



Collaborative
FOR ACCOUNTABILITY
AND IMPROVEMENT

Reaching resolution after patient harm

JUNE 17, 2021

Lessons Learned from CRP Cases Gone Wrong

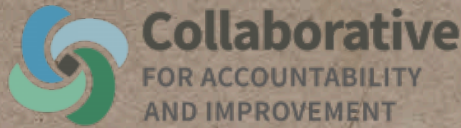
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Barriers to and Facilitators of Successful CRP Implementation and Application

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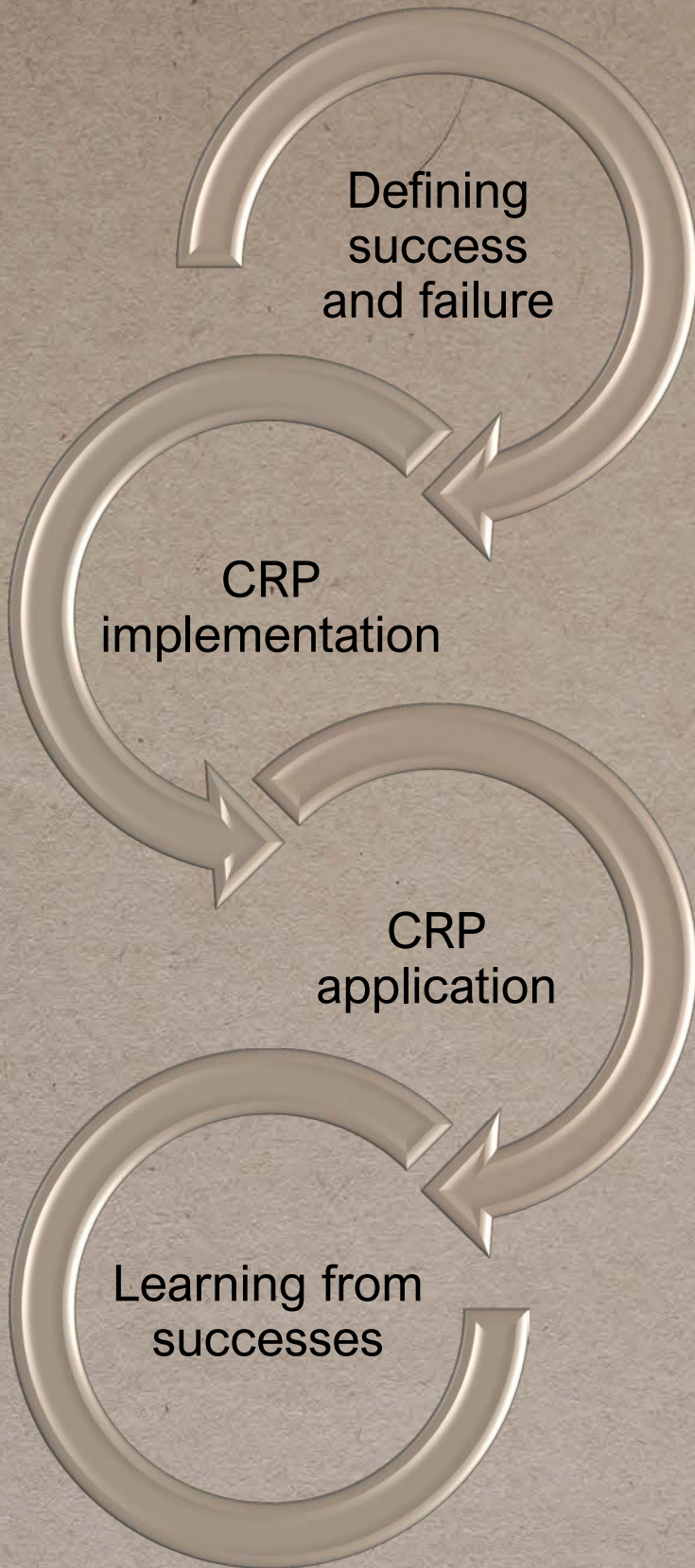
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Objectives

