



Medical Harm: Moving Beyond Deny and Defend

September 9, 2020

We will get started shortly. Your lines are muted upon entry. This event will be recorded.

Welcome!

- Today's event is being recorded
- All participants are muted on entry
- Ask questions using the Q&A Box
- Please fill out satisfaction survey



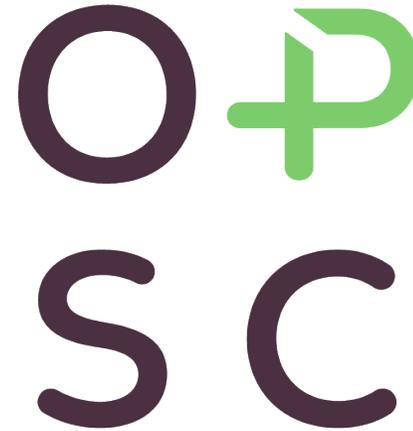
About Oregon Health Forum



- Advancing health policy solutions through meaningful community dialogue
- Affiliate organization of The Lund Report
- Nonprofit supported by ticket sales, donors, sponsorships

Event Co-Host:
Oregon Patient Safety
Commission

- **Mission to Advance Patient Safety in Oregon**
- Semi-independent state agency created by Oregon Legislature in 2003
- Programs in Patient Safety Reporting and Early Discussion and Resolution



OREGON
PATIENT
SAFETY
COMMISSION

GenNext: How Generation Z is Remaking Healthcare

September 17 | 2 pm

Learn how the largest and most diverse generation in American history, Gen Z, will reshape the health care market with their distinct preferences and healthcare needs.



Live Through It: Suicide Risk and Prevention in COVID-19

September 25 | 10 am

Young adults, racial and ethnic minorities, essential workers, and unpaid caregivers face a newly elevated risk for suicide in COVID-19. Learn steps to prevent suicide and about individual and community prevention efforts.



How Will It End: The Promise of A COVID-19 Vaccine

October 1 | 10 am

Recent scientific developments put us closer to ending the COVID-19 pandemic. Learn about research efforts and hear from experts about the potential for vaccine success, vaccine acceptance and how the global pandemic may end.



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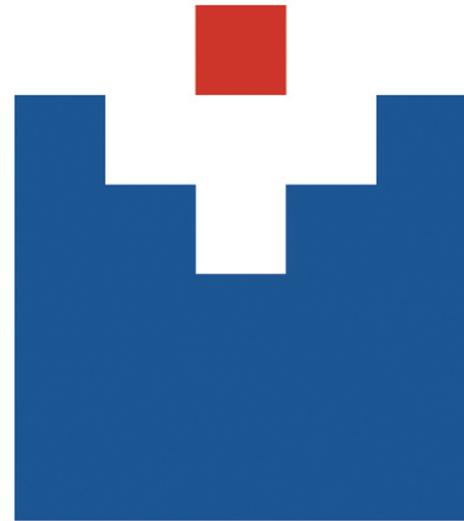
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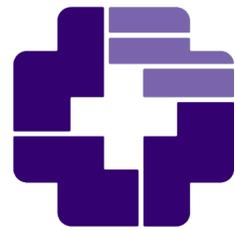
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Today's Program

Medical Harm: Moving Beyond Deny and Defend

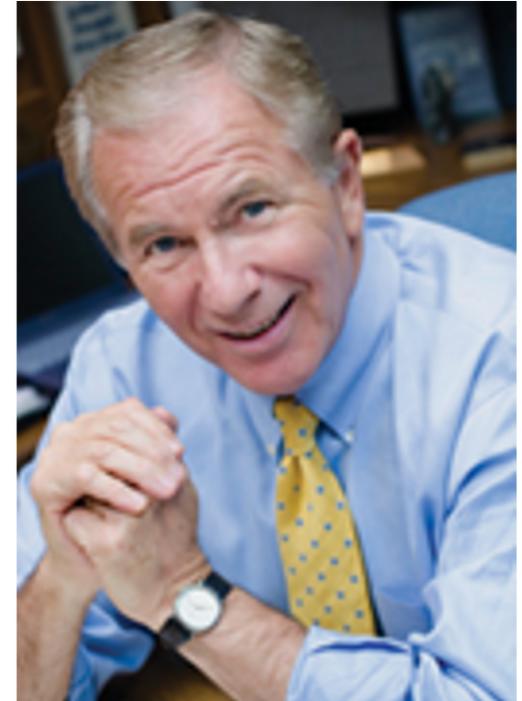
Moderator: Eric B. Lindauer, JD, of Eric B. Lindauer, PC

