

Readiness checklist

COMMUNICATION, APOLOGY AND RESOLUTION (CARE)

CARE sites are committed to implementing the CARE approach to adverse events and CARE best practices in their facility. Implementation includes the use of established CARE algorithms when adverse events occur, revising hospital policies that will help support the use of CARE at the site, educating patients and staff — particularly risk managers and clinicians — about the process continually, collecting data regarding, at a minimum, outcomes of adverse event cases, sharing learning and improvements from adverse events with patients, and participating in other activities as directed by team goals.

A site that seeks to establish a CARE program should first have:

- ✓ Institutional commitment to the CARE best practices and to supporting patients that have experienced adverse events
- ✓ Endorsement of the institution's use of the CARE approach from the institution's malpractice insurer(s), and good working relationships between risk managers and insurer(s)
- ✓ Full demonstrated support of the CARE approach from CEO and board of directors (should include a board resolution or similar vote approving the use of CARE)
- ✓ Full demonstrated support of the medical staff, medical leadership, and CMO (should include a medical staff vote or similar commitment to supporting the use of CARE)
- ✓ Commitment to CARE curriculum, training, and support of clinical staff to make a successful transition to the CARE approach
- ✓ Commitment to the education of and outreach to patients regarding the CARE program
- ✓ A robust adverse event reporting system for both providers and patients (through patient relations or equivalent), and a commitment to track adverse event outcomes as they apply to the CARE process
- ✓ A well-developed risk management structure that includes root cause analysis or equivalent analysis of adverse events with a commitment to just culture