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Introduction

- During the pandemic, new healthcare decisions emerged and were challenged by uncertainty and limited quality of health information (e.g. COVID-19 vaccination, treatment of a health condition, masking/interacting with people, testing for COVID-19).
- People considering these decisions indicated misinformation had interfered with their decision making.
- Patient decision aids (PtDAs) are effective interventions for supporting people making health-related decisions for themselves or a family member.

Aim

To identify and appraise the quality of COVID-19 patient decision aids (PtDAs)

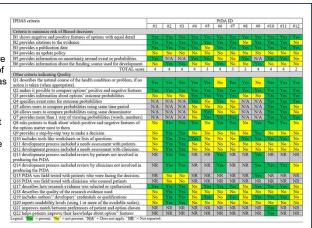
Methods

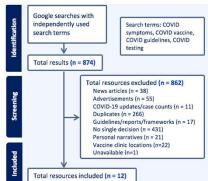
- Environmental scan of online publicly available COVID-19 PtDAs.
- · Two reviewers independently searched and extracted data.
- We calculated median International Patient Decision Aid Standards (IPDAS) scores and proportion scoring > 70% on Patient Education Materials Information Tool (PEMAT) adequate for understandability and actionability.

Results

IPDAS Scores

- Median IPDAS score for minimizing risk of biased decisions was 4 of 6 items (IQR 1, range 2–4).
- Quality criteria most met was "made it possible to compare options' positive/ negative features" (all 12 PtDAs).





Decisions

- Initial COVID-19 vaccination series (n = 9)
- Location of care for elderly (n = 2)
- Social distancing (n = 1)

PEMAT Scores

- Understandability median score 84.6% (IQR 3.9%; range 69.2–93.3%).
- 11 of 12 PtDAs (91.7%) had adequate understandability rating of ≥ 70%.
- Actionability median score 45.0% (IQR 25%, range 0–50%)
- None had adequate actionability score ≥ 70%.

| Understandability | #1 | #2 | #3 | #4 | #5 | #6 | #7 | #8 | #9 | #10 | #11 | #12 |
|-------------------------------------------------------------------------------|------|------|------|------|------|-------|------|------|------|------|-------|-----------------------------------------|
| 1. Purpose evident | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes |
| 2. No distractions from purpose | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 3. Uses everyday language | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes |
| 4. Medical terms are defined | No | Yes | Yes | Yes | No | No | Yes | Yes | Yes | No | No | Yes |
| 5. Uses active voice | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 6. Numbers easy to understand | No | N/A | N/A | N/A | Yes | No | No | N/A | Yes | Yes | Yes | Yes |
| 7. Calculations not required | Yes | Yes | Yes. | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 8. Information in short sections | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 9. Sections have headers | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 10. Presented in logical sequence | No | Yes | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 11. Summary provided | Yes | No | No | Yes | No | No | Yes | No | No | Yes | Yes | No |
| 12. Visual cues used | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 15. Uses visual aids | No | No | No | No | Yes | Yes | No | No | No | Yes | Yes | No |
| 16. Visual aids reinforce content | N/A | N/A | N/A | N/A | Yes | Yes | N/A | N/A | N/A | Yes | N/A | N/A |
| 17. Clear titles on visual aids | N/A | N/A | N/A | N/A | No | No | N/A | N/A | N/A | Yes | Yes | N/A |
| 18. Illustrations/photos are clear | N/A | N/A | N/A | N/A | Yes | Yes | N/A | N/A | N/A | Yes | Yes | N/A |
| 19. Uses simple tables | N/A | Yes | Yes | N/A | Yes | N/A | N/A | Yes | Yes | N/A | N/A | N/A |
| Actionability | | | | | | | | | | | | 111111111111111111111111111111111111111 |
| 20. At least one action identified | No | No | No | Yes | No | Yes | Yes | No | No | No | No | Yes |
| 21. Addresses users directly | No | Yes | Yes | Yes | No | Yes | Yes | No | Yes | Yes | No | Yes |
| 22. Explicit steps for actions | No | No | No | No | No | No | No | No | No | No | No | No |
| 23. Tangible tool(s) provided | No | Yes | Yes | No | No | No | No | No | No | Yes | Yes | No |
| 24. Instructions on calculations | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Explain use of charts, graphs, tables to take actions | N/A | Yes | Yes | N/A | No | N/A | N/A | No | Yes | No | Yes | N/A |
| 26. Uses visual aids to act on instructions | No | No | No | No | No | No | N/A | No | No | Yes | Yes | N/A |
| Results | V. 3 | | | | | 10 00 | | , | | | 10 (8 | 17 |
| Understandability mean score | 69.2 | 84.6 | 84.6 | 83.3 | 82.4 | 75.0 | 84.6 | 76.9 | 85.7 | 87.5 | 93.3 | 84.6 |
| Actionability mean score | 0 | 50.0 | 50.0 | 40.0 | 0 | 40.0 | 50.0 | 0 | 50.0 | 50.0 | 50.0 | 50.0 |

Conclusions

- We identified 12 online publicly available COVID-19 PtDAs; none were about COVID-19 vaccination boosters or COVID-19 treatment.
- PtDAs scored poorly on actionability, and none met all IPDAS criteria for minimizing risk of biased decisions.
- PtDA developers for COVID-19 and future pandemics should ensure their PtDAs meet all IPDAS criteria for minimizing risk of bias, have adequate scores for actionability, and are disseminated in the A to Z inventory https://decisionaid.ohri.ca.

Acknowledgements



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