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**26th International Conference on
Health Promoting Hospitals and Health Services**

Health Promotion Strategies to Achieve Reorientation of Health Services:
Evidence-based Policies and Practices

Promoting Shared Decision Making for Colorectal Cancer Screening

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Outline

- Introduction
- Process
- Methods
- Result
- Conclusions/Comments





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朴子醫院

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Introduction

- Patients who are going to accept colorectal cancer screening, influenced by a variety of causes.
 - Previous impression, costs, knowledge, family affect, health literacy ,etc.
- Decision aids Visualization for Share decision making.
 - Customization for patients' choices.





Process

- Health education before Colorectal Cancer Screening.
 - Visualizing the decision aid.
 - Five steps SDM Questionnaire(check list)
 - Infocards for patient (age-friendly.)
 - Conversation map through the decision making process.(interaction)
 - Online Survey with QR-code.





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Methods

- 1. Introducing three diagnostic tests, explain each choice for colorectal cancer screening.



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Methods

- 2. Clarifying the options based on patients' knowledge, experience, values and preferences.

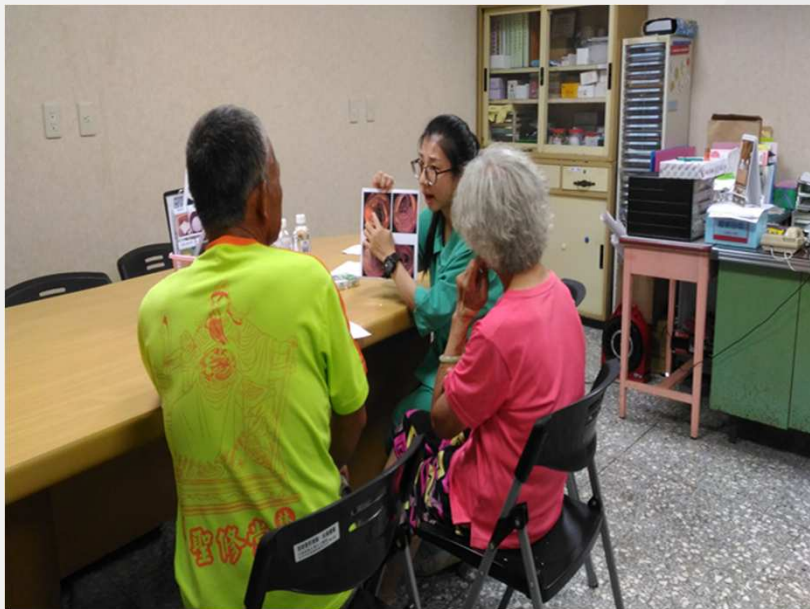




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Methods

- 3.How do family, peers affect patients options before accepting colorectal cancer screen ?





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Methods

- 4. Do you understand all the information from Decision aids ?



