

How Reporting Harm Events Early Brings Faster Resolution, Lowers Cost and Promotes Healing



New collaborative research from Constellation and Candello, a division of CRICO, shows early reporting leads to a shorter case life cycle and decreased expenses.

In this era of clinician shortage and transactional care—leading to burnout, poor experience for all involved, as well as increasing costs—the practice of early reporting and prompt event investigation is critical to the future of care itself.

Introduction

Being a witness to, a part of, or the cause of an unexpected outcome that results in harm to a patient or resident—even if all standards of care were met—can be a devastating and heart-wrenching experience for physicians and care team members. Exacerbating the pain, malpractice claims may arise years later, and unresolved grief and sadness can return with full force for both the patient's family and the care team.

To the leaders, risk mitigation, and claim consultants at Constellation®, these scenarios are all too frequent. Case after case, early experience demonstrated that if health care teams would report harm events earlier, the unintended painful consequences—for patients and residents, care teams and the organization—could be mitigated, creating a path to healing for everyone involved. Upon deeper review and study of early intervention work, leaders in risk mitigation and claims hypothesized that when cases that can be reported early *are* reported early, the outcomes will be better. They observed that when cases continued for a longer time period, emotional suffering was prolonged for all involved, and expenses tended to be higher. When harm events were reported sooner, the process of investigating claims and, if appropriate, determining fair compensation, was a much more efficient and less costly process.

To validate and further explore these observations, Constellation and Candello, a division of CRICO, joined forces to evaluate the magnitude of potential benefits of early reporting. By applying careful research questions and statistical models to Candello, a large national database of coded claim data, they wanted to determine whether early reporting of harm events would have a significant impact on the "life cycle"—the time from assertion to closing of a

case—and if it would impact expenses.

To answer these questions, the team analyzed data from Candello, formerly called CRICO Strategies' Comparative Benchmarking System (CBS)—of which Constellation is a data-contributing member—including over 31,000 malpractice claims, to better understand the impact of early reporting of harm events. When a harm event that became a claim or suit was reported early, the research found a statistically significant reduction in both expenses and the life cycle of a case.

Recognizing and accounting for the variability of region, analysis year, case type and clinical severity of the patient's injuries, a 25% decrease in average expenses and a 3.4% decrease in average time to closure was observed when a case was reported early. There was no statistically significant difference in indemnity payments between cases that were resolved early and those that were not. In other words, early reporting was not found to consistently affect the payments made to a patient, resident, or family member to compensate fairly for the harm incurred.

For Constellation, these findings correlate with prior observations and have the added, and important, benefit of decreasing the time of intense emotional suffering, allowing the healing process to begin sooner for all involved.

These findings are of interest, as many believed that open communication with patients, residents and families around harm events would lead to an increase in demands for compensation. This research found that expenses and life cycle were reduced, and indemnity payments were neither increased nor decreased, reinforcing that programs such as Constellation's early intervention program, called HEAL®, convey significant emotional and business benefits.