Panelists

- **Leilani Schweitzer**, Assistant Vice President, Communication & Resolution, Patient Liaison, Stanford Health Care
- **Thomas H. Gallagher, MD, MACP**, Professor and Associate Chair, University of Washington Medicine Center for Scholarship in Patient Care Quality and Service
- **Shannon Alexander, MBA, RN, CPHRM**, Director of Patient Safety and Clinical Risk Management, Providence Health & Services



Eric B. Lindauer, JD



Leilani Schweitzer

Patient Liaison at
Stanford Health Center



Apology, Compassion & Reconciliation

Leilani Schweitzer

Stanford Health Care







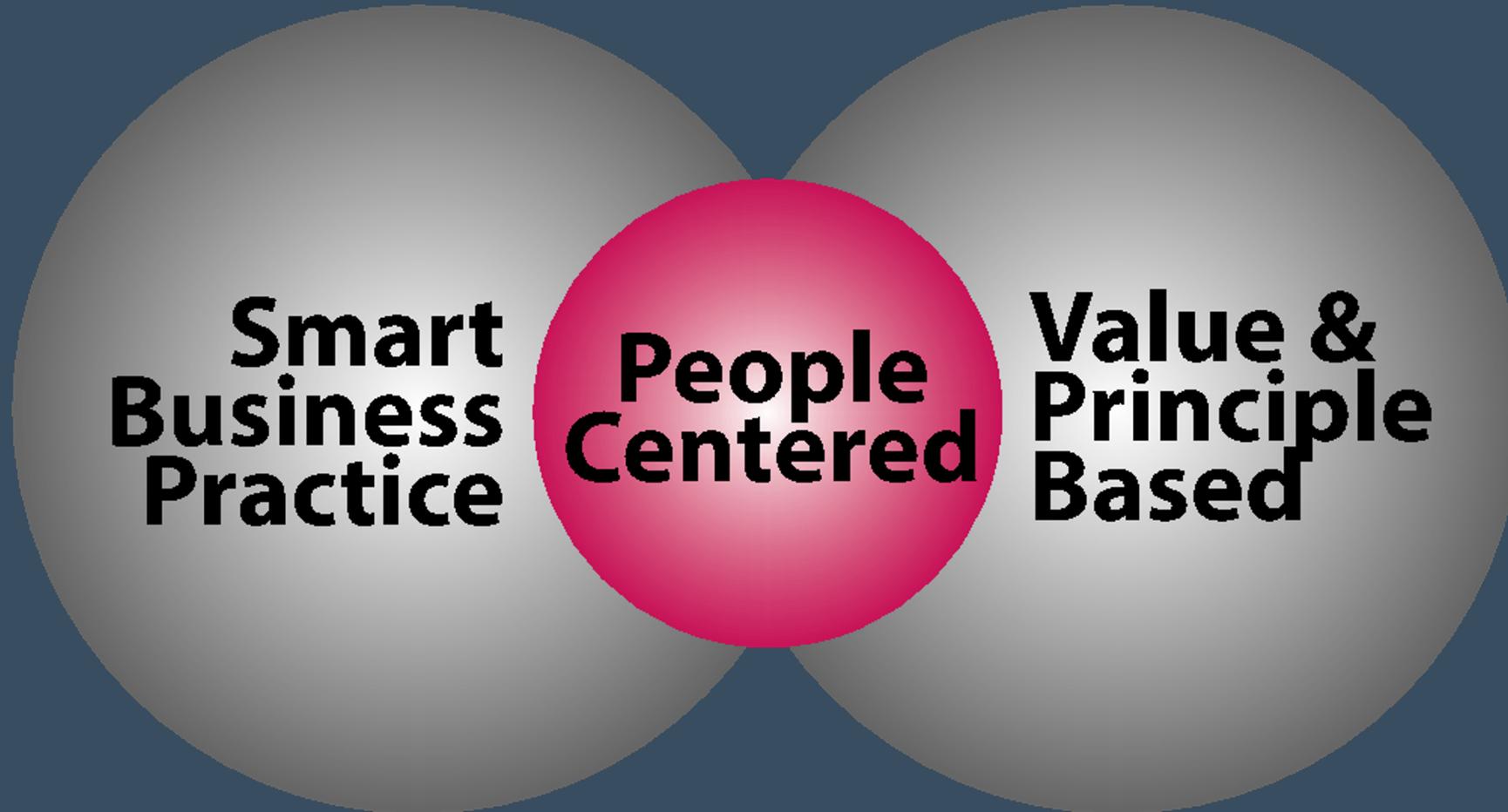






No longer taking care of children.

PEARL: Stanford Health Care's Communication & Resolution Program



WHAT IS A PEARL?

- Significant
 - Adverse
 - Unexpected
- Medical Outcome

Early R's:

Early Recognition

Early Response

Early Review

Early Resolution

PEARL provides:

Patients want:

- Explanation
- Full Apology
 - Recognition
 - Responsibility
 - Amends (Money)
- Improvements

Hospitals want:

- Explanation
- Accountability
- Improvements

Two Questions:

What would you want to happen
if that child was yours?

