

Shorten the distance between us and patients- Shared decision making, SDM

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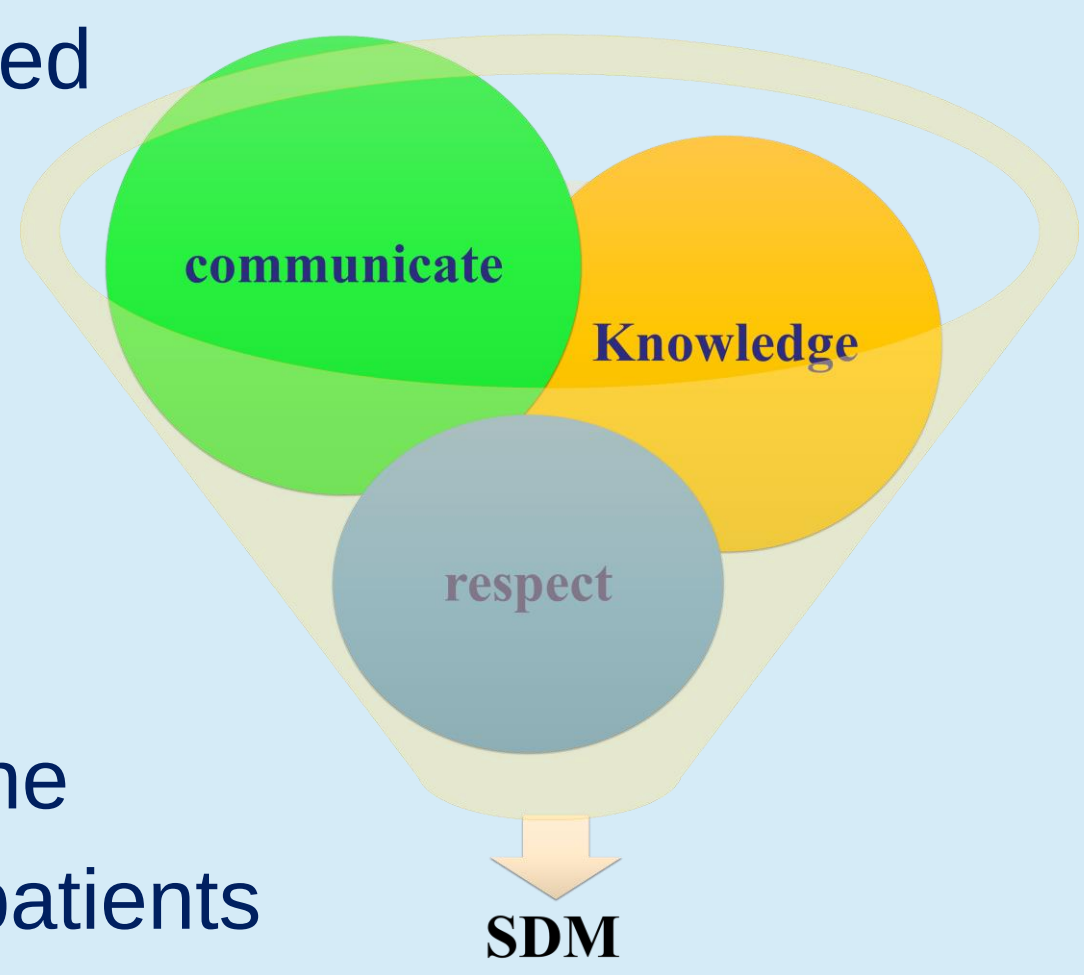
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INTRODUCTION

In the traditional medical in Taiwan, the patient due to asymmetrical medical information, the degree and willingness to participate in medical decision-making is relatively low.