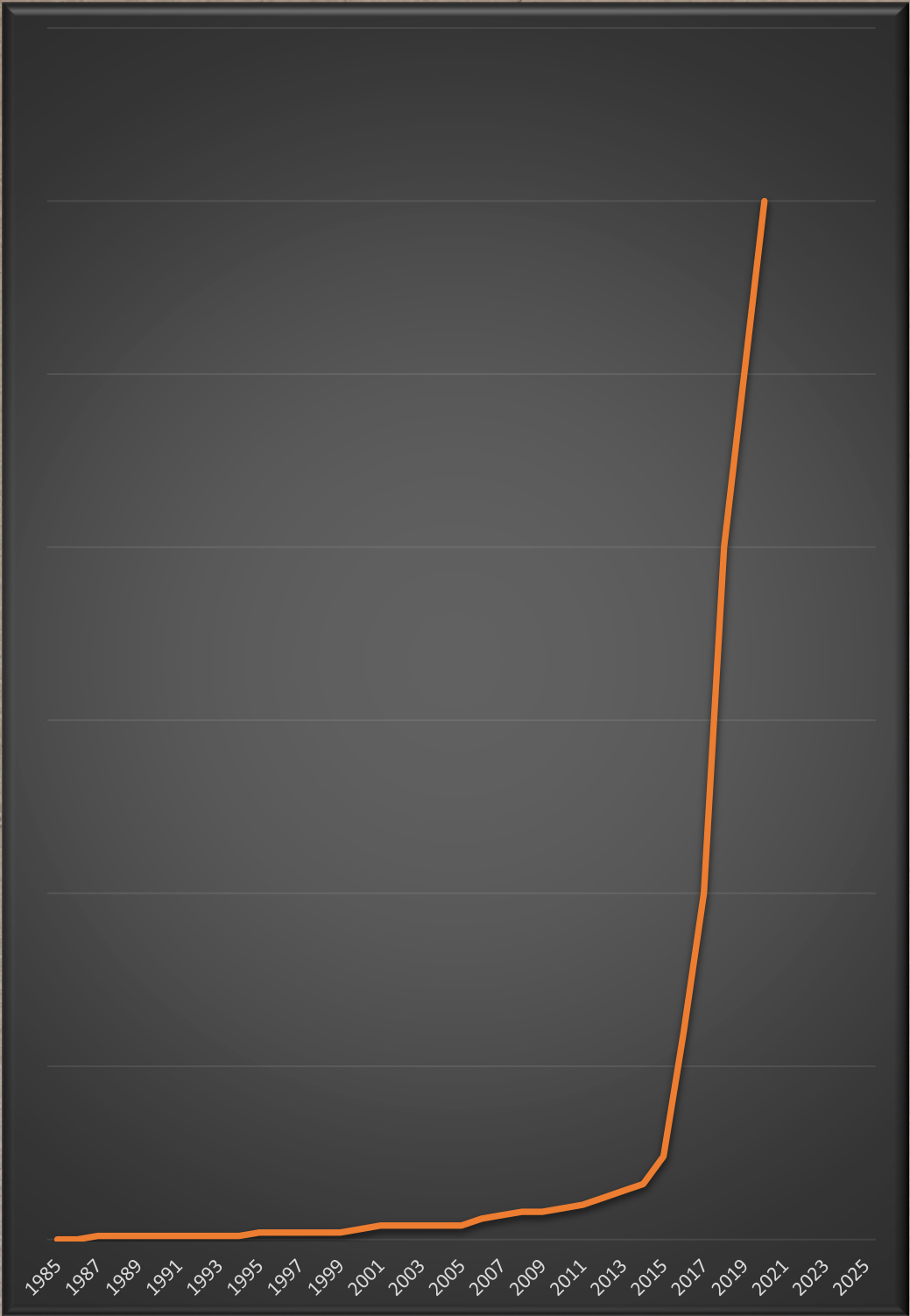
1. Identify conflicting notions of success and failure regarding CRPs
2. Discuss the relationship between incomplete CRP implementation and irregular application of CRPs
3. Describe barriers to and facilitators of successful CRP implementation and application

Disclosure

I have no financial conflict
of interest

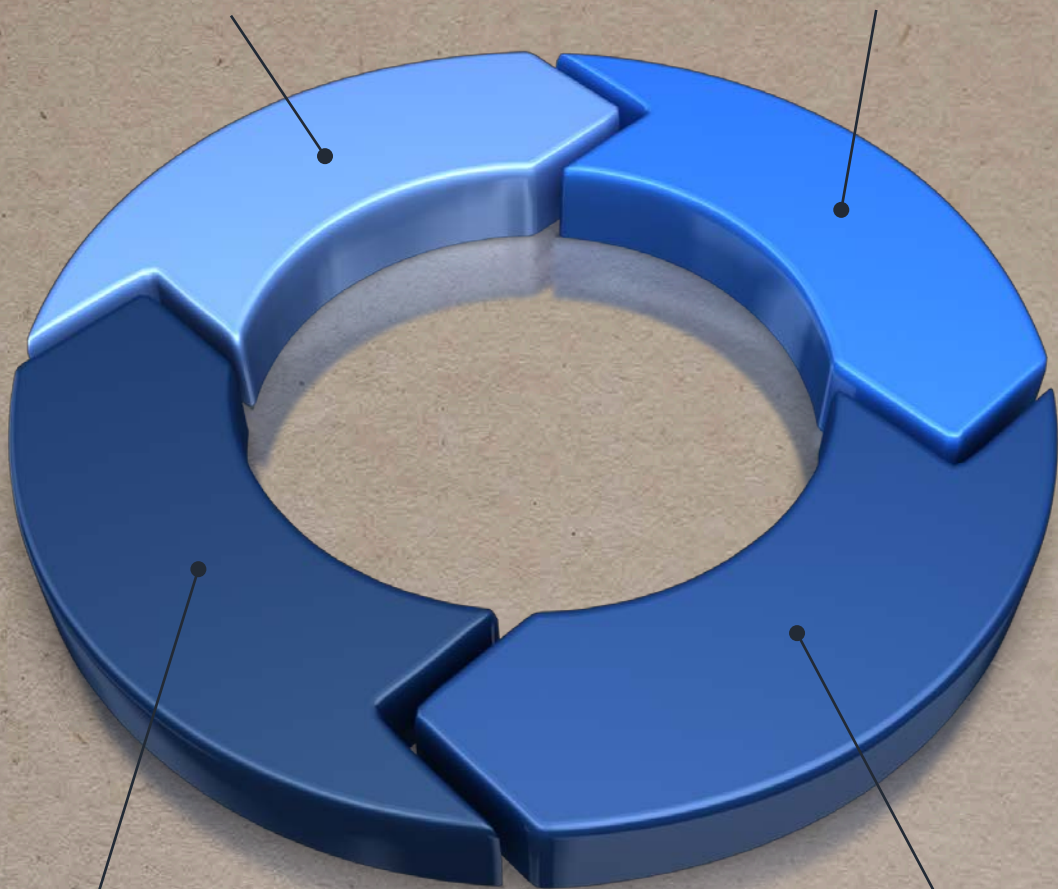


CRP S-curve?