With early reporting

Cases
closed nearly
1 or 4 months earlier*

Average
expenses
decreased 25% or 43%*

*See Table 1, p. 3

Methods

- Using data from the Candello database (formerly called CRICO Strategies' Comparative Benchmarking System), which represents 30% of all U.S. malpractice claims, 31,613 national medical malpractice claims (closed from 2015 through 2019) were analyzed for this study.
- Researchers used a multivariable linear regression to calculate the effect of early reporting on total case indemnity and expense paid, as well as the "life cycle" of a claim.
- The research team established 90 days as the parameter to define "early" reporting for the purposes of this research. Note that "loss date" and "discovery date" are not the same; this research uses events that are identified with a loss date, which is defined as the day of the harm event. *Also note that event reporting may occur later than 90 days and still make a significant impact on the outcome, but this is not covered in the scope of this research report.*
- Cases were limited to those that have the potential to be reported early. Cases in Candello's database are individually coded using materials from the claims file and medical records to capture salient clinical, legal and patient safety elements including case type, clinical severity, clinical services involved, contributing factors in the case, injuries, final diagnosis, and more. These coded elements were used to identify case types that would be clear enough to a clinician to know that an event had occurred and be able to report it within the 90-day window. A combination of cases were selected based on case type/allegation and final diagnosis, including attributes that are limited to information that a clinician would have at the time of the event or of learning that the event had occurred.
- The research looked at how early reporting of harm events affects 1) overall expenses for a case, 2) the "life cycle" of a case which includes the time from assertion/reporting to closure, as well as 3) total indemnity payments.
- Two types of linear regression models were analyzed for this study. The first was the univariate linear regression model used to estimate the sole effect of early reporting on each of the outcome variables. Secondly, a multivariate linear regression model was used to account for potential confounders between early reporting and the study outcomes variables.

Why reporting early is so important: A case example

A 72-year-old woman who was being treated by an internist, was hospitalized for exacerbation of her long-standing asthma. One week later, her condition worsened and she was transferred to the ICU. After several days, she improved and the ICU hospitalist transferred her to a general hospital floor. Overnight, however, she was found unresponsive; resuscitation failed and the woman died. The clinician failed to report the harm event to the organization, or discuss any information with the patient's family.

Two years later, the patient's family filed a malpractice claim against the internist and the ICU hospitalist, alleging improper patient management and failure to order appropriate monitoring for respiratory/cardiac status. Constellation, the holding company for the medical professional liability insurance company for the internist, was then contacted and conducted an expert review, which supported the internist's care. The case eventually went to trial, and the internist received a defense verdict.

Experts with Constellation's HEAL program say that, in this case, if the harm event had been reported early, they could have helped investigate the event, finding that the internist had met the standard of care. The internist could have been advised on communicating promptly to the family and given the emotional support needed to work through his significant sadness over the case—perhaps leading to earlier resolution and a process that offered more compassion and care for both the internist and family. **Even if the family ultimately came forward with a case two years later, the investigation and documentation of communication done following the harm event would likely have led to a faster resolution and less emotional suffering for the internist and the family.**

- Variables considered—and controlled for in the adjusted model (see Table 1)—include 1) whether the reporting occurred before or after the 90-day mark from a harm event, 2) the clinical severity of the harm event (high/medium/low, based on NAIC scale¹), 3) allegation/case type, 4) the US region (West/Midwest/Southwest/Northeast/Southeast), and 5) the year the case was closed.

Detailed Results and Findings

As shown in Table 1, when a harm event that became a claim or suit was reported early, the research found a statistically significant reduction in both expenses paid and the life cycle of a case for both the univariate base model and the multivariate adjusted model.

In the univariate base models, early reporting was found to be a statistically significant predictor for expense paid in closed cases and the life cycle of a case. For cases reported within 90 days versus cases reported after 90 days, the base model showed an average drop of \$29,614 in expenses, roughly accounting for a 43% decrease in average expense costs for a case. In terms of life cycle of a case, defined for this research as the time from assertion to closing, early reporting was shown to significantly decrease the duration of a case. On average, cases closed 111 days—about four months—earlier if reported within 90 days vs. cases reported after 90 days, roughly accounting for a 13% decrease in the average time to close a case.

When controlling for variables listed above, the adjusted model showed a 25% drop—or a decrease of \$17,380—on average in expenses paid, and a smaller but still significant 3.4% decrease in the life cycle of the case, equivalent to a 28-day decrease.

