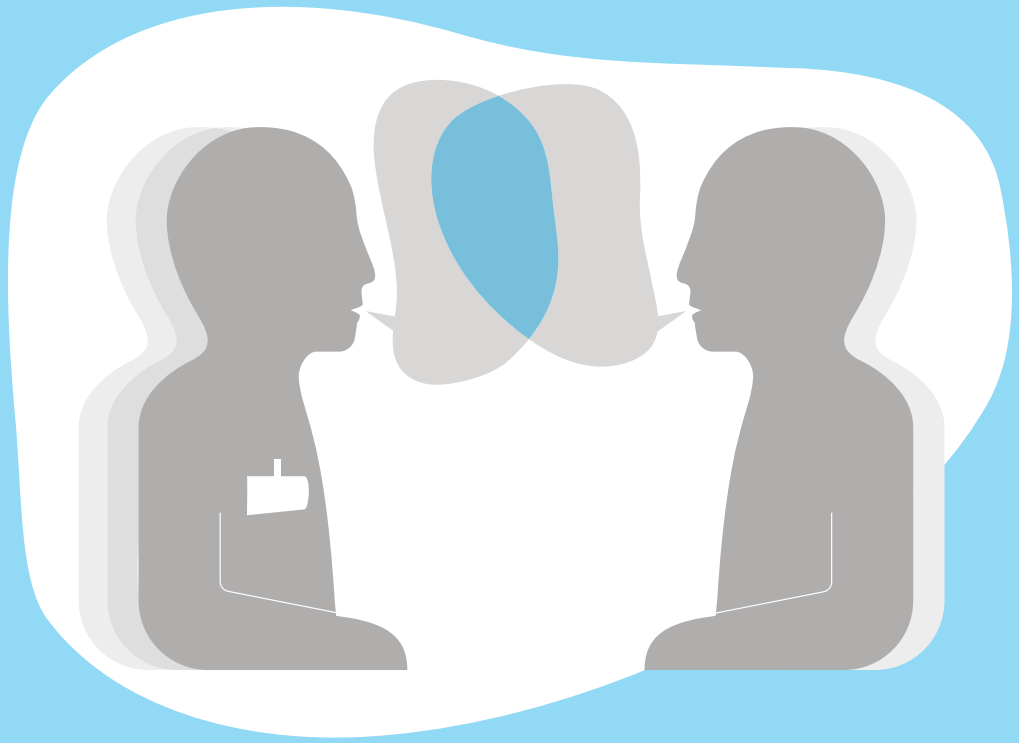
Guide for the implementation of value-based health care projects

De-implementation of low-value practices.

Shared decision-making

Improvement of health care services



Generalitat de Catalunya

Salut/ Agència de Qualitat i Avaluació Sanitàries de Catalunya

The Agency for Health Quality and Assessment of Catalonia (AQuAS) is a public organisation affiliated to the Catalan Health Ministry. Its mission is to generate relevant data and knowledge to guide decision-making in the area of public health and to promote the sustainability of the Catalan Health Care System. AQuAS is a founding member of the International Network of Agencies of Health Technology Assessment (INAHTA) and the International School on Research Impact Assessment (ISRIA). It is a corporative member of Health Technology Assessment International (HTAi), of the CIBER group (Networked Biomedical Research Centres) in Epidemiology and Public Health, of REDISSEC (the Spanish Research Network on Health Care in Chronic Diseases), and it is also an associated unit of the INGENIO research centre at CSIC-UPV. In 2019, AQuAS was awarded the Josep Trueta medal for services to health care by the Catalan government.

It is recommended that this document be cited as follows:

Almazán C., Moharra, M., Caro Mendivelso J., Ramírez A., Carrillo Aguirre G., Baijet J., Dordas A., Vilarasau N., Parameswaran L., Herczeg L. Participative health and value-based health care. Guide for the implementation of value-based health care projects. Barcelona: Agency for Health Quality and Assessment of Catalonia. Health Department. Catalan Government; 2021.

For further information regarding this document, please contact the Agency for Health Quality and Assessment of Catalonia.
Roc Boronat, 81-95 (second floor). 08005 Barcelona
Tel.: 93 551 3888 | Fax: 93 551 7510 | http://aquas.gencat.cat

Published by the Agency for Health Quality and Assessment of Catalonia
First edition: Barcelona, December

Guide for the implementation of value-based health care projects

Authors

Johanna Caro Mendivelso
Agency for Health Quality and Assessment of Catalonia (AQuAS)
CIBER in Epidemiology and Public Health, CIBERESP, Spain

Andrea Ramírez
Agency for Health Quality and Assessment of Catalonia (AQuAS)

Garazi Carrillo Aguirre
Agency for Health Quality and Assessment of Catalonia (AQuAS)

Judit Baijet
Agency for Health Quality and Assessment of Catalonia (AQuAS)

Airí Dordas
The Care Lab

Nuria Vilarasau
The Care Lab

Lekshmy Parameswaran
The Care Lab

László Herczeg
The Care Lab

Supervision
Caridad Almazán
Agency for Health Quality and Assessment of Catalonia (AQuAS)
CIBER in Epidemiology and Public Health, CIBERESP, Spain

Montse Moharra
Agency for Health Quality and Assessment of Catalonia (AQuAS)
CIBER in Epidemiology and Public Health, CIBERESP, Spain

Declaration of conflicts of interest: the authors declare that they have no conflict of interest in relation to this document.

The design of the project was carried out by The Care Lab team.

Participants and reviewers

This recommendations guide has been possible thanks to the commitment and expertise of a group of professionals with extensive experience in the de-implementation of low-value practices, shared decision-making, and participation in the improvement of care services.

INTEREST GROUP

De-implementation of low-value practices

Meritxell Saura
CAP Montilivi Villa-Roja (ICS)

Mar Casanovas
SAP Anoia (ICS)

María Homs Orilla
SAP Anoia (ICS)

Dimelza Osorio
Hospital Vall d'Hebron

Oriol Rovira
Serveis Sociosanitaris St Joan de Déu

Antonio Sánchez
Consorci Sanitari de Terrassa

Noemí Villén
Àrea de suport al medicament i servei de farmàcia (ICS)

AQuAS contact for de-implementation of low-value practices:

Caritat Almazán
calmazan@gencat.cat

INTEREST GROUP

Shared decision-making

Miriam de la Flor
Hospital Joan XXIII

Miguel Angel Robles
Hospital Vall d'Hebron

Joan Espaulella
Consorci Hospitalari de Vic

Oriol Rovira
Serveis Sociosanitaris St Joan de Déu

Frederic Cofan
Hospital Clínic de Barcelona

Anna Rodríguez
ASSIR Metropolitana Nord

Karla Salas
Hospital Vall d'Hebron

AQuAS contact for shared decision-making:

Montse Moharra
mmoharra@gencat.cat

INTEREST GROUP

Participation in the improvement of health care services

Glòria Gálvez
Hospital Vall d'Hebron

Mònica Zapata
Hospital St Joan de Déu

David Nadal
Hospital St Joan de Déu

Consol Heras
Atención Primaria Metropolitana Norte (ICS)

Eduard Moreno
Atención Primaria Metropolitana Norte (ICS)

Joan Escarrabill
Hospital Clínic de Barcelona

Carme Ferrer
Hospital General de Granollers

AQuAS contact for participation in the improvement of health care services:

Johanna Caro Mendivelso
jmcaro@gencat.cat

Acknowledgements

The Agency expresses its gratitude to all the participants in the co-creation workshops and reviews. Likewise, to members of the Essencial team for their support in organization and coordination, Alberto Guerrero and Elisabeth Navarro, and to Juan Navarro for his contribution to the design and layout of the document.

List of contents

Participants, reviewers and acknowledgements 03

What this practical guide contains 05

How to use it 06

How it was made 07

Participation in health for value-based health care 08

De-implementation of low-value practices

The process, step by step 13

Recommendations and links 14

Tool for reflection: “Let’s get started” 32

Shared decision-making

The process, step by step 35

Recommendations and links 36

Tool for reflection: “Let’s get started” 55

Improvement of health care services

The process, step by step 57

Recommendations and links 58

Tool for reflection: “Let’s get started” 81

Bibliography 82

Appendix 85

Click on the titles of the section to go straight to the content.

What is this practical guide for, and what will you find here?

This recommendation guide aims to be an inspiration and reference point for the implementation of projects within the framework of value-based health care that involve professionals, patients and caregivers:

De-implementation of low-value practices

Shared decision-making

Improvement of health care services

Click on the box that interests you to access the contents.

In each section you'll find:

- The recommended route to follow, step by step.
- Recommendations for strategies to follow and actions to take.
- Links to tools and other materials that can help you implement them.

Who is it aimed at?

This guide is aimed at health professionals and managers who have an interest in (and basic knowledge of) the de-implementation of low-value practices, shared decision-making and participation in improving care services, and who wish to promote projects to bring about a cultural change in these areas within their organizations.

If it's the first time you've heard about these issues and want to examine health care value-based projects in more depth ...

Have a look at these previous publications (click here)

If what you need is guidance for making ...

A support instrument for shared decision-making

A new recommendation for the de-implementation of low-value practices

Contact the AQuAS Participation Area here

How to use this guide

We know very well that often the needs of the moment override other considerations, and that theory does not always apply.

Although the recommendations that we present in this document are designed to be followed sequentially, we know that the situation in each organization is different. That is why we have created this interactive document with a variety of strategies and tools, so that you can find and choose the information and tools that make the most sense for your project and adapt best to your context.

We know your time is precious...

If you have little time to read this guide but would like to explore certain parts of it, click directly on the contents that may interest you the most.

If what you're interested in is...

Promoting processes and projects for effecting changes in your organization...

In these three pages you'll find a summary of the implementation of each dimension

Consult the contents of the entire document here. Click on the title to access each section.

(from there you can access the recommendaiton for each step)

De-implementation of low-value practices >> p. 13
Shared decision-making >> p. 35
Improvement of health care services >> p. 57

Knowing where to start...

At the end of each section, you'll find a tool for reflection called "Let's get started", which can help you assess where you are in the process and how you can set things in motion. Have a look at it here and print it out

De-implementation of low-value practices >> p. 32
Shared decision-making >> p. 55
Improvement of health care services >> p. 81

***This is an interactive document**. In the top left-hand corner of each of each page you will find a clickable menu that will help you move around. By clicking on the different titles you can go directly to the corresponding page. You will also find clickable links to external pages, other sections of the guide or the appendix in different parts of the document; usually in the colour boxes with ideas and tips.*

How the guide was made

This guide was made based on a review of the existing literature on the de-implementation and implementation of participatory practices. It was produced in conjunction with health professionals from the Catalan health system who have first-hand experience in the implementation of shared decisions, participation in improving health services, and the de-implementation of low-value practices.

Consult the bibliography used here

Click here to see all the people who have participated in the co-creation sessions and in the review of the guide

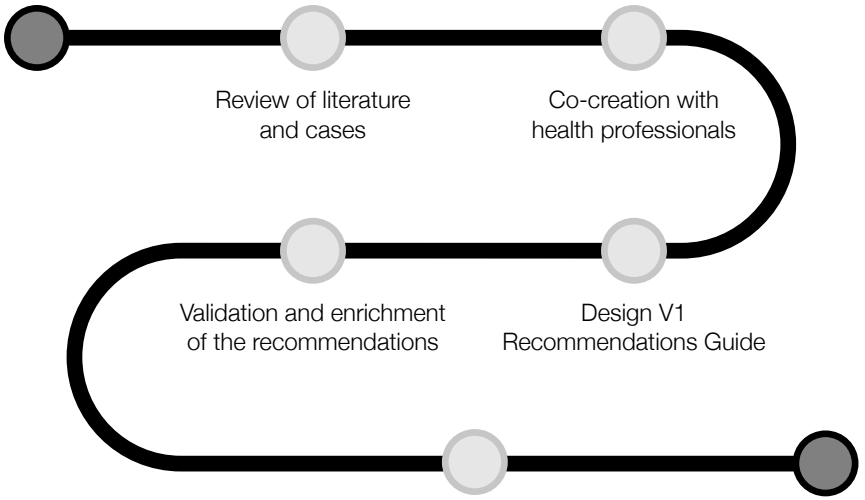
15/09/2021
Session for sharing successful cases

30/09/2021
Co-creation workshop on shared decisions

05/10/2021
Co-creation workshop on de-implementation of low-value practices

07/10/2021
Co-creation workshop on participation in improving health services

The participative process for creating the Recommendations Guide



Participation in health for value-based health care

Value-based care

For some time now, the health sector has been discussing the new paradigm of health care focused on value. At AQuAS, we understand this concept as the equitable, sustainable and transparent use of the resources available to achieve better results and better experiences for everyone: a quality health care system, focused on the citizen and the patient, which achieves the best possible results with the resources available, is based on the values of the society, and contributes to social participation and connectivity, solidarity and the recognition of diversity.

However, there is no consensus on the definition of value. The understanding of the concept varies according to the areas, the people – their role in the system, their culture and needs – and the socioeconomic context. For this reason, when we seek to achieve value-focused care, it is essential to ask ourselves first: how is value defined by patients? And by caregivers? By health professionals? By managers?

One of the most important instruments for generating value is innovation, something that, at one and the same time, defines value and transforms the experience. In this document we present the projects that have used participation as a mechanism to understand and identify the needs and preferences of the stakeholders involved in health. This will help us explore the different definitions of value, and is a fundamental tool for innovation and the redesign of care models, transforming them in such a way that they offer added value to the public and provide significant experiences for everyone.

Citizen participation, a mechanism for defining value

The desire of the general public to participate is part of a global social demand and is an instrument for promoting democratic values, improving the services offered, and enhancing innovation. It can be articulated as both a means and as an end for the creation of value and, at the same time, as a key element of support for making complex decisions.

In its project to promote broader, more open government, the Catalan government defines citizen participation as a process of public deliberation. It is a mechanism for making intelligent decisions and implementing them properly, engaging the public at all times.

In the field of health, citizen participation is the mechanism for incorporating individual people and civil society in public decision-making in a transparent and orderly way. It starts with the individual participation of members of the public in their own health care and the creation of a direct relationship between them and health professionals and services.

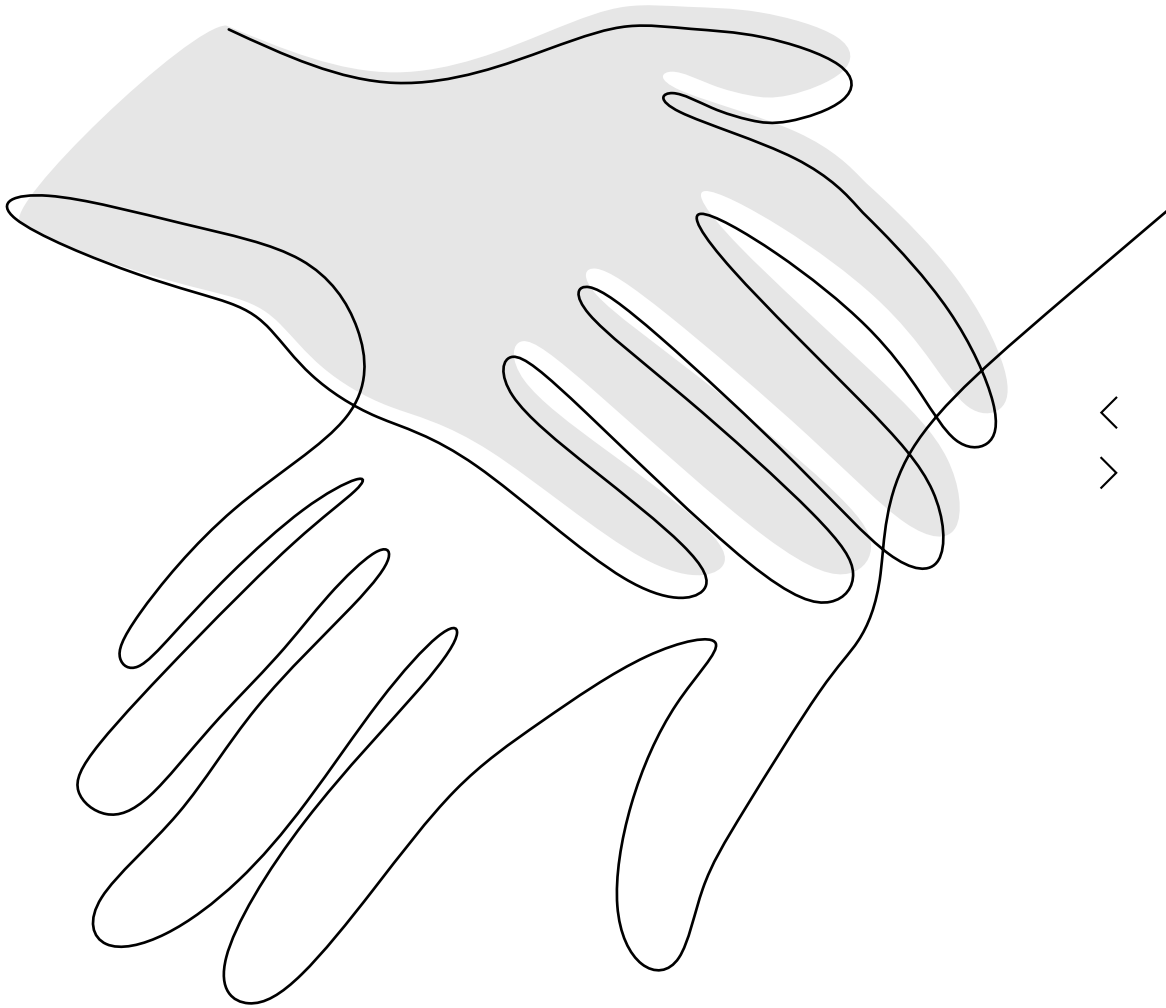
One of the current priorities of the Department of Health is to achieve a closer-knit national health system, capable of identifying the public's perceived needs and responding to them: in short, a system which places the individual at the centre. This participation is closely linked to the quality, good governance, transparency and sustainability of our health care model.

The health professional-patient relationship: the essence of citizen participation in the health system

Personalized, daily interaction of professionals and patients is identified as the cornerstone of participation in health. When we talk about value and about designing a health care model that is appropriate to people's needs and expectations, the creation of a collaborative relationship between patients, caregivers and professionals is an essential step. In order to work on a joint definition of value (i.e., what do each of us mean by value? And what don't we mean?) and to personalize the experience, the professional-patient relationship must be based on equity (not equality), mutual respect, empathy, humanity and dignity.

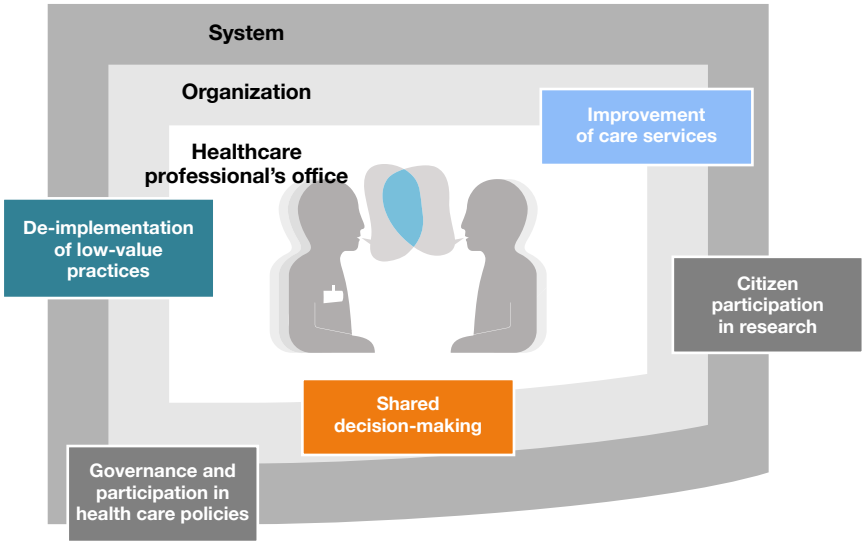
The professional-patient relationship is based on a series of intimate conversations, often emotional and complex. Little by little, these interactions forge a dynamic two-way relationship which, depending on the parties' ability to relate to each other, will generate a bond of trust and collaboration.

Only if the autonomy and decision-making capacity of both the patient and the professional are maximized will it be possible to achieve high-quality participation, and at the meso and macro levels in other. This requires sensitive and effective communication strategies, the willingness of all parties to accept and understand the contributions of the others, the ability to adapt both the content and the form of the conversation to the needs of the individuals and the situation, the recognition of joint responsibility, and the encouragement of reciprocity.



Projects promoting participation in health

We have identified five dimensions in which the participation of patients, caregivers and professionals plays a relevant role in the field of health today. Below, we present definitions of each one. The guide, however, focuses on three of these dimensions: the de-implementation of low-value practices, the implementation of shared decision-making projects, and projects for participation in the improvement of services.



De-implementation of low-value practices

Low value practices are medical tests, treatments or procedures for which there is insufficient evidence of real benefit to the patient or which may cause more harm than good.

Projects for the de-implementation of low-value practices such as Essencial, the committees for improving clinical practice, deprescription, and the Right Care movement encourage professionals and patients to collaborate in the elaboration of recommendations to de-implement low-value practices. These projects promote dialogue between health professionals and patients and thus guarantee the provision of informed health care of excellence that avoids harm.

Shared decision-making

This is a collaborative process that encourages joint decision-making between patients and health professionals based on the best scientific evidence available, reflecting on the risks and benefits of the various options as well as the patient's values and preferences. For shared decision-making, the relationship of trust between patient and professional and the ability to communicate with each other is essential, from the process of giving information to the final decision.

Click here to see the different scenarios in which shared decisions may be taken.

Participation in the improvement of health care services

Ths is a co-creation process for designing and adjusting care services to the real needs of health professionals, patients and caregivers. All three groups are invited to participate in making decisions regarding the improvement of the experience at the point of contact or in the interactions between patients and caregivers and the care services of the health system. These stakeholders can be consulted in a timely manner on specific aspects or they may participate in a more stable and strategic way as co-leaders in the organization.

