### **CAI Resource Guide for the Webinar:**

Lessons Learned from CRP Cases Gone Wrong

### **Webinar Learning Overview**

- Identify conflicting notions of success and failure regarding Communication and Resolution Programs (CRPs)
- Discuss the relationship between incomplete CRP implementation and irregular application of CRPs
- Describe lessons learned from unsuccessful applications of CRPs to individual events

### **PRESENTER**

• Jonathan D. Stewart, JD, MS, RN-BC, CPHRM, Senior Director of Risk Management and Patient Safety, BETA Healthcare Group

### WATCH THE WEBINAR AND DOWNLOAD THE SLIDES

- Watch the webinar: <a href="http://bit.ly/thecaiyoutube">http://bit.ly/thecaiyoutube</a>
- Download the slides: <a href="http://communicationandresolution.org/wp-content/uploads/2021/06/CAI-Webinar Lessons-Learned-from-CRP-Cases-Gone-Wrong.pdf">http://communicationandresolution.org/wp-content/uploads/2021/06/CAI-Webinar Lessons-Learned-from-CRP-Cases-Gone-Wrong.pdf</a>

### **Publications**

## CAN COMMUNICATION AND RESOLUTION PROGRAMS ACHIEVE THEIR POTENTIAL? FIVE KEY QUESTIONS

Thomas H. Gallagher, Michelle M. Mello, William M. Sage, Sigall K. Bell, Timothy B. McDonald, and Eric J. Thomas

#### ARTICLE SUMMARY

CRPs are intended to promote accountability, transparency, and learning after adverse events. This article addresses five key challenges to CRPs' future success which include (1) implementation fidelity; (2) the evidence base for CRPs and their link to patient safety; (3) fair compensation of harmed patients; (4) alignment of CRP design with participants' needs; and (5) public policy on CRPs.

Read the Article: <a href="https://doi.org/10.1377/hlthaff.2018.0727">https://doi.org/10.1377/hlthaff.2018.0727</a>

# MAKING COMMUNICATION AND RESOLUTION PROGRAMS MISSION CRITICAL IN HEALTHCARE ORGANISATIONS

Thomas H Gallagher, Richard C Boothman, Leilani Schweitzer, Evan M Benjamin

### ARTICLE SUMMARY

Gallagher et al. describe four suggested strategies for implementing and spreading authentic CRPs including (1) making CRPs a critical organizational priority grounded in the clinical mission; (2) compelling institutional leaders to the critical importance of CRPs; (3) investing in CRP implementation tools and resources; and (4) deploying CRP metrics to govern CRP and track progress.

**Read the Article:** <a href="http://dx.doi.org/10.1136/bmjqs-2020-010855">http://dx.doi.org/10.1136/bmjqs-2020-010855</a>



### **CAI Resource Guide for the Webinar:**

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## IMPLEMENTING COMMUNICATION AND RESOLUTION PROGRAMS: LESSONS LEARNED FROM THE FIRST 200 HOSPITALS

Timothy B McDonald, Melinda Van Niel, Heather Gocke, Deanna Tarnow, Martin Hatlie, and Thomas H Gallagher

#### **ARTICLE SUMMARY**

McDonald et al. share the lessons learned and other observations from the implementation of CRPs in over 200 hospitals. They identified major barriers that appear to be associated with difficulty in implementing a highly functioning CRP including a lack of visible board engagement or executive leadership support, CRPs being perceived solely as a risk management program, minimal medical staff involvement, opposition of CRPs from a prominent executive or thought leader, the presence of other priorities that occupy the time needed for proper CRP training, failure to appreciate the comprehensive nature of CRP implementation, presence of a punitive culture, and leadership or CRP champion turnover. On the other hand, broad stakeholder engagement was identified as key to success in CRP implementation along with focusing on culture gaps.

**Read the Article:** https://doi.org/10.1177/2516043518763451

# ASSESSING PATIENTS' EXPERIENCES WITH MEDICAL INJURY RECONCILIATION PROCESSES: ITEM GENERATION FOR A NOVEL SURVEY QUESTIONNAIRE

Jennifer S. Schulz-Moore, LLB, PhD; Marie Bismark, LLB, MD, MPsych; Crispin Jenkinson, BA, MA, MSc, DPhil; Michelle M. Mello, JD, PhD

### ARTICLE SUMMARY

Many health care organizations want to improve their responses to patients who suffer medical injuries but currently lack the tools to evaluate how well they are meeting patients' need. Schultz-Moore et al. developed and pilot tested a novel instrument for assessing patients' and family members' experiences with CRPs following medical injury called the Medical Injury Reconciliation Experiences Survey (MIRES). The MIRES offers promise as a practicable approach that health care organizations can use to assess how well their reconciliation processes met patients' needs.

Read the Article and Download the Patient Experience Survey: <a href="http://dx.doi.org/10.1136/bmjqs-2020-010855">http://dx.doi.org/10.1136/bmjqs-2020-010855</a>

