How to document Shared Decision Making

_Hvordan kan man dokumentere fælles beslutningstagning_

Dawn Stacey RN, PhD
Research Chair, Knowledge Translation to Patients
Professor, University of Ottawa
Senior Scientist, Ottawa Hospital Research Institute

@d_stacey

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Aarhus, Denmark
Outline

– Shared decision making
– Tools to facilitate shared decision making
  • Patient decision aids
  • Decision coaching
  • Question prompts
  • Bedside rounding/handover
– Documenting shared decision making
Multidimensional Framework For Patient And Family Engagement In Health

Factors influencing engagement:

- **Patient** (beliefs about patient role, health literacy, education)
- **Organization** (policies and practices, culture)
- **Society** (social norms, regulations, policy)

Adapted from Carman K L et al. Health Aff 2013;32:223-231
Shared decision making

A *process* by which decisions are made by the patient (+family) and the clinician using the best available evidence and patients informed preferences.

“The crux of patient-centred care” Weston 2001

(Legare et al., 2010; Makoul et al. 2006)
Patient identified barriers & facilitators to shared decision making (n=44 studies)

Knowledge
Knowledge about disease/condition, options, outcomes & Knowledge about personal values and preferences

Power
Perceived influence on decision-making encounter depends on
- permission to participate
- confidence in own knowledge
- self-efficacy in using SDM skills

(Joseph-Williams et al 2014)
Shared decision making can be learned

Healthcare professional training

**COMBINED WITH**

Patient interventions such as patient decision aids

(Légaré et al. 2018)
Training in shared decision making

- Ottawa Decision Support Tutorial (1h00)
  - Used by >6000 worldwide
  - Improves knowledge

- Skill-building workshop (3h30)
  - Improves SDM skills
  - Used in Canada, USA, Japan, UK

(Boland et al., 2019)
Outline

– Shared decision making
– Tools to facilitate shared decision making
  • Patient decision aids
  • Decision coaching
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  • Bedside rounding/handover
– Documenting shared decision making
Patient Decision Aids  adjuncts to counseling

Inform
- Provide facts
  - Condition, options, benefits, harms
- Communicate probabilities

Clarify values
- Ask which benefits/harms matters most
- Share patient experiences

Support
- Guide in steps in deliberation/communication
- Worksheets, list of questions

(Stacey et al., Cochrane Library, 2017)
Formats for patient decision aids
(used prior to or within consultations)

1. Print
2. DVD/Video
3. Online/computer-based
Compared to controls, PtDAs (105 RCTs)

Improve decision quality with...

✓ higher knowledge****
✓ more accurate risk perception***
✓ better match between values & choices **

✓ Reduce decisional conflict ****
✓ Help undecided to decide
✓ Support patients to be less passive in decisions***
✓ Improve patient-practitioner communication
✓ Reduces over-/under use
  ✓ elective surgery
  ✓ PSA – prostate screening
  ✓ new diabetes medicine

GRADE quality:
**** high
*** moderate
** low
* very low

(Stacey et al., Cochrane Library, 2017; Stacey et al., JAMA, 2017)
19 studies* showed:

- significantly better outcomes for disadvantaged patients
- maybe more beneficial to disadvantaged patients than for those with higher literacy/ socioeconomic status

(*small sample sizes and various study quality)
Patient decision aids can affect uptake of options
  - reduced use of some options (e.g. elective surgeries, PSA testing)
  - increased use of other options (e.g. new medications for diabetes)
Effect on uptake of options is good when decision aids are unbiased and the change addresses variations due to poor understanding, preference misdiagnosis
Concern if uptake of options is due to biased information
There were a lack of standards on quality of decision aids

Elwyn et al., 2005; NQF report 2016; Stacey et al., 2014
International Patient Decision Aid Standards (IPDAS) Collaboration since 2003

To enhance the quality and effectiveness of patient decision aids by establishing a shared evidence-informed framework for improving their content, development, implementation, and evaluation.

**IPDAS Steering Committee:** Dawn Stacey & Robert Volk (co-leads), M Barry, H Bekker, N Col, A Coulter, K Dahl Steffensen, M Härter, T Hoffman, K McCaffery, N Moumjid, M Pignone, R Thomson, L Trevena, T van der Weijden, H Witteman

BMC Medical Informatics and Decision Making 2013, 13 (Suppl 2).
http://www.biomedcentral.com/bmcmedinformdecismak/supplements/13/S2
To find decision aids
Google: ‘decision aid’

Search Results - A to Z Inventory of Decision Aids

Your search: osteoarthritis found the following decision aids (see list below).

