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Advance Care Planning and Shared Decision Making for Patient with Chronic Kidney Disease

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Abstract

Shared decision making (SDM) has been considered as an important element of well adopted to disease status and renal replacement therapy in patients with chronic kidney disease (CKD). This article shares our clinical practical experience of initiating and optimizing an SDM program for renal replace therapy. The steps of this program include team consensus development, facilitators cultivation, teach-back method enhancement, decision support tools with multiple applications development, care model adoption, and care process optimization. Among 161 patients with CKD enrolled in the SDM program, the average duration from the time of initiation of SDM to the date of vascular access creation is 76.8 ± 87.1 days, and all medical staffs, patient families, and patients within this program were satisfied with the whole processes. Our successful experience suggests that patients with CKD should start SDM program in 3 to 6 months before dialysis. Developing patient-friendly decision support tool based on current medical evidence such as plain text, figure, movie, forum, scenario practice combining with informative technology can enlarge the efficiency of SDM and assist patient to make a more suitable decision.

Key words: chronic kidney disease, shared decision making, renal replacement therapy