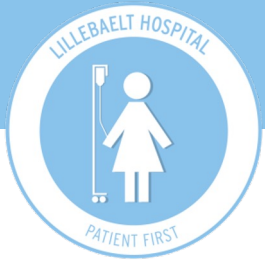




# Interprofessional shared decision-making

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# Shared decision-making



“An interpersonal, interdependent process in which health professionals, patients and their caregivers *relate to and influence each other as they collaborate in making decisions* about a patient’s health.”

Légaré F et al: Interventions for increasing the use of shared decision making by healthcare professionals. Cochrane 2018

Interprofessional  
Interdisciplinary

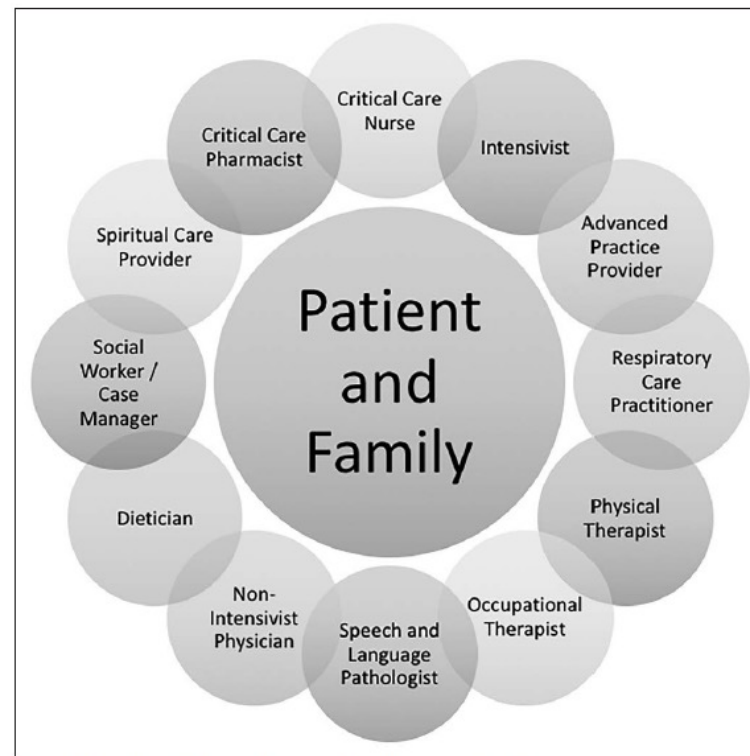


Figure 2. The patient and family as the center of the interprofessional care team.

Donovan et al. Interprofessional care and teamwork in the ICU. Crit Care Med 2018;46:980-90



# Why interprofessional collaboration?

## Suboptimal decision-making for the patient

Benoit et al. Outcome in patients perceived as receiving excessive care across different ethical climates: a prospective study in 68 intensive care units in Europe and the USA. *Intensive Care Med* 2018

Kompanje et al. Causes and consequences of disproportionate care in intensive care medicine. *Curr Opin Crit Care* 2013

Salyers et al. The Relationship Between Professional Burnout and Quality and Safety in Healthcare: A Meta-Analysis. *J Gen Intern Med* 2017

## Conflicts

Azoulay et al. Prevalence and factors of intensive care unit conflicts: the conflicus study. *Am J Respir Crit Care Med* 2009

## Moral distress

Flannery et al. End-of-life decisions in the Intensive Care Unit (ICU) - Exploring the experiences of ICU nurses and doctors - A critical literature review. *Aust Crit Care* 2016

Lamiani et al. Measuring Moral Distress Among Critical Care Clinicians: Validation and Psychometric Properties of the Italian Moral Distress Scale-Revised. *Crit Care Med* 2017

Altaker et al. Relationships Among Palliative Care, Ethical Climate, Empowerment, and Moral Distress in Intensive Care Unit Nurses. *Am J Crit Care* 2018

## Post-traumatic stress disorder symptoms

Mealer et al. Increased prevalence of post-traumatic stress disorder symptoms in critical care nurses. *Am J Respir Crit Care Med* 2007

## Compassion fatigue

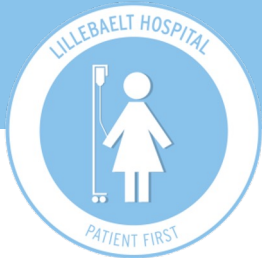
Kompanje et al. Causes and consequences of disproportionate care in intensive care medicine. *Curr Opin Crit Care* 2013

