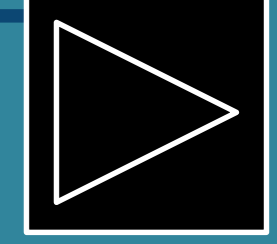


An Update on Communication, Apology, and Resolution (CARE)

Taj Qureshi, MPH; Melinda Van Niel, MBA, CPHRM; Cheryle Totte, RN, MS; Pat Folcarelli, RN, MA, PhD



Introduction/Problem

When an unanticipated adverse event occurs, BIDMC follows the Communication, Apology, and Resolution (CARE) process with patients and families. This approach was founded by the Massachusetts Alliance for Communication and Resolution following Medical Injury (MACRMI). In some cases of preventable harm, BIDMC will:

- **C**ommunicate the facts of the event with the involved patient/family and address their immediate needs
 - Investigate and explain what happened
 - Implement systems to avoid recurrences of harmful events and improve patient safety
- **A**pologize (as appropriate) and work towards
- **R**esolution, possibly by offering fair compensation for injury in a timely manner outside the courtroom

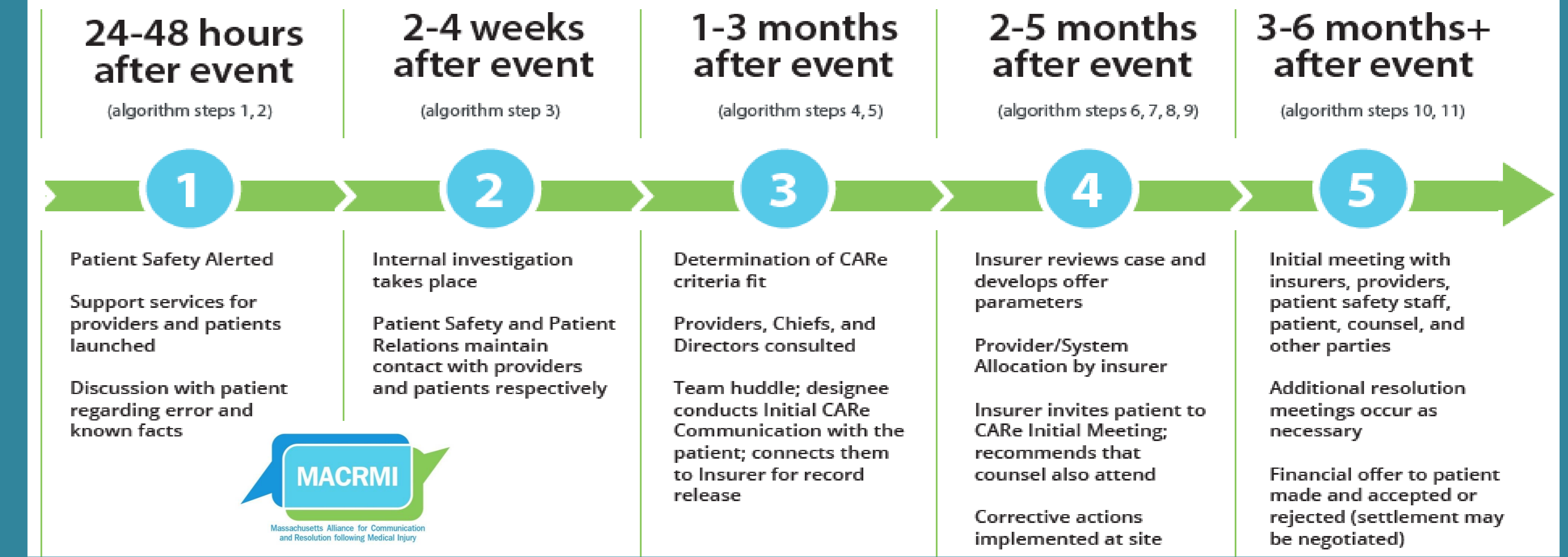
Aim/Goal

Provide timely, compassionate care and supportive healing to patients and families affected by an unanticipated adverse event.

The Team

Members of the Patient Safety/Risk Management team and Patient Relations team include the following:
 Pat Folcarelli, RN, MA, PhD; Cheryle Totte, RN, MS; Taj Qureshi, MPH; Melinda Van Niel, MBA, CPHRM; Debra Barbuto, RN; Beth French, RN; Lindy Lurie, LICSW; Manuela Rosa, RN; Mary Fay, RN; Stacey Lunetta, RN, MPH, CPHRM; Dorothy Flood, RN; Carolyn Wheaton, RN

The Interventions



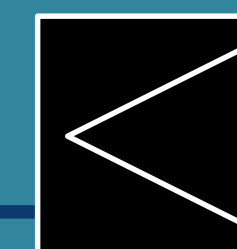
Results/Progress to Date



This bar graph depicts the total files reviewed in the Safety Reporting System by the Patient Safety Coordinators and Patient Relations Representatives over the last four calendar years.

For more information, contact:

Taj Qureshi, MPH, QI Project Manager, tqureshi@bidmc.harvard.edu



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More Results/Progress to Date

Total Files Reviewed As Potential CARE Cases in Calendar Year 2018:

- Quarter 1 – 52
- Quarter 2 – 46
- Quarter 3 – 52
- Quarter 4 – 51
- TOTAL — 201

In 2018, only **1.6%** of all files reviewed were potential CARE cases

Outcome	CARE CRP Hospitals	Comparison Hospitals (No CRP)
New claims	Lower at community hospitals and 1 academic medical center	No change
Defense costs	Lower at both academic medical centers	No change
New claims receiving compensation	No change	No change
Compensation costs	No change	No change
Average payment per claim	No change	No change
Time to resolution	No change	No change

Statistically significant results (p<.05) from 2012-2015 pilot study.

Kachalia, A. et al. Effects Of A Communication-And-Resolution Program On Hospitals' Malpractice Claims And Costs. [Health Aff \(Millwood\)](#). 2018 Nov;37(11):1836-1844.

Lessons Learned

- The number of risk report submissions appears to be increasing year after year, both at BIDMC and at a national level
 - This is a positive indication that safety culture is evolving as employees are becoming more and more comfortable with reporting
- Hospitals can “do the right thing” without increasing their liability exposure
- Large cost savings reported by some early adopters did not occur, but there were no cost increases
- We hope the CARE discussion will move away from liability concerns to how best to implement them and leverage patient safety improvements

Next Steps

- BIDMC sees the value in CARE and is committed to improving communication and transparency about adverse events with patients and families
- There are clear opportunities to educate providers about the CARE program and its benefits
- A third and final article will look at leadership perspectives before and after program implementation to determine further success factors

For more information, contact:

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