Literature Supporting Communication and Resolution programs

CAI welcomes feedback about how this compendium can be improved

Please e-mail thecai@uw.edu with suggestions

Note: this compendium reflects selected literature and is not an exhaustive list of every study done on this topic.

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Literature supporting CRPs

Patients want post-event communication

- Patients want disclosure of errors, to know what happened, why, what will be done about the consequences of the event, and what will be done to prevent it from happening again

- Patients and the public support disclosure

- Many hospitalized or recently discharged patients believe they’ve experienced a breakdown in their care, and many perceive harm as a result, but many don’t feel comfortable speaking up

- Similar findings are observed among patients with cancer

- In pediatrics, it’s more complex and case-by-case

Health care professionals generally agree with at least some post-event communication, but benefit from training & support

- Physicians agree with disclosure, but without training are often unsure about how to do so

- Physicians support disclosure, but often do not do so

- Talking with patients/families about other clinicians’ errors is particularly complex

- Nurses routinely disclose no or low harm events, but face challenges in interprofessional communication around more serious or team errors and disclosures

- Multi-disciplinary training is helpful but is best as part of a comprehensive program with opportunities for practice

- Training & experience are associated with attitudes supporting greater transparency with peers & institutions

- In pediatrics, it’s more complex and case-by-case

Consequences of harm events incl. physical & non-physical impacts, can be long-term
- Patients/families reporting a harmful event in their care describe psychological, social/behavioral, physical, and financial impacts, many of which can be long-term

CRPs promote practices that can improve pt/fam outcomes & safety

- Emotional safety is patient safety

- CRPs promote communication and accountability, both of which are foundational for patient/family trust

- Asking about possible care breakdowns in detail, and offering a full apology when breakdowns are reported substantially increases patients' willingness to recommend the hospital

- Open communication (as compared with closed communication) is associated with less sadness, depression, abandonment/betrayal, and the avoidance of doctors and facilities involved in the error:

- Organizational responses aligned with CRP best practice guidelines are associated with a lower risk of prolonged emotional impact after harm events:
  - Sokol-Hessner et al., in review

CRPs are aligned with creating joy & meaning for health care professionals

- Develop & embody core values that include respect, transparency, truth telling, safety, accountability; create full transparency for harm events, focus on learning for improvement and preventing harm; commitment to high-reliability, “provide training and coaching in disclosure and apology after adverse events”, establish peer support programs for professionals
• Physicians that learn and adapt positively after making harmful mistakes are more likely to have disclosed the error.

Patient/family engagement
• In event analysis

Effects on malpractice/medicolegal experiences
• Patients pursue litigation to understand what happened and why, to ensure that similar incidents don’t happen again, to obtain compensation for losses, pain, suffering or for care expenses, and to promote accountability
  - Patient experiences of poor clinician-patient communication are a significant motivator for patients seeking legal counsel
  - VA Medical Center in Lexington, KY, no significant increases in claims/ costs:
  - University of Michigan Health System, over 12 year period, decr # of claims & lawsuits, decreased time from claim to resolution, decr. total liability costs, patient compensation, and non-compensation-related legal costs
  - University of Michigan Health System, focus on GI-related claims & costs, found decr incidence of claims, decr time to claim resolution, and decr mean total liability per claim.
    - Adams, Megan A., B. Joseph Elmunzer, and James M. Scheiman. “Effect of a Health System’s Medical Error Disclosure Program on Gastroenterology-Related

- University of Illinois Hospital and Health Sciences System, over 12 years, showed decr. # of claims, decr. legal fees & costs, costs per claim, settlement amounts, and self-insurance costs

- Erlanger Health System, Tennessee, over 11 years, showed decrease in # of new claims, defense costs, settlement costs, total liability costs, and time to resolution of claims

- Five acute care hospitals in NYC for 22 months after CRP implementation, didn’t clearly increase claims (but also not as rigorous in comparing pre/post as other studies)

- Beth Israel Deaconess Medical Center, Baystate Medical Center & two community hospitals in Massachusetts, over ~4 years, showed improved trends in rate of new claims & legal defense costs at some hospitals, but no trends in other outcomes (time to resolution, other costs), and no worsening trends.

**Effects on culture of safety**

- Event reporting doubled at Univ. of Illinois Hospital & Health Sciences System, over 12 years:

- Measures of error disclosure culture and the effects of disclosure on trust are predictive of professionals’ intent to disclose errors and are improved by prior education about disclosure
• Theoretical benefits overall
• Open communication between patients and families and healthcare teams, and error notification and learning, have been identified as factors that drive safety culture

Implementation can be sustained
• 97 semi-structured interviews with leaders, hospital employees, and patients at 9 VA hospitals revealing key areas that need to be addressed during CRP implementation
• Case outcomes of CRPs at 4 hospitals in MA demonstrating good adherence to the program protocol
• Description of strategies supporting sustained implementation in an integrated regional healthcare system with 10 hospitals, 250 ambulatory care delivery sites, and 20 diversified businesses in the mid-Atlantic region of the United States
• Analysis of key informant interviews and notes from 89 teleconferences between hospitals’ CRP implementation teams and study staff revealed numerous factors promoting success
• Analysis of methods associated with the successes, failures, and obstacles faced by nine heterogeneous CRP implementation teams

• Description of the keys to successful CRP implementation (based on one organization’s experience)
Challenges and areas for future work

Terminology must evolve
- “Second victim”
- “Disclosure”, “Resolution”

Challenges with comprehensive & highly-reliable CRP implementation
- Expert perspectives on key challenges to CRPs’ success
- Expert perspectives on strategies for effective CRP implementation
- Expert perspective on the state of the CRP field and key implementation challenges

Gaps in implementation fidelity
- Five acute care hospitals in NYC, esp. inconsistent around offering compensation
- Six hospitals & clinics & an insurer in Washington state, challenges with passive/unengaged leaders, physicians, and insurer, as well as coordination & workload problems, and distrust
Equity & justice

- Responding after harm is particularly challenging with historically marginalized patients because of fragmentation of care, lack of standardized protocols, and patient mistrust

- Attorney involvement when patients experience harm or compensation is being discussed may be important

- Historically, ~1/3 of malpractice litigation expenditures do not go to patients/families (for every dollar of compensation, 54 cents goes to lawyers, experts, and courts), and 27% of claims involving an injury due to error do not result in compensation.

- Key components of fair & objective processes for redress and reconciliation following a life-changing patient safety event from the perspectives of the individuals experiencing the event and their families, include: transparency, person-centered, trustworthy, and restorative justice

Patient/families experiencing CRPs may not reliably learn about safety improvement efforts

- 24 of 30 patients/families reported receiving no information about safety improvement efforts
Patient/families experiencing CRPs may be dissatisfied with compensation offers

- 17 of 30 patients/family members reported that offers of compensation were not sufficiently proactive

Physician concerns about NPDB and State Licensing Boards need more exploration

- Expert perspectives on implementing CRPs, including key challenges

- Survey of American state medical boards about how they handle cases that used a CRP approach

Optimizing laws, regulations, and policies

- Effect of apology laws is unclear

- There may be opportunities to improve laws and regulations that support CRPs