Healthcare Risk Professionals Impact, Influence, Innovate

CRP Implementation and Spread

Lessons Learned from CRP Network Expansion

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Presenter(s)

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Please refer to the Presenters' Bios available on the table and online for more information

Objectives for today's presentation

- Objective 1: Identify facilities in your system or network ready to implement a CRP program
- Objective 2: Anticipate and develop plans for addressing challenges in CRP implementation
- Objective 3: Develop best practices with malpractice insurers for resolving adverse events through a CRP

What is a CRP?

- CRP stands for Communication and Resolution Program, in which facilities:
  - Proactively **communicate** empathetically with patients and families when unanticipated adverse outcomes occur
  - **Investigate and explain** what happened
  - Implement systems to **avoid recurrences** of incidents and improve patient safety
  - Where appropriate, **apologize and offer** fair financial compensation without the patient having to file a lawsuit
- Other names: CARe (Communication, Apology, and Resolution), Disclosure and Offer, Harm Response Program, etc.

Communication and Resolution: The basics

Communicate	Apologize	Investigate	Move toward healing	Resolve
Proactively communicate with patients/ families about adverse events Connect them with team members who can help them throughout CARe	Offer empathy and, where appropriate, an apology of responsibility	Investigate the events to find root causes and develop corrective actions to improve patient safety	Have resolution conversations to discuss those findings with the patients/ families Proactively move the case to the insurer for resolution if criteria are met	Resolve compensation cases outside of court system (patients who may receive compensation are encouraged to have attorneys) Ensure safety improvements are made

Why use CARe?

Better for patients

- Treated with compassion and honesty
- Can get the answers and support they need
- Fairer and more timely process than court system

