CRP Event Management Process Maps

Using the maps

Choose the process map(s) you find most useful:

- If you're new to CRPs, start with *"A. Basic Overall CRP Process Map"*
- To see how the professional roles involved in CRPs work together try *"B. Overall CRP Process Map with Roles"*
- Organizations focused on a particular aspect of the CRP process or looking for more detail may find the Phase-specific maps helpful:
  - *C. CRP Event Detection Process Map*
  - *D. CRP Early Phase Process Map*
  - *E. CRP Middle Phase Process Map*
  - *F. CRP Later Phase Process Map – Events Not Referred to Claims/Insurer*
  - *G. CRP Later Phase Process Map – Events Referred to Claims/Insurer*

Key to the maps

- Boxes with rounded ends are the start or end of a process. Rectangular boxes indicate tasks or process steps and the major ones are numbered. Diamonds represent decision points. The steps in this map are organized in the order in which they typically occur, but organizations should modify these maps as needed to fit their context. Check to ensure your CRP process is aligned with any relevant local or regional requirements or regulations (e.g. state-based rules).
- On process map B and those focused on specific Phases (C through G), the colored rows ("swim lanes") represent the most common professional roles involved in the CRP process (see below), and the boxes that appear in those rows are those roles' contributions or responsibilities.

Roles shown on the Detailed & specific Phase maps

- **"Patients/families":** Although patients and families have no obligation to participate in the CRP process, there are several places where they can make important contributions. Note that on these maps, the term "Family" refers to anyone the patient wants involved in their care regardless of whether they are legally, biologically, or otherwise related.
- **"Clinical Team":** Includes both those professionals involved in caring for the patient when the harm occurred, as well as those caring for the patient after the event.
- **"CRP Team":** This is the interdisciplinary organizationally-defined team responsible for the day-to-day oversight, guidance, and management of the CRP process. At a minimum, it includes leaders and staff from patient safety, patient relations, and risk management. Your organization may choose to include others (e.g. claims, insurer, legal professionals, an executive sponsor, a program manager, etc.). PACT uses the concept of a CRP Team to account for the variation in how organizations staff their CRPs. Rather than specifying what each specific role on the CRP Team should do, these maps focus on the steps and tasks to be completed.
- **"Quality, Safety & Operations":** Those professionals who are not on the CRP team but may be involved in managing CRP events. Their involvement depends on the type of event, where it happened, and/or who was involved. Examples include: service line, unit, or medical directors; pharmacy leaders; information technology leaders; regulatory affairs specialists, etc.

These process maps incorporate expert knowledge of and experience with the CRP process, features of other CRP process maps, and feedback from PACT participants & interdisciplinary PACT faculty.

