

“Shared decision-making is a shared responsibility”

Action research to support maintenance for shared decision making in Santeon

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Background

As part of the Experiment outcome indicators (2019-2022), the Santeon-group has developed, implemented and evaluated multifaceted, outcome-based approaches (including e.g. team training and availability of decision aids) to improve shared decision making (SDM) within three patient populations (kidney failure, stroke and breast cancer).

Aim: To optimize maintenance of SDM by Value Based HealthCare (VBHC) improvement teams *after* the Experiment, we sought to continue efforts of engaging the teams by reflecting on their SDM experiences, ambitions and needs; and support them in making future action plans.

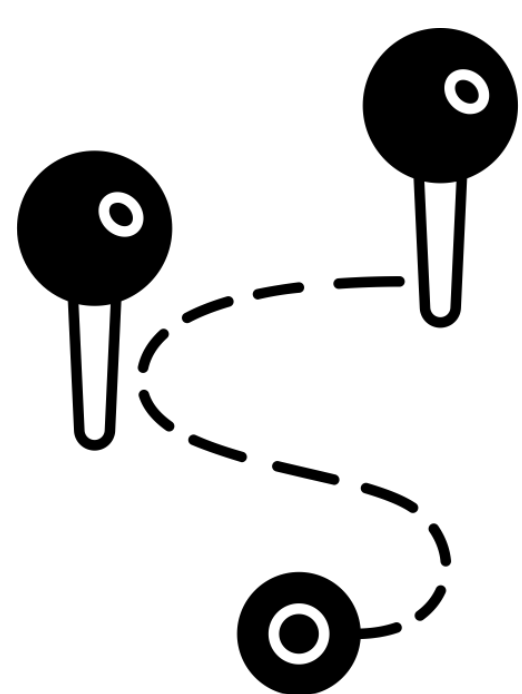
Methods

- Participants: clinicians, specialized nurses, nurses and project leaders from 17 VBHC-improvement teams specialized in one of three medical conditions (6 stroke, 6 kidney failure, 5 breast cancer) in 7 hospitals.
- Design: Action research process including:
 - Team reflections and evaluation sessions to discuss experiences, ambitions and needs with regard to SDM
 - Development of brief action plans with the teams
- All sessions were transcribed, double coded and categorized by two independent researchers.

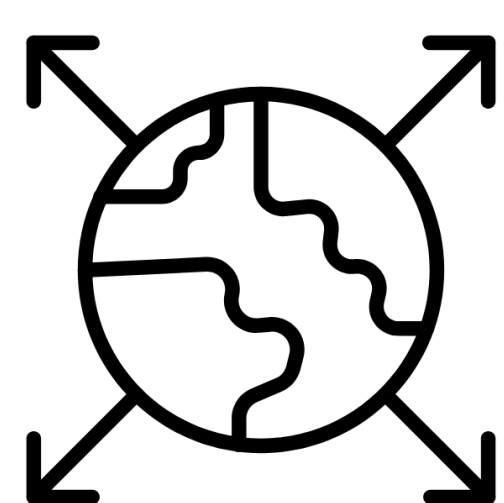
Results

17 group discussions were held. Teams were positive about SDM and willing to (continuously) improve their level of SDM. Despite implementation efforts, not all teams were at the maintenance level.

Five needs for maintenance of SDM came forward:



1) Embedding SDM in the full care trajectory (meetings, uniform information provision, electronic medical record)



2) Expansion of tools & training for other decisions, populations and contexts + new personnel



3) Ongoing evaluation and benchmarking of SDM in VBHC context



4) Embracing SDM as a team (all on board)



5) Resources (structured budget and time for personnel and tools)



126 actions were formulated in 15 plans. The majority focusing on embedding SDM (in general) in daily practice by implementing and expanding tools, learning and improving together, optimizing use of tools and training. The VBHC context was seen as an important vehicle for this.

Conclusion

Continued efforts are needed to ensure maintenance of SDM behavior, especially for structured integration of SDM and tools in the care trajectory, and to ensure required budgets. Existing collaborations and VBHC-initiatives were seen as important facilitators for continuous improvement of SDM and shared learning. Most teams developed action plans to improve maintenance of SDM. We are currently interviewing the teams about the status of SDM one year after developing these local plans.

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