Regarding the effects of early reporting on indemnity payment, the base model revealed a 17% decrease, on average, in indemnity payments. The adjusted model—more closely aligned with actual findings—did not produce a statistically significant decrease. Both of these findings should allay any fears that early reporting is directly correlated with individual indemnity payments. Past statistical modeling research of Candello data has shown other factors are better predictors for a case that closes with an indemnity payment.^{2,3}

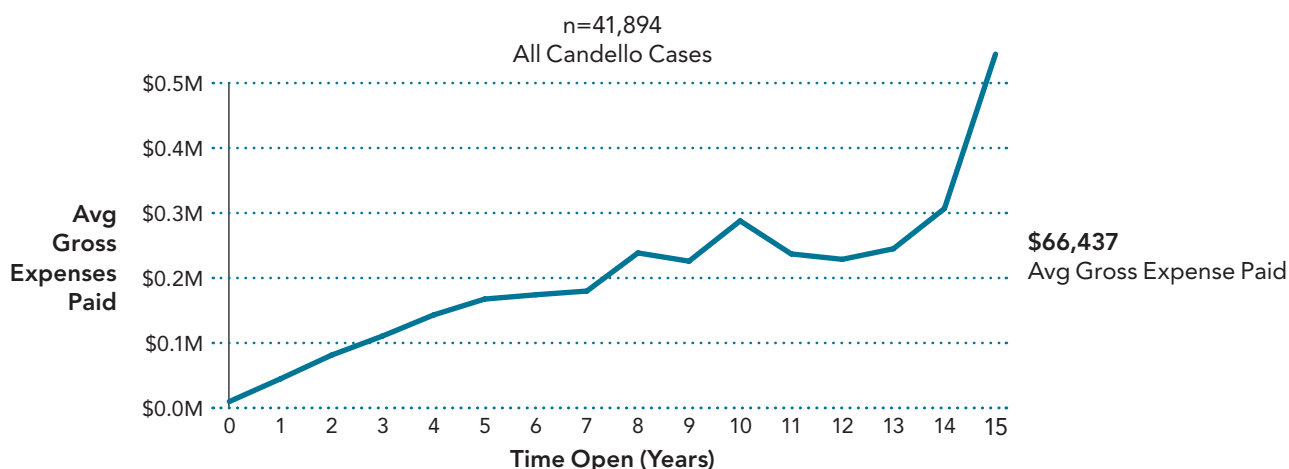
Results from the adjusted model—that early reporting drives statistically significant decreases in expenses and life cycle, and no statistically significant effects on indemnity payments—are aligned with Constellation’s early findings and goals of its HEAL program, where reducing the life cycle of the case reduces suffering for all, as well as the accrual of expenses that occur as a case remains open (see Figure 1). The HEAL program’s emphasis, and that of similar programs, is on fair and appropriate compensation for harm, and as such a reduction in indemnity payments was not the intended or expected outcome.

Table 1: Model Results: Expenses paid, life cycle and indemnity data

Model	Base Model	Adjusted Model
Expense Paid	-\$29,614 (-43%)	-\$17,380 (-25%)
Life Cycle	-111 days (-13%)	-28 days (-3.4%)
Indemnity Paid	-\$74,369 (-17%)	(not significant)

Figure 1: Expenses Paid vs. Time Open

Opportunity exists to mitigate expenses when cases are reported early.



This graph contains all Candello data from cases closed 2015-2019, is limited to cases open for less than or equal to 15 years, and is not limited to cases with the potential to be reported early.

Discussion

This new research shows that with early reporting after a harm event, expenses are lower and the life cycle of the case—how long it remains open and unresolved—is shortened significantly. What if the process of healing could begin right away? What could early reporting and early resolution do to help lessen the impact of the harm for patients and residents and their families, for care teams involved, and for the health care organization? While the research shows the costs in terms of money and time, early reporting also has the potential to limit suffering for all involved.

A call for early communication: National awareness has sparked new programs and research, including Constellation’s HEAL program

Programs focused on apology, communication and resolution are not new, and, while widely praised, they are still not widely implemented as comprehensive programs. One of the first programs began at the Veterans Administration (VA) Hospital program in Lexington, Kentucky, in 1987. The VA program’s success sparked many other programs, including Massachusetts Alliance for Communication and Resolution following Medical Injury (MACRMI)’s CARE program, Stanford’s Process for Early Assessment and Resolution of Loss (PEARL), and Constellation’s HEAL program.

