

International Forum, Copenhagen 2023

L6: Yes, it works – Integration of improvement methods into Shared Decision Making implementation

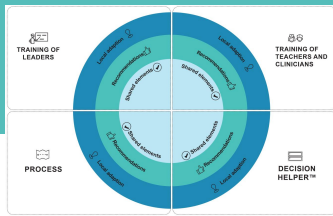
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Lillebaelt University Hospital of Southern
Denmark*

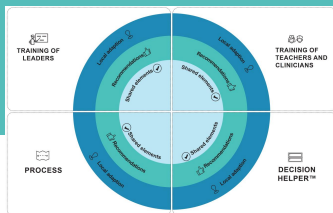
Conflict of interest - Disclosure

I have NO conflicts of interest to disclose

What is Shared Decision Making

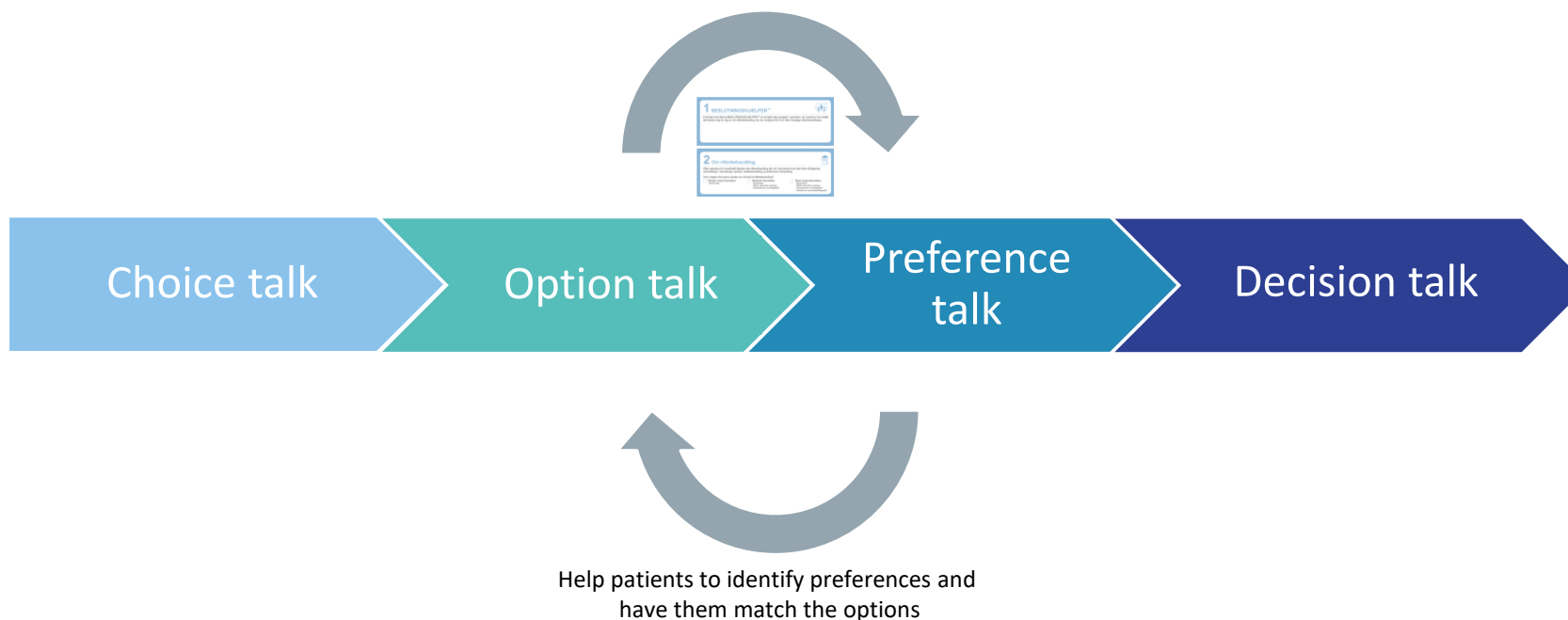


How many of you know about Shared Decision Making?



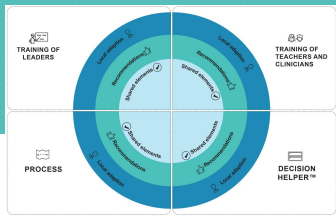
How to practice shared decision making?

Often with integration of patient decision aids



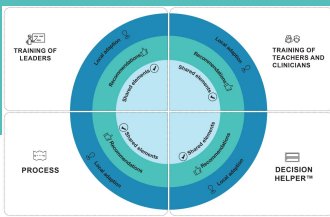
Ref: Elwyn G, Shared Decision Making: A Model for Clinical Practice. *J Gen Intern Med.* 2012 October; 27(10): 1361–1367

What is Shared Decision Making?



Discuss two and two about the subject “**change**” in your department **either implementing Shared Decision Making or projects about patient involvement or similar to that.**

How is this “**change**” meaningful for the staff members?

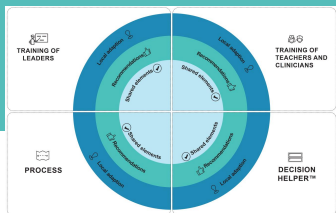


Danish Regions

Facts about Denmark:

- Denmark is a relatively small country (6 Mio. citizens)
- Tax-based health care system.
- The hospital-based health care is organized in five regions
- There are room for regional adjustment of services within the financial and national regulatory framework

