

A Nation-Wide Promotion of Patient Decision Aids (PDAs) to Improve Healthcare Provider-Patient Relationships in Taiwan

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Introduction

According to 2015 Taiwan Patient-safety Reporting System (TPR) voluntary anonymous submission results of hospitals showed possible causes of patient safety adverse events were related to "communication factors", 28.7 cases per 100 cases were about "poor communication between medical teams and patients or their families".

In recent years, shared decision making (SDM) has advocated the ideal model for medical decision making in the international.

Patient decision aids (PDAs) are supporting tools of SDM, designed to help patients become involved in decision making, understand and consider the pros and cons of possible treatment options and clarify personal values and preferences to encourage communication between them and their healthcare professionals.

So we have implemented a nation-wide SDM program under the aegis of the Ministry of Health and Welfare since 2016, incorporating multiple approaches such as developing PDAs, executing the Medical Decision Aids Campaign, establishing a SDM platform, and integrating SDM in clinical practice.

Objective

Poor communication has been an important factor to cause decision conflict during patients' clinical consultation. PDAs had broadly applied to facilitate the process while patients made decisions. The objective of this study is to examine the effect that a national PDAs promotion campaign toward the relationship between healthcare providers and patients.

Results

A total of 174 PDAs were submitted from 68 hospitals. The top three themes of these PDAs were chronic kidney disease (10%), care for end of life (8.6%), PCI choice (7.4%), and diabetes (7.4%) (Figure 1). After the campaign activity, 669 healthcare providers responded to questionnaire survey (Table 1). As shown in Figure 2, Among them, 56% (375) was nurses, 25% (170) was physicians, the average working years was 10 years. More than 80% considered that the PDAs helped to clarify the points mattered most to patients and helped to make the optimal choices. About 86% agreed PDAs could facilitate medical communication, and 84% agreed it could improve the healthcare provider-patient inter-relationship (Figure 3). There were 90% of respondents willing to apply PDAs in their future clinical practice.

Methods

A nation-wide PDAs campaign was launched by Joint Commission of Taiwan (JCT) under the supporting of Ministry of Health and Welfare from April to August, 2016 in Taiwan. The PDAs included 22 priority themes suggested by health professional associations. Hospitals in Taiwan were invited to submit PDAs materials and use PDAs. Those PDAs were reviewed by experts and then uploaded to a national PDAs platform for further dissemination and application. Several PDAs training workshops were conducted along with the campaign activity. A questionnaire was delivered to survey the healthcare provider's feedback who used PDAs at the end of the campaign.

Table 1. Numbers of healthcare providers responded the PDAs evaluation among three levels of hospitals

Hospital	Evaluation
Medical Centers	187 healthcare providers via questionnaires
Regional Hospitals	255 healthcare providers via questionnaires
District Hospitals	227 healthcare providers via questionnaires

Figure 1. Numbers of developed patient decision aids among prior 22 themes in 2016