Of special note is the communication and resolution program at the University of Michigan Health System (UMHS). Implementing their program in 2001, they sought to decrease the financial, emotional and other costs of patient harm events, noting a study showing that for every dollar spent on compensation, 54 cents went to administrative expenses including fees for lawyers, experts and courts.⁴

For the purposes of this article, programs we refer to, such as those listed above, include the key elements of a comprehensive communication and resolution program:

- Early reporting and investigation to determine factors that contributed to the harm
- Open and transparent communication with patients, residents, and families
- Emotional support for care team members involved
- Determination of fair compensation when standard of care was not met *and* harm occurred
- Organizational learning and implementation of new policies and procedures to reduce future harm
- No limits on types of harm events (from minor to severe cases, including death)

For these programs to be successful, it is essential that the health care organizations partner with their medical professional liability (MPL) insurer to ensure proper reporting and investigation of issues, including determining root causes to help improve processes and policies in order to reduce reoccurrence of similar harm events. Of note, this partnership is necessary to make a reasonable and fair offer of compensation when it has been determined that there was a deviation from the standard of care resulting in harm. This opportunity to agree on a settlement prior to the filing of a claim or lawsuit—providing that the standard of care was not met *and* harm was caused—serves the interests of both the

Attending to harm sooner than later promotes healing

In the case of a baby who died shortly after birth, early reporting, expedited expert evaluation of the case and compassionate communication led to better understanding. The HEAL consultant’s perception was that the process ultimately supported healing for the parents who suffered the loss of their child, as well as the physician involved in the care. This story began with a routine screening prenatal ultrasound at 20 weeks. During the performance of the ultrasound, the mother had a sense that the technician performing the test was uncomfortable about something, but the mother said nothing. Later, the mother was told that the ultrasound was interpreted as normal.

Then, at 36 weeks a Level II ultrasound was performed at which time a congenital diaphragmatic hernia was noted. With this type of condition, the intestinal contents can migrate up into the chest, compromising the development of the heart and lungs, which may lead to a baby’s death—as happened in this case. At this time, based on the results from the 36-week ultrasound, one of the mother’s treating physicians told the parents she was able to see this hernia on the 20-week ultrasound, implying that the interpreting radiologist had committed an error of missed diagnosis. The parents were bereft, thinking that had they questioned the interpretation of the 20-week ultrasound, based on the mother’s perceptions about the technician, perhaps their baby would have been treated differently and survived.

This event appropriately led to both an internal investigation at the facility, as well as by Constellation’s claim consultant; this included an expert review in which multiple radiologists, who were blinded to the eventual outcome and retrospective radiology interpretation, reviewed the ultrasound with the same information present at the time of the original ultrasound. None of these radiologists noted the hernia; therefore, it was determined that the reading of the ultrasound was done reasonably, and the standard of care had been met. What ultimately unfolded from this process was reaffirming for those who believe in the power of communication, transparency, and especially, the importance of early reporting and evaluation of harm events.

All those involved in this case, including clinicians, administrators and risk managers, were witness to how healing transpired for the parents, the family and the radiologist. It appeared to the claim consultant that the mother, who had been second-guessing herself and feeling responsible as though she should have known something was wrong based on her memory of the technician’s behavior, was able to let go of her guilt and move forward, knowing the care was supported by independent evaluators. The deep pain of her baby’s death was still there, of course, but she was thankful for the openness of the radiologist’s sharing, as well as everyone’s commitment to get independent evaluation of the care, followed by transparent and compassionate communication of the evaluation with her and her husband.

health care organizations and their care teams, as well as the patients and residents they serve.