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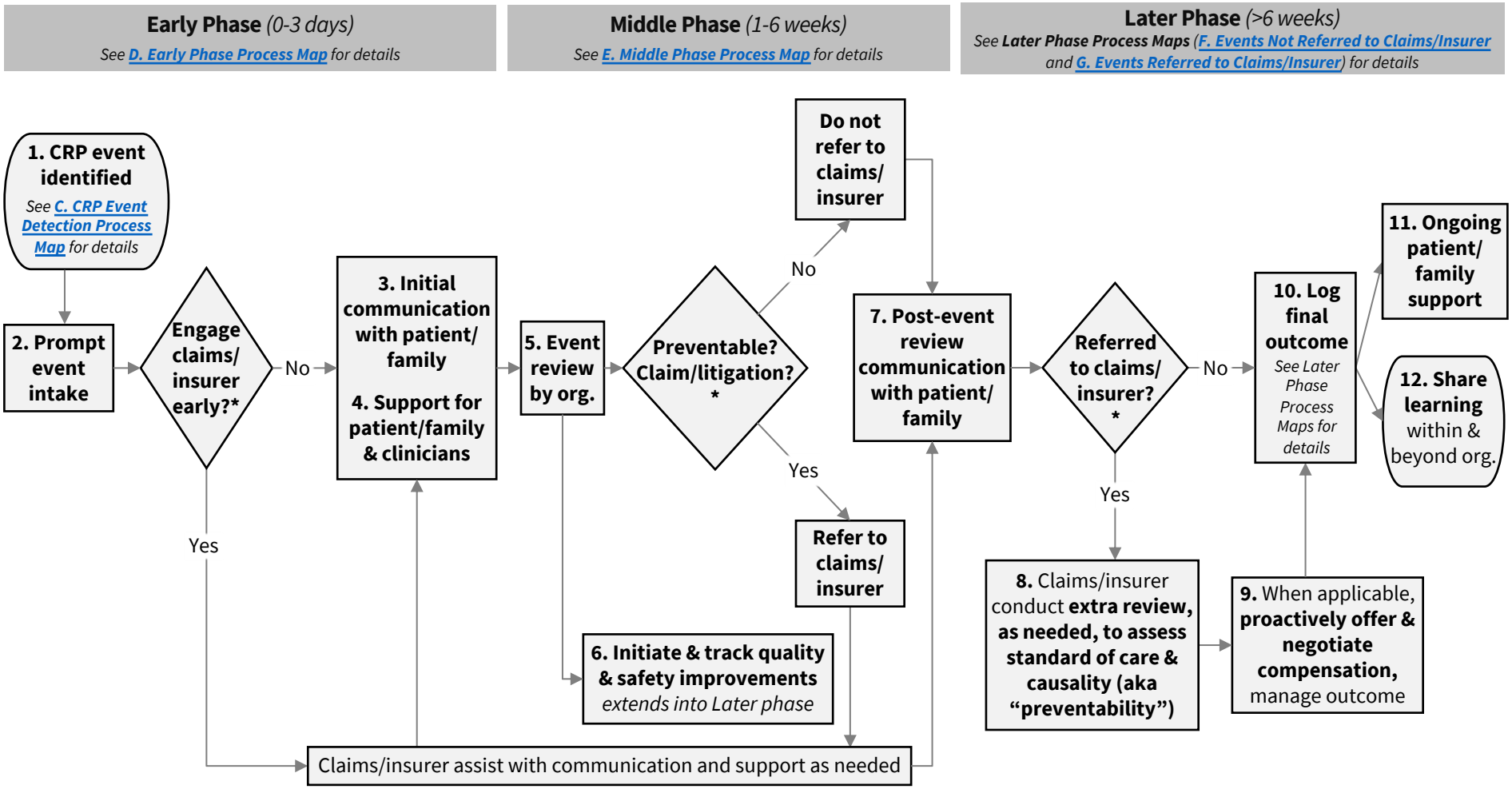
A. Basic Overall CRP Process Map

A step-by-step map of the activities involved in responding to a CRP event



*** Engage claims/insurer for a subset of CRP events:** claims, pre-litigation notices, lawsuits, if the patient/family have legal representation, and those that likely involved serious preventable harm. Such events may require extra review (see E. Middle Phase Process Map for more details). In such situations, clinicians, their leaders, and claims/insurer/legal professionals must coordinate to ensure accurate & consistent communication with the patient/family.