Rather than being mere spectators, the users of the service are now engaged in the process of designing and defining value. They move from being 'users and choosers' to 'makers and shapers'. It is a process that seeks to transform existing asymmetrical power dynamics in health and to empower users, fostering their confidence and autonomy.

Citizen participation in research

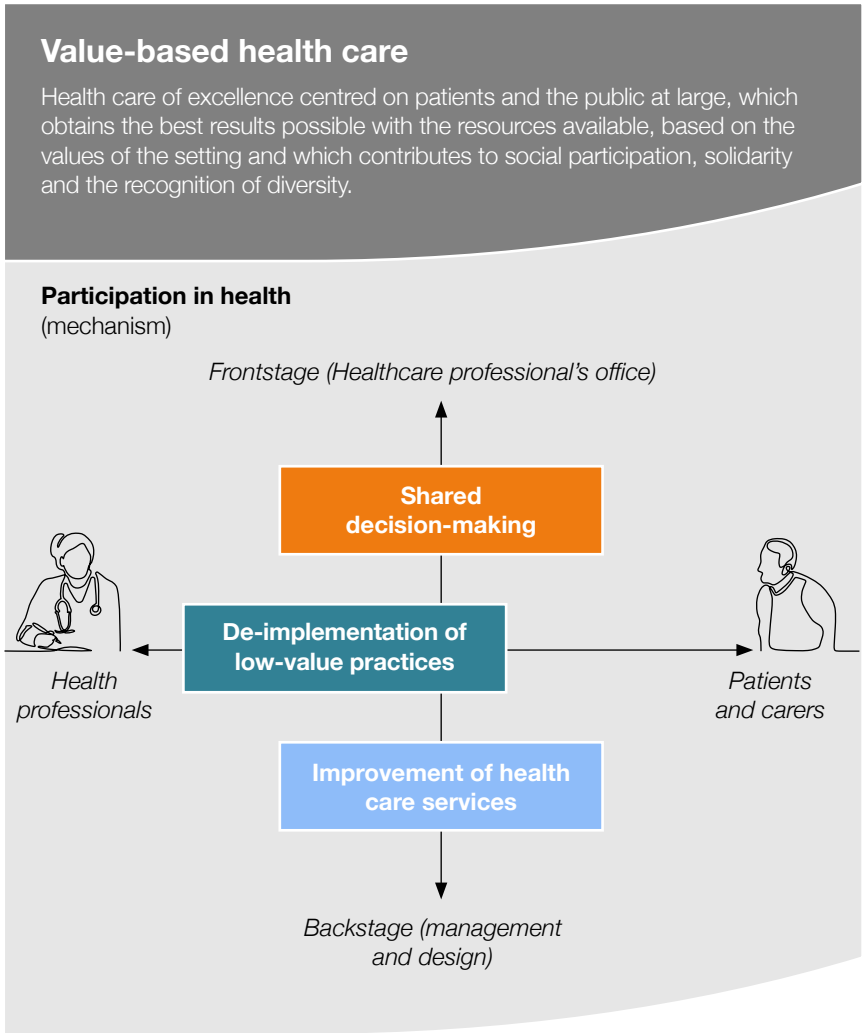
This process seeks to involve patients and the public at large in health research in order to bring it closer to their interests and needs rather than to the personal interests of researchers or sponsors.

Governance and participation in health policies

This is the process of citizen participation in the development, application and evaluation of health policies and programs at national, regional and local levels.

Participation at various levels in the definition of value

In each of the projects, the levels and mechanisms of citizen participation are different. This is shown in the table below:



In the case of the **de-implementation of low-value practices**, it is mainly the healthcare professionals who are involved. They identify the practices to be de-implemented and discuss the definition of low value. They also participate in the elaboration, diffusion and de-implementation of evidence-based recommendations in order to drive changes in behaviour at the systemic level. In this case, patients' participation takes place at the level of the conversation (during the appointment), where the professional informs them of their decision in a clear and understanding manner, explaining the benefits and the value of not doing a particular intervention in health. This will involve the patient in the decision, makes them part of the process, and favours a change in their attitudes towards their care. In recent years, projects such as Essencial have begun to propose the participation of patients in the process of identifying and preparing the recommendations.

Click here to see the recommendations for the de-implementation of low-value practices.

In the case of **Shared decision-making,** participation also occurs at the level of the conversation between professionals and patients (in the appointments) in which both parties share the power to make decisions. Professionals have the responsibility to inform and empower their patients so that they are fully aware of the different therapeutic options, their benefits and potential drawbacks. Patients are invited to discuss their needs, concerns, preferences and values so that both parties can make a decision from a position of joint responsibility and thus design a personalized therapeutic plan.

Click here to see the recommendations for the implementation of shared decision making.

In the **participation in the improvement of health care services**, the deliberation takes place at organizational and strategic levels, outside the provision of day-to-day care. Patients and professionals are invited to express their needs and desires and contribute their ideas regarding the redesign of health care models and services. The organization provides the space and tools for both parties to participate in the dialogue in an equitable manner and to participate in the decisions that will influence their experience of their conversations and interactions with the system in the future.

Click here to see the recommendations for the implementation of projects to increase participation in the improvement of care services.

De-implementation of low-value practices

How to de-implement low value practices, step by step

PREPARATION OUTSIDE HEALTHCARE PROFESSIONAL'S OFFICE

Relevant information for...

Managers and leaders

Frontline professionals and drivers of the project

Creating a team and seeking structural support	Defining and sharing the strategy	Creating a de-implementation plan	De-implementation	Learn, communicate and scale!
Creating the steering team	Preassessment: how are we doing?	De-implementation protocols and instruments	Notifying all professionals	Evaluation of the de-implementation
Engaging management and other professionals	Definition of objectives	Seeking alliances	Educational campaigns for patients	Diffusion of the project and the results
	Commitment and engagement of the teams	Definition of assessment indicators		
		Communication and activation plan		
		Unlearning and training		

INSIDE THE HEALTHCARE PROFESSIONAL'S OFFICE

Important information for...

Frontline professionals

Explaining the situation to patients in clear language

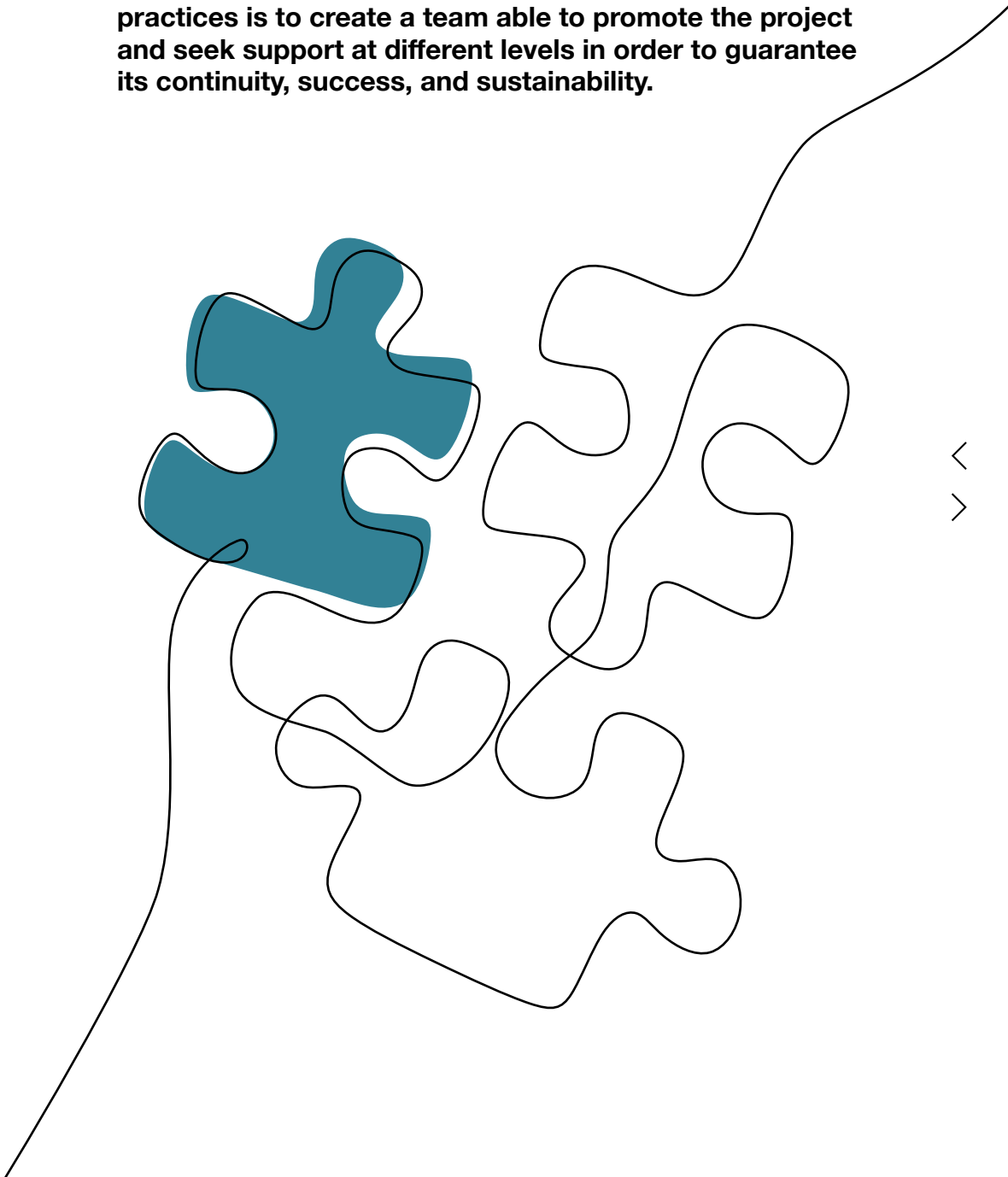
Click on each of the subphases to see recommendations and links for each step

Creating a team and seeking structural support

Creating the steering team

Engaging management and other professionals

The first step in the de-implementation of low-value practices is to create a team able to promote the project and seek support at different levels in order to guarantee its continuity, success, and sustainability.



Click on each of the subphases to see the recommendations and links for each step.

Creating a team and seeking structural support

Creating the steering team

Engaging management and other professionals

Other teams recommend:

The steering team should...

- Be a multidisciplinary team with representatives of the different care roles and levels, i.e., front-line health professionals, pharmacists and managers.
- Be a small team in which all members recognize the need to de-implement low-value practices and are willing to lead change within the organization (champions).
- Have a joint leadership team comprising a maximum of 2-3 people.
- Appoint a person responsible for each task and distribute the functions among the rest of the colleagues in order to generate teamwork.

And should seek support by...

- Identifying health care leaders who are committed to improving clinical practices and who, though not members of the steering team, may have an interest in the project; their engagement should be sought as soon as possible.
- Involving the management of the organization and other higher structures so that the de-implementation of low-value practices becomes established as a common strategy of the organization, service, clinical area, or research institute. This institutional support will strengthen the project and encourage more professionals to take part.
- Seeking the involvement of all local organizatons from the outset, and identifying key actors and reference units for driving change across all care settings.

POSSIBLE PROFILES FOR MEMBERS OF THE STEERING TEAM

Care leaders (champions) from various fields: medicine, nursing, pharmacy, psychology, to guide the change at the front line, identifying low-value practices and engaging other professionals, patients and carers.

Representative of care management

Supervisor of the quality of care, providing institutional support and leading.

Primary care pharmacist, identifying low-value practices, providing recommendations and training for teams.

Expert in research, leading the data assessment and analysis.

Communication expert, coordinating the dissemination of the project both inside and outside the organization.

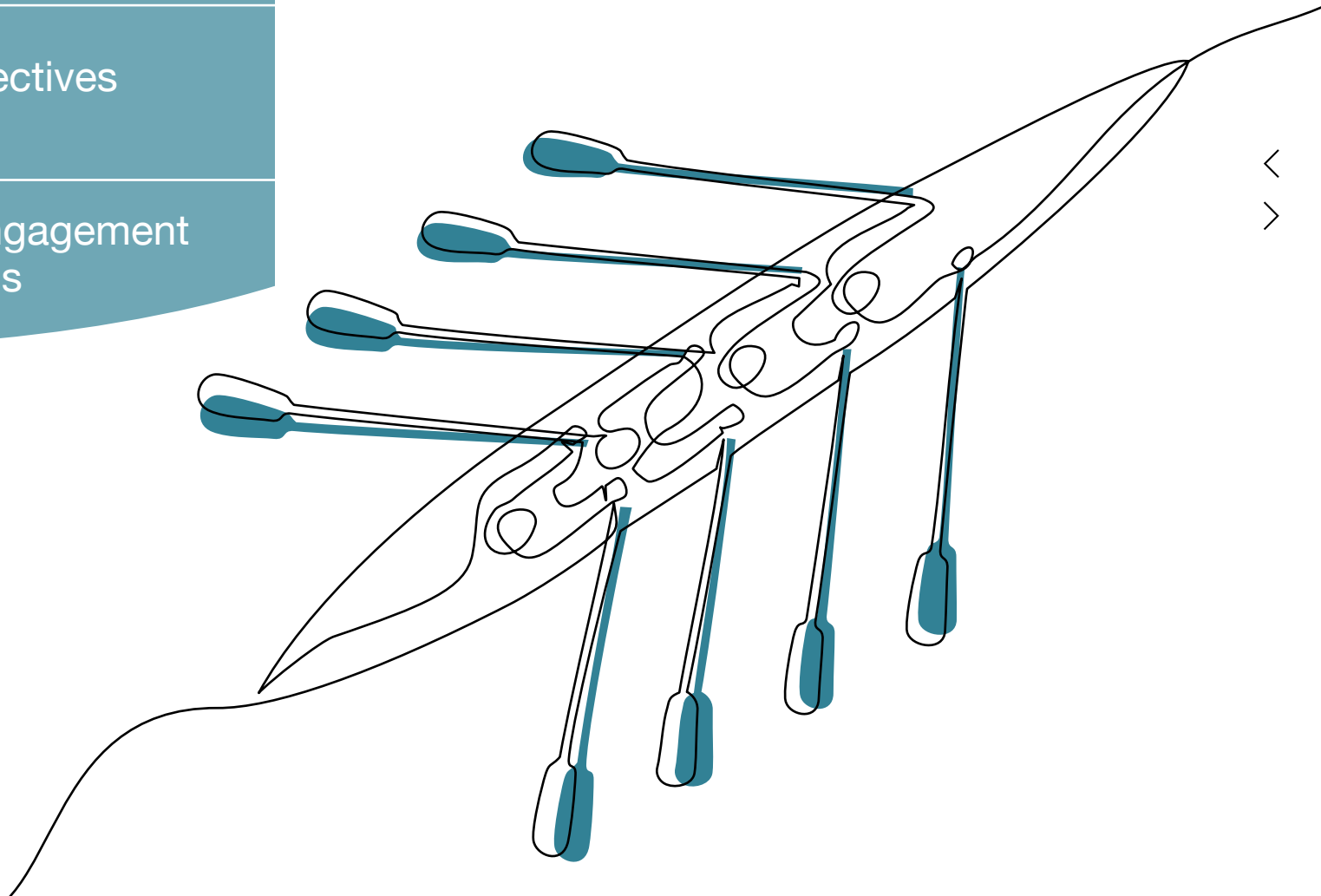
De ning and sharing the strategy

Preassessment: how are we doing?

Definition of objectives

Commitment and engagement of the teams

Once the steering team has been created and support has been obtained, and before preparing the work plan, team/organization in order to identify needs and barriers for de-implementing low-value practices. This will help us to define clear objectives and prioritize the practices to be de-implemented. Once the strategy is defined, it should be shared with all the health care teams in the organization to encourage them to engage in the project.



Click on each of the subpahses to see the recommendations and links in each step.

Defining and sharing the strategy

Preassessment: how are we doing?

Other teams recommend:

Evaluating...

- Clinical teams' knowledge and perceptions regarding low-value practices: which ones are we familiar with? which ones do we perform? which ones could we stop using?
- The performance of the teams in de-implementing low-value practices: how has the de-implementation process gone so far?
- The strengths and weaknesses of the organization with regard to carrying out de-implementation.
- The predisposition of the teams to de-implement.

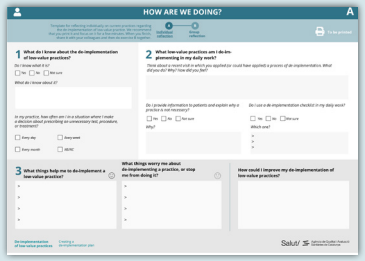
Identifying needs, barriers and concerns, by...

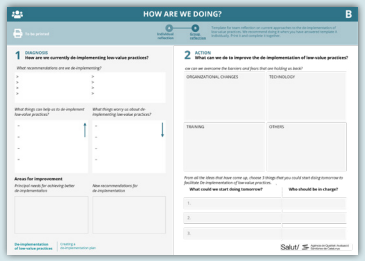
- Carrying out a joint analysis of the reasons for de-implementing the practices in question.
- Reflecting on the barriers and assessing the worries and concerns of professionals regarding the de-implementation of low-value practices (e.g., therapeutic inertia, routines, not knowing how to explain the decision to patients, self-protection due to responsibility or ethical commitment, reputation, and so on).
- Recognizing our needs as a team regarding de-implementation.

Thinking about solutions and facilitators...

- What can we do to overcome our concerns and barriers?
- What types of training will we need as a team?
- How can technology help us?

See the 'How are we doing?' tool for reflection on page 86 and print it out.
It can help you reflect individually and as a team, especially with regard to this particular step.





Defining and sharing the strategy

Definition of objectives

Once we have an overview of the organization's situation, it is important to define **a series of objectives** that**...**

- Are clear, concrete and measurable.
- Respond to the current and real needs of the teams and the challenges they face, including training and team reorganization goals.
- Are short and long term.
- Are aligned with the strategies and activities of the organization.

And prioritize the de-implementation of low-value practices...

- By choosing the recommendations regarding the low-value practices that are most interesting strategy-wise to de-implement.
- Based on the evidence, existing studies, and consensus.
- By applying cross-cutting recommendations for the entire organization, linked to other care quality objectives, or likely to obtain good results.
- By consulting the recommendations proposed by AQuAS, scientific societies, and other national and international actors.
- By talking to someone in the organization with a global vision able to track the activity inside the organization and outside.
- If several practices are to be de-implemented, by allowing the teams choose the one to prioritize.

TIP: To define appropriate objectives, the SMART system is useful (Specific, Measurable, Attainable, Relevant and Time-based)

Click on the link here

IDEA: Create a decision tree with the team to aid the process of prioritization according to your needs, preferences, and context

Click here to see the recommendations made by some national and international agencies:
http://essencialsalut.gencat.cat/ca/recomanacions/
https://choosingwiselycanada.org/recommendations/
www.dianasalud.com

If you decide to de-implement a low-value practice for which there is no official recommendation at present, please contact the Essencial team to request information, as it may be registered on other platforms

Defining and sharing the strategy

Commitment and engagement of the teams

Before moving on to develop a work plan for de-implementation, other teams recommend:

Communicating the strategy for de-implementation to all care teams by...

- Emphasizing the need for change, and using data to explain the reason for the de-implementation of these practices (e.g., the existence of an elderly population that is highly polymedicated).
- Explaining the low-value practices to be de-implemented and the objectives established to do so.
- Welcoming new inputs to share with the teams.

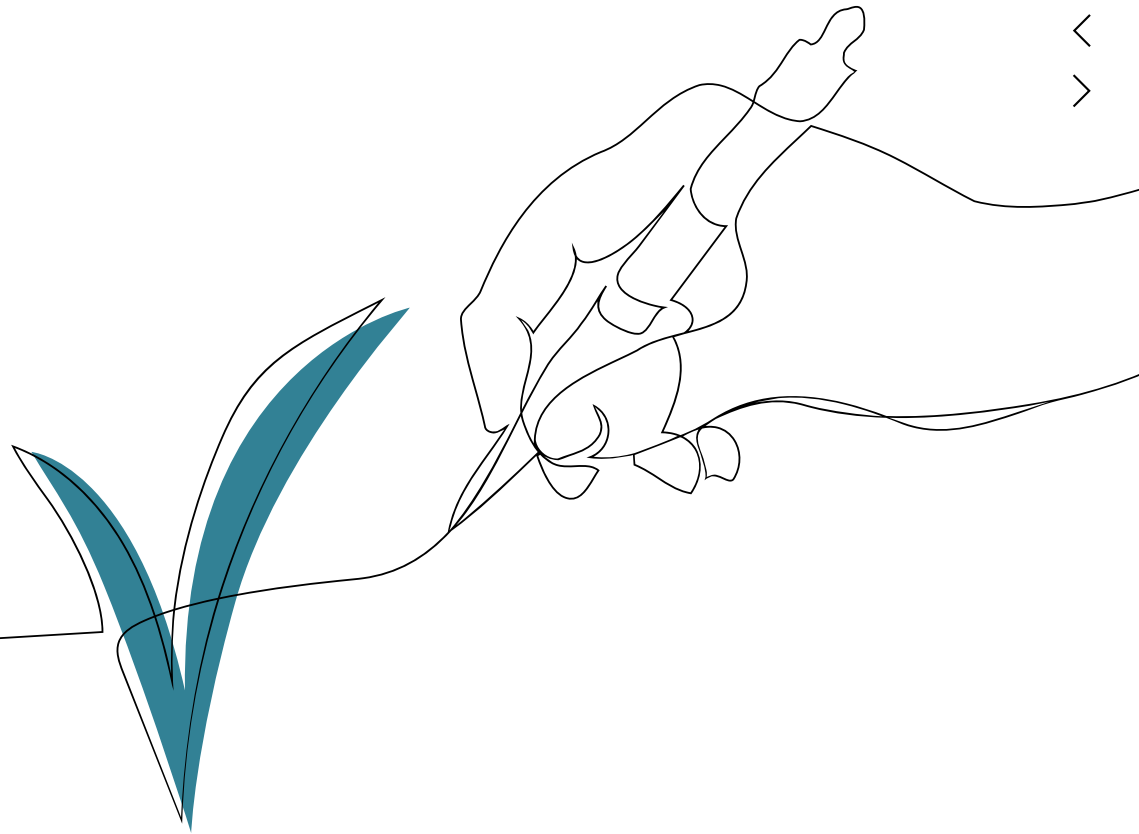
Incentivizing engagement, by...