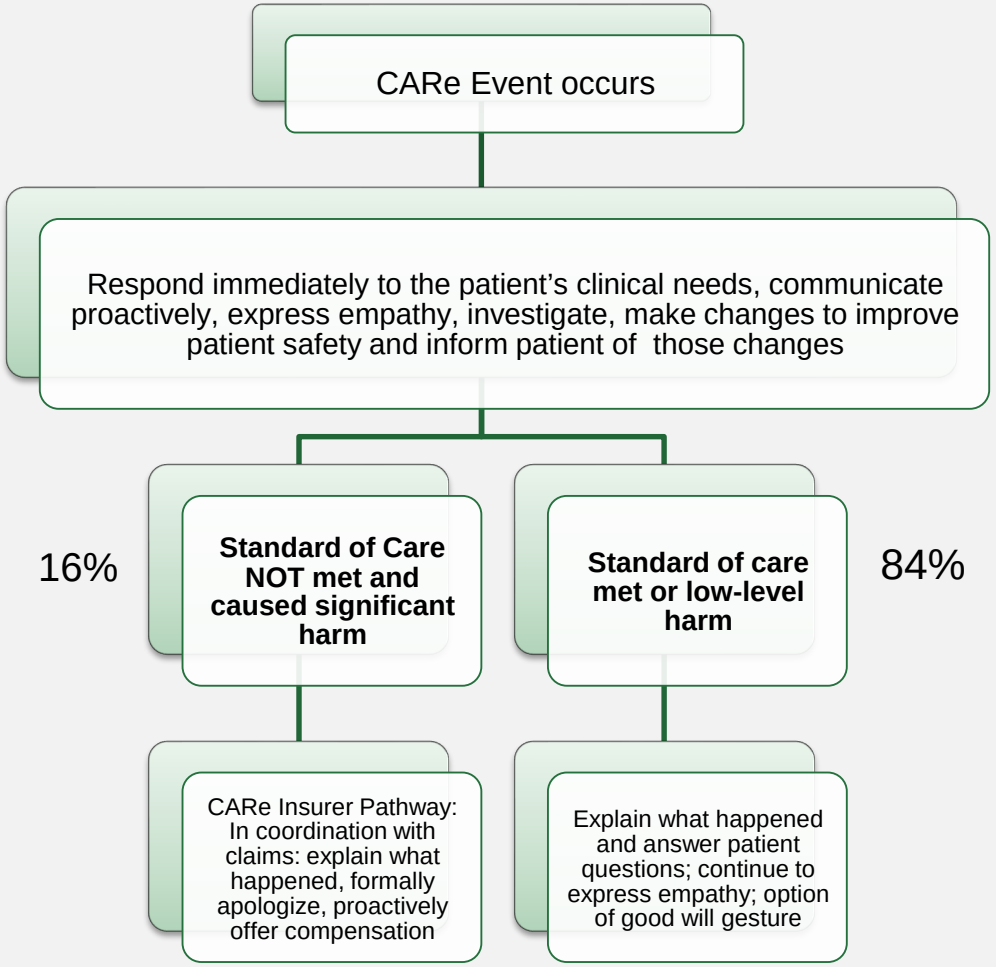
Better for providers

- Preserves provider/patient relationship when possible
- Can express natural empathy and get support they need
- True systemic root causes are more likely to be unearthed

Better for the healthcare system

- Less defensive medicine
- System improvements are made
- Builds trust in the system which can increase reporting and morale