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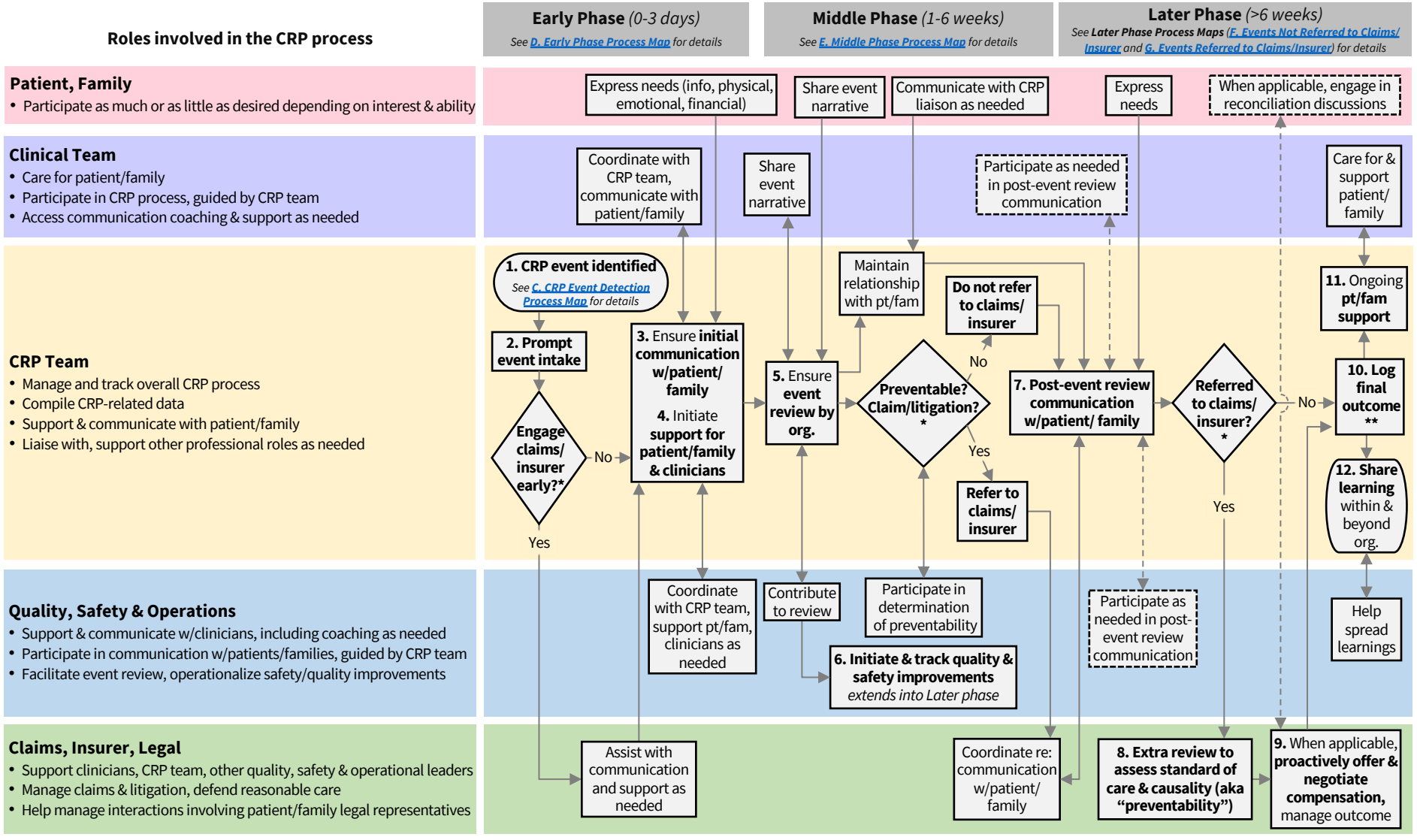
B. Overall CRP Process Map with Roles

A step-by-step map of the activities involved in responding to a CRP event



* **Engage claims/insurer for a subset of CRP events:** claims, pre-litigation notices, lawsuits, if the patient/family have legal representation, and those that likely involved serious preventable harm. Such events may require extra review (see E. Middle Phase Process Map for more details). In such situations, clinicians, their leaders, and claims/insurer/legal professionals must coordinate to ensure accurate & consistent communication with the patient/family.

