

Table S1. Summaries of patient decision support implementation studies: aims, implementation strategies, outcomes

<p>Author, year, study citation, country.</p> <p>Setting: study type.</p> <p>Funding.</p>	<p>Study aims. Conceptual framework.</p>	<p>Intervention and implementation strategy.</p> <p>Study duration.</p>	<p>Implementation and provider outcomes.</p>
<p>Holmes-Rovner, 2000, [1], US.</p> <p>Secondary care hospital: observational study.</p> <p>Funding: Blue Cross and Blue Shield health insurers.</p>	<p>To determine feasibility of using DESIs in a fee-for-service hospital system (physicians' offices and in-patient facilities).</p> <p>Framework: nil reported.</p>	<p>Invited hospitals in Michigan to participate in evaluation of DESI implementation. 5 hospitals selected based on interest, physician leadership, patient volumes, and evidence of supportive staff and systems.</p> <p>8 months: pilot October–December 1996; initial implementation period January–May 1997.</p>	<p>Estimated potential eligible patients across all sites per year: 1319 breast cancer, 1222 ischemic heart disease. Use of DESIs was lower than anticipated: 25 patients referred over 7 months in 3 hospitals; 4 of 27 eligible breast cancer patients referred at one site. Number of eligible and referred patients not reported for ischemic heart disease.</p>
<p>Stapleton, 2002, [2], UK.</p> <p>Secondary care maternity units: quasi-experimental and observational study.</p> <p>Funding: Department of Health.</p>	<p>To evaluate use and impact of evidence-based leaflets on informed choice in maternity services.</p> <p>Framework: nil reported.</p>	<p>13 maternity units allocated to 10 clusters: 5 intervention clusters that received DESIs (leaflets) were compared to 5 controls.</p> <p>Study duration not reported.</p>	<p>70% of women recruited reported receiving at least one leaflet. Health professionals rarely observed discussing leaflets with patients.</p>
<p>Stacey, 2005, [3], Canada.</p> <p>Call-centers:</p>	<p>To evaluate barriers and facilitators influencing provision of decision support by call-center</p>	<p>Using simulated callers, evaluated performance of call-center nursing staff introduced to patient decision support. A survey, semi-structured</p>	<p>99 nurses were approached and 30 consented to undertake evaluation by simulated calls. During these calls, 28 nurses used decision support to</p>

<p>observational study.</p> <p>Funding: sources related to Canada research Chair.</p>	<p>nurses.</p> <p>Framework: Ottawa model of research use and Ottawa Decision Support.</p>	<p>interviews, and focus groups were used to collect data.</p> <p>2 months: December 2003–January 2004.</p>	<p>varying extents.</p>
<p>Silvia, 2006, [4], US.</p> <p>Secondary care oncology: observational study.</p> <p>Funding: IMDF.</p>	<p>To characterize patterns of use and perceived barriers to implementation in clinical sites that had shown expressed interest in providing patient DESIs.</p> <p>Framework: nil reported.</p>	<p>Convenience samples of 15 US sites identified and informed about availability of DESIs. Each site was sent 10 copies (DVDs). Follow-up interviews scheduled at 6-12 months.</p> <p>DESI's allocated January–August 2003. Total duration not reported.</p>	<p>All 15 sites requested additional DVDs. 6 of 15 sites implemented DESIs and 9 were willing to be interviewed. Patient exposure to the DESI varied. 5 sites reported reaching between 40% to 80% of eligible patients.</p>
<p>Stacey, Pomey et al., 2006, [5], Canada.</p> <p>Call-center: case study.</p> <p>Funding: Canadian Institute for Health Research.</p>	<p>To describe and evaluate experience interacting with a nurse-staffed call-center using a decision support protocol.</p> <p>Framework: Ottawa model of research use.</p>	<p>Provided online tutorial, skills workshop, provision of a decision support protocol, and feedback on quality of decision support provided to pre-arranged simulated calls.</p> <p>7 months: December 2003–June 2004.</p>	<p>31 nurses received the intervention, 25 responded to a survey. Majority of nurses reported positive future intentions to use decision support protocol. A month after the workshop, 11 of the 25 reported actual use.</p>
<p>Stacey, O'Connor et al., 2006, [6], Canada.</p> <p>Call-center: RCT.</p> <p>Funding: Ontario Ministry of Health.</p>	<p>To evaluate implementation of decision support and decision coaching in a nurse-led call-center.</p> <p>Framework: nil reported.</p>	<p>Provided education regarding coaching and skills workshop. Baseline and post-intervention data collected using calls by simulated patients.</p> <p>Second simulated call one month after intervention. Total duration not reported.</p>	<p>Compared with controls (n=20), nurses in intervention group (n=21) had greater knowledge and improved decision coaching skills. Provision of decision support did not increase call duration.</p>

References

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