BETSY LEHMAN CENTER for Patient Safety

MACRMI
Massachusetts Alliance for Communication and Resolution following Medical Injury

Part 2: 9th Annual

Communication, Apology and Resolution Forum

Hosted in joint providership with the Massachusetts Medical Society

June 2, 2022

Virtual Presentation

Welcome

Theodore Calianos, M.D., F.A.C.S.

President, Massachusetts Medical Society

Special thanks to
Coverys Community Healthcare Foundation
for their support

Objectives

- Describe the reasons why the CARe approach works better than "deny and defend" for patients, providers, and the health care system
- Describe the key elements that are important to include in a successful resolution conversation

Disclosures

MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

9th Annual CARe Forum

June 2, 2022

Disclosure Statement

All individuals in control of the content for an MMS accredited continuing education activity must disclose all financial relationships with ineligible companies. For this activity, individuals in control of content did not disclose any financial relationships with ineligible companies.

CME/Nursing credit information

After attending today's session, you will receive a link to an evaluation (*this can take up to 2 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 to Melinda Van Niel (mvanniel@bidmc.harvard.edu) for nursing credits.

Agenda

- Introduction to CARe and recent developments
- Simulation and discussion: *Resolution conversation*
- Break
- Simulation and discussion: *Involved provider conversation*
- Family member testimonial
- Board member testimonial
- Concluding remarks

News

MACRMI has become part of the Betsy Lehman Center!

Thrilled to be able to better support the spread of CARe in Massachusetts

www.macrmi.info still works; future plans to incorporate resources into existing Betsy Lehman Center website

New and updated resources

"Clinician Communication Algorithm"

"Talking to Involved Providers about CARe"

Updated Attorney List

Communication, Apology, 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 cases with compensation outside of the court system (patients who may receive compensation are encouraged to have attorneys.) Ensure patient 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

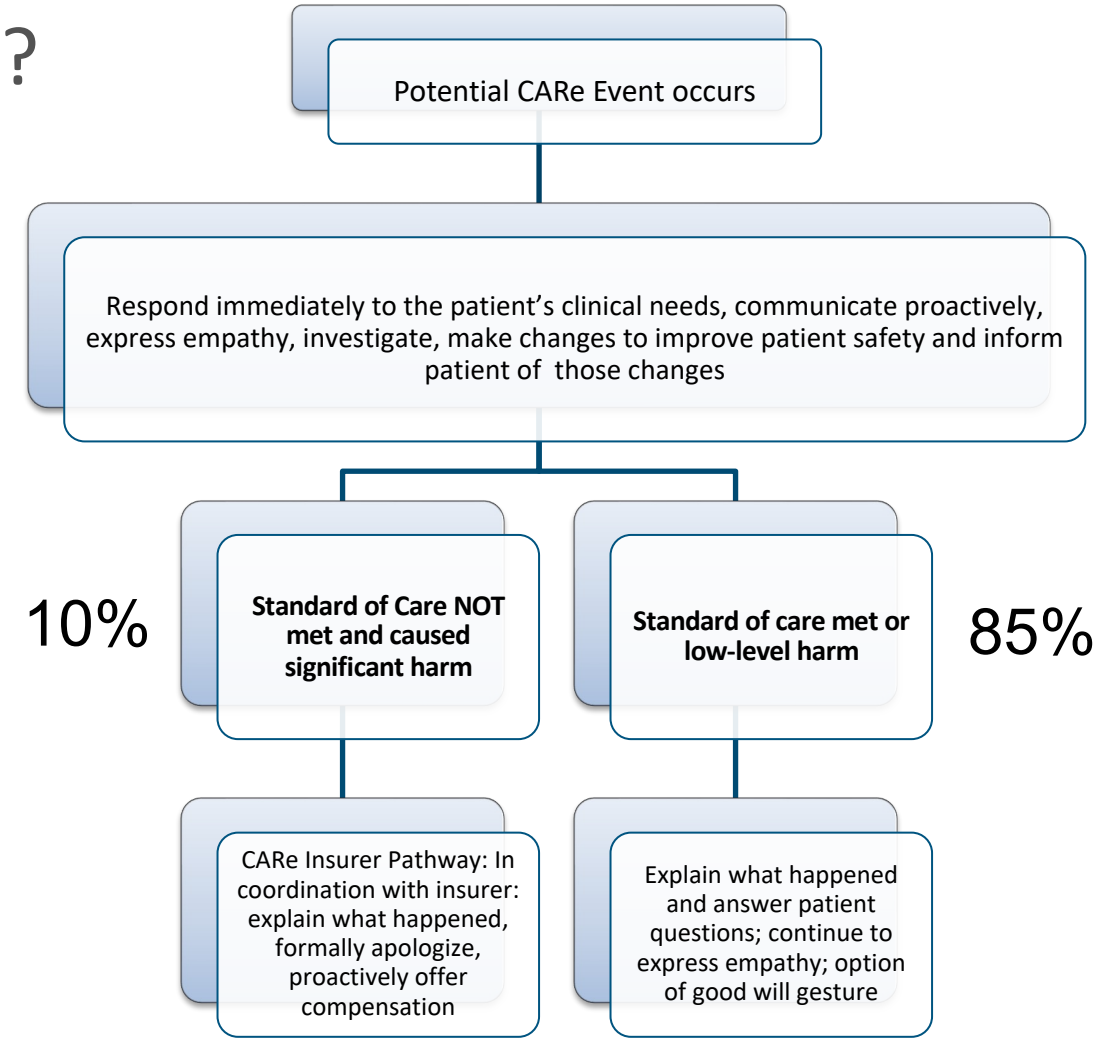
- Preserves provider/patient relationship when possible
- Can express natural empathy and get support they need
- True systemic root causes are more likely to be unearthed

