

PACT CRP Measurement Guide

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The PACT Measurement Guide is a work in progress and as it evolves, this document will be updated. PACT encourages others to use these measures and/or develop their own. PACT welcomes feedback: e-mail pact@ariadnelabs.org

Metrics matter; organizations measure what they deem important.

Introduction

The Pathway to Accountability, Compassion, and Transparency (PACT) recognizes the tension between:

- The need for rigorous standardized communication and resolution program (CRP) measurement within and among healthcare organizations to inform improvement efforts, advance the field, and promote accountability.
- The current limitations of healthcare organizations' CRP measurement-related systems, processes, and resources.

Reliably initiating the CRP process is critical to the effectiveness of CRPs, and organizations newly implementing a CRP typically begin with the initial phase of the CRP process. For these reasons, **this guide focuses on a small number of simple process measures about the initial phase of a CRP response to a harm event.**

Organizations that are ready to collect additional data elements are encouraged to do so, and to share their experiences with PACT so all can learn. PACT will be developing additional process measures that assess the middle and later phases of CRPs as well as outcome measures.

The remainder of this Guide is detailed information about the Initial Measure Set, including:

- Data elements, their definitions and sources
- Measures calculated from the data elements at regular intervals
- Guidance organizations can use when interpreting and taking action on their results

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Initial Phase Data Elements

Collected in an ongoing fashion for all CRP eligible events.

Data element	Data type & Definition	Rationale, and other details
Event provenance	Text: How the event <i>initially</i> came to the attention of the organization and qualified as CRP eligible (select all that apply): <ul style="list-style-type: none"> Healthcare professional reported serious harm event SRE or Sentinel Event (regardless of harm severity) Patient/family reported serious harm Patient, family, or provider requested CRP be used to respond (but doesn't meet serious harm criteria) Claim, pre-litigation notice, or suit 	Organizations' may vary in terms of the events to which they apply their CRP. Tracking event provenance for organizations' CRP eligible events is important for situational awareness and comparative analysis among organizations. Furthermore, how CRP eligible events first come to organizations' attention is important for organizations to track and understand.
Event date	Date on which the patient received care (or on which they did not receive care but it's alleged they should have) that was subsequently associated with harm. If there are multiple such dates associated with the patient's harm (e.g. for an event that unfolds over time and involves multiple lapses), pick the 1 st that occurred.	Although this date is commonly collected, these data may be of limited quality due to the lack of a standard definition. CRP teams may wish to provide safety event reporters with the definition, and to review and revise these data as needed when managing CRP eligible events so as to improve data quality.
Event report date	Date the event is entered into the safety event management database at the organization.	Many organizations' CRP processes only begin once a CRP eligible event has been reported, and this data element is critical for measuring the timeliness of the CRP process.
Patient/family language	The preferred language of the primary point person (patient or family member) with whom the CRP team will be communicating.	These data will help with monitoring for inequities among those who prefer a language other than English.
Date initial communication with patient/family is complete	Date the organization completes initial communication with the patient/family after the event. What constitutes "complete initial communication" may vary among organizations, and organizations will want to consider their definition.	These data are important for assessing the proportion of patients/families that receive such communication after CRP eligible events occur, and the timeliness of that communication.
Date support proactively offered to clinicians	Date by which support was proactively offered to <i>all</i> key clinicians involved in the event. What constitutes "proactive" and "key clinicians" may vary among organizations, and organizations will want to consider their definitions.	PACT recommends that "key clinicians" should include all clinicians involved in providing the care with which harm was associated (regardless of whether an error occurred, and regardless of their professional role or credentials). "Proactive" means not passive nor generic offers of support (e.g. on a website, a poster in a break room, etc.)

Initial Phase Measures

Calculated within each organization regularly from the data elements noted above.*

* PACT provides an Excel spreadsheet to PACT Collaborative and PACT Network participants that calculates these measures automatically on a quarterly basis after entering the above data elements. All CRP eligible events with event report dates within the measurement period should be included in calculations.

Measure name	Calculation & display	Rationale and other notes
Total number of CRP eligible events during the measurement period	Count of all CRP eligible events reported during the measurement period. <i>Displayed as an integer.</i>	Quantifies the volume of events being managed by the organization's CRP team. Serves as the denominator for many subsequent measures.
CRP eligible events during the measurement period, <u>by language</u>	Number of CRP eligible events for each language: <ul style="list-style-type: none">• English• Non-English<ul style="list-style-type: none">○ Spanish○ Etc. <i>Displayed as integers</i> Percentage of each language calculated using (Count of CRP eligible events during the measurement period) as the denominator <i>Displayed as percentages with 1 decimal place</i>	Identifies the proportion of patients/families at risk of communication inequity related to preferring a language other than English.
Number of CRP eligible events every 30 days	$\frac{\text{(Count of all CRP eligible events during the measurement period)}}{\text{(Measurement period end date - start date + 1)} \times 30}$ <i>Displayed as a number with 1 decimal place.</i>	Normalizes the number of CRP eligible events for varying time periods to facilitate comparative analysis.

