

## Specific Aims and Key Outcomes

We propose to create a statewide collaborative to support DA&O initiatives in Massachusetts, along with the implementation of a DA&O model within two health systems representing a variety of care delivery and liability insurance models. The goal is to create a replicable model for advancing adoption of DA&O through a centralized resource that supports healthcare institutions of all types, and demonstrate the impact of that model. By doing so, we plan to create an environment that permits rapid, transformational improvement in patient safety, characterized by removal of the fear clinicians experience in association with reporting adverse events; improved patient safety through improved reporting of adverse and “near miss” events; and greater opportunity to pursue performance improvement, and share learnings.

The project builds on the findings of our work under our 2010 AHRQ planning grant to identify barriers to statewide implementation of the DA&O model in Massachusetts and strategies for overcoming them. The proposal will provide key data on the ability of hospitals of varying characteristics to adopt DA&O, the measurable effect of DA&O adoption on patient safety and safety culture, and the potential for a regional approach to advancement of DA&O.

Specific Aim #1: Prepare the environment in Massachusetts for broad DA&O implementation of the *Roadmap for Transforming Medical Liability and Improving Patient Safety in Massachusetts* by creating a multi-stakeholder collaborative representing all major constituencies with ability to advance DA&O.

Specific Aim #2: Leverage the stakeholder collaborative to develop a recommended approach for responding to adverse events, including education, training, dissemination of best practices, and pursuit of legislative initiatives focused on removing barriers to DA&O in Massachusetts.

Specific Aim #3: Support healthcare institutions across Massachusetts, including those that are smaller and in more rural settings, in the implementation of the DA&O model by creating a centralized statewide resource of educational materials and support systems using the approach developed in Specific Aim #2.

Specific Aim #4: Test the feasibility of the DA&O model in disparate clinical practice environments and liability insurance arrangements by implementing it in two Massachusetts health systems and evaluating effects on costs and other metrics related to medical liability, and effects on patient safety.

### Key Outcomes:

- Creation of an interdisciplinary collaborative dedicated to broad-based adoption of DA&O and with support of all appropriate stakeholder organizations.
- Creation of a tangible set of educational resources for guiding the adoption of DA&O by healthcare institutions.
- Creation of a defined but customizable model for supporting healthcare institutions adoption of DA&O
- Creation of a defined resource for inter-institutional consultative support and sharing experiences.
- Accelerated interest among Massachusetts healthcare institutions in DA&O adoption.
- Creation of a defined, customizable model for communication with patients families regarding DA&O.
- Improvement in patient safety culture among pilot institutions.
- Improved disclosure of adverse events, leading improved ability to identify and implement patient safety interventions.
- Increased satisfaction with the process of resolving medical injury disputes among patients, families, and involved clinicians.
- Reductions in medical liability costs and occurrence of malpractice claims.
- Reductions in time to investigate and resolve cases of medical injury.

Longer-term outcomes are expected to include reductions in preventable adverse events; improvements in clinicians' comfort with DA&O; reduced liability insurance premiums and incidence of frivolous lawsuits; decreased defensive medicine; and greater uptake of the DA&O model by healthcare provider organizations and liability insurers statewide.