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

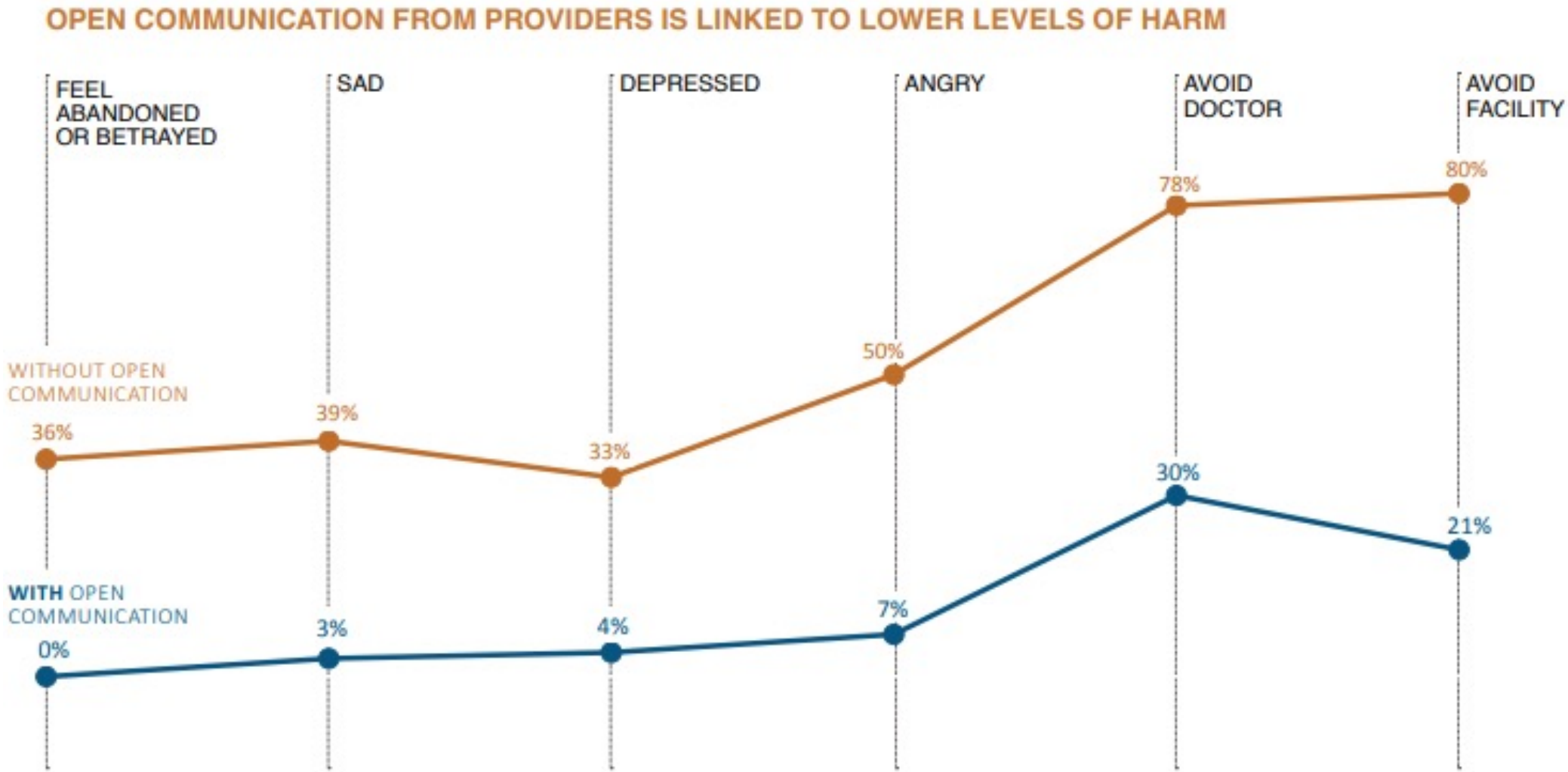
How does it work?