- Publicizing the projects outside the organization.
- Linking them to research projects.
- Linking them to management by objectives (MBO), care quality standards or management contracts.
- Making professionals' involvement official, by requiring them to sign a document justifying the de-implementation of a practice.
- Looking for a symbol/emblem and organizing activities that foster a team spirit.

Creating a de-implementation plan

- De-implementation protocols and instruments
- Seeking alliances
- Definition of assessment indicators
- Communication and activation plan
- Unlearning and training

The successful de-implementation of low-value practices requires the creation of conditions that foster a change in culture among all team members, getting them used to the idea of giving up a practice that was deeply ingrained in their everyday professional lives. The five steps below propose a series of strategies that stimulate this new way of working in order to de-implement procedures successfully and across the boar.



Click on each of the subphases to see the recommendations and links for each step

Creating a de-implementation plan

De-implementation protocols and instruments

The first step in preparing the de-implementation plan is to identify the activities and solutions to be carried out in order to fulfil the objectives and to define a timeline (and the people responsible) for each stage in the process. Other teams recommend:

Reviewing existing studies, by...

- Consulting existing programmes (or pilot projects) at local and international level in order to become familiar with the protocols and tools applied previously, to reuse them if appropriate, and to be able to learn from the experiences (both good and bad).
- Using and systematizing clinical guidelines or care models where the practice to be de-implemented is included; this may help change the perception that there is a lack of time and reduce the variability in the responses.

Making small organizational changes that stimulate changes in behaviour, by...

- Thinking of solutions to overcome worries and concerns regarding the strategy.
- For example, requiring a specific diagnostic justification for the prescription of a drug or diagnostic test.
- Altering the order, the information provided, and the prescription templates.
- Starting with a pilot test and, depending on the results, continue by iterating or scaling.

Making use of support tools and templates...

- Designed for professionals, which provide evidence-based information on de-implementation.
- Designed for patients, which explain in comprehensible language the reason for the decision to withdraw the practice.
- Making them accessible (both digitally and on paper) and clearly visible in the health professional's office, in order to encourage their use.

Click here to see templates for professionals and patients, at home and abroad:
http://essencialsalut.gencat.cat/ca/recomanacions/
http://essencialsalut.gencat.cat/ca/pacients/
https://choosingwiselycanada.org/recommendations/

If you decide to de-implement a low-value practice for which no sheets are available, contact the Essencial team for further information:: essencial.aquas@gencat.cat

Creating a de-implementation plan

Seeking alliances

De-implementation requires a joint effort between various parties, as it entails changing behaviours that are often influenced by the setting. For this reason, other teams recommend:

Seeking coordination and consensus with other teams and care settings, by...

- Teaming up with colleagues from the fields of medicine, nursing, pharmacy, social work, psychology, social education, citizen's attention services, biology...
- Involving the maximum number of agents in the geographical area (reference hospitals, community health, and so on) to enlist their support for de-implementation.
- Promoting fluid communication and networking between disciplines and care settings based on short and asynchronous interactions to overcome problems caused by time constraints and the difficulty of coordinating schedules, and to maintain compliance with the proposal.

Making the most of technology, by...

- Integrating information and recommendations inside clinical histories to help identify low-value practices when prescribing a drug or a test, and to reconsider whether they should be used.
- Creating a warning system regarding the practice on management platforms, and thus encourage people to stop using it.
- Speaking with the organization's IT team to find alternatives and creative solutions to the lack of flexibility of IT systems.

IDEA: you can make changes in the order of these steps, or introduce alerts into the clinical history, to help you identify the practices that should be de-implemented, and thus change practitioners' and patients' behaviour.

Creating a de-implementation plan

Definition of assessment indicators

Before moving on to de-implementation, it is important to define how the results will be assessed. Other teams recommend:

Defining indicators and the data collection and monitoring system, by...

- Identifying specific, measurable indicators that will help to check that the objectives are being met.
- Choosing indicators that are already monitored by other systems, such as Health Care Quality Standards.
- Identifying existing indicators and dashboards that can detect low-value practices e.g., the Department of Health, the programme contract...
- Designing ad hoc data collection systems to enable agile monitoring (e.g., shared Excels, structured templates...) when monitoring platforms prove inadequate. Whenever possible, this practice should be automated.

Assessing patients' and professionals' experience of de-implementation, by...

- Including indicators and designing ways of recording data on satisfaction.
- Evaluating professionals' satisfaction with their experience of de-implementing and of explaining to patients the decision to de-implement.
- Monitoring the use of the support templates by recording the number of people who have downloaded and/or applied them.

Establishing a process for frequent follow-up of the results...

- Monitoring the application of the recommendations. How many of us are de-implementing?
- Giving feedback on the achievement of objectives both individually and collectively as a team, on a fortnightly, monthly or quarterly basis.
- Comparing the results achieved with those other colleagues, other teams or organizations.

Click here to see the various assessment tools and studies available throughout the world:
Follow-up of results by team addresses (Khalix/Longview)
Evaluating the Quality of Medical Care

Or contact the Essencial team for more information about assessment::
essencial.aquas@gencat.cat.

Creating a de-implementation plan

Communication and activation plan

For a successful de-implementation, most teams recommend drawing up a good communication plan to be applied throughout the process at all levels. This will involve close cooperation with communication experts in order to...

Plan communication activities that inform all care providers about what we are doing, by...

- Notifying other members of the organization about the decision to de-implement low-value practices, and explaining the objective being pursued, the steps to follow and the tools to be used. Please consult the templates for professionals.
- Documenting the entire process, recording the results and sharing them.

Think about how to communicate the need for de-implementation to patients and the general public outside the health care professional's office...

- Designing awareness and dissemination campaigns. For example, in the waiting room, making posters and pamphlets available, presenting information on TV screens, etc...
- Organizing educational workshops, seminars or group sessions throughout the year with patients and other local people to share information about the de-implementation.

You can use this chart on p. 88 to make your communication plan – print it out!

Creating a de-implementation plan

Unlearning and training

According to the results of the pre-assessment and the objectives set, this is the moment to create the team with the task of achieving them. Other teams recommend:

Expanding knowledge about the de-implementation of low-value practices...

- Organizing information sessions to raise awareness of the issue and to describe the methodology behind the de-implementation of low-value practices.
- Offering training workshops, support materials, and individual mentoring among colleagues.
- Sharing the success stories of other teams and organizations. Disseminating these stories internally, and inviting others to share their experiences and learning.
- Assessing the practices chosen for de-implementation in more depth.

Training in communication skills and value-focused care...

- Organizing and/or promoting training for professionals in interpersonal communication skills to teach them how to communicate the decision to de-implement.
- Promoting and strengthening good practices for building a more equitable and trusting patient-practitioner relationship.

De-implementation

Notifying all professionals

Educational campaigns for patients

Outside the healthcare professional's office

Inside the healthcare professional's office

Explaining the situation to the patient in clear language

The defining moment of a de-implementation programme comes when it is communicated both to professionals and to patients. That is why communication campaigns outside the healthcare professional's office (for example, in the waiting-room) are particularly useful. However, the key step will be to communicate the decision specifically to each patient during the healthcare professional's appointment.

Click on each of the subphases to see the recommendations and links for each step.

De-implementation

Notifying all professionals

Educational campaigns for patients

In accordance with the communication plan established in the work plan, this is the time to carry out the communication activities aimed at both professionals and patients to persuade them of the need for change and of its likely benefits.

This is why it is necessary to **convey the message clearly, both inside and outside the healthcare professional's office and to explain the reasons behind the decision to de-implement.**

Posters, workshops, flyers, pens, explanatory videos will be very welcome – in fact, anything that helps to communicate the message to as many professionals and patients as possible!

TIP: Think of messages that can reinforce the recommendation that you are specifically working on. Find out if there are already other local or international teams that have created any materials you may be able to use.

Click here to consult the support materials created by the Essencial team at AQuAS and other health professionals:
Link to the Essencial webpage with support material
Link to the video on the Essencial project

Poster for the awareness campaign 'Less is more' run by Choosing Wisely.

Download the visual materials here.

De-implementation

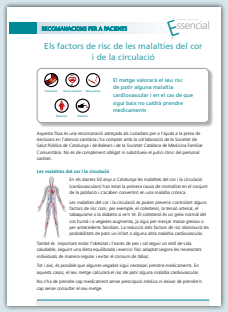
Explaining the situation to the patient in clear language

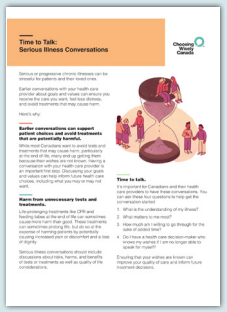
Other teams recommend:

- Explaining to patients in comprehensible language why a practice has little value, and providing materials stressing that the decision to de-implement is positive.
- Presenting easy-to-interpret data and evidence to support the explanation.
- Using active waiting (e.g., 'let's stop doing this; let's wait and see what happens') as an alternative strategy or present the idea that 'doing nothing' may also be "doing something".
- Understanding and accepting patients' concerns and expectations, without giving in to pressure to continue using low-value practices.
- Encouraging colleagues from other disciplines to offer telephone or telematic support (via mail) if patients want to raise any questions at a later date.

USE THE SUPPORT MATERIALS AVAILABLE FOR PATIENTS

Click here to consult the information for patients provided by AQuAS and Choosing Wisely.
http://essencialsalut.gencat.cat/ca/pacients/
https://choosingwiselycanada.org/patient-pamphlets/



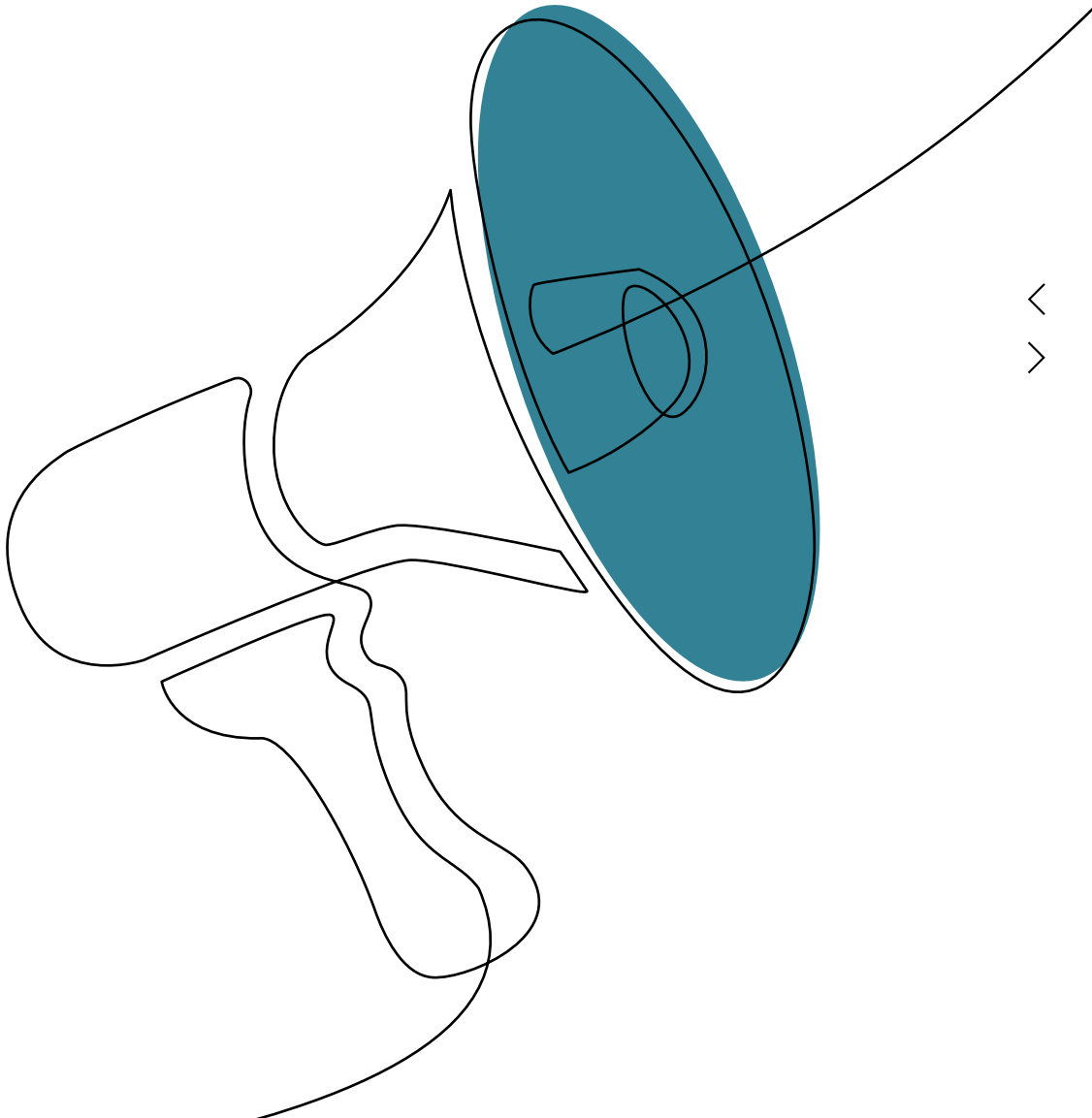


Learn, communicate and scale!

Assessment of the de-implementation

Diffusion of the project and the results

The last step is to analyse the results, learn from the things that have worked (and those that haven't) and communicate (both internally and externally) what has been achieved. This will enable us to continue the project, improve it, scale the impact and encourage other teams to join in the de-implementation of low-value practices.



Click on each of the subphases to see the recommendations and links for each step.

Learn, communicate and scale

Evaluation of the de-implementation

After a certain time (depending on the objectives established), the results obtained must be evaluated to determine whether the intervention has been successful. Other teams recommend:

Analysing the evolution of the indicators, also bearing in mind professionals' and patients' perceptions of the experience...

- Assessing the reduction in the frequency of the practice by comparing pre- and post-implementation rates using specific dashboards.
- Carrying out an iterative evaluation to track the evolution of the results (in the Essencial project, which lasts a total of 24 months, this evaluation is carried out every 6 months.
- Collecting data on the satisfaction and experience of professionals and patients during the process. How did they feel about the experience? What do they think of it?
- For this reason, other teams have recommended ad hoc questionnaires (online or paper), group sessions, and in-depth interviews.

Evaluating the strategies carried out...

- Analysing the different activities carried out and evaluating the volume/quantity. How many training sessions were held? And how many communication activities? How many references have appeared in the media?
- Analysing the quality: observing and asking about the perception of de-implementation. How was the message of the posters received? What about the information sheets in the health care professional's office? How was the experience of de-implementation perceived?

Identifying opportunities for improvement...

- Organizing a dynamic process (e.g., focus groups) for the internal analysis of what worked and what didn't, with the team as a whole.
- Maintaining active participation, keeping all the agents involved and thinking of strategies for continuing the de-implementation of practices already underway, and also incorporating new ones.
- Identifying recommendations for change and opportunities for improvement in order to enhance the experience of the service for professionals, patients and caregivers.

"If the objectives have not been met, a critical review should be made of the activities that were not successfully completed and of the time needed to implement the change."

See p. 23 for recommendations on how to make an assessment plan.

See p. 57 for the implementation of projects on the de-implementation of low-value practices

Click here to consult assessment tools and studies available throughout the world:
Follow-up of results by team managers (Khalix/Longview)
Evaluating the Quality of Medical Care

Learn, communicate and scale!

Diffusion of the project and the results

The crucial final step is to publicize the results, both internally and externally. If the results aren't made known, it's as if the project never existed. Other teams recommend:

Making the project visible and disseminating the results internally, by...

- Explaining all the strategies and activities carried out, emphasizing the results in order to highlight the importance of the de-implementation.
- Organizing workshops to improve clinical practices and/or patient experience and to share the experience with colleagues.
- Encouraging other teams to promote de-implementation projects in their area/service.

Disseminating the results externally, in order to encourage new teams to follow suit and foster synergies, by...

- Summarizing the main results obtained and the key factors in the project's success.
- Sharing learning regarding the de-implementation (barriers and recommendations).
- Offering detailed de-implementation packs to partners and organizations to encourage replication by other teams and in other regions.
- Sharing the message in professional networks, portals, communication media and social networks so that it can reach as many professionals as possible.

Click on p. 24 to consult the recommendations for creating a communication plan.

Tool for reflection 'Let's get started"

Available for printing on page 89

'LET'S GET STARTED'

To be printed

Please print this sheet and share it with others.

If you have been inspired by the guide and would like to apply something you have learned, we encourage you to find a partner to share it with and complete this template together.

1 **¿Where do we want to start? Which parts of our current de-implementation practice can we improve**

What do we need to be able to do it?

>
>
>
>

What resources do we have?

>
>
>
>

2 **Which phase of the de-implementation of low-value practices are we in at the moment?** (mark it with a cross)

> *Where do we face the greatest challenges?* (list them under each phase)

> *Which of the recommendations in this guide are most relevant to us right now?* (write them down in the table below)

☐ CREATING THE TEAM AND SEEKING SUPPORT	☐ DEFINING AND SHARING STRATEGY	☐ CREATING A DE-IMPLEMENTATION PLAN	☐ DE-IMPLEMENTATION	☐ LEARN, COMMUNICATE AND SCALE
			 Conversation healthcare professional - patient	

3 **What 3 ACTIONS could we introduce tomorrow to start and/or improve the de-implementation of low-value practices?**

1.

2.

3.

? **And if we delve further into...**

¿Shared decision-making?
¿Participación de pacientes, cuidadores y profesionales en la mejora de servicios?

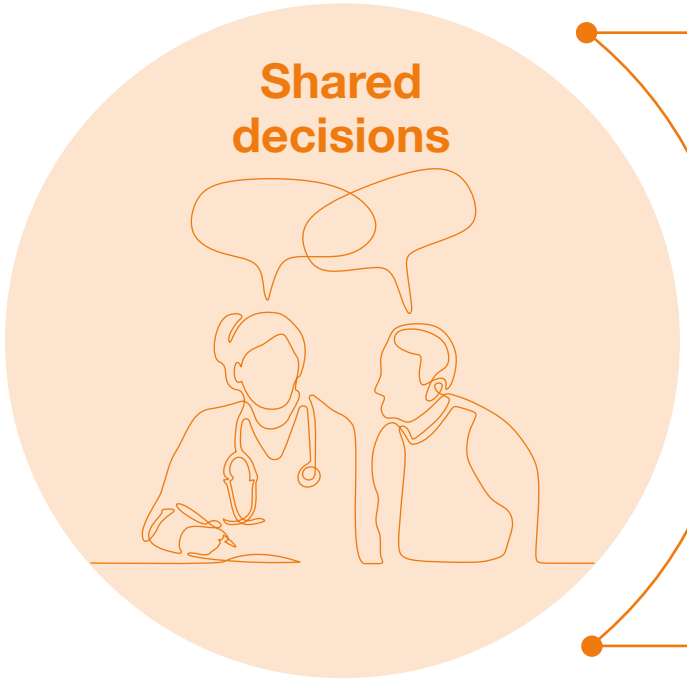
De-implementation of low-value practices

Salut/ Agència de Qualitat i Avaluació Sanitàries de Catalunya

Shared decision-making

Situations and ways of working with shared decisions

There are four ways of **with shared decisions;** they correspond to **diffe ent situations in which a decision has to be made.**



What is the best **alternative** for me?

In cases where several options are available, it is essential to assess the risks and benefits of the different alternatives, as well as the person's preferences and values. In these situations, tools for shared decision-making can be very useful.

What are **my concerns,** and what are **my wishes?**

When the views and concerns of the professional and the patient do not coincide, it is vital to explore their perspectives in order to reach an agreement.

How can **problematic situations** be managed?

When a specific situation causes an emotional, practical and intellectual conflict, the problem must be assessed and the best solution found through dialogue.

What really matters when **humanity is compromised**?

In cases in which the humanity or identity of a person or community is compromised or in transition, using dialogue and seeking points of connection can reveal what really matters to the individual concerned.

Hargraves IG, Montori VM, Brito JP, Kunneman M, Shaw K, LaVecchia C, Wilson M, Walker L, Thorsteinsdottir B. Purposeful SDM: A problem-based approach to caring for patients with shared decision making. Patient Educ Couns. 2019 Oct;102(10):1786-1792. doi: 10.1016/j.pec.2019.07.020. Epub 2019 Jul 19. PMID: 31353170; PMCID: PMC6717012.

How to implement shared decision-making in health, step by step

PREPARATION OUTSIDE THE HEALTHCARE PROFESSIONAL'S OFFICE

Important information for...

Managers and leaders

Frontline professionals and drivers of the project

Creating a team and seeking structural support	Defining and sharing the strategy	Creating an implementation plan	Implementing shared decisions	Learn, communicate and scale!
Creating the steering team	Preassessment and reflection: how are we doing?	Protocols and instruments for shared decision-making	Communication campaigns for professionals and managers	Evaluation of the implementation
Engagement of directors and other professionals	Definition of objectives	Seeking alliances	Education campaigns for patients and caregivers	Diffusion of the project and the results
	Commitment and engagement of all the teams	Definition of assessment indicators		
		Communication and activation plan		
		Learning and training		

INSIDE THE DOCTOR'S OFFICE

Important information for...