It is impossible to do nothing.







Thank you.

Leilani Schweitzer
Stanford Health Care

Thomas H. Gallagher, MD, MACP

Associate Chair for Patient Care Quality,
Safety, and Value at University of
Washington Medicine



COMMUNICATION AND RESOLUTION PROGRAMS

THE NATIONAL PERSPECTIVE

Thomas H. Gallagher, MD

Professor and Associate Chair, Department of Medicine

University of Washington

Executive Director, Collaborative for Accountability and Improvement

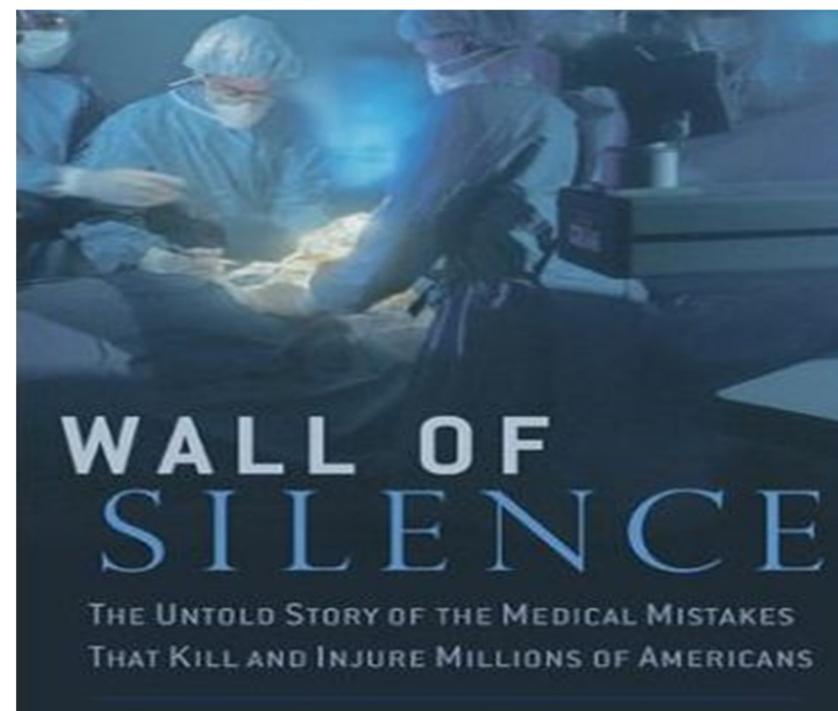
Following Harm: Not Always Transparent, Not Always Learning

