

Pilot Perspective

The first phase of the pilot CARE program implementation has been both a gratifying and learning experience for our BIDMC team. In such a large institution it's virtually impossible to shift the culture overnight. To maximize our chance of success, we focused on two major tasks: educating the leadership and front-line care providers about the goals and basic tenets of the CARE program, and defining along with our partners at Baystate the basic framework for identifying potential CARE cases as well as the institution's response to cases that were deemed suitable for CARE. This definition is important, since all adverse events deserve rapid communication to the patient and family and, when appropriate, an apology, but not all cases will be appropriate for full review by the hospital's insurer or discussions of financial compensation.

Going into the second half of our first year, we've learned a few key lessons. First, that ongoing communication with patients and

(Cont. on reverse)



The Forum panel participants commenting during the Open Q&A Session.

MACRMI Hosts its First Annual CARE Forum

On April 26, 2013, MACRMI hosted its First Annual CARE Forum at the Massachusetts Medical Society in Waltham, MA, to provide a larger audience with an in-depth look at the CARE approach. Speakers from Massachusetts and across the country came to educate the audience about CARE and programs like it. Over 130 clinicians, administrators, lawyers, and patients from around New England attended.

Dr. Alan Woodward, former president of Massachusetts Medical Society (MMS) and Chair of their Committee on Professional Liability, was first on the day's agenda, presenting the background and accomplishments of MACRMI. Dr. Kenneth Sands, Senior Vice President of Health Care Quality at BIDMC, then presented information about the CARE Pilot Sites, including the implementation process and the progress to date. Next, Dr. Michelle Mello, Professor of Law and Public Health at the Harvard School of Public Health and one of the nation's leading researchers in the field of medical liability, described the use of programs like CARE throughout the United States.

The Forum's keynote speaker was Jeffrey Driver, Chief Executive Officer of Stanford University Medical Network Risk Authority, LLC, and Chief Risk Officer of Stanford University Medical Center. Stanford has been using a program similar to CARE since 2005 called the

PEARL Program (Process for Early Assessment and Resolution of Loss). PEARL involves some unique components: a 7-day ideal investigatory process flow; an online PEARL process request that can be launched by patients; and an independent patient advocate role for patient support and guidance in compensation meetings. Mr. Driver revealed a 38% reduction in overall liability costs and a 35% reduction in annual reported claims over 5 years.

The patient's perspective is essential to understanding adverse events, so a patient testimonial video was introduced by MITSS. Following the patient testimonial, Richard Boothman, Executive Director of the Office of Clinical Safety at the University of Michigan Health System, discussed the cultural shift he has seen at the University of Michigan after creating the "Michigan Model," an approach similar to CARE, for over a decade.

MACRMI's First Annual CARE Forum was an exciting and informative event. Videos of the slide presentations and speeches can be found on our website by clicking [here](#), and downloadable slides are available [here](#). By the next Forum, MACRMI expects to have many more accomplishments and hopes that more healthcare facilities will be implementing CARE and experiencing its benefits.

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Asking the Panel questions at the Forum.

Pilot Perspective (cont.)

families is necessary even when a case doesn't meet the full criteria for CARE. Effective communication provides patients with necessary information and helps decrease the anger that often occurs in the aftermath of a medical injury.

Second, that changing our institution's culture will take time and repetition of our educational program. Old habits are simply hard to change, even when it's the right thing to do. And third, that successful coordination of our response along with our insurer is possible through the relationships and trust that have been built up over years of working to meet mutual goals. As we expand our education this year to the residents and fellows, build a peer support network for the providers who often suffer silently in the aftermath of an event, and work to further improve our response to adverse events, we hope to build an even better climate for patients, families, and health care providers at BIDMC.

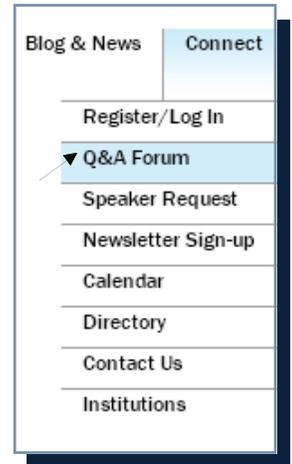
-Peter Smulowitz, M.D.



MACRMI on the Air! MACRMI members Kenneth Sands, M.D., M.P.H., and Alan Woodward, M.D. were interviewed by Patricia Rullo of the *Speak Up and Stay Alive* radio show to tell the public about CARE and how it can help patients get what they need when they are harmed by adverse events. Click [here](#) to listen to the radio broadcast (Dr. Sands and Dr. Woodward's piece begins at 15:00).

MACRMI's Online Q&A Forum has Launched

In order to address specific questions that may not be answered on our website directly, MACRMI has developed a moderated online Q&A Forum. Simply register to be a member, and post your question or discussion topic, and other members will provide answers and continue the discussion. Using this Forum is a great way to get thoughts from various stakeholders all at once, and to work through challenges in which multiple contributors are better than one. We hope that you will either read or post to the Q&A Forum frequently. You can access the forum from the Connect menu on our website, or click [here](#) to be taken directly to the Q&A Forum page.



The MACRMI Blog

MACRMI's Blog features the latest news, media, and editorials related to CARE, medical error, patient communication, and other topics of interest to the MACRMI community. Our latest entries feature two wonderful TED Talks. Our March 2013 entry described a talk by Leilani Schweitzer, now the patient advocate for Stanford's PEARL program (mentioned at the First Annual Forum). Her son experienced a fatal medical error, and she participated in the PEARL process. The blog entry provides a link to the video of her fascinating talk. Our May 2013 entry highlights a talk by Dr. Brian Goldman of Mt. Sinai Hospital in Toronto. The subject of his TED Talk is the inability of doctors to discuss their mistakes openly because of the shame and lack of support they experience from their colleagues and organizations. He calls for a new culture in medicine which accepts mistakes, and learns from them. Check out our [blog](#) now to see both talks and much more.

Highlighted Resource: Best Practices

Looking to start your own CARE program? Wondering if there are already established principles you could use to hit the ground running? Well, you're in luck, because MACRMI has developed a set of 10 Best Practices for CARE programs. These Best Practices were created to help you develop the proper foundation and to guide you in developing your own procedures and guidelines to facilitate CARE implementation. You can view and download the Best Practices and other great resources to get started in our website's [Resource Library](#). To download the Best Practices instantly, click [here](#).

To find the resources described above, and more, visit us at: www.macrmi.info