

communication; 3) Considering patients' unique contexts when involving family members to make treatment decisions.

Physicians evaluate the rightness of surrogates by a coherent narrative synthesized by: 1) The contextual information of family and living conditions; 2) Interactions between the patient and family members; 3) Direct dialogues with patients and their surrogates.

**Discussion** From individual autonomy to relational autonomy, shared decision making evolves from 'empty ethics' in the traditional bioethics model into 'bonded ethics'.

**Conclusion** When the patient is absent, patients' rights and rightness of surrogates create the tension in reaching treatment decision based on patients' preferences. One solution of this ethical tension is to synthesize multiple narratives of patients' preferences from all the stakeholders.

**Type of submission** Oral or poster sessions.

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### EVALUATION OF COACH MCLUNGS<sup>5</sup><sub>M</sub> IMPLEMENTATION, A SHARED DECISION-MAKING INTERVENTION IN THE EMERGENCY DEPARTMENT

<sup>1</sup>Thomas Ludden\*, <sup>1</sup>Kelly Reeves, <sup>2</sup>Stacy Reynolds, <sup>1</sup>Lindsay Shade, <sup>1</sup>Lyn Nuse, <sup>1</sup>Cheryl Courtlandt, <sup>1</sup>Andrea Desantis, <sup>1</sup>Diane Derkowski, <sup>1</sup>Denise Derkowski, <sup>1</sup>Jeremy Thomas, <sup>2</sup>Melanie Hogg, <sup>1</sup>Melissa Calvert, <sup>1</sup>Beth Burton, <sup>1</sup>Saul Amezquita, <sup>3</sup>Caroline Cox, <sup>1</sup>Lindsay Deneault, <sup>1</sup>Hazel Tapp. <sup>1</sup>Department of Family Medicine, Atrium Health, Charlotte, USA; <sup>2</sup>Department of Emergency Medicine, Atrium Health, Charlotte, USA; <sup>3</sup>Wellstar Health System, Marietta, GA USA

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**Introduction** Significant disparities in asthma outcomes occur by gender, race, ethnicity, and socioeconomic status. Patients with the worst outcomes often lack continuity primary care and receive care at emergency departments during exacerbations. Improved asthma outcomes are associated with effective communication between patients and providers, such as using shared decision-making. Coach Mcl ungs<sup>8</sup><sub>M</sub>, a health information technology solution designed for primary care, engages patients, caregivers, and providers in shared decision-making about asthma. This Patient-Centered Outcomes Research Institute (PCORI) funded study evaluates the implementation of Coach Mcl ungs<sup>8</sup><sub>M</sub> in an emergency care setting.

**Methods** This asthma intervention took place in an urban pediatric emergency department in Charlotte, North Carolina, USA, that serves a low-income, high-minority community. Patients aged 7–17 were evaluated for shared decision-making, self-efficacy, satisfaction, and knowledge. 6-month pre/post evaluation of emergency department utilization, hospitalization, steroid prescriptions, and primary care provider (PCP) utilization took place.

**Results** 60 patients with Asthma utilized Coach Mcl ungs<sup>8</sup><sub>M</sub> (83% African-American, 15% Caucasian, 57% male, with an average age of 10.4 +/- 2.6). Results showed a high level of shared decision-making (CollaboRATE average score 8.57 +/- 1.3). Self-efficacy and satisfaction were high, ('knowing what to discuss with the doctor' 84%, 'feeling that Coach Mcl ungs<sup>8</sup><sub>M</sub> was helpful' 89%). In terms of knowledge, 92% reported understanding asthma. 6-month pre/post evaluation, although not statistically significant, showed ED utilization, hospitalization, and steroid prescriptions decreased 30% to 25% ([95%]CI -0.18 to 0.08, p=0.44), 5% to 2% ([95%]CI -

0.03 to 0.10, p=0.32), and 35% to 28% ([95%]CI -0.08 to 0.22, p=0.37), respectively, and PCP utilization increased from 25% to 33% ([95%]CI -0.07 to 0.24, p=0.28).

**Conclusions** Implementation of a shared decision-making intervention, originally designed for primary care, was feasible and effective in the emergency department. Additionally, increased utilization of Coach Mcl ungs<sup>8</sup><sub>M</sub> trended towards improved asthma outcomes for populations with known disparities.

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### THE ROLE OF RELATIVES OF PROSTATE CANCER PATIENTS IN DECISION-MAKING CONVERSATIONS DURING HOSPITAL CONSULTATIONS – A QUALITATIVE STUDY

<sup>1</sup>Lea Lund\*, <sup>1,2</sup>Bettina Mølri Knudsen, <sup>3</sup>Mads Schall Holberg, <sup>2,4</sup>Norby Bettina, <sup>1,2</sup>Karina Dahl Steffensen. <sup>1</sup>Center for Shared Decision Making, Lillebaelt Hospital, University Hospital of Southern Denmark, Vejle, Denmark; <sup>2</sup>Institute of Regional Health Research, Faculty of Health Sciences, University of Southern Denmark, Odense, Denmark; <sup>3</sup>Patient representative from the Prostate Cancer Patient Organization PROPA, Vejle, Denmark; <sup>4</sup>Department of Urology, Lillebaelt Hospital, University Hospital of Southern Denmark, Vejle, Denmark

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**Introduction** Relatives often participate in medical decision-making, yet they often feel neglected. Research shows that active involvement of relatives in patient care, aligning with their abilities and needs, enhances patient safety, compliance, and overall experiences for both patients and relatives. Despite this, the role of relatives in Shared Decision-Making remains underexplored. This study focuses on consultations in hospital settings with prostate cancer patients, aiming to explore the perceptions of relatives, patients, physicians and nurses about the role of relatives in medical decision-making.

**Methods** Twenty semi-structured individual interviews were conducted with patients and their relatives in autumn 2023, all selected through purposive sampling. Field notes from 12 consultations informed the interview guides. All interviews capture decision-making moments during consultations, using a hermeneutic-phenomenological approach to understand informants' lived experiences regarding the role of relatives. Content analysis focuses on themes relating to informants' experiences.

**Results** The interviews indicate that relatives play an important role in consultations, becoming the patient's ambassador, described by several patients and relatives as 'support', 'secretary' or 'nanny'. They become the patient's 'ears' and 'voice'. It is stressful for the relative to be given these roles, in addition to the emotional aspect of worrying about the situation.

**Discussion** On the one hand, relatives serve as a valuable resource, and on the other hand, they have needs that require care during the course of their loved one's illness. Clinicians and nurses need be aware of this dynamic in their interactions during consultations. Forthcoming focus group interviews with physicians and nurses, as part of the study, will provide additional insights into the significant aspects of the role of relatives.

**Conclusion** The results include valuable perspectives that can help physicians and nurses in decision-making conversations involving relatives, also extending beyond conditions such as prostate cancer.