Frontline professionals

Implementing shared decisions
Preparing the conversation
Having the conversation at different times
Reflecting together

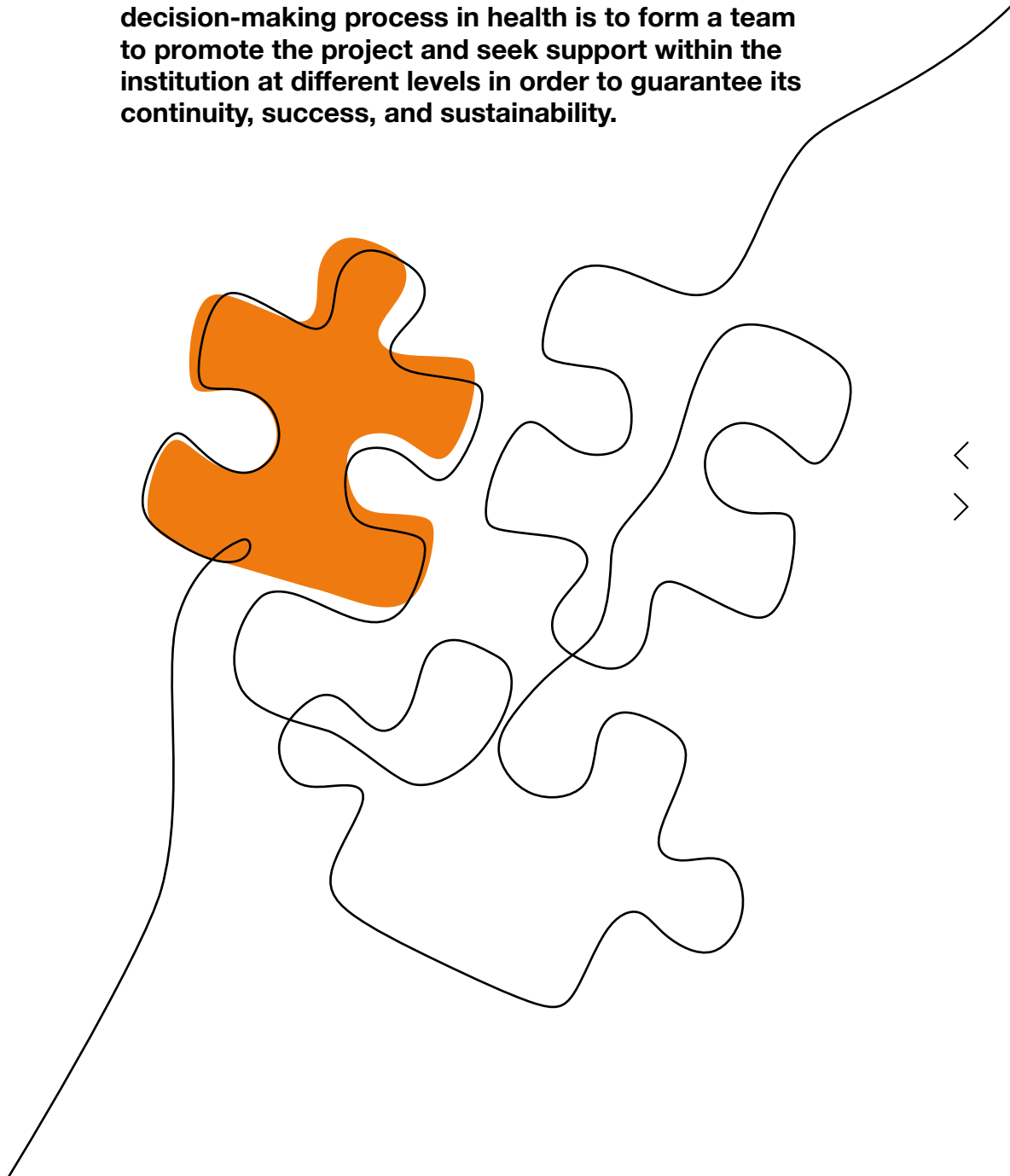
Click on each of the subphases to see the recommendations and links for each step

Creating a team and seeking structural support

The first step for the implementation of the shared decision-making process in health is to form a team to promote the project and seek support within the institution at different levels in order to guarantee its continuity, success, and sustainability.

Creating the steering team

Engagement of managers and other professionals



Click on each of the subphases to see the recommendations and links for each step.

Creating a team and seeking structural support

Creating the steering team

Engagement of managers and other professionals

Other teams recommend that:

The steering team should...

- Be a **multidisciplinary team** with representatives of the different care roles and levels, i.e., front-line health professionals, pharmacists and managers.
- Be a small team in which all members recognize the need to implement shared decision-making and are willing to lead change within the organization (champions).
- Have a joint leadership team comprising a maximum of 2-3 people.
- Appoint a person responsible for each task and distribute the functions among the rest of the colleagues in order to encourage teamwork.

And should seek support by...

- Identifying **health care leaders who are committed to improving clinical practices** and who, though not members of the steering team, may have an interest in the project; their engagement should be sought as soon as possible..
- Involving the **management of the organization and other higher structures** so that shared decision-making becomes consolidated as a common strategy of the organization or the service, clinical area, or research institute. This institutional support will strengthen the project and will encourage more professionals to take part.
- Seeking the involvement of **all local organizations from the outset and identifying key actors and reference** units for driving change across all care settings.

‘The motivation and commitment of one or more champions leading and promoting shared decision-making is vital”

POSSIBLE PROFILES FOR MEMBERS OF THE STEERING TEAM:

Care leaders (champions) from various fields: medicine, nursing, pharmacy, psychology, to guide the change at the front line, managing the deployment of the project and engaging other professionals, patients and carers.

Patients’ representative, overseeing the patients’ needs throughout the process.

Supervisor of patients’ experience, bringing the vision and methodology to design a positive experience of shared decision-making for patients.

Expert in research, with expertise in methodology, the use of instruments and scales, leading the data assessment and analysis.

Communication expert, coordinating the dissemination of the project both inside and outside the organization.

Supervisor of care and care quality, providing institutional support and leading the change at organizational level

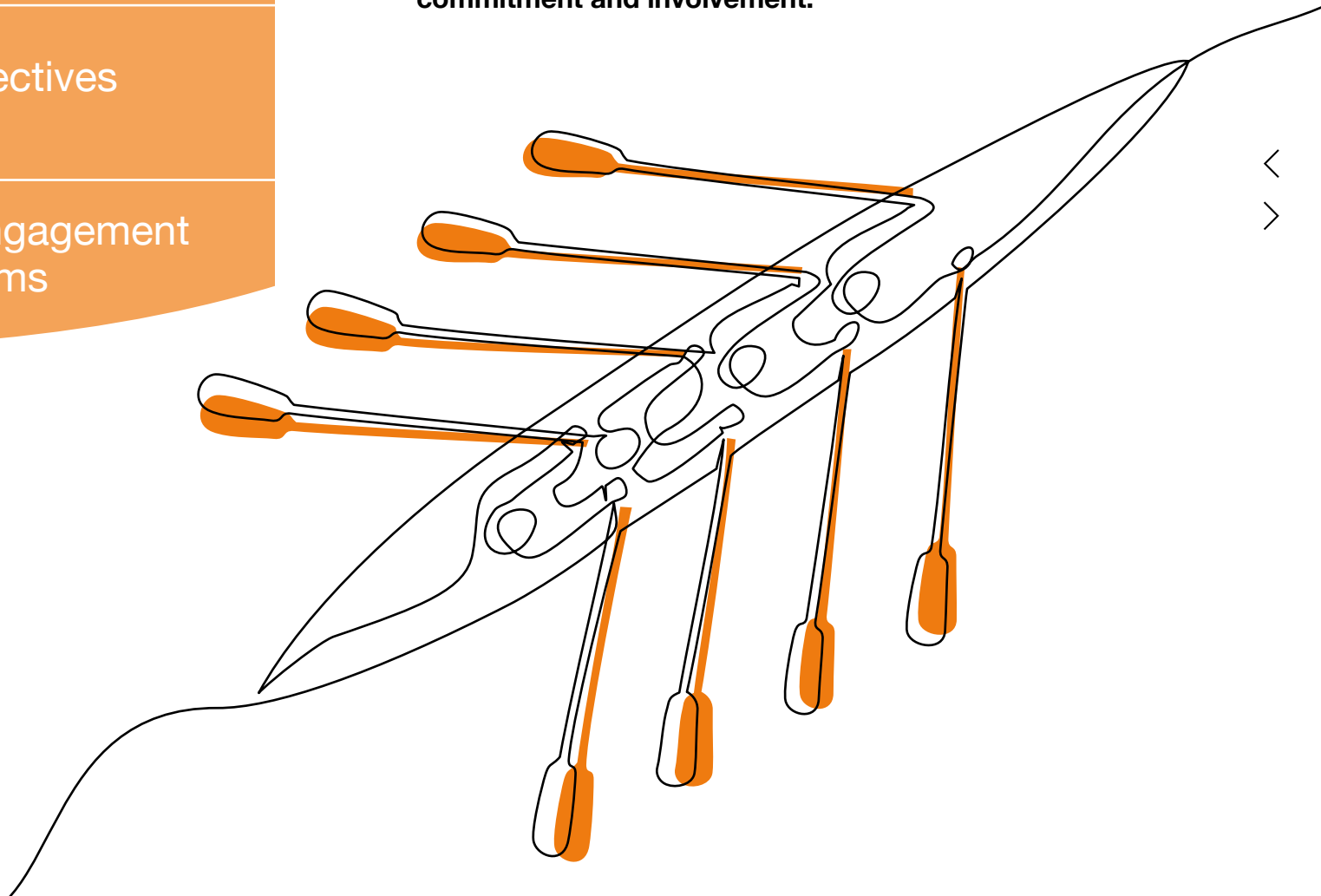
De ning and sharing the strategy

Preassessment and reflection: how are we doing?

Definition of objectives

Commitment and engagement of all the teams

Once the steering team has been created and support is obtained, and before preparing the work plan, it is necessary to evaluate our progress as a team/organization in identifying facilitators and barriers for implementing shared decision-making. This will help us to define clear objectives and prioritize key clinical situations for shared decision-making. Once the strategy is well defined, it needs to be shared with all the health care teams in the organization in order to obtain their commitment and involvement.



Click on each of the subphases to see the recommendations and links for each step.

Defining and sharing the strategy

Preevaluation and reflection: how are we doing?

Other teams recommend:

Evaluating...

- Clinical teams' knowledge and perceptions regarding shared decisions: which kinds of shared decisions are we aware of? Which ones are we currently applying? What other ones could we start using? Are there some that we can adapt and implement?
- How is shared decision-making currently being carried out? How have shared decision-making processes progressed so far? How much time do we spend on it? Are the patients satisfied? And the professionals? etc.
- The strengths and weaknesses of the organization when putting shared decisions into practice.
- The predisposition of the teams involved with regard to applying shared decisions.

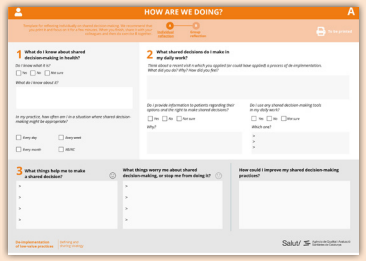
Identifying needs, barriers and concerns, by...

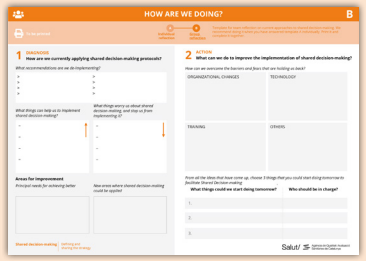
- Conducting an analysis of the prerequisites for shared decision-making, developing tools, training professionals...
- Reflecting on the barriers and responding to the concerns of professionals when carrying out shared decisions (e.g., time constraints, routines, lack of support tools, self-protection due to the fear that patients may make inappropriate decisions).
- Recognizing the needs we have as a team in relation to shared decisions. What have we learned so far? What other elements do we need to help us make better shared decisions?

Thinking about solutions and facilitators...

- What can we do to overcome our concerns and the barriers facing us?
- What types of training will we need as a team?
- How can technology help us?

Consult the tool for reflection "How are we doing?" on p. 90 and print it.
It can help you think about the contents of this step, both individually and as a team.





Defining and sharing the strategy

Definition of objectives

Once we have an overview of the organization's situation, it is important to define a series of objectives that...

- Are clear, concrete and measurable.
- Respond to the current and real needs of the teams and the challenges facing them, including training and team reorganization goals.
- Are both short and long term.
- Are aligned with the activities and strategies of the organization, or incorporate them as objectives within the plans for innovation, quality, and patient experience, and other programmes such as therapeutic education.
- Are realistic in terms of the resources available; better to start in a small area that is viable and then grow.

And prioritize the clinical situations and types of patients most in need of implementing shared decisions...

- Choosing clinical situations in which the evidence in favour of a particular decision is not very clear; situations in which it is difficult for patients and professionals to choose; or if the decision is complex.
- Identifying health processes in which conflicts, unfulfilled expectations or dissatisfaction on the part of patients have been detected (e.g., in the experience of breast reconstruction after a mastectomy).
- Asking patients and professionals to detect other needs and critical situations.
- Starting with areas that already have a support structure for shared decision-making (existing tools can be consulted by clicking on the links below).
- Deploying a pilot test as a base model for shared decision-making in a difficult scenario, so as to provide tangible results..

Or, if there is no shared decision-making tool that responds to specific needs, promote its development.

TIP: To define appropriate objectives, the SMART system is useful (Specific, Measurable, Attainable, Relevant, and Time-based.

Click on the link here

IDEA: Create a decision tree with the team to aid the process of prioritizing needs and priorities in the context.

Click on the links below to consult here the shared decision-making tools available at home and abroad:
Link to AQuAS's shared decision-making tool
Link to Care that fits (Mayo Clinic)
Link to Patient Decision Aids of Ottawa Hospital
Link to the shared decision-making tool of the Canary Islands Health Service

If you detect a need for Shared Decision for which there is no tool of support, you can contact the AQuAS Shared Decisions team here to prepare it jointly.

Defining and sharing the strategy

Commitment and engagement of all the teams

Before describing how to create a work plan for implementing shared decisions, we should mention some of the recommendations put forward by other teams:

Communicate the strategy to all health care teams by...

- Emphasizing the need for change, and presenting data to explain the reasons for implementing shared decisions.
- Explaining why particular areas are chosen for the implementation of shared decisions, and outlining the different objectives established.

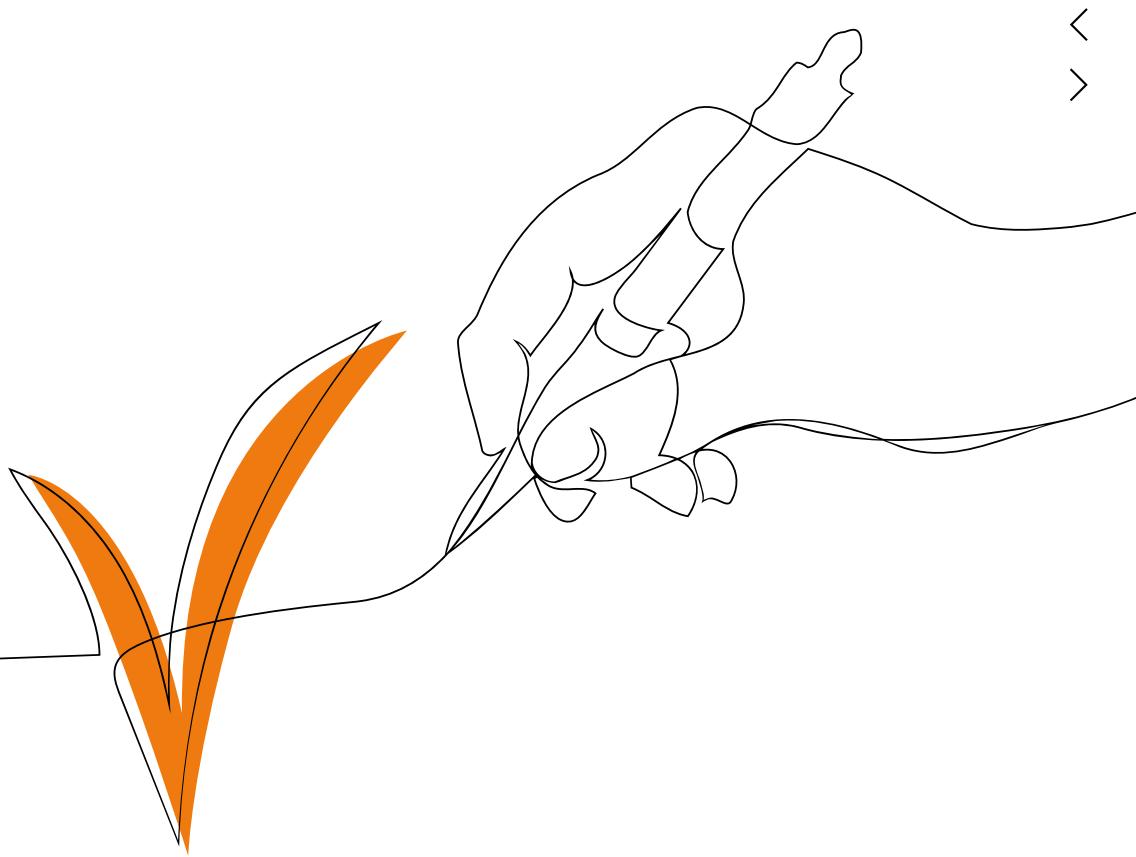
Promoting engagement by...

- Giving visibility to the projects outside the organization.
- Linking them to research projects.
- Linking them to Management by Objectives (MBO), Health care Quality Standards, or management contracts.
- Placing the involvement of the team on an official basis, through the symbolic signature of an individual and group commitment to the project.
- Looking for a symbol that creates the feeling of belonging to a team.

Creating an implementation plan

- Protocols and instruments for shared decision-making
- Seeking alliances
- Definition of assessment indicators
- Communication and activation plan
- Learning and training

The rationale for implementing shared decision-making processes in the daily practice of care teams is to be able to create the conditions needed to encourage a change in behaviour among the entire team, based on a more collaborative and equitable dialogue with the patient and the caregiver. The following five steps propose a series of strategies to stimulate the implementation of shared decision-making. The implementation plan will outline the activities designed to achieve the objectives set, define a timeline, and identify the people responsible for each step.



Click on each of the subphases to see the recommendations and links for each step.

Creating an implementation plan

Protocols and instruments for shared decision-making

The first step is the creation and/or identification and adaptation of the protocols, processes, tools and support materials that will encourage the adoption of shared decision-making practices. Other teams recommend:

Reviewing previous studies...

- Consulting existing models of care, protocols and tools for use as a starting-point, and to learn from the experiences of others.
- Using and systematizing clinical guidelines or care models where shared decisions can be included to help combat the perception of lack of time.

Making small organizational changes to stimulate changes in behaviour, for instance...

- Mapping the clinical pathways of processes in which shared decisions are to be applied, so as to identify needs, barriers and facilitators which can help to define the protocol.
- Recording notifications that help identify patients and situations particularly suited for shared decision making; keeping a record of the cases in which a shared decision has been made.
- Defining clear protocols and guidelines for bringing decision support tools into the clinical process according to the specific circuits of each unit.
- Enlisting the support of professionals who have experience with the methodology to aid the development of the protocol.
- Launching a pilot test and, depending on the results, continue iterating or scaling.

Making the most of support tools and materials...

- Those aimed at patients, which explain the benefits and risks of each option in straightforward language and help reflect on the particular case to guide the decision-making process.
- Making them easily accessible (i.e., in digital and paper formats) and highly visible in doctor's offices and other health service areas in order to encourage their use.
- Validating the tool chosen with patients to determine whether it meets their needs.

"Before implementing a process of shared decision-making, we need to identify and respond to possible needs such as agendas, spaces, trained staff..."

Click on the links below to consult other shared decision-making programmes at home and abroad:
Link to AQuAS's shared decision-making tool
Link to Care that fits (Mayo Clinic)
Enlace a las Patient Decision Aids de Ottawa Hospital
Link to the shared decision-making tool of the Canary Islands health service

If you detect a need for Shared decision-making for which there is currently no support tool. Please contact the AquAS Shared decision-making team here to create one together.

Creating an implementation plan

Seeking alliances

The implementation of shared decisions requires a collective effort; it entails changes in behaviour that are often influenced by the particular setting. For this reason, other teams recommend...

Seeking coordination and consensus with other colleagues and care settings...

- Teaming up with heads of service, nursing units, social work and social education centres, citizens' advisory services...
- Involving the maximum number of agents in secondary and community health services to support the programme.
- Coordinating with primary care teams to avoid giving patients information that might slow down the shared decision-making process.
- Promoting fluid communication and networking between disciplines and care settings based on short, asynchronous interactions to combat the problems of lack of time and difficulties in coordinating schedules.

Obtaining alternative forms of support and resources...

- Hiring a care coordinator to support shared decisions, or involving volunteers, students or residents able to help.
- Seeking the collaboration and participation of patients' associations, the Patient Advisory Council and patient advocacy groups.
- Linking the process to a doctoral thesis project or research projects to obtain funding through scholarships or other means (for example, the CIS grants that allow evaluation at state level).
- Bearing in mind the financing and resources, not only for the implementation of the project, but also for its evaluation and the subsequent adaptations to ensure its sustainability.

Making the most of technology, by...

- Combining clinical histories with computerized programming data to identify patients who are candidates for the shared decision-making process.
- Requesting the incorporation of shared decision-making tools into the clinical record or the patient's portal to make them easily available in the consultation process: for example, by adding the link to the bibliography section.
- Looking for straightforward systems for recording shared decision-making (e.g., the colour scheme used in the primary care system: orange=the tool has been taught, green=the tool has been used and a shared decision has been taken).
- Speaking with the organization's IT team to find alternatives and creative solutions for the lack of flexibility of IT systems.

IDEA: a pop-up window can be added to the management programme asking: "Have you used the shared decision-making tool with this patient?"