Click on a title to view a brief description that will help you decide if the decision aid will meet your needs, or try another keyword search to look for other decision aids.

Search again:
osteoarthritis

Found 11 matches.

Osteoarthritis

- Arthritis: Should I Have Hip Replacement Surgery? Healthwise
- Arthritis: Should I Have Knee Replacement Surgery? Healthwise
- Arthritis: Should I Have Shoulder Replacement Surgery? Healthwise
- Hip Osteoarthritis, WiserCare, Inc.
- Hip osteoarthritis: Treatment options, EBSCO Health
- Knee Osteoarthritis, WiserCare, Inc.
- Knee osteoarthritis: Treatment options, EBSCO Health
- Options for managing hip or knee osteoarthritis, Université Laval
- Should I have transcutaneous electrostimulation (TENS) for osteoarthritis (OA) in my knee? Cochrane Musculoskeletal Group
- Should I have ultrasound treatment for osteoarthritis (OA) in my knee? Cochrane Musculoskeletal Group
- What are my options for managing hip or knee osteoarthritis? University of Ottawa
<table>
<thead>
<tr>
<th>Title</th>
<th>Arthritis: Should I Have Knee Replacement Surgery?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audience</td>
<td>Patients with osteoarthritis considering knee replacement surgery.</td>
</tr>
<tr>
<td>Options included</td>
<td>Have surgery to replace your knee. Don’t have this surgery. Instead, use other treatments. Like exercise, medicines, or another type of surgery, such as arthroscopy.</td>
</tr>
<tr>
<td>Year of last update or review</td>
<td>2016</td>
</tr>
<tr>
<td>Format</td>
<td>Web, paper</td>
</tr>
<tr>
<td>How to obtain</td>
<td><a href="#">Click here to view the decision aid on the developer website</a></td>
</tr>
<tr>
<td>Developer</td>
<td>Healthwise</td>
</tr>
<tr>
<td>Where was it developed?</td>
<td><a href="http://www.healthwise.org">www.healthwise.org</a> Healthwise US</td>
</tr>
<tr>
<td>Health condition</td>
<td>Osteoarthritis</td>
</tr>
<tr>
<td>Type of decision aid</td>
<td>Treatment</td>
</tr>
<tr>
<td>Language</td>
<td>English</td>
</tr>
</tbody>
</table>

Based on IPDAS criteria (International Patient Decision Aid Standards) this decision aid (and/or supporting materials) meets:

- 7 out of 7 criteria to be defined as a patient decision aid
- 8 out of 9 criteria to lower the risk of making a biased decision
Patient Decision Aid Certification Criteria

Does the patient decision aid adequately:

1. Describe the health condition or problem
2. Explicitly state the decision under consideration
3. Identify the eligible or target audience
4. Describe the options available for the decision, including non-treatment
5. Describe the positive features of each option (benefits)
6. Describe the negative features of each option (harms, side effects, disadvantages)
7. Help patients clarify their values for outcomes of options by a) asking patients to consider or rate which positive and negative features matter most to them AND/OR b) describing each option to help patients imagine the physical, social (e.g. impact on personal, family, or work life), and/or psychological effects
8. Make it possible to compare features of available options
9. Show positive and negative features of options with balanced detail
## Clinical Priority

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Left Knee</th>
<th>Left Hip</th>
<th>Right Knee</th>
<th>Right Hip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>65%</td>
<td>65%</td>
<td>85%</td>
<td>90%</td>
</tr>
<tr>
<td>Limited Function</td>
<td>70%</td>
<td>70%</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>Tenderness</td>
<td>70%</td>
<td>70%</td>
<td>70%</td>
<td>70%</td>
</tr>
</tbody>
</table>

