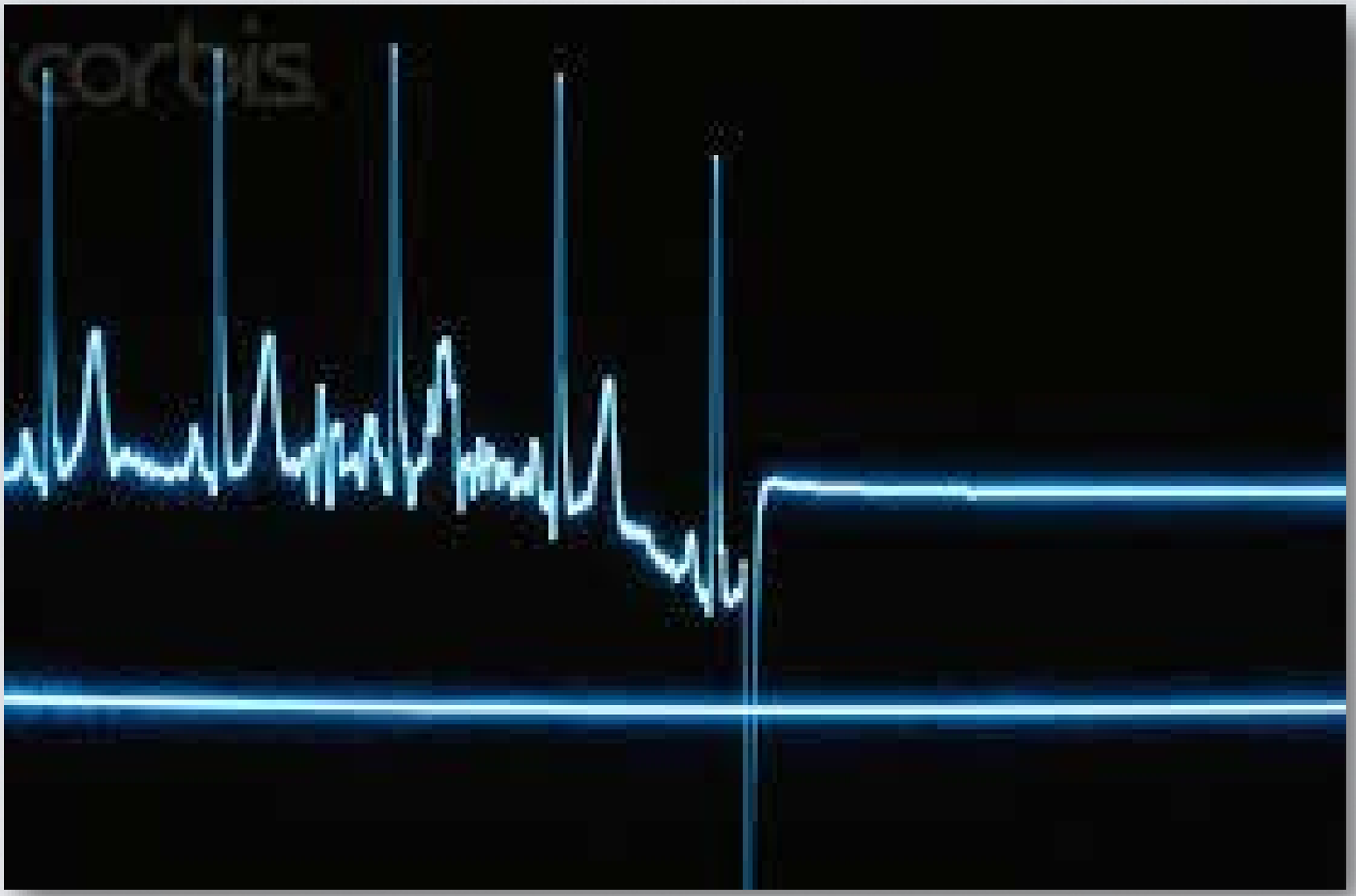
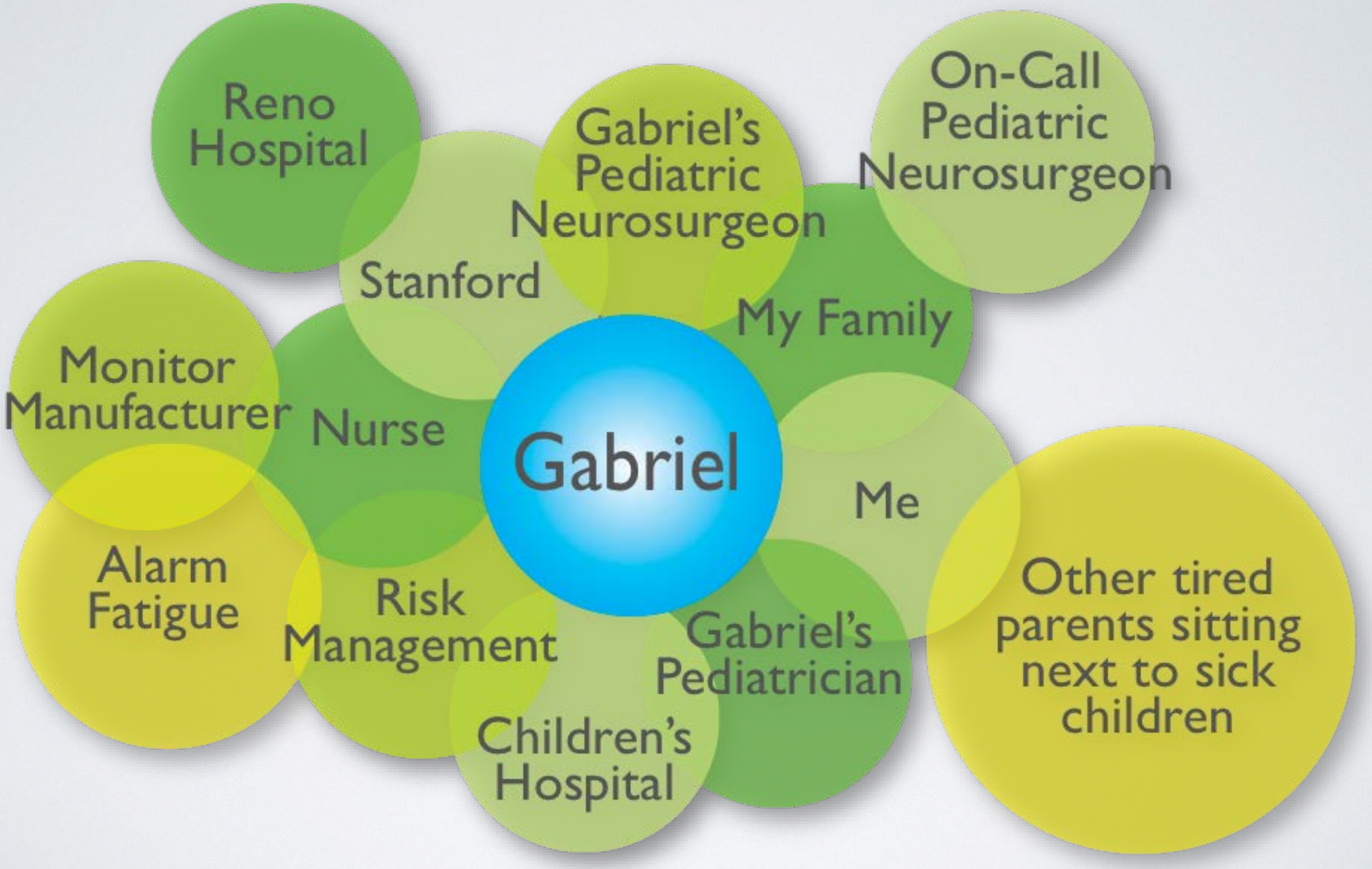