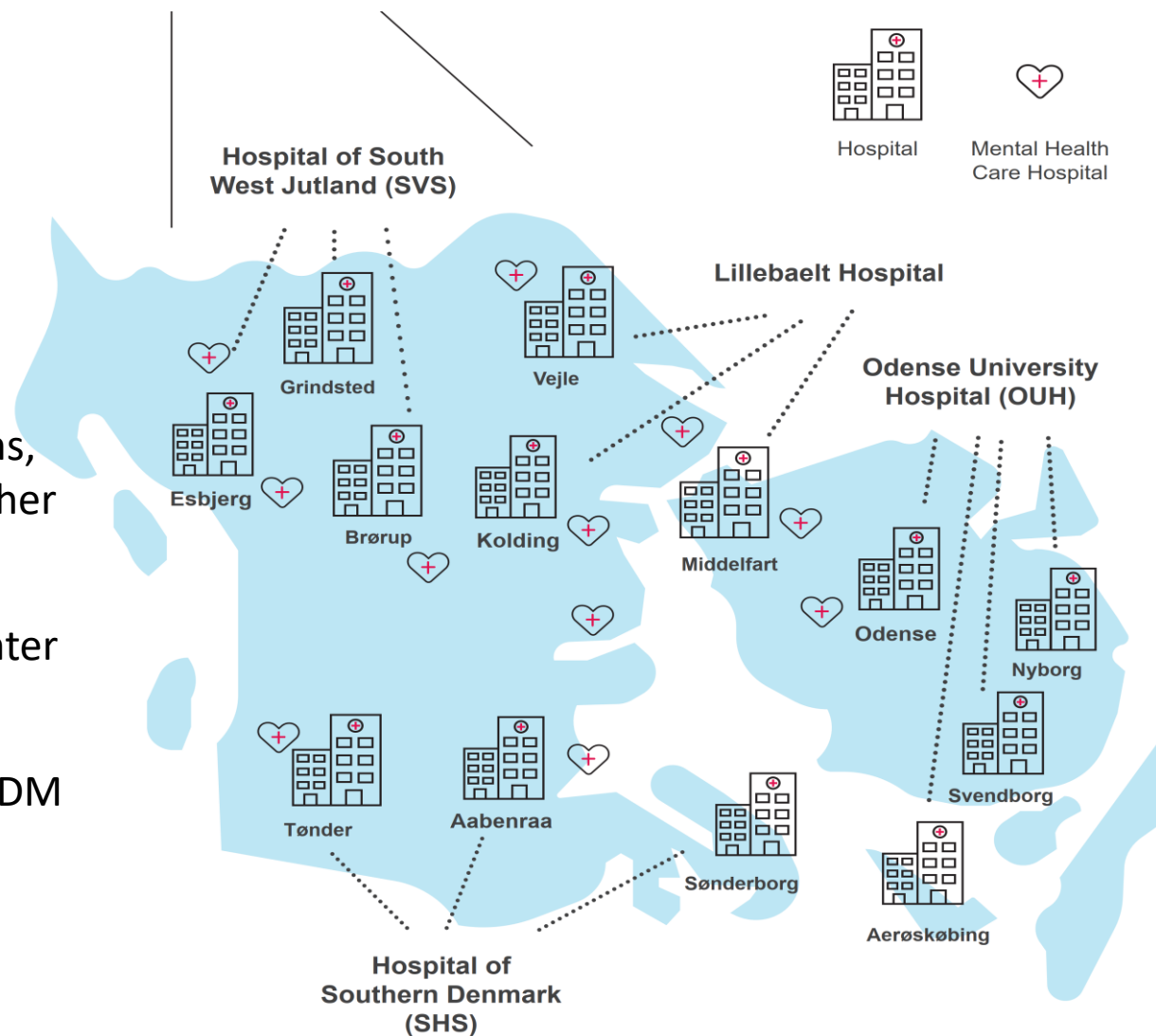


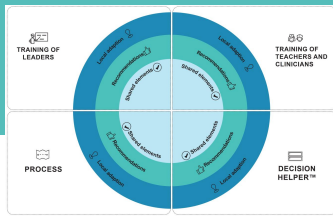


The Region of Southern Denmark

Facts about The Region of Southern Denmark:

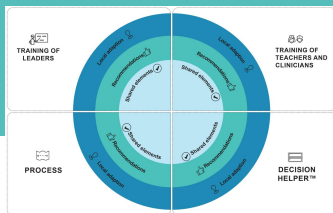
- 1.2 Mio. citizens
- Five major hospital units
- 25,000 employees, mainly physicians, nurses, therapists, midwives and other health care professionals
- Lillebaelt Hospital established a Center for Shared Decision Making in 2014
- The initial focus of the center was SDM research and from 2019 implementation focus was added






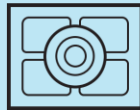


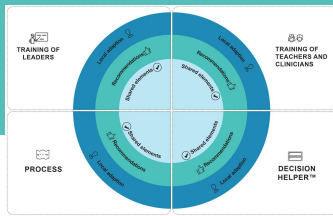
Background

- In 2019, the Region of Southern Denmark decided that SDM should be implemented in all regional hospital units, based on the results from Center for Shared Decision Making
- Aim:
 - implement SDM across hospital sites, medical specialties and clinical departments
 - evaluate the process and results
 - make recommendations on how to implement SDM in real-world settings.
 - develop a pragmatic model that can ensure lasting SDM based on learnings from the large-scale real-world implementation process

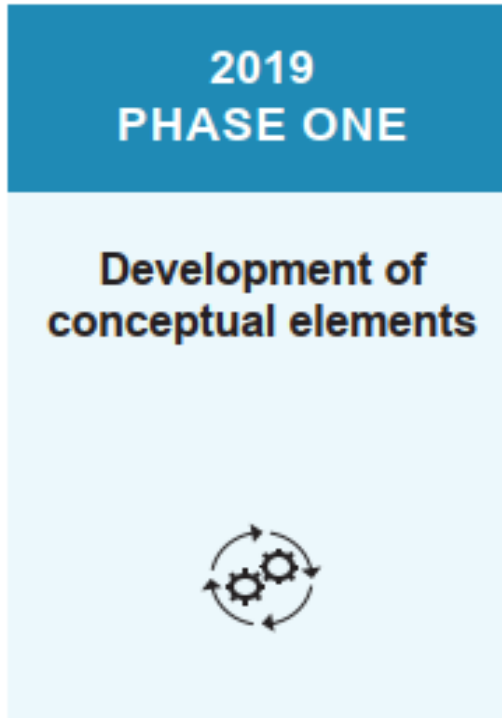


Methods

2019 PHASE ONE	2019-2020 PHASE TWO	2020 PHASE THREE	2020-2021 PHASE FOUR
Development of conceptual elements 	Field testing <p>Concurrently participant evaluations</p> 	Evaluation <p>Overall evaluations and learnings</p> 	Development of final implementation model 

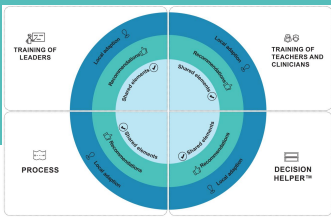


Methods



- **A:** Train the Leaders
- **B:** Teach the Teachers
- **C:** Training of clinicians
- **D:** Patient Decision Aids (The Decision Helper)
- **E:** Systematic planning of the implementation process
- **F:** Support from Center for Shared Decision Making

