

Additional File 2: supplemental results

Supplementary table S1. Results from the needs assessments among patients and health care professionals

Item	Patients (n=52)	HCPs (n=76)
Information concerning discharge is provided to the patient using *		
- verbal information	47 (90.4)	72 (94.7)
- written information	1 (1.9)	24 (31.6)
- digital information	0 (0)	3 (3.9)
- unknown	4 (7.7)	0 (0)
Decision concerning discharge is currently made by *		
- the patient	16 (30.8)	21 (27.6)
- the caregiver(s)	2 (3.8)	0 (0)
- a neurologist	12 (23.1)	36 (47.4)
- a rehabilitation specialist	0 (0)	26 (34.2)
- a geriatrician	0 (0)	5 (6.6)
- a nurse (stroke or transfer nurse)	0 (0)	16 (21.1)
- all HCPs cooperatively	16 (30.8)	32 (42.1)
- unknown	6 (11.5)	0 (0)
Decision concerning discharge should preferably be made by		
- the patient	5 (9.6)	0 (0)
- the patient, after seriously considering the HCP's opinion	7 (13.5)	7 (9.2)
- the patient and HCP together	19 (36.6)	41 (53.9)
- the HCP, after seriously considering the patients' opinion	10 (19.2)	22 (29.0)
- the HCP	5 (9.6)	0 (0)
- missing	6 (11.5)	6 (7.9)
For patients and caregivers, information about discharge planning (from a professional perspective)		
- is sufficiently provided	N/A	35 (46.0)
- is sufficiently reliable	N/A	35 (46.0)
- should be available in any case about all relevant options	N/A	58 (76.3)
Total score on the decisional conflict scale		
- range	0-81.3	N/A
- mean (SD)	58.2 (16.5)	N/A
Overall satisfaction with the decision-making process		
- satisfied	41 (78.9)	32 (42.1)
- not satisfied	2 (3.8)	8 (10.5)
- neither satisfied nor not satisfied	3 (5.8)	32 (42.1)
- missing	6 (11.5)	4 (5.3)

All data are presented as n (%) unless otherwise specified.

Abbreviations: HCP: health care professional; N/A: not applicable; SD: standard deviation

** Answers were not mutually exclusive*

Supplementary table S2. IPDAS minimum qualifying and certification criteria for patient decision aids¹

	IPDAS criterion	PtDA compatibility?
Qualifying criteria	1. The PtDA describes a health condition or problem for which a specific decision had to be made (index decision)	Yes
	2. The PtDA explicitly states the index decision that needs to be considered	Yes
	3. The PtDA describes the options available for the index decision	Yes
	4. The PtDA describes the positive features (benefits or advantages) of each option	Yes
	5. The PtDA describes the negative features (harm, side effects or disadvantages) of each option	Yes
	6. The PtDA describes what it is like to experience the consequences of the options (e.g., physical, psychological or social). The PtDA should help patients to clarify values	Yes
Certification criteria	7. The PtDA shows the negative and positive features of options with equal detail (e.g., using similar fonts, sequence, presentation of statistical information)	Yes
	8. The PtDA (or associated documentation) provides citations to the evidence selected	Yes
	9. The PtDA or associated documentation) provides a production or publication date	Yes
	10. The PtDA (or associated documentation) provides information about the update policy	Yes
	11. The PtDA provides information about the levels of uncertainty around event or outcome probabilities	Yes
	12. The PtDA (or associated documentation) provides information about the funding source used for development.	Yes

Abbreviations: IPDAS: International Patient Decision Aids Standards; PtDA patient decision aid

Supplementary table S3. Results from the usability test: comments on and changes in the PtDA

PtDA component	Comments	P (+ C)	HCP	Change
First impression	Good initiative	✓	✓	N/A
	User-friendly design	✓	✓	N/A
Printed consultation sheet	Clear layout, good color use	✓	✓	N/A
	All basic information represented	✓	✓	N/A
Online information tool	Easily accessible	✓		Access instruction clarified
	Balanced lay out	✓	✓	N/A
	Comprehensive information	✓	✓	N/A
	Consider literacy		✓	Readability checked
	Understandable language	✓		Quality mark “easy reading”
	Text too long	✓	✓	Shortened text
	Not enough illustrations	✓	✓	Added extra illustrations
	Incorrect job description of multidisciplinary team	✓	✓	Changed several job descriptions
	Differences between IRF and SNF not made explicit	✓		Adjusted the definitions of IRF and SNF
	Supportive quotes of other patients	✓		Added extra quotes
Online deliberation tool	Balanced presentation of options		✓	N/A
	Difficult value clarification exercises (statements and questions)		✓	Changed order and phrasing of exercises
	Lack of questions about household management	✓		Added question about household management
	Uncomfortable questions about caregivers if you don’t have any	✓		Rephrased questions about caregivers
“Patients-like-me” model with personalized outcome information	Hard to answer all questions and statements without family member	✓		Emphasized that PtDA should ideally be used with caregiver
	Reassuring to see that many other patients return to their home	✓		N/A
	Motivating and hopeful information	✓		N/A
	Colors of icons hard to distinguish	✓		Changed colors of icons
	Statistics are not interesting for an individual patient		✓	Clarified the aim of the outcome information
Summary sheet	Additional outcome information desirable (e.g., functional status)		✓	Will be added when outcome data is available
	Informative for own use	✓	✓	N/A
General	Useful during consultation	✓	✓	N/A
	Essential information for every patient with stroke	✓	✓	N/A
	Concerns about time investment for patients	✓	✓	Replaced some text to optional “read more” sections
	Concern about long-term practical use		✓	Accountability addressed during implementation
General	Important to mention that the information remains available		✓	Added note about continuous availability of information