Health Affairs

- February 2012

**Survey Shows That At Least Some
Physicians Are Not Always Open Or Honest
With Patients** [Expand](#)

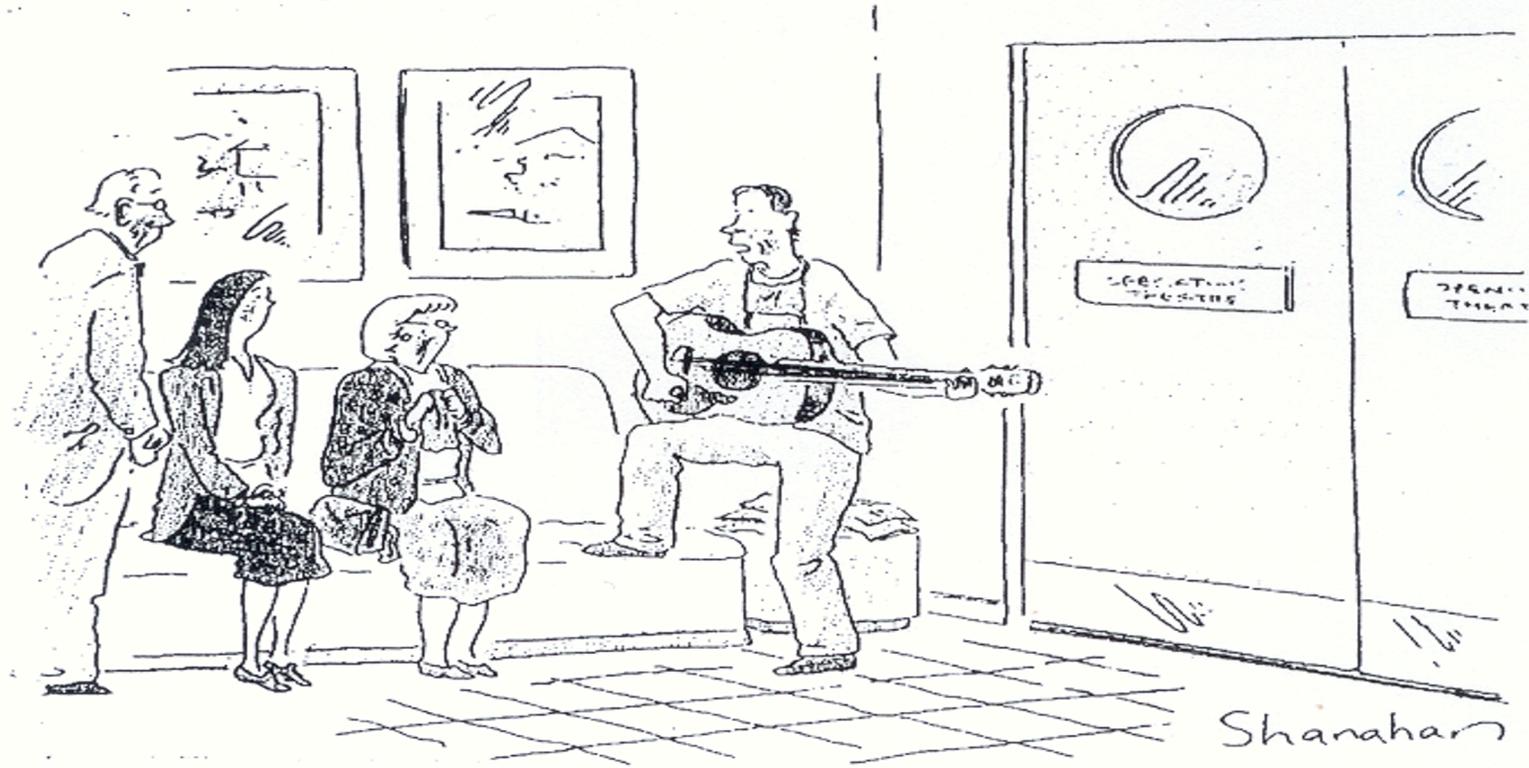
Lisa I. Iezzoni^{1,*}, Sowmya R. Rao², Catherine M. DesRoches³,
Christine Vogeli⁴ and Eric G. Campbell⁵



Gibson , Rosemary & J. P. Singh, Wall of Silence, 2003.

Benefits of CRP

- Preserve trust and meet expectations of patients and families
- Reduce distress of clinicians
- Reduce likelihood of litigation
- Promote learning within and across institutions
- Strengthen institutional culture/climate
- Lower likelihood of disciplinary action by regulators
- Increase public trust in healthcare



"Listen up, my fine people, and I'll sing you a song 'bout a brave neurosurgeon who done something wrong."

CRPs: National developments

- Widespread but inconsistent CRP implementation
- Making CRPs “Mission-critical”
 - Engaging more closely with injured patients and families
 - Coupling CRP training with robust tools to promote highly reliable processes
 - Standard work
 - Process mapping
 - Metrics
 - Certification/validation
- Responding to the hardening medical professional liability market

CAI programs

- Identification and dissemination of best practices
- Forthcoming: CRP Action Network (with IHI and Ariadne Labs)
- CRP Attorney Alliance
- Best practices for CRP cases involving multiple insurers
- Additional priority areas
 - CRP/vulnerable patients
 - CRP/delayed diagnosis
 - CRP/Children's Hospitals
 - Peer review/late care practitioners

