

SMART OPS

Shared decision making **M**ultidisciplinary team **A**pproach;

a **R**andomised controlled **T**rial in the **O**lder adult **P**opulation considering **S**urgery



NSW Regional
HEALTH PARTNERS
CENTRE FOR INNOVATION IN REGIONAL HEALTH

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SMART OPS

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for providing the Shared Decision Making training

SMART OPS

Why (are we doing this)?

What (exactly is this 'SDM MDT')?

How (will it work)?

Where to from here?

Questions/ Discussion

But first, a quick question....

- **What experience have you had with formal Shared Decision Making?**
 - **Who provided the training?**
 - **Was it practitioner initiated or part of meeting standards?**
 - **How does it work for you?**
 - **How does it work for your patients?**

SMART OPS: the Why...

'Why on earth are we doing/ did we do this surgery...don't they realise they will never walk again/ recover/ live at home...?'

The patient with their medical team made an informed decision that was best for them, their circumstances, and their end of life goals

The patient was told the *relevant* information
* relevant to them

The patient was able to absorb and process the relevant information

The patient wants to walk again/ recover/ live at home

The alternatives are worse

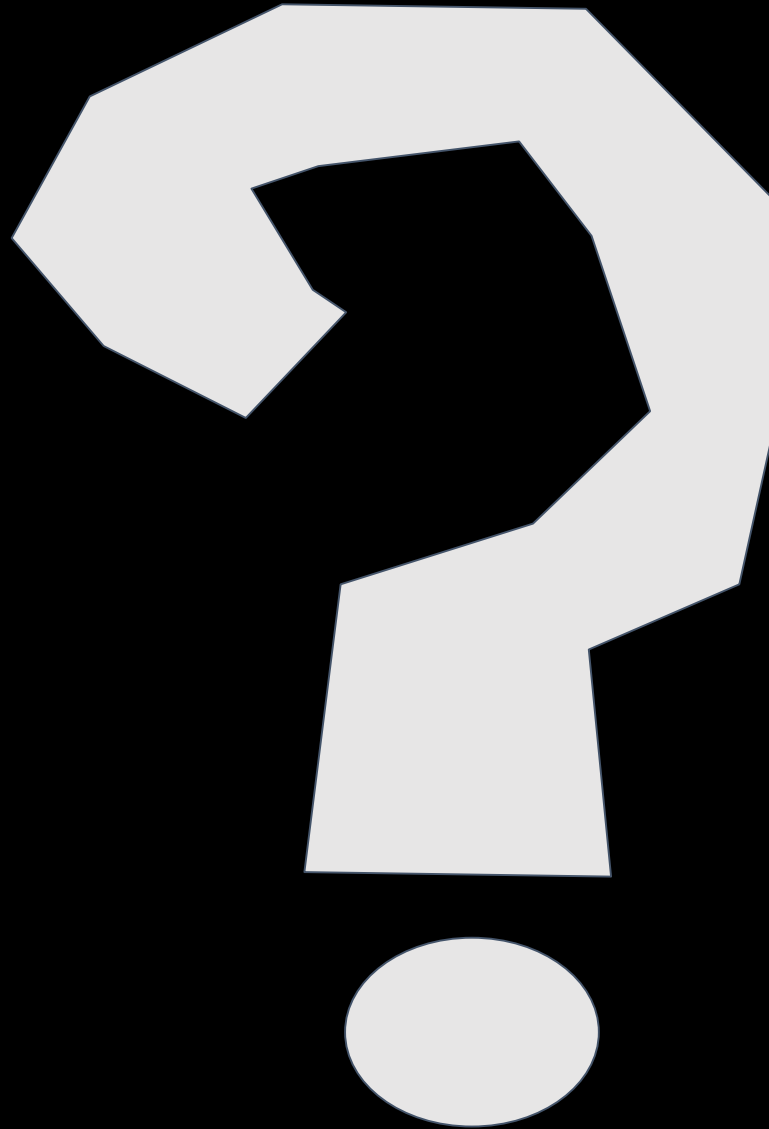
The doctors speaking with the patient know what is relevant to this particular patient.

The doctors speaking with the patient know all of this information

SMART OPS: the Why...

We hypothesize that changing our communication style to Shared Decision Making with high risk patients considering surgery will enhance patient perception of their decision making process.

We believe it will aid us and them to make decisions most appropriate to their values and priorities and to be better prepared for the outcomes/ recovery of said high risk surgery.



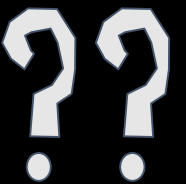
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SMART OPS: the Why...

Shared Decision Making:

- It's here
- It's in policy
- Strong face validity
- Growing literature pile saying:
 - 'patients want it', 'we're not doing it' & 'this is how you do it'

BUT. Is it actually any better than what we currently do here in the John Hunter Hospital



SMART OPS: the Why...

Do you know about any RCTs that provide evidence that we should use RCTs?



freshspectrum.com

SMART OPS: the What...