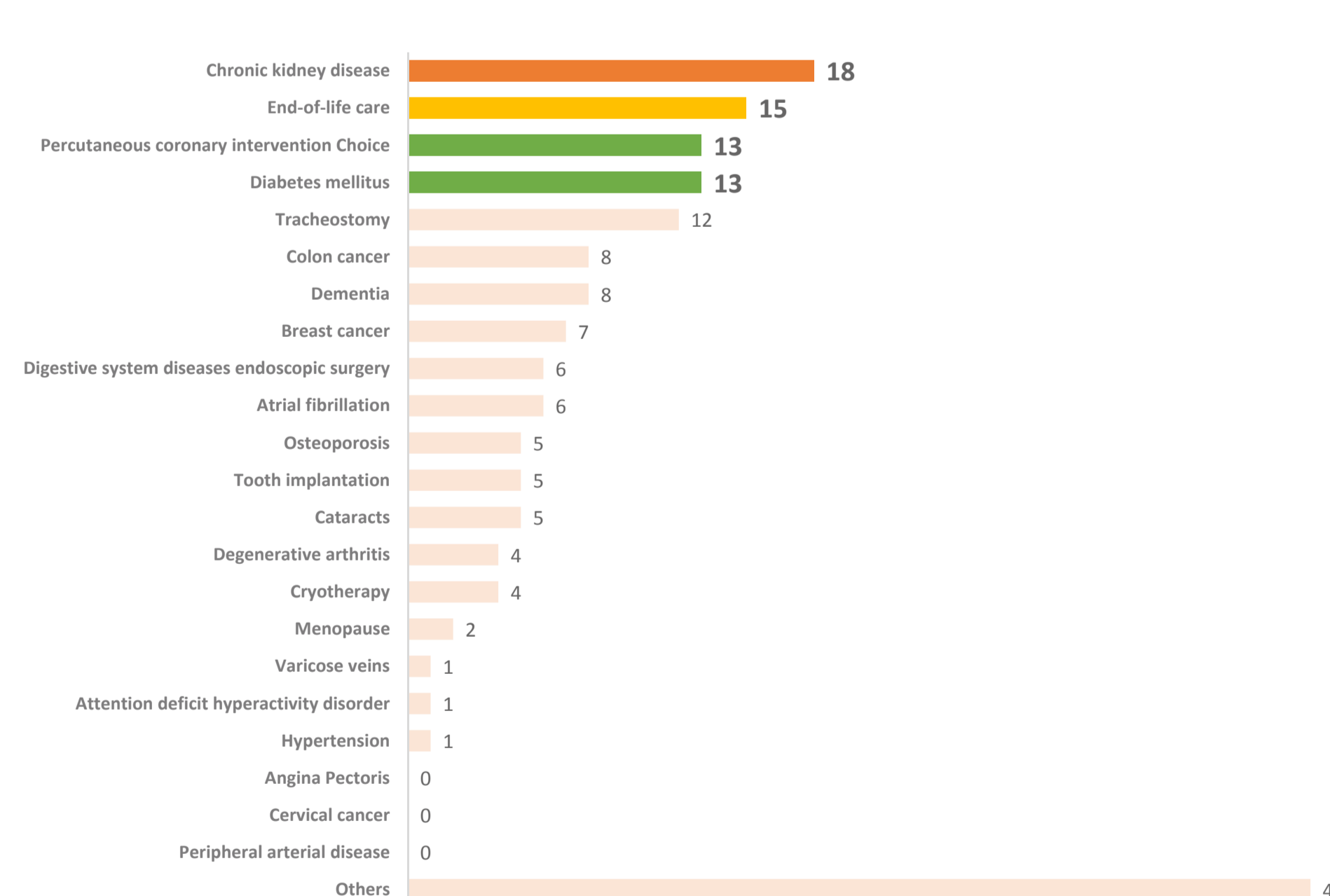


Figure 2. Category of surveyed healthcare providers

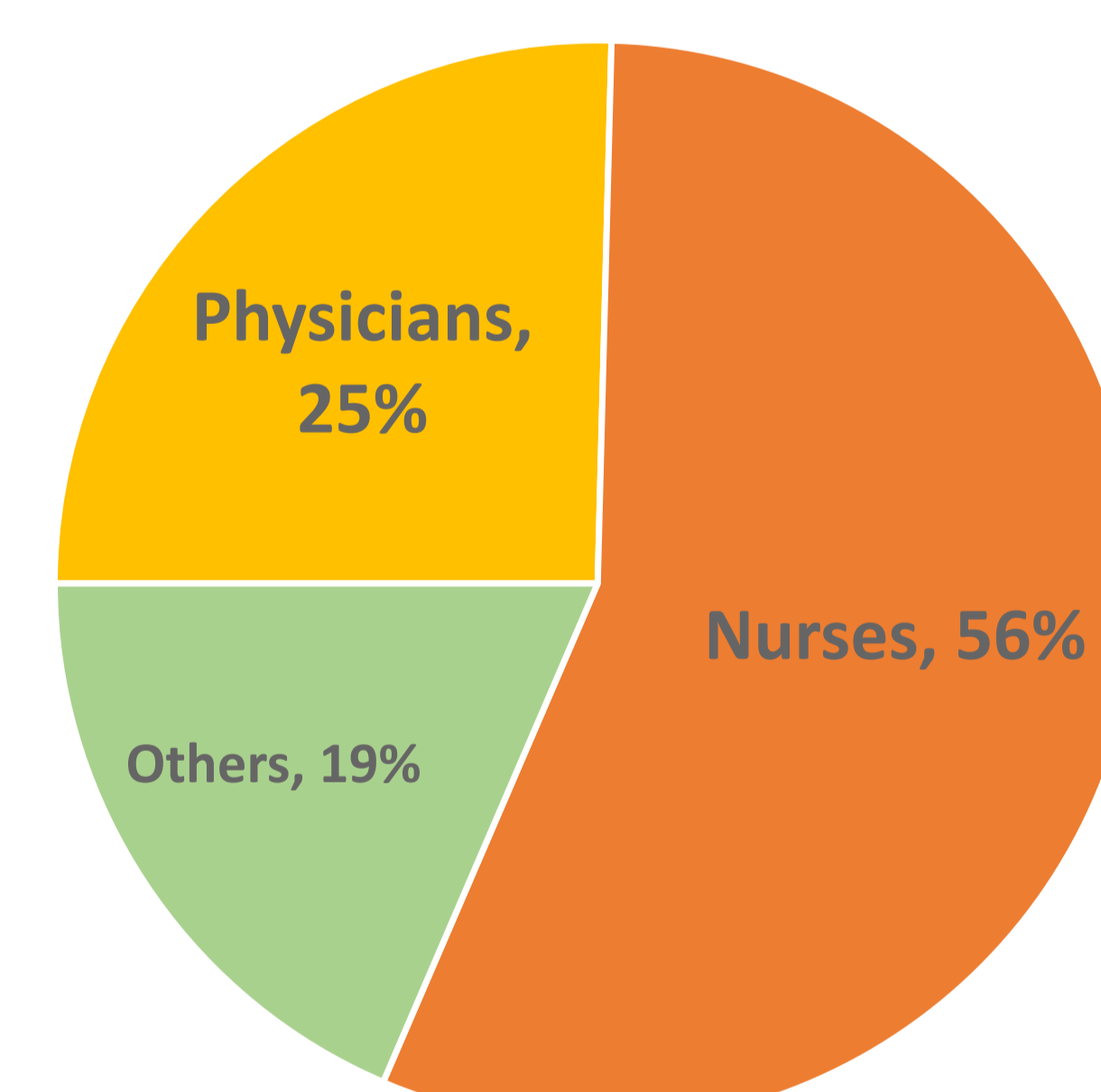
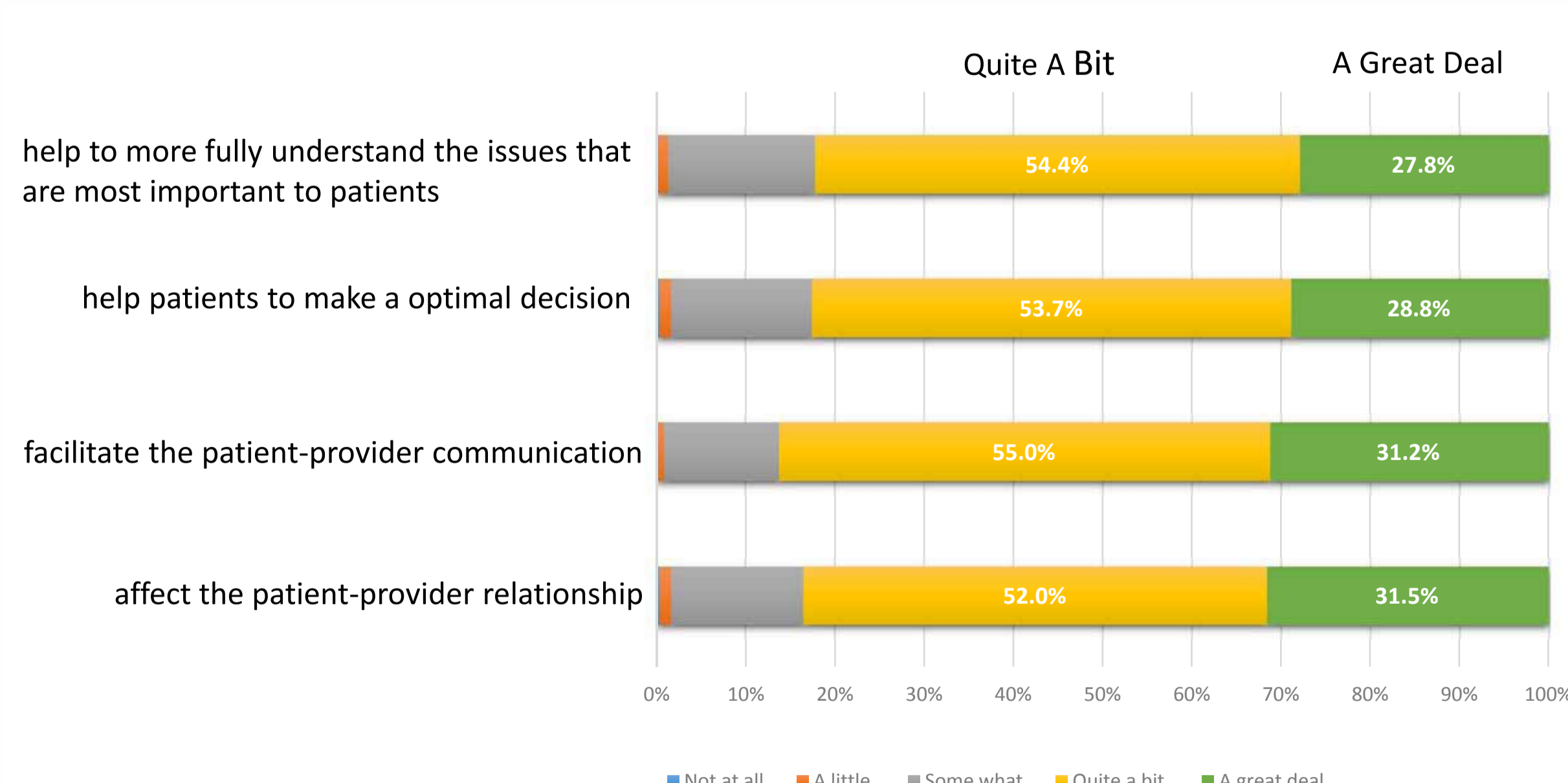


Figure 3. Results of questionnaire survey



Conclusion

This is the first year of PDAs promotion in Taiwan. Based on the positive and encouraged feedback, we will further focus on the training of PDAs design and application in the coming year to continuously improve the relationship and communication between healthcare providers and patients.

Acknowledgement

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