** **Final outcome options:** see Later Phase Process Maps for details

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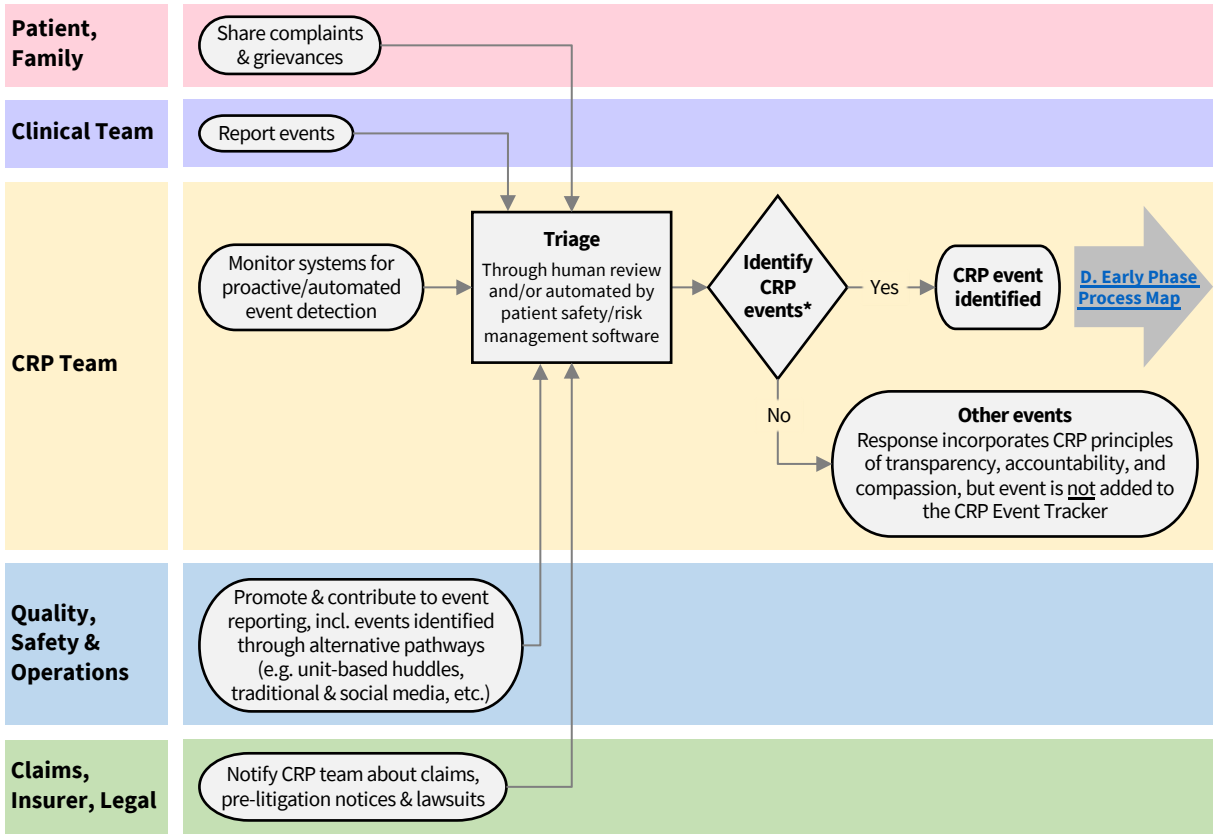
C. CRP Event Detection Process Map



*** CRP event definition *(any event meeting ≥ 1 of these criteria)***

Organization identifies moderate/severe harm

- AHRQ PSCF 2.0 Moderate Temporary or worse, OR
- HPI SSE 5 (moderate temporary harm) or worse, OR
- NAIC 4 (major temp.) or worse (any perm. harm), OR
- NCC-MERP E+ (temporary harm, required significant intervention, e.g. previously unplanned invasive procedure or 3+ ambulatory visits) or worse, OR
- TJC "Sentinel Event" or NQF "Serious Reportable Event" (regardless of degree of harm)

Other reasons

- Patient/family reports moderate/severe harm (e.g. through a complaint or grievance)
- Patient, family, or provider requests CRP be used to respond
- Written demand for payment (claim), pre-litigation notice, or lawsuit is received

Resource: Harm scales, TJC Sentinel Events, NQF Serious Reportable Events

Key to abbreviations

AHRQ PSCF: Agency for Healthcare Research & Quality Patient Safety Common Format; **HPI SSE**: Healthcare Performance Improvement Serious Safety Event; **NAIC**: National Association of Insurance Commissioners **NCC-MERP**: National Coordinating Council for Medication Error Reporting and Prevention; **TJC**: The Joint Commission; **NQF**: National Quality Forum

