Advanced CARE:
Towards a Standardized Framework for Shared Decision-Making in HaH and Other Alternative Models of Care

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Practice Problem

- Enrolling and managing patients in alternative models of care such as DispatchHealth Advanced Care/Hospital-at-Home requires a novel and specific approach to shared decision-making with patients.
- While clinicians recognize the importance of integrating high-quality shared decision-making conversations, providing care in alternative models, such as hospital-at-home raises the bar ethically and clinically for facilitating and documenting those conversations in a reliable fashion.

The Intervention

- To improve, standardize, and guide our clinicians' approach to shared decision-making when offering Advanced Care/HaH, we created and implemented the Advanced CARE framework.
- Using this framework, we guide our clinicians to review and document 4 key components to shared decision-making (figure).
- Discussions are then documented as a part of each patient's clinical chart and are revisited continuously during each care episode as the care plan evolves.

Advanced CARE
for Effective Shared Decision Making and Documentation

Objective

To guide consistent and reliable shared decision making and documentation of shared decision making for acute care in the home.

Choose and communicate.

Review and document that the patient (or their medical decision maker) is able to choose and communicate a decision that is consistent with their values.

Alternatives.

Review and document that the patient (or their medical decision maker) is presented with ***and*** is able to describe alternative options.

Reason.

Review and document that the patient (or their medical decision maker) is able to reason and logically explain why they are choosing the option they are choosing.

Engagement.

Review and document that the patient (or their decision maker) is actively engaged in the decision and offer an open invitation to continue to have conversations around care preferences as the medical course evolves.

Findings to Date

- Since implementation in early 2023, utilization of the framework has been documented in all care episodes (about 2000 hospital alternative care episodes).

Measures of Success

- We track % complete documentation in care episode initial clinical note. Qualitatively, the contents of the discussion are documented for each episode. We also track % discussion of goals of care in each episode and the proportion of episodes where care goals evolve during the episode.
- In the future, we plan to survey patients, families, and other stake-holders regarding their perception of how this approach differs compared to their prior experiences of engaging in shared decision-making in brick-and-mortar care settings.

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