## Burnout

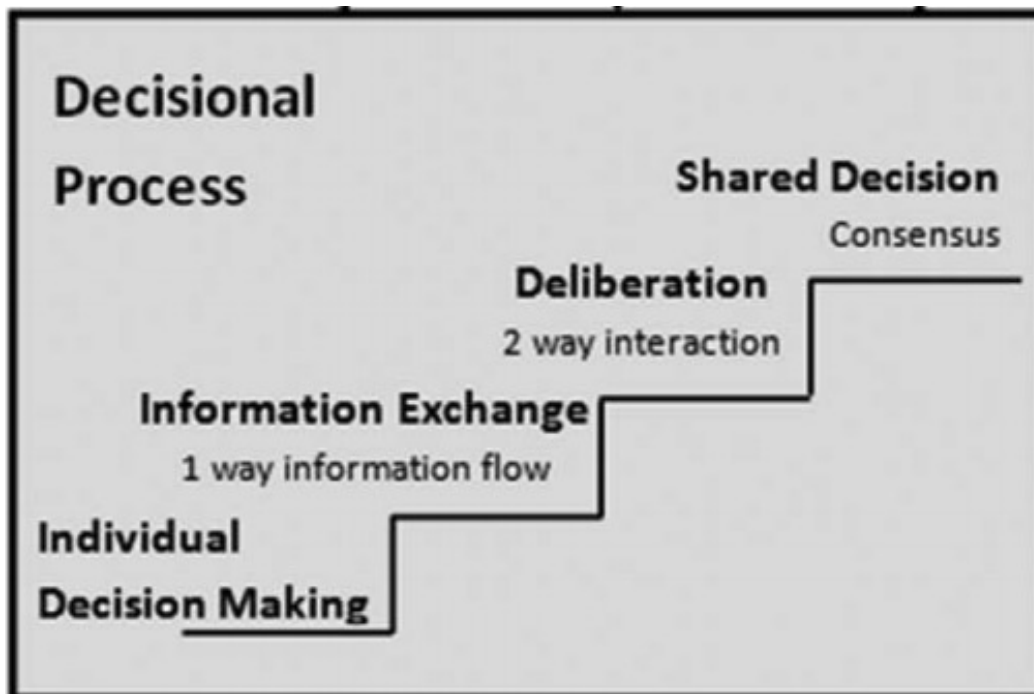
Salyers et al. The Relationship Between Professional Burnout and Quality and Safety in Healthcare: A Meta-Analysis. *J Gen Intern Med* 2017

Rushton et al. Burnout and Resilience Among Nurses Practicing in High-Intensity Settings. *Am J Crit Care* 2015

Moss et al. An Official Critical Care Societies Collaborative Statement: Burnout Syndrome in Critical Care Healthcare Professionals: A Call for Action. *Crit Care Med* 2016



# Interprofessional shared decision-making (IP-SDM)

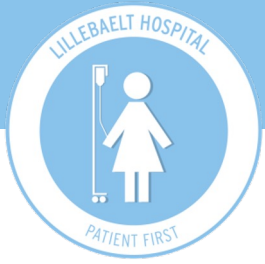


DeKeyser Ganz F, Engelberg R, Torres N, et al: Development of a model of interprofessional shared clinical decision making in the ICU: A mixed-methods study. *Crit Care Med* 2016; 44:680–689



## European Society of Intensive Care Medicine (ESICM) Ethics Section

Michalsen A, Long AC, Ganz FD, White DB, Jensen HI, Metaxa V, Hartog CS, Latour JM, Truog RD, Kesecioglu J, Mahn AR, Curtis JR. **Inter-professional shared decision-making in intensive care units: a systematic review and recommendations from an expert-panel.** Crit Care Med 2019;47:1258-66.



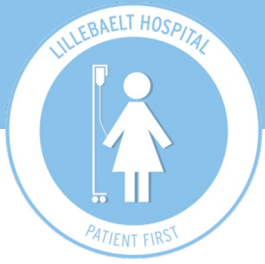
## Systematic review

Assessed the effect of interprofessional shared decision-making on quality of care

Four papers – low quality

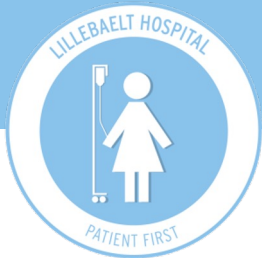
Suggesting that interprofessional shared decision-making is associated with improved processes and outcomes





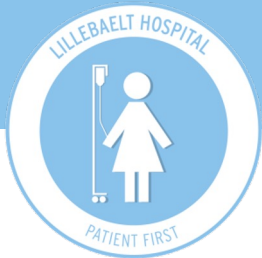
## Recommendation 1 - definition

A collaborative process among clinicians that allows for **team involvement** in **important clinical decisions**, such as those pertaining to the goals and extent of treatment or other complex medical issues and **taking into account the available evidence and combined expertise of clinicians involved** as well as the **patient's values, goals, and preferences**.



