

# Communication and Resolution Programs (CRPs): What Are They and What Do They Require?

**Communication and Resolution Programs (CRPs) are a principled, comprehensive, and systematic approach to responding to patients who have been harmed by their healthcare.**

They are an integral component of a larger commitment to patient quality and safety, and are implemented for the benefit of both patients and the professionals who deliver care. CRPs seek to meet the needs of a patient and their family when something goes wrong during their care. They also address the quality and safety gaps responsible for the event. While implementation may vary slightly by institution, all CRPs are based on a common set of essential commitments, elements, and steps, which are outlined in this document.

**A commitment to patient-centered quality and safety is a prerequisite for CRP implementation.**

CRPs are most successful when quality and safety are prioritized within an organization, and leadership and staff work to align internal processes and incentives with those priorities. Organizations that communicate this, and set clear expectations that management and staff act consistently with these priorities, are best prepared to implement CRPs. CRPs, in turn, can reinforce a culture that values honesty and transparency and is just and accountable.

## CRP CORE COMMITMENTS

**A CRP requires that healthcare organizations and their clinicians commit to the following:**

- Being transparent with patients around risks and adverse events, including sharing information about what happened, whether the adverse event was preventable, why the event happened, and how recurrences will be prevented in whatever detail the patient desires.
- Analyzing adverse events using human factors principles, and developing and implementing action plans designed to prevent recurrences of adverse events caused by system failure or human error.
- Supporting the emotional needs of the patient, family, and care team affected by the event.
- Proactively and promptly offering financial and non-financial resolution to patients when adverse events were caused by unreasonable care.
- Educating patients or their families about their right to seek legal representation at any time.
- Working collaboratively with other healthcare organizations and professional liability insurers to respond to adverse events involving multiple parties.
- Assessing continuously the effectiveness of the CRP program using accepted, validated metrics.

## **KEY STEPS IN THE CRP PROCESS**

### **Initial Response**

Following recognition of an adverse event, the following key steps in the CRP process should be carried out:

- 1) Immediately report the adverse event to the institution or organization (within 30 minutes of the event's discovery).
- 2) Ensure the patient's immediate clinical needs related to the risk or adverse event are addressed.
- 3) Ensure the immediate needs of the involved clinicians are addressed, as it is common for clinicians involved in an event that harmed a patient to experience acute distress.
- 4) Engage the patient and family as soon as possible after the event's discovery in establishing priorities and expectations. This includes listening to and communicating with the patient and family about what happened, how the patient's immediate needs are being addressed, what the patient should expect from the CRP process going forward, and unqualified expressions of empathy.
- 5) Monitor and respond to the patient's and family's needs, questions and concerns and share factual (as differentiated from speculative) information about the event as it becomes available.
- 6) Hold the patient's bills, pending outcome of the event analysis.

### **Patient Safety and Quality Improvement Activities**

- 1) Undertake a rigorous, human-factors-based event analysis that incorporates information and perspectives from the patient and family.
- 2) Develop and implement plans for preventing recurrences of the event, based on human factors and Just Culture principles.

### **Continued Patient Engagement and Movement Toward Resolution**

- 1) Hold a resolution discussion with the patient and family and share the final results of the event analysis and prevention plans.
- 2) Proactively offer fair financial and non-financial resolution to the patient and family for adverse events determined to be caused by unreasonable care, rather than waiting for the patient and family to request compensation.
- 3) Educate patients or their families about their right to seek legal representation at any time.

### **Post-Event Dissemination of Patient Safety and Quality Improvement Lessons Learned**

- 1) Summarize the lessons learned with identifying information removed and disseminate throughout the organization.
- 2) Take steps to ensure wide distribution of lessons learned so other clinicians and institutions can prevent the same kinds of mistakes. Share with other healthcare institutions, professional associations, and stakeholder groups.

## LAUNCHING A CRP

Institutions and organizations preparing to handle adverse events using a CRP will need to:

### **Obtain commitment from leadership.**

- The board and other senior leaders formally adopt a CRP as a corporate priority.
- Senior leaders provide the necessary financial, personnel, and other resources to support the CRP.

### **Put into place a number of operational elements supporting successful CRP implementation.**

- Review and revise existing policies and procedures to align with the CRP Core Commitments and Key Steps as outlined in this document.
- Develop new policies and procedures to clearly distinguish roles and delineate the activities involved in a successful CRP response to an adverse event.
- Integrate the functions of patient relations and risk management—effective communication and coordination across these functions is essential to a patient’s and family’s concerns being addressed in a timely manner.
- Integrate core CRP activities and tracking functions into the existing IT or other systems for adverse event reporting, risk management, and claims.
- Ensure adverse event analysis programs use human-factors-based best practices, and can complete the analyses and develop prevention plans optimally within 3 weeks of the event.
- Create a cadre of experts throughout the organization who are trained in communication and the CRP to provide just-in-time coaching and peer support to clinicians and staff following adverse events.
- Create and publicize channels for reporting safety and quality concerns and adverse clinical events. As part of this, establish a safe and accountable adverse-event reporting system with the following attributes:
  - » Allows anonymous and/or confidential reporting
  - » Provides immediate and ongoing feedback to the individual reporting the event
  - » Is available to all health care workers and professions within the organizations
  - » Optimizes legal protections for quality improvement and peer review information
- Create means for secure internal communications about clinical risks and adverse events to encourage communication, identify safety and quality risks elsewhere, and further the overall development of a safety/quality culture.

### **Communicate and set clear expectations.**

- Communicate to all clinical staff the goals and core functions of the CRP, and clarify their roles and responsibilities within the CRP.
- Communicate the expectation to all clinical staff that adverse events be reported as soon as they become aware of an adverse event or critical safety concern, and continually reinforce the value of early reporting.
- Communicate the institution’s commitment to Just Culture and emphasize that retribution or punishment for reporting is prohibited.

- Communicate the institutional expectations for addressing adverse events with patients and their families, including when to seek support, coaching, or referral to other professionals.
- Communicate the expectation to all relevant internal and external stakeholders, including medical professional liability insurers and re-insurers, risk and claims managers, and defense attorneys, that their response to patient injury be consistent with the Core Commitments and Key Steps of the CRP outlined in this document. This includes holding patient bills following all adverse events pending completion of the event analysis and, where warranted, making fast and fair offers of financial and non-financial compensation to patients.

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### **About the Collaborative for Accountability and Improvement**

The Collaborative for Accountability and Improvement brings together leading experts to support the growth and spread of Communication and Resolution Programs (CRPs), advocate on behalf of these programs with a shared voice, and exchange ideas. CRPs drive quality improvement, enhance patient safety, and facilitate patient-centered accountability. The Collaborative, which is currently based at the University of Washington, is poised to bring these programs to scale in the US and beyond.



To learn more about the Collaborative for Accountability and Improvement or CRPs, please contact us at [TheCAI@uw.edu](mailto:TheCAI@uw.edu).