P: 'High Risk' Surgical candidates

I: Shared decision making MDT

C: Standard Peri-operative Care (Pre-admission clinic or Consult)

O: Patient perception of decision making (Decisional Conflict Scale)

(+ Treatment trajectory, QoL, DAOOH, ICU stays, Representations, Morbidity, Mortality, Cost)

T: 1 year (of recruitment and intervention) starting from ~~Feb 2020~~ ^{Oct 2020}, 1 year of follow up

SMART OPS: the What...

P: 'High Risk' Surgical candidates

- **Major General, Vascular, and Head and Neck procedures**
- **Elective and Semi-acute**
- **Aged ≥ 65 (≥ 45 if Aboriginal or Torres Strait Islander)**
- **SORT score ≥ 3 (≥ 4 if lap chole)**

SMART OPS: the What...

P: 'High Risk' Surgical candidates

Surgical Outcome Risk Tool (SORT)

Main Group
Select procedure group....

Sub Group
Select procedure sub-group....

Procedure Description
Select procedure....

Severity ?
Minor Intermediate Major Xmajor/complex

ASA-PS ?
1 2 3 4 5

Urgency
Elective Expedited Urgent Immediate

Thoracics, gastrointestinal or vascular surgery
Yes No

Cancer ? **Age**
Yes No <65 65-79 >80

About SORT

The SORT is a pre-operative risk prediction tool for death within 30 days of surgery. It has been developed and validated for use in inpatient non-neurological, non-cardiac surgery in adults (aged 16 or over).

This web resource is the result of a collaborative effort between NCEPOD researchers (Karen Protopapa and Neil Smith) and doctors in anaesthesia and intensive care medicine who are part of the SOuRCe team (Ramani Moonesinghe and Jo Simpson).

The UCL/UCLH Surgical Outcomes Research Centre (SOuRCe)

www.uclsource.com

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

www.ncepod.org.uk

SMART OPS: the What...

P: 'High Risk' Surgical candidates

ASA grade

- I Normal healthy patient
- II Patient with mild systemic disease
- III Patient with severe systemic disease
- IV Patient with severe systemic disease that is constant threat to life
- V Moribund patient who is not expected to survive without the operation
- VI Declared brain-dead patient whose organs are being removed for donor purposes

SMART OPS: the What...

I: Shared decision making MDT

- The patient
- Any support persons
- Consultant surgeon (SDM trained)
- Consultant anaesthetist (SDM trained)
- Social worker (SDM trained)



- Preop and risk assessment
- 1 hour prep as a team
- 1 hour with the patient
- Shared Decision Making Model

SMART OPS: the What...

O: Outcomes

Primary:

- Patient perception of decision making

Secondary:

- Treatment trajectory
- ICU days
- Representations to hospital
- Days alive and out of hospital
- Quality of life
- Mortality
- Cost analysis

SMART OPS: the How..

SDM Training:

Dr Debra Leung
(Peter MacCallum Centre)

Professor Peter Martin
(Centre for Organisational
Change in Person-Centred
Healthcare, Deakin)

Iterative...



Choosing Wisely Australia
An initiative of NPS MedicineWise

About Members & supporters

RECOMMENDATIONS IMPLEMENTATION HEALTH PROFESSIONALS

Some tests, treatments and procedures provide little benefit. And in some cases, they may even cause harm. Use the 5 questions to make sure you end up with the right amount of care — not too much and not too little.

Do I really need this test, treatment or procedure?

Tests may help you and your doctor or other health care provider determine the problem. Treatments, such as medicines, and procedures may help to treat it.

What are the risks?

Will there be side effects to the test or treatment? What are the chances of getting results that aren't accurate? Could that lead to more testing, additional treatments or another procedure?

Are there simpler, safer options?

Are there alternative options to treatment that could work. Lifestyle changes, such as eating healthier foods or exercising more, can be safe and effective options.

What happens if I don't do anything?

Ask if your condition might get worse — or better — if you don't have the test, treatment or procedure right away.

What are the costs?

Costs can be financial, emotional or a cost of your time. Where there is a cost to the community, is the cost reasonable or is there a cheaper alternative?

Table 2 MAGIC questions for patients to ask their healthcare professionals [49, 50].

Do I really need this test, treatment or procedure?