Methods



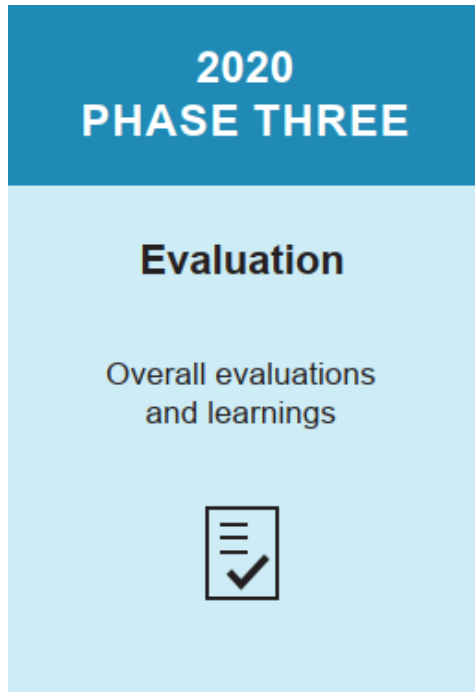
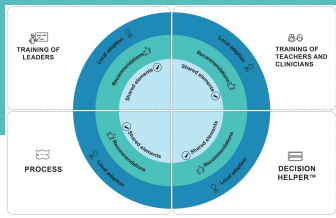
**2019-2020
PHASE TWO**

Field testing

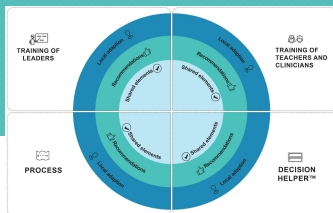
Concurrently
participant evaluations

- Two to three first-mover departments at each of the five regional hospital units were selected, representing a variety of departments and specialties
- All first-mover departments integrated all the conceptual elements in their SDM implementation process
- Support from local SDM consultants and Center for Shared Decision Making

Methods



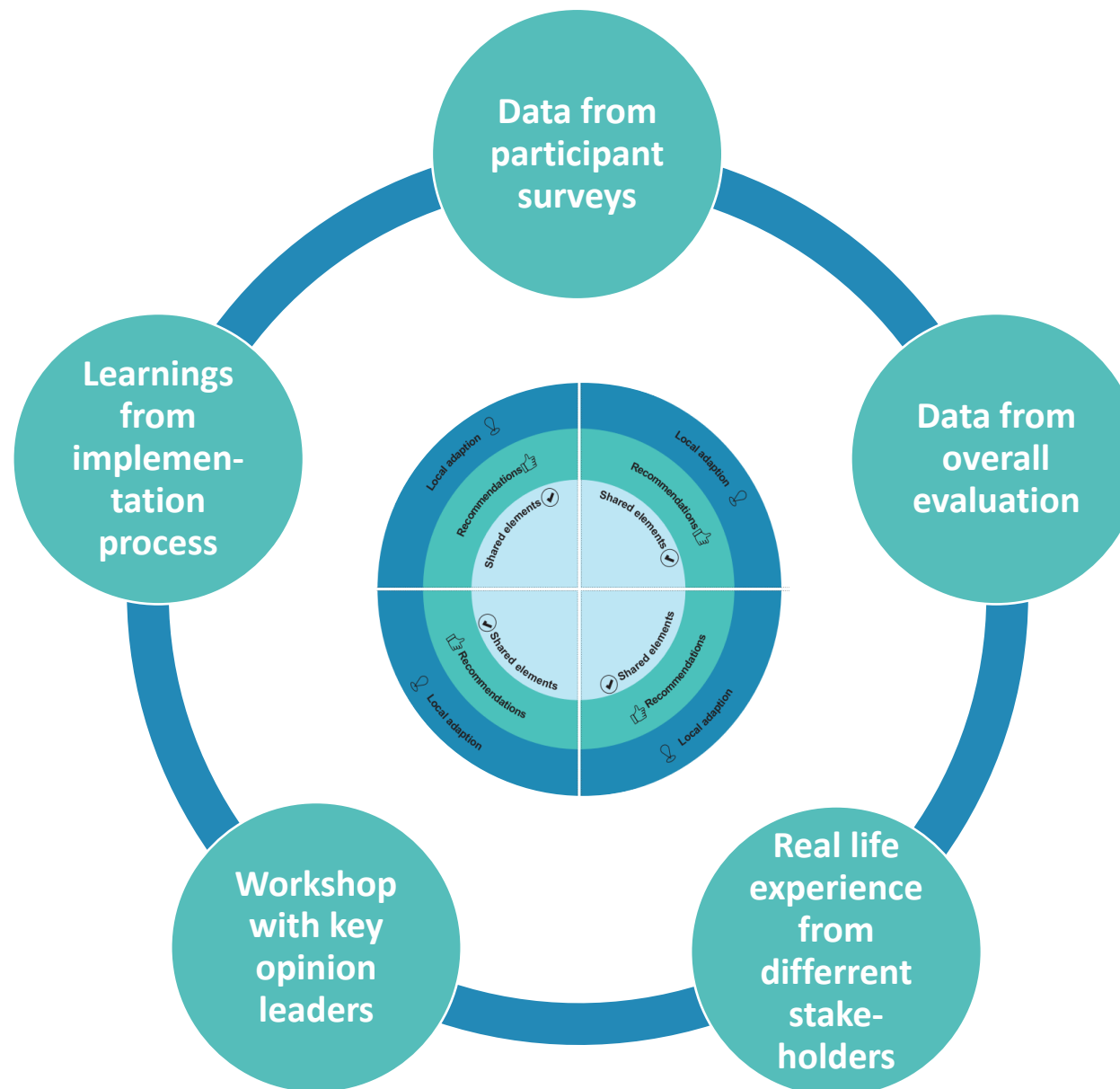
- Three different surveys evaluating the elements of "training the leaders", "Teaching the teachers" and "development of PtDAs" was done concurrently
- An overall evaluation after one year with an electronic questionnaire with questions answered on a 5-point Likert scale and open ended questions
- Ongoing discussions and adjustments were important for the understanding of feasibility and working mechanisms and led to important learnings during the implementation process