Abbreviations: C: caregiver; HCP: health care professional; IRF: inpatient rehabilitation facility; N/A: not applicable; P: patient; PtDA: patient decision aid; SNF: skilled nursing facility




Supplementary Figure S1. Most relevant information for decision-making concerning discharge as indicated with a score of ≥ 4 points on a 1-7 Likert scale by patients and health care professionals.

A: information about outcomes according to patients (green) and health care professionals (yellow)

B: information about discharge destinations according to patients (green) and health care professionals (yellow)

Stroke decision aid [logo hospital]

Your diagnosis
Your healthcare professional marks your diagnosis



Your diagnosis Ischaemic stroke Haemorrhagic stroke

Your NIHSS 0 - 4 5 - 15 16 - 42

This score quantifies stroke severity. A higher score indicates higher stroke severity.

Observations of your healthcare professionals

Your vascular neurologist
 name
 name

Your nurse practitioner
 name

Your physician assistant
 name
 name

You received this consultation sheet from:
.....
Use the decision aid and share the summary with your healthcare professional before:
date.....time.....

Use the decision aid

In the online decision aid, you can read information about stroke and your hospital admission. Also, you can clarify your values and preferences concerning discharge planning.

After being discharged from the hospital, you can still consult the decision aid for information about the effects of stroke.

Go to:
<https://cva.keuzehulp.nl>

Username: Password:

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Shared decision-making for discharge planning

Soon, you will be discharged from the hospital. The options for choosing a discharge destination are as follows:

- Returning home with or without therapy
- Returning home with an ambulatory rehabilitation program
- Transfer to an inpatient rehabilitation facility
- Transfer to an inpatient skilled nursing facility
- Moving to a nursing home

The patient decision aid will help you and your healthcare professional to choose the most suitable discharge destination.

Use the online patient decision aid for discharge planning **together with your family or caregiver** → Share your **decision aid summary** with your healthcare professional → Your healthcare professional advises you about the discharge destination → Together you choose the discharge destination that suits you best

A

Stroke decision aid

1. Stroke 2. About you 3. Where to rehabilitate? 4. Your current situation 5. Your preferences 6. Summary

1. Stroke

- How does the brain work? ✓
- What is a stroke? ✓**
- Who are my healthcare professionals? ✓
- What happens during my admission in the hospital? ✓
- What are the effects of a stroke? ✓
- What can I expect from my recovery? ✓

What is a stroke?
A stroke is a disease of the blood vessels of the brain. If a stroke occurs, blood flow cannot reach a region of the brain. This causes a malfunction to some cells in the brain because they suddenly receive too little oxygen. As a result, some parts of the body don't function as they should. This is called "stroke symptoms".

How does a stroke occur?
There are two types of stroke, namely an ischaemic and a haemorrhagic stroke.

Ischaemic stroke
a blood vessel supplying blood to the brain is obstructed by a blood clot