In 2015, The National Academy of Medicine (NAM; formerly the Institute of Medicine)'s committee on improving diagnosis in medicine recommended that states promote an environment that facilitates timely identification, disclosure and learning from errors, encouraging the adoption of communication and resolution programs, and enabling prompt and fair compensation for avoidable injuries.⁵

Constellation's HEAL program—the impetus for the research presented in this paper—is structurally and philosophically aligned with NAM's recommendation, and with other programs that emphasize the importance of apology and communication in the healing process after harm events.

A better way forward: Moving toward a supportive, "just" culture

Culture matters. In care teams, oppressive hierarchy may influence whether team members feel comfortable to speak up. Within clinician–patient relationships, management or fear of retribution may inhibit transparent communication between the health care team, patients, residents, and families. In many health care organizations, these misguided pressures can lead to a culture of silence or a tendency to "deny and defend"

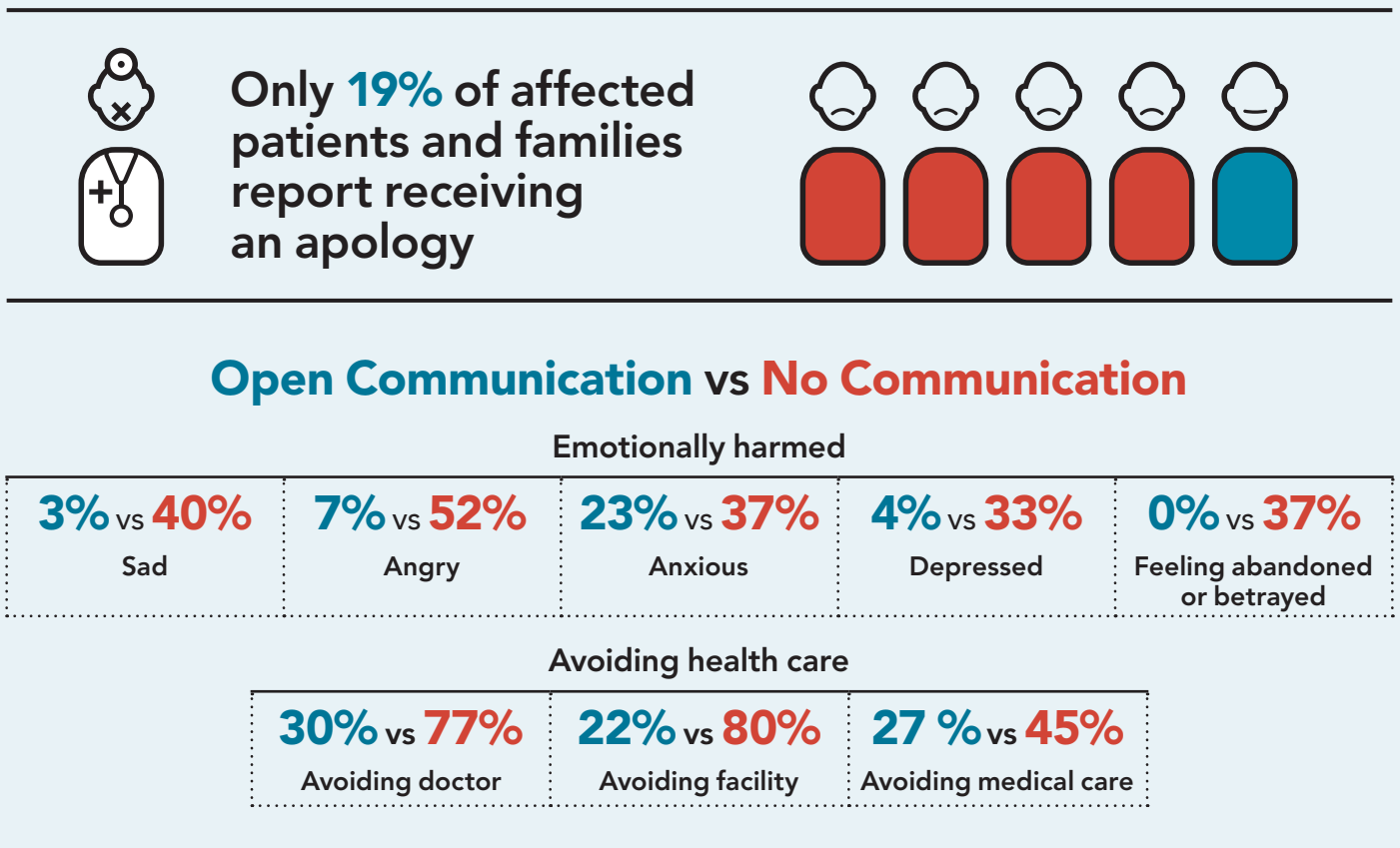
wrongdoing when it comes to patient harm events.

