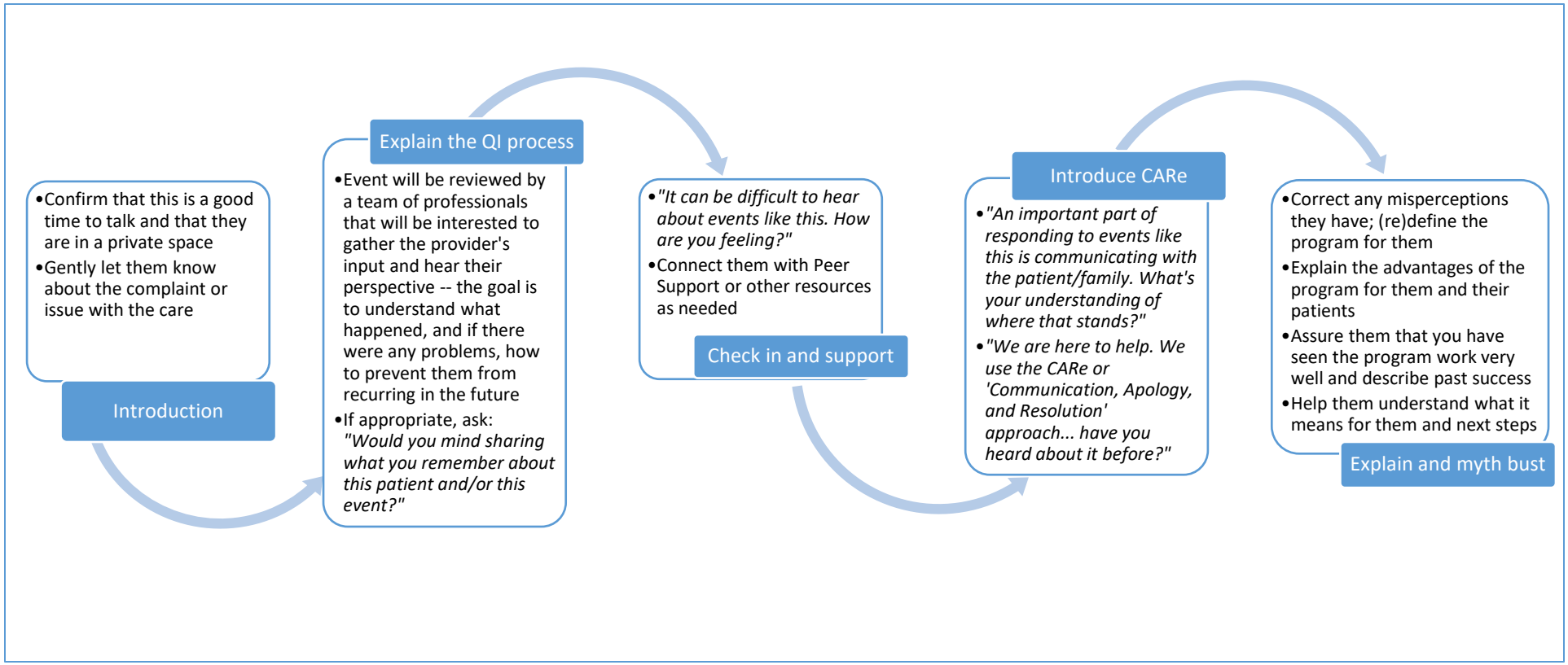
How to talk to an Involved Provider about a CARe case

A resource for Risk Managers and Patient Safety Staff



Introduction

"Hello Dr. X. This is [name] from [Patient Safety/Risk Office] at the [facility]. Is this still a good time to talk? Are you in a space where you can talk freely?"

"You may remember, [name of the patient] who you last saw on [date] in [context/location]. [He/she/they] appears to have a difficult experience: [describe serious adverse event or patient/family complaint]. My job…"

"I'm hoping to chat with you about how we manage situations like this, would that be ok?"

Tips:

Schedule the conversation ahead of time through email or other means if possible so they are not caught off guard.

Talking Points for CARe

"We believe in empathy and transparency not only because it is what we would want as patients, but also because it is better for providers, and it builds trust with the patients and families."

"So often we see that patients care about knowing that others will be safe in the future."

"We have used this process hundreds of times and it has been very successful."

"Many of your peers have used CARe– you are in good company –I've worked with many of your colleagues."

"The length of time to resolve the case will be reduced, so that everyone can reach closure sooner, and so that we can try to salvage the patient-provider relationship."

"There will be someone walking with you through this process."

Tips:

Ask what they know so you understand where they are coming from and can help clarify info they may have heard that is incorrect or incomplete.

Affirm that this is how the hospital resolves all adverse events and concerns, so as not to make them feel singled out by their event.

See also: CARe Physician FAQs

Myth busting

Myth: **This is a program to pay off angry patients.**

Reality: The program only compensates patients who have suffered serious preventable harm in their course of care. This is small fraction of the cases that are part of CARe. At its core this program helps preserve the provider patient relationship by increasing communication, transparency, and learning with regards to all patients, no matter whether they are eligible for compensation.

Myth: **If I participate in this, I will be reported to the NPDB.**

Reality: Not necessarily. This program allows you and your insurer to have a greater level of control than the court system. If there are found to be preventable errors – which occur in a small fraction of cases—those may be systems errors and payment to a patient would not be reportable to the NPDB. If there was a preventable error made that was not systemic, the insurer will select a new option the NPDB has created for CARe programs: "Other." They will then provide explanatory language such as: "This payment was made as a result of an early offer made in a CARe program, rather than a settlement/judgment resulting from litigation."

Myth: **Saying "I'm sorry" means that I am taking the blame for what happened to the patient.**

Reality: Saying "I'm sorry that this happened to you" is an expression of empathy. Such expressions of empathy are important in all adverse events, whether preventable or not. An apology of fault such as "I am sorry that we did not read your chart correctly and gave you the wrong medication" is appropriate after the investigation if you or the facility did make an error. It is well-documented that both of these kinds of apologies help all parties to have closure and preserve the provider-patient relationship.

Tips:

Direct them to other resources (MACRMI website (www.macrmi.info); site intranet page)

Make sure they understand next steps clearly and when you'll next be in touch