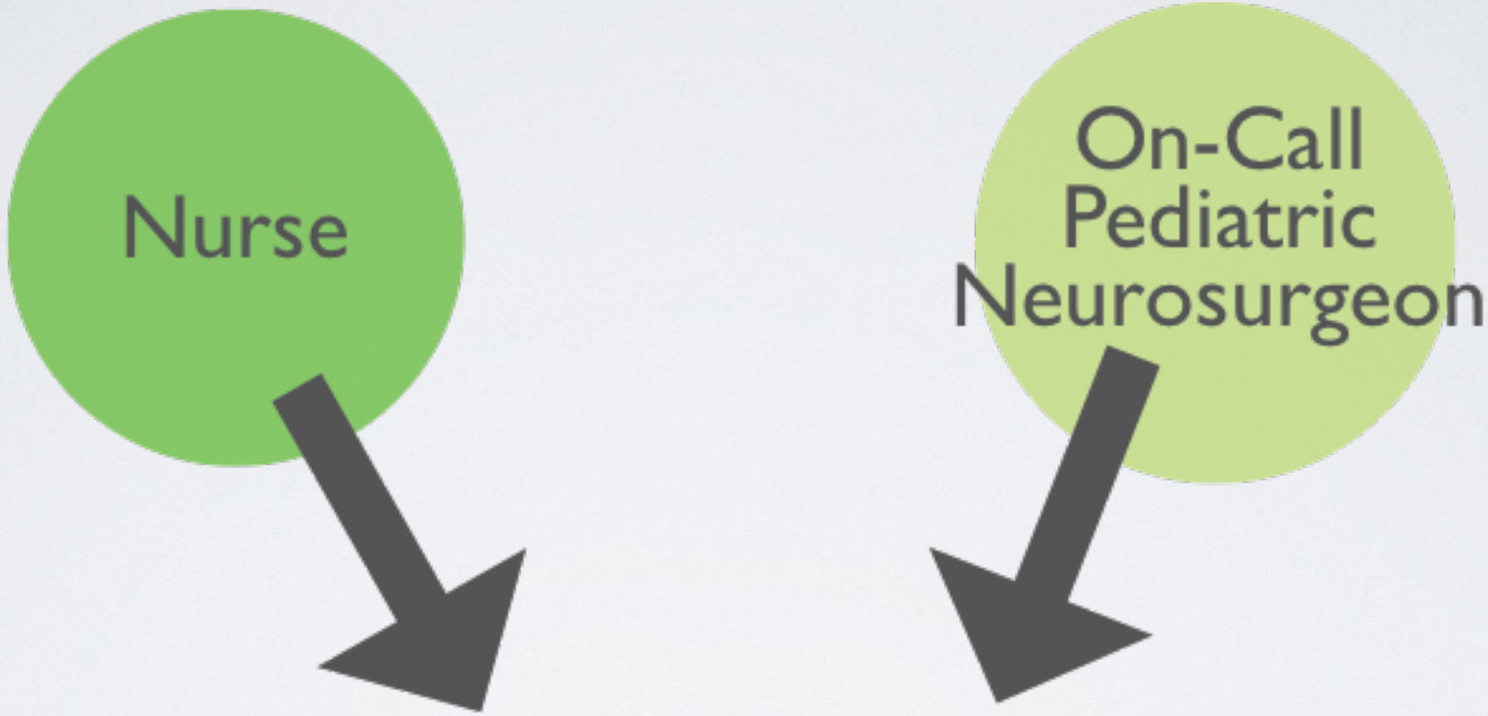
After the Unexpected: Disclosure, Transparency & Collaboration

