

Taiwan
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Optimizing Decision-making Aids To Enhance Doctor-patient Communication And Patient Engagement

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Introduction

Physicians and patients often have poor communication due to gaps in knowledge and values. To provide patients and their families with evidence-based information for different medical managements , we revised the patient decision aids (PDAs) that had been developed for three years to improve communications between medical staffs and patients.

Methods

Plan optimizing decision-making aids :

In February 2022, the responsible department reviewed the applicability of PDAs content that has been developed for three years and has used less than 50 patients.

類別	現況		進行方式					主題數量
	需求調查	文獻查證	決策地圖	需求調查	文獻查證	α test	β test	
優化(三年到期)	I	O			V	▲	▲	6
	II	O	X		V	▲	▲	1
		X	O					7
	III	X	X		V	V	V	3
新增				V	V	V	V	1
								合計 18

Leadership announcement :

In March ,in the Clinical Practice Guideline committee We reported the plans and invited all departments to participate. On March, we held an opening meeting to explain the planning schedule and implementation steps to the physicians in charge of each theme.



Employee training, activity promotion :

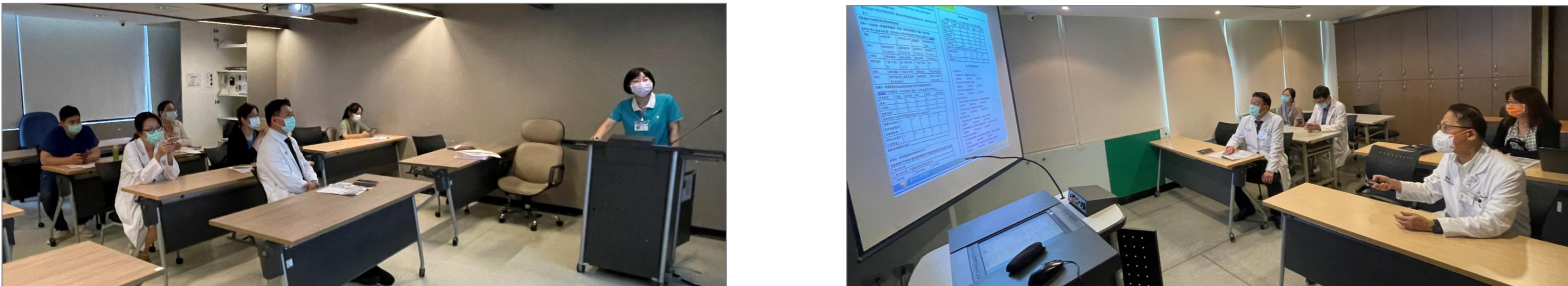
➤We held three online courses for education our colleagues about the relevant knowledge.1768 people participated with satisfaction rate of 91.1%.

Date	Topics	Attendance	Satisfaction	Pro test	Post test
Mar	The experience of PDA optimization	1135	90.4%	59.9	91.4▲
May	Practice SDM and look into the future	240	91.2%	71.1	97.3▲
Aug	SDM practice at Wan fang hospital	393	91.6%	78.1	93.1▲

➤In June, held expert coaching course for enhancing fundamental concepts step by step. Update the evidence from the latest literature.



➤In July, medical quality deputy president took mid-term review to confirm the progress and provide assistance.



Clinical implementation :

➤We made a video to teach clinical staff how to implement and save into the patient's medical record at the hospital computerized physician order entry. We printed the treatment comparison table with A4 size that is more focused on treatment to explain to patient more systematically.

- We reported this year's optimization themes and promotion process at the medical conference from August to October, encouraging clinical staff to implement for patients who meet.
- We used multi-channel to promot to patients, such as the clinc registration system, the hospital website, APP, and posters in the corridors outside the clinic/ward.



Results

- In addition to re-investigating patient needs, updating the EBM, simplifying and beautifying PDA
 - 7 of the 14 PDAs had been revised.
 - 2 topics have not been updated for the comparison of treatment, after EBM reviewed.
- From August 2022 to November 30, 2022, when the new version of the PDAs was launched,172 patients performed SDM, and 165 of them had chosen a treatment method that suited them.
- The acceptance questionnaire of PDAs
 - 60 medical staffs : “Improve the relationship between doctor and patient” (94%)
 - 77 patients : “Help me to prepare telling doctor what is most important to me”(86.2%).The anxiety score dropped from 4.04 to 2.39 before and after do the SDM.

Respondent	Questionnaire	Acceptance
Health care Provider	✓ Improve the relationship between doctor and patient	94%
	✓ Help patients participate in the decision-making process on their own terms	89%
	✓ Help patients understand how much they care these risks and benefits	89%
Patients	✓ Let you prepare to tell your doctor what matters most to you	86.2%
	✓ Help me know that this decision depends on what is most important to me	85.8%
	✓ Help me apprehend the advantages and disadvantage of each treatment	85.4%

Conclusion

- In the intelligence time, patients will check the relevant information of different treatment methods before go to hospital. If the information provided by the medical service provider is wrong, subsequent processing may cause resource consumption..
- Patients express their thoughts, and doctors provide alternative treatment methods based on these thoughts. We hopes to convey this concept to more teams, so that the implementation of shared decision-making between doctors and patients can be achieved clinically.Let each other make the most suitable decision together after sharing with each other..

Referance

- 劉人瑋、曾碧萊、張景年(2017)。以實證為基礎之決策輔助工具開發原則。醫療品質雜誌。11(4),25-30.
- 張耀懋、楊欣潔、侯文萱、徐約翰(2016)。醫病共享決策—如何讓民眾聽得懂、看得懂。醫療品質雜誌。10(4),36-39 .
- Ian Hargraves, Annie LeBlanc, Nilay D. Shah, and Victor M. Montori(2016).Shared Decision Making:The Need For Patient-Clinician Conversation, Not Just Information. HEALTH AFFAIRS.35(4).