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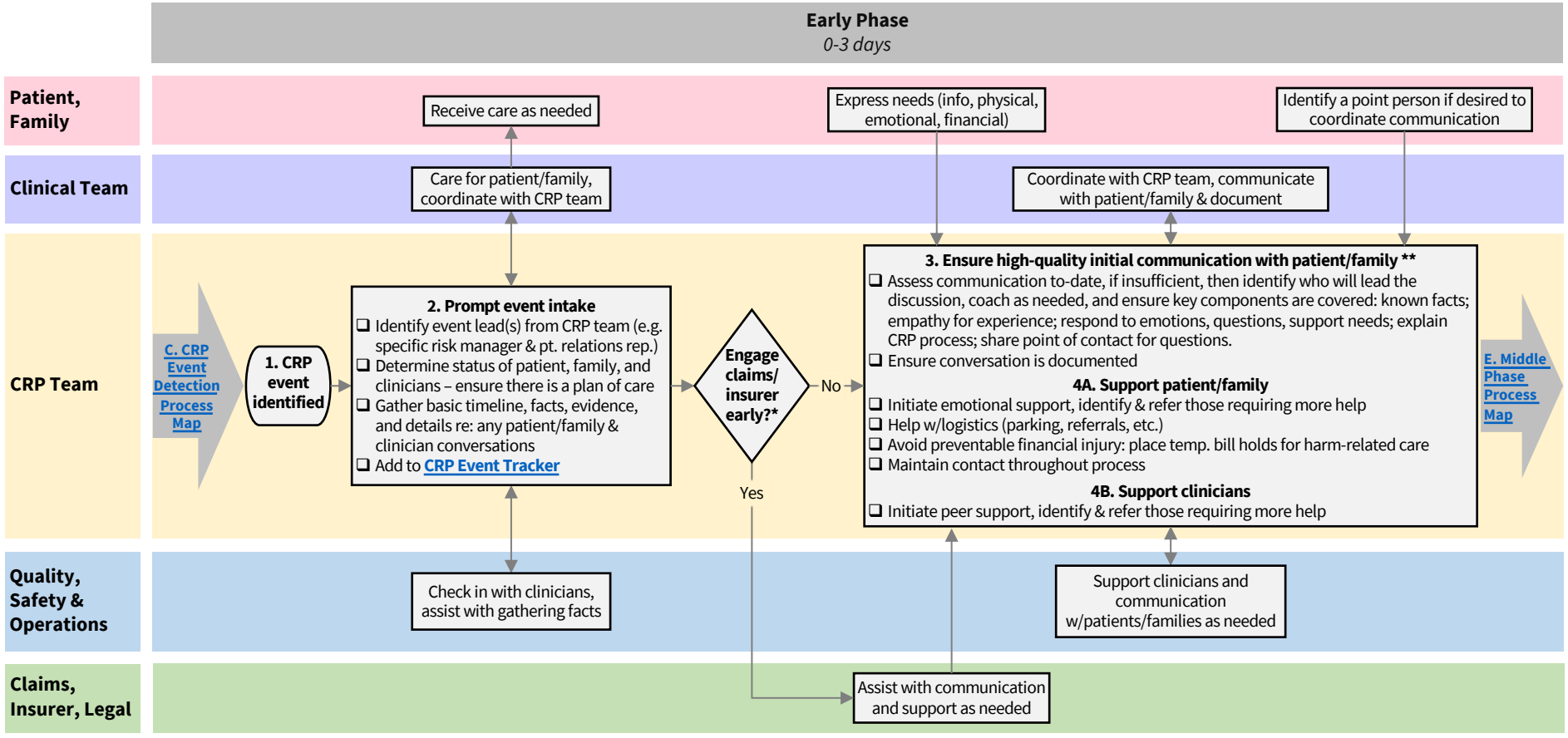
D. CRP Early Phase Process Map



Resources, tools

- PACT CRP Event Tracker
- Patient and family communication tip sheet
- Communication coaching guide
- Patient and Family CRP Brochure, Handout ("Pathway"), Peer Support Network
- Supporting Patients & Families After Harm
- Clinician Support Toolkit ("Peer Support")

* **Events for which to engage claims/insurer early (i.e. prior to determination of preventability):** claims, pre-litigation notices (PLNs), lawsuits; if the patient/family have legal representation; and those that likely involved serious preventable harm. For all such events, clinicians, their leaders, and claims/insurer/legal professionals must coordinate to ensure accurate & consistent communication with the patient/family.

** **Some patients/families may not engage with the CRP process despite multiple attempts by the organization**. Organizations should consider how to most effectively connect with patients/families to minimize such situations, and when they occur, they should be tracked and measured to help identify opportunities for improvement. Final outcomes in such situations can include: "CRP attempted but patient/family did not engage, no further action" or "CRP attempted but patient/family did not engage, claim/litigation ensued."