Essential Elements to Promote Reliability & Accountability



PEOPLE

- Committed Leadership
- Project Champions
- Implementation Teams



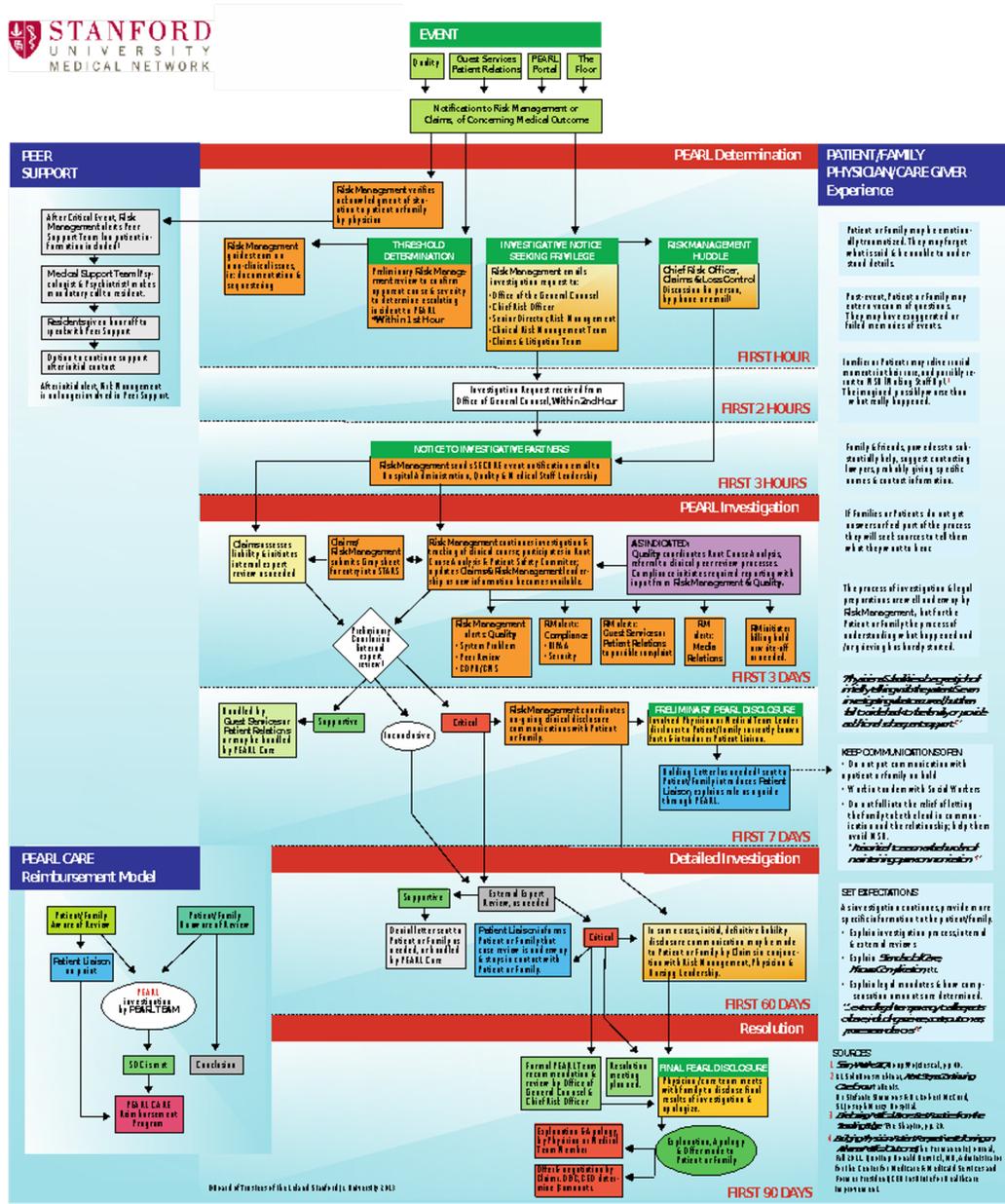
PROCESS

- Clear Goals and Values
- Policies and Procedures
- Sufficient Resources
- Tiered Intervention Models



