



The Massachusetts Alliance for Communication and Resolution following Medical Injury (MACRMI) is a healthcare alliance formed in 2012 and comprising some of the most notable health and medical groups in the Commonwealth of Massachusetts. These include major teaching hospitals and their insurers, statewide provider organizations, and patient advocacy groups. Ten healthcare facilities/groups have implemented the Communication, Apology, and Resolution (CARe) model and share their experiences and lessons learned to aid in the dissemination of CARe throughout Massachusetts, and eventually other states.

MACRMI is committed to the implementation of Communication, Apology, and Resolution (CARe) following medical injury. Prompt recognition of, and response to, medical injury, along with appropriate compensation to the patient or family, has demonstrated potential to improve patient safety, reduce medical costs, and enhance fairness and transparency in health care. It is, simply, the right thing to do.

There are many free resources available for healthcare institutions, patients, and attorneys at our website: www.macrmi.info. Below is a list of our most requested resources:

A Roadmap for Transforming Medical Liability and Improving Patient Safety in Massachusetts (Executive Summary)
Best Practices for CARe Institutions
Best Practices for Interfacing with Patients
Best Practices for Patient Representation
Best Practices for Attorneys Representing Patients
Best Practices for Attorneys Representing Healthcare Providers
CARe Readiness Checklist
CARe Timeline (see reverse of this handout)
How to Implement a CARe Program: An Implementation Guide
Informational Patient Brochure
Health Affairs articles with Pilot Data
Patients' and Physicians' Attitudes Regarding the Disclosure of Medical Errors
The Disclosure and Offer Model: Understanding the Basics
Unexpected Medical Outcome: Patient Info Sheet



CARe Timeline

Program Setup

Preparation

Ensure that the safety culture at your institution supports a CARe program

Set up resources

Educate providers

- Readiness Checklist
- Implementation Team

- Implementation Guide
- Implementation Team

- Best Practices for CARe Programs
- Implementation Team

24-48 hours after event

(algorithm steps 1, 2)

2-4 weeks after event

(algorithm step 3)

1-3 months after event

(algorithm steps 4, 5)

2-5 months after event

(algorithm steps 6, 7, 8, 9)

3-6 months+ after event

(algorithm steps 10, 11)



Patient Safety Alerted

Support services for providers and patients launched

Discussion with patient regarding error and known facts

Internal investigation takes place

Patient Safety and Patient Relations maintain contact with providers and patients respectively

Determination of CARe criteria fit

Providers, Chiefs, and Directors consulted

Team huddle; designee conducts Initial CARe Communication with the patient; connects them to Insurer for record release

Insurer reviews case and develops offer parameters

Provider/System Allocation by insurer

Insurer invites patient to CARe Initial Meeting; recommends that counsel also attend

Corrective actions implemented at site

Initial meeting with insurers, providers, patient safety staff, patient, counsel, and other parties

Additional resolution meetings occur as necessary

Financial offer to patient made and accepted or rejected (settlement may be negotiated)

- Sample Communication Policy
- Risk Managers/All Staff

- Best Practices for Interfacing with Patients
- Patient Relations

- Unexpected Outcome Sheet
- Patients

- DPH SRE Letter Templates
- Risk Managers

- CARe Algorithms
- Risk Managers

- Insurer Referral Document (to be finished)
- Patient Relations/Risk Managers

- Best Practices for Patient Representation
- Risk Managers/Insurers

- Suggested Insurer Contact Timeline
- Insurers

- Guidelines for Initial CARe meeting
- Risk Managers/Insurers

- Best Practices for Attorneys Representing Patients
- Attorneys

- Best Practices for Attorneys Representing Providers
- Attorneys

Resources

Audience