

Disclosure and Risk Management in HSCT

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Full Disclosure in the HCT Space

The Full Disclosure Program of the Stanford University Medical Institutions



The Process for Early Assessment and Resolution of Loss

Stanford's Journey Into "Full Disclosure"

- "Discreet and selective practice" began with in-house claims management (September 2005)
- Successes and failures analyzed
- Pioneering programs, observations, and peer reviewed research studied (VA, UM, COPIC, Harvard)
- SWOT assuming fully instituting a "full disclosure" approach
- Formal program launched along side of on-going Stanford and University of Washington research project (September 2007)

Entering a Controversial & Pioneering Space

MARKET WATCH

Disclosure Of Medical Injury To Patients: An Improbable Risk Management Strategy

Movement toward full disclosure should proceed with a realistic expectation of the financial implications and prudent planning to meet them.

by David M. Studdert, Michelle M. Mello, Atul A. Gawande, Troyen A. Brennan, and Y. Claire Wang

ABSTRACT: Pressure mounts on physicians and hospitals to disclose adverse outcomes of care to patients. Although such transparency diverges from traditional risk management strategy, recent commentary has suggested that disclosure will actually reduce providers' liability exposure. We tested this theory by modeling the litigation consequences of disclosure. We found that forecasts of reduced litigation volume or cost do not withstand close scrutiny. A policy question more pressing than whether moving toward routine disclosure will expand litigation is the question of how large such an expansion might be. [*Health Affairs* 26, no. 1 (2007): 215–226; 10.1377/hlthaff.26.1.215]

Overview of the Stanford Approach in the Full Disclosure Space

- 2 Words best describe our approach -- Optimistic and Cautious
- Heavily influenced by the Stanford research mission
- Quest to isolate and determine individual and overall *PEARL* outcomes and their success drivers compared with “partial disclosure programs”
- Analogy 1: The Risk Management Stream
- Analogy 2: Driving with standard transmission for the first time

How we Describe PEARL: A Hybrid Values & Claims Centric Model

- *PEARL* is values and principles based – as well as smart business practice
- *PEARL* promotes transparency, integrity, fairness, and healing
- *PEARL* is consistent with insurance company stewardship principles
- *PEARL* distinguishes between anticipated outcomes, unanticipated outcomes, and *preventable* unanticipated outcomes (PUO's)

How does *PEARL* work?

- *PEARL* provides around-the-clock telephonic consultation for “*concerning outcomes*”
- Consultation is provided by trained “*PEARL Risk & Claims Advisors*” acting within approved insurance company protocol
- *PEARL* embraces and builds upon any hospital disclosure policy
- *PEARL* utilizes “*Just-In-Time*” expert coaching
- *PEARL* is always initially focused on “*assessment*” to determine if the medical outcome is a PUO

How does *PEARL* approach a PUO?

- Once a PUO is established, the *PEARL Risk & Claims Advisor* will coach selected spokes-person (hospital and/or physician) on:
 - Full disclosure
 - Communicating lessons learned
 - Approaching needs assessment
 - Listening

How does *PEARL* fit within any disclosure policy and practice?

- *PEARL* wraps around any disclosure policy
- *PEARL* provides clear distinctions between anticipated, unanticipated, and preventable unanticipated outcomes
- *PEARL* endorses disclosure
 - Ethical basis
 - Patient self determination
 - Informed consent

How does *PEARL* approach a settlement offer?

- Once a family needs assessment is done the *PEARL Risk & Claims Advisor* will authorize an early offer for discussion with patient and/or family
 - Offers are based on needs assessment
 - Offers are up to full indemnity reserve valuation
 - Settlement agreement required and use of counsel encouraged
 - Minors compromise is sought (California)
 - *Sponsored* mediation on case-by-case basis

Five *PEARL* Instructions

- Stabilize patient
- Take all necessary actions to promote patient safety
- Call *PEARL Risk & Claims Advisor* ASAP, but < 4 hours after PUO
- Proceed with documenting the patient's care after speaking to your *PEARL Risk & Claims Advisor*
- Record *PEARL Risk & Claims Advisor* name and phone number as exclusive contact regarding PUO, unless instructed otherwise

Three *PEARL* Cautions

- Do not jump to conclusions
- Do not blame or accuse others
- Never make promises or offer to waive bills or make offer of compensation without express approval of *PEARL Risk & Claims Advisor*

15+1 *PEARL* Outcomes Measures

- Expenses paid
- Indemnity paid
- Case reserves
- Comparison of Paid v. Reserved
- Pending lawsuits
- Case open time
- Physician well-being
- Patient satisfaction/distress
- Physician satisfaction/distress
- SUMIT staff satisfaction
- Patient forgiveness
- Time of report/recognition
- Report to NPDB & CMB
- Corporate morale/Culture
- Resolution method

15+1 *PEARL* Outcomes Measures



Overall Positive Outcomes (OPO's) shall be determined by Stanford administrative and medical staff leadership using a model developed by them and the research team that weighs individual outcomes studied



One Patient's Journey



Discussion & Questions