Leilani Schweitzer


corbis


Reno Hospital
Gabriel's Pediatric Neurosurgeon
On-Call Pediatric Neurosurgeon
Stanford
My Family
Monitor Manufacturer
Nurse
Gabriel
Me
Alarm Fatigue
Risk Management
Gabriel's Pediatrician
Other tired parents sitting next to sick children
Children's Hospital

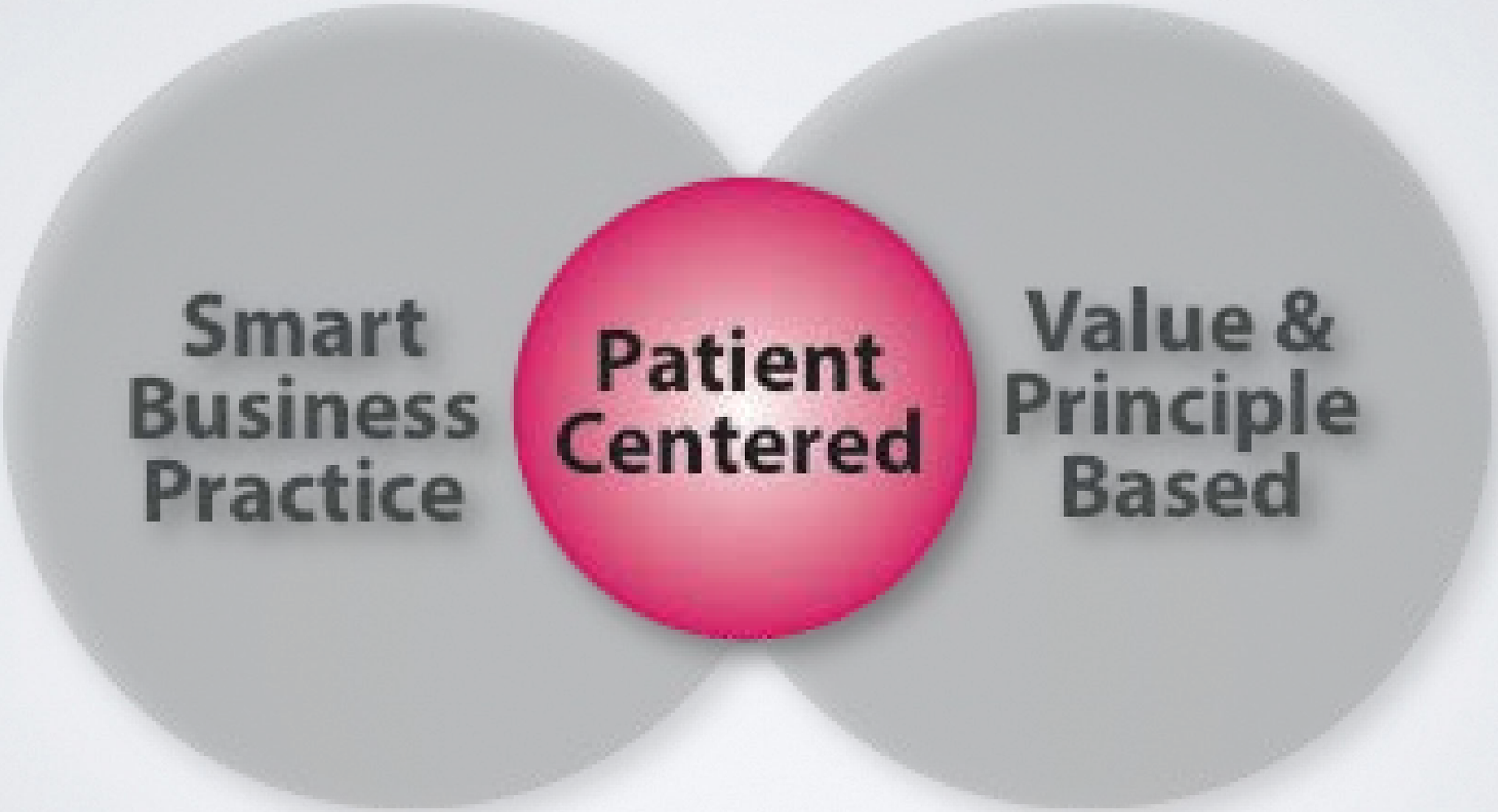


No Longer Practicing Medicine

I am one of the lucky ones.

PEARL:
A Hybrid Values & Claims Centric Model

PEARL is based on the fundamentals of communication, transparency & integrity.



EARLY R'S

Early Recognition

Early Response

Early Review

Early Resolution

WHAT IS A PEARL?

