



Implementation and Prospects of Shared Decision-Making between Healthcare Providers and Patients : A Case Study of a Medical Center

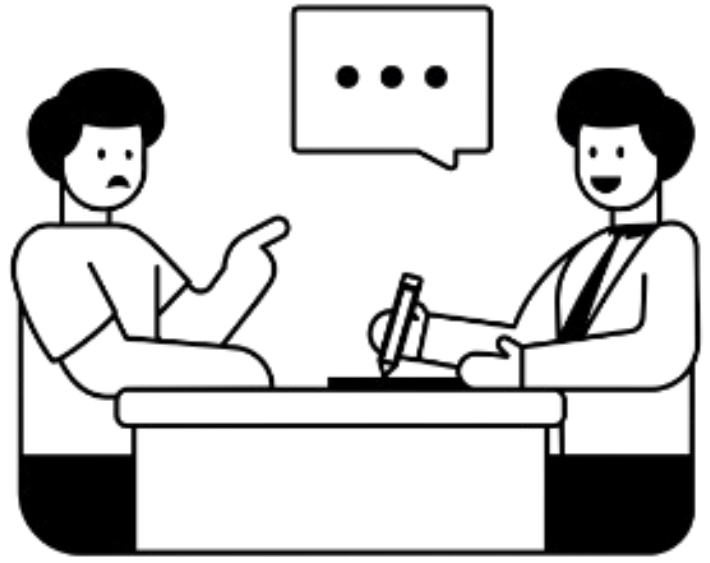
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INTRODUCTION

In accordance with the Ministry of Health and Welfare’s 2022-2023 hospital medical quality and patient safety goals, and the guiding principles of the Joint Commission of Taiwan, the Tri-Service General Hospital uses patient decision aids (PDAs) to help doctors and both outpatient and inpatient patients reach a consensus on medical decisions. This also assists medical team members in reducing medical disputes.



The institution has formulated three implementation strategies based on its promotional approach:

- 1.Enhance awareness of Shared Decision Making (SDM) among colleagues and the public within the institution.
- 2.Develop a diverse and distinctive SDM support tool based on high-quality, evidence-based medicine.
- 3.Integrate the decision support tool into clinical workflows and ensure the quality of its implementation.

METHOD

This study involves a medical-patient SDM working group.



Our hospital issue bonus incentives as follows:

- 1.When the team develops or updates a PDA and it passes the ”International Patient Decision Aids Standards”.
- 2.After clinical staff complete each patient SDM and the corresponding electronic record, an additional bonus will be issued to the executor.
3. To encourage departments to strive for excellence, special rewards will be given to the department’s lead physicians after the number of SDM cases and the quality of execution have successfully passed peer review.