But research shows that reporting early, communicating appropriately and quickly, and supporting the emotional health of affected team members are critical to achieving a meaningful resolution—and recovering trust in the patient–clinician relationship. These practices can help health care organizations limit the extent and timeframe of malpractice claims as well. Constellation's HEAL team actively works with policyholders to promote the establishment of a more "just" culture that advocates transparency and speaking up, and strongly encourages early reporting.

According to a 2018 statewide survey in Massachusetts, when no open communication was received, patients reported sadness, anger, anxiety, depression and feelings of betrayal at significantly higher levels than those who received open communication. Patients who received no communication reported avoiding the doctor (77%), avoiding the health care facility (80%) and avoiding medical care in general (45%). Overall in the study, only 19% of affected patients and families reported receiving an apology. (see Figure 2)

The natural human inclination is to feel bad and apologize, yet the fear of litigation along with emotions of shame and embarrassment can keep clinicians from doing the right thing. This lack of communication can also have significant

Figure 2



Reference: Prentice JC, Bell SK, Thomas EJ, et al. "Association of open communication and the emotional and behavioral impact of medical error on patients and families: state-wide cross-sectional survey." *BMJ Qual Saf* 2020;29:883–894.

business costs: poor patient–clinician relationships can lead to decreased visits, delayed diagnosis can result in higher medical costs, and reputations and brands can be damaged by bad reviews or hearsay. The repercussions of these harms to business can negatively impact the ability of health care organizations to serve and care for their communities.

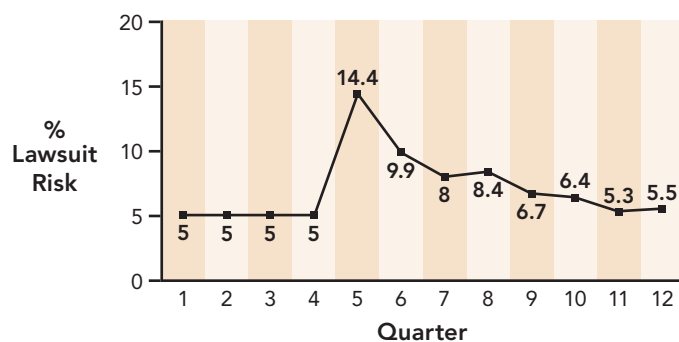
“When we don’t talk with patients and families after a harm event, they may fill in the blanks, thinking we don’t really care or that we are hiding something. This all results in additional harm. We can do better,” says Laurie Drill-Mellum, MD, MPH, chief medical officer emerita at Constellation.

A patient who has been hurt but whose experience is not valued and investigated by their care team will feel more pain and sadness, will lose trust in their care team and the organization, and may proceed separately to file a claim to seek retribution for the harm. Patients may experience financial harm as well, including increased medical and household expenses, and decreased income.