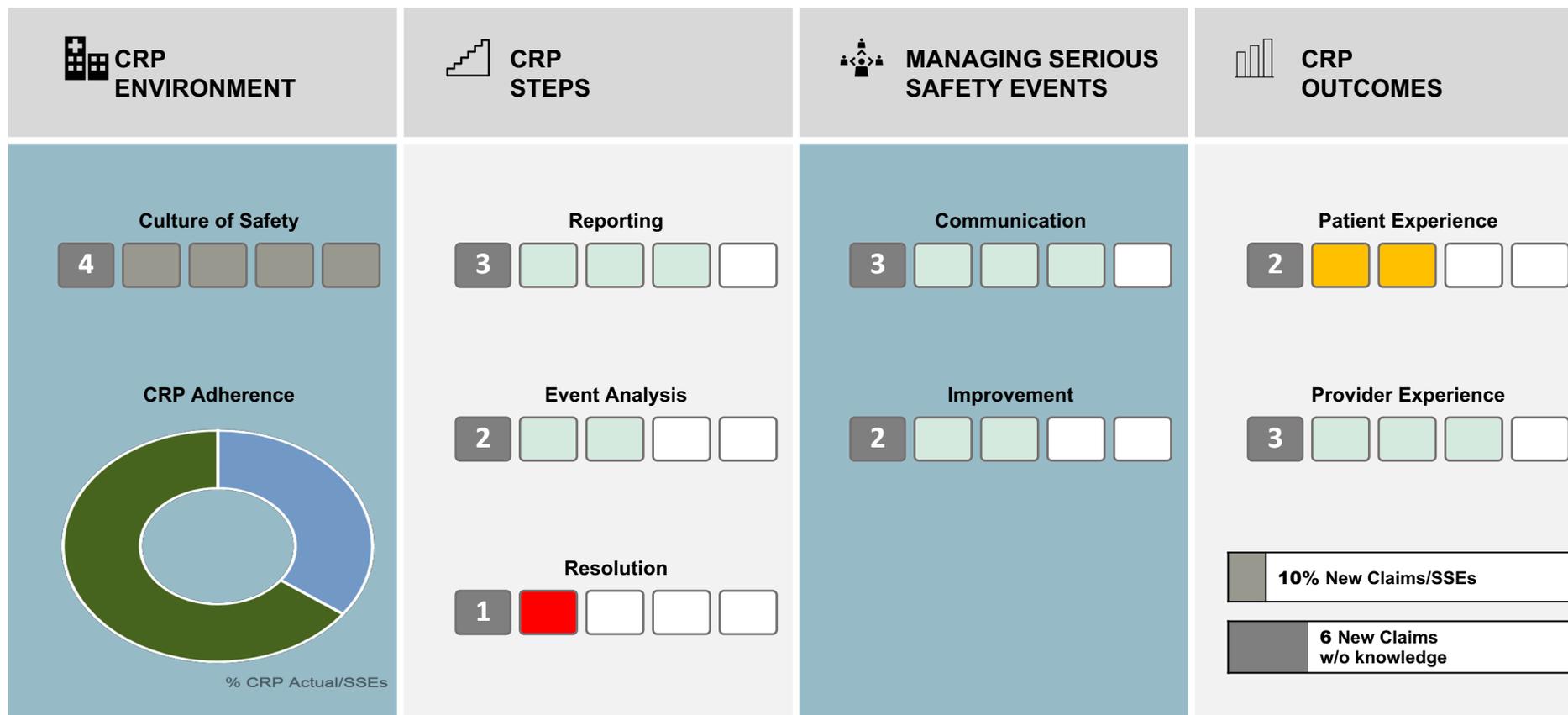
SYSTEMS

- Tools, Data and Metrics
- Reliable Review Process
- Training



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COMMUNICATION-AND-RESOLUTION PROGRAM PROFILE



Creating a conversation playbook

Elements of discussions about care breakdowns that benefit from scripting

- Getting conversation started
- Probing for other party's perspective on what happened
- Sharing key information
- Responding to emotion
- Acknowledging responsibility, when appropriate
- Closing conversation





