



**BETSY
LEHMAN
CENTER**
for Patient Safety

10th Annual **Communication, Apology and Resolution Forum**

September 29, 2023
Hybrid Forum



Welcome

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Special thanks to
CRICO RMF for CME support

Objectives

- Describe why the CARE approach works better than deny and defend for patients, providers, and the health care system.
- Articulate the key elements that are important to include in a successful resolution conversation.
- Identify key guiding principles around using CARE Support in CARE programs.

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This activity is designed to be suitable for **2.5** hours of Risk Management study in Massachusetts.

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CME/Nursing credit information

After attending today's session, you will receive a link to an evaluation **in about two weeks**. Once that is completed, you will receive a link to a CME certificate for download.

If you are a nurse, email the CME certificate you receive after completing the evaluation to Melinda Van Niel (Melinda.vanniel@betsylehmancenterma.gov) for nursing credits.

Agenda

- **Introduction to CArE and recent developments**
- **Case simulation and discussion:** Adverse event resolution
- **CArE Support: A frame for service recovery in the context of CArE**
- **Panel and discussion:** CArE Support – challenges and opportunities
- **Provider testimonial**
- **Closing remarks**

Introduction to CARe and recent developments

What is CARe? Why is it important? What can the Betsy Lehman Center do to support you in implementation?