Plan

Do



Adapt,
Adopt, or
Abandon

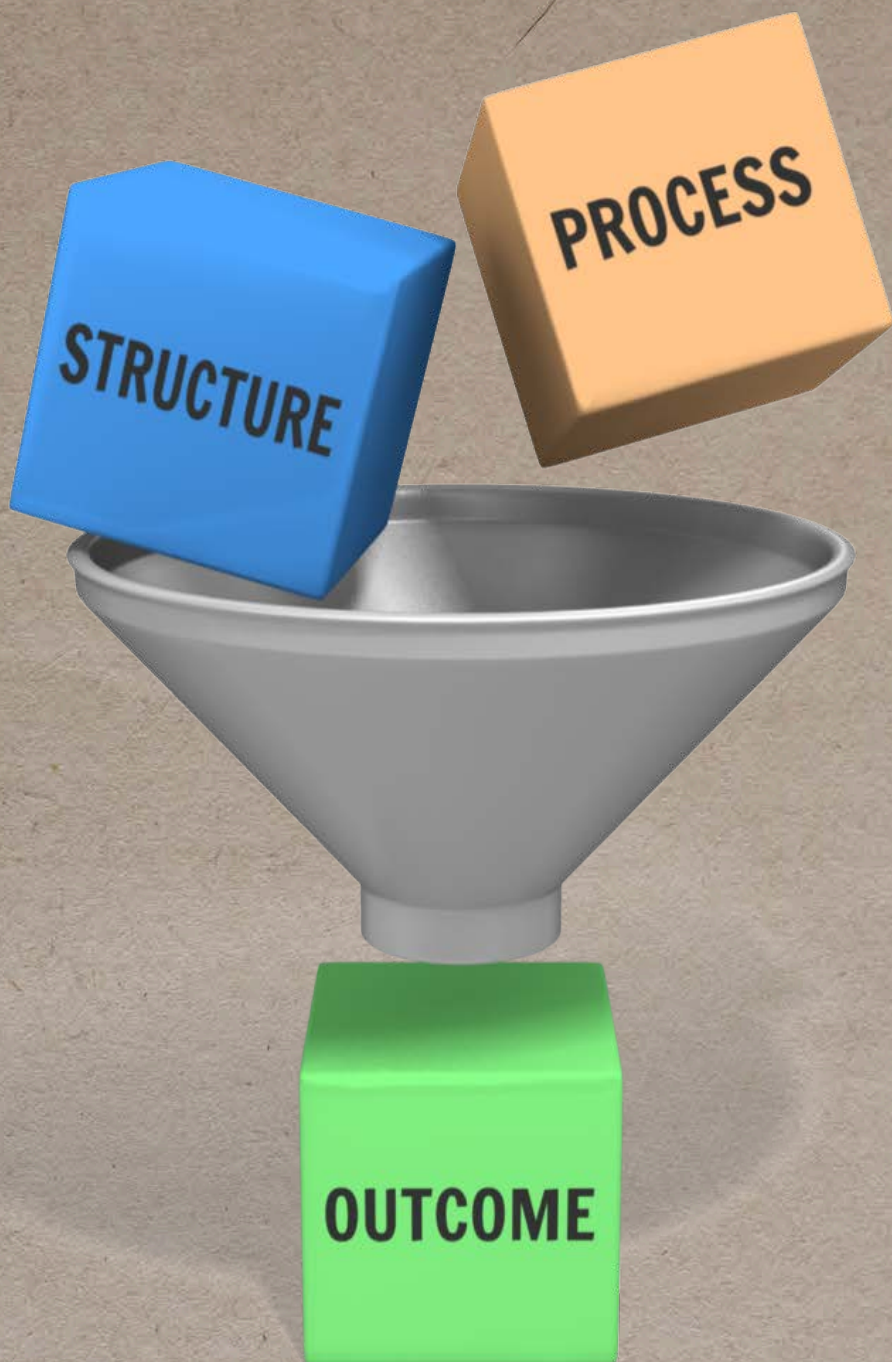
Study



Implementation

A Venn diagram consisting of two overlapping rectangles. The top rectangle is light blue and labeled 'Implementation'. The bottom rectangle is a darker blue and labeled 'Application'. The intersection of the two rectangles is a medium blue color.