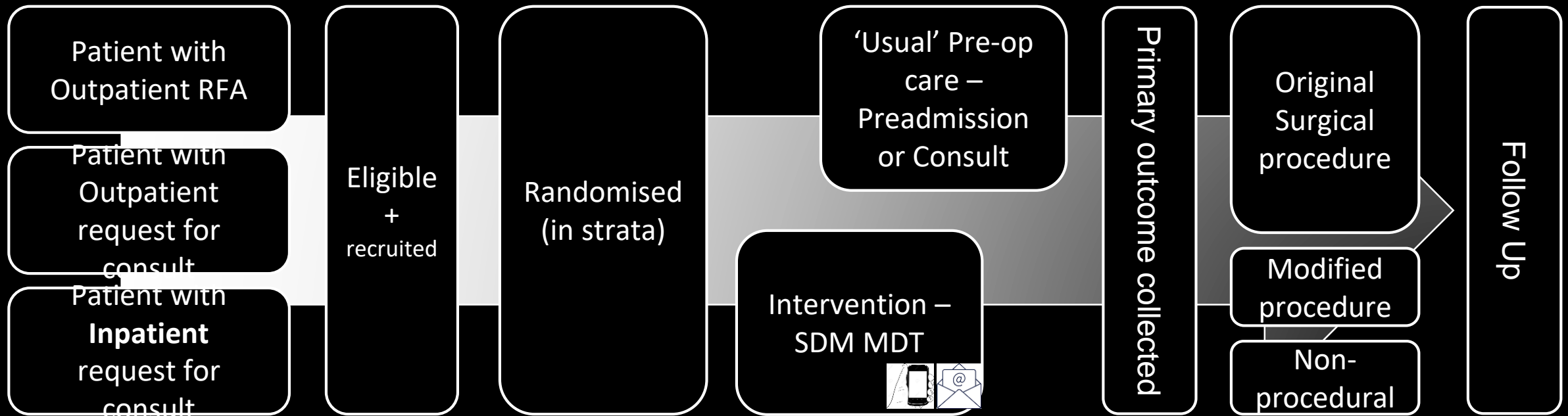
What are the risks or downsides?

What are the possible side-effects?

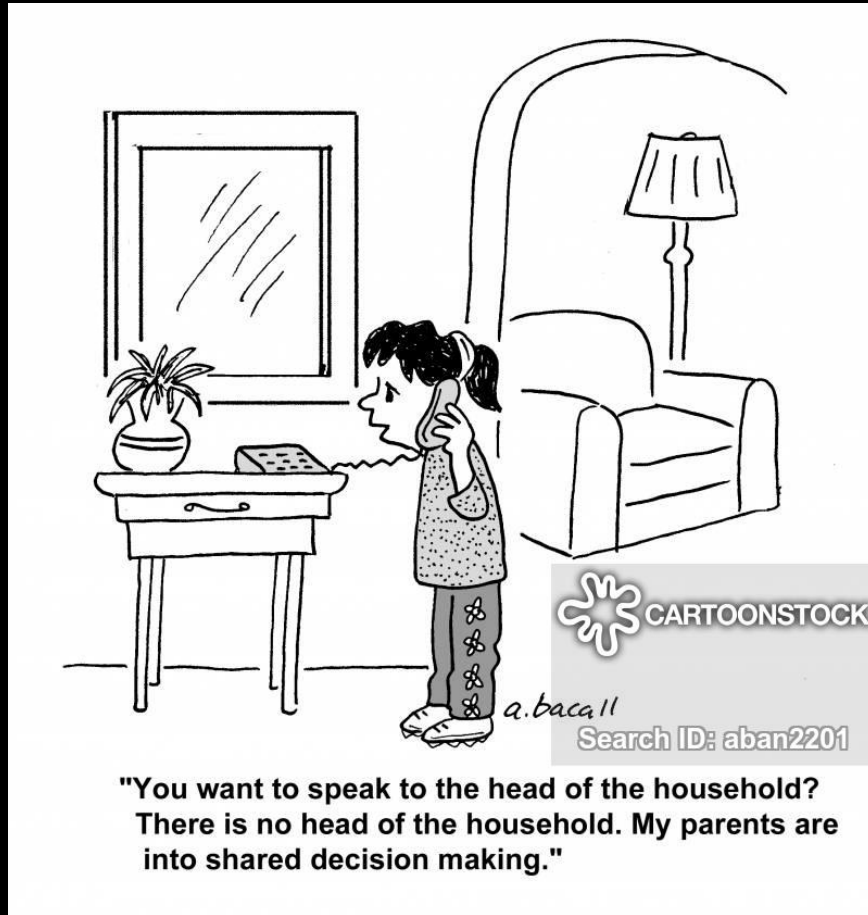
Are there simpler safer options?

What will happen if I do nothing?

SMART OPS: the How?



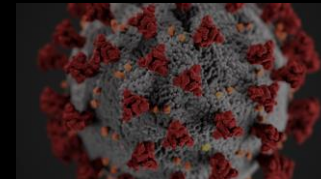
SMART OPS: Where to from here?



SMART OPS: Any Questions?



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A link/ resource

- https://video.wixstatic.com/video/7e2a2a_3c316bf01d6e4fc8be0d8a9c24acfa6c/1080p/mp4/file.mp4



The screenshot shows a website header with the logo for 'Perioperative Surgical Home Australia' on the left and 'THE UNIVERSITY OF MELBOURNE' on the right. Below the header is a navigation bar with links for 'About Us', 'Prehabilitation & CPET', and '2020 Peter Mac/Austin Health Peri Symp'. A secondary navigation bar contains buttons for 'Overview', 'Program', 'Speakers', 'Venue', 'Register', and 'Video'. The main content area features the date 'Sunday March 22, 2020' and the title 'Plan-4-Surgery (SDM & ACP)'. Below the title is the subtitle 'Plan-4-Surgery: Shared Decision Making (SDM) for the Perioperative Clinician'.