Communication, Apology, and Resolution: The basics

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

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

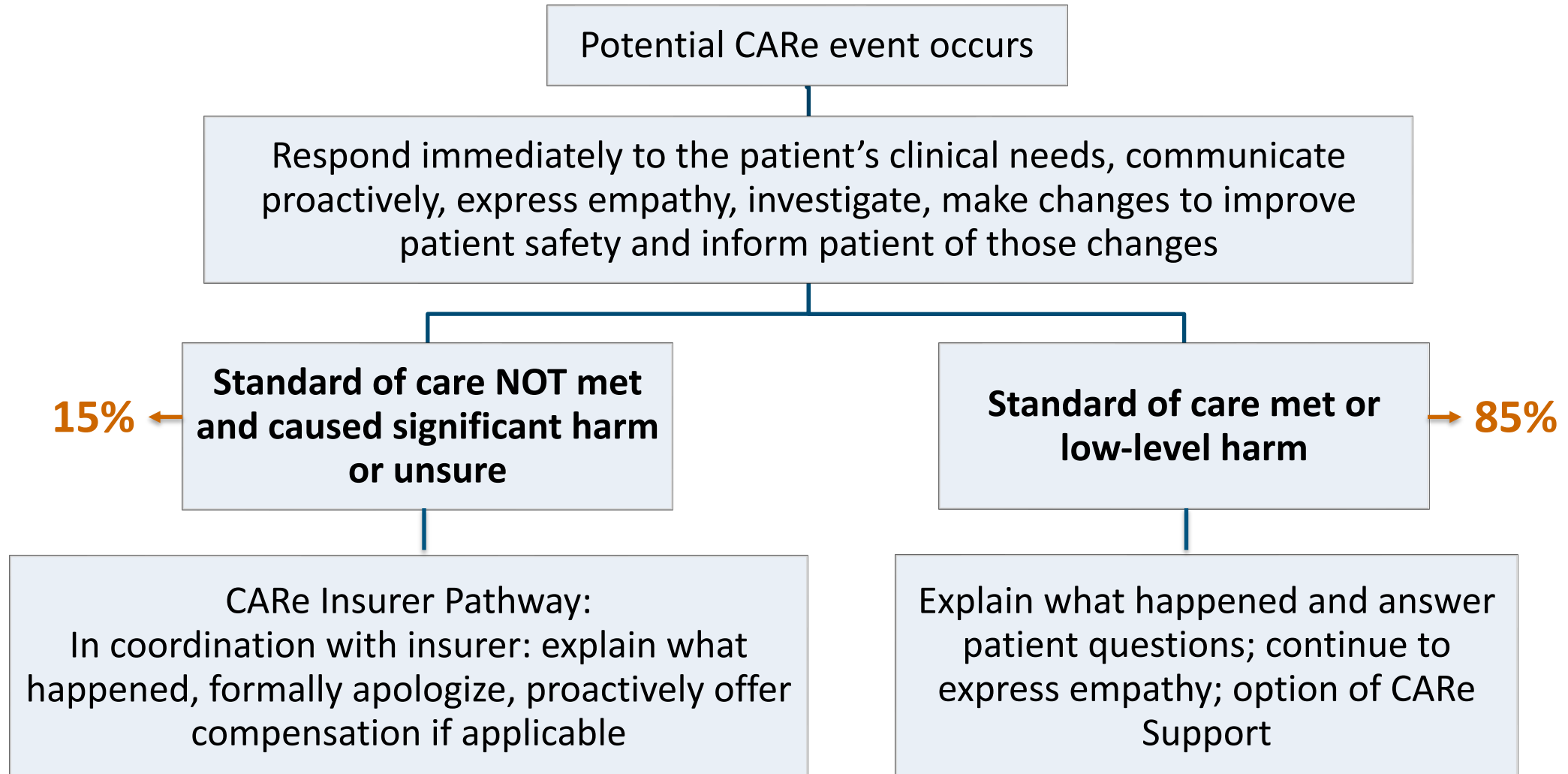
Better for providers

- 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 health care system

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

CARe adverse event pathway

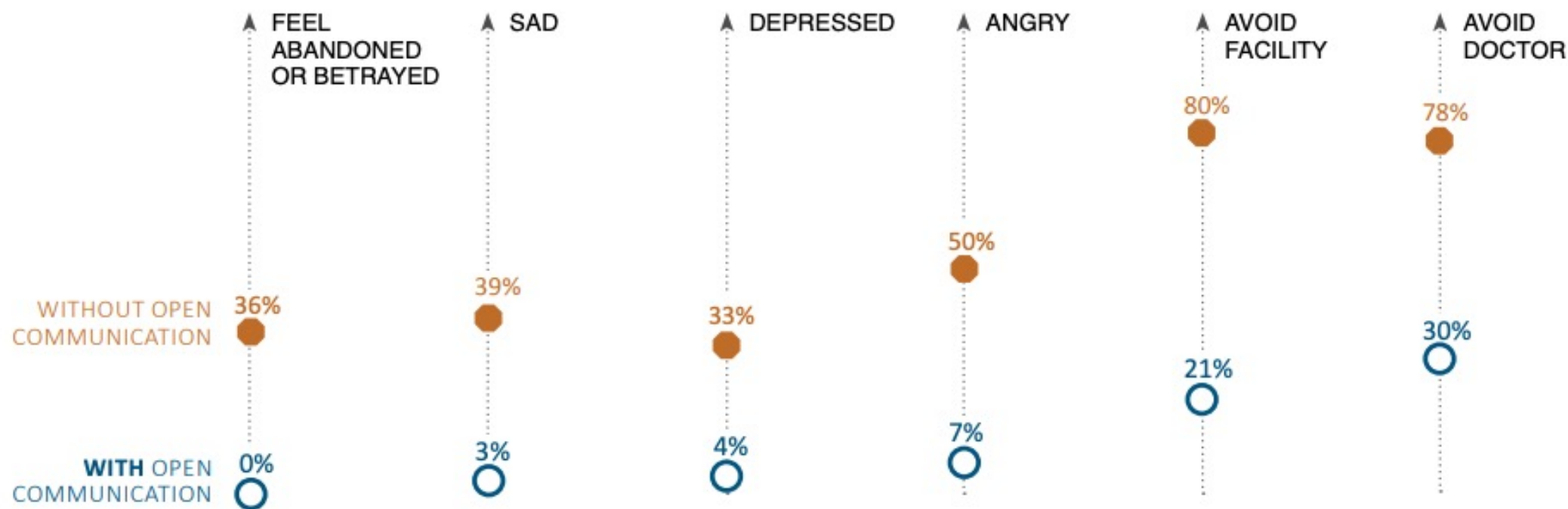


What does the data show?*

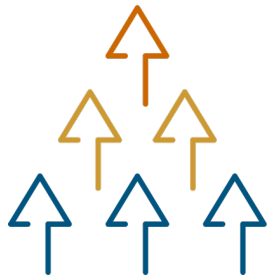
- **Claims/costs do not increase** even when systematically using CArE, and in many cases costs decrease
- **Providers are supportive** of the use of the program
- **Patients are supportive** of the use of the program (*Betsy Lehman Center data*)
- Patients who do not receive components of the program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

*MA Pilot Study sponsored by CRICO, Coverys, and other health insurers; 3 years, 6 sites, 995 cases. See article links in appendix.

