

A2211

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Room Hall B2-Area D

## Regional Anesthesia Decision Aids in the Pre-Anesthesia Clinic Improve Patient Engagement and Knowledge

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### INTRODUCTION

One component of the perioperative surgical home is to provide patients the ability to participate in decisions regarding their care, including shared decision-making.(1) In preparation for implementing shared decision-making in our pre-anesthesia service, our needs assessment found that patients had poor understanding of regional anesthesia and desired information about their anesthesia and postoperative pain management choices.(2) The current study evaluated whether introduction of regional anesthesia (RA) decision aids during the pre-anesthesia clinic visit improved patient engagement and knowledge surrounding their anesthesia options.

### METHODS

After IRB approval, consenting adult English-speaking patients who were likely to be offered regional anesthesia for their procedure or postoperative pain management had their clinical encounter observed and completed a post-encounter survey. Observations recorded whether RA was mentioned, what was mentioned (nature, risks, benefits, alternatives, understanding, preferences), and if the patient asked questions about RA. The survey included questions about patient desire for information, demographic questions, and the Degner control preferences scale (3) to evaluate whether subjects were active, collaborative, or passive in medical decision-making. A RA knowledge test was administered at the end of the clinic visit, and patients completed anxiety state (4) and decisional conflict (5) assessments. Subjects who received a RA decision aid prior to their clinical encounter (POST) were compared to patients who did not receive a decision aid (PRE) by Fisher's exact test and t-test with  $p < 0.05$  considered statistically significant.

### RESULTS

The 126 patients were similar PRE and POST in age (mean  $58 \pm 12$ ), gender (54% male), education level (42% college graduates), and control preferences (72% active or collaborative). In observations of clinical encounters POST introduction of RA decision aids, mention of RA was more common (64% vs. 49%,  $p=0.015$ ) and patients were more likely to ask questions about RA (70% vs 32%,  $p=0.001$ , Figure). In 85 observed visits with mention of RA, POST visits included more of the 6 items tracked ( $p=0.007$ ). Specifically, alternatives were more likely to be mentioned in POST than PRE visits (78% vs. 52%,  $p=0.016$ ). POST patients more commonly expressed a desire for written information about their anesthesia choices (71% vs. 40%,  $p=0.004$ ). POST patients had greater understanding of RA, with knowledge test scores of 53% compared to 30% for PRE patients ( $p=0.001$ ). There were no differences in anxiety or decisional conflict.

### CONCLUSIONS

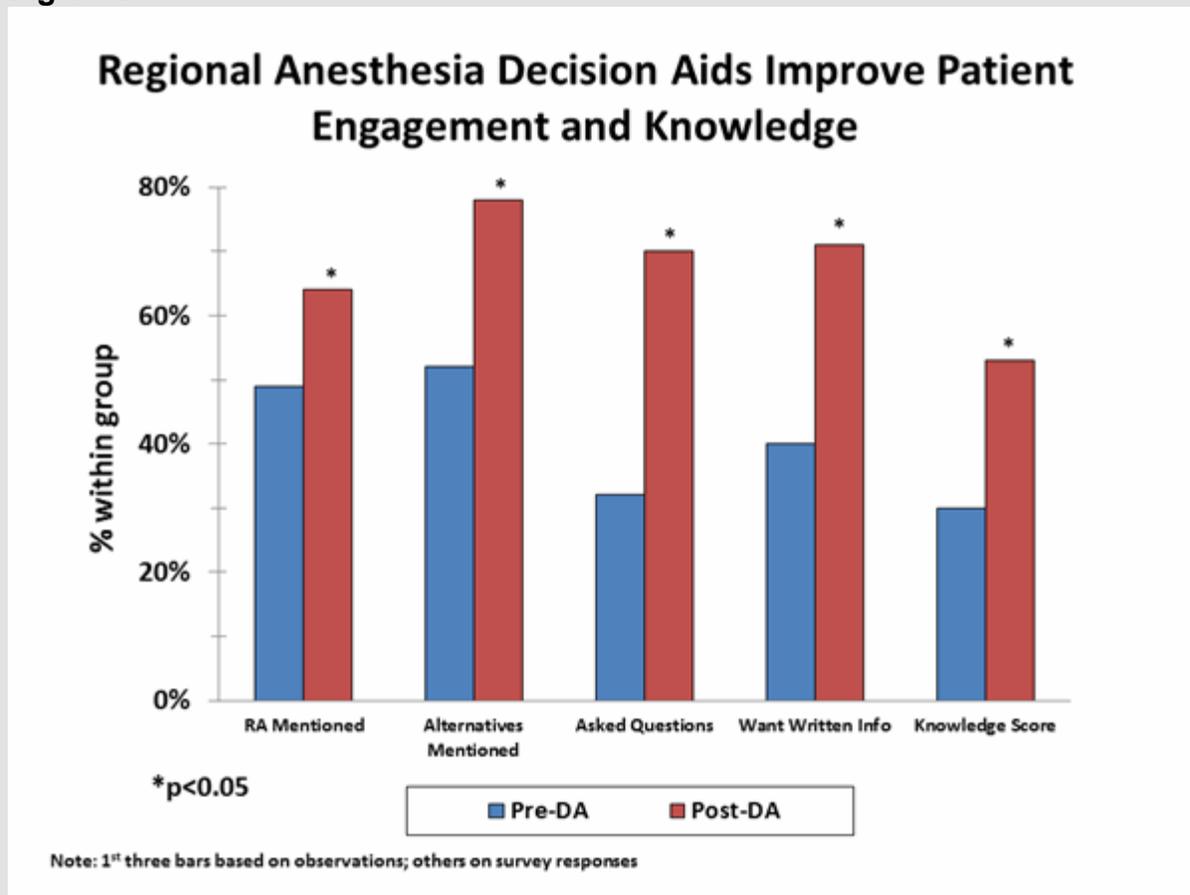
When there is >1 clinically appropriate option for anesthesia and postoperative pain management, patients seem primed to engage in shared decision-making if given information about their anesthesia choices. Greater patient engagement and understanding of anesthesia options is consistent with a perioperative surgical home and is easily accomplished through introduction of decision aids during the pre-anesthesia

evaluation visit.

REFERENCES

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Figure 1



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