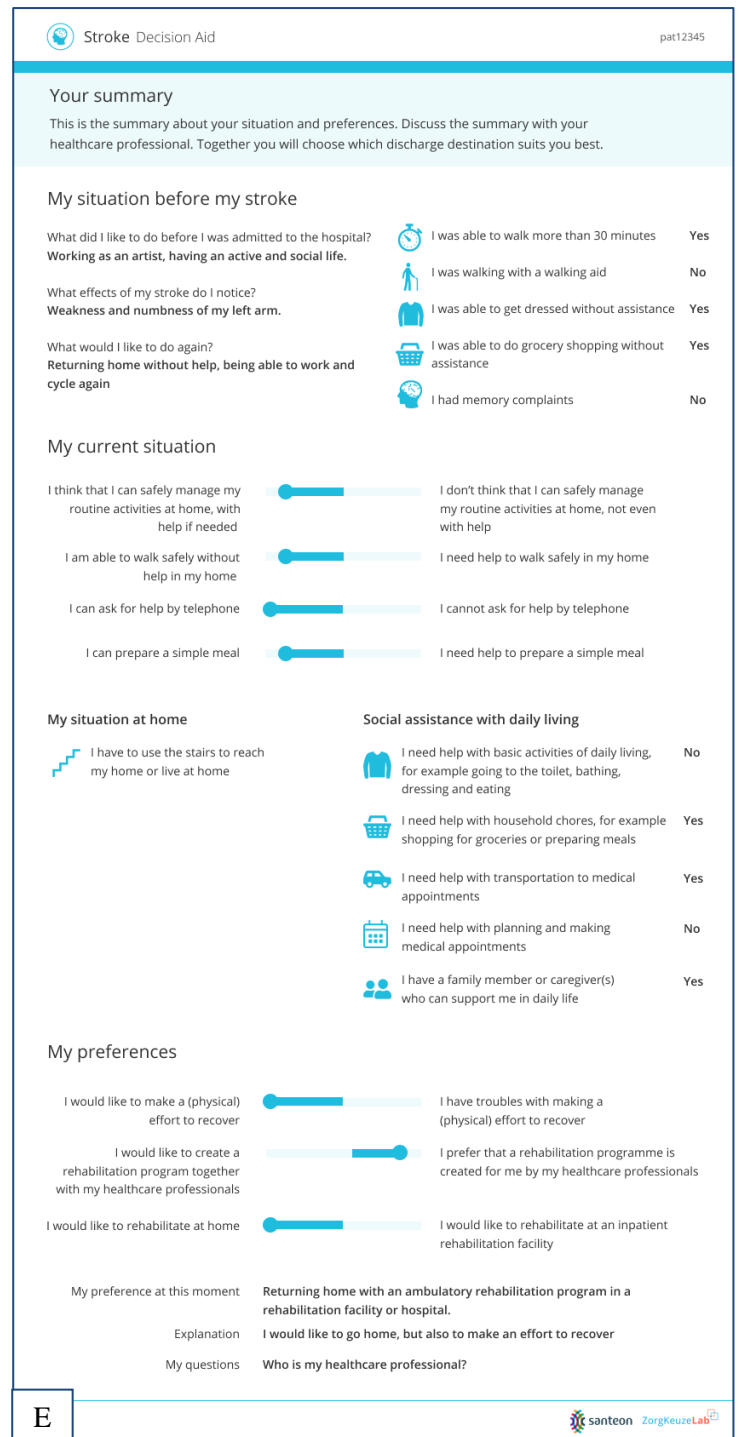
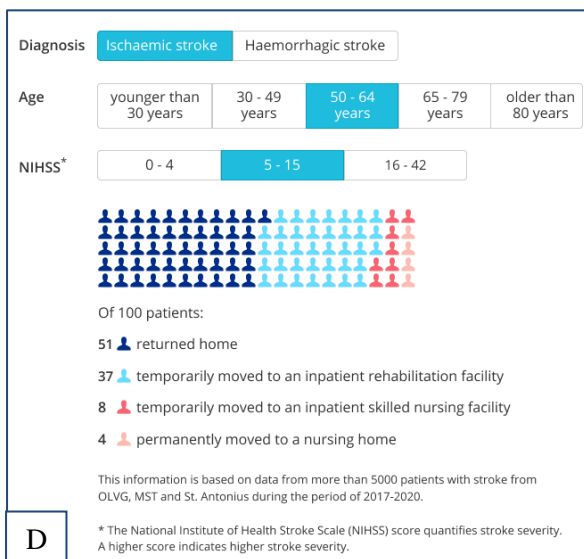
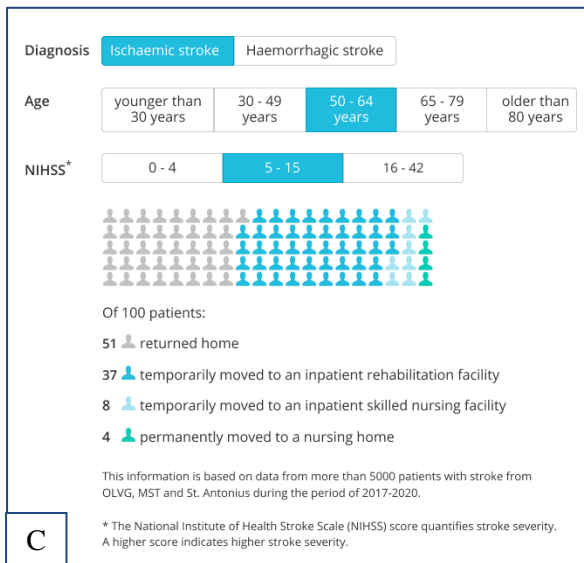
Haemorrhagic stroke
a blood vessel is ruptured and bleeds into the surrounding brain

Stroke symptoms
A stroke can occur anywhere in the brain. The effects of a stroke depend on the location in the brain and how much brain tissue is affected.

Some stroke symptoms are clearly noticeable, for example sudden weakness of an arm or leg, face drooping or a slurred speech. Some stroke symptoms are less obvious, for example vision or cognitive problems. [▶ Read more](#)

B

Supplementary Figure S2. Screenshots of several components of the patient decision aid
A. Printed consultation sheet
B. Online information and deliberation tool



Supplementary Figure S2 (continued). Screenshots of several components of the patient decision aid
 C. Integrated “patients-like-me” model with personalized outcome information
 D. Different colors of the “patients-like-me” model, adjusted after usability testing
 E. Summary sheet with patients’ values and preferences