

Addressing COVID-19 Challenges with Communication and Resolution Programs

Today's speakers

Presentation by:



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Disclosures

- ▣ Dr. Mello serves as an advisor to Verily Life Sciences LLC on a product designed to facilitate safe return to work and school during COVID-19.
- ▣ Dr. Gallagher reports no financial conflicts of interest relevant to this presentation

Learning objectives

1

Examine potential communication and legal issues associated with COVID-related harm events

2

Describe how CRPs can be used as a strategy to address these COVID-related adverse events

3

Learn about CRP resources to help address COVID-related challenges

Our two main areas of focus



For a COVID-associated harm event:



How do we figure out what happened, who was responsible (both from a legal and an ethical perspective), and what the resolution process should look like?



How do we communicate with affected patients, families, and clinicians about this?

Today's agenda

- Welcome and overview: Why COVID makes CRP more important than ever
- How COVID challenges CRP execution
- Case 1
 - Case presentation
 - Audience discussion
 - Reflections from our reactors: Jonathan Stewart and Jeff Catalano
- Case 2
 - Case presentation
 - Audience discussion
 - Reflections from our reactors: Marcia Rhodes and Jeff Catalano
- Key takeaways and closing thoughts

Peacetime challenges for CRPs

- ▣ Compensating when care was below the institution's standards, but perhaps not the legal standard of care
- ▣ Determining causation and extent of harm, especially in a short timeframe
- ▣ Defining "unexpected" outcomes
- ▣ Finding time for meaningful communication
- ▣ Preventing inequities across patients by not relying on patients to initiate talk about compensation

New challenges during the pandemic

- ▣ Surge/crisis standards of care and altered clinical processes
- ▣ Overloaded clinicians' availability for meetings
- ▣ Overloaded risk managers
- ▣ Heightened risk of iatrogenic infection
- ▣ Increased census of highly vulnerable patients

New challenges during the pandemic (*continued*)

- ❑ Restrictions on visitors
- ❑ Recommendations and service restrictions from healthcare organizations that led patients to delay or forgo seeking care
- ❑ Patient's financial and family stress
- ❑ Liability protections for healthcare providers

CASE 1: MRS. P

- Mrs. P, a 76-year-old African American woman with a history of emphysema, presents to a clinic with shortness of breath. She is assessed at triage, found to have normal vitals, and asked to wait in her car until space in the clinic opens up, per protocol.
- She experiences deteriorating breathing while waiting in her car that goes unnoticed by her spouse with mild cognitive impairment who drove her to the clinic.
- When Mrs. P's turn to enter the clinic comes, she collapses outside the clinic with a cardiac arrest. She dies 2 days later.
- The patient's family would like to talk with a hospital representative about what happened. They have expressed concern that the patient would not have died if the clinic had not been using COVID protocols or if the patient had been white.

CASE 2: CAREPOINT HOSPITAL

- Following an uptick in COVID-19 cases among clinical staff in one of its surgical units, CarePoint Hospital determines that eight surgical patients cared for by affected staff members tested positive for COVID-19 within a week after their operation.
- The staff members were in full PPE when caring for patients but had not been adherent to the hospital's COVID-19 prevention protocols during breaks in the unit. The unit allowed visitors at the time this outbreak occurred.

Key Takeaways

1

Patients who have experienced a COVID-associated adverse event deserve an empathic, direct acknowledgment when they were put in harm's way to advance the greater good

2

Carefully consider whether implicit bias is affecting your CRP

3

For COVID-associated Large Scale Adverse Events

- ❑ Err on the side of transparency, regardless of fault, to minimize further COVID-19 spread
- ❑ Document communication about COVID-19 exposures in medical records
- ❑ Exposed patients should be offered testing

Thank you

- ▣ Visit www.communicationandresolution.org for more information
 - ▣ Webinar recording will be made available by next week
- ▣ You will automatically be added to our mailing list
 - ▣ Email thecai@uw.edu or unsubscribe if you do NOT want to receive email updates
- ▣ Send any additional questions or topics you would like to see in an upcoming webinar to thecai@uw.edu