Self-reported symptoms

### Surgical Priority (HKP)

<table>
<thead>
<tr>
<th>Function</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain on motion / bending</td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Pain at rest / sleep</td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Ability to walk</td>
<td>&lt;5 blocks</td>
<td>1-5 blocks</td>
<td>&gt;1 block</td>
<td>House only</td>
</tr>
<tr>
<td>Other functional limits</td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Role / independence threat</td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Physical exam abnormalities</td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>X-Ray abnormalities</td>
<td>None</td>
<td>Mild</td>
<td>Moderate</td>
<td>Abnormal</td>
</tr>
</tbody>
</table>

GP or physiotherapist assessment results

### Patient’s Preference & Decisional Needs

- **Certainty**: 75% correct answers
- **Knowledge**: Feels sure about best choice
- **Feels clear about values**: 97% values predict surgical preference

Patient preference with their level of (un)certainty

### Knowledge test results

- ✔ Feels sure about best choice
- ✔ Feels clear about values

Strong values favoring outcomes of choosing surgery

- ✔ Feels has enough support and advice to make a choice

Support needs indicate feeling supported

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Electronic health record (EHR) - documentation

If patient decision aid to be used on their own:
- Clinician introduces the decision to the patient within the consultation
- Clinician orders a patient decision aid in the EHR and sends link to the patient
- Patient is instructed to review it before the next appointment

If patient decision aid to be used in the consultation:
- Clinician opens the patient decision aid in the EHR and reviews it together with the patient
Outline

- Shared decision making
- Tools to facilitate shared decision making
  - Patient decision aids
  - Decision coaching
  - Question prompts
  - Bedside rounding/handover
- Documenting shared decision making
What is decision coaching?

- Trained healthcare professional who is non-directive and provides support that aims to develop patients' skills in:
  - thinking about the options
  - preparing for discussing the decision in a clinician consultation
  - implementing the chosen option

- Delivered face to face or using telephone

(Stacey et al., 2008; Jull et al., 2019)
To enhance workflow, nurses should:
- Explain information
- Provide support by listening to patient preferences
- Provide doctors with patient preferences

Patient identified barriers & facilitators to SDM

(Joseph-Williams et al 2014)
Decision Coaching to Prepare Patients for Making Health Decisions: A Systematic Review of Decision Coaching in Trials of Patient Decision Aids

Dawn Stacey, PhD, Jennifer Kryworuchko, PhD, Carol Bennett, MSc, Mary Ann Murray, PhD, Sarah Mullan, MSc, France Légaré, PhD
Medical Decision Making, 2012

Coaching (n=10 trials):
- improved knowledge compared to usual care
- improved knowledge similar to decision aid group
- improved or no difference on other outcomes
  (values-choice agreement, satisfaction, participation, costs)
To find Google: ‘generic decision aid’

Ottawa Personal Decision Guides

The Ottawa Personal Decision Guide (OPDG) and Ottawa Personal Decision Guide for Two (OPDGx2) are designed for any health-related or social decisions.

They can help people identify their decision making needs, plan the next steps, track their progress, and share their views about the decision. See this video example of the OPDG being used to coach someone making a decision.

They can be used by healthcare professionals to facilitate shared decision making.

Ottawa Personal Decision Guide
(Two-page interactive PDF. Fill in, save your answers, and print using Adobe Reader)

French
Swedish
Dutch
Danish
Norwegian

Spanish
German
Japanese
Mandarin Chinese

Ottawa Personal Decision Guide for Two
(Allows 2 people involved in the decision to complete the guide)

French
**Beslutningsstøtteværktøj**

*Til dig, der skal træffe en beslutning om helbredsmæssige eller sociale forhold*

1. **Afklar din beslutning**

   Hvilken beslutning står du overfor?

   Hvad er dine grunde til, at du skal træffe denne beslutning?

   Hvornår er du nødt til at have truffet en beslutning?

   Hvor længt er du i processen med at træffe en beslutning?

2. **Undersøg din beslutning**

   **Viden**

   Skriv de muligheder, du har, samt de fordele, ulemper og risici, du kender til.

   **Værdier**

   Bedøm hver fordel, ulempe og risiko ved at bruge stjerner (★★) til at vise, hvor meget hver enkel af dem betyder for dig.

   **Vished**

   Vælg den mulighed med de fordele, som betyder mest for dig. Undgå de muligheder med de ulemper og risici, som betyder mest for dig.

