

Resolution conversation checklist

COMMUNICATION, APOLOGY AND RESOLUTION (CARE)

PREPARATION

- ☐ Make a decision about preventability, causation, and physical harm (one of the following)
 - The care fell below standard and caused significant harm.
 - The care fell below standard but it is unclear if it caused significant harm.

If any of the above, transition to the insurer is required

 - The care fell below standard but it did not cause significant harm.
 - The care did not fall below the standard but we could have done better in some areas.
 - The care did not fall below the standard and there is nothing we could have done better.

If any of the above, there is no transition to the insurer unless the patient/family specifically asks for it
- ☐ Share the event review analysis with providers involved
- ☐ Ensure that the providers involved understand the CARE process and the next steps that will be taken
- ☐ Confirm that the site and malpractice insurer (or claims team if a captive) have discussed next steps in a resolution conversation meeting with the patient and/or family
- ☐ Decide who will participate in the conversation from the site
 - Clinician(s)
 - » This can include those directly involved, or in a quality or managerial role in an appropriate department.
 - » They must be able to answer most clinical questions the patient or family may have about the event.
 - » You may want to also include a clinician the patient knows well and has a standing relationship with, such as their PCP, OB provider, etc.
 - Patient relations staff member
 - » The person who has had previous contact with the patient or family members should attend.
 - » They will help shepherd the conversation and get answers to patient and family questions.
 - » The staff member will be responsible for the transition to insurer review if that is required.
 - Others to consider
 - » Additional health care quality or patient safety staff are often included if there is a significant improvement that will be made that can be described best by this team member.
 - » Lawyers can participate, but their presence must be requested ahead of time so that others can bring attorneys if they so choose. *Note: There should be ground rules set so that attorneys play a listening and support role. This is not a deposition, but a conversation between clinicians and the patient and family.*
 - » Support persons such as patient liaisons, social workers, or translators may also be included.
- ☐ Prepare those involved in the resolution conversation for the discussion
 - Conversation about medical care and investigation results
 - » Set expectations around the range of patient emotions, and strategies for addressing them.
 - » Reassure clinicians that real empathy should be expressed.
 - » Discuss how to clearly express findings to the patient and their family members in lay language.
 - » Discuss how to take responsibility for the events that occurred.
 - » Discuss improvements and learnings that resulted from the event review.
 - » Discuss plan for a written summary of events if necessary.
 - » Discuss boundaries around the meeting (recording, surprise guests, attorneys, etc.).

- Transition to insurer review (only if the case met aforementioned criteria)
 - » Patient relations staff member has this discussion, usually without clinicians present.
 - » Discuss what is required to have insurer review case and why that is done.
 - » Ask the patient and family members what they would like or what would be helpful, and/or offer other types of resolution in addition to the review by the insurer.
 - » Work with the insurer to determine whether it is best to hand out records release forms at this meeting or if they will do that after first contact with the patient.
 - » Use the [discussion resource](#) for wording suggestions.

DURING THE CONVERSATION

- ☐ Ask what the patient and family members what they need and what they have been struggling with.
 - Meeting the patient and family “where they are” is an important part of the process; listening to their experience and answering the questions they ask are essential.
 - Silence in the meeting is okay – sometimes time is needed to sit with the pain or grief.
- ☐ Take notes that can be used to write a summary letter to the patient and family after the discussion.
 - Be sure that if notes are taken they do not take focus from the conversation and ability to actively listen to the patient.
 - Patients/family members can also take notes themselves if that is helpful.

AFTER THE CONVERSATION

- ☐ Talk with the insurer about how the conversation went and confirm who will do the initial outreach (insurer or patient/family member).
 - Discuss the status of records release forms.
 - Discuss what to do if the patient contacts you again while in the resolution process with the insurer.
- ☐ Follow up with involved providers to let them know how the discussion went if they were not there.
- ☐ Follow up with the patient and family with a written letter summarizing the resolution conversation if needed.
- ☐ Keep in touch with the insurer at regular intervals.
 - Reach out to see how the resolution is going.
 - Learn if there are any other improvements to be added to the corrective actions from the event.
 - Mark a final outcome in your CARE database.
- ☐ Ensure that other forms of resolution promised to the patient and family, including safety improvements or corrective actions, are put in place.
- ☐ Reach out to the the patient and family to update them on corrective action implementation if applicable and offer additional psycho-social support connections if needed.