CARe adverse event pathway

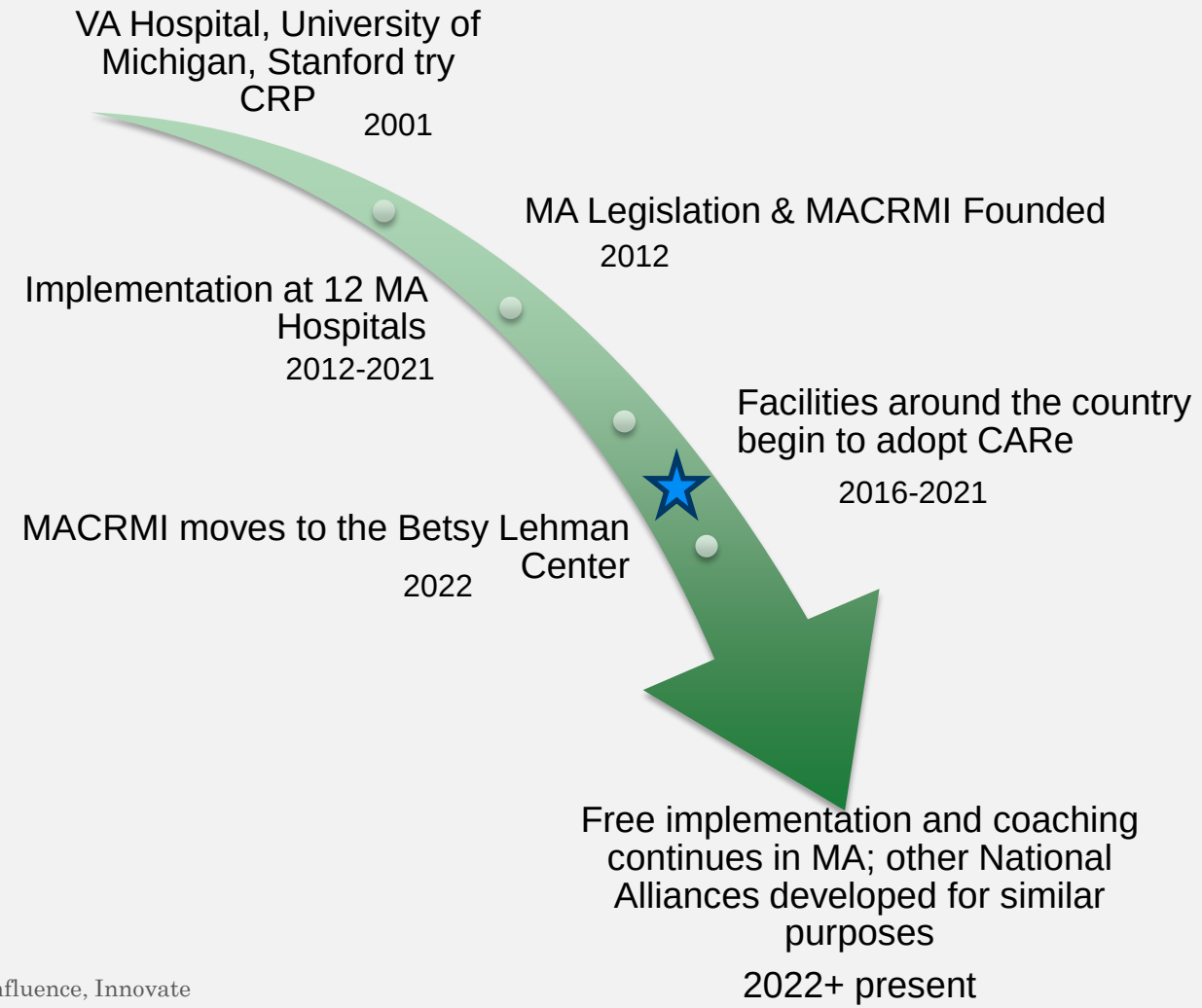


What does the data show?*

- **Claims/costs do not increase** even when systematically using the program, *and in many cases decrease*
- **Providers are supportive** of the use of the program
- **Patients are supportive** of the use of the program
- Patients who do not receive the components of the program suffer long-term negative impacts
- Systematic, rigorous application of the program is needed to receive the full benefits of the program, including improved safety culture

*See appendix for complete publication list.

History of CRP in Massachusetts



The plan to spread CRP

- Implementation much more successful with coaching assistance, tools, and a group support system
- More rapid spread would require
  - Supportive insurer
  - Funding
  - Dedicated implementation time
  - Use of existing support structures
- Received grant support from CRICO to spread to four additional CRICO-insured sites

Selecting the sites

- Assessing readiness
  - Robust adverse event reporting and tracking systems for providers and patients
  - Well-developed RCA and event analysis structure
  - Institutional commitment including CEO, Board, Medical Staff Leaders, and very importantly, risk management/patient safety and patient relations
  - Willingness to commit to the CRP process, best practices and training, and report data to Betsy Lehman Center
- Site had to be enthusiastic about the concept

CRP Spread Sites

Site	Location	Type
Anna Jaques Hospital	Newburyport, MA	Community Hospital
Atrius Health	Multiple locations	Multi-specialty provider group
Beth Israel Deaconess - Plymouth	Plymouth, MA	Community Hospital
Cambridge Health Alliance	Cambridge, MA	Community Hospital

Implementation Plan and Tools

1. Initial assessment of current state, review of Implementation Guide and timeline
2. Monthly meetings to discuss structural changes and case reviews
3. Formal Trainings: disclosure conversations (aka initial communication training); resolution conversations; other educational sessions for the facility
4. Incorporation into the Betsy Lehman Center CARe Board for discussion sessions and ultimately data reporting

What we learned, part 1

- Implementation must have a clear structure to be efficient and effective
  - Implementation guide v. gantt chart
  - Divide structural components and case-review process components
- Case reviews are not always simple, and new processes take time to ingrain

