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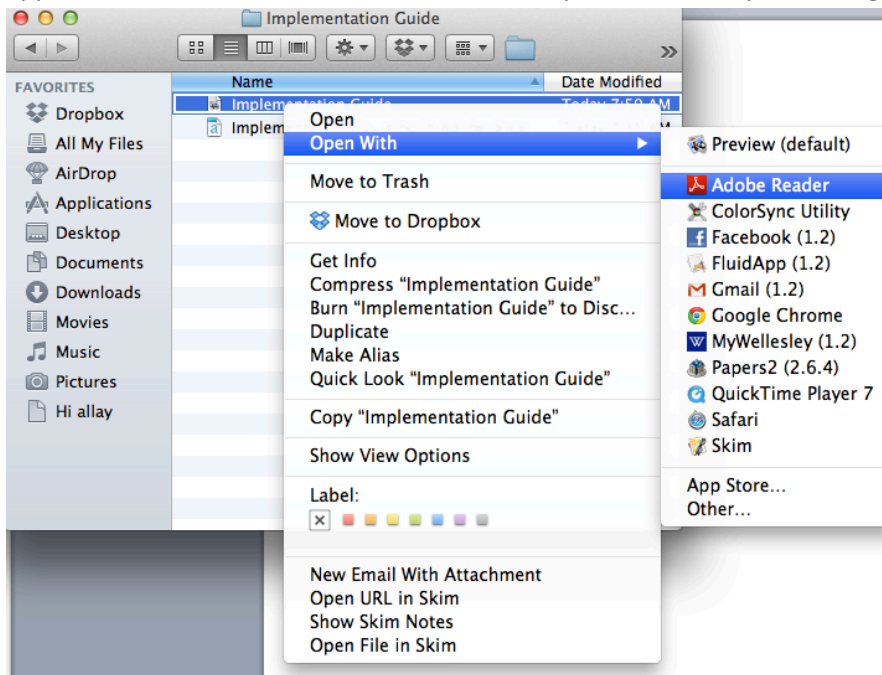
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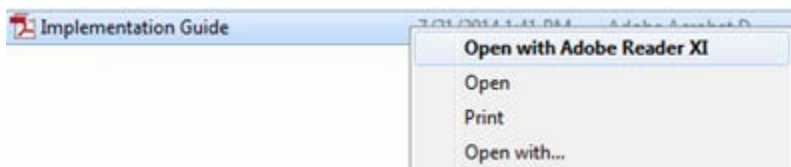
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Implementation Guide for Communication, Apology, and Resolution (CARE) Programs.

This implementation guide lays out the important steps for implementing a CARE program in your institution. It includes many resources created and assembled by the Massachusetts Alliance for Communication and Resolution following Medical Injury (MACRMI) that will assist you in this task.

While we hope this guide and its resources are extremely helpful, there is no substitute for personal assistance and interactive discussion around the process in order to make sure that it fits your institution well. Therefore, we recommend that any institution intending to implement a Communication, Apology, and Resolution (CARE) program contact MACRMI for consultation and support.

For more information and assistance, please contact Melinda Van Niel at mvanniel@bidmc.harvard.edu.

Implementation Guide

Institutional Preparation

- 1) Use the Readiness Checklist to ensure that your institution has the baseline culture and support it needs to make a CARE program successful.
- 2) Create a timeline of the implementation steps in this guide so you can realistically set a target date for official CARE launch.
- 3) Review the CARE policy template, modify it as appropriate for your institution, and take steps to certify this policy in your organization so that it replaces or adds to existing policies about adverse events.
- 4) Urge your supportive leadership to mention the program and its target implementation date at relevant meetings.
- 5) Work with risk management and patient safety to make sure that everyone understands the CARE philosophy and that this effort requires working together as a team to make this cultural change in the institution. It will take time, and hard work, but it is worth it!

