

OPTIMIZATION OF SHARED DECISION MAKING: THE PLAN OF POSTSTROKE REHABILITATION VERSION 2.0

Hung-Ju Chen, Ya-Ting Liu

Department of Neurology, Wan Fang Hospital, Taipei Medical University, Taipei, Taiwan

INTRODUCTION

Stroke is a leading cause of disability worldwide. The outcome of stroke is indeed related to poststroke rehabilitation. Choosing an adequate rehabilitation plan is important for patients with stroke and their caregivers. Studies support some models are more effective than others, but there is no evidence that one best model can fit all patient’s conditions. We developed shared decision making (SDM) on this topic and optimized it to version 2.0 in order to make the process more efficient and acceptable.

METHODS

We investigated feedback on using version 1.0 and the demand for SDM from healthcare workers, stroke patients, and their caregivers. Under the instruction of experts in the field of SDM, version 1.0 was reviewed and revised in team meetings. The team consisted of different professionals participating in stroke care. A literature review to update the evidence of poststroke was performed. We simplified the content of patient decision aids (PDA), using about only half the words of the previous version in the instruction. The units of cost and frequency of rehabilitation were unified to make them more comprehensible. The β test was performed to confirm the feasibility. Version 2.0 is available through diverse accesses such as the website, application, poster, and leaflet. Healthcare workers are educated about the new version and encouraged to use SDM routinely for the target population. The effectiveness and acceptance of version 2.0 were evaluated by questionnaires. The time consumed in the SDM process was also recorded.



Fig. 1. Left. A stroke team meeting. Middle. SDM is propagandized and accessible on the hospital’s official application. Right. Posters showing SDM and PDA in the ward.

RESULTS

By completing the process of optimization, patient decision aids became more concise and comprehensible. SDM version 2.0 was applied more often in daily clinical practice. Compare to version 1.0, version 2.0 use shortened the time spent in the process of SDM by 55%, and increased the acceptance rate of stroke patients or their caregivers based on how they agreed with SDM helping to make a better decision from 82.2% to 86.84%. For healthcare workers, how they agreed with SDM helping the patients or caregivers to make a decision under the condition that important information was well understood was 68% and 91.43% for version 1.0 and version 2.0 separately. Both versions use could decrease the similar extent of anxiety of patients or caregivers by around 50%.

Poststroke Rehabilitation Plan	Outpatient/Home based		Inpatient based	
	Outpatient	Home	PAC	Non-PAC
MRS	From 2 to 5	From 2 to 3	From 3 to 4	From 2 to 5
Frequency (per month)	8~12 sessions	3~4 sessions	60~70 sessions	40~50 sessions
Cost (NTD per month)	Transportation fee + 1.2k	Long-term care subsidy	Around 10k~12k	Around 10k~15k
Connection	Through outpatient appointment	Evaluated by care manager	Arranged by stroke case manager	Seeking hospitals by patients/caregivers

Table. 1. Comparison of home, outpatient, and inpatient based poststroke rehabilitation plans

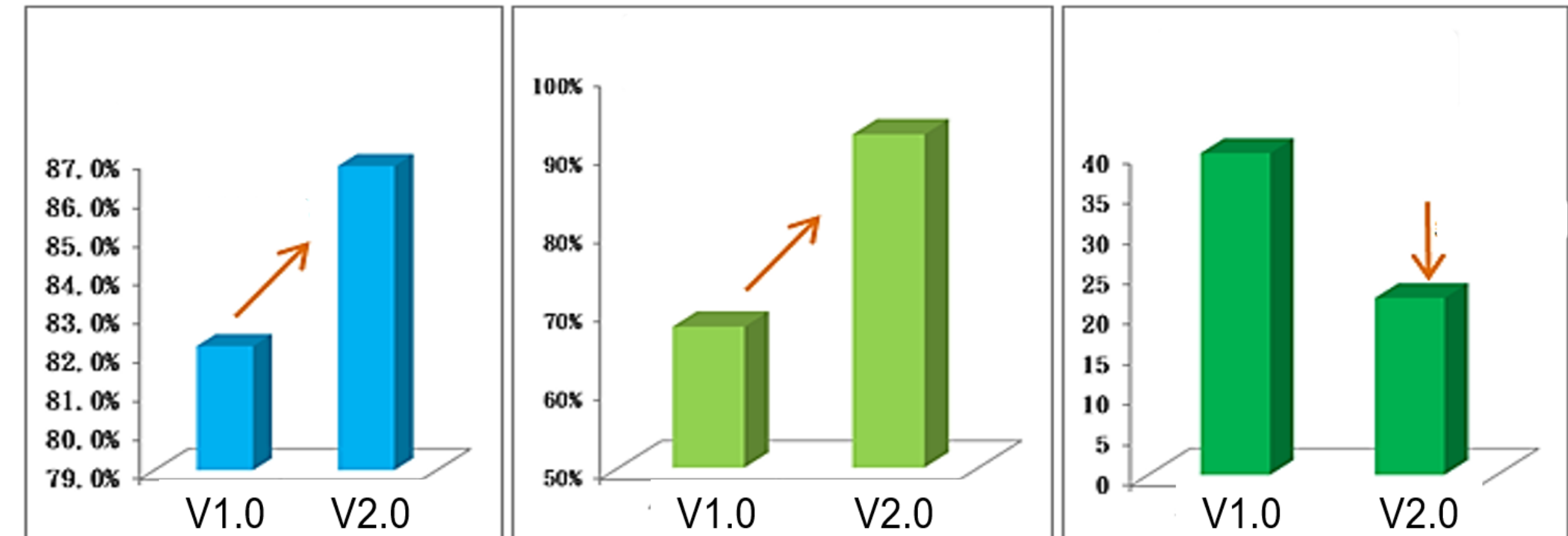


Fig. 2. Left. Acceptance of both versions in patients or caregivers. Middle. Acceptance of both versions in healthcare workers. Right. Time spent for the SDM was shorter in version 2.0.

DISCUSSION

Optimization of SDM should be conducted to improve the quality of care, and optimization is not just literature update or revision of the content. Extracting important information from the feedback of both sides is crucial. Leadership, teamwork, education, and promotion are also key elements in that process. Poststroke rehabilitation is still needed to be individualized according to current evidence. Our version 2.0 for choosing the plan of poststroke rehabilitation is more effective and acceptable in clinical practice. However, some improvement might be associated with better knowledge of stroke care and rehabilitation in patients and caregivers.

REFERENCES

1. Comparison of Cost-Effectiveness between Inpatient and Home-Based Post-Acute Care Models for Stroke Rehabilitation in Taiwan. Int J Environ Res Public Health. 2021 Apr 14;18(8):4129.
2. Home-based rehabilitation programs on postural balance, walking, and quality of life in patients with stroke: A single-blind, randomized controlled trial. Medicine (Baltimore). 2021 Sep 3;100(35):e27154.
3. A functional recovery profile for patients with stroke following post-acute rehabilitation care in Taiwan. J Formos Med Assoc. 2020.Jan;119(1Pt2):254-259.
4. Post-acute care for stroke – a retrospective cohort study in Taiwan. Patient Prefer Adherence. 2017; 11: 1309–1315.

