

PROVIDER AND PATIENT PERCEPTIONS OF COMMUNICATION-AND-RESOLUTION PROGRAMS



CRPs were developed as an alternative to litigation to address the needs of patients and their families after an adverse event. CRPs generally involve the following processes:

- Conducting a timely investigation of the event.
- Sharing an explanation with the patient and family.
- Providing support to the patient, family, and involved clinicians.
- When appropriate, offering apologies and proactive compensation.
- Ensuring that lessons are learned to prevent recurrences.

Two recent publications explored the experiences of providers and patients who have been involved with Communication and Resolution Programs (CRPs). A 2017 *Health Affairs* article¹ reported results of a CRP implementation in two Massachusetts hospital systems:



Of the 132 cases in which a review had progressed to evaluate a patient safety issue, 40.9% gave rise to a safety improvement action.

Examples of actions included new labeling for high-risk medications, color-coded socks for patients at risk for falls, and improved interpreter services.



Communication about CRPs to medical staff is key, as 17.9% of clinicians surveyed were “not at all familiar” with the program.

But, of those who felt informed enough to provide feedback, 69.4% gave strongly positive ratings about the program.



Most events did not involve errors.

The article noted that “...most often, CRPs’ work involves communicating with patients about adverse outcomes that are not due to substandard care.” Communication focused on providing information and empathy that patients need to process the event and understand that it does not merit legal redress.

A 2017 *JAMA Internal Medicine* article² examined patients’ and family members’ experiences with CRPs at three U.S. hospitals. The majority were satisfied with the CRP process and 98% felt it was fair. Some key takeaways include:

- **Satisfaction was highest when communications were empathetic and nonadversarial.**
- **Patients and families expressed a strong need to be heard.** They expected the attending physician to listen without interrupting when discussing the incident.
- **Use consistent communication about the efforts being taken to prevent recurrences.**
- **Get the right people in the room.** Patients and their families want to see the physicians, not only the CMO or Division Chief.
- **Anticipate families’ immediate financial needs.**
- **Recognize the value of small gestures** (e.g., a private room, asking preferred form of communication, reaching out on the anniversary of the event).

Related to these articles, COPIC’s 3Rs Program is recognized as an industry benchmark for how providers communicate with patients about unexpected outcomes. To learn more about the 3Rs Program, please visit www.callcopic.com/patient-safety-risk-management/3rs-program

¹ *Health Affairs*. 2017;36(10):1795-1803. doi:10.1377/hlthaff.2017.0320

² *JAMA Intern Med*. 2017;177(11):1595-1603. doi:10.1001/jamainternmed.2017.4002