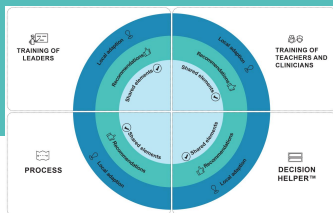


Methods → SDM:HOSP

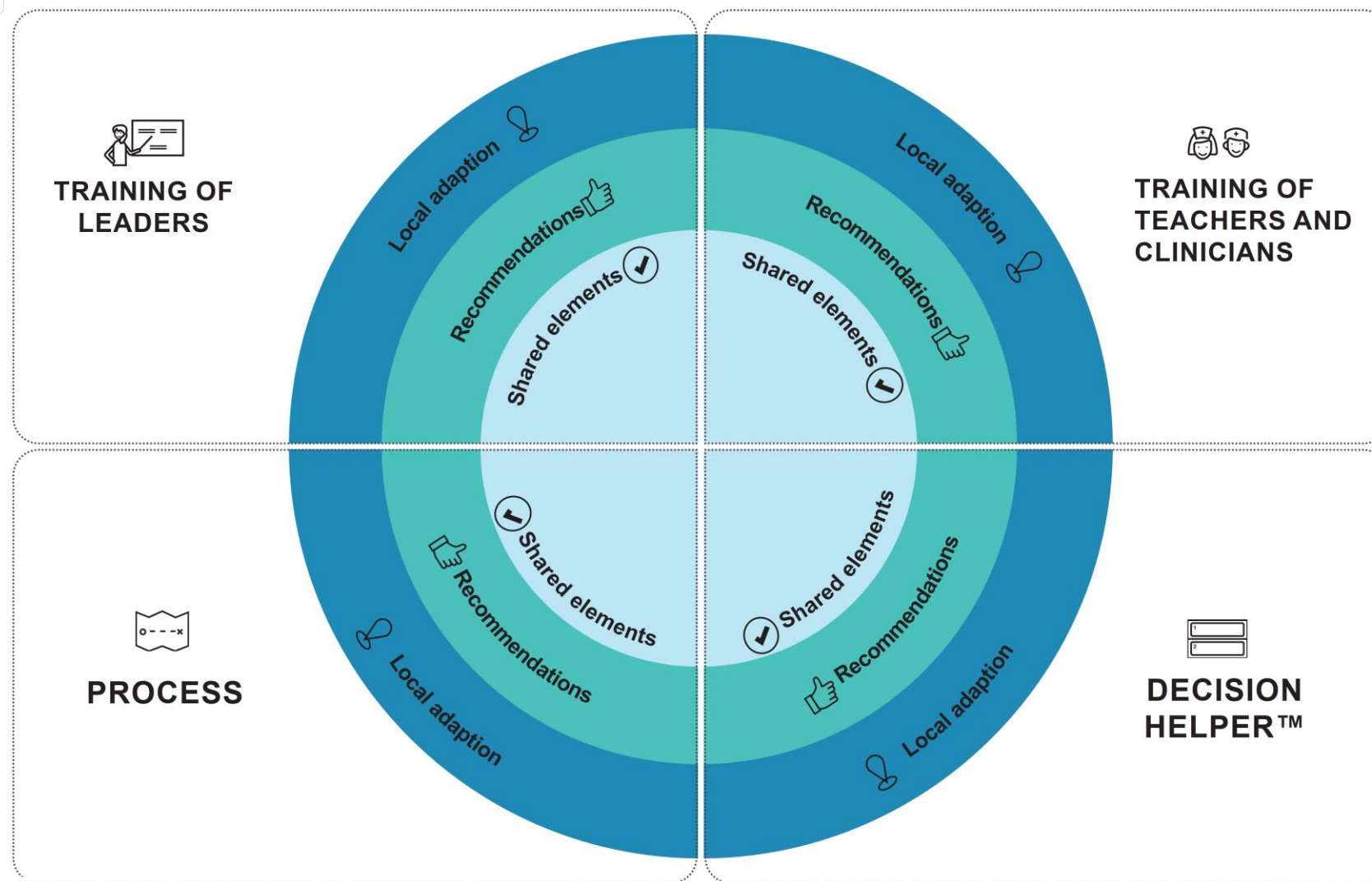
**2020-2021
PHASE FOUR**

**Development of final
implementation model**

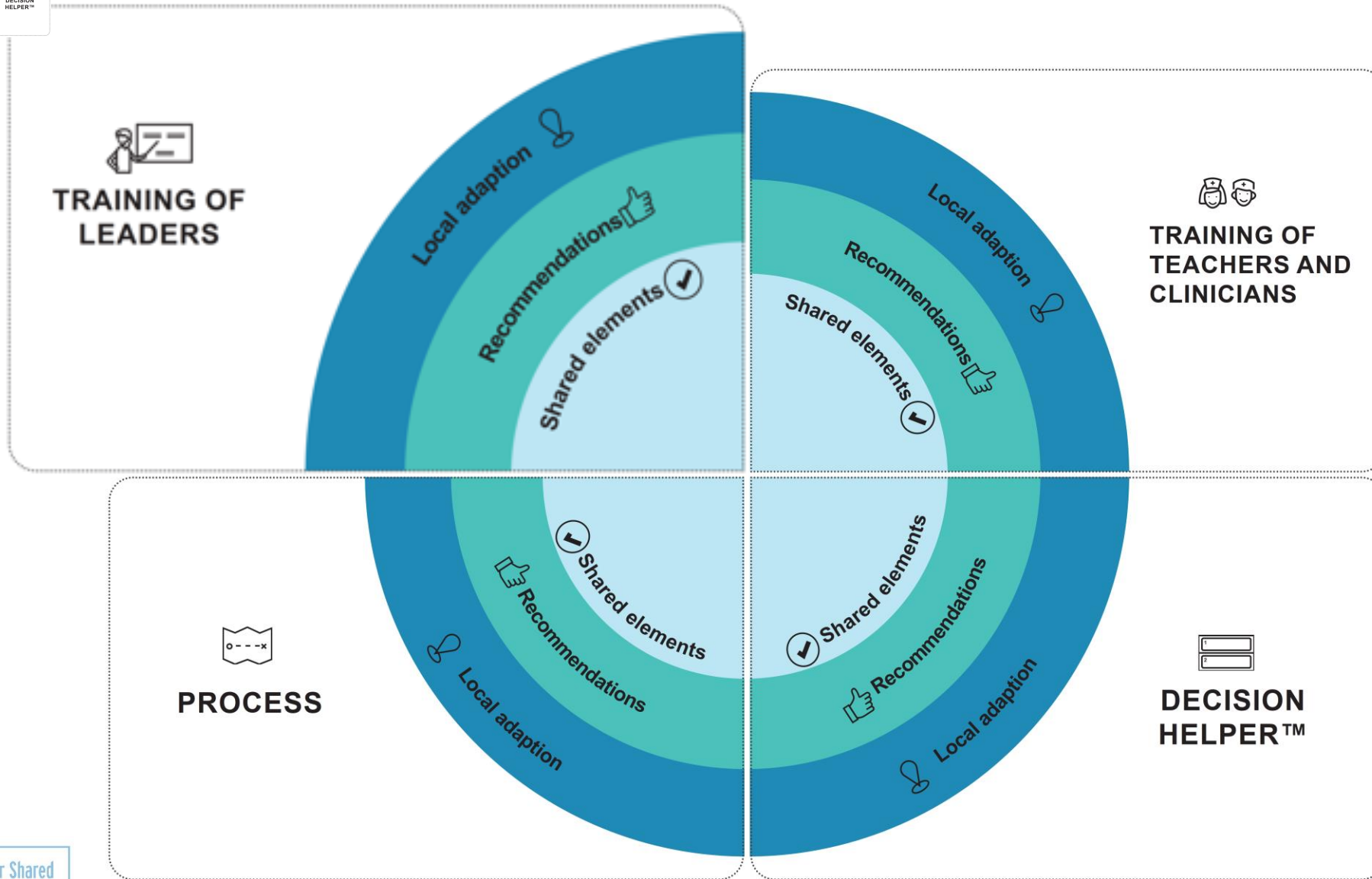
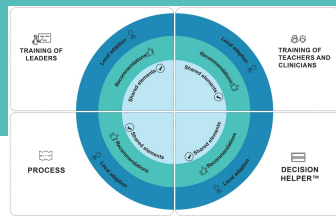