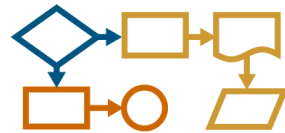
Open communication from providers is linked to lower levels of harm



CARe: A rigorous program



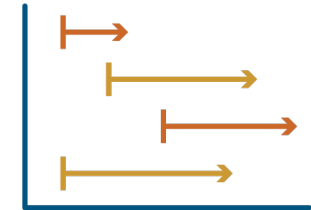
Benefits realized for the facilities and participants can only happen when the program is rigorous



Algorithms must be applied in every case, every time



Cases are tracked to ensure good communication



Data is reported to the Betsy Lehman Center for collective learning

What does the Betsy Lehman Center do?

- **CARe Implementation Assistance**
- **Development and publication of new free resources for CARe implementation**
 - Iterative, cooperative development and approval
 - Directly from those implementing or using CARe in their facilities
 - Simulations, document samples, tools, etc.
- **Data analysis**
 - Outcome measures required from each site, analyzed and comparative data reported back
- **Discussion sessions**
 - Quarterly
 - All fully implemented and developing sites
- **A voice for change**
 - Members present across the country about the benefits of CARe and strategies to overcome challenges
 - Assist with national efforts as able

CARe developments in 2023



**13 MA sites have
CARe programs**

Two new sites up and running so far in 2023

Two more expected before year end, with more in 2024



New resources

[Resolution Conversation Checklist](#)

[Guiding Principles for CARe Support](#)

[CARe Metrics Guidance](#)



**New website
and additions**

BetsyLehmanCenterMA.gov/CARe

Simulation library

Coming soon! Letter template repository

National trends

- Over **400 facilities across the country** have implemented or are implementing the CArE model on the heels of Michigan, Stanford, and Massachusetts pioneer programs.
- The **open-source CANDOR toolkit** has been developed by AHRQ to support these programs nationally. Betsy Lehman Center board members advised AHRQ on this kit.
- **PACT Collaborative** joint venture with IHI, CAI, and Ariadne Labs has begun efforts to develop national support for CArE, including a community of practice which the Betsy Lehman Center assists with as needed.

Today

In the last 15 years, CARE has gone from a little-known idea to a program used all over the United States and in some foreign countries.



The Betsy Lehman Center has tested implementation resources, tools, and experienced facilitators to help you implement this program.



And if you are in Massachusetts, it's **free**. Join us!

Case simulation

*Error identification, disclosure communications,
and resolution conversation*

Case description

Mr. Sloane, a 70-year old male, presents to the Emergency Department after persistent trouble breathing. The ED physician pulls Mr. Sloane's chart, as he has been a patient at the hospital before.

The last time Mr. Sloane was at the hospital was over a year ago. He was admitted for a serious stroke, but at the end of that episode he was able to be discharged feeling well.

Upon reviewing the chart for any relevant information that might pertain to the patient's current complaint, the ED physician discovers that a chest x-ray was performed during the admission for the stroke because he had been complaining of a persistent cough at that time in addition to his stroke symptoms. There was an area of concern noted by the radiologist on the chest x-ray. The ED physician does not see any follow-up regarding this in the chart and so decides to ask the family about it.