Application





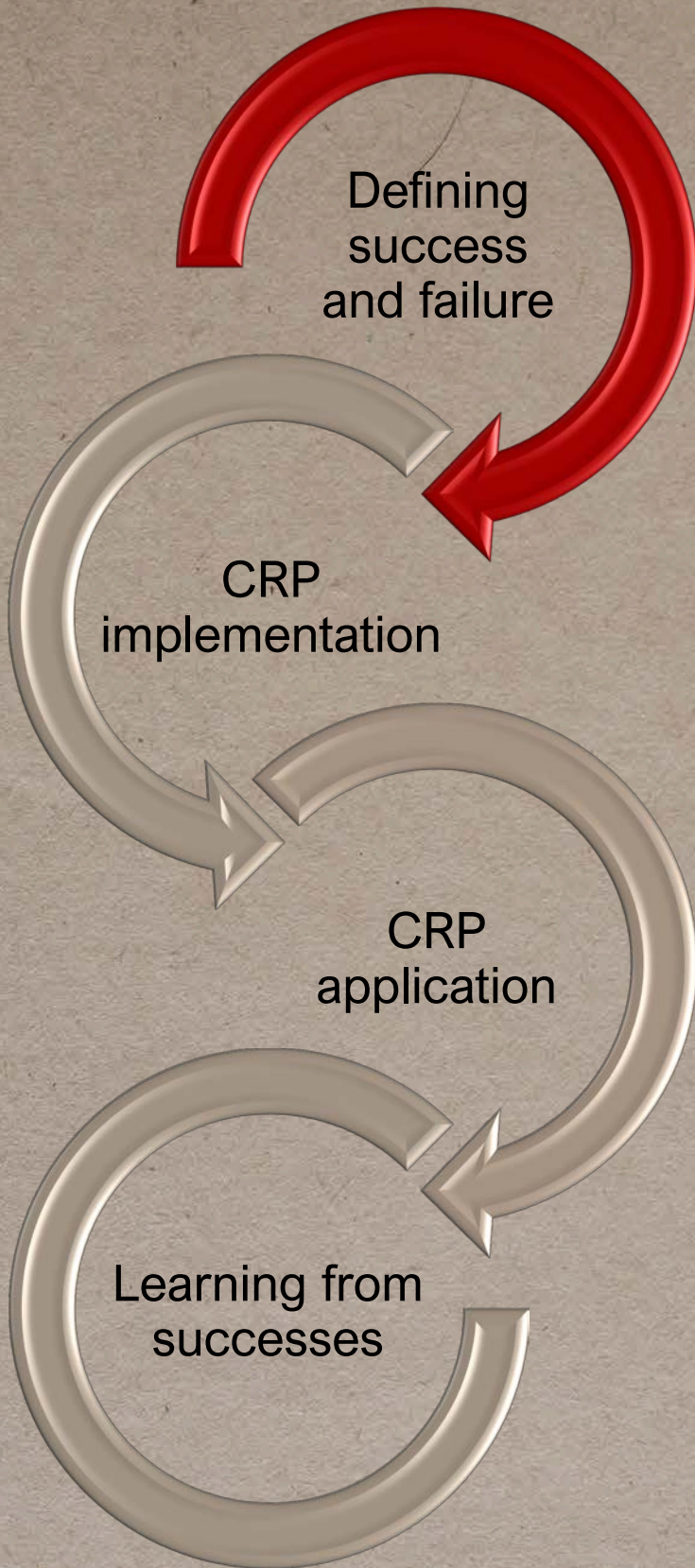




Implementation

A Venn diagram consisting of two overlapping rectangles. The top rectangle is light blue and labeled 'Implementation'. The bottom rectangle is a darker blue and labeled 'Application'. The intersection of the two rectangles is shaded in a medium blue color.