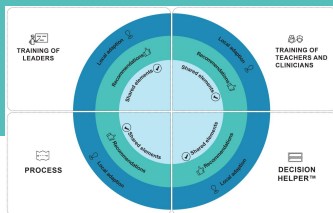


Results – SDM:HOSP



Results – SDM:HOSP





Results

TRAINING OF LEADERS



Shared elements:

- Organise a course of min. three hours in shared decision making for leaders
- Teachers are local implementation consultants with feedback from teachers of Center for Shared Decision Making
- Obligatory course material



Recommendations:

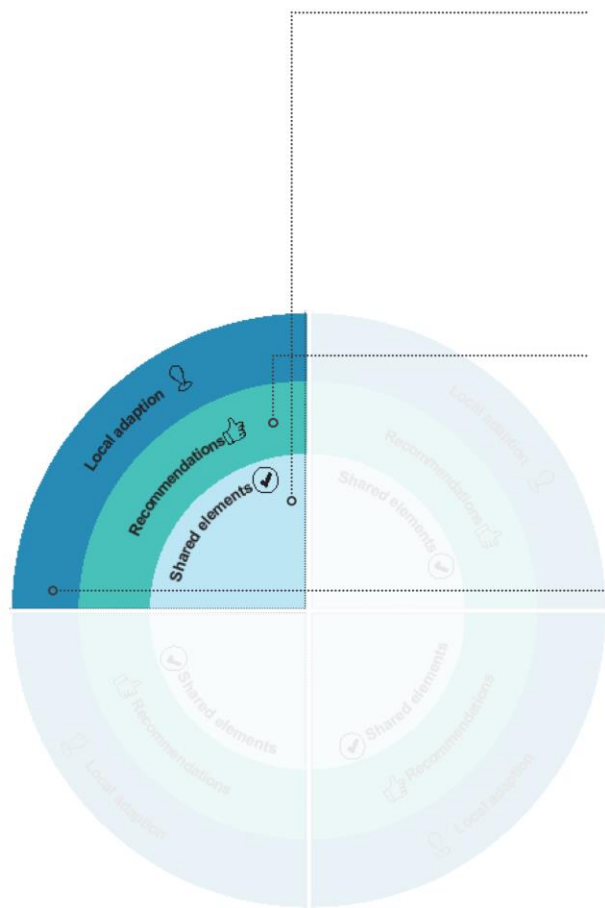
- Leaders at all levels participate in the course
- As many leaders as possible from the same department* participate over time