Clinicians and care teams are also greatly affected when they are involved in—or witness to—harm events. Their reputation and job satisfaction can be negatively impacted, and they may have sleeping problems, low confidence and anxiety. (see Figure 3)

A clinician who avoids taking responsibility for harm done, or who is afraid that apologizing or taking responsibility will negatively impact their career, their reputation or their insurance rate, may be experiencing a natural human reaction but is also adding to the lingering shame, blame and guilt they may feel going forward. In addition, research shows that clinicians who have experienced a claim are at risk for subsequent claims, likely due to the emotional impact felt. (See fig. 3 below.) As inferred from the research findings displayed in the graph below, resolving a case early, within the first year, may help to decrease the risk of subsequent occurrences and/or claim developments.

Figure 3: Effects of a Lawsuit on Malpractice Risk
Malpractice claims increase risk of subsequent claims



Bartlett, E. Physician stress management: a new approach to reducing medical errors and liability risk. *Journal of Healthcare Risk Management*. 2002;22(2):3-7.

As demonstrated in this research, the importance of early reporting to shorten the life cycle of a case cannot be understated when we consider the devastating emotional impact of harm events as they are prolonged.

Organizations that do not actively support reporting of events—with policies and procedures in place—may experience reputation damage and loss of patients, in addition to facing malpractice claims that may come much later, making it more difficult to investigate, determine whether the standard of care was met, and conduct a root-cause analysis.

Further, when organizations do not support clinicians in processing the emotional impact of harm events, they are at risk for losing clinicians who may decide to leave medicine altogether. And the cost to replace a physician is high—between \$500,000 and \$1.5 million or two to three times their annual salary.⁶

About Constellation’s HEAL program

This research project validates Constellation’s firsthand experience that early reporting brings earlier resolution and closure for all involved.

The HEAL program is a strong proponent of building a culture that promotes speaking up, early reporting, prompt investigation and acting on lessons learned. To achieve this, the HEAL program embraces four key principles:

- Honor everyone involved.
- Empower each person to be part of the solution.
- Act early and decisively to limit harm.
- Learn from each experience to better protect patients, residents, and care teams.

Further, Constellation believes that its comprehensive program offers healthier, more compassionate and more meaningful closure for patients, residents and families, care teams and health care organizations. HEAL aims to replace silence, doubt, fear and frustration with an honest, human-centered acknowledgement of what happened, its impact, and what to expect next.

