# Can optimalization of the shared decision making process by using a decision tool decrease unnecessary intensive care admissions ?

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**1) Please declare any conflicts of interest below**
No conflicts of interest

2) **Ethics Approval**
No ethical approval necessary

3) **Context**

- The ASz has 4000 employees, of which 250 medical specialists and 100 registrars, and is one of the largest non-university teaching hospitals in the Netherlands, including an emergency room, a highest level mixed intensive care unit (capacity 16 patients).
- The aim of the project was to design a decision aid tool to support shared decision making on advanced directives.
- The research team was comprised of a geriatrician, an internist, an intensivist, an emergency physician, a quality advisor, a patient panel and a company specialized in developing decision aids.
- The acutely admitted elderly patient is the patient group that is the focus of our work.

**4) Problem**

The outbreak of the COVID-19 virus resulted in an incremental shortage of ICU beds worldwide; a high mortality was seen among the very fragile and old population admitted to the ICU due to COVID-19. In many cases dying in an ICU was considered undesirable and preventable. In order to improve the ICU admission selection procedure we investigated the decision process.

Our aim was to design a decision aid to support both the doctor and the patient in their shared-decision making with respect to advanced directives.

**5) Intervention**

- Design of a written option grid as a base for decision making
- Special concern was given to the design with respect to low literate people

- The decision aid should be feasible both in primary and secondary care
- Co-production of carers of dpts geriatrics, internal medicine, accident & emergency, quality department, option grid developer & patients
- Primary outcome: download rate, physician satisfaction, patient feedback

**6) Measurement of improvement**

Preliminary results:

The decision aid became a national success and was ordered over a 200 times (by hospitals, general practitioners and nursing homes) and got a lot of media attention on radio and television. It was strongly endorsed by the Dutch Elderly Society.

The accident & emergency carers were satisfied with the form. This ignited a dialogue among professionals on the challenging communicative aspects with respect to advanced directives. This led to an extra course to improve communication skills in the emergency department.

A patient panel was asked their opinion about the form. Remarkable was the often positive feedback. Also it generated profound insights in patient related wishes and desired improvements.

In summary the following answers were given:

- Helping 7/10 to think about their treatment care plan
- 33% had not considered before what to do in case of an urgent admittance
- 69% thought it was a useful decision aid tool
- 31% preferred to talk about the tool with their medical doctor in the outpatient clinic
- 26% preferred to discuss this subject with their general practitioner.

By increasing the awareness and thus stimulating the dialogue on advanced directives, we anticipate that the final results will show a decrease in unnecessary ICU admissions.

**7) Lessons learnt**

- Decision making tools/ aids can be helpful in the process of shared-decision making
- Just ask “What matters to you?” both to the care professional and the patient/ family
- Involve someone in the process whose expertise is (re)design of aids/ tools
- Facilitate the needs of professionals and patients in distributing and attributing the decision aid (e.g. communication skills, place and timing of distributing and discussing the aid)

**8) Please describe how you have involved patients, carers or family members in the project**

A patient panel contributed to the development of the decision aid and participated in the research group.

**9) Work in progress**

In a staff meeting attention was asked for the need to talk about advanced care planning at the outpatient clinic.

Sharing information about the outcomes of this conversation in the care chain is desirable.

Potential solutions to bring the decision aid in the daily practise of general practitioners are considered.

Possible adaptation of the form by using national results of intensive care admittance and updating recent outcomes of Corona are considered.