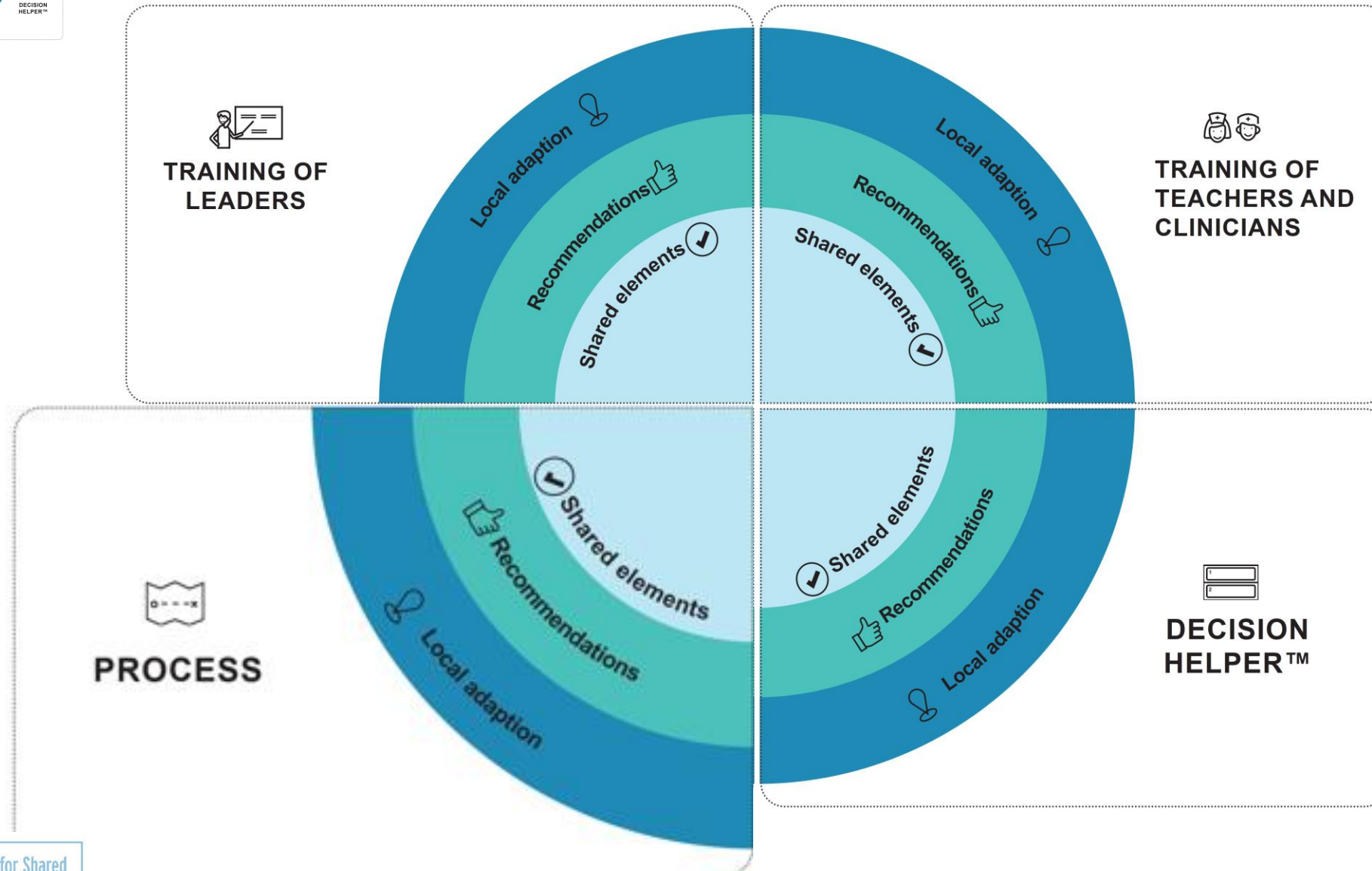
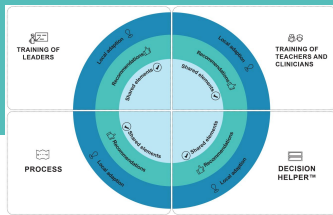
Local adaption of elements:

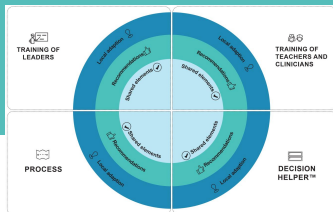
- Local supplements to obligatory course material
- Center for Shared Decision Making can be involved in case of large classes

*Definition of department depends on the setting. It may also refer to a section, a team or a field.



Results – SDM:HOSP





Results

PROCESS

Shared elements:



- Preparatory meetings with clinical leader teams as kick-off for implementation
- A systematic process and sustainability plan is prepared and integrated into the process, entailing a fixed series of meetings and standard agenda



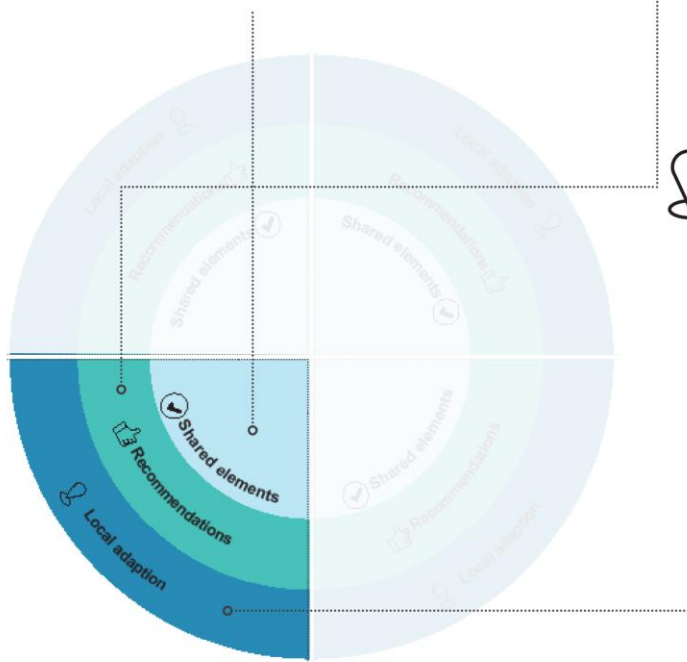
Recommendations:

- Patients should be engaged in the implementation activities in the department*
- Use materials that activate the patients during the decision process
- Initiate implementation activities focusing on the department's culture of involving patients
- Use methods already know from the Health Care Improvement Model in the Region of Southern Denmark

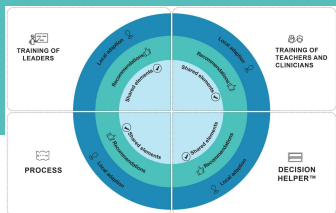


Local adaption of elements:

- Number of departments* working on implementation
- Duration of the process and sustainability plan
- Content on the standard agenda
- Implementation activities in clinical departments*
- Random checks of OPTION12 measurements as an indicator for progress in the department* and for feedback, both individually and in groups