## Recommendation 2

Regarding important clinical decisions, we recommend ICU clinicians consider engaging in an Interprofessional Shared Decision-Making (IP-SDM) process in order to promote **the most appropriate decisions.**

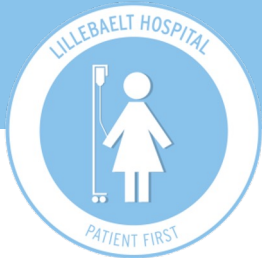


## Recommendation 3

We recommend clinicians and hospitals implement strategies to **accept and foster an ICU climate** oriented toward interprofessional and interdisciplinary collaboration and IP-SDM.

- F1. Leadership by physicians
- F2. Interdisciplinary reflection
- F3. Culture of not avoiding EOL-DM
- F4. Mutual respect
- F5. Active involvement nurses
- F6. Active DM physicians
- F7. Ethical awareness

Benoit et al. Outcome in patients perceived as receiving excessive care across different ethical climates: A prospective study in 68 intensive care units in Europe and the USA. *Intensive Care Med* 2018;44:1039-1049.



## Recommendation 4

We recommend clinicians consider incorporating basic principles of the VALUE TEAM-template as an explicit approach to respectful communication during IP-SDM.

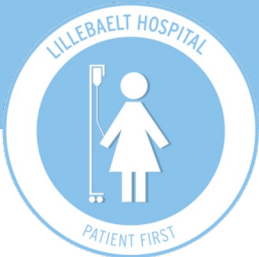
**TABLE 3. The VALUE TEAM-Template**

V	Value the input from all of the members of the interprofessional team, including, among others, physicians, nurses, physiotherapists, clergy, psychologists, and ethicists;
A	Acknowledge emotions;
L	Listen to each other;
U	Understand the team-members as integral persons, including their commitments to patients and high-quality patient care;
E	Elicit the expert suggestions of team-members and make use of their specific expertise;
T	Tie the decision to the best evidence available;
E	Elaborate on the patient's values, goals, and preferences;
A	Address diverse opinions and seek consensus among team members; and
M	Make the best decision weighing reasonable medical options with the patient's goals and the quality of life he/she would want to achieve after their stay in the ICU



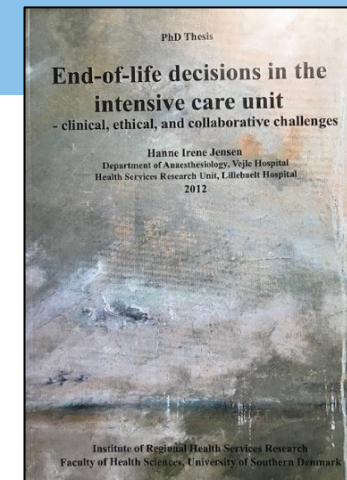
## Recommendation 5

We recommend **further studies** be done to improve the quality of IP-SDM among ICU clinicians and evaluate the association between IP-SDM and outcomes for patients, family members, and clinicians.

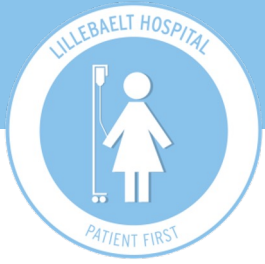


# Guideline

- Is the medical basis for assessing prognosis sufficient?
- Is the patient competent at the moment?
- If not, are family members involved?
- Do we know the patient's own wishes regarding life-prolonging treatment?
- How is the balance between benefit and burden in the current treatment?
- Have we evaluated/exhausted all treatment options?
- Which interventions should we discontinue?
- Has this been discussed within the treatment team?
- Have we ensured good palliative care and preserved the patient's dignity?
- Is there disagreement regarding the decisions? If so, are there others we should also consult for further clarification?
- Is the process, argumentation, and decision well-documented?



Begrænsning i/ophør af aktiv behandling på intensiv afsnit, SLB. DOKID: 101877





## Summary

Interprofessional shared decision-making

Best possible decisions

ICU climate

VALUE-TEAM template

Research

Talk with your colleagues – they cannot guess what you think!