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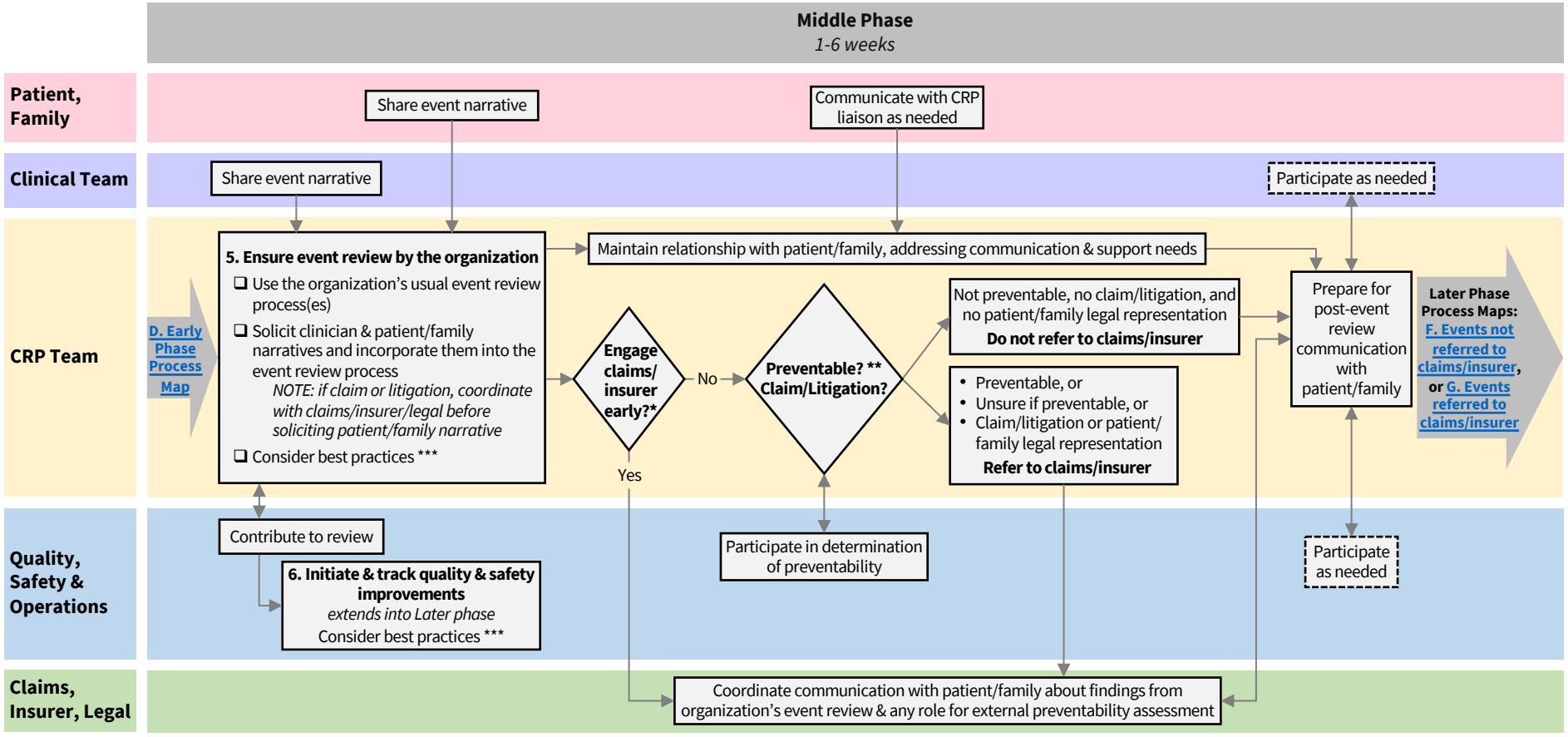
E. CRP Middle Phase Process Map



Resources, tools

- RCA²
- Soliciting patient/family narrative
- Patient and family communication tip sheet
- Sharing event review findings with patients & families: non-preventable events; preventable events

* **Events for which to engage claims/insurer early (i.e. prior to determination of preventability):** claims, pre-litigation notices, lawsuits, if the patient/family have legal representation, or if the event likely involved serious preventable harm. For all such events, clinicians, their leaders, and claims/insurer/legal professionals must coordinate to ensure accurate & consistent communication with the patient/family.