Gantt Chart

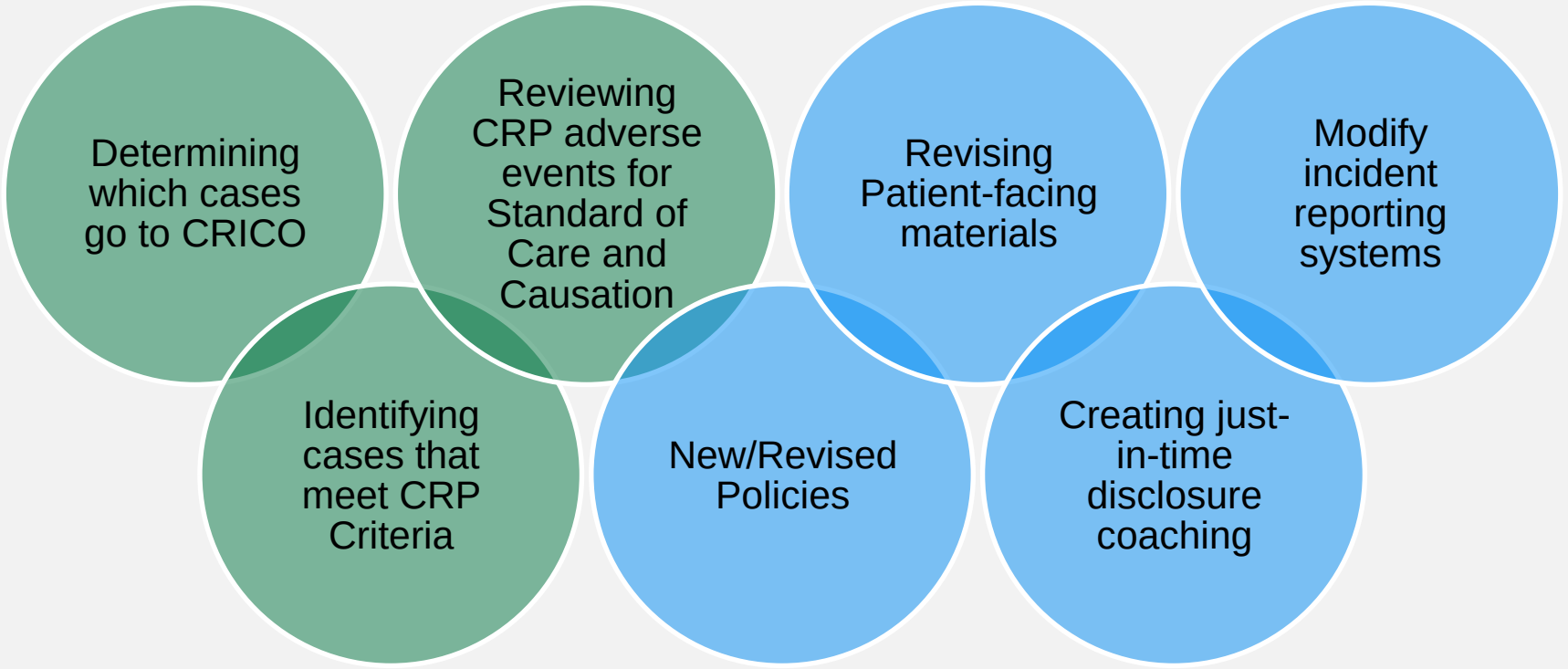
How we know it's complete

Structural components

Where we are with it

Schedule of Milestones	Lead/Status	Deliverables				
Phase 1: Preparation						
Obtain necessary policies/approvals	any additional policies?	Necessary Board approvals, CRP Policies in place	system			
Discuss move to CRP with Chiefs, Board, Risk Management staff, etc.	Any other presentations?					
Phase 2: Building a Frame (Internal)						
Map facility case review process		Clear process with CRP overlayed				
Review all Best Practices in Playbook with Risk/Safety teams		Deep knowledge of CRP program by staff closest to adverse event resolution				
Train communication coaches and develop on-call system	Likely risk hotline will work for coaching support	Disclosure coaching available 24/7				

CRP requires structure and process changes



Structure v. Process

- Finite completion dates
- Requires significant up-front effort, but little maintenance
- Can be completed in a relatively short timeframe if bandwidth is present

- Requires incorporation into existing processes
- Practice using the process and honing skills takes a longer time
- Needs reinforcement over time

Critical Questions in the Process

- Which cases are CRP cases?
  - And what do I do with them if they are?

- Which CRP cases met the standard of care? Which did not? Which lapses in standard of care caused significant harm? And how sure am I that these assessments are correct?

- Which cases are CRP insurer cases?
  - And what do I do with them if they are?