CRP eligible event provenance during the measurement period	<p>Number of events with each provenance:</p> <ul style="list-style-type: none"> • Organization identified serious harm • SRE or Sentinel Event (regardless of harm severity) • Patient/family reported serious harm • Patient, family, or provider requested CRP be used to respond • Claim, pre-litigation notice, or suit <p><i>Displayed as integers</i></p> <p>Percentage of each provenance calculated using (Count of CRP eligible events during the measurement period) as the denominator</p> <p><i>Displayed as percentages with 1 decimal place</i></p>	<p>Calculating percentages facilitates comparative analysis, and may help organizations reflect on whether there are opportunities to learn about events sooner.</p>
CRP eligible event provenance during the measurement period, <u>by language</u>	<p>As above, but stratified by language</p>	<p>As above.</p> <p><i>Note: Numbers may be very low for some languages. Use of longer time periods may be required to allow comparisons among groups.</i></p>
Timeliness of event reporting during the measurement period	<p>(Event report date) - (Event date)</p> <p>Analyzed using mean, minimum, and maximum, and proportion reported within 1 day of the event</p> <p><i>Displayed as integers (except mean as a number with 1 decimal place, and proportion/percentage with 1 decimal place)</i></p> <p><i>Optional: organizations may choose to display these data using a histogram</i></p>	<p>Shorter is better. Organizations with long time intervals between event date and event report date should look to understand the causes of such intervals, for instance events that are difficult for health care professionals to detect (and thus are not reported to the organization in a timely fashion), and/or problems with event reporting by health care professionals. Factors that may be at play include: difficulties reporting events (such as complex or time-consuming event reporting forms), blame/shame focused reporting cultures, lack of reporting knowledge/skills, problematic perspectives on event reporting, inadequate feedback subsequent to event reports, and more. Consider reviewing other sources of data (such as culture of safety survey results) during this process.</p>

Timeliness of event reporting during the measurement period, <u>by language</u>	As above, but stratified by language	As above. <i>Note: Numbers may be very low for some languages. Use of longer time periods may be required to allow comparisons among groups.</i>
Percentage of CRP eligible events for which initial communication with the patient/family was completed during the measurement period	<p>(Count of all CRP eligible events for which a “date initial communication with patient/family is complete” was entered) ÷ (Count of all CRP eligible events during the measurement period)</p> <p>Stratified by Event Provenance:</p> <ul style="list-style-type: none"> • All events • Events that initially qualify as CRP eligible for reasons <i>other than</i> being a “Claim, pre-litigation notice, or suit” • Events that initially qualify as CRP eligible because they are a “Claim, pre-litigation notice, or suit” <p><i>Displayed as a percentage with 1 decimal place</i></p>	Higher is better. Situations where communication with the patient/family did not occur should be reviewed by the organization to understand the factors that were at play. Some situations may relate to patients/families that do not respond to outreach, others may represent lapses on the part of the organization. Events that initially come to the attention of the organization through a claim, pre-litigation notice, or suit, must be co-managed with legal counsel and direct communication between the patient/family and the organization may not be feasible or timely as a result.
Percentage of CRP eligible events for which initial communication with the patient/family was completed during the measurement period, <u>by language</u>	As above, but stratified by language	As above. <i>Note: Numbers may be very low for some languages. Use of longer time periods may be required to allow comparisons among groups.</i>
Timeliness of initial communication with the patient/family during the measurement period	<p>(Date initial communication completed) - (Event report date)</p> <p>Analyzed as mean, and proportion where communication occurred within 1 day of the event for all CRP eligible events for which initial communication with the patient/family occurred.</p> <p><i>Displayed as integers (except mean as a number with 1 decimal place)</i> <i>Optional: organizations may use a histogram for these data.</i></p>	Shorter is better. Organizations with long time intervals between event report date and the date initial communication was completed with the patient/family should look to understand the causes of such intervals, for instance whether they represent challenges connecting with patients and families, and/or problems with timeliness of communication by the organization.

Timeliness of initial communication with the patient/family during the measurement period, <u>by language</u>	As above, but stratified by language	As above. <i>Note: Numbers may be very low for some languages. Use of longer time periods may be required to allow comparisons among groups.</i>
Percentage of CRP eligible events for which support was proactively offered to key clinicians during the measurement period	(Count of all CRP eligible events for which a “Date by which support was proactively offered to <i>all</i> key clinicians involved in the event” was entered) ÷ (Count of all CRP eligible events during the measurement period) <i>Displayed as a percentage with 1 decimal place</i>	Higher is better. Situations where support was not proactively offered to all key clinicians should be reviewed by the organization to understand the factors that were at play. Some situations may relate to challenges identifying such clinicians, and others may represent lapses on the part of the organization.
Timeliness of proactive offer of support to key clinicians during the measurement period	(Date support was proactively offered) - (Event report date) Reported as mean for all CRP eligible events for which support was proactively offered to key clinicians. <i>Displayed as a number with 1 decimal place.</i> <i>Optional: organizations may choose to display these data using a histogram</i>	The optimal timing of offering support to clinicians is not well defined, but presumably shorter is generally better. Organizations with long time intervals between event report date and the date support is proactively offered to key clinicians should look to identify the causes of such intervals.