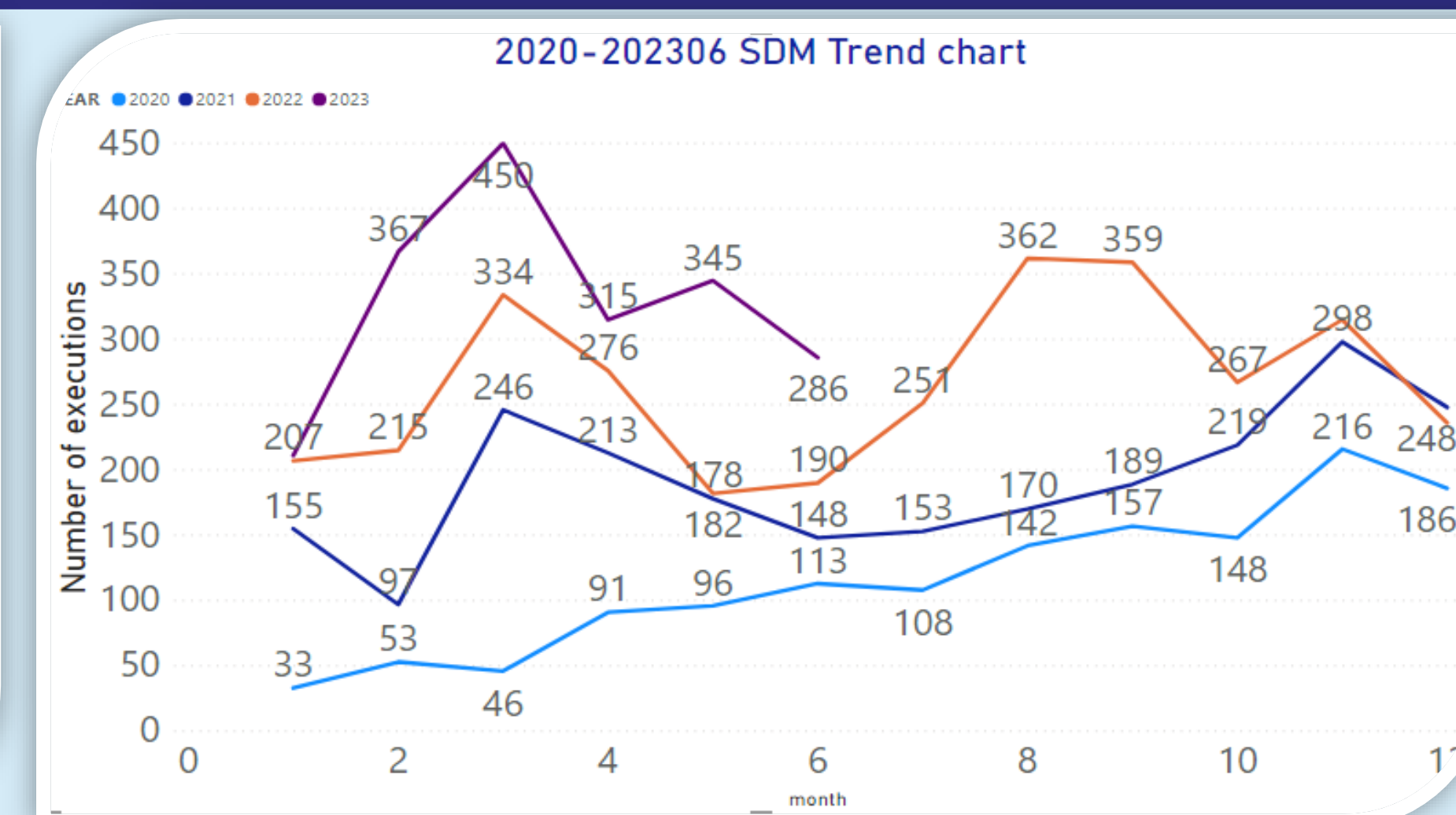
Shared decision-making is a patient-centered clinical medical execution process, combining the three elements of knowledge、communication and respect. The purpose is to allow medical staff and patients to make Medical decisions, ability to share existing evidence-based medical outcomes, Integrate the patient's own preferences and values, provide patients with all possible options, and clinical staff and patients be involved together, build consensus on medical decisions and support patients in making medical decisions that align with their preferences。