---

<table>
<thead>
<tr>
<th>Grunde til at vælge denne mulighed</th>
<th>Hvor meget betyder det for dig: 0 ★ ikke noget 5 ★ rigtig meget</th>
<th>Grunde til at undgå denne mulighed</th>
<th>Hvor meget betyder det for dig: 0 ★ ikke noget 5 ★ rigtig meget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mulighed #1</td>
<td></td>
<td>Mulighed #2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add completed decision guide to documentation if possible
Narrative documentation

• Discussed decision: ...
• Options/pros/cons: ...
• Patient understanding: ...
• Importance to patient: ...

• Patient concerns: ...

• Preference: ...
Narrative documentation

- Discussed decision: treatment of knee osteoarthritis
- Options/pros/cons: surgery versus non-surgical options
- Patient understanding: benefits and harms of options
- Importance to patient: get pain relief, return to normal activities, avoid side effects from medications
- Patient concerns: side effects of surgery (e.g. infection, blood clots)
- Preference: joint replacement surgery
Outline

- Shared decision making
- Tools to facilitate shared decision making
  - Patient decision aids
  - Decision coaching
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- Documenting shared decision making
Question Prompts

ASK 3 questions:
1. What are my options?
2. What are the possible benefits and harms of those options?
3. How likely are the benefits and harms of each option to occur?

Findings:
Asking 3 questions:
- improved information given by family physicians;
- increased physician facilitation of simulated patient involvement.
AskShareKnow 3 questions in primary care

**Intervention**
- 4 minute video in waiting room viewed by 78% participants (N=121)

**ASK 3 questions:**
1. What are my options?
2. What are the possible benefits and harms of those options?
3. How likely are the benefits and harms of each option to occur?

**Results**
- 69% asked 1 or more
- 29% asked all 3 questions
- For those making a decision:
  - 87% asked 1 or more
  - 43% asked all 3

(Shepherd et al., Health Expectations; 2015)
To find Google: ‘ask 3 questions’

**Shared Decision Making**

Other questions I would like to ask during my consultation:

1. .................................................................................
2. .................................................................................
3. .................................................................................
4. .................................................................................
5. .................................................................................

Working with the Right Care Shared Decision Making programme to promote Shared Decision Making between patients and professionals.

**Ask 3 Questions**

- What are my options?
- What are the pros and cons of each option for me?
- How do I get support to help me make a decision that is right for me?
- What are the pros and cons of each option for me?
- How do I get support to help me make a decision that is right for me?

Remember, you can bring someone else with you to your appointment, such as a relative, carer, or friend.

Your health. Your decision

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

AQuA

Right Care Shares Decision Making Programme

http://www.advancingqualityalliance.nhs.uk/SDM/
Narrative documentation

- Discussed decision: ...
- Options/pros/cons: ...
- Patient understanding: ...
- Importance to patient: ...
- Patient concerns: ...
- Preference: ...
Outline

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Few involve patients & family in bedside handover (N=45 studies)

• Of 45, 3 studies reported level of patient involvement:
  
  – 5% patients involved superficially with greetings only for 81 bedside handovers in 7 clinical areas (Johnson, 2012)
  
  – ~50% maternity patients were involved (Chin, 2011)
  
  – <50% patients actively involved in 500 bedside handovers (Chaboyer, 2010)

(Anderson 2015, integrated review)
Outcomes when patients & family are involved in bedside handover (N=45 studies)

- Benefits to patients (8 studies):
  - providing information & verify what is said
  - feeling reassured when able to participate in shared decision making
  - increased satisfaction

- Negative effects on patients (3 studies):
  - Clinicians use jargon
  - Patronizing / tokenistic

(Anderson 2015, integrated review)
Narrative documentation: 1 day post joint replacement

- Discussed **decision**: shared goal for day 1 post-op
- **Options**: eating in bed or eating in the chair
- Patient **understanding**: benefits (quicker recovery) and harms of options (pain, feel faint)
- **Importance** to patient: get pain relief before getting up
goal is to return home post-op
- Patient **concerns**: pain
interfering with recovery
- **Preference**: eat in the chair for 2 meals
(documented on the white board)
Documenting patient reported SDM

SURE test

(Definer dine behov i forhold til at træffe en beslutning)