Creating an implementation plan

Definition of assessment indicators

Before making shared decisions in the doctor's office, it is important to define how the results will be evaluated. Other teams recommend:

Defining indicators and the data monitoring or collection system...

- Assessing existing indicators and scales or proposing new ones that are specific and measurable to verify that we are achieving the objectives set.
- Designing ad hoc data collection systems to allow agile monitoring (e.g., shared Excels, structured templates...) when currently available monitoring platforms fail to do so.

Assessing patients' and professionals' experience of shared decision-making...

- Including indicators and designing ways to collect data on patients' reported experience measures (PREMS) and satisfaction.
- Evaluating professionals' experience and satisfaction when making shared decisions with their patients.
- Monitoring the uptake of support tools by measuring different indicators such as the number of people who have downloaded it, how many have used it, how many doctor's offices have applied it...

Determining a process for frequent monitoring of results, by...

- Depending on the type of intervention/study, carrying out an initial evaluation at each centre/unit and then continuing to evaluate as often as is appropriate.
- Tracking the implementation of shared decisions, using indicators such as 'How many shared decisions are being made?'
- Giving feedback on the achievement of objectives at an individual and team level, on a fortnightly, monthly or quarterly basis.
- Comparing the results achieved with those of other colleagues, teams, or organizations.

There are validated scales and questionnaires available for assessing shared decision-making. Check them out via the following links!

Click here to consult questionnaires from other countries
Link to the 9-item Shared Decision Making Questionnaire
Link to the O'Connor Decisional Conflicts Scale
Link to Patient-Reported Indicator Surveys
Link to ICHOM Standard Sets
Link to BiblioPro (PREMS & PROMS)

Creating an implementation plan

Communication and activation plan

To guarantee successful implementation, most teams recommend having a good communication plan at all levels and throughout the process. To achieve this, it will be necessary to...

Plan communication sessions at various stages so that all professionals know what we're doing, by...

- Communicating internally the intention to apply shared decision-making processes in the chosen areas; the objective we are pursuing; the steps to be followed; and the tools to be used (consult the protocol and support tools).
- Documenting the entire process, and presenting and sharing the results.

Think about how to communicate the need to make shared decisions to patients and the general public Outside the healthcare professional's office...

- Designing awareness and dissemination campaigns. For example, information posters, videos in the waiting room, pamphlets, etc., that underline the importance of making shared decisions.
- Organizing educational workshops, seminars and group sessions all through the year with patients and the public to inform them about shared decision-making, sharing results and encouraging their participation.

Use the chart on p. 92 to make your own communication plan. Print it out!

Creating an implementation plan

Learning and training

The results of the evaluation and the objectives set will help define the training that the team will need in order to achieve them. Other teams recommend:

Expanding knowledge about shared decision-making in the health setting, by...

- Organizing information sessions to raise awareness of the issue and to describe the methodology underpinning shared decision-making.
- Offering educational workshops, support material, and individual peer mentoring before starting any intervention. This will help ensure that the entire team is familiar with the shared decision-making process.
- Sharing the success stories of other teams and organizations: disseminating these stories internally, and inviting others to share their experiences and learning.
- Exploring the practice of shared decision-making in priority areas.
- Enlisting the help of external agents that can offer training in shared decision-making.

Training in communication skills and value-focused care, by...

- Organizing and/or promoting training in interpersonal communication skills for professionals to learn how to engage in informed, equitable dialogue with their patients and thus be able to make shared decisions.
- Emphasizing the importance of communicating risks (i.e., improving risk literacy) and ensuring that professionals have good training in this area.
- Promoting and strengthening good practices related to building more equitable and trusting relationships with patients.
- Establishing certification and recognition for professionals who have been trained in shared decision-making.

Implementing shared decisions

Communication campaigns for professionals and managers

Education campaigns for patients and caregivers

Inside the doctor's office

Outside the healthcare professional's office

Preparing the conversation

Having the conversation at different times

Reflecting together

Click on each of the subphases to see the recommendations and links for each step.

Shared decision-making tasks place in two very clear settings: a) outside and b) inside the doctor's office. Outside the healthcare professional's office, the communication activities carried out should aim to heighten professionals' and patients' awareness of the importance of shared decision-making processes and to familiarize them with the ambits in which shared decision-making is an option. And inside the doctor's office, professionals and the patients discuss their particular case and, if necessary, will use the support tools available to make the most appropriate choices in each case.

Implementing shared decisions

Communication campaigns for professionals and managers

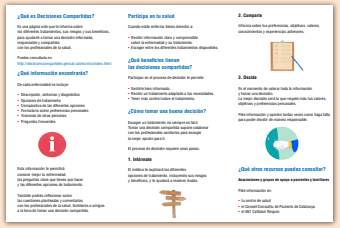
Education campaigns for patients and caregivers

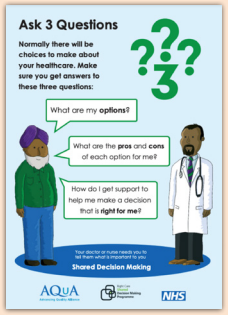
According to the communication plan, this is the moment to carry out the communication activities for both professionals and patients, so that both groups see the need for (and benefits of) shared decision-making.

Therefore, the message must be explained clearly, Outside the healthcare professional's office as well as inside. Emphasis should be placed on why the practice of shared decision-making in health is necessary, and the rights and duties of patients should be clearly defined. Posters, workshops, flyers, pens, explanatory videos will be most welcome – anything that helps to communicate the message to as many professionals and patients as possible!

Posters are a good tool for helping patients and family members to reflect while they wait to see the doctor. This NHS poster may inspire you!

Download this AQuAs infogram on shared decision-making step by step, or this information leaflet.





Implementing shared decisions

Preparing the conversation

Identifying the patient

Preparing the space and materials

Taking time

- Identify whether that patient fits the prototype defined for shared decision-making, according to the guidelines that have been established.
- Prepare the space where the conversation will take place, so as to minimize physical barriers between the professional, the patient and the relative/caregiver/legal guardian (e.g., a round table encourages proximity).
- Send patients information and support tools for shared decision-making in advance: for example, when the appointment is arranged (either as a link in an SMS, through the patient portal, via app, by email...)
- Leave patients time to make decisions and allow them to refer back to the information later.
- Set aside time on the agenda to make room for these conversations.

MAKE THE MOST OF THE SUPPORT MATERIAL FOR PATIENTS

Click on these links to consult the support material for patients:
Link to AQuAS shared decision-making page
Link to Care that fits (Mayo Clinic)
Link to the Patient Decision Aids of Ottawa Hospital
Link to Shared decision-making at the Canary Islands Health Service

Implementing shared decisions

Having the conversation at different times

Day 1
Explaining the reason and the process

Day 2
Creating a dialogue and answering queries

Day 3
Reflectin and deciding

- At the first appointment, explain the process and the reason for shared decision-making to the patient, consulting the options and support tools together, and encouraging him/her to study them at home in his/her own time.
- Create a space to answer questions and talk (either face-to-face or virtually) once the patient has had time to assimilate the information.
- Encourage colleagues from other disciplines to offer telephone or telematic support (via mail) if the patient wishes to discuss any particular doubts.
- Arrange an appointment to make a joint final decision, leaving room for reflection, sharing concerns and exploring what is important, and above all giving the patient time.
- Add shared decision-making to the patient's medical record (in order to be able to carry out follow-up and subsequent evaluation.

Implementing shared decisions

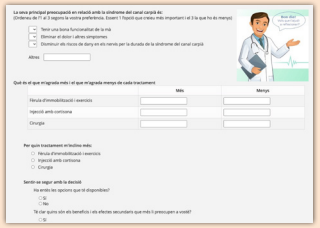
Reflecting together

How did it go?
How did we feel?

- In later conversations between the professional and the patient, spend a few moments reflecting on how the process of shared decision-making has gone; think about what you would change or improve.
- Ask the patient how they felt during and after the conversation.
- Express how you felt as a professional during the process.

"Don't go too fast, and don't miss out any steps. Respect the participant's own rhythms in order to make better decisions. Don't make assumptions, and adapt the use of the instruments to each particular context".

Here you can see some examples of Shared Decisions instruments, in paper and digital format, as well as supporting informative material.



Support tool for carpal channle syndrome

Support tool for share decision-making in multuple sclerosis

Infogram on digestive ostomies

Compare your options' table on contraception

Learn, communicate and scale

Evaluation of the implementation

Diffusion of the project and the results

The last step is to analyse the results, learn from the things that have worked (and those that haven't) and communicate (both internally and externally) what has been achieved. This will enable us to continue the project, improve it, scale the impact and encourage other teams to implement shared decision-making in their daily practice.

Click on each of the subphases to see the recommendations and links for each step.

Learn, communicate and scale!

Evaluation of the implementation

After a certain time (depending on the objectives established) the results obtained should be assessed to determine whether the intervention has been successful. Other teams recommend:

Analysing the evolution of the indicators, also bearing in mind professionals' and patients' perception of the experience, by...

- Using any of these indicators: how many people have potentially been involved in shared decision-making? Of these, how many have used the support tool? How many have really made decisions? How satisfied were they with the tool? And with the process as a whole?
- Evaluating the functioning of the tool and the shared decision-making process through a qualitative study with patients (for example, with focus groups, shadowing, in-depth interviews...)
- Asking... how was the message of the tools received? What was the participants' experience of the shared decision-making process? Which aspects of the process were successful? Which weren't successful? What would you change?
- Studying the final reflections expressed in the consultation between professional and patient after each stage in the shared decision-making process.
- Calculating the impact of the tool on patients' reported experience measures (PREMs) and patients' reported outcome measures (PROMs).
- Complementing it with satisfaction questionnaires, the reduction in the number of complaints, the number of complaints received due to non-acceptance of the treatment, quality of life questionnaires, etc.
- Creating small control groups to compare satisfaction.

Evaluating the strategies implemented...

- Evaluation of the impact of the activities/training carried out: for example, the number of training sessions given and the percentage of attendees, the scope of communication activities, reports published in the media...
- Analysing the quality: observing and asking about perceptions of the implementation; how was the message of the posters received? Was the training useful? And the technological support?

Identifying opportunities for improvement...

- Organizing a dynamic process (e.g., focus groups) for joint analysis of what worked and what did not.
- Asking the professionals how they felt. What do they think went well? And what didn't go well?
- Maintaining active participation, involving the different agents and thinking of strategies in order to continue applying the shared decision-making processes already underway and also incorporating new ones.
- Proposing changes in the content and/or expansion of therapeutic options (if necessary) to the authors of the tools.
- Identifying recommendations for change, and tools and opportunities for improvement, to enhance the experience of the service for professionals, patients and caregivers.

A number of validated scales and questionnaires are available for assessing shared decision-making. Check them out via the following links!

See the recommendations on making an assessment plan on p. 45.

Click here to consult questionnaires from other countries:
Link to the 9-item Shared Decision Making Questionnaire
Link to the O'Connor Decisional Conflict Scale
Link to Patient-Reported Indicator Surveys
Link to the Standard Sets of ICHOM
Link to BiblioPro (PREMS & PROMS)

And click here for a study on the evaluation of the quality of care

If you identify an area where the shared decision-making experience could be improved, take a look at the process of implementing Citizen Participation projects to improve service

Learn, communicate and scale!

Diffusion of the project and the results

The crucial final step is to publicize the results, both internally and externally. If the results aren't made known, it's as if the project never existed. Other teams recommend:

Making the project visible and disseminating the results internally, by...

- Describing all the strategies and activities carried out and emphasizing the results obtained in order to highlight the importance of shared decisions.
- Underlining the value of devoting time to shared decision-making and stressing that it actually reduces the length of patients' appointments.
- Organizing sessions to improve clinical practice and/or patient experience and to share the experience with other colleagues.
- Encouraging other teams to promote shared decision-making projects in their area/service.

Disseminating the results externally, in order to encourage new teams to follow suit and foster synergies, by...

- Summarizing the main results obtained and the key factors to the project's success.
- Encouraging patients and professionals to share their personal experience through videos or written texts.
- Sharing the message in professional networks, conferences, portals, magazines, other media and social networks so that it can reach as many professionals as possible.
- Sharing the message and results through patient networks and the media, or through internal hospital channels, starting with the patients themselves.

Consult the recommendations for making a communication plan on p. 46.

Tool for reflection 'Let's get started"

Available for printing on p. 93.

'LET'S GET STARTED'

To be printed

Please print this sheet and share it with others.

If you have been inspired by the guide and would like to apply something you have learned, we encourage you to find a partner to share it with and complete this template together.

1 **Where do we want to start, which parts of our shared decision-making practices do we want to improve?**

What do we need to be able to do it?

>
>
>
>

What resources do we have?

>
>
>
>

2 **Which phase of the shared decision-making process are we in at the moment?** (mark it with a cross)

> *Where do we face the greatest challenges?* (list them under each phase)

> *Which of the recommendations in this guide are most relevant to us right now?* (write them down in the table below)

☐ CREATING THE TEAM AND SEEKING SUPPORT	☐ DEFINING AND SHARING STRATEGY	☐ CREATING AN IMPLEMENTATION PLAN	☐ IMPLEMENTATION	☐ LEARN, COMMUNICATE AND SCALE

3 **What 3 ACTIONS could we start tomorrow to aid the implementation of shared decisions?**

1.

2.

3.

? **And if we delve further into...**

The participation of patients, caregivers and Professionlas in the improvement of services

Shared decision-making

Salut/ Agència de Qualitat i Avaluació Sanitàries de Catalunya

Participation in the improvement of health care services

How to implement projects for increasing participation projects for the improvement of care services, step by step

AT ORGANIZATIONAL LEVEL

Steps for the steering team to follow in order to create the conditions needed for promoting co-creation projects and for improving services.

Creating a team and seeking support	Prioritizing, defining and sharing strategy	Creating the necessary conditions	Promoting projects	Learn, communicate, scale!
Creating the steering team	Identifying needs, opportunities and barriers	Creating roles and structures		Assessment of the introduction of improvements
Engaging the management	Defining annual objectives and action plan	Assigning time and resources		Sharing the results with participants
	Commitment and engagement of all the teams	Providing tools, information and training		Scaling the impact

IN THE FRONTLINE

Steps to follow for the project team to lead the design and implementation of co-creation projects and improvement of services.

Creating the operative project team	Defining the objectives, and work plan	Identifying patients, caregivers and professionals	
Research to identify currently unmet needs	Analysis to identify opportunities for improvement	Co-design of improvements	Prototyping and iteration

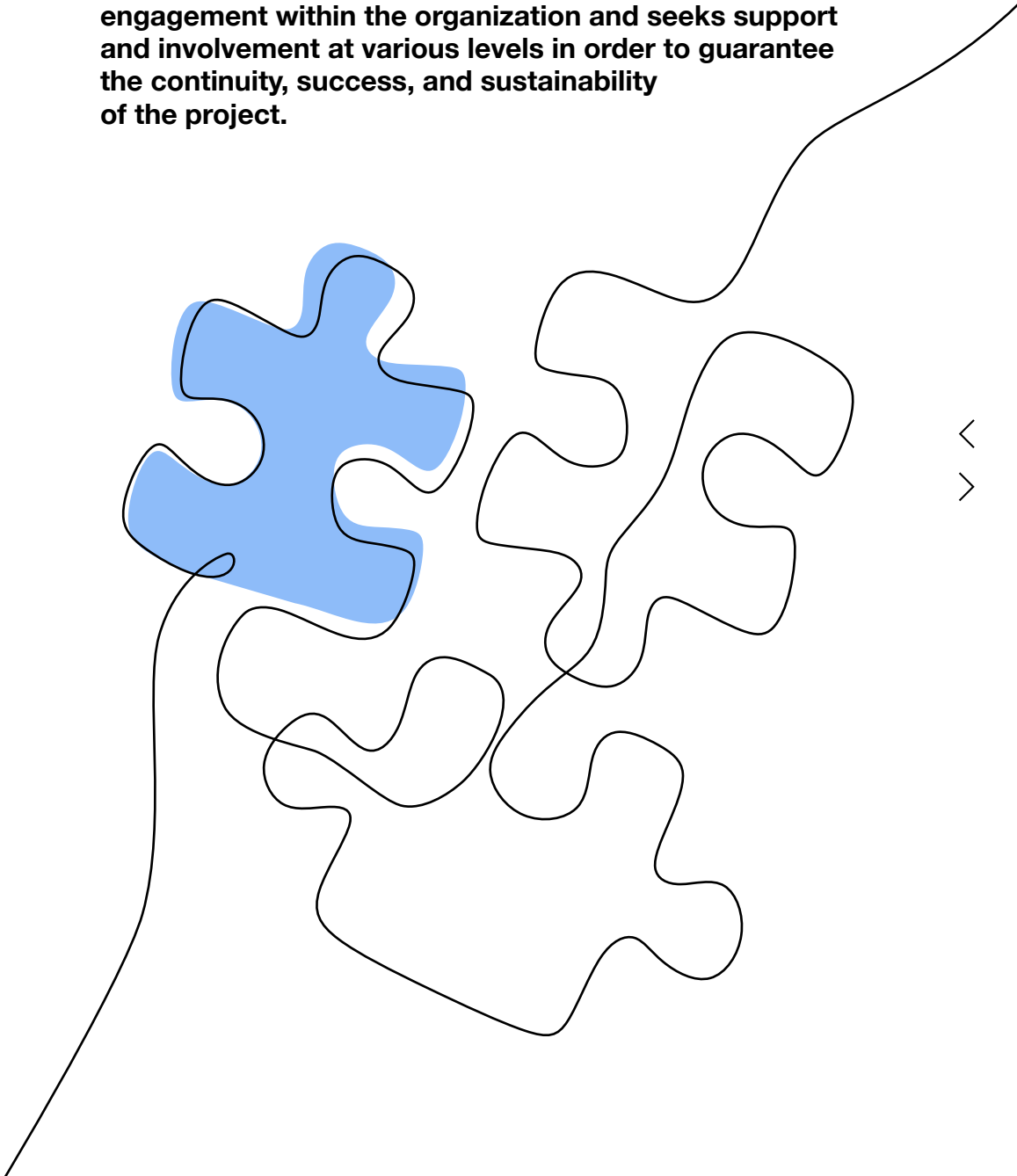
Click on each of the subphases to see the recommendations and links for each step.

Creating a team and seeking support

Creating the steering team

Engaging the management

The first step for promoting participation in improving care services is to create a team that promotes engagement within the organization and seeks support and involvement at various levels in order to guarantee the continuity, success, and sustainability of the project.



Click on each of the subphases to see the recommendations and links for each step.

Creating a team and seeking support

Creating the steering team

Engaging the management

Other teams recommend:

The steering team should...

- Be a multidisciplinary team with representatives of the different care roles and levels, i.e., front-line professionals and managers, and above all representatives of patients and families.
- Be a small team in which all members are committed to promoting the participation of patients and professionals in effecting changes within the organization.
- Have a joint leadership team comprising a maximum of 2-3 people (champions).
- Appoint a person responsible for each task and for assigning functions among the rest of the colleagues in order to generate teamwork.
- Be available to meet regularly, stay engaged, give support and visibility to projects, be proactive and accessible, and be ready to give advice and guidance when needed.

Seeking commitment and engagement of the organization's management to guarantee the sustainability of the projects, by...

- Motivating the management team to make participation a common strategy of the organization and/or the department.
- Obtaining the institutional support and legitimacy needed to consolidate the project, creating a firm basis for its development and encouraging more professionals to join...

POSSIBLE PROFILES FOR MEMBERS OF THE STEERING TEAM

Care leaders (champions) from various fields: medicine, nursing, psychology, to guide the change at the front line and engaging other professionals, patients and carers.