Problem analysis

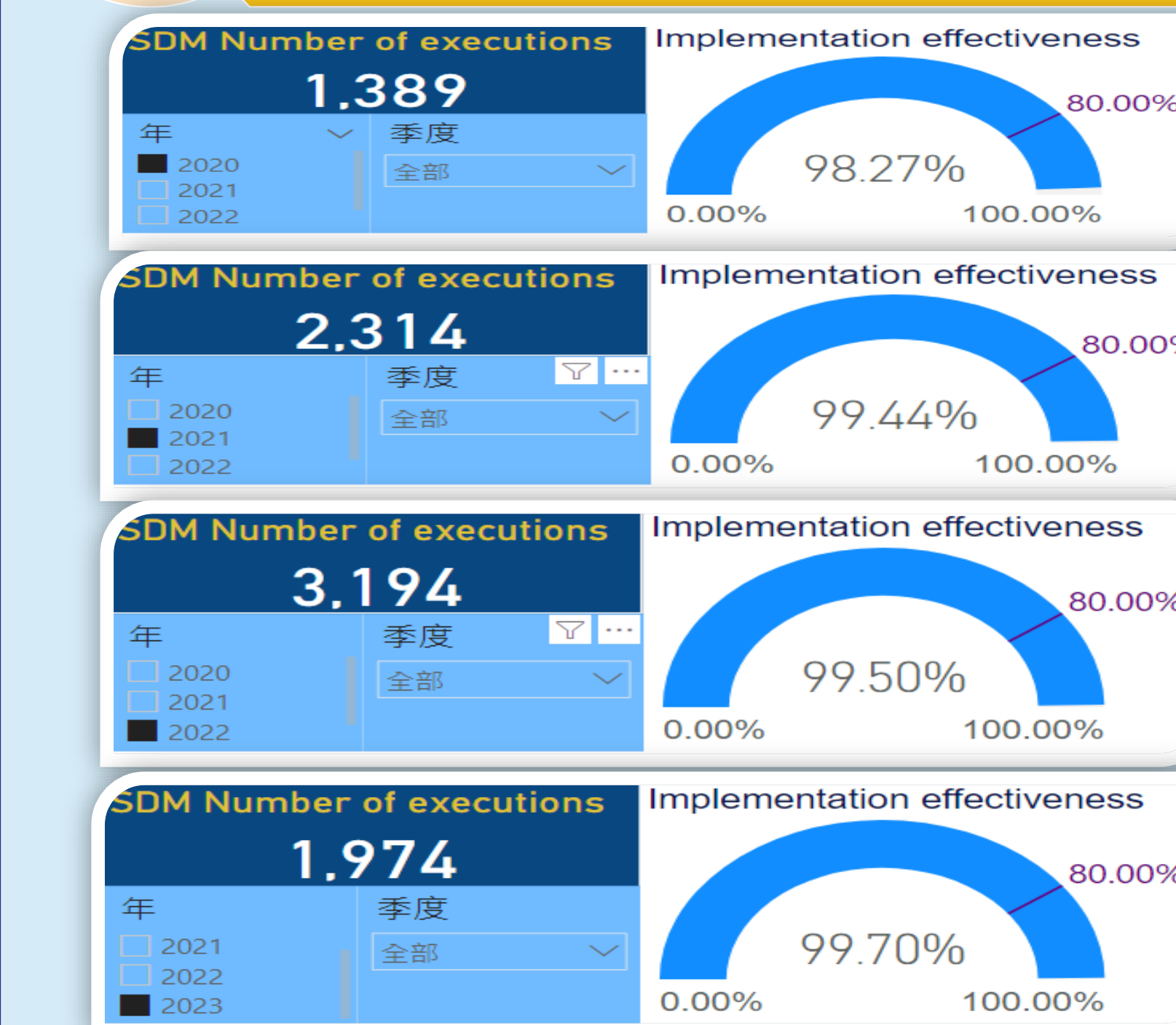
- ✎ The team does not know how to guide the patient or family members to speak out their psychological thoughts.
- ✎ The team does not have a shared decision-making tool for doctors and patients to use.
- ✎ There is no fixed field to record the result of the execution.
- ✎ Physician record location is inconsistent and difficult to query.
- ✎ No manpower to collect statistics and analyze data.
- ✎ It is not possible to know the specific implementation effect.