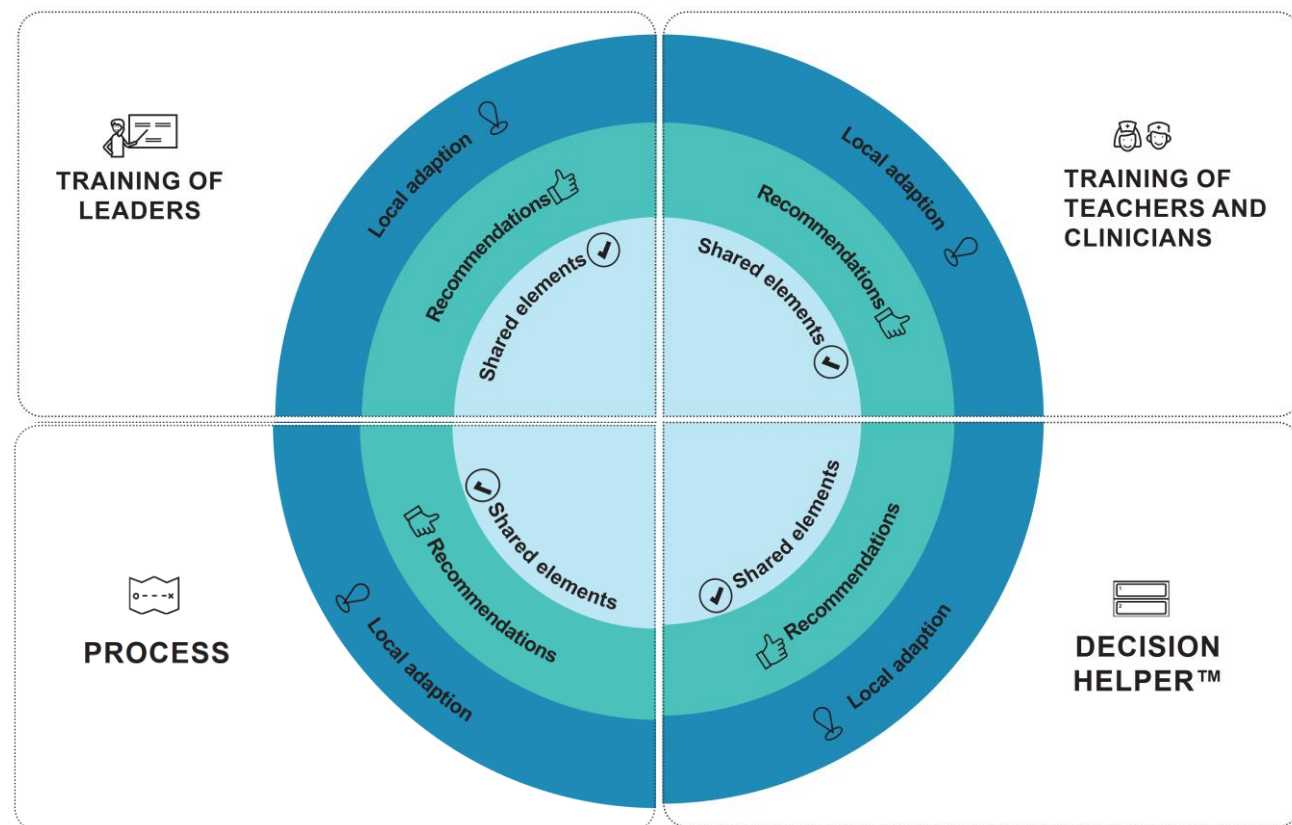


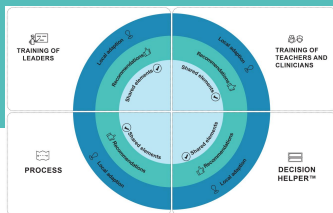
*Definition of department depends on the setting. It may also refer to a section, a team or a field.



Conclusion → SDM:HOSP

- We developed a feasible and acceptable model for implementation of SDM across hospitals and departments
- The overall design can easily be adapted to other organizations and be adjusted to fit the specific organization and culture





Improvement methods used in SDM:HOSP

PROCESS

Shared elements:

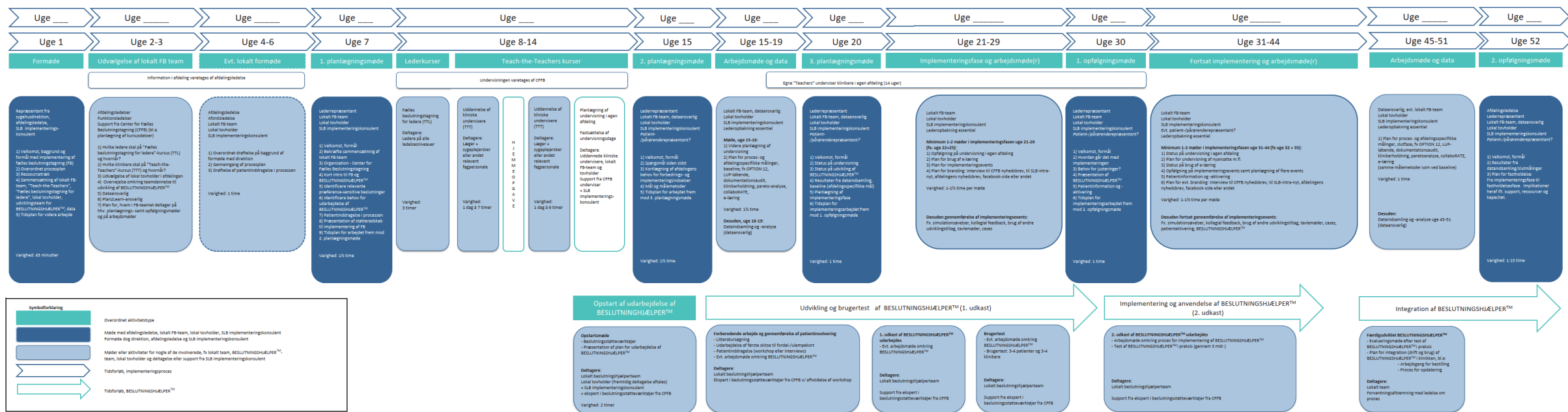
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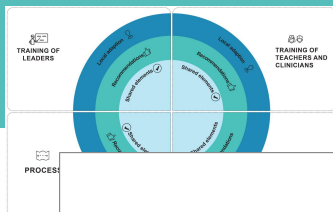
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PROCES FOR IMPLEMENTERING AF FÆLLES BESLUTNINGSTAGNING



Improvement methods used in SDM:HOSP



Pareto - percentage distribution

■ All centers ■ Dep. X ■ Dep. Y ■ Dep. Z

I need tools to help me practice SDM

I am not sure my patients want me to practice SDM

I am the health care professional, so my patients want me to decide for them

I think my patients get insecure, if I present them with a lot of options

I do not think my patients are able to make decisions about their treatment

I do not think my patients have the preconditions to figure out the consequences of the different options

