**Barriers To Implementing Shared Decision Making For ICDs**

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# Background

Shared decision making (SDM) involves patients and clinicians coming together to make a decision about treatment, which is particularly important for complex decisions such as ICDs. Whilst mandatory in the US for medicare reimbursement, our objective was to establish the view of UK healthcare professionals.

# Objective

To establish the views of healthcare professionals involved in discussing ICD implantation with patients, with regard to current practice and to establish what factors, if any, would be a barrier to implementation of a SDM model.

# Methods

Questionnaires were sent to 49 healthcare professionals within 3 centres in the North East of England involved in ICD implantation: 22 Consultant Cardiologists, 14 Registrars/Fellows and 13 Allied Health Professionals. Questionnaires were also given to patients in order to assess the information and level of involvement/choice they were given.

# Results

All healthcare professionals stated that involving patients in decisions about their care was important and over 95% felt that providing patients with decision aids was a good idea. 79% reported that they already involved patients in making decisions and 71% felt their practice was based on fully informing patients, although only 4% routinely use decision aids (50% reporting their use “sometimes”). Consultants and registrars were more likely to feel confident in informing patients and having adequate training to do this than the allied health professionals.

The main objection to implementing a formal SDM tool was from Consultants, who felt that this was simply a new name for ‘informed consent’ and ‘patient centred care’ that already occurs routinely within the NHS. The patient surveys conducted confirmed that the vast majority (>80%) felt they were informed of the pros/cons, were asked how they felt about it and were involved as much as they wanted to be.

# Conclusion

SDM for complex decisions such as ICDs is widely accepted as important. However, barriers to implementing this include the perception that SDM is simply the latest fashionable term for the established practice of ‘informed consent’/’patient centred care’.