# A digital pathway to support pre-procedural, shared decision making and consent

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**SUMMARY**. As part of pre-procedural assessment, we have a duty to inform and ensure patients understand the proposed treatment, the risks and benefits. Patient feedback informed us that our previous single-episode consultation required improvement. In addition the onset of the pandemic required us to minimise in-person attendances at our hospitals for reasons of infection control.

In response, we designed and delivered a novel, pragmatic, digital and holistic pathway for pre-operative shared decision making and consent for electrophysiology & device procedures at the Royal Brompton Hospital. The pathway utilised:

- Procedure specific animated videos
- An electronic (procedure specific) consent form (Microsoft Power Automate)
- Video consultations for pre-assessment via the Attend Anywhere (AA) platform

Our pathway has:

- Empowered patients to be more effective decision-makers about their own care
- Improved patient experience
- Reduced hospital contacts and infection risk
- Reduced the use of paper, postage and travel
- Supported our clinical and administration teams to work remotely
- Facilitated training of nursing staff through the use of digital content
- Enabled an auditable workflow to document patient interaction during their care pathway

## OBJECTIVES

We sought to pioneer a comprehensive, entirely virtual service that replaced and enhanced our pre-assessment process for patients undergoing electrophysiology and device procedures utilising both electronic consent and supporting animation tools.

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## METHODS

Process: A pre-assessment appointment letter was sent with details of the AA video consultation, a weblink to the animation assisted video, and another to the digital consent form, which could be reviewed as many times as desired by the patient.

The pre-assessment appointment occurred via the AA platform enabling patients to ask questions, informed by the video and consent form (which could be re-sent via the chat function)

After agreement to proceed, the patient signs and submits the consent form online, which produces a Word document that is electronically signed by the clinician and uploaded directly to the electronic patient record. The completed consent form is sent by e-mail to the patient.

Digital toolkit: A dedicated AA virtual 'waiting area' was created for our pre-assessment team, run by our specialist arrhythmia nurses

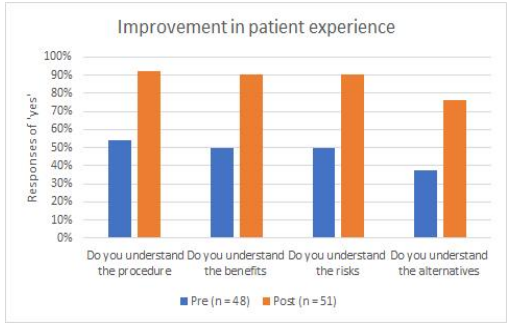
Trust-specific, curated animation assisted videos were developed for patients to access prior to their consultation. Videos were available for electrophysiology and device procedures.

Digital versions of the procedure-specific consent forms were developed using Microsoft Forms, segmented to support patient comprehension, helping to prompt questions at the pre-assessment appointment. Power Automate was used to populate Word documents for clinical signature and storage (Patient pathway, Figure)


## RESULTS

Patient reported outcomes demonstrated a significant improvement in understanding following our intervention. 26/48(54%,pre) vs 47/51(92%,post) said they understood their procedure, 28/48(58%) vs 46/51(90%) said they understood the possible benefits, 24/28(50%) vs 46/51(90%) said they understood the possible risks and 18/48(38%) vs 39/51(76%) said they understood the alternatives (Figure).

Specialist cardiac nurses (n7) delivering the pre assessment clinic felt implementation of this pathway led to improved perception of the patients understanding (Mean score 8/10), improved the overall quality of the care given at consultation (Mean score 7.5/10) and improved the efficiency of running of the clinic (Mean score 6/10).




## CONCLUSIONS

This project demonstrates a significant improvement in patient understanding of their procedure, the benefits, risks and alternatives when using a digital pathway when compared with our previous standard of care.

Our positive patient-reported outcomes highlight the potential gains with respect to improved patient shared-decision-making, putting the patient at the very centre of their own treatment pathway. It has also shown that remote consultations can be exchanged for certain face-to-face consultations and improve the quality of care delivery.

We anticipate this process will additionally help to reduce claims related to communication surrounding cardiac procedures in the future.

## NEXT STEPS

A cross site shared-decision-making working group was created to share good practice across several care groups, drawing on learning from our implementation process. We are using this group to explore ways to improve digital literacy and access to population groups who may not have optimal access to utilise this service.

This workflow has now been incorporated within the revascularisation care group and cardiac surgery with further plans to expand implementation across the Trust by the end of 2021.

## REFERENCES

Montgomery vs Lanarkshire Health Board (2015) https://www.supremecourt.uk/cases/docs/uksc-2013-0136-judgment.pdf

NHS Resolutions (2019) – Claims https://resolution.nhs.uk/corporate-reports/

Our trust specific website for cardiac procedures https://explainmyprocedure.com/brompton

An example of electronic consent for catheter ablation for atrial fibrillation https://tinyurl.com/RBH-AF-Consent