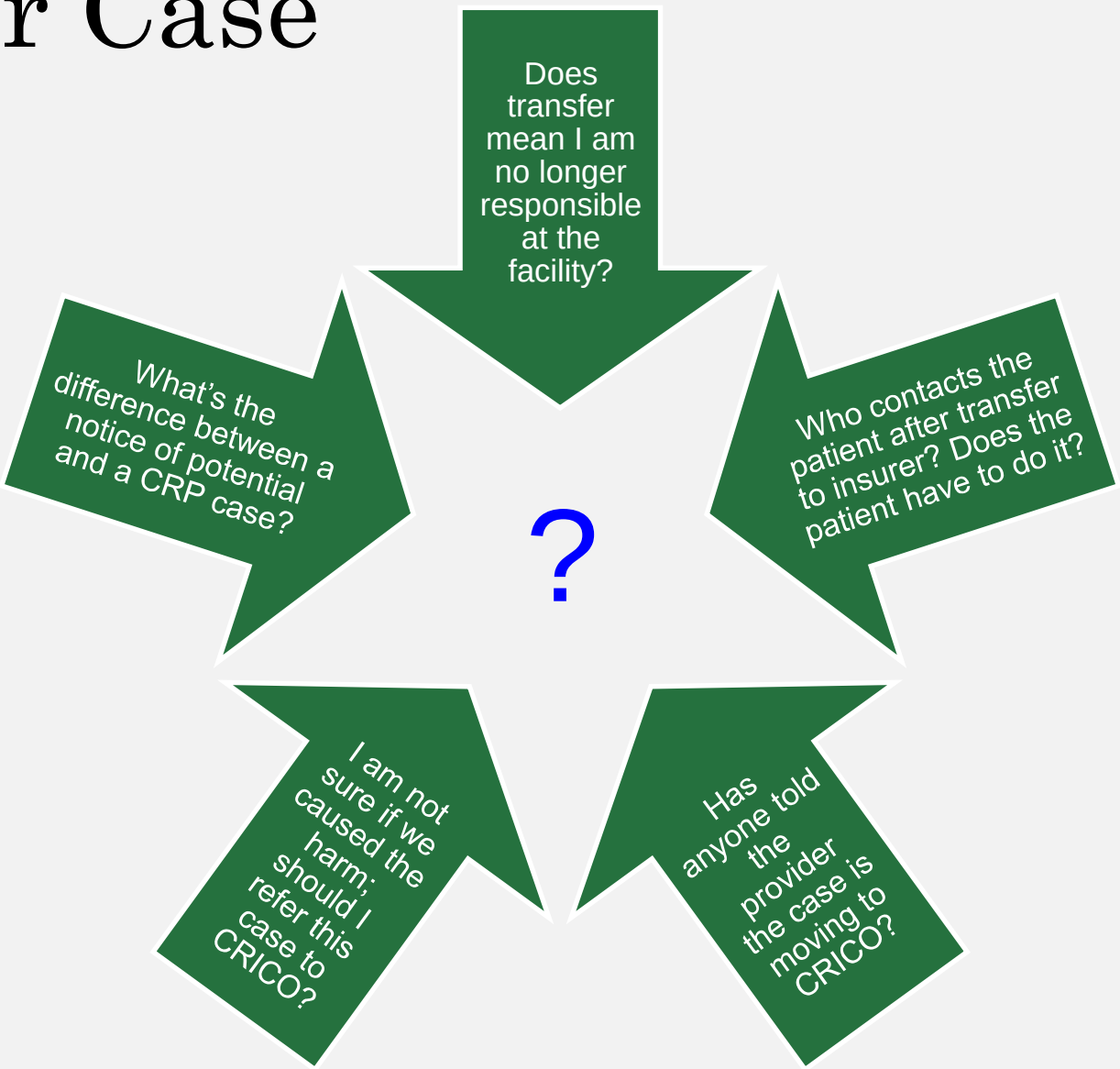
Take away lessons

- Criteria must be used and followed
  - Reinforcement of CRP criteria,CRP Insurer Criteria and process to correctly resolve a case are critical; coaching can help
- Event reviews that include evaluations of standard of care and causation are necessary for CRP and may be different from your existing event review structure
  - Taking time to develop this will smooth implementation path
- Understanding what do to when your review results are “we don’t know” is essential
  - It gives support in an already challenging situation