Supervisor of care and care quality, providing institutional support and leading the change at organizational level

Expert in research to lead the data assessment and analysis

Expert in innovation and participation methodology to lead the co-creation process

Patients' and families' representative, providing the perspectives and needs of the patient over the course of the process

Head of processes, with expertise in procedures and protocols to help apply the co-created solutions

Communication expert, coordinating the diffusion of the project both inside and outside the organization

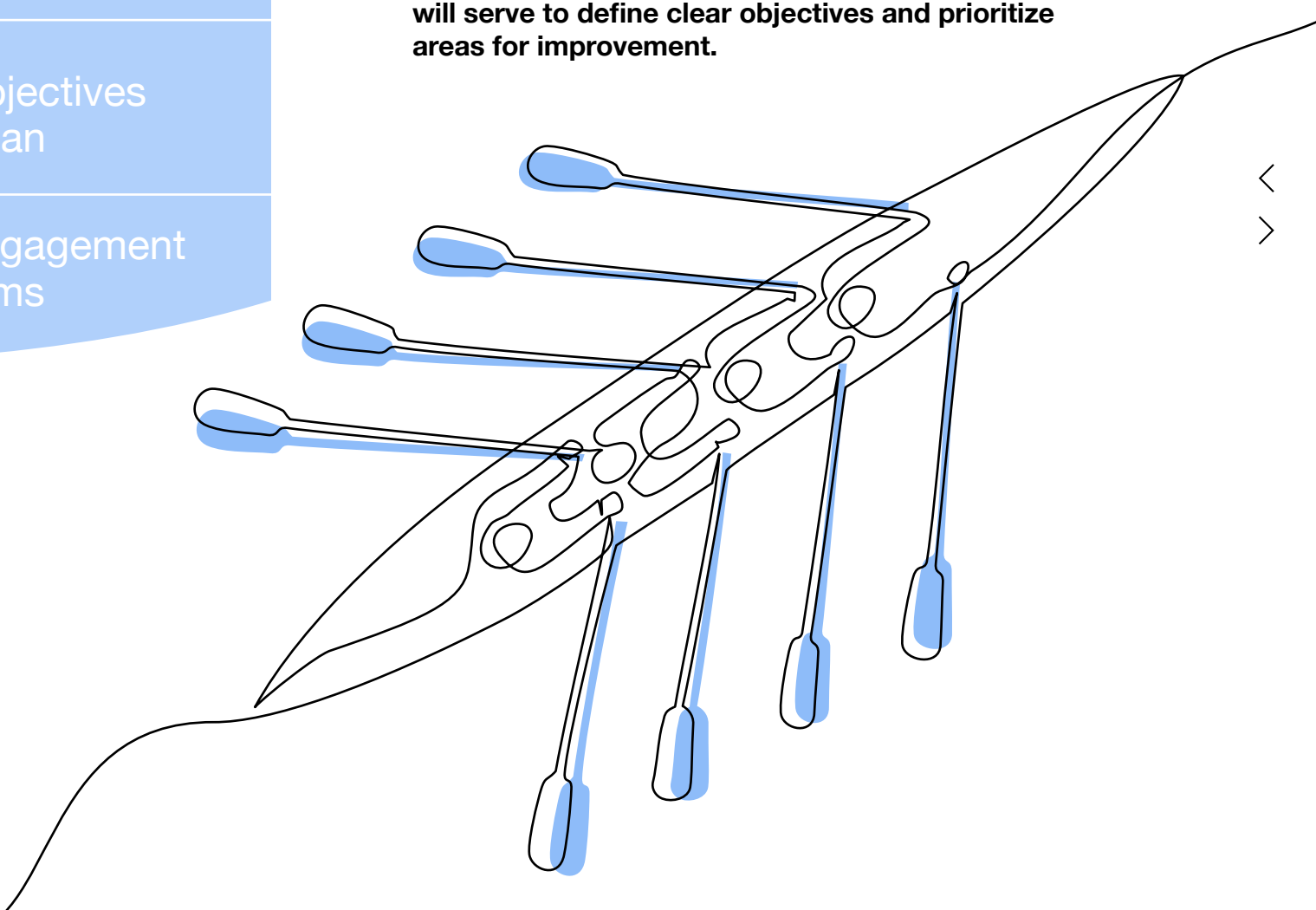
Prioritizing, de ning and sharing strategy

Identifying needs, opportunities and barriers

Defining annual objectives and action plan

Commitment and engagement of all the teams

From the beginning, but also periodically (once or twice a year), the steering team should launch a process to identify the needs of the people in the organization with the support of care and management teams. This step will represent an opportunity to promote a project for the improvement of services. Participants, especially health professionals, should be encouraged to reflect on the barriers that may hinder the implementation of the project. This will serve to define clear objectives and prioritize areas for improvement.



Click on each of the subphases to see the recommendations and links for each step.

Prioritizing, defining and sharing strategy

Defining annual objectives and action plan

Other teams recommend:

Consulting professionals, patients and caregivers to detect existing needs, and thus identify areas for improvement in health services, by...

- Consulting patients and professionals in a stable, structured and strategic way, establishing them as co-leaders in the organization.
- Carrying out continuous assessment through surveys of the general public, patients, carers and professionals to detect problems and opportunities for improvement.
- Opening a mailbox (physical or virtual) for patients, carers and professionals to enable them to report their needs.
- Promoting active listening and the participation of patients and caregivers at all levels of care and in all their interactions with health professionals, either in person or by telephone.
- Consulting health care teams about the wishes of patients and caregivers. Which groups of patients and/or caregivers would benefit most from improvements? Where do most of the complaints come from? Which areas or services of the organization could we improve the most? What needs do people have?

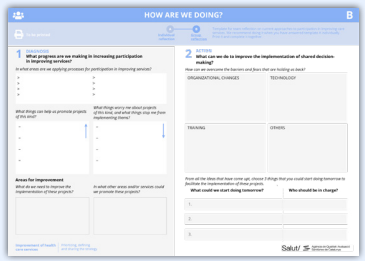
Identifying and addressing the barriers facing professionals keen to promote the participation of patients and caregivers, by...

- Taking the time to listen to the care team and to reflect on the barriers they face with regard to implementing this type of project (e.g., lack of time, the notion that “we already do this”, burnout, etc.).
- Understanding and acknowledging their concerns and emotional blocks before starting (e.g., social pressure, organizational problems, professional reputation, etc.).
- Making a joint analysis of all the approaches and strategies that would help to overcome these barriers in order to increase the participation of professionals, patients, and caregivers in the improvement of services.

See the tool for reflection on p. 94 and print it

Tools that might help with this step:
Link to Lime Survey: online consultation tool
Link to Decdim.org: online platform for citizen participation

Articles of interest
Link to the blog Avances en Gestión Clinica
Link to the article ‘Parapets intel·lectuals en parlar de l’experiència del pacient’



Prioritizing, defining and sharing strategy

Defining annual objectives and action plan

Once we have an overview of the organization's current situation, we need to define a series of objectives that…

- Are clear, concrete and achievable.
- Are aligned with the strategies and activities of the organization.
- Define the reasons and the aim of the participation.
- Respond to the current and real needs of the care teams, patients, carers and families.
- Include assessment criteria for determining whether the objectives are achieved.
- Include the team's aims in training and reorganization.

And prioritize the projects to be carried out each year, by...

- Involving professionals, patients and carers in the definition of priorities among the proposals arising from the health care teams and the public surveys.
- Linking them to the organization's strategy. What areas do we want to strengthen or improve?
- Being realistic with regard to the resources available and the scope of the different projects. What can we do with what we have?
- Choosing the level of our involvement in each opportunnity for improvement: immersion to learn and transform the service vs. small interventions that allow us to tackle problems quickly.
- Starting with a specific unit or service where a clear need has been identified, and where the means at our disposal are sufficient to respond to it effectively; publicizing the project so as to encourage other teams to promote similar plans.

And define an action plan that helps to achieve the objectives set and to create the conditions necessary for a greater and better implementation of participation projects for the improvement of the service.

'Click here to see how to do it'

TIP: To define appropriate objectives, the SMART system may be useful (SMART: Specific, Measurable, Attainable, Relevant, Time-based). Click on this link for more information!

Link to SMART

Prioritizing, defining and sharing strategy

Commitment and engagement of the teams

Once the strategy is well defined, it must be shared with as many professionals as possible to encourage them to take part. This is why other teams recommend:

Prioritizing the projects to be carried out each year, by...

- Emphasizing the need and reasons for change.
- Using data and examples from other organizations and countries to highlight the importance of the participation of patients and caregivers in improving health services.
- Describing the priority projects, the objectives established annually, and the activities carried out.

Incentivizing involvement, by...

- Spreading the word about the participation of professionals, patients and caregivers; describing all its advantages and benefits for the organization.
- Encouraging and empowering all professionals to be proactive and to propose projects, or to join in current or future ones.
- Publicizing the projects beyond the confines of the organization (e.g., presenting them at conferences, publishing them in journals, etc.).
- Linking them to plan improvements for the organization.
- Integrating the objectives into other interventions and programmes that receive their own funding and resources (e.g., chronic patient care programmes, allocations by objectives, Health Care Quality Standards, management contracts or other quality accreditations such as CSUR - Centres, Services and Reference Units of the Spanish National Health System, JCI - Joint Commission International, the Beryl Institute, etc.).

Creating the necessary conditions

Creating roles and structures

Assigning time and resources

Providing tools, information and training

To promote projects aiming to increase participation in the improvement of services, the teams must be equipped with the structures, resources and information they need to be prepared for the process. This requires a series of actions and support strategies which should be carried out cross-sectionally and periodically to create the necessary conditions for these projects to progress successfully.

Click on each of the subphases to see the recommendations and links for each step.

Creating the necessary conditions

Creating roles and structures

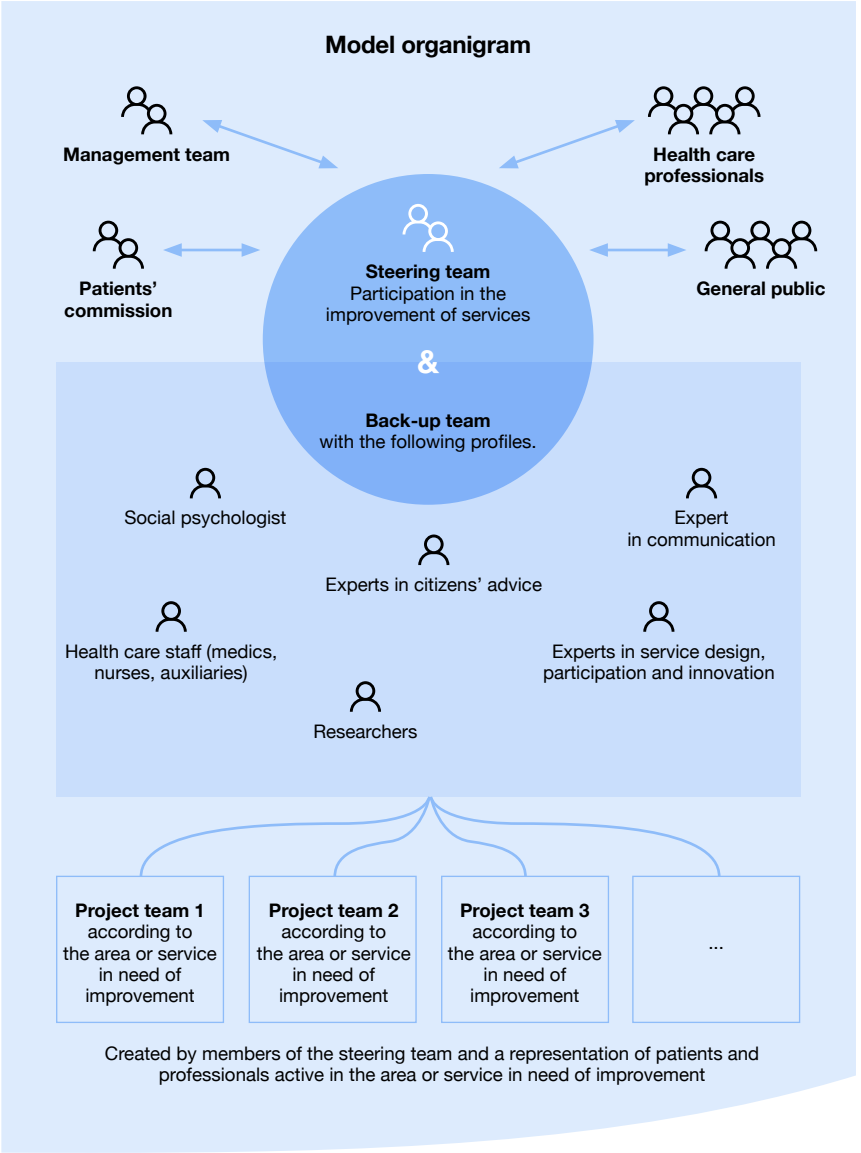
One of the strategies recommended by other teams is the creation of cross-sectional roles and structures that promote the participation of patients, caregivers and families and support professionals in this type of project. For this reason, those teams recommend:

Establishing teams that co-lead and promote participation and improve the service cross-sectionally, by...

- Involving actors (care specialists, researchers, experts in innovation and members of the public) inside and outside the organization.
- Hiring professionals and specialists in participation methodologies, innovation and design, teaming up to offer guidance and advice.
- Collaborating with universities, research support units, consultancies and patient associations that provide external support.
- Creating advisory teams for patients, caregivers and professionals and involving them in a regular and strategic manner, encouraging them to reflect and make decisions that promote projects in specific areas of interest (e.g., pathologies, services, needs...) or cross-sectionally.

Creating spaces to facilitate participation and promote synergies in different areas of knowledge, by...

- Facilitating collaboration between different centres and care settings in order to share resources and structures, and thus promote the participation of professionals, patients and carers.
- Opening research centres such as Living Labs dedicated to the patient experience, joint creation and innovation. These projects bring together people from inside and outside the organization and publicize the work done in this field.



ARTICLE ON LIVING LABS IN THE WORLD OF HEALTH

Link to 'Living Labs in health care innovation**:** critical factors and potential roles of city governments

Creating the necessary conditions

Assigning time and resources

Persuading management to allocate time and money to participation projects will be a fundamental step to ensure their viability and continuity over time. Other teams recommend:

Being creative when allocating time and resources to these activities, by…

- Providing frontline professionals with the time and space needed to carry out these projects in their day-to-day activities (e.g., allowing time for research).
- Exploring how other centres have applied these methodologies.
- Drawing on the knowledge of the technical teams and specialists in co-design and innovation (internal or external) with regard to the management of the project.
- Encouraging students, volunteers and other people to engage in some of the activities.

Looking for financing opportunities to compensate professionals for their time, and to cover other associated costs, by...

- Obtaining funding through awards, grants, etc.
- Linking projects to accreditation systems such as CSUR andJCI that measure the satisfaction of patients, professionals, and caregivers.
- Creating synergies with other stakeholders who are promoting participation in health services and thus improving users' experiences.

Institutions that promote and fund innovation in health:
Link to EIT Health

Creating the necessary conditions

Providing tools, information and training

Providing professionals at all levels with information on the methodology, tools and training that make up the project is essential in order to secure their commitment and enable them to implement the projects effectively. This will require the following steps:

Creating learning opportunities for professionals and patients regarding participation and joint creation, by...

- Offering attractive, short and easily accessible training packages.
- Encouraging experiential learning by observing other co-design and participation projects.
- Proposing training chapters on ethnographic and qualitative research, and holding focus groups.
- Providing guidance on the choice of reading materials, participation in workshops, and training on Design Thinking in Health.

Providing tools for co-design, project management and ethical guidelines that facilitate the smooth running of projects, by...

- Offering teams 2-3 tools they can use to record the patient experience. For example, online platforms to carry out surveys, reminders and post-its to carry out in-depth interviews, transcription tools, virtual whiteboards such as Miro and Mural...
- Hiring collaborative project management tools such as Trello, Google Drive, Teams, Slack, etc. to encourage async work, monitoring of tasks done and collaborative activities.

Links to resources on theory and methodology
Link to the online training and tools of the Shared Patient Experience
Link to the online training platform Design Thinking for Health
Link to the book 'Health Design Thinking'
Link to the book 'Design Tools for Evidence Based Health care Design
Link to the NHS Experience Based Co-design Toolkit
Link to the training platform and toolkit Experience-Based Design de The Point of Care Foundation
Link to the course in Human-Centered Design at Ideo.org
Link to Design Thinking en Español

Promoting projects

Project team and plan

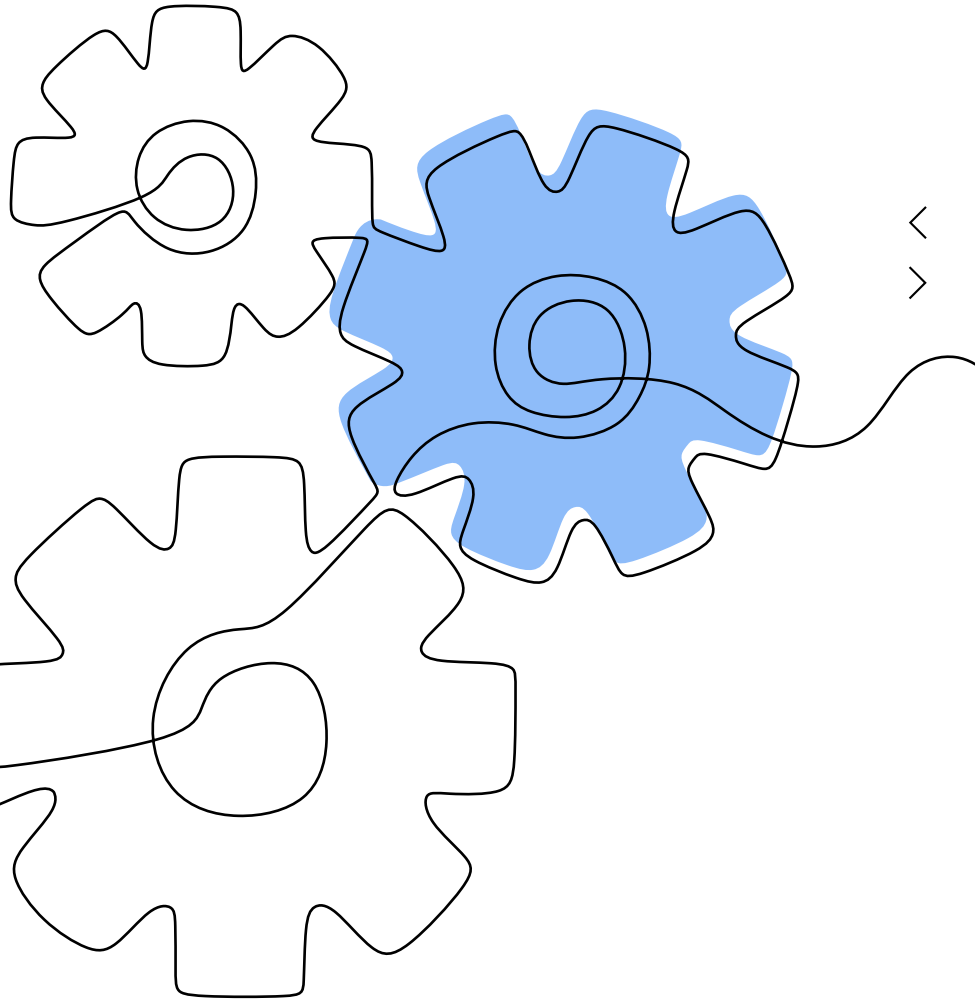
Creating the operative project team

Defining the objectives, and work plan

Identifying patients, caregivers and professionals

Go to the Research phase, co-creation and prototyping of improvements.

From each area of improvement, opportunity or objective, a project will emerge. The main recommendation in this case is to create an ad hoc team for each of the lines of work that arise. This team will be in charge of defining the specific objectives, designing and launching the project plan, and identifying the key participants.



Click on each of the subphases to see the recommendations and links for each step

Promoting projects

Project team and plan

Creating the operative project team

After an area or service in need of improvement has been identified, professionals and patients should be enlisted in a “project operational team”. To secure their commitment to this task, other teams recommend:

Creating a project team…

- The steering team should identify a coordinator (link to the organigram) able to oversee and manage the project.
- Two or three members of the health care team and/or patients’ group should also be given posts of responsibility.
- Key professionals from all levels of the unit/service should be involved – unit managers, nurses, auxiliaries, caretakers, specialists, professionals from primary care ad other areas.

And benefiting from the knowledge of experts at various stages of the project, by...

- When necessary, involving experts in processes and quality to redirect processes of care.
- Enlisting the help of experts in qualitative issues, and professionals from the research unit able to provide support in terms of methodology and data analysis.
- Inviting expert consultants and/or designers with experience in processes of co-creation, conceptualization and prototyping processes to join the team.

Promoting projects

Project team and plan

Defining the objectives, and work plan

Before launching the project and starting to describe it to a wider audience, we need to define the rationale behind it. What do we want to achieve, and why? To do this, other teams recommend:

Starting by specifying the need for the project, its objective, and its approximate scope, by...

- Thinking about the possible scenarios and defining the project's objective:
  - *Do we want to improve the entire service? Or just a part of it?*
  - *Do we want to solve a specific problem within a service? Which?*
  - *Do we want to explore unidentified needs or challenges?*
  - *Do we want to develop a new service or health care model?*
- Defining the strategy to be used and a plan for future steps according to the particular scenario, defining the specific actions to be carried out, and the people responsible for each one.

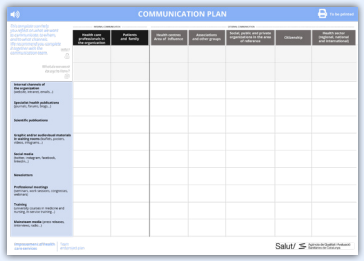
Define an evaluation plan to measure the impact of the process and the improvements made in the experiences of patients, caregivers and professionals, by...

- Identifying specific, measurable indicators that can help to assess whether the objectives are being achieved.
- Including indicators and designing forms of data collection according to the Quadruple Objective of innovation in health: the improvement of patients' reported experience measures (PREMs) and patients' reported outcome measures (PROMs), greater well-being and satisfaction of the professionals, and cost reduction.
- Defining a system of care indicators that helps to quantify the impact on the specific service (e.g., evolution of cesarean sections reduction in the number of phone calls, etc.)
- Designing ad hoc data collection systems to allow flexible monitoring (e.g., shared Excels, structured templates, questionnaires, etc.) when standard monitoring platforms do not include them.

Creating a communication plan from the beginning so that everyone, both inside and outside the organization, is aware of the activities, by...

- Informing professionals at all levels of the aim of improving the service and implementing the innovation project, with the help of management.
- Explaining the plan to patients and relatives in order to engage them from the beginning, and involving patient associations to spread the message.
- Creating short videos or information clips that can be shared both internally and externally (through social networks, the web, the media...) to present the project's goals, small victories, success stories and lessons learned.
- Sharing the plan with other areas or units of the hospital that can contribute with their experience to exchanging advice and encouraging professionals to take part and to carry out new projects of this type.
- Organizing open days once the project is finished.

Use this screen and ask your organization's communication experts to help make your plan! Print it off on p. 96



Links to resources on theory and methodology
Key elements that influence patient experience – AQuAS
Measuring patient experience, The Health Foundation
From triple to quadruple aim: Care of the Patient Requires Care of the Provider, PMC

Promoting projects

Project team and plan

Identifying patients, caregivers and professionals

Once the objective has been clearly defined, it is time to identify the groups of patients, caregivers and professionals that we want to engage in the different phases of the project. Other teams recommend:

Defining the profiles of the people the project is aimed at (and who we want to involve) by...

- Recognizing the wide diversity in terms of gender, age, origin, race, mobility, profession of the people who interact every day at a service/unit.
- Classifying them into different groups according to their needs and/or behaviours in order to explore and design solutions for each one.

Seeking out different channels to recruit patients, caregivers and professionals who want to participate in the project, by...