Application

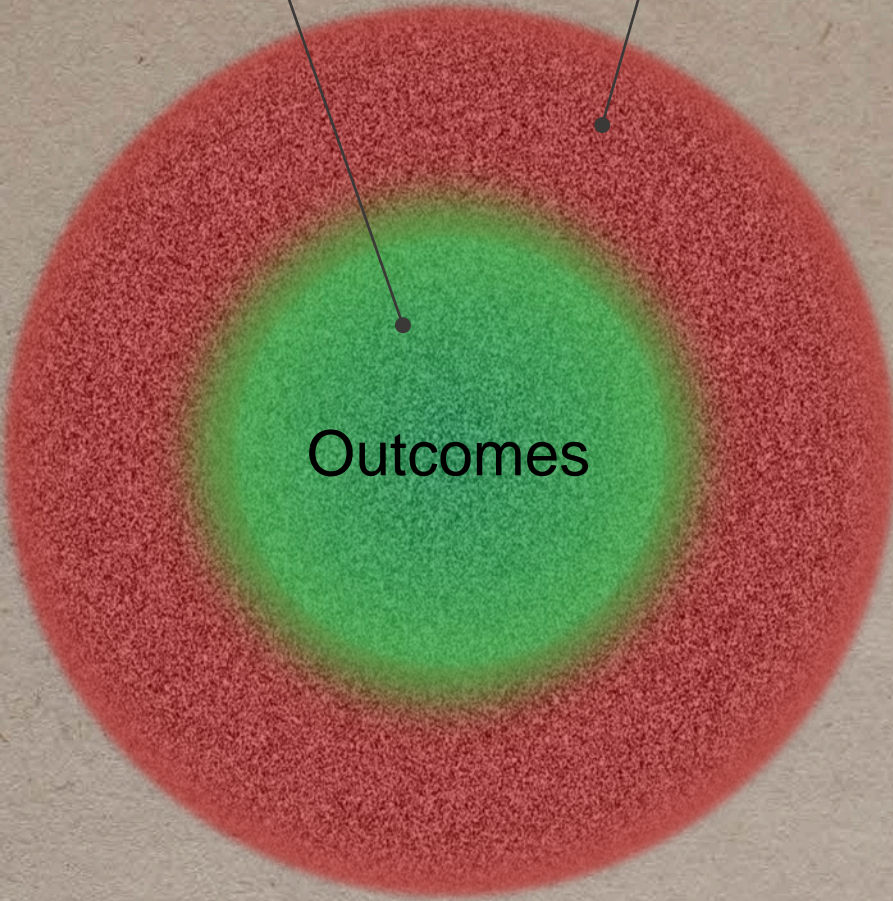




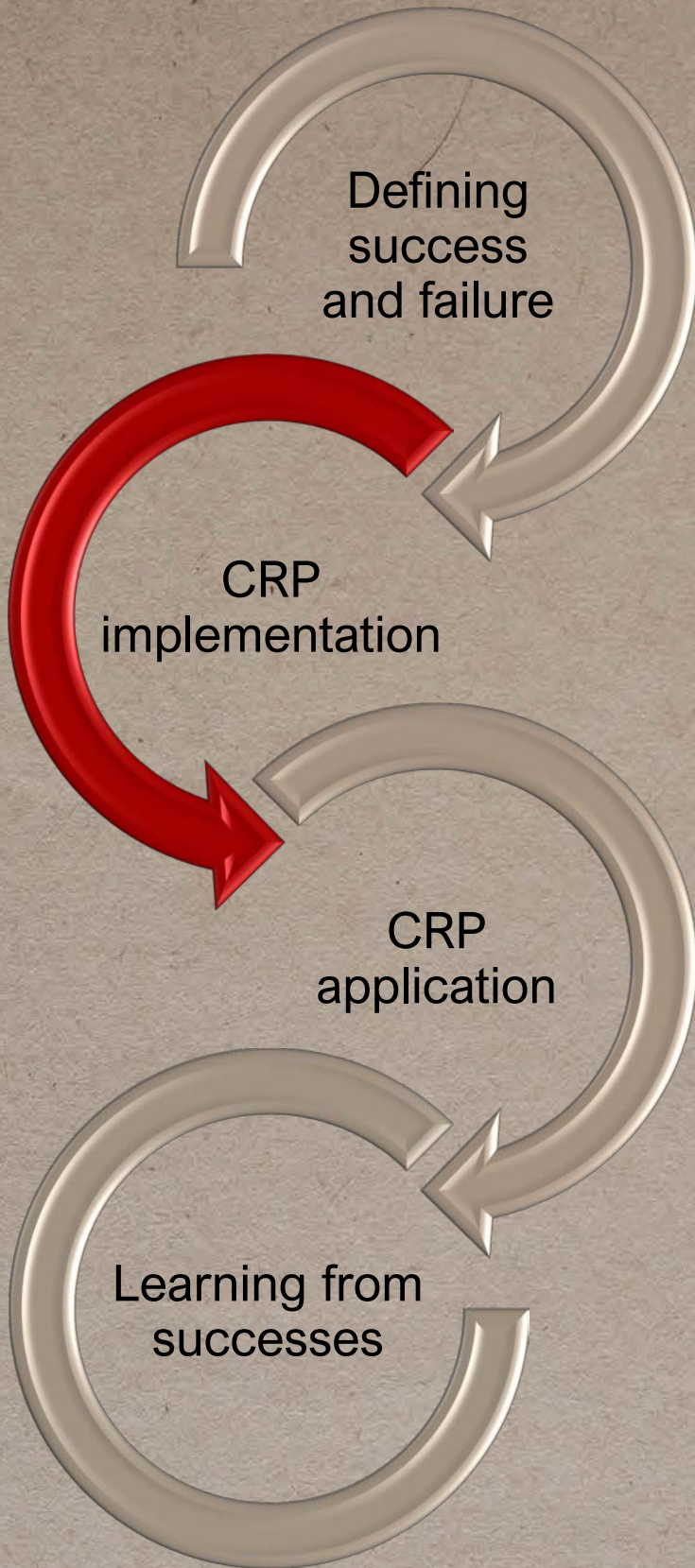
Outcomes

Acceptable

Unacceptable



Outcomes



Principle-related failure modes

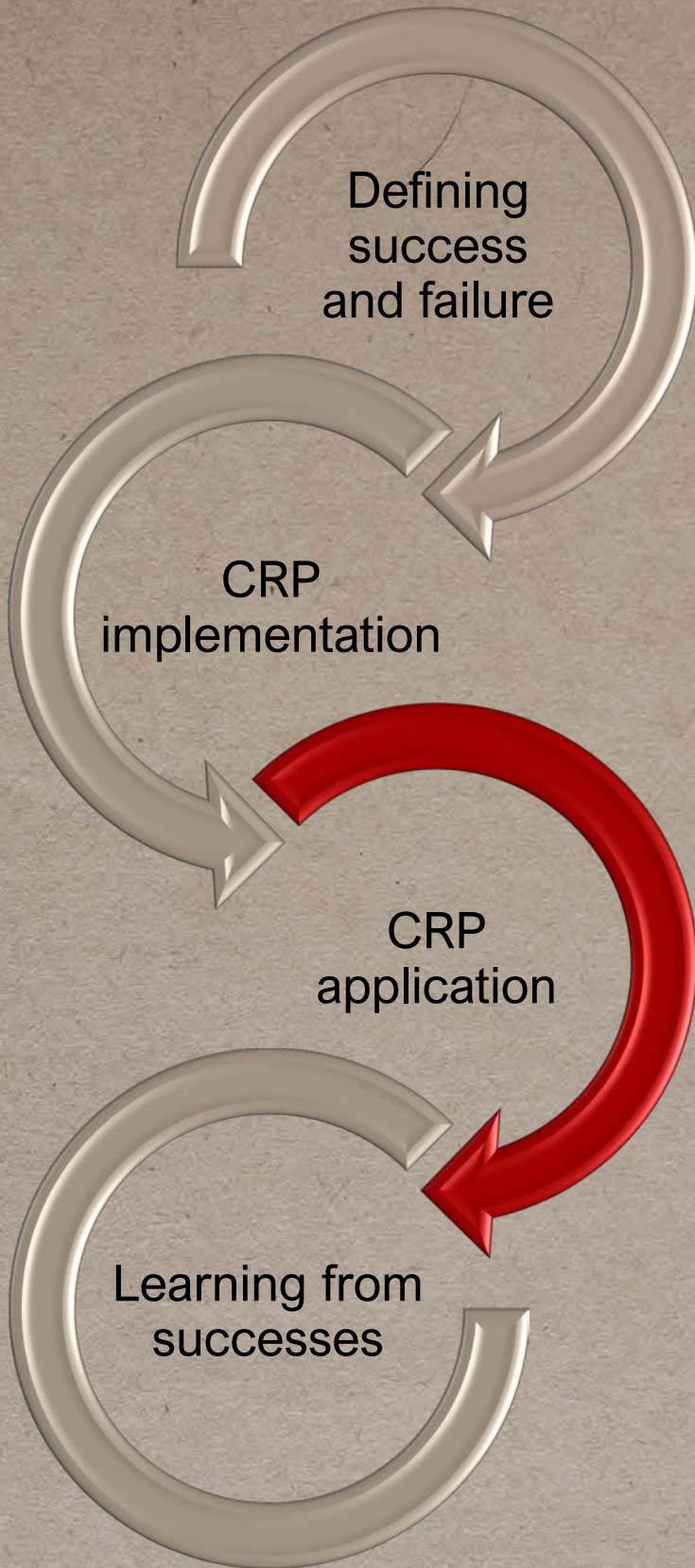
- Punitive or unprofessional organizational culture
- Failure to appreciate the comprehensive nature of CRP
 - Belief that CRP is a risk management program
 - Taking the position that the organization is “already doing this” (premature self-congratulations)
- Disconnect from guiding principles
 - Withholding proactive offers of compensation if patients seem satisfied with an apology or if costly litigation or damages seems unlikely
 - Paying some patients for a disappointing clinical outcome even when there was no negligence

Prioritization-related failure modes

- Insufficient sense of organizational ownership
 - Lack of visible support by executive and medical staff leadership
 - Lack of board engagement
- Competing organizational priorities/major disruptions

Practicality-related failure modes

- Insufficient personnel
- Absence of planned response
- Turnover/loss of key individuals or champions
- Active or passive opposition by a formal or informal leaders
- Lack of awareness of CRP among clinicians
- Lack of buy-in by practicing physicians when consent to settle is required
- Philosophical differences among insurers
- Financially stressed health systems may have a lower risk tolerance