** **Preventability:** Was standard of care met (i.e. was care reasonable)? If not, was the error was causal to the harm? Preventable = error caused harm. Not preventable = care was reasonable or error(s) not causal. Determination of preventability should only occur after sufficient event review, in coordination with clinical leaders. For situations where the organization's internal review process cannot determine preventability with confidence, options depend on organizational preferences: those events can be referred to claims/insurer; if the organization is part of a larger system it may consider drawing upon experts within their system who do not practice in the facility where the event occurred; or the organization can contract with an external expert reviewer.

*** **Best practices for event review & improvements:** Champion just culture. Use an RCA²-like approach (systems science, human factors), and when necessary, use peer review for concerns about individuals' actions. Aim for ≥1 intermediate/strong corrective action per event. Begin improvement implementation as soon as feasible. Track corrective actions to completion, escalating delays or failures to implement to senior leaders.

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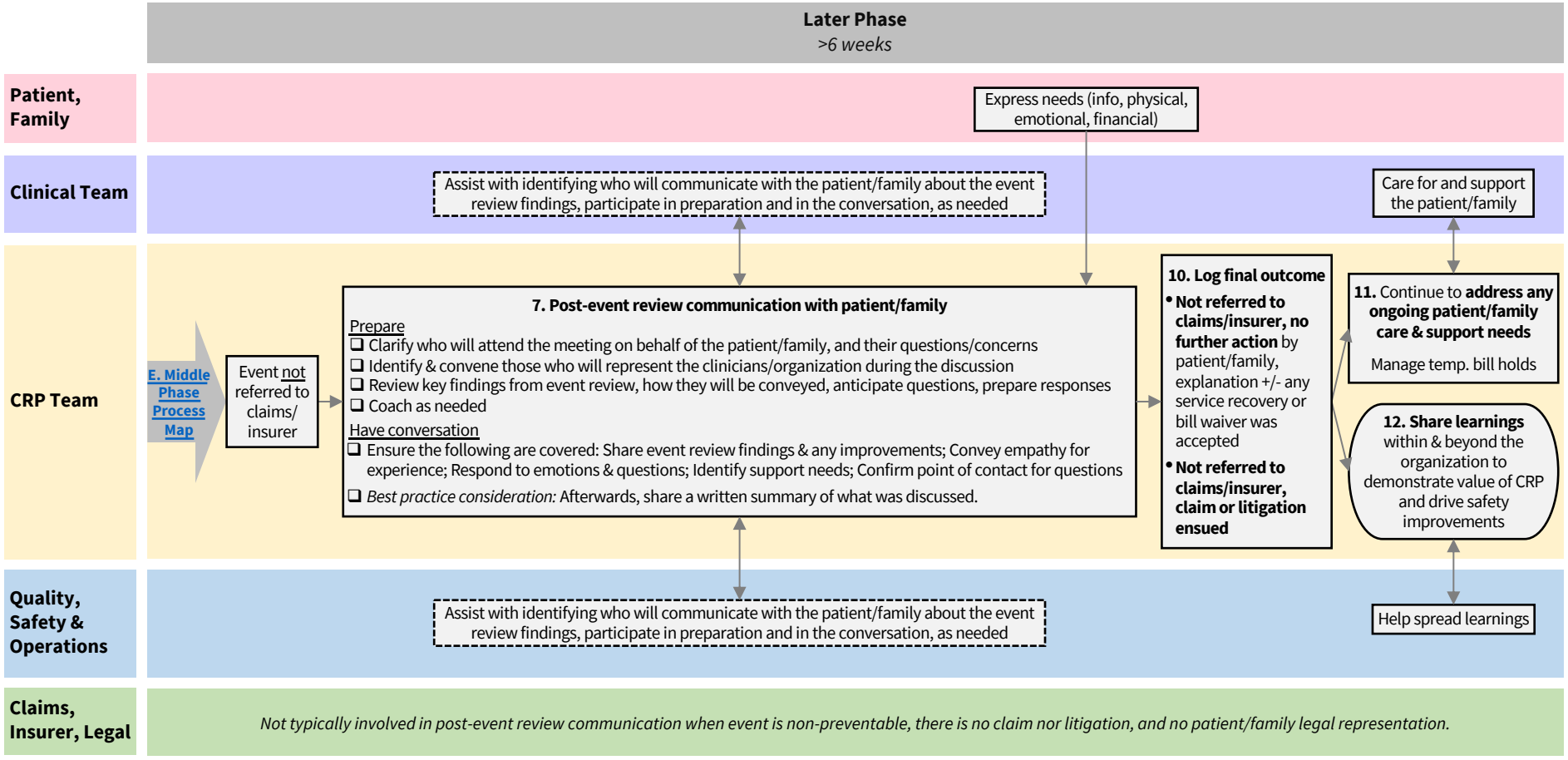
F. CRP Later Phase Process Map – Events Not Referred to Claims/Insurer