- Contacting patients and families via frontline professionals to ensure they are cared for in a sensitive manner by someone close to them.
- Helping Citizens' Attention Service staff.
- Contacting local patient groups, patient associations, the Patient Advisory Council, patient advocacy groups and voluntary organizations that can help find people who have used a particular service.
- Involving the most proactive professionals at each service to encourage the rest to participate.
- Leaving time to reflect, engage in debate and arouse interest in the project. Often the results aren't immediately apparent.

Taking into account basic ethical principles and guaranteeing the rights to privacy and confidentiality for all participants, by...

- Considering whether the project needs the approval of the organization's ethics committee in view of its characteristics and the use that will be made of personal data.
- Informing all participants of the purpose, methods, and the uses that may be made of the data they provide.
- Making sure that all participants give written consent to the use of any information they provide, including attribution of quotes, excerpts from recordings, etc.
- Anonymizing the learning and information extracted during the search to guarantee the privacy of the participants and the confidential treatment of the data.

Click here for information and examples of informed consent documents. The best qualified person to help is your legal and ethical adviser.
Link to the information page on informed consent of CatSalut
Link to the informed consent template for research projects of the University of Barcelona

Promoting projects

Investigation, co-creation and prototyping of improvements

Research to identify currently unmet needs

Analysis to identify opportunities for improvement

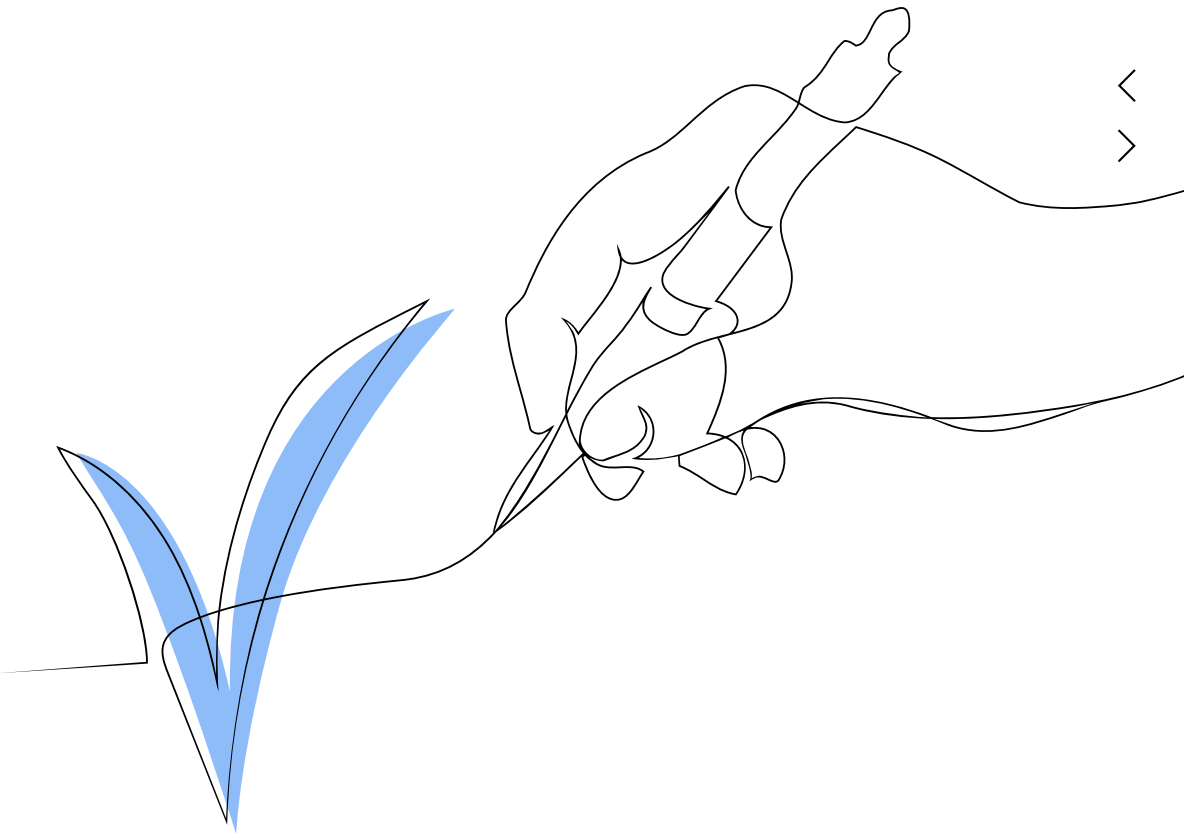
Co-design of improvements

Prototyping and iteration

Go to the Project team and plan phase.

Click on each of the subphases to see the recommendations and links for each step.

One of the most commonly used methodologies in participation projects to improve health services is Design Thinking. This is a creative methodology that seeks four fundamental objectives: to discover unmet needs through ethnographic research, identify opportunities for improvement that inspire new ideas, co-design new solutions with all the actors involved, and prototype these solutions in a flexible and cost-efficient way. These are the four phases:



Promoting projects

Research, co-creation and prototyping of improvements

Research to identify currently unmet needs

To identify the needs of the people who interact with the service that are currently not being met, we need to define a research plan that includes mainly qualitative techniques. This approach will allow the team with an in-depth view of experiences and interactions between patients, family members and professionals with the service and with the main areas in need of improvement. Other teams recommend:

Defining the questions and search techniques that allow us to see things more clearly than at the beginning, by...

- Examining the history of the patient and caregiver in the service/unit and talking to all the professionals on the team so as to fully understand the current situation, in order to be able to define the research questions. What do we need to discover during the search?
- Bearing in mind that in a qualitative process quality is better than quantity; it is not so much a question of carrying out dozens of interviews and/or group sessions as it is of defining the questions clearly in order to explore the needs in greater depth.
- Stepping back and preparing to actively watch and listen from the outside, without making assumptions.

Researching with the aim of redesigning, improving and scaling, by...

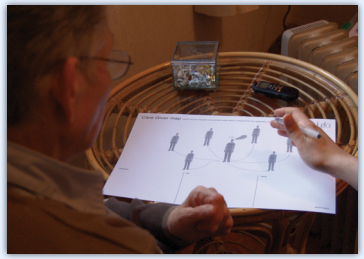
- Using tools that help people tell their story and their needs; from the most conscious to the least (often unverbalized).
- Understanding emotions, needs, challenges, desires... through ethnographic search techniques such as in-depth interviews, shadowing, observation and focus groups.
- Using tools such as personal diaries to be able to obtain more contextual information from patients and caregivers both inside and outside the service.
- Putting ourselves in the shoes of patients and relatives through roleplay or shadowing techniques.
- Using quantitative telematic surveys to establish how far a problem or discovery is generalizable to other contexts.

Carrying out the interviews, group sessions and observations in a way that makes it easy to go back to them, by...

- Audio and/or videotaping the search activities carried out.
- Storing ideas and learning in post-its and collaborative whiteboards (online or physical) in order to visualize the results (Miro, Mural, Evernote, Coge).
- Making use of interview transcription programmes such as oTranscribe, Rev...
- Defining an intuitive file and folder storage system that makes it possible to browse all the content quickly.

¡Remember to ask the caregiver or family member! Very often they can give you imporant information that the patient has not mentioned.

Click here to consult some articles and tools that you may find useful for this phase!
Link to the article ‘Using qualitative Health Research methods to improve patient and public involvement and engagement in research’”
Link to a designresearch toolkit
Link to a design research methodsrepository



In-depth interviews using visual support tools to discover needs

Image courtesy of The Care Lab

Promoting projects

Research, co-creation and prototyping of improvements

Analysis to identify opportunities for improvement

Once the search is complete, it is time to analyse and summarize all the data accumulated over the past few days in order to draw conclusions and identify opportunities for improvement. In this regard, other teams recommend:

Mapping the experiences recorded during the search throughout the patient's journey, by...

- Identifying and mapping the interactions of the actors involved in a chronological sequence. These interactions are not based on medical processes, but on the subjective experiences of each person.
- At each point of the journey, specifying the learning achieved: i.e., what is happening at that moment, who is involved, the space in which individuals interact and the tools they use.
- Identifying emotions through the accounts of patients and relatives and indicating when they occur; for example, by using real quotes (always anonymously) to give voice to their experiences and to gain a better understanding of the context of each step of the journey.
- Using collaborative tools such as whiteboards, posters and post-its to bring together all the information gathered by the team members.

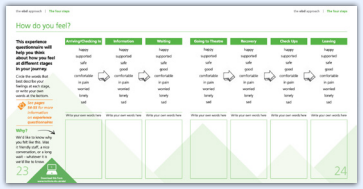
Identifying strengths, weak points and opportunities for improvement, by...

- Identifying the positive and negative points over the course of the project, asking: What are the challenges and barriers that have faced each actor along the way? What has worked well? What hasn't? What are the most satisfactory aspects? And the weak points?
- Identifying needs expressed by patients, caregivers and professionals that can be reframed as opportunities for improvement.
- Formulating 'How could we...' questions that can serve as a starting point for the next conceptual step (e.g., "How could we make waiting time more constructive for patients and caregivers?").

Use back-up tools like whiteboards and panels to map the analysis and share it with the team. Then use tools like Miro or Visio to digitize it.

Data analysis can take time. To keep motivation high, share your results and the things you've learnt as you go. Don't wait till the very end!

lick here to consult some articles and tools that you may find useful for this phase!
Link to an online course on Patient Journey Mapping, TU Delft
Link to an online course on Patient Journey Mapping, Creately
Link to information on Empathy Maps
Link to the article "Using archetypes to Design Services for High Users of Health care



Screenshot of the Patient Journey in the NHS Experience-based design toolkit.

Consult the whole toolki here.

Promoting projects

Research, co-creation and prototyping of improvements

Co-design of improvements

Identifying opportunities for improvement is a good starting point for thinking about ideas for new actions, tools and models to raise standards in the service. For this step, the involvement of patients, caregivers and professionals is once again a key feature. Other teams recommend:

Inviting all stakeholders involved in the experience or service in question to take part, by...

- Including patients, families and professionals to brainstorm ideas together in the same co-creation session, to ensure that the solutions that emerge respond to their real needs and are agreed upon by all parties.
- Inviting professionals to attend the session without their white coats to avoid preconceptions regarding hierarchical relationships and asymmetries of power.
- Having an external or 'neutral' session facilitator to ensure equal participation. It is very important to create a cooperative, honest and creative environment in which everyone feels that they can contribute their ideas.

Organizing sessions of co-creation to find tangible solutions to the opportunities identified, by...

- Using the pathway laid out in the previous phase as a basis to contextualize the experience.
- Preparing brainstorming exercises with small groups to discuss the questions posed above, such as 'How could we...?'
- Bearing in mind that some of the learnings will lead to concrete solutions that can be applied quickly, while others will be more complex and require more time and resources to develop a tangible solution.
- Prioritizing the improvements and solutions that participants believe can be implemented at team level; defining the next steps, and assigning tasks at the end of each session.

The solutions will impact processes, procedures and protocols, so it is necessary to be willing to modify other elements of the organization in order to implement new ideas. Projects on patient experience innovation always need to be supported by the processes department.

Click here to consult some articles, courses and tools that you may find useful for this phase!!
Artícle dsscribing how to run a virtual cocreation session
Guide for organizing a one-day ideas workshop
Compilation of innovation and cocreation tools for use in workshop

Promoting projects

Research, co-creation and prototyping of improvements

Prototyping and iteration

With all we've learned and co-created so far, it's time to start turning ideas into tangible solutions – testing them, and then implementing the corresponding improvements as quickly as possible. Because of this, other teams recommend prototyping prior to deployment.

What is a prototype?

- A prototype is an initial model of a product or service which costs little to produce in terms of time and resources and which can be used to test the prodcut in situ before being implemented across the board.
- Prototyping allows us to move from the world of ideas to the world of practical applications.

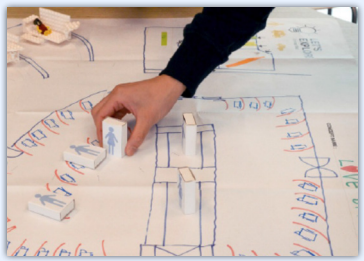
Prototyping serves to test, learn and iterate...

- Since "one size fits all" does not work, prototyping helps us above all to 'fail early and often' and to be able to validate or rule out hypotheses, in conjunction with the other stakeholders, while there is still time to fine-tune the model.
- We test, we see what works, we implement.
- We learn from what doesn't work, or doesn't work as expected, and identify needs in order to continue co-creating.
- This is the iteration stage when we are constantly in beta phase – learning and improving.

Diffe ent ways to prototype and test the solutions co-created in the previous phase...

- Prototyping a care service, for example, might involve a role play activity to visualize the new model and the new forms of interaction, or a digital or printed representation.
- With a new digital product, we might make mockups of the screens either on paper or using digital drawing and schematic visualization tools.
- With a new material product, we might make a small-scale model with inexpensive materials to create a representation of the product and interact with it.
- To test the prototypes, group sessions such as co-creation sessions can be organized to observe how users interact with the new service or product and learn from their reactions and opinions.

Click here to consult some articles and tools that you may find useful for this phase!
Link to the NESTA prototyping guide
Image courtesy of The Care Lab



Learn, communicate, scale!

Assessment of the introduction of improvements

Sharing the results with participants

Scaling the impact

Once the participation projects are underway, the next step is to analyse the results, learn from the things that have worked (and those that haven't) and communicate (both internally and externally) what has been achieved. This will enable us to continue working on the project, improving it, scaling the impact and encouraging other teams to follow suit.

Click on each of the subphases to see the recommendations and links for each step

Learn, communicate and scale!

Assessment of the introduction of improvements

In the prototyping phase, as in the co-creation phase, it is necessary to evaluate the results obtained to establish whether the intervention successfully fulfils the objectives set out in the work plan. For this, other teams recommend:

Analysing the impact on the experiences of patients, carers and professionals, by...

- Using existing questionnaires to evaluate patients' and relatives' experiences (PREMs) and satisfaction with the service before and after the introduction of improvements.
- Comparing the experiences of patients and caregivers with those of professionals.
- Recording both subjective results (e.g., experiences and emotions...) and objective results (e.g., reductions in waiting times and in critical incidents, improvements in safety, etc.).
- Using small groups of users as a control group to compare the impact.
- Again, using ethnographic techniques such as interviews and observations (as in the research phase) to compare the experience before and after the intervention.
- Designing the evaluation tools so that they are an extra point of interaction for the service and provide a positive experience, while at the same time compiling useful data.
- Identifying recommendations for change and opportunities for improvement by continuing to improve the service and by iterating.

And also evaluating the impact of the improvements on users' health and well-being, by...

- Using quality of life questionnaires or PROMs.
- Promoting work climate studies to understand the impact of the improvements on the day-to-day life of health professionals.

Evaluating the process and tools used in the research and co-creation stages to learn about the process, by...

- Organizing a dynamic process (e.g., via focus groups) and jointly analysing what worked and what didn't, in terms of both co-creation and research.
- Maintaining active participation, engaging all the people involved and recording their feedback and experiences of participating in the process.
- Follow up with the steering teams to record findings, provide support if necessary, and pave the way for future projects.

Recommendations for putting together the assessment plan can be found on p. 70.

Click here to consult some articles and tools that you may find useful for this phase!
Link to the Ivàlua Assessment Guides (Instituto Catalàn Evaluación de Políticas Públicas)
From triple to quadruple aim: Care of the Patient Requires Care of the Provider, PMC
Spanish version of the Picker Patient Experience Questionnaire-15
Measuring Patient Experience, The Health Foundation

Kry factors that influence patient experience

Learn, communicate and scale!

Sharing the results with participants

A key step for the implementation of projects to increase participation in the improvement of services and their scalability is to publicize the results, both internally and externally. If the results aren't made known, it's as if the project never existed. Other teams recommend:

Reporting the small victories achieved over the course of the process, by...

- Creating short information clips (blog/web entries, newsletter, social networks, infographics...) at the end of each phase – for example, explaining the main research results or describing the co-creation experience.

Making sure to give feedback on the experience to patients, caregivers and professionals who have participated, by...

- Making their contribution visible and explaining how their participation has resulted in new ideas, solutions, and/or ways of working.
- Making them feel that their voice is important in the design of new experiences and new care models.
- Otherwise, we run the risk of generating expectations that in the long run will not be met.

Making the project visible and disseminating the results internally, gradually helping to create a culture of participation, by...

- Explaining the methodology and activities that have been carried out, emphasizing the lessons learned, the improvements introduced and the results obtained to highlight the importance of these co-creation processes.
- Organizing meetings and sessions to improve clinical practice and/or patients' experience and to exchange views with other colleagues.
- Sharing successful experiences in similar environments or services to encourage other teams to promote projects aimed at improving services and patient experience in their area.
- Holding open days to visualize and 'test' the improvements applied first-hand.
- Considering ways in which the results obtained can enrich the information provided by the organization.

Disseminating the results externally in order to encourage new teams to follow suit, and to foster synergies, by...

- Summarizing the main results obtained and the keys to the project's success.
- Disseminating the personal experiences of the people who have participated, namely the project leaders and patients and caregivers who have attended the co-creation and/or research workshops.
- Working together with patient groups, and at seminars and conferences where case studies are shared, in order to bring together the learning and experience gained from different projects.
- Sharing the message in different professional networks, portals, communication media and social networks so that it reaches as many professionals as possible as well as the general public.
- Taking advantage of existing calls for applications issued by scientific foundations, etc.

Recommendations for putting together the communication plan can be found on p. 70.

Learn, communicate and scale!

Scaling the impact

Finally, after designing and implementing the project and obtaining positive results, it is time to increase the impact of the project by scaling it to other areas of the service and to other services and organizations. For this, other teams recommend:

Looking for opportunities to apply the experience gained from the project in other fields or organizations, by...

- Conducting brainstorming sessions to think about features of the project that may be relevant to other teams and/or groups of patients and carers.
- Taking advantage of the communication strategy to meet other teams with similar concerns and needs, and to create synergies with them.
- Arranging sessions with key actors from other areas and/or units to present in-depth cases and think together about how to adapt them to their contexts.
- Creating a short manual on how to implement the new solutions for other teams.

Continuing to spread the benefits of the methodology and encourage new professionals to promote new projects, by...

- Sharing recommendations and tools that have worked well during the process to encourage other teams and organizations to carry out pilot tests.
- Mentoring other teams interested in implementing the methodology.

Tool for reflection 'Let's get started"

Available for printing on p. 97

'LET'S GET STARTED'

To be printed

Please print this sheet and share it with others.

If you have been inspired by the guide and would like to apply something you have learned, we encourage you to find a partner to share it with and complete this template together.

1

Where do we want to start? Which parts of our current de-implementation practice can we improve?

What do we need to be able to do it?

>
>
>
>

What resources do we have?

>
>
>
>

2

Which phase of the process for encouraging participation are we in at the moment? (mark it with a cross)

> *Where do we face the greatest challenges?* (list them under each phase)

> *Which of the recommendations included in this guide are the most relevant to us at this point in time?* (write them down in the table below)

☐ CREATING THE TEAM AND SEEKING SUPPORT	☐ DEFINING AND SHARING STRATEGY	☐ CREATING THE NECESSARY CONDITIONS	☐ PROMOTING PROJECTS	☐ LEARN, COMMUNICATE AND SCALE

3

What 3 ACTIONS could we start tomorrow to promote participation for improving services?

1.

2.

3.

?

And if we delve further into...

¿Shared decision-making?
¿De-implementation of low-value practices?

Bibliography

General bibliography on Value-based health care

- Allwood, D., Koka, S., Armbruster, R. and Montori, V., 2021. Leadership for careful and kind cara. BMJ Leader, pp.leader -2021.
- Canto Chac, M., 2008. Gobernanza y participación ciudadana en las políticas públicas frente al reto del desarrollo. Política y cultura, (30), pp.9-37.
- Caro-Mendivelso, JM, Barrionuevo-Rosas, L., Solans-Domènech, M. and Almazán, C., 2019. Atención sanitaria centro en valor a Cataluña: retos y oportunidades por contribuir al futuro.
- Coughlin, S., Roberts, D., O'Neill, K. and Brooks, P., 2018. Looking tono tomorrow's healthcare today: a participatory health perspective. Internal medicine journal, 48(1), pp.92-96.
- Delbrassine N., Día O., Escarabajo J.,. La perspectiva del paciente en el sistemasanitario. S hared Patiente Experience. Bruselas: SPX; 2020
- Departament de Salut, 2017. Marco de la participación ciudadana en salud: facilitamos y potenciamos la participación ciudadana; hagámoslo entre todos!. Plan de salud de Cataluña 2016-2020.
- Hood, L. and Auffray, C., 2013. Participatory medicine: a driving force for revolutionizing healthcare.
- Kunneman, M., Griffioen, IP, Labrie, NH, Kristiansen, M., Montori, VM and van Beusekom, MM, 2021. Making cara fito manifiesto. BMJ Evidence-Based Medicine.
- Muñoz, BGMG, 2015. Informe sobre Desarrollo Humano 2002. Profundizar en la democracia en uno mundo fragmentado. Programa de las Naciones Unidas para el Desarrollo. Sociológica México, (52), pp.283-290.
- Parameswaran L, Herczeg L & Dordas A, (2020) From Consultation tono Care Conversación: Unlocking the power of conversation as a therapeutic tool for a post-COVID world. XPA & Health Cómo. 3
- Plataforma de Organizaciones de Pacientes, 2021. Documento de consenso del fomento de los pacientes en el ámbito hospitalario.
- Prainsack, B., 2014. The powers of participatory medicine. PLoS biology, 12(4), pe 1001837.
- Ríos, M., Subirats, J. and Parés, M., 2009. Participación y Calidad democrática. Evaluando nuevas formas de democracia participativa.
- Society for Participatory Medicine, 2021. Participatory Medicine Manifiesto.
- Stewart, EA, 2012. Governance, participación and avoidance: everyday público involvement in the Scottish NHS.
- Strokosch, K. and Osborne, SP, 2020. Debate: If citizan participación is sonido importante, why has it not been achieved ?. Public Money & Management, 40(1), pp.8-10.
- Torruella, JB, 2017. Guía por diseñar y ejecutar procesos participativos en el ámbito municipal.