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
FEEL ABANDONED OR BETRAYED
SAD
DEPRESSED
ANGRY
AVOID DOCTOR
AVOID FACILITY
WITHOUT OPEN COMMUNICATION
36%
39%
33%
50%
78%
80%
WITH OPEN COMMUNICATION
0%
3%
4%
7%
30%
21%

CARe - A Rigorous Program

The 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 help ensure good communication

Data is reported to MACRMI for collective learning

National Trends

Over 200 facilities throughout the country have implemented or are implementing a CARe program on the heels of Michigan, Stanford, and Massachusetts pioneer programs.

The open-source CANDOR toolkit have been developed by AHRQ to support these programs nationally.

PACT Collaborative joint venture with IHI, CAI, and Ariadne Labs brings together over 20 systems in a national CRP learning and implementation collaborative.

Today

In the last 10 years CARe has gone from a little-known idea to a program and philosophy used all over the country.

There are now 10 fully-implemented CARe sites in Massachusetts, with 8 more currently working on implementation.

MACRMI, as part of the Betsy Lehman Center, has the tools, resources and experience to help you implement this program.

And, it's **free**. Join us!

Case Simulation

Resolution Conversation

Standard of care not met; significant harm; no causation

Case Description

A 72-year-old male patient comes to the hospital's Emergency Department with chest pain. He has a history of congestive heart failure, and a recent urinary tract infection.