eva451.typeform.com

1+ 接受糞便潛血檢查，會有假陽性的風險。

A 對

B 不對

C 不知道

0 of 10 answered

Powered by Typeform

測驗開始

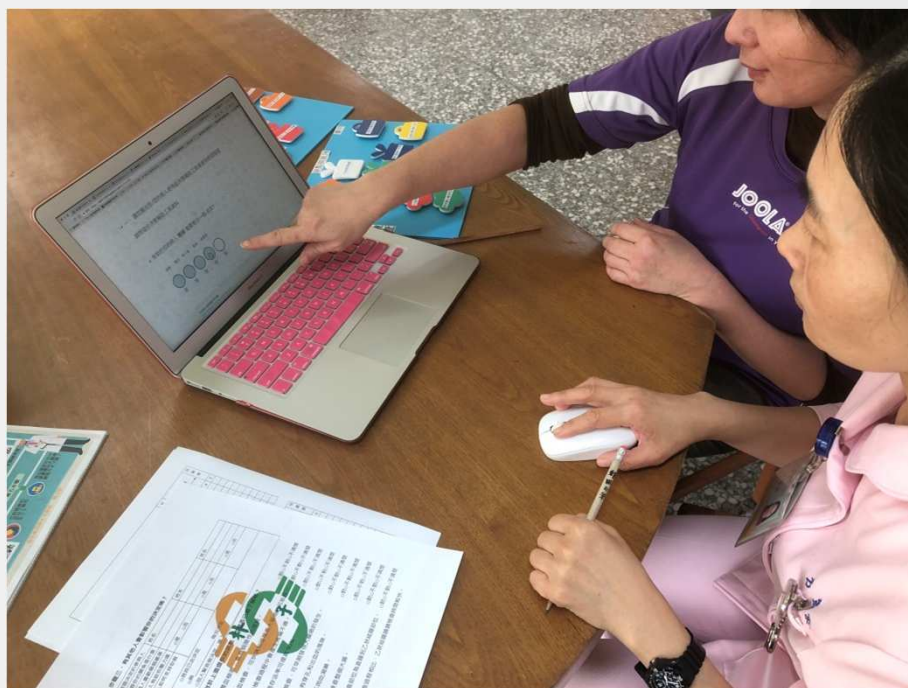




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Methods

• 5. What is your choice of screening options ?



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步驟五、現在確認好您所選擇的大腸癌篩檢方式了嗎？

Are you sure you want to choose the colorectal screening method?

☐ 我已經確認好想要的大腸癌篩檢方式，我決定選擇：(以下擇一)

I have confirmed the screening method for colorectal cancer. I decided to choose.

☐ 接受糞便潛血檢查 Fecal occult blood test

☐ 接受全腸鏡檢查 Colonoscopy

☐ 接受乙狀結腸鏡 Sigmoidoscopy

☐ 目前不想篩檢 Currently do not want to be screened and reason:

我目前還沒辦法決定 I haven't decided yet

☐ 我還想要與主治醫師討論我的決定

I also want to discuss my decision with the attending physician

☐ 我想要再與其他人(如配偶家人朋友等等)討論我的決定

I want to discuss my decision with other people (such as my spouse's family, friends)

☐ 對於以上問題我還想了解更多問題有：_____

I also want to know more about the above issues

完成以上評估後，您可列印或攜帶此份結果與您的主治醫師討論

After completing the above assessment, you can print or bring this result to discuss with your physician.



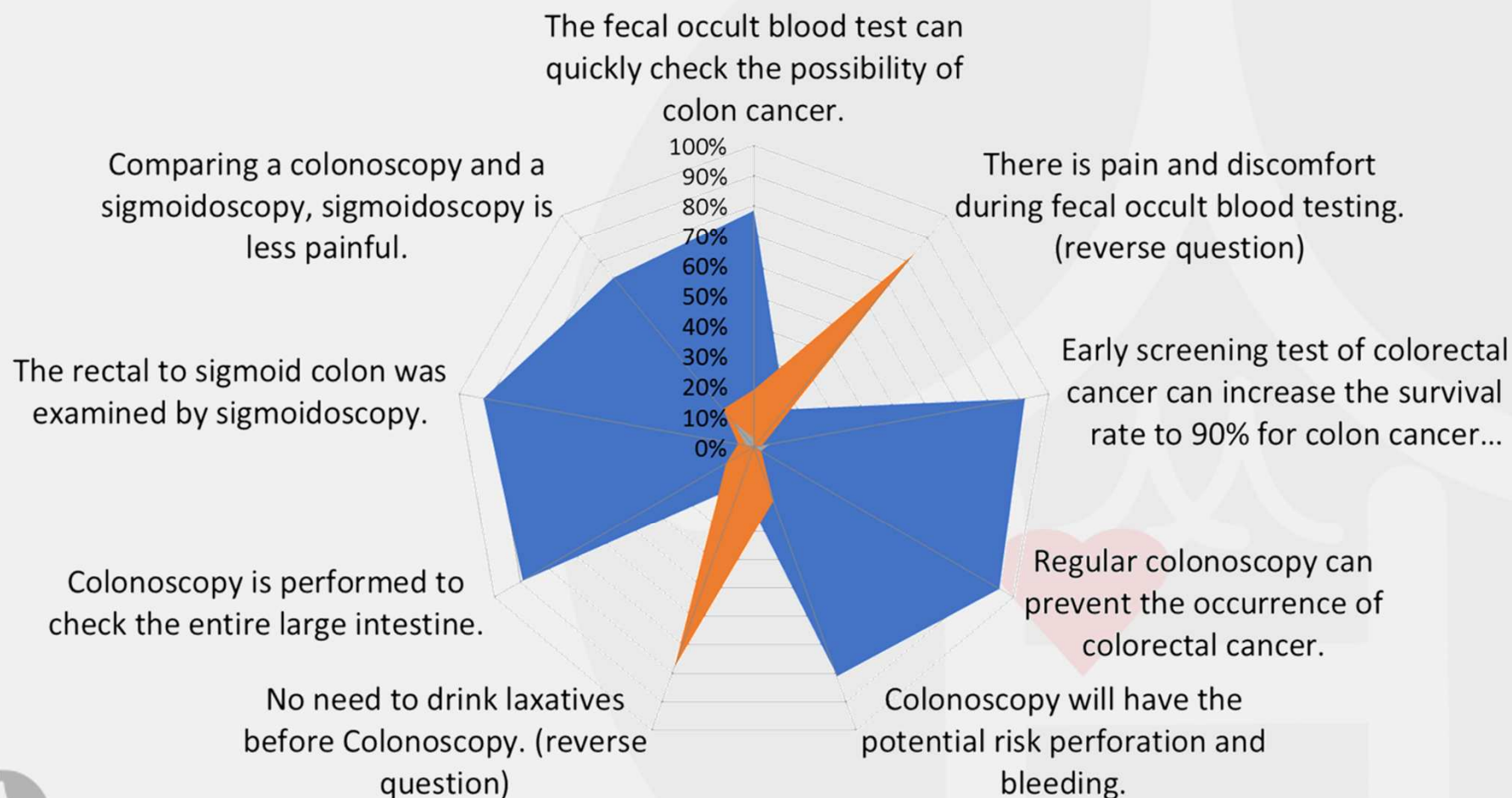
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About the information provided from PDAs