RESULTS



2020~2022 SDM Execution Volume Increased from 1389 to 3194

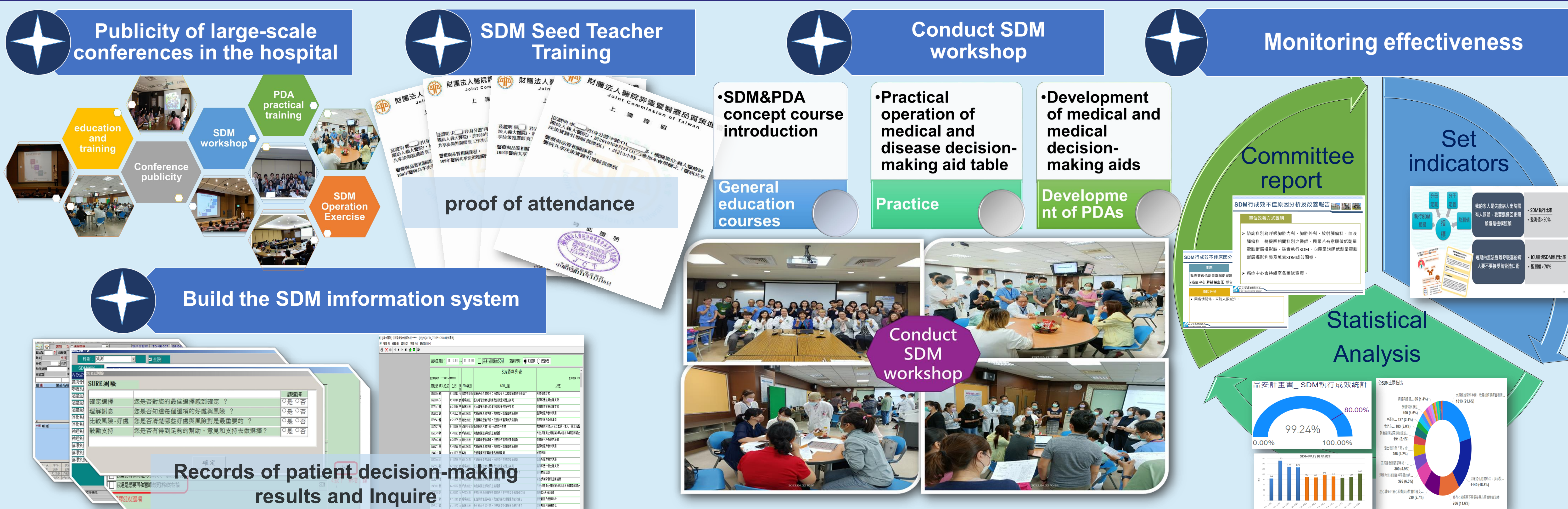
2020~202306 SDM execution volumerising rising every month



2020~202306 Implementation effectiveness increased from 98.27% to 99.7%

Taiwan Patient Safety SDM Competition Awarded

METHOD



CONCLUSIONS

Importantly, consultation times in outpatient settings were not prolonged in the majority of studies when an encounter decision aid was used. Using decision aids for SDM can be mutually beneficial for patients as well as clinicians.(claudia caroline Dobler et al., 2019) Nine of the 13 studies looking at clinic hours found that the SDM measure did not affect physician visit time.It is hoped that through the introduction of SDM, the communication between doctors and patients can be promoted, the cognitive differences between doctors and patients can be reduced, the quality of medical care can be improved, the occurrence of medical disputes can be reduced, and a win-win situation can be created for both doctors and patients.

REFERENCES

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2. C.C. Dobler, M. Sanchez, M.R. Gionfriddo, N.A. Alvarez-Villalobos, N. Singh Ospina, G. Spencer-Bonilla, B. Thorsteinsdottir, R. Benkhadra, P.J. Erwin, C.P. West, J.P. Brito, M.H. Murad, V.M. Montori, Impact of decision aids used during clinical encounters on clinician outcomes and consultation length: A systematic review, BMJ Qual. Saf. (2019). <http://dx.doi.org/10.1136/bmjqs-2018-008022>

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