

Shared Decision Making

BACKGROUND AND INTRODUCTION

Shared decision making is a comprehensive discussion amongst the heart team, the patient, and their caregiver(s). It should include dialogue on the risks, benefits, and potential outcomes for all treatment options in combination with the patient's preferences and goals of care. The process of shared decision making should be documented in the electronic medical record. Shared decision making is guideline-recommended for patients with valvular heart disease.

There are currently no validated shared decision making tools available for structural heart procedures. This document provides a shared decision making smart phrase to include in your structural heart documentation and a checklist to ensure you have completed a thorough discussion with the patient in their structural heart decision.

SMARTPHRASE FOR SHARED DECISION MAKING

The following smartphrase can be used in a documentation template to meet the requirements of considering patient's preferences in the determination of treatment for valvular heart disease.

I discussed the risks and benefits with the patient (family), including the risk of death/STS score, stroke, bleeding, vascular injury and need for permanent pacemaker. He/She/family understands the risks, benefits, alternatives, and intent of the procedure. After He/She/family and I discussed the natural history of aortic stenosis, all available treatment options, and accounted for the patient's values and preferences, a shared decision was made to proceed. Patient will be/has been discussed at our Structural Heart Conference to discuss the plan for aortic valve replacement for this patient.

ADDITIONAL RESOURCES

Checklist for shared decision making – The Shared Decision Making checklist is provided as a guide and educational tool to ensure all of the procedural options, risks and patient goals are covered in the discussion with the patient and family.

Full documentation template – The following documentation options are provided to add to the shared decision making smartphrase for an overview and indications template in the procedural documentation.

CHECKLIST FOR SHARED DECISION MAKING – SEVERE AORTIC STENOSIS

Patient Name: _____ DOB: _____ Sex: M F

Phone: _____

Patient candidate for: <input type="checkbox"/> TAVR <input type="checkbox"/> SAVR <input type="checkbox"/> symptom management
TAVR Team determined risk: <input type="checkbox"/> low <input type="checkbox"/> moderate <input type="checkbox"/> high

Risks and considerations discussed with patient:

Stroke risk	YES	NO	Recovery	YES	NO
Pacemaker risk	YES	NO	Age	YES	NO
Need of OAC	YES	NO	Future cardiac procedures	YES	NO
Bleeding risk	YES	NO	Comorbidities	YES	NO
Support after discharge	YES	NO	Longevity of valve	YES	NO
30 day follow up	YES	NO	1 year follow up	YES	NO

Patient's post procedure expectations:

Physician's post procedure expectations:

Present during discussion: <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> friend <input type="checkbox"/> caregiver <input type="checkbox"/> patient
Opportunity given for questions: <input type="checkbox"/> Yes <input type="checkbox"/> No
Agreed upon decision: <input type="checkbox"/> TAVR <input type="checkbox"/> SAVR <input type="checkbox"/> medical management

Patient Signature

Patient Printed Name

Date

Physician Signature

Physician Printed Name

Date

FULL DOCUMENTATION TEMPLATE OPTIONS

(AGE) yo with symptomatic severe aortic stenosis. Given the recent (bout of heart failure, frailty, Afib, ...), I recommend TAVR.

(Could be a candidate for SAVR, given the STS risk score of (#), however,) given the strong expectation of a (shorter stay in the hospital, decrease in prolonged ventilation, decrease in renal failure, ...), I recommend TAVR.

Life expectancy is > 1 year. He is/is not a candidate for conversion to an open procedure should a complication arise during TAVR.

Will plan to review the CT scan to determine aortic root anatomy and determine valve sizing, as well as feasibility of access. Will plan a transfemoral approach if possible.

Or

This is a (...) y.o. patient with severe symptomatic aortic valve stenosis. Aortic valve replacement (AVR) is recommended. Options of AVR include surgical aortic valve replacement (SAVR) vs transcatheter aortic valve replacement (TAVR). Pros and cons of each approach were discussed with the patient/family in detail.

Given the patient's advanced age (>80y) and/or significant comorbidities (STS score #), the patient is considered (high/elevated risk for open heart surgery), and TAVR would be the preferred/recommended option. Patient/family agrees and wishes to proceed with TAVR.

The patient is (or is not) a candidate for conversion to an open procedure (salvage) should a complication arise during TAVR.

Or

Given the patient's relatively younger age (<65y) and/or lack of significant comorbidities (STS score #), the patient is considered (low risk) for open heart surgery, and SAVR would be the preferred/recommended option. Patient/family agrees and wishes to proceed with SAVR.

Or

The patient is an appropriate candidate for either approach (SAVR or TAVR), especially with his relatively non-advanced age (65-80y), and lack of prohibitive risks (STS score #). After comprehensive discussion, the patient preferred (TAVR or SAVR) due to (less invasive approach,...), which is appropriate/acceptable. The plan is to proceed with (TAVR or SAVR).

And

I spent >60 minutes attending to his/her care, reviewing his clinical data and imaging in discussion with him/her.

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DISCLAIMER

MISHC Best Practice Protocols are based on consortium-wide consensus at the time of publication. Protocols will be updated regularly, and should not be considered formal guidance, and do not replace the professional opinion of the treating physician.

REFERENCES

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