

Safety and Rehabilitation

A.A.G. SPONSELEE, T. VAN DE GEIJN, G. WILLEMS. *Redesigning the rehabilitative goal-setting process in geriatric rehabilitation by supporting shared decision-making. Gerontechnology 2018;17(Suppl):106s; <https://doi.org/10.4017/gt.2018.17.s.103.00>* **Purpose** To provide patient-centred care it is essential to involve patients in their own rehabilitation process. One method to involve the elderly patient in his/her own rehabilitation process is to implement shared decision-making (SDM) in the goal-setting process¹. The aim of this research is to redesign the existing goal setting process within the hip-fracture unit of a geriatric rehabilitation centre by enabling care professionals and patients to engage in shared decision-making with help of technological decision-aids. **Method** An assessment of SDM in the current goal-setting process was made to determine opportunities for implementation of SDM. In a geriatric hip-fracture rehab unit in the Netherlands, six micro-ethnographic observations were conducted using the OPTION12 instrument². This was supported by a checklist based on the SDM model by Van de Pol and colleagues³. A service blue print was developed to visualise the goal-setting process including SDM and its potential opportunities (Figure 1). Three focus groups were then conducted to identify needs of both care professionals and patients for utilizing these opportunities. **Results & Discussion** This research examined in what way a technological decision-aid can support the redesign of the goal setting process in the geriatric rehabilitation centre by enabling care professionals, and elderly rehabilitating from a hip-fracture to engage in shared decision-making. The results of the micro-ethnographic observations show that shared decision-making is not implemented optimally within the goal-setting conversations of the hip-fracture unit yet, due to a paternalistic approach⁴. The observations also identified several opportunities for a care professional to utilize: care professionals can invite patients to formulate their own treatment aims and rehabilitation goals; check whether patients understood the information; list treatment options based on potential rehabilitation goals from the patients' perspective; engage in meaningful discussions with the patient; mention potential risks and benefits; and works towards a decision. The focus groups resulted in a functional program of requirements for a redesign of the rehabilitative goal-setting process in geriatric care by supporting shared decision-making with a technological decision-aid. The program of requirements can be used to create a technological decision-aid that is able to redesign the goal setting process in the geriatric hip-fracture unit of the geriatric rehabilitation centre. As a result, healthier patients with improved well-being, clinical results, and a decrease in workload of care professionals are expected.

References

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