Videos

- Scene 1 – Alerting patient safety:
<https://youtu.be/vqZGTEVjXCA?si=v5LxrZ4SYmHdwXa5>
- Scene 2 – Disclosure conversation:
<https://youtu.be/RQRJ2oadUTw?si=GSe3eToKY-UVJOXN>
- Scene 3 – First conversation with patient safety:
https://youtu.be/NgKnFdLqi10?si=hqiEduNqG_TbESBo
- Scene 4 – Resolution conversation:
https://youtu.be/k4PtFqin-iw?si=ACiIlK0r2Hqu28H_

Discussion session

Panel discussion and questions from the audience

Moderated by Melinda Van Niel, CPHRM



Resolution conversation checklist

Communication, Apology, and Resolution (CARE)

RESOLUTION CONVERSATION CHECKLIST

PREPARATION

- ☐ Make a decision about preventability, causation, and physical harm (one of the following)
 - The care fell below standard and caused significant harm.
 - The care fell below standard but it is unclear if it caused significant harm.

If any of the above, transition to the insurer is required

 - The care fell below standard but it did not cause significant harm.
 - The care did not fall below the standard but we could have done better in some areas.
 - The care did not fall below the standard and there is nothing we could have done better.

If any of the above, there is no transition to the insurer unless the patient/family specifically asks for it
- ☐ Share the event review analysis with providers involved
- ☐ Ensure that the providers involved understand the CARE process and the next steps that will be taken
- ☐ Confirm that the site and malpractice insurer (or claims team if a captive) have discussed next steps in a resolution conversation meeting with the patient and/or family
- ☐ Decide who will participate in the conversation from the site
 - Clinician(s)
 - » This can include those directly involved, or in a quality or managerial role in an appropriate department.
 - » They must be able to answer most clinical questions the patient or family may have about the event.
 - » You may want to also include a clinician the patient knows well and has a standing relationship with, such as their PCP, OB provider, etc.
 - Patient relations staff member
 - » The person who has had previous contact with the patient or family members should attend.
 - » They will help shepherd the conversation and get answers to patient and family questions.

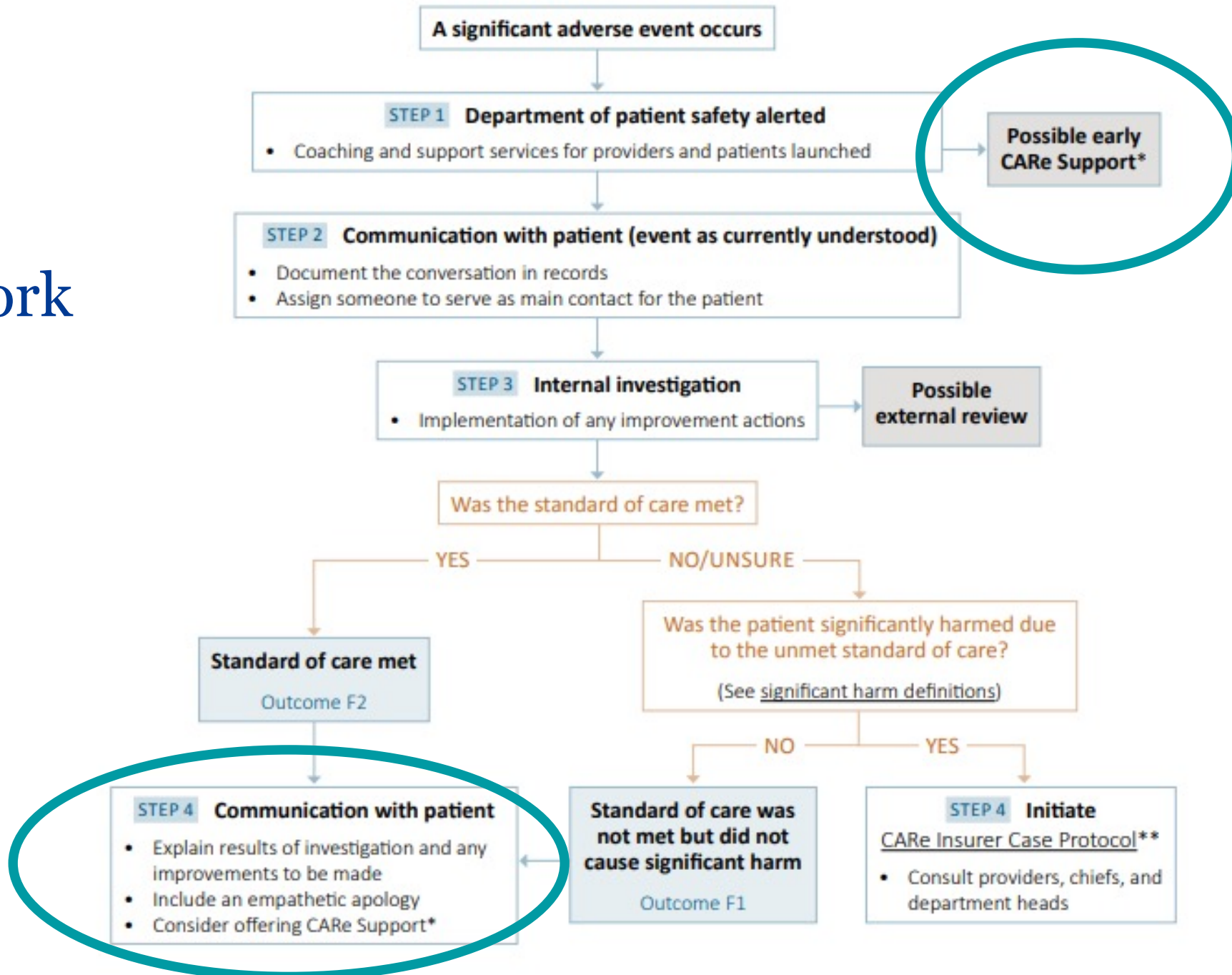
[Click to download resource](#)