■ True ■ FALSE ■ Not Sure





Result

- 84.9% of patients show better understanding via decision aids (n = 37).
- 65% of volunteers (n = 25) with a medical background highly recommend use decision aids.
- This subject shows that approximately 30% of patients have been less anxiety after using decision aids.



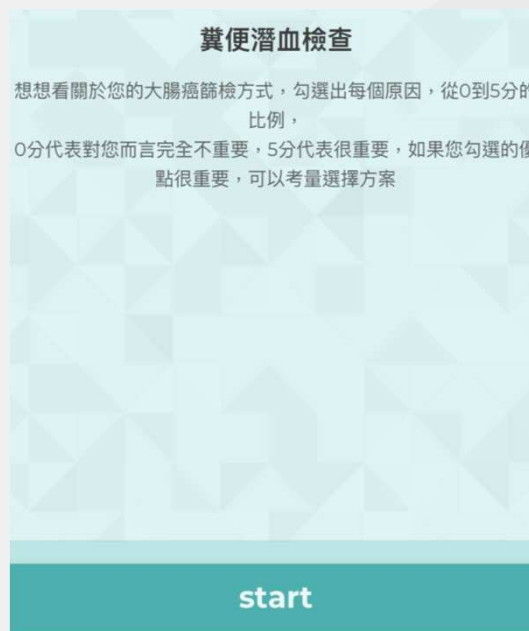


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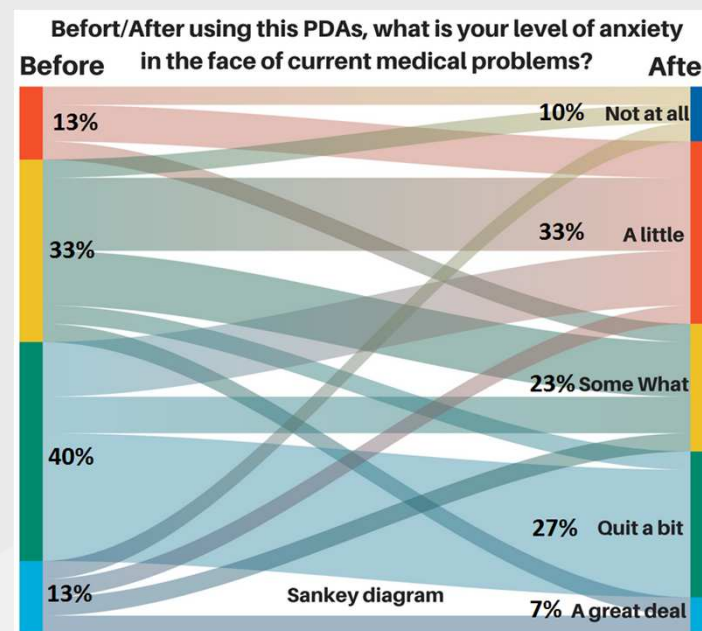
Conclusions/Comments



Choice decision aid cards
Keep Asking questions



Electronic questionnaire.
Study medical share
decision-making process
data.