-Significant

-Adverse

- Unexpected

Medical Outcome

PEARL:

- Death
- Short Term Disability
- Long Term Disability

PEARL provides:

Patients want:

- Explanation
- Full Apology
  - Recognition
  - Responsibility
  - Amends
- Improvements

Hospitals want:

- Explanation
- Accountability
- Improvements

Claims Specialist (internal)

+

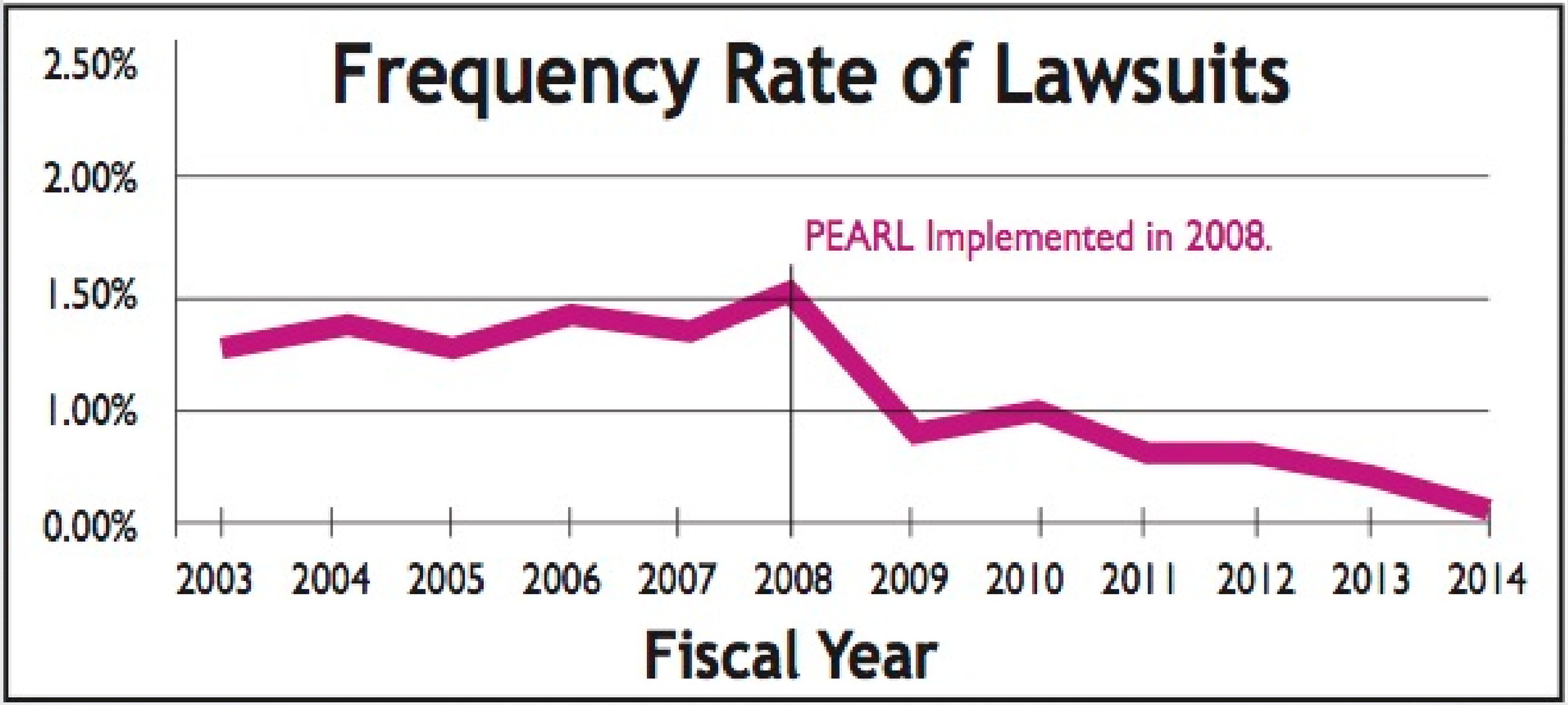
Patient Liaison (external)