CARe Support Principles

Karen Fiumara, PharmD
Vice President of Patient Safety
MGB



CARe Framework



CARe Support - Background

- In the immediate aftermath of an adverse event, patients/families are often most concerned about the immediate medical and social consequences.
- CARe Support is assistance for a patient/family (who experience an unanticipated adverse event) to provide support that would not have been needed if the adverse event had not occurred.
- CARe Support is not compensation for the injury that was sustained
- This support is given to aid the patient/ or family members in the short term and it is funded by the organization (not the insurer)



Examples: Types of CARe Support

Financial Support

- Transportation to medical visits, including parking fees
- Medical visit charges
- Meals (at the hospital or in the community)
- Fees to obtain their medical records
- Childcare expenses to enable the patient to attend treatment sessions or other appointments
- Medical devices (i.e. CPM machine, fitness watch)

Non-Financial Support

- Facilitating appointments with difficult-to-access specialists
- Access to community-based health related services
- Offering patient-family engagement opportunities



Additional Considerations

- Documentation - Critical to document intent to ensure the support provided is clearly NOT an inducement
 - Example: “transportation was provided for the patient so that he was able to have easier access to the care he needed following his adverse event.” [can be documented in PSES, PFR file, etc.]
- Legal implications – Critical to ensure there is NO perception that payments are made to induce or reward the patient to increase federally reimbursable services as it could violate anti-kickback statutes.
 - To mitigate risk:
 - Clear internal guidelines for how and when CArE Support is offered
 - Documenting why that support was given



Guiding Principles

For all Events

Review all of cases with multidisciplinary team: Billing compliance, billing operations, Risk Management, Patient safety, Patient Family Relations, Equity experts, and clinical expertise is included at the meeting

System/performance/behavior case analysis is completed to ensure continuous learning and improvement

If the \$ is nominal, does NOT violate payer contracts or Stark Law/Antikick back statute, and helping with request would “delight” the pt, try to have a “just say yes” philosophy (even if it means NOT billing or reversing charges)

Document rationale for decision and ensure agreement by, providers , QA leaders and committee

Ensure PFR encourages clinical conversation with patient/family (as appropriate) to help understand nuances of care and organizations willingness to support regardless of location.

Equity at fore-front of all decisions.



Case Examples



Case Example

45M undomiciled, white, Hispanic, non-English speaking pt experiences a dental injury during extubation.