Resources, tools

- Patient and family communication tip sheet
- Communication coaching guide
- Sharing event review findings with patients & families: non-preventable events

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G. CRP Later Phase Process Map – Events Referred to Claims/Insurer

Later Phase
>6 weeks

Patient, Family

Express needs (info, physical, emotional, financial)

Engage in reconciliation discussions

Clinical Team

Assist with identifying who will communicate with the patient/family about the event review findings, participate in preparation and in the conversation, as needed

Care for & support patient/family

CRP Team

E. Middle phase process map

Event referred to claims/ insurer (i.e. deemed preventable, organization is unsure, or it involves a claim or litigation)

7. Post-event review communication w/patient/family

Prepare with claims/insurer team
- ❑ Clarify who will attend on behalf of pt/fam, and their questions/concerns
- ❑ Identify & convene those who will represent the clinicians/organization
- ❑ Review key findings from event review, how they will be conveyed, anticipate questions and prepare responses
- ❑ Coach as needed

Have conversation
- ❑ Ensure key components are covered (**bold** are unique to conversations re: preventable events):
  - ○ Share event review findings & improvements, **apology for causing harm**, respond to emotions & questions
  - ○ **Explain purpose of referral to claims/insurer, describe process (incl. need for permission to obtain records from other healthcare organizations to conduct external reviews), & patient's/family's right to legal representation**
  - ○ Identify support needs & share point of contact for questions
- ❑ *Best practice considerations:* Afterwards, share a written summary of what was discussed. Encourage patient/family to obtain legal representation.

Help negotiate non-financial compensation as needed, and manage temporary bill holds

10. Log final outcome
- **Referred to claims/insurer, in-process**
- **Referred to claims/insurer, final offer accepted**
  - ○ If incl. compensation, patient/family release clinician/organization from future event-related claim/litigation & when applicable, insurer reports to NPDB (noting use of CRP)
  - ○ Offer may not include compensation if extra review determined event was not preventable or harm was not significant, or patient/family do not want compensation
- **Referred to claims/insurer, final offer rejected, no further action** by the patient/family
- **Referred to claims/insurer, final offer rejected, litigation ensued**

11. Continue to **address patient/family care & support needs**

12. Share learnings within & beyond the organization to build trust, and drive safety improvements

Quality, Safety & Operations

Assist with identifying who will communicate with the patient/family about the event review findings, participate in preparation and in the conversation, as needed

Help negotiate non-financial compensation, as needed

Help spread learnings

Claims, Insurer, Legal

Coordinate with CRP team to prepare for, and assist with, the communication with the patient/family

8. Conduct extra review, and if compensation is warranted then consider apportionment (clinicians vs. organization)

9. Discuss extra review findings & any offer of compensation w/patient/family (± legal representative), considering both financial & non-financial options (incl. management of any temporary bill holds)

Follow-up meetings, mediation as needed

Resources, tools

- Patient and family communication tip sheet
- Communication coaching guide
- Sharing event review findings with patients & families: preventable events

Resolution/Reconciliation Toolbox

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