- **Viden**: Kender du til fordele, ulemper og risici ved hver mulighed? [Ja] [Nej]
- **Værdier**: Er du klar over, hvilke fordele, ulemper og risici som betyder mest for dig? [Ja] [Nej]
- **Støtte**: Får du nok støtte og rådgivning til at kunne træffe en beslutning? [Ja] [Nej]
- **Vished**: Føler du dig sikker på, hvad der er den bedste beslutning for dig? [Ja] [Nej]

(Legare et al., 2010)
Documenting patient reported SDM

SDMP (4-items):

1. Did any of your health care providers talk about ___ as an option for you?

2. How much did you and your healthcare providers talk about the reasons to have surgery to treat your ___?

3. How much did you and your health care providers talk about the reasons not to have surgery to treat your ___?

4. Did any of your health care providers ask you whether you wanted to have surgery for your ___ or not?

(Brodney, Fowler, Barry, Chang, Sepucha, et al., 2019)
<table>
<thead>
<tr>
<th>Question</th>
<th>Score Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Personalet tager hensyn til patienternes behov ved planlægning af udskriveelse (18599)</td>
<td>5 5 15 35 40</td>
</tr>
<tr>
<td>28. Patienterne er informeret om videre plan for forløb fx. opfølgning/geroprædning (18975)</td>
<td>6 5 16 35 39</td>
</tr>
<tr>
<td>26. Patienterne informeres løbende om resultater af undersøgelse/behandling (18829)</td>
<td>4 5 18 36 36</td>
</tr>
<tr>
<td>18. Patienterne får tilstrækkelig med ro til hvile og søvn (20359)</td>
<td>3 7 20 33 37</td>
</tr>
<tr>
<td>27. Informeret om symptomer, der kræver opmærksomhed efter udskriveelse (19230)</td>
<td>8 6 17 34 36</td>
</tr>
<tr>
<td>7. Patienterne har mulighed for at tale med en læge om behandling ved behov (15106)</td>
<td>4 9 22 31 33</td>
</tr>
<tr>
<td>11. Patienterne har samtaler med personalet om egen håndtering af sygdom/tillstand (18674)</td>
<td>7 6 21 33 32</td>
</tr>
<tr>
<td>25. Patienterne er informeret om (bi-)virkning ved medicin de får under indlæggelse (16921)</td>
<td>8 7 18 32 34</td>
</tr>
<tr>
<td>9. Personalet giver patienterne mulighed for at deltage i beslutninger om behandling (12675)</td>
<td>7 6 21 33 32</td>
</tr>
<tr>
<td>10. Personalet giver pårørende mulighed for at deltage i beslutninger om behandling (10882)</td>
<td>12 5 15 32 36</td>
</tr>
<tr>
<td>38. Patienterne oplever én/flere har ansvar for samlet forløb af indlæggelse/besøg (13085)</td>
<td>9 8 21 32 30</td>
</tr>
<tr>
<td>32. Patienterne oplever, at afdeling og kommunal pleje samarbejder om udskriveelse (5743)</td>
<td>15 6 16 31 32</td>
</tr>
<tr>
<td>30. Informeret om (bi-)virkning ved ny medicin, der tages efter udskriveelse (11059)</td>
<td>13 8 18 30 31</td>
</tr>
<tr>
<td>8. Personalet spørger ind til patienternes egne erfaringer med sygdom/tillstand (17927)</td>
<td>11 8 28 23 23</td>
</tr>
</tbody>
</table>
Patient Decision Aids

Welcome

Patient decision aids are tools that help people become involved in decision making by making informed choices. They provide information about the options and outcomes, and by clarifying personal values, complement, rather than replace, counseling from a health practitioner.

How can I find decision aids?

- A to Z Inventory allows you to search for decision aids on particular health topics.
- Ottawa Personal/Family Decision Guides can be used for any health or social decision.
- Decision Aid Library Inventory (DALI) allows developers to enter information about their decision inventories.

Where are the online tutorials?

- The Ottawa Decision Support Tutorial (ODST), to help practitioners develop knowledge in shared decision support.
- The Ottawa Patient Decision Aid Development eTraining (ODAT) to help people create a patient development process.
- The Implementation Toolkit provides tools and training for incorporating decision support in practice.

What’s the evidence?

- An international research group updates the systematic review of trials of patient decision aids for decisions using Cochrane review methods.
- The International Patient Decision Aid Standards (IPDAS) Collaboration established a set of inte