Case Review Process

Analyze case for system, performance, behavior opportunities

Process for Care Support

1. Apologize for experience
2. Multidisciplinary review of case and sign off
3. Offer support for needed restorative dental care (irrespective of location)
 - Policy up to X\$\$\$
4. Share findings with patient/family (explain consented complication but gesture of good will)
5. Document

Case Example

67F Black, English speaking, private pay, out of state, day surgery patient has unexpected post op bleeding requiring overnight stay for observation. Requests private room.

Case Review Process

Analyze case for system, performance, behavior opportunities

Process

1. Apologize for experience
2. Multidisciplinary review of case and sign off
3. Offer support for pt and family unanticipated overnight stay and associated costs
4. Offer support at organization or elsewhere for subsequent medical needs PRN
5. Share findings with patient and family with time gentle timebound limit setting
6. Document

Case Example @ BWH

76M, white, English speaking presents with 40 lbs weight loss and anemia found to have 11cm mass on CXR enlarged from missed (not communicated) 2cm LLL nodule on CXR 3 years prior.

Process

1. Apologize for experience
2. Multidisciplinary review of case and sign off
3. Offer support for pt and family unanticipated associated costs
4. Offer support at organization or elsewhere for subsequent medical needs PRN
5. Share findings with patient and family with time gentle timebound limit setting
6. Document

Summary

Implementing reliable system to provide Care Support is operationally challenging

- Legal nuances
- Time and resource intensive

Keys to overcoming challenges

- Laser focus on “true North” of supporting patients and families
- Senior leadership support
- Flexibility on “unknowns”
- Highly functioning team with steadfast alignment on true North principles

Outcome

- System that allows for kindness first approach



CARe Support panel

Moderated by Barbara Fain, J.D.

Executive Director, Betsy Lehman Center for Patient Safety



Guiding principles for CArE Support

Communication, Apology, and Resolution (CArE)

GUIDING PRINCIPLES FOR CArE SUPPORT

DEFINITION

CArE Support¹ is assistance for a patient who has experienced an unanticipated adverse event that requires immediate or near-term attention. It is designed to cover items that would not have been needed if the adverse event had not occurred. CArE Support is not compensation for the injury that was sustained, and should not be given in exchange for a release of the patient or family's right to pursue a claim or lawsuit. Compensation is part of the CArE resolution and occurs through a provider's malpractice insurer.

In response to an adverse event, a health care organization – separate from insurer(s) – may choose to make payment(s) or give other assistance to the involved patients or family members to support them in the short term.

FUNDING CArE SUPPORT

CArE Support undertaken by the facility itself² will require a budget. The organization should allocate funds that can be used by health care quality staff and/or those working directly with patients.

Typically the amount of such payments and the time period over which they are offered are limited in scope, but specific guidelines are lacking. A survey of CArE institutions in Massachusetts found that CArE Support ranged from \$10-\$3,000 with a time period of up to three months from the date of injury.

TYPES OF CArE SUPPORT

CArE Support aims to cover at least some portion of the incremental cost incurred by the patient or family members as a result of the adverse event. Such payments are made without respect to preventability and may reimburse for expenses already incurred or anticipated expenses. Examples include:

- Transportation to medical visits, including parking fees
- Medical visit charges
- Meals (at the hospital or in the community)
- Fees to obtain their medical records
- Childcare expenses to enable the patient to attend treatment sessions or other appointments
- Medical devices that help the patient maintain their treatment plan outside of the facility (i.e. CPM machine, fitness watch)

Non-financial CArE Support can also be used, and can be very valuable to assist patients who have experienced adverse events. This could include:

[Click to download resource](#)

Provider testimonial

Walter Kilpatrick, D.O.

Director of Psychiatry Consult Services

Baystate Health



Video

- Provider testimonial: What to expect during the CArE process
<https://youtu.be/GXuBvRGbMGc>

Closing remarks

Doug Salvador, M.D., M.P.H.

Chief Quality Officer, Baystate Medical Center
Betsy Lehman Center CArE Board Co-Chair

Appendix



Articles

- Data addressing success factors:
<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%3Acrossref.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:
<https://www.betsylehmancenterma.gov/research/costofme>