

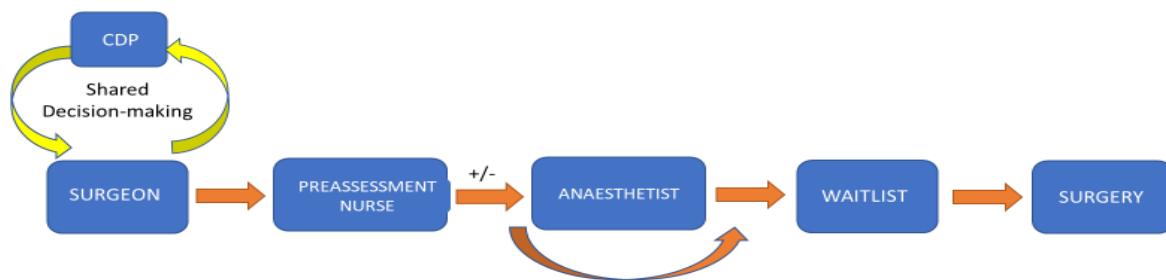
# Shared Decision Making

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Our team will be presenting on the development of our Complex Decision Pathway, a shared decision making pathway for high risk patients contemplating surgery in the Bay of Plenty, New Zealand. The perspective of both anaesthetists and surgeons will be discussed, along with feedback from clinicians and patients, and early audit data. The use of a structured communication guide to facilitate goals of care conversations will be discussed and demonstrated.

The Bay of Plenty is home to a growing and aging population<sup>1</sup>. Reflecting our population change, patients presenting for elective surgery at Hauora a Toi Bay of Plenty are older and more co-morbid than they have ever been in the past. Surgery and anaesthesia are safer than ever before, but as the demographics of our surgical cohort have changed, we have faced new challenges.

In 2017 our multi-disciplinary perioperative team identified a gap in our preassessment processes. Patients were being offered surgery and progressed through streamlined assessment and optimisation pathways, which worked well for most of our patients. However, these pathways were ill-equipped to deal with cases where there was substantial uncertainty about the risk-benefit balance of the patient having an operation. When concerns were raised, these concerns were often at odds with already established patient expectations, and communication between clinicians over these issues was often less than ideal. We recognised the need to introduce a new shared decision-making arm to our preassessment model.



Beginning in 2018 our preassessment team began developing and testing a multi-specialist assessment and shared decision-making pathway for very high-risk patients contemplating surgery. This has culminated in the development of our Complex Decision Pathway

The key features of the Complex Decision Pathway (CDP) are:

1. Initial identification by surgeons of patients for whom the decision to undergo operation is complex, and communication of this to the patient. Uncertainty about surgery can be identified by other clinicians (e.g. primary care physician, geriatrician, or anaesthetist) but this must be directed back to the surgeon, who then discusses this uncertainty with the patient. We have found this to be a crucial step in engaging patients effectively with the CDP.
2. Consultant to consultant referral to the CDP including information on proposed surgery, expected outcome, surgical risks, alternatives, and the likely outcome of not operating.
3. Triage of referrals with investigations and input from multiple specialists as necessary, with clear communication between those specialists.
4. An information leaflet is sent to the patient with examples of questions that will be asked at the clinic appointment. The patient then has opportunity to consider responses with whanau/friends and to identify appropriate support persons to accompany them.
5. Māori patients are offered an appointment that includes support from our cultural advisory service, and a Tikanga Māori framework for their appointment.
6. Patients attend an appointment at the CDP clinic with an anaesthetist and an intensive care specialist. For each patient 30mins is allowed for clinician case-conferencing, 1 hour to meet with

the patient and their whanau, and 30mins for documentation. This appointment is patient-centred and includes a goals of care conversation (facilitated by the Serious Illness Conversation Guide) as well as a standard medical assessment.

7. The patient and surgeon are given a recommendation consistent with the patient's goals. Where surgery is likely to proceed, this recommendation often includes perioperative advanced care planning.

We aim with effective communication and specialist assessment to provide the patient and their whanau with the best possible information about the risks and benefits of surgery, and to support them in shared decision-making that is consistent with their goals. Early feedback suggests that the process is highly valued by patients and staff alike. We have consistently found that a little over half of our patients choose a non-operative course. Early audit data from the Complex decision Pathway was published in *Anaesthesia and Intensive Care* in 2020<sup>2</sup>. As part of this new pathway, we have piloted using the Serious Illness Conversation Guide (the SICG) to support perioperative shared decision-making, and we have found it a useful tool. The SICG was developed initially by Ariadne Labs<sup>2</sup> and adapted for use in New Zealand by the Health Quality and Safety Commission (HQSC)<sup>4</sup>. It is essentially a checklist that helps clinicians elicit patients' goals and fears and make a bespoke recommendation using this additional information. The SICG provides clinicians with questions and prompts using patient tested language. Feedback from local clinicians using this tool has been positive, and early research results have reassured us that it is also well-received by patients.

As part of our continual efforts to improve this service we want to learn more about our patients' experiences after they progress through this pathway and choose either an operative or non-operative course. In May 2019 we commenced a prospective, observational study following our patients for one year after their assessment in order to better understand their experiences, decisions and outcomes. We recently completed final follow ups of this group of patients and anticipate publishing our findings in 2024.

## Resources

1. Bay of Plenty District Health Board. Bay of Plenty District Health Board Annual Report 2018.
2. Omundsen HC, Franklin RL, Higson VL, Omundsen MS, Rossaak JR. Perioperative shared decision-making in the Bay of Plenty, New Zealand: Audit results from a complex decision pathway quality improvement initiative using a structured communication tool. *Anaesthesia and Intensive Care*. 2020, Vol 48(6) 473-476
3. Ariadne Labs. Serious Illness Care. <https://www.ariadnelabs.org/areas-of-work/serious-illness-care>
4. Aotearoa serious illness conversation guide (SICG), adapted with consumers in New Zealand, August 2018