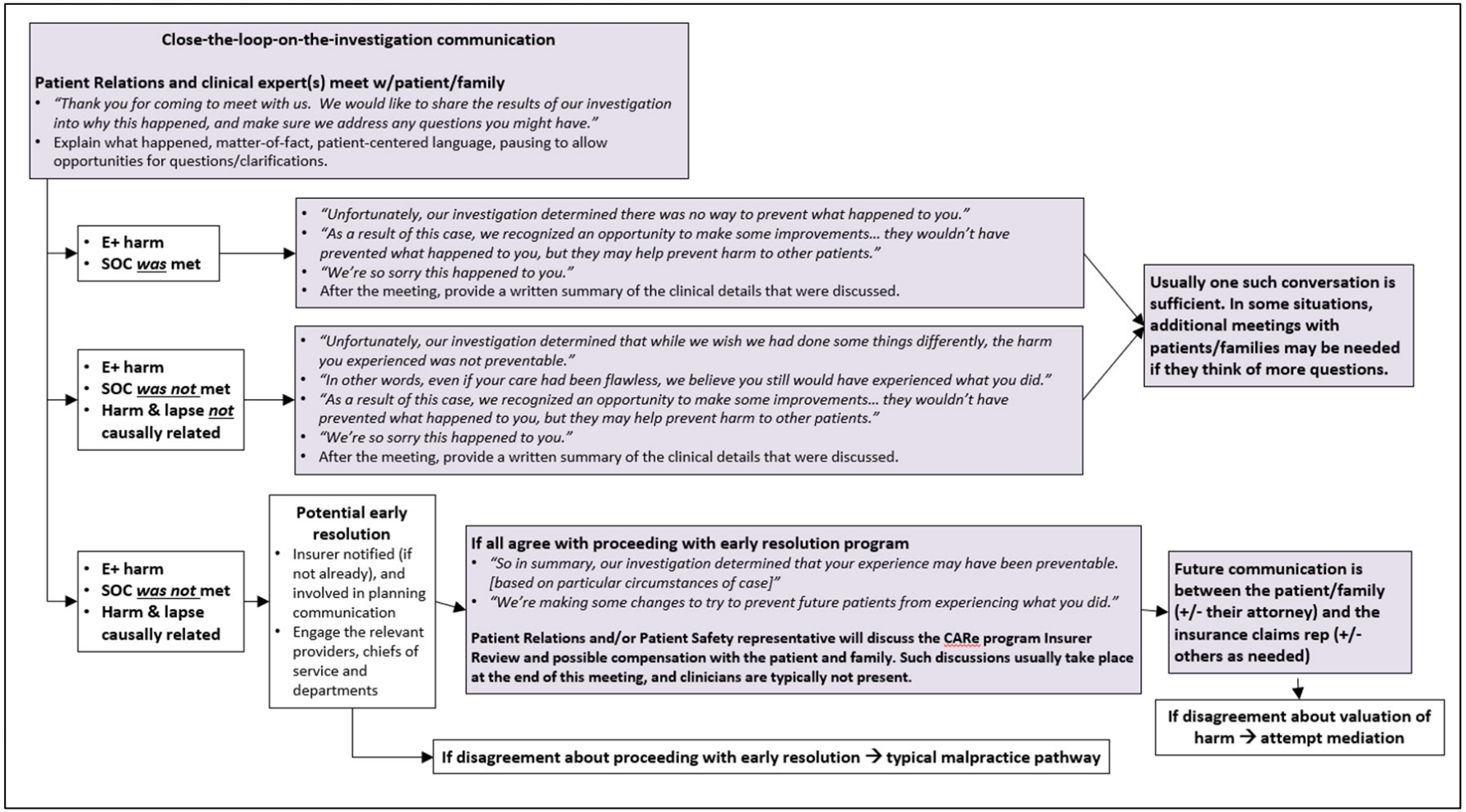
He is dropped off by his daughter. He waits in the waiting room for approximately 5 hours. He is short-of-breath and lethargic.

When he is taken to a room, an EKG is completed. Based on the results of that study, an emergent cardiac catheterization is done.

Watch the video: https://www.youtube.com/watch?v=k3PXFJcj0rk

Resource available

Clinician CARe Communication Algorithm



Click to download resource

10 minute break

The Forum continues after the break

Case Description

A 65-year-old female patient with rheumatoid arthritis is seen at an outpatient clinic. She is prescribed methotrexate to relieve her symptoms.

After several days of taking the medication, she calls the doctor's office complaining of mouth sores and difficulty breathing. She is travelling abroad, so when she does not reach anyone, she leaves a message.

Her son calls patient relations the next day to ask them to look into the medication as the cause of the symptoms and patient relations calls the doctor's office to relay the message from the son. A report is put into the patient safety reporting system, where it is referred for a quality review.