What we learned, part 2

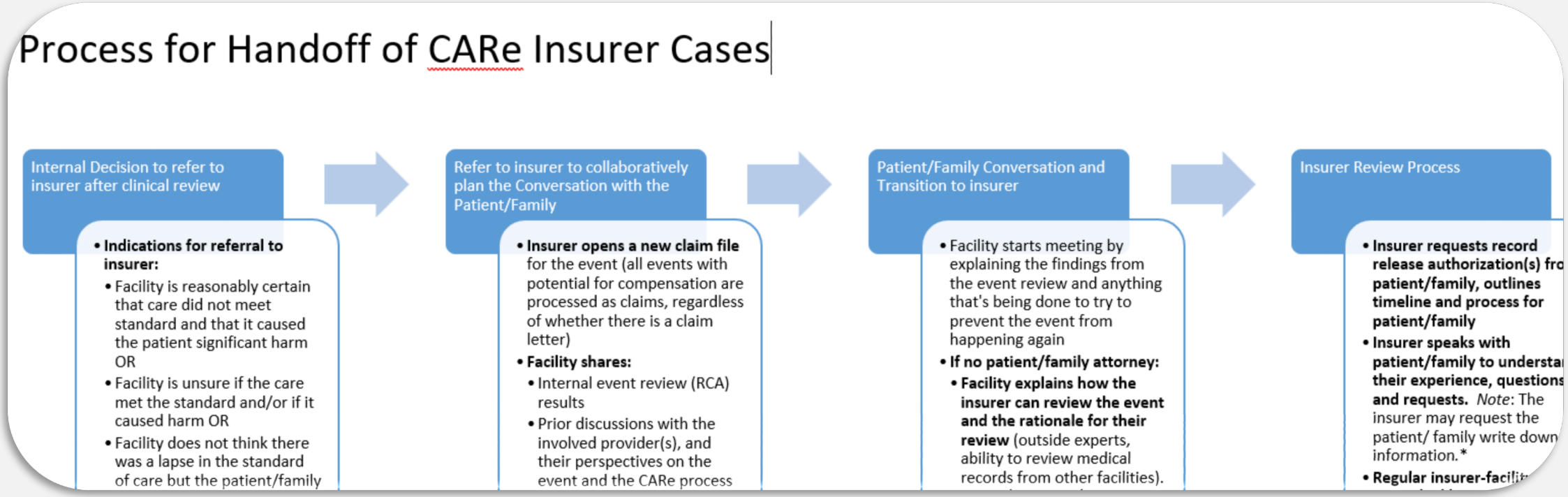
- Some challenges will slow down implementation
  - Covid
  - Many staff changes
  - Competing priorities
- Transferring a case to the insurer (CRICO) is a challenging piece of the CRP process that required more guidance

CRP Insurer Case



How we addressed the challenge

- Understanding of insurer/facility responsibilities and needs has to be clear to all – meetings revealed differing practices and understandings
- Discussions led to creation of mutual guiding resource about roles and responsibilities in CRP cases



Take away lessons

- Regardless of your malpractice insurer structure, outlining the process beyond the resolution conversation is essential
- Work through challenges together and then create tools to navigate those challenges that other sites in your network can also use
- Commit to regular updates on CRP Insurer cases
  - What do you find helpful to know?
    - Made contact
    - How it resolved
    - When it resolved
    - Problems connecting

You can do it too!

- Assess your own network's sites, or partner with others who share your same malpractice insurers
- Use the Betsy Lehman Center free resource website (and if you are in Massachusetts, implementation assistance/coaching is free of charge, too) to set up a structure and process plan
- Discuss with your insurers the process for cases that meet the CRP insurer criteria
- Continue to practice and refine your process, and find others who have CRPs to work with collaboratively

Questions/Discussion

Publications

- Data addressing success factors for CARe Programs, published January 2020: https://qualitysafety.bmj.com/content/early/2020/01/20/bmjqs-2019-010296.long

- Data addressing costs, claim numbers, and time to resolution, published November 2018: https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2018.0720?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossr ef.org&rfr_dat=cr_pub%3Dpubmed

- Data addressing claims numbers, provider satisfaction, and adherence published in Health Affairs in 2017: http://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0320

- Data regarding patients and medical error in Massachusetts, including patient responses with early communication, and without: https://www.betsylehmancenterma.gov/research/costofme