Collaborative

**FOR ACCOUNTABILITY
AND IMPROVEMENT**

Reaching resolution after patient harm

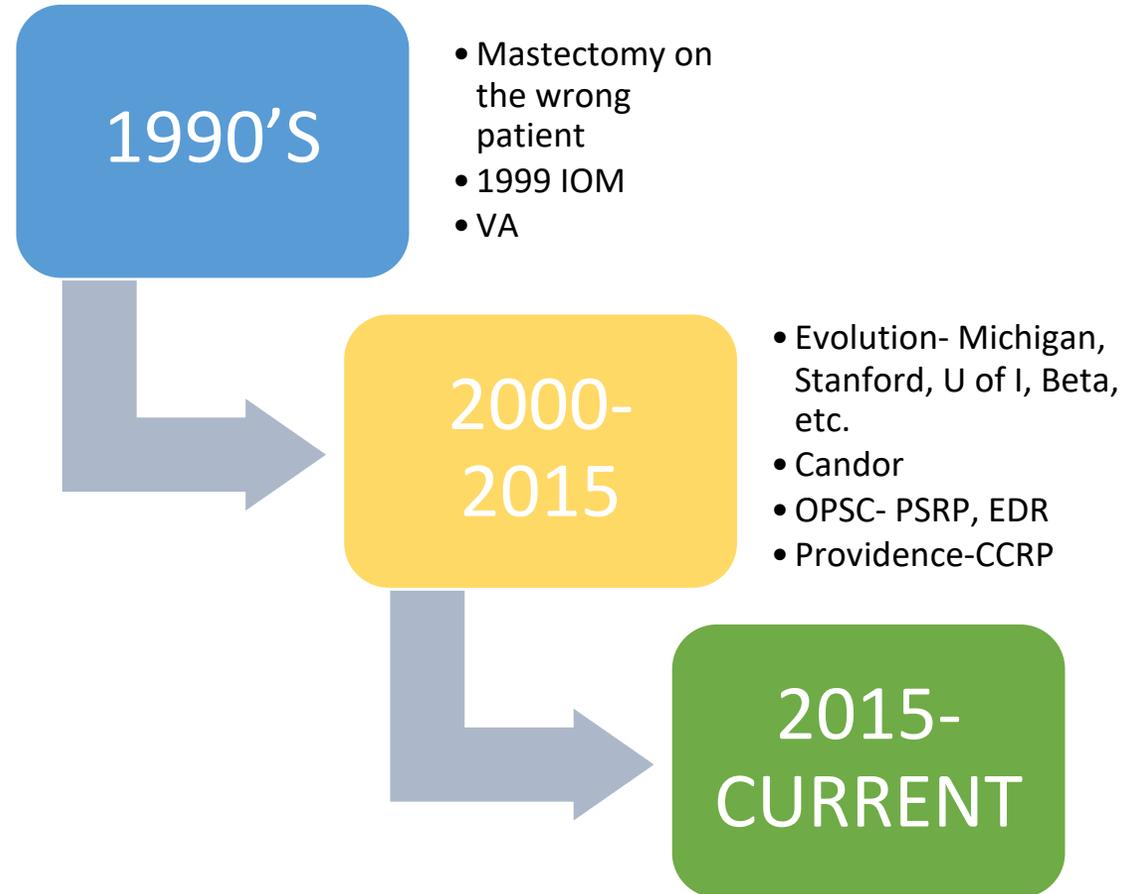
www.communicationandresolution.org

Shannon Alexander, MBA, RN, CPHRM

Director of Patient Safety and
Clinical Risk Management at
Providence St. Joseph Health



My Experience



Thinking about adopting? Lessons Learned

Leadership support is paramount

It is a process

Patient Safety and Risk **MUST** work together

Just Culture is critical

Thinking about adopting? Lessons Learned

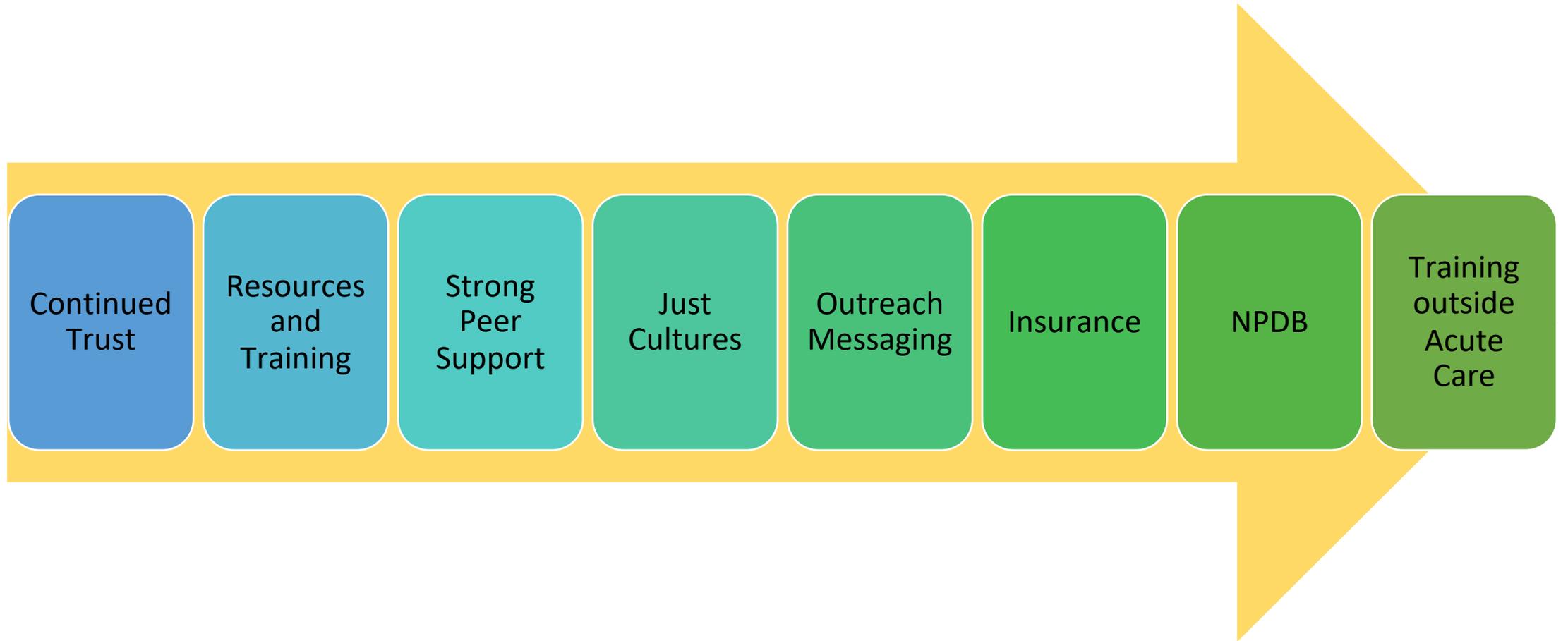
Communication with UNEXPECTED outcomes- is essential- with or **without** error