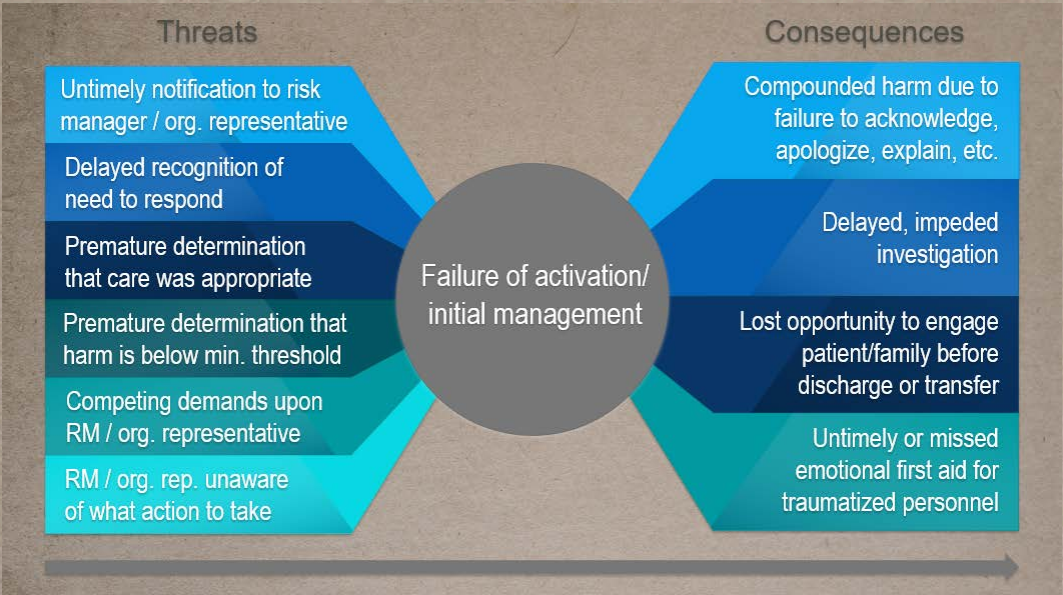
Implementation

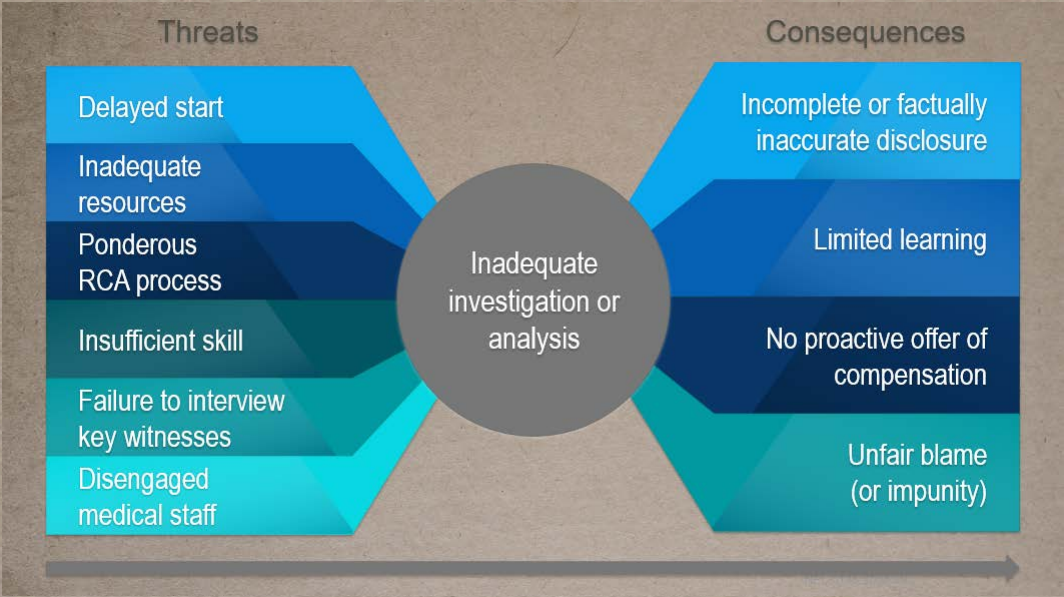
A Venn diagram consisting of two overlapping rectangles. The top rectangle is light blue and labeled 'Implementation'. The bottom rectangle is a darker blue and labeled 'Application'. The intersection of the two rectangles is a medium blue color.

Application

Method:

Failure modes and
effects analysis (FMEA)