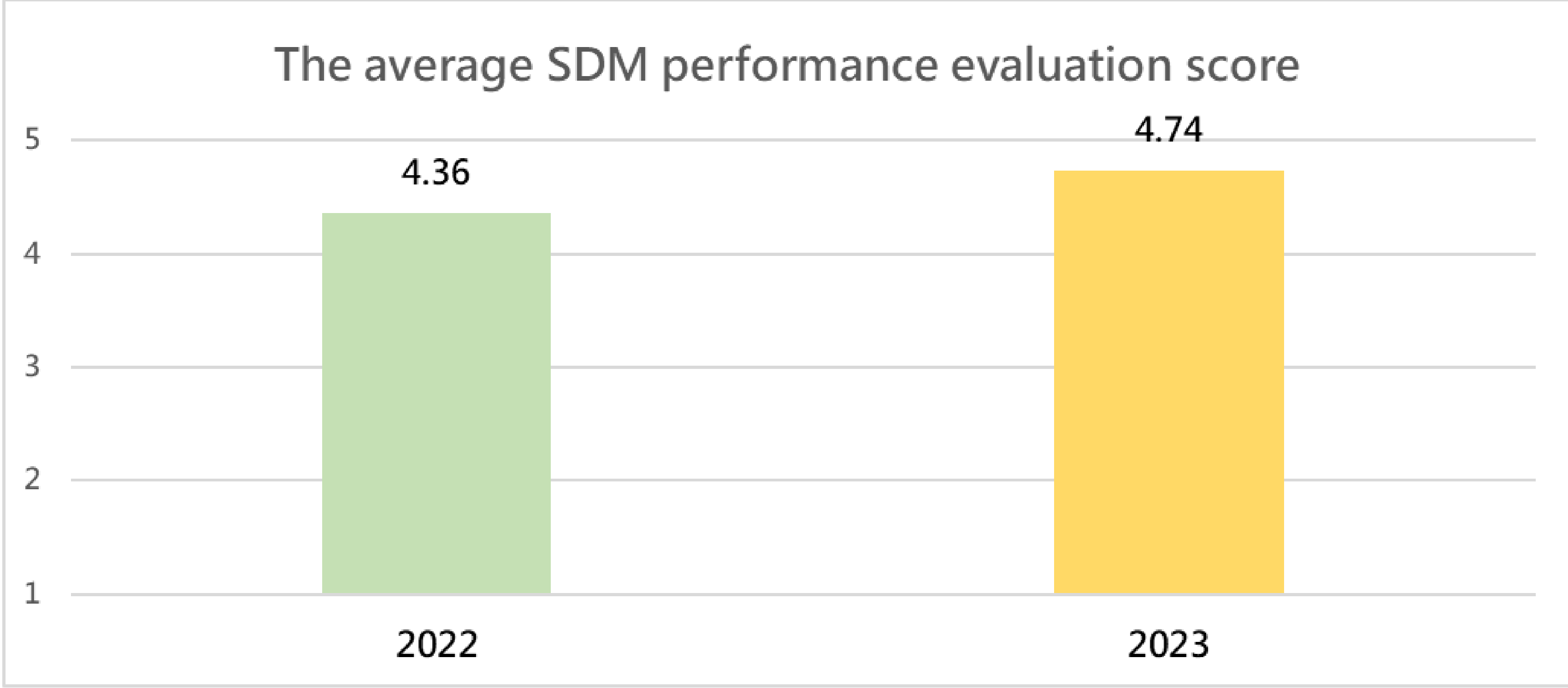
In the education and training sector, the institution categorizes courses into two types :

Online courses	Face-to-face courses
knowledge and concepts, tool development, and clinical application.	workshops on tool development, training for decision guidance coaches, inviting experts from the Decision Support Committee