I need proof that SDM makes a difference to the patient

I do not have the time to practice SDM. Consultations would take too long

There are so many things going on, and I do not have the energy to practice SDM

I need knowledge and education about SDM

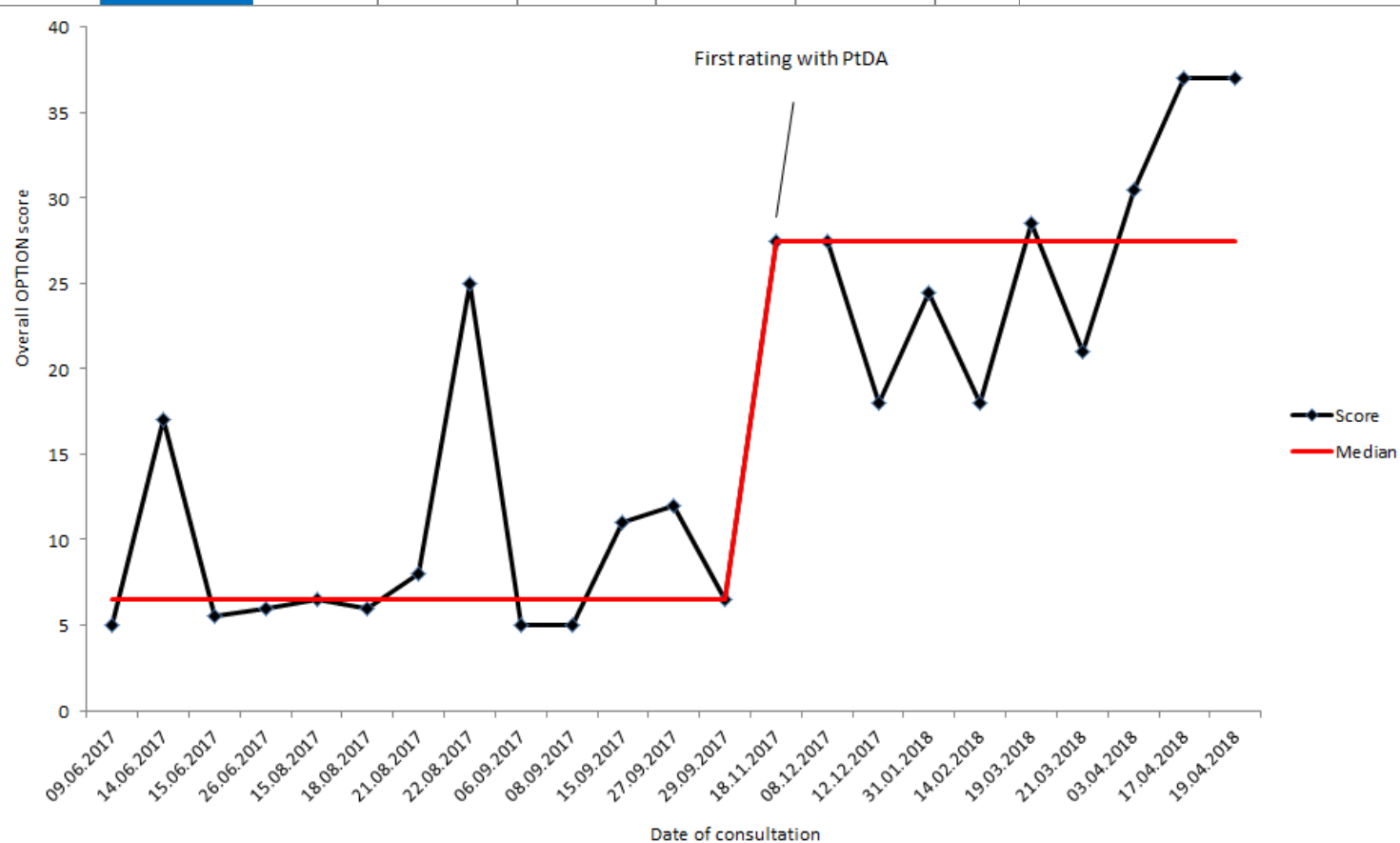
I do not think that management prioritizes SDM

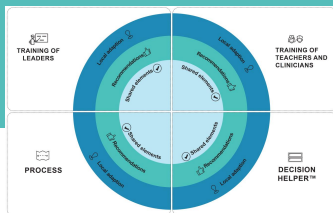
I want to practice SDM but need colleagues who have the skills

I do not think we are motivated to change the way we do consultations

I do not think there are any situations where we can practice SDM

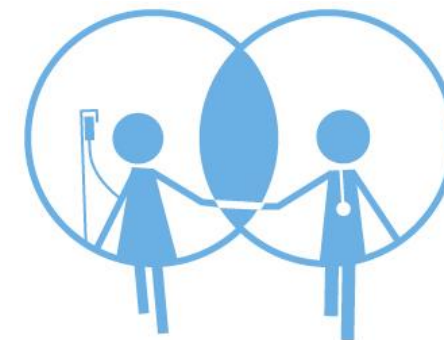
I do not see any barriers. We do it all the time





How do I get started?

- Spot the preference sensitive decisions in your every day clinical practice
- Be aware of the four themes; Leadership, Training of clinicians, Patient Decision Aids and Process. Take action in all themes!
- Plan your process – use improvement methods you know usually work for you or your department
- Hear the voice of your patients; No decision about me, without me!



Yes, it works – Integration of improvement methods into Shared Decision Making implementation



THANK YOU FOR YOUR TIME

ANY COMMENTS OR QUESTIONS?



Want to know more? —> www.CFFB.dk

Center for Fælles
Beslutningstagning

Implementering

Beslutningsstøtteværktøjer

Forsknings- og
implementeringsprojekter

+

Aktuelt

Om os

+



LinkedIn:

[www.linkedin.
dk/company/c-
f-f-b](https://www.linkedin.dk/company/c-f-f-b)

Center for Fælles Beslutningstagning

Klinikerer er ekspert i diagnosen. Som patient er du ekspert i dit eget liv. Derfor er beslutningen om den rette behandling og pleje, en beslutning, som du og din kliniker tager i fællesskab. Det giver tryghed og bedre resultater.

Center for Fælles Beslutningstagning arbejder med en praktisk tilgang til begrebet 'fælles beslutningstagning'. Vores opgave er, at forske i og implementere fælles beslutningstagning i den kliniske praksis gennem samarbejde med patienter, klinikere og beslutningstagere.

Genveje



Implementering

Læs mere om implementering af fælles beslutningstagning her.



Beslutningsstøtteværktøjer

Læs og se beslutningsstøtteværktøjer her.



Forsknings- og implementeringsprojekter

Læs mere om forsknings- og implementeringsprojekter i CFFB her.