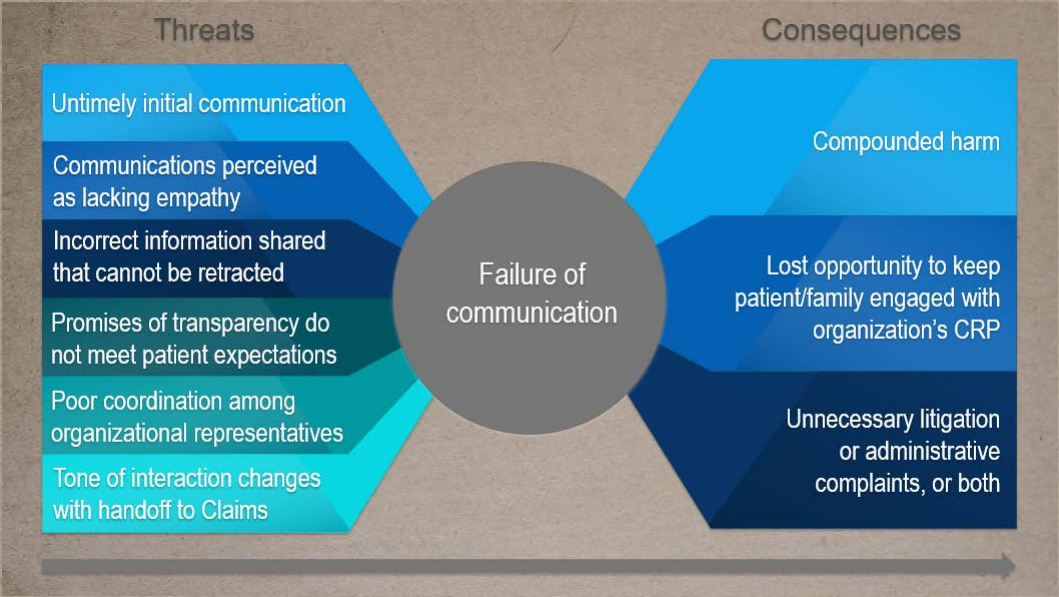


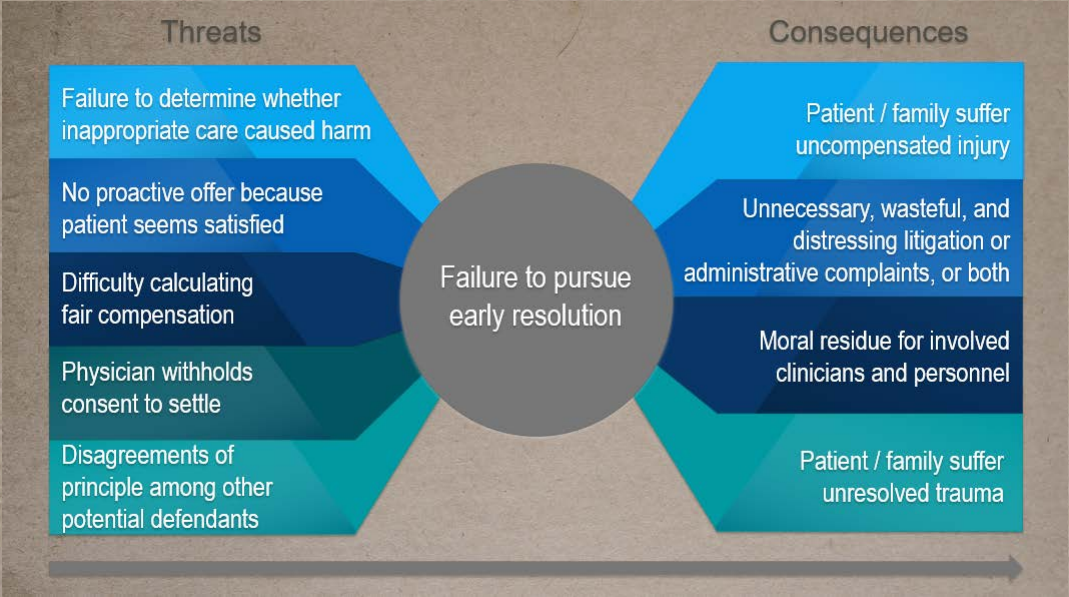




WHAT HAPPENED?

WHAT HAPPENS NEXT?

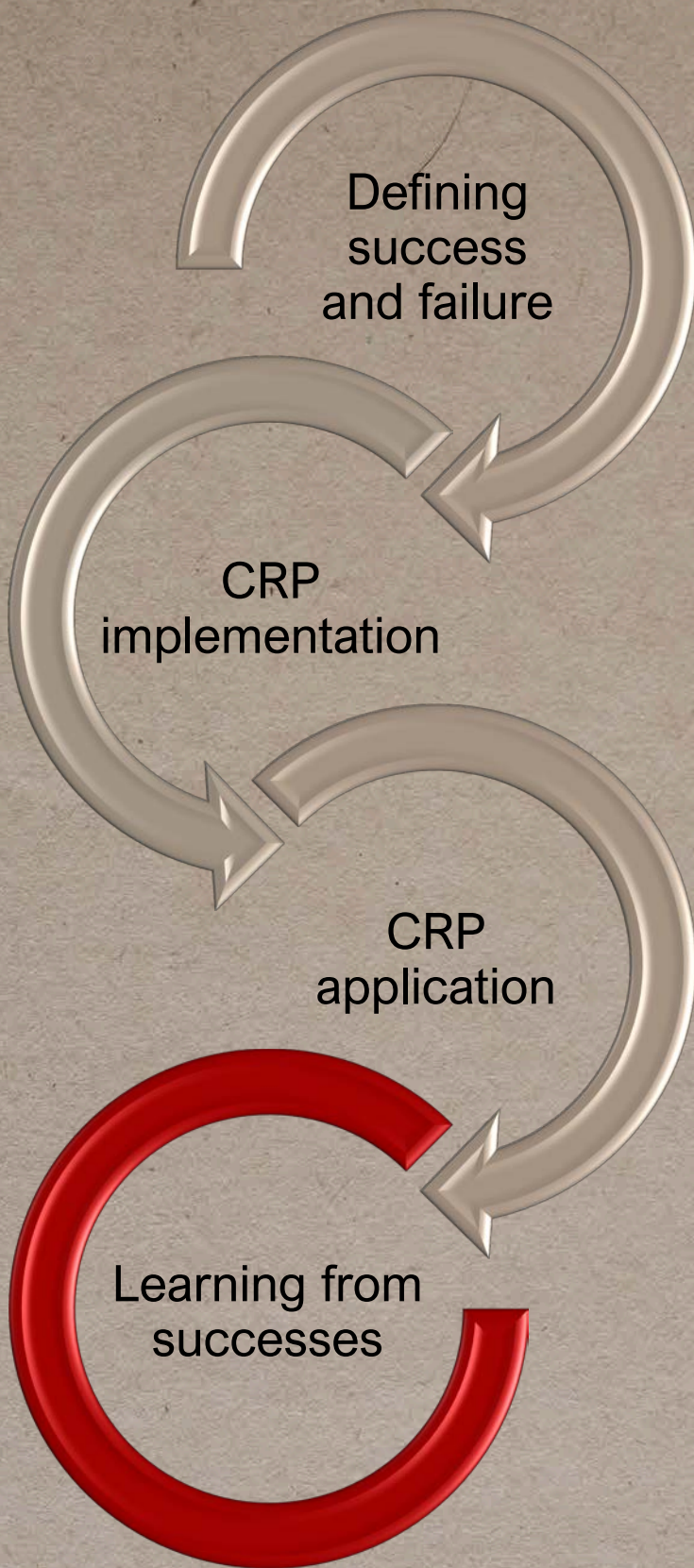




Aggregate RCA



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Discussion



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