Bibliography on De-implementation of low-value practices

General bibliography on the de-implementation of low-value practices (Essencial, les commissions de millora de pràctica clínica, la desprescripció o el movement Right Care)

- Proyecto Esencial. Barcelona: Agencia de Calidad y Evaluación Sanitarias de Cataluña. Departamento de Salud. Generalitat de Cataluña. Disponible a: http://essencialsalut.gencat.cat/ca/inici

Bibliography on key strategies and factors in the de-implementation of low-value practices

- Augustsson, H., Ingvarsson, S., Nilsen, P., von Thiele Schwarz, U., Muli, I., Dervish, J. and Hasson, H., 2021. Determinantes for the use and de-implementation of low-value cara in health cara: a scoping review. Implementación science comunicaciones, 2(1), pp.1-17.
- Bermúdez-Tamayo, C., Labry-Lima, AOD and García-Mochón, L., 2019. Desimplementación de actividades clínicas de bajo valor. De la evidencia, pasando miedo el consenso, hasta el cambio de prácticas.
- Burton, C., Williams, L., Bucknall, T., Fisher, D., Hall, B., Harris, G., Jones, P., Makin, M., Mcbride, A., Meacock, R. y Parkinson, J., 2021. Theory and practical guidance for effective de-implementation of prácticas across health and care services: a realist synthesis. Health Services and Delivery Research, 9(2).
- Aleación, CH, Mainor, AJ, Hargreaves, C., Sequist, T. and Morden, N., 2017. Intervenciones aimed at reducing use of low-value health servicios: a systematic review. Medical Care Research and Review, 74(5), pp.507-550.
- Grimshaw, JM, Patey, AM, Kirkham, KR, Hall, A., Dowling, SK, Rodondi, N., Ellen, M., Kool, T., van Dulmen, SA, Kerr, EA and Linklater, S., 2020. De- implementing wisely: developing the evidence base tono reducción low-value cara. BMJ quality & safety, 29(5), pp.409-417.

- Osorio, D., Zuriguel-Pérez, E., Romea-Lecumberri, S., Tiñena-Amorós, M., Martínez-Muñoz, M. and Barba-Floras, Á., 2019. Selecting and quantifying low-value nursing care in clinical practice: En cuestionario survey. Journal of clinical nursing, 28(21-22), pp.4053-4061.
- Osorio, D., Ribera, A., Solans-Domènech, M., Arroyo-Moliner, L., Ballesteros, M. and Romea-Lecumberri, S., 2021. Healthcare profesionales' opiniones, barriers and facilitadores towards low-value clinical practices in the hospital setting. Gaceta sanitaria, 34, pp.459-467.

Bibliography on the creation of recommendations for the de-implementation of low-value practices

- Brownlee, S., Chalkidou, K., Doust, J., Loshaug, AG, Glasziou, P., Heath, I., Nagpal, S., Saini, V., Srivastava, D., Chalmers, K. and Korenstein, D., 2017. Evidence for overuse of medical services around the world. The Lancet, 390(10090), pp.156-168.
- Garner, S. and Littlejohns, P., 2011. Disinvestment from low value clinical intervenciones: NICEly doy ?. Bmj, 343.

Bibliography on Shared decision-making

General bibliography on shared decision-making

- Decisiones compartidas. Barcelona: Agencia de Calidad y Evaluación Sanitarias de Cataluña. Departamento de Salud. Generalidad de Cataluña. Disponible en: http:// decisionscompartides.gencat.cat/ca/inic
- Hargraves, IG, Montori, VM, Brito, JP, Kunneman, M., Shaw, K., LaVecchia, C., Wilson, M., Walker, L. and Thorsteinsdottir, B., 2019. Purposeful SDM: a problem-based approach to caring for patients with shared decision making . Patiente education and counseling, 102(10), pp.1786-1792.

Bibliography on the implementation of projects and processes for Shared decision-making

- Koon, S., 2020. Important Considerations for Design and Implementation of Decision Aids for Shared Medical Decision Making. The Permanente Journal, 24.x
- Scholl, I., LaRussa, A., Hahlweg, P., Kobrin, S. and Elwyn, G., 2018. Organizational-and system-level características that influence implementation of shared decision-making and estrategias tono address them—a scoping review. Implementación Science, 13(1), pp.1-22.
- Tan, AS, Mazor, KM, McDonald, D., Lee, SJ, McNeal, D., Matlock, DD and Glasgow, RE, 2018. Designing shared decision-making intervenciones for diseminación and sustainment: can implementation science help traslate shared decisión making into rutina practice?. MDM policy & practice, 3(2), p.2381468318808503.

Bibliography on the creation of support tools for shared decision-making

- O'Connor, AM, Stacey, D., Barry, MJ, Col, NF, Eden, KB, Entwistle, V., Fisito, V., Holmes-Rovner, M., Khangura, S., Llewellyn-Thomas, H. and Rovner, DR, 2007. Do sufriendo decision aids meet effectiveness criteria of the international sufriendo decisión aid standards colaboración? En systematic review and meta-análisis. Medical Decision Making, 27(5), pp.554-574.
- International Patiente Decision Aid Standards, p. de recursos: http://www. ipdas. ohri.ca/resources.html

Bibliography on Participation in the improvement of services

Bibliography on methodologeus for the participation of patients, caregivers and/or professionals in the improvement of services (design thinking, experience-based health care design, etc...)

- Bate, P. and Robert, G., 2007. Bringing user experience tono healthcare improbamiento: The conceptos, métodos and prácticas of experience-based design. Radcliffe Publishing.
- Bowen, S., Dearden, A., Wright, P., Wolstenholme, D. and Cobb, M., 2010, Noviembre. Participatory healthcare service design and innovation. In Proceedings of the 11th Biennial Participatory Design Conference (pp. 155-158).
- Buchenau, M. and Surí, JF, 2000, Augusto. Experience prototyping. In Proceedings of the 3rd conference dónde Designing interactive systems: procesas, prácticas, métodos, and technicas (pp. 424-433).
- Delbrassine N., Día O., Escarabajo J.,. La perspectiva del paciente en el sistema sanitario. Shared Patiente Experience. Bruselas: SPX; 2020
- Kim, SH, Myers, CG and Allen, L., 2017. Health cara providers can use design thinking tono improve sufriendo experiencias. Harvard Business Review, 95(5), pp.222-229.
- Ku, B. and Lupton, E., 2020. Health design thinking: Creating products and services for better health. MIT Press.
- Palmer, VJ, Weavell, W., Callander, R., Piper, D., Richard, L., Maher, L., Boyd, H., Herrman, H., Furler, J., Gunn, J. and Iedema, R., 2019. The Participatory Zeitgeist: an explanatory theoretical model of change in an era of coproduction and codesign in healthcare improvisamiento. Medical humanities, 45(3), pp.247-257.
- Pickles, J., Hide, E. and Maher, L., 2008. Experience based design: a practical método de working with patients to redesign services. Clinical Governance: An International Journal.

- Vaillancourt, S., Shahin, I., Aggarwal, P., Pomedli, S., Hayden, L. and Pus, L., 2014. Using archetypes to design servicios para high users of healthcare. HealthcarePapers, 14(2).
- Valentine, L., Kroll, T., Bruce, F., Limo, C. and Mountain, R., 2017. Design thinking for social innovation in health cara. The Design Journal, 20(6), pp.755-774.

Bibliography on the evaluation of improvements for the experience of patients and professionals

- Bodenheimer, T. and Sinsky, C., 2014. From triple tono cuadruple aim: cara of the sufriendo requeris cara of the provider. The Annales of Familia Medicine, 12(6), pp.573-576.
- Browne, K., Roseman, D., Shaller, D. y Edgman-Levitan, S., 2010. Measuring sufriendo experiencia as en strategy for improving primary care. Health affairs, 29(5), pp.921-925.
- Escarrabill, J., Almazán, C., Barrionuevo-Rosas, L., Moharra, M., Fité, A. and Jiménez, J., 2020. Kry factors that influence patient experience.
- Jenkinson, C., Coulter, A. and Bruster, S., 2002. The Picker Patiente Experience Cuestionario: development and validation using fecha from in-patyente surveys in five countries. International Journal for Quality in Health Care, 14(5), pp.353-358.
- Rolfe, DE, Ramsden, VR, Banner, D. and Graham, ID, 2018. Using cualitative Health Research methods to improve sufriente and public involvement and engagement in research. Research involvement and engagement, 4(1), pp.1-8..

Bibliography on the engagement of the pubiic in research, governance and participation in health policies

- Millaret, M. and Pons-Ráfols, J., 2015. Participación de ciudadanos y pacientes en las políticas de salud: conceptualización y experiencias internacionales.
- Delbrassine N., Día O., Escarabajo J.,. La perspectiva del paciente en el sistema sanitario. Shared Patiente Experience. Bruselas: SPX; 2020

Appendix

Below you will find all the tools for reflection and worksheets referred to in this guide

Please print them and use them with your colleagues.

Click on ‘File” > ‘Print’ > ‘Just this page’..

HOW ARE WE DOING?

A

Template for reflecting individually on current practices regarding the de-implementation of low-value practice. We recommend that you print it and focus on it for a few minutes. When you finish, share it with your colleagues and then do exercise B together.

A Individual reflection — B Group reflection

To be printed

1 What do I know about the de-implementation of low-value practices?

Do I know what it is?

☐ *Yes* ☐ *No* ☐ *Not sure*

What do I know about it?

In my practice, how often am I in a situation where I make a decision about prescribing an unnecessary test, procedure, or treatment?

☐ *Every day* ☐ *Every week*

☐ *Every month* ☐ *NS/NC*

2 What low-value practices am I de-implementing in my daily work?

Think about a recent visit in which you applied (or could have applied) a process of de-implementation. What did you do? Why? How did you feel?

Do I provide information to patients and explain why a practice is not necessary?

☐ *Yes* ☐ *No* ☐ *Not sure*

Why?

Do I use a de-implementation checklist in my daily work?

☐ *Yes* ☐ *No* ☐ *Not sure*

Which one?

>
>
>

3 What things help me to de-implement a low-value practice?

>
>
>
>

What things worry me about de-implementing a practice, or stop me from doing it?

>
>
>
>

How could I improve my de-implementation of low-value practices?

HOW ARE WE DOING?

B

To be printed

A Individual reflection — B Group reflection

Template for team reflection on current approaches to the de-implementation of low-value practices. We recommend doing it when you have answered template A individually. Print it and complete it together.

1 DIAGNOSIS
How are we currently de-implementing low-value practices?

What recommendations are we de-implementing?

> >
> >
> >
> >

What things can help us to de-implement low-value practices?

–
–
–
–

What things worry us about de-implementing low-value practices?

–
–
–
–

Areas for improvement

Principal needs for achieving better de-implementation

New recommendations for de-implementation

2 ACTION
What can we do to improve the de-implementation of low-value practices?

ow can we overcome the barriers and fears that are holding us back?

ORGANIZATIONAL CHANGES	TECHNOLOGY
TRAINING	OTHERS

From all the ideas that have come up, choose 3 things that you could start doing tomorrow to facilitate De-implementation of low-value practices.

What could we start doing tomorrow?	Who should be in charge?
1.	
2.	
3.	

Salut/ Agència de Qualitat i Avaluació Sanitàries de Catalunya

COMMUNICATION PLAN

To be printed

This template can help you reflect on what we want to communicate, to whom, and to what channels. We recommend you complete it together with the communication team.

	INTERNAL COMMUNICATION		EXTERNAL COMMUNICATION				
	Health care professionals in the organization	**Patients and family**	**Health centres Area of influence**	**Associations and other groups**	**Social, public and private organizations in the area of reference**	**Citizenship**	**Health sector (regional, national or international)**
Who?							
What do we want to tell them?							
Internal channels of the organization (website, intranet, emails...)							
Specialist health publications (journals, forums, blogs...)							
Scientific publications							
Graphic and/or audiovisual materials in waiting rooms (leaflets, posters, vídeos, infograms...)							
Social media (twitter, instagram, facebook, linkedin...)							
Newsletters							
Professional meetings (seminars, work sessions, congresses, webinars)							
Training (university courses in medicine and nursing, in-service training...)							
Mainsteam media (press releases, interviews, radio...)							

‘LET’S GET STARTED‘

To be printed

Please print this sheet and share it with others.

If you have been inspired by the guide and would like to apply something you have learned, we encourage you to find a partner to share it with and complete this template together.

1 ¿Where do we want to start? Which parts of our current de-implementation practice can we improve

What do we need to be able to do it?

>
>
>
>

What resources do we have?

>
>
>
>

2 Which phase of the de-implementation of low-value practices are we in at the moment? (mark it with a cross)

> Where do we face the greatest challenges? (list them under each phase)

> Which of the recommendations in this guide are most relevant to us right now? (write them down in the table below)

☐ CREATING THE TEAM AND SEEKING SUPPORT	☐ DEFINING AND SHARING STRATEGY	☐ CREATING A DE-IMPLEMENTATION PLAN	☐ DE-IMPLEMENTATION	☐ LEARN, COMMUNICATE AND SCALE
			 Conversation healthcare professional - patient	

3 What 3 ACTIONS could we introduce tomorrow to start and/or improve the de-implementation of low-value practices?

1.

2.

3.

? And if we delve further into...

¿Shared decision-making?
¿Participación de pacientes, cuidadores y profesionales en la mejora de servicios?

Salut/ Agència de Qualitat i Avaluació Sanitàries de Catalunya

HOW ARE WE DOING?

A

Template for reflecting individually on shared decision-making. We recommend that you print it and focus on it for a few minutes. When you finish, share it with your colleagues and then do xxercise B together.

A Individual reflection — B Group reflection

To be printed

1 What do I know about shared decision-making in health?

Do I know what it is?

☐ *Yes* ☐ *No* ☐ *Not sure*

What do I know about it?

In my practice, how often am I in a situation where shared decision-making might be appropriate?

☐ *Every day* ☐ *Every week*

☐ *Every month* ☐ *NS/NC*

2 What shared decisions do I make in my daily work?

Think about a recent visit n which you applied (or could have applied) a process of de-implementation. What did you do? Why? How did you feel?

Do I provide information to patients regarding their options and the right to make shared decisions?

☐ *Yes* ☐ *No* ☐ *Not sure*

Why?

Do I use any shared decision-making tools in my daily work?

☐ *Yes* ☐ *No* ☐ *Not sure*

Which one?

>
>
>

3 What things help me to make a shared decision?

>
>
>
>

What things worry me about shared decision-making, or stop me from doing it?

>
>
>
>

How could I improve my shared decision-making practices?

HOW ARE WE DOING?

B

To be printed

A Individual reflection — B Group reflection

Template for team reflection on current approaches to shared decision-making. We recommend doing it when you have answered template A individually. Print it and complete it together.

1 DIAGNOSIS

How are we currently applying shared decision-making protocols?

What recommendations are we de-implementing?

> >
> >
> >
> >

What things can help us to implement shared decision-making?

–
–
–
–

What things worry us about shared decision-making, and stop us from implementing it?

–
–
–
–

Areas for improvement

Principal needs for achieving better

New areas where shared decision-making could be applied

2 ACTION

What can we do to improve the implementation of shared decision-making?

How can we overcome the barriers and fears that are holding us back?

ORGANIZATIONAL CHANGES	TECHNOLOGY
TRAINING	OTHERS

From all the ideas that have come up, choose 3 things that you could start doing tomorrow to facilitate Shared Decision-making

What things could we start doing tomorrow?	Who should be in charge?
1.	
2.	
3.	

Salut/ Agència de Qualitat i Avaluació Sanitàries de Catalunya

COMMUNICATION PLAN

To be printed

This template can help you reflect on what we want to communicate, to whom, and to what channels. We recommend you complete it together with the communication team.

	INTERNAL COMMUNICATION		EXTERNAL COMMUNICATION				
	Health care professionals in the organization	**Patients and family**	**Health centres Area of influence**	**Associations and other groups**	**Social, public and private organizations in the area of reference**	**Citizenship**	**Health sector (regional, national or international)**
Who?							
What do we want to tell them?							
Internal channels of the organization (website intranet, emails...)							
Specialist health publications (journals, forums, blogs...)							
Scientific publications							
Graphic and/or audiovisual materials in waiting rooms (leaflets, posters, vídeos, infograms...)							
Social media (twitter, instagram, facebook, linkedin...)							
Newsletters							
Professional meetings (seminars, work sessions, congresses, webinars)							
Training (university courses in medicine and nursing, in-service training...)							
Mainsteam media (press releases, iinterviews, radio...)							

‘LET’S GET STARTED‘

To be printed

Please print this sheet and share it with others.

If you have been inspired by the guide and would like to apply something you have learned, we encourage you to find a partner to share it with and complete this template together.

1 Where do we want to start, which parts of our shared decision-making practices do we want to improve?

What do we need to be able to do it?

>
>
>
>

What resources do we have?

>
>
>
>

2 Which phase of the shared decision-making process are we in at the moment? (mark it with a cross)

> Where do we face the greatest challenges? (list them under each phase)

> Which of the recommendations in this guide are most relevant to us right now? (write them down in the table below)

☐ CREATING THE TEAM AND SEEKING SUPPORT	☐ DEFINING AND SHARING STRATEGY	☐ CREATING AN IMPLEMENTATION PLAN	☐ IMPLEMENTATION	☐ LEARN, COMMUNICATE AND SCALE

3 What 3 ACTIONS could we start tomorrow to aid the implementation of shared decisions?

1.

2.

3.

? And if we delve further into...

The participation of patients, caregivers and Professionlas in the improvement of services

HOW ARE WE DOING?

A

Template for reflecting on partiicipation in the improvement of services.
We recommend that you print it and focus on it for a few minutes.
When you finish, share it with your colleagues and then do xxercise B together.

A Individual reflection — B Group reflection

To be printed

1 What do I know about participation the improvement of services?

Do I know what it is?

☐ *Yes* ☐ *No* ☐ *Not sure*

What do I know about it?

Do I think we should invite patients and caregivers to participate in improving services and their health experience? Why?

☐ *Every day* ☐ *Every week*

☐ *Every month* ☐ *NS/NC*

2 Am I involved in any processes for improving services in my daily work?

Have I taken part in any projects for increasing participation in the improvement of servicess?

☐ *Yes* ☐ *No* ☐ *Not sure*

If you answered yes, please specify the project. How did it go? If you answered no, why not?

Do I use any tool or methodology to help me identify patient and caregiver needs or opportunities for improvement?

☐ *Yes* ☐ *No* ☐ *Not sure*

Which ones?

>

>

>

>

3 What things would help me to promote or take part in a project for improving participation in services?

>

>

>

>

What things worry me about promoting or taking part in a project for improving participation in services?

>

>

>

>

How could I personally get more involved in the process of improving services?

Salut/ Agència de Qualitat i Avaluació Sanitàries de Catalunya

HOW ARE WE DOING?

B

To be printed

A Individual reflection — B Group reflection

Template for team reflection on current approaches to participation in improving care services. We recommend doing it when you have answered template A individually. Print it and complete it together.

1 DIAGNOSIS

What progress are we making in increasing participation in improving services?

In what areas are we applying processes for participation in improving services?

> >
> >
> >
> >

What things can help us promote projects of this kind?

– ↑
–
–
–

What things worry me about projects of this kind, and what things stop me from implementing thems?

– ↓
–
–
–

Areas for improvement

What do we need to improve the implementation of these projects?

In what other areas and/or services could we promote these projects?

2 ACTION

What can we do to improve the implementation of shared decision-making?

How can we overcome the barriers and fears that are holding us back?

ORGANIZATIONAL CHANGES	TECHNOLOGY
TRAINING	OTHERS

From all the ideas that have come upt, choose 3 things that you could start doing tomorrow to facilitate the implementation of these projects.

What could we start doing tomorrow?	Who should be in charge?
1.	
2.	
3.	

Salut/ Agència de Qualitat i Avaluació Sanitàries de Catalunya

COMMUNICATION PLAN

To be printed

This template can help you reflect on what we want to communicate, to whom, and to what channels. We recommend you complete it together with the communication team.

	INTERNAL COMMUNICATION		EXTERNAL COMMUNICATION				
	Health care professionals in the organization	**Patients and family**	**Health centres Area of influence**	**Associations and other groups**	**Social, public and private organizations in the area of reference**	**Citizenship**	**Health sector (regional, national and international)**
Who?							
What do we want to say to them?							
Internal channels of the organization (website, intranet, emails...)							
Specialist health publications (journals, forums, blogs...)							
Scientific publications							
Graphic and/or audiovisual materials in waiting rooms (leaflets, posters, vídeos, infograms...)							
Social media (twitter, instagram, facebook, linkedin...)							
Newsletters							
Professional meetings (seminars, work sessions, congresses, webinars)							
Training (university courses in medicine and nursing, in-service training...)							
Mainsteam media (press releases, iinterviews, radio...)							

‘LET’S GET STARTED‘

To be printed

Please print this sheet and share it with others.

If you have been inspired by the guide and would like to apply something you have learned, we encourage you to find a partner to share it with and complete this template together.

1

Where do we want to start? Which parts of our current de-implementation practice can we improve?

What do we need to be able to do it?

>
>
>
>

What resources do we have?

>
>
>
>

2

Which phase of the process for encouraging participation are we in at the moment? (mark it with a cross)

> *Where do we face the greatest challenges?* (list them under each phase)

> *Which of the recommendations included in this guide are the most relevant to us at this point in time?* (write them down in the table below)

☐ CREATING THE TEAM AND SEEKING SUPPORT	☐ DEFINING AND SHARING STRATEGY	☐ CREATING THE NECESSARY CONDITIONS	☐ PROMOTING PROJECTS	☐ LEARN, COMMUNICATE AND SCALE

3

What 3 ACTIONS could we start tomorrow to promote participation for improving services?

1.

2.

3.

?

And if we delve further into...

¿Shared decision-making?
¿De-implementation of low-value practices?