= PEARL

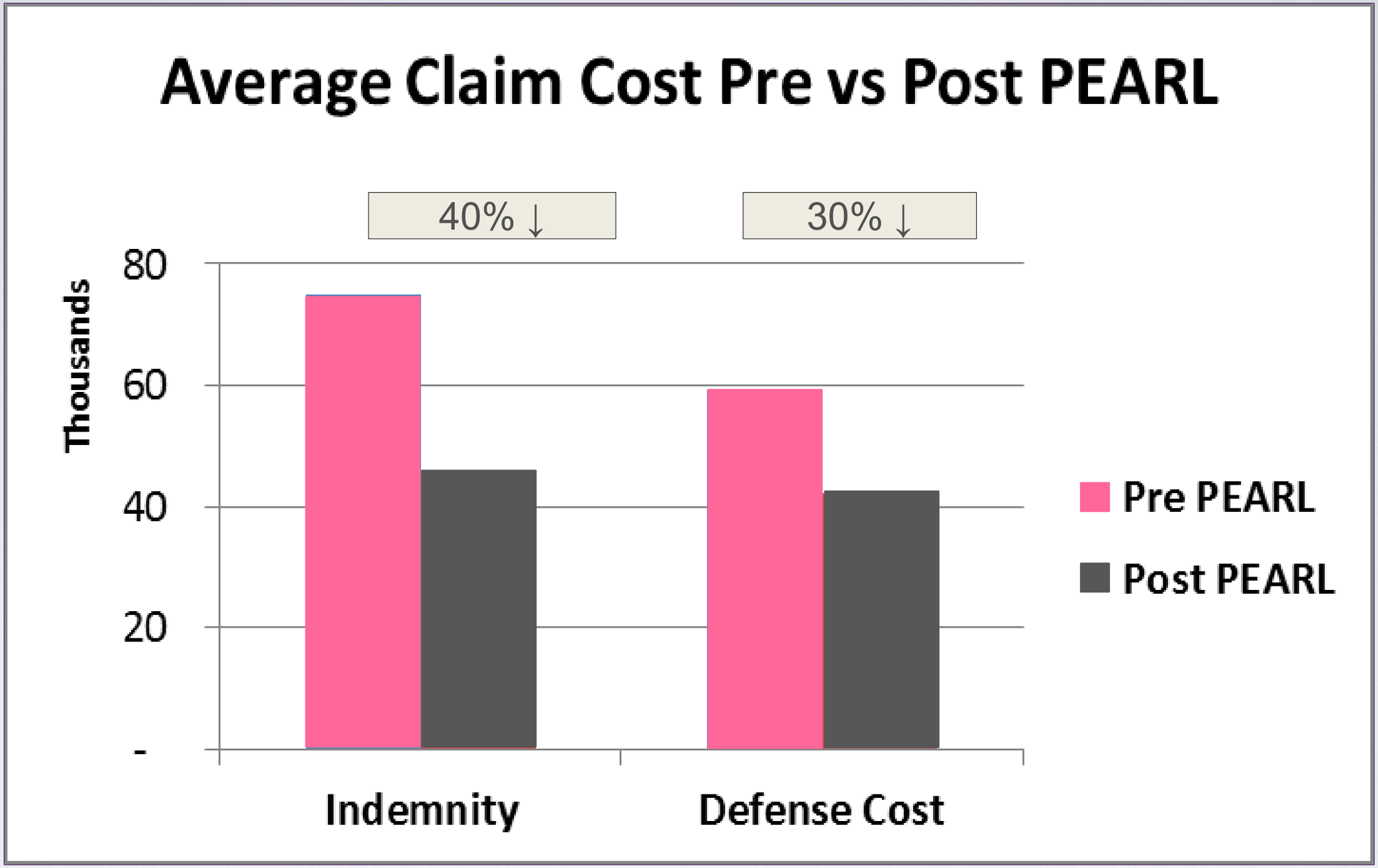
PEARL Patient Liaison

- Guide the Patient & Loved Ones
- Single point of contact
- Set Expectations
- Advocate for the Patient on the Claims Team

TRA Results



TRA Results



Note: Only includes claims with indemnity > $1,000

In addition, defense cost on PEARL cases are 20% lower than non-PEARL cases.

PEARL Results

Metric	Desired Result	Observed Result	Basis
Lawsuit Frequency	Lower	Lower	Pre vs Post PEARL
Average Claim Severity	Lower	Lower (inconclusive in 2013)	Pre vs Post PEARL
Average Defense Costs (ALAE) Severity	Lower	Lower	Pre vs Post PEARL
Closing	Faster	Unchange	Pre vs Post

Pre PEARL period: FY 2003 to 2008

Post PEARL period: FY 2009 to 2014

TRA Results

First 3.5 years of PEARL

Claim frequency down 36%

Saving $3.2 Million/year

2011 IHI, Respectful Management of Serious Clinical adverse Events.
Appendix E.

Truth & Compassion
=
Good Business

Impossible to do
Nothing.