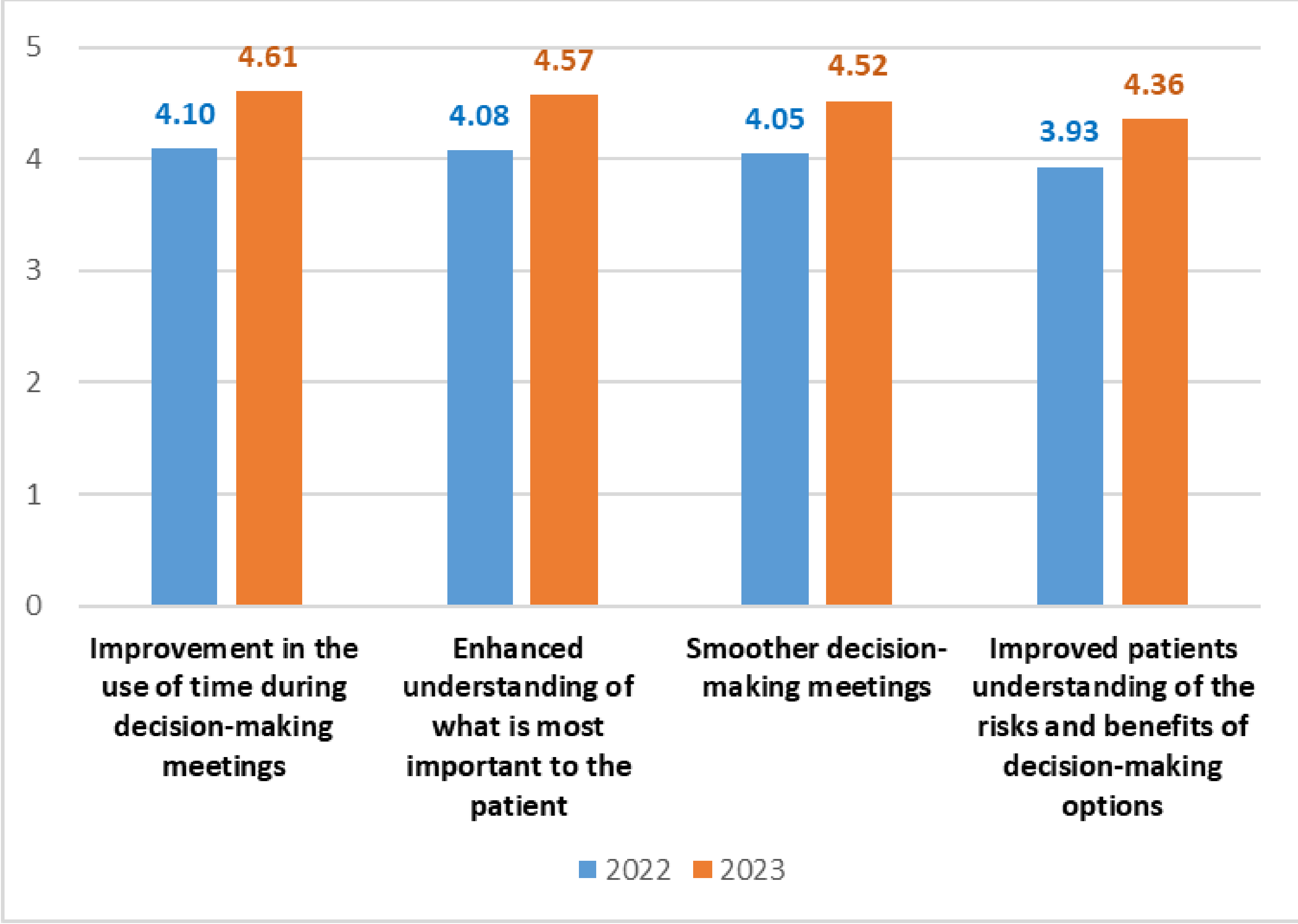
RESULTS

The hospital conducted statistics on 2,278 SDM cases and used a 5-point Likert-scale to evaluation effectiveness in 2023.

1.The average SDM performance evaluation score was 4.74, an increase of 0.38 compared to 2022.



- 2.Improvement in the use of time during decision-making meetings (average increase of 0.51).
- 3.Enhanced understanding of what is most important to the patient (average increase of 0.49).
- 4.Smoothier decision-making meetings (average increase of 0.47).
- 5 Improved patients understanding of the risks and benefits of decision-making options(average increase of 0.43).



The statistics show that medical staff are more comfortable using PDAs, and are increasingly willing to use these tools to assist in medical decision-making.

On the patient side, the results indicate that SDM helps patients better understand their condition and work with doctors to find mutually accepted treatment guidelines.

CONCLUSIONS

Although the promotion of SDM has been fully implemented in our hospital, patient Feedback indicates that multiple meetings and discussions are often needed to help patients make informed decisions. Additionally, medical staff face challenges due to limited outpatient clinic time, a high volume of patients, and the somewhat complex forms that needed to be completed, leaving insufficient time for thorough communication with patients. On the implementation side, the supporting processes and information systems for SDM are not very user-friendly. However, we have introduced a medical-patient shared decision-making platform system in 2024, with the hope that it will effectively address the challenges and improve the overall implementation process.

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