Not everyone can nor should lead/participate in CRP

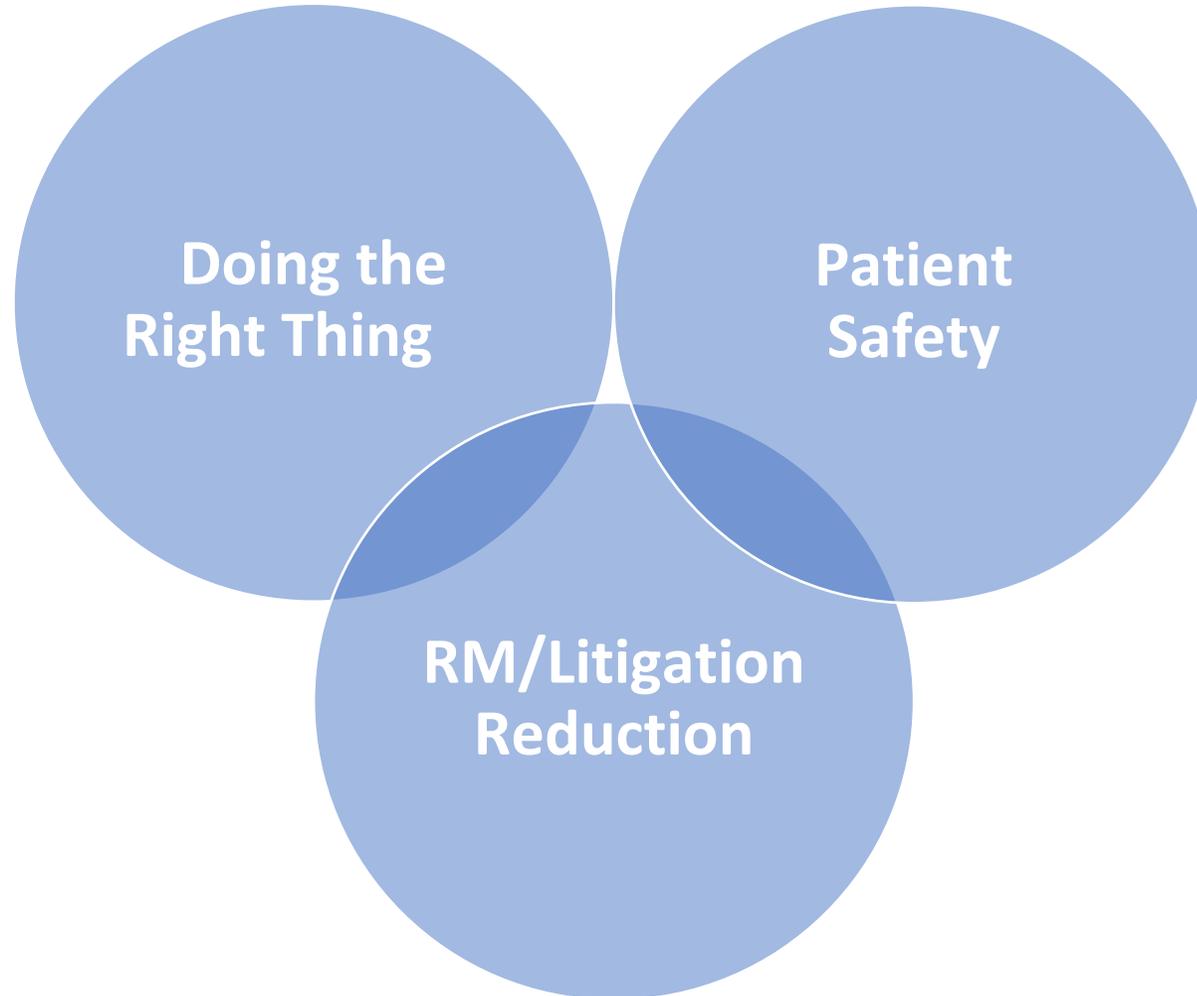
Understand the differences in apologies

Discuss compensation early- when warranted

Challenges/Barriers



WHY CRP?



**Question and Answer:
Please enter your question into the
Q&A Box**

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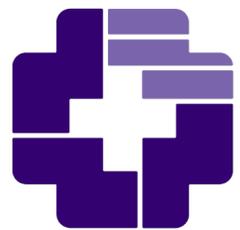
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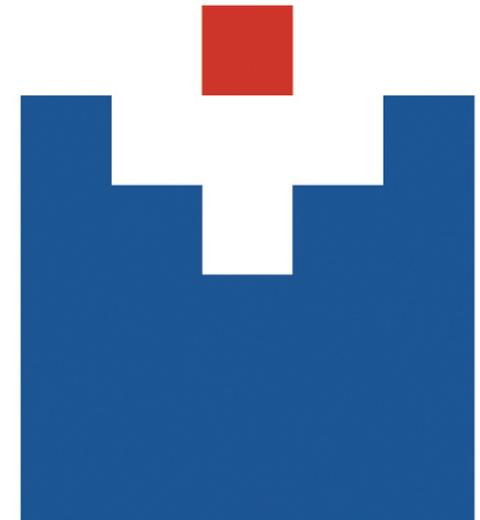
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Additional Q&A Opportunity

Thank you!