The Daily Work

- 6) Map your current case review process for incidents reported internally and via a patient concern (what groups are involved in decisions about reporting, what are the escalation criteria, etc.) You can see a sample of this from one institution attached.
- 7) Review the CARE Procedure (for Patient Safety/Risk staff) and accompanying documents and see how each of these steps can fit in with your current staff's workflow without much disruption. Discuss with patient safety and risk staff how these elements can best be incorporated into what they are used to doing. Also review the Best Practices for CARE Programs and Best Practices for Interfacing with Patients with this staff so they are aware of expectations.
- 8) Incorporate CARE into your case review process at every stage, including CARE in your cause mapping, so that all levels of review focus on communication to the patient, root causes, patient safety improvements, and what is being done to resolve the situation.
- 9) Ensure that patient safety, risk, and other health care quality leaders are prepared to coach clinicians in conversations with patients about adverse events, and that the coaching is in line with CARE. If you need resources for "training the trainers" there are some excellent trainers at IPEP that can help you train those identified as coaches.

- 10) Revise your DPH letter templates and other patient materials to ensure that they are complimentary to the CARE philosophy. Using your PFAC for the creation or revision of these materials can be helpful.

Institutional logistics

- 11) Assign a central internal pager number that clinicians can call at any time for help with communication coaching in the moment (i.e. 3-HELP or some other easy-to-remember acronym). This pager number can rotate among coaches, or remain with one lead coach with coverage as needed.
- 12) Create a page on your facility's internal website for staff to visit to learn more about CARE, find your contact information, and get some helpful tips on communicating with patients.
- 13) Create a badge card with the pager number, patient safety number, and helpful tips about communication with patients about errors. You can also put this information on posters for break rooms and other strategic locations.

Insurer and Hospital Team

- 14) Work with your insurer(s) to review their part in the CARE process, particularly with CARE Insurer Cases (case in which you believe you did not meet the standard of care and that caused the patient significant harm). Include in your discussions:
 - a. How you will keep track of CARE cases that are handed over to them, and how you will update each other on the status of these cases (since time is of the essence)
 - b. How often the insurers will reach out to the patient and provider in CARE Insurer Cases.
 - c. What your process should be when you receive a Pre-Litigation Notice, particularly for those incidents that you had not heard about or investigated previously.

Some suggested templates or guidelines are attached here.

CARE Case Tracking

- 15) Determine CARE case "tracked event" criteria: these will be the cases on which you focus careful CARE attention, and will track using MACRMI's tracking tool or a similar one you develop on your own. While you could track every single event of which you are alerted to ensure communications, at large institutions, this can become burdensome, so event criteria are useful. Estimate for yourself based on prior years about how many cases you think will be CARE tracked events that will need to be tracked based on these criteria.
- 16) Determine how best to track data among your team. Consider having a central folder where the tracking tool lives that can be updated by all risk managers, or having a project manager complete the data after meetings about the cases.

- 17) Modify your reporting systems to help you obtain information from front line users that you need for CARE that you might not already have access to in another way.

Institutional Education

- 18) Review CARE presentation templates and revise as necessary for your institution. We recommend customizing the presentation for each audience, and have found in particular that a presentation to leadership has different goals than a presentation to physicians or other clinicians, and the presentations should reflect this. (Sample presentation can be found [here](#).)
- 19) Look for broad opportunities to promote the CARE program including a story on your internal portal or your institutional or different departmental magazines/publication/newsletter.
- 20) Create a presentation guide. Use a spreadsheet to outline all the different departments at your facility, and the leaders of those departments. This will be your guide to ensure that you've reached all staff at your institution. Revisit these departments at least annually with an update and a reminder to continue to increase awareness, and to ensure knowledge of resources.
- 21) Present as much as you can, in as many forums as you can, about CARE. Some good places to start are: grand rounds, departmental meetings, hospital leadership, lunch and learns, and Mortality and Morbidity Conferences. It is of great importance that clinicians understand the steps they need to take following an adverse event to have the best potential for resolution.
- 22) Add CARE information into your new physician/staff curriculum presentations.

Sustaining

- 23) Keep talking about CARE. Continue to do presentations, keeping track on your presentation guide where you haven't been in a while.
- 24) Review each CARE case that comes through using the CARE algorithms, and keep track of the elements of CARE to make sure you are using the process consistently.
- 25) Join a community where you can get support from others who have implemented CARE. MACRMI meetings are open for observation if they are helpful to you. Contact us on our website for more information.