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BACKGROUND INFORMATION:

- The American Heart Association (AHA), Heart Failure Society of America, American Association of Heart Failure Nurses, and Society for Medical Decision Making have acknowledged the “crucial” need for increased shared decision making and development of decision aids (DAs) for LVAD candidates.
- Decision aids are particularly important for LVAD placement because the decision is especially value-laden and preference-sensitive due to the complex trades-offs and burdens associated with the device.
- Adequate decisional support could help patients and caregivers become more knowledgeable of the potential positive and negative impacts on lifestyle and longevity, impacts on familial and other relationships, and issues related to body image and preservation of bodily integrity.

DECIDING TOGETHER:

- Our decision aid, *Deciding Together*, was designed in line with the Ottawa Decision Support Framework (ODSF) and the International Patient Decision Aids Standards (IPDAS), and we were informed by 70+ interviews with patients, caregivers, and clinicians.
- In a randomized controlled trial, patients who viewed our decision aid exhibited **significantly greater LVAD knowledge** than the control group at 1-week follow-up (68% vs 59%; $P = .02$). These patients also reported **significantly greater satisfaction with life after implantation**.

IMPLEMENTATION:

- Our decision aid is usually delivered to patients by LVAD nurse coordinators or VAD engineers.
- Patients prefer to receive the decision aid “as early as possible” in their decision-making process about LVAD, and it takes about 1 hour to review.
- Caregivers and family members can benefit from the decision aid as well; this is especially true in the case of a patient who is too sick or overwhelmed to it.
- Clinicians can expect for it to take ~1 hour to review the decision aid. It can be helpful for patients to keep the decision with them while speaking with clinicians as a conversation starter.