Visualizing knowledge.

Using visual tools (Sankey diagram) to analysis the data flow.

visualize relationship values and trends on patient's anxiety).





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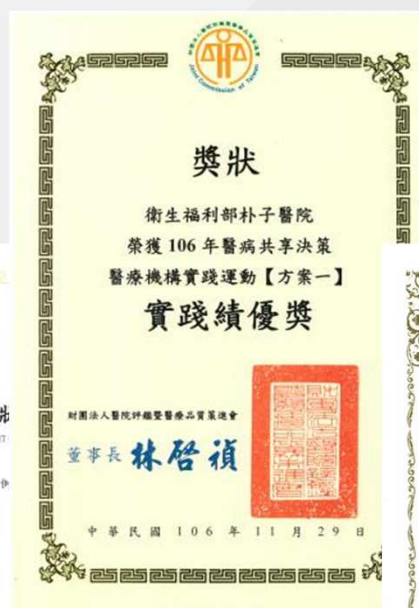
Awards



Innovation Award



Operational Excellence Award



Practice Awards



Best Practice Awards



SDM
Practices Hospital





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Thank you for your attention

Question?



Operational Excellence Award

Best Practice Awards

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Abstract Introduction

The motivation of patients who willing to accept colorectal cancer screening, is still highly influenced by a variety of causes. Such as perceived experience, costs, knowledge, family pressure, etc. Shared decision-making (SDM) has been recommended as a strategy for those questions. Our studies to date suggest that by visualizing the decision aid, patients who accepted on colorectal cancer screening have higher satisfaction for their choices. The feelings of anxiety have significantly scaled down after using the SDM decision aid.

Methods

This study involved 25 volunteers with a medical background for pre-test and 37 patients in the real test. The five steps SDM Questionnaire were as follows: (a) Introducing three diagnostic tests, explain each choice for colorectal cancer screening. (b) Clarifying the options based on patients' knowledge, experience, values and preferences. (c) How do family, peers influence patients options before accepting colorectal cancer screen? (d) Do you realize all the information above? (e) What is the choice of screening options?





Results

To that end, 84.9% of patients show better understanding via decision aids (n = 37), and 65% of volunteers (n = 25) with a medical background highly recommend that SDM could improve quality of physician-patient interactions. There are 30 of the patients were willing to evaluate the short questionnaire on anxiety. This subject shows that approximately 30% of patients have been less anxiety after using decision aids, Including exploring and comparing the benefits, harms, and risks of each select option.

Conclusions

The study shows that by using Choice decision aid cards, electronic questionnaire, and visualizing knowledge with illustration can help patients clearly identify how making decision efficiently. To get out what patients think after using decision aids with their coach. We use a Sankey diagram to visualize relationship values and trends on patient's anxiety and other options as a model, then the coach can modify their implement in practice.

Have you already understood the information From PDAs?	Yes	No	Not Sure
There is a risk of false positives for fecal occult blood tests.	32 86.5%	3 8.1%	2 5.4%
The fecal occult blood test can quickly understand the possibility of colon cancer.	29 78.4%	7 18.9%	1 2.7%
There is pain and discomfort during fecal occult blood testing. (reverse question)	6 16.2%	31 83.8%	0 0.0%
Early screening for colorectal cancer can increase survival by 90%.	34 91.9%	1 2.7%	2 5.4%
Regular colonoscopy can prevent the occurrence of colorectal cancer.	35 94.6%	1 2.7%	1 2.7%
All colonoscopy will have the risk of perforation and bleeding.	30 81.1%	7 18.9%	0 0.0%
All colonoscopy, no need to drink laxatives. (reverse question)	5 13.5%	29 78.4%	3 8.1%
All colonoscopy is performed to check the entire large	33 89.2%	4 10.8%	0 0.0%
The site of rectal to sigmoid colon was examined by sigmoidoscopy.	34 91.9%	2 5.4%	1 2.7%
Total colonoscopy and sigmoidoscopy, sigmoidoscopy are less painful.	27 73.0%	6 16.2%	4 10.8%
Colorectal cancer screening cognitive results understanding	84.9%		



Comments

Keep asking patients how comfortable with each decision they reached on health care option is a very good point in the process of shared decision making. Using visual tools (Sankey diagram) to analysis the data flow graphs are highly commended for the study of medical share decision-making process.