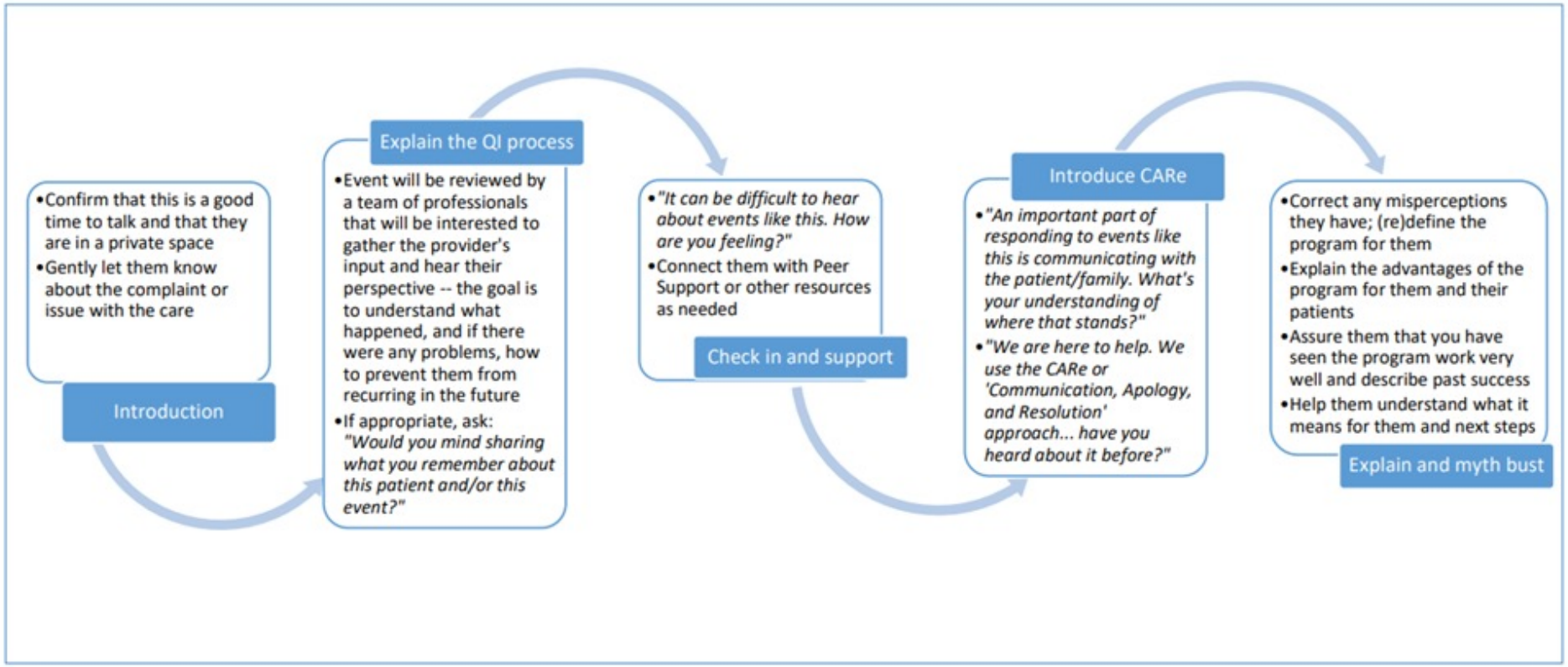
Case Simulation

Involved Provider Conversation

How to introduce a provider to the CARe program as a risk manager

Watch the video: https://www.youtube.com/watch?v=GwYd4hJsrd8

Resource available



Click to download resource

Family Member Testimonial

Jane Bugbee

Watch the video: https://www.youtube.com/watch?v=IPGV9_cqUag

Board Member Testimonial

Karen Fiumara, PharmD

Executive Director of Patient Safety in the Department of Quality and Safety
Brigham and Women's Hospital

Closing Remarks

Doug Salvador, MD, MPH

Chief Quality Officer, Baystate Medical Center

MACRMI 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%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:

https://www.betsylehmancenterma.gov/research/costofme