PEARL Map

After initial alert, Risk Management is no longer involved in Peer Support.

nt Safety Commitee; updates **Claims & Risk Management** leadership as new information becomes available.

Patient/Family Aware of Review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When Doctors Admit Their Mistakes
CHES
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American Academy of Pediatrics
INSTITUTE OF MEDICINE
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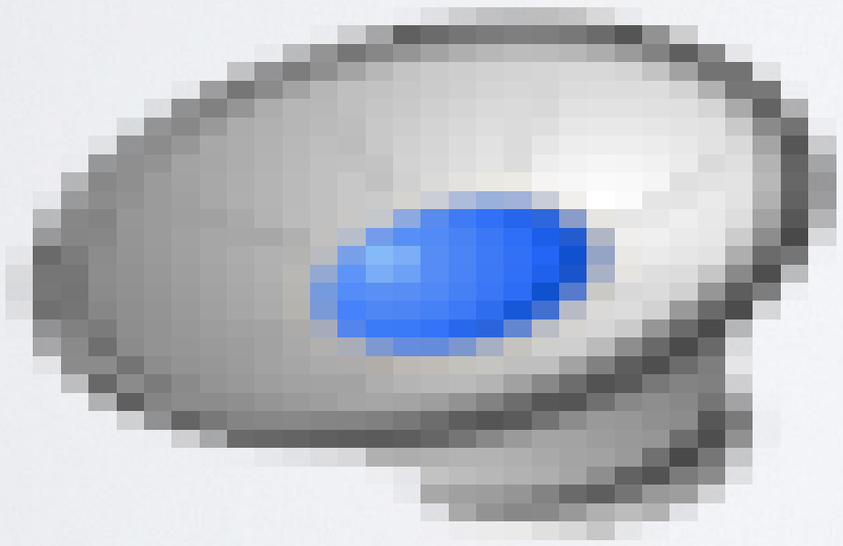
Clinical Quality Improvement
The Mea Culpa Conundrum
Who's Sorry Now?
Lexis-Nexis
briefing
The Francis Report
MILLS & REEVE
Reporting Adverse Events to Patients: A Step-by-Step Approach

Two Questions:

What would happen at your hospital if a child died because of an error?

What would you want to happen if that child was yours?



Unintended Errors
vs.
Deliberate Choices

gone out in blizzards."

On weekends, he goes to a nearby state park and will skate ski or cross-country ski 10 to 15 miles.

then hops on one leg across a room, pausing to hold the landing of each hop along the way. Other exercises include leg lifts, opposite

of walking, with a glide phase," says Ms. Stuber. "With little to no instruction, someone can put waxless classic skis on their feet and move down the

DOUGLAS PECK/TRA STANFORD

Leilani Schweitzer, left, and Abdul Hamamsy, right, risk management officials, met with Gary Avila after a nerve was nicked during surgery on his arm at Stanford Hospital, in Palo Alto, Calif.

ERRORS

Continued from page D1

cludes learning from adverse events, than "loss.")

tion programs through training seminars.

The federal Agency for Healthcare Research and Quality has funded several communication and resolu-

nancial compensation to patients who experienced harm or distress, even if an investigation determines the standard of care was met.

At Stanford, patients may

Patients like Mr. A Stanford often hear f from someone who h in their shoes—Leila Schweitzer, assistant president for commu and resolution.

Ms. Schweitzer's month-old son, Gab of complications fro cephalus, or water brain, at Stanford's hospital in 2005, w Pearl program was ting started.

An investigation nurse turned off a thinking it would only in his room s his mother could

But because of with the alarm-sy gramming, it was turned off at the tion. As a result, came to Gabriel's shunt in his brai leading his heart beating.

Despite her d grief, Ms. Schwe she was struck

Disclosure & Transparency

= Standard of Care

Thank you.

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