Communication to Prevent and Respond to Medical Injuries: WA State Collaborative

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Background

- Medical injuries common
- Poor team communication as cause of many injuries
- Communication with patient often deficient in response to injuries
  - Disclosure often fails to meet patient expectations
  - Difficult for injured patients to receive fast, fair compensation

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Project Overview

- Created HealthPact Forum
  - Ongoing engagement with trial attorneys, regulators among other stakeholders
- Communication training
  - Team Communication Training
  - Disclosure and Apology Coach Training
- Created and piloting the Disclosure and Resolution Program (DRP)

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What is the DRP?

- Be candid and transparent about unanticipated care outcomes
- Conduct a rapid investigation, offer a full explanation, and apologize as appropriate
- Where appropriate, provide for the family's financial needs without requiring recourse to litigation
- Build systematic patient safety analysis and improvement into risk management

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HealthPact DRP Demonstration

- Motivating question: Can DRP work as well…
  - … outside a closed system?
  - … when multiple insurers are involved?
- Our Project: Collaboration between PI and 6 Partner organizations on:
  - Event investigation
  - Disclosure to patient
  - Incident resolution, including compensation offer when appropriate

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DRP Partners

- Physicians Insurance A Mutual Company
- Providence Sacred Heart Medical Center and Children's Hospital
- Providence Regional Medical Center, Everett
- Providence St. Mary Medical Center
- The Everett Clinic
- The PolyClinic
- The Vancouver Clinic

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DRP Events

- DRP study events: Unanticipated, adverse outcomes of care (from perspective of patient, provider, or institution)
- Many unanticipated outcomes are not caused by health care
  - Disease progression, unmet expectations
- Some unanticipated outcomes may be "adverse events" (harm due to health care)
  - Some adverse events may be associated with care that was not reasonable under the circumstances
- Effective communication with patients important for all unanticipated outcomes

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Disclosure and Resolution Program Process

Study Event (SE)

- Care team responds to immediate patient needs and provides information then known
- Involved staff reports SE to Risk Manager

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Disclosure and Resolution Program Process

- Initiates QI investigation using Just Culture approach
- Initiates support services for patient/family
- Initiates disclosure coaching and other support services for healthcare team
- Contacts other Partners to explain SE and steps taken and initiates collaboration

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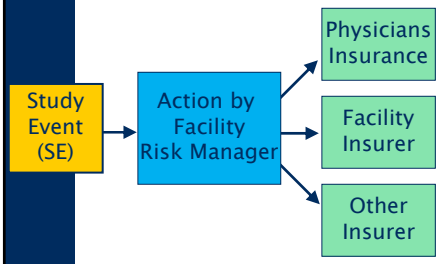
Disclosure and Resolution Program Process



Partners collaborate on approach to evaluation and resolution

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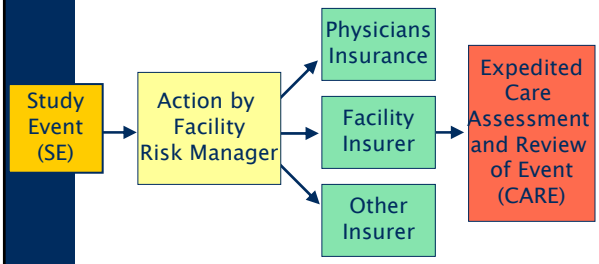
Disclosure and Resolution Program Process



Partners and involved providers decide on effective approach and timeline for CARE, including internal and/or external expert review to determine:

- Whether care was reasonable
- Whether system improvements are needed to prevent recurrence
- Whether other actions are warranted

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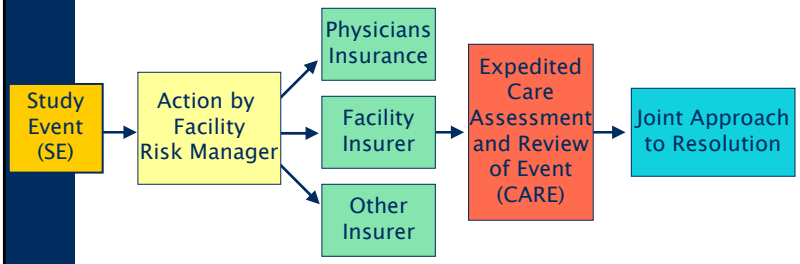
Disclosure and Resolution Program Process



Partners agree on approach to resolution:

- What are the patient's/family's needs?
- Will monetary compensation or other remedies be offered?
- What will be disclosed to patient/family?
- How will identified system improvements be pursued?

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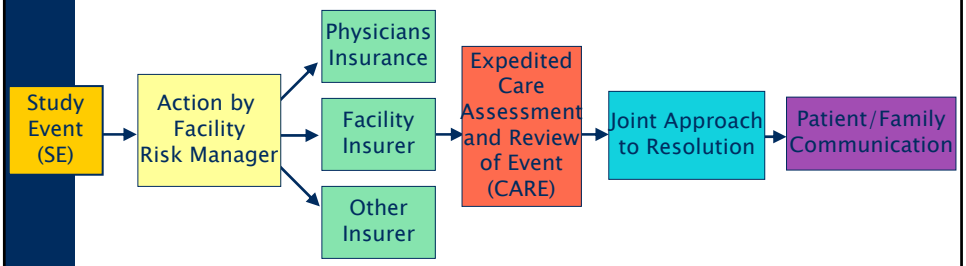
Disclosure and Resolution Program Process



Patient/family is notified of findings and approach to resolution:

- Full explanation of what happened
- Apology as appropriate
- Offer of compensation and/or other remedies, or explanation of why no offer is being made
- Information about any safety improvements

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The DRP is <u>not</u>:

- A rush to judgment
- A rush to settlement
- Mandatory
- Telling the patient absolutely everything known about an adverse event
- Paying patients when care was reasonable
- Business as usual

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Lessons learned to date

- Diverse stakeholders will collaborate around improving the response to medical injury
- Communication training to prevent and respond to injuries widely disseminated
- Healthcare institutions embrace DRP in concept, experience challenges with implementation (especially in shared cases), hesitant to take time for evaluation.

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Challenges of collaborative DRP cases

- How do stakeholders for every case:
  - Alert one another a shared event has occurred?
  - Share information about the event without causing HIPPA issues?
  - Share experts?
  - Deal with disagreements among stakeholders
  - Get consent to settle from physicians?
- Joint defense agreements?

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DRP Implementation Barriers

- Lack of uniform application to all unanticipated outcomes
- Physician fear of adverse event reporting
- Lack of trust among key stakeholders
- Time constraints for quality/safety/risk leaders
- Physician concern about NPDB, MQAC, peer review

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DRP Certification Concept

- Provider fear is deterrent to early event reporting
- Hard to ensure learning after adverse events
- Early collaboration with MQAC around concept for "DRP Certification" to promote patient safety
  - for those events being handled through DRP Process:
    - MQAC would agree to put investigation on hold
    - If at conclusion of DRP process event meets criteria for DRP Certification, MQAC would likely close case
    - Cases of unprofessional conduct, willful or reckless conduct are not eligible for DRP certification
- Process would be available to all Washington physicians.
- Long term vision-create WPHP-like program for handling medical error

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