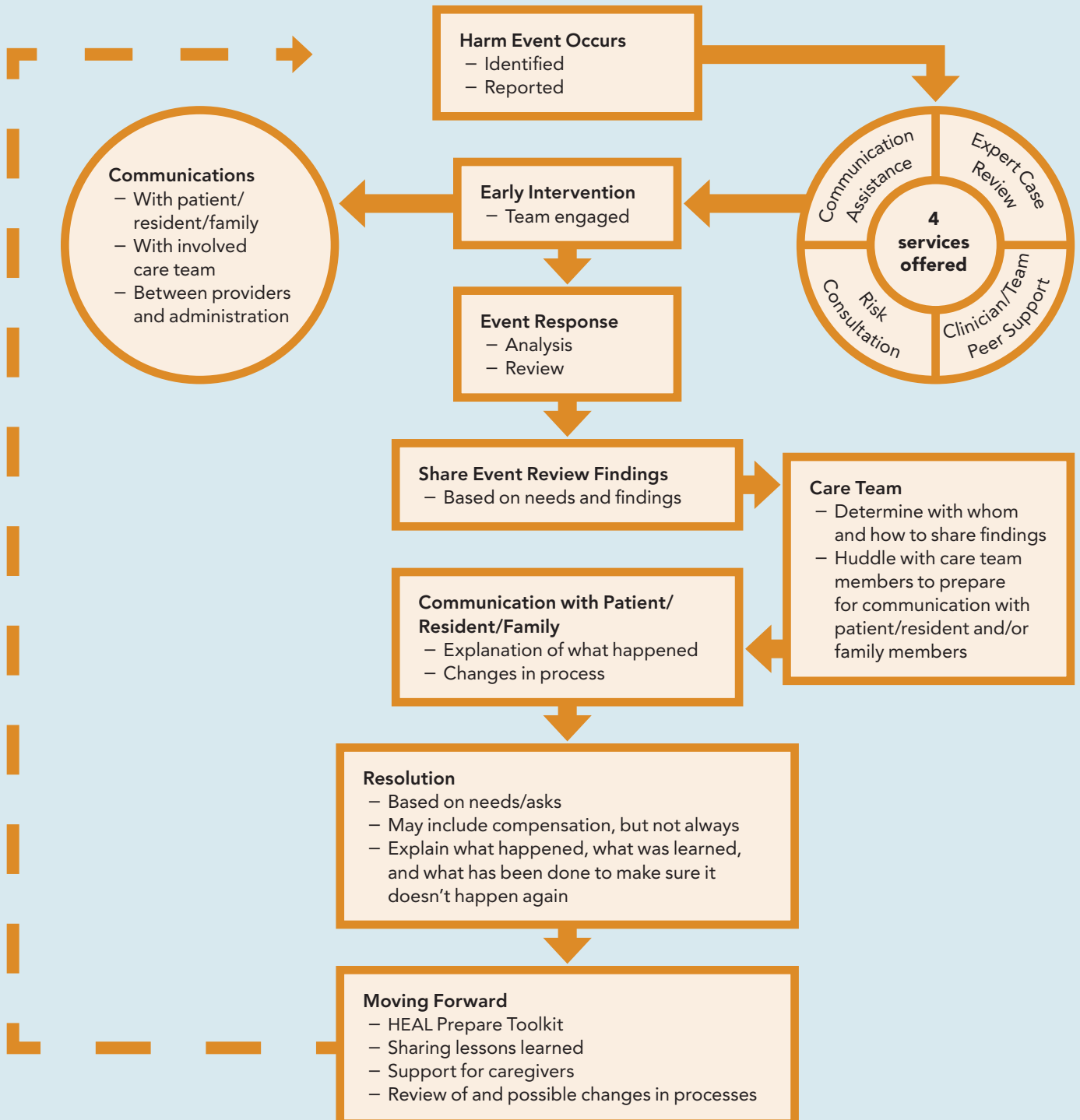
Constellation’s HEAL program was created to find a better way forward after harm events occur. These unexpected outcomes affect not just the patient, but also many people within health care organizations. Constellation has also seen that harm events can significantly affect an organization’s bottom line and threaten their business viability, which can then affect thousands of patients seeking care. Poor and slow handling of harm events can affect productivity, and can lead to physician or clinician burnout, as they roil in the emotional impacts inevitable after being a part of, or the cause of something, when their patient/resident was harmed. This can occur even if the potential of harm was known and disclosed, and even if the standard of care was met.

A main goal of Constellation’s HEAL program is to attend to harm events sooner so the patients, residents, families, clinicians, administrators—everyone involved—can get to a point of resolution and move toward healing. In addition, Constellation knows from experience that reporting harm events right away is key to learning from mistakes so they can be prevented from recurring in the future.

“If we don’t know about something we can’t attend to it,” says Dr. Drill-Mellum. “If patients and families don’t tell us when something happened, and the first time we hear about it is years later through an attorney, then we have lost the chance—as clinicians and as organizations—to address the issue and help investigate and resolve it right away. If it’s years later, we

How HEAL Works

HEAL is an optional, voluntary program that is free and available to all Constellation medical professional liability (MPL) insurance company policyholders. When the HEAL team is engaged after a harm event occurs, and one or more of the four core services is accepted, harm event cases will follow this general HEAL process. All along the way, the process is a partnership with the MPL company and the policyholder and/or health care organization.



need to rely on people’s memories, and that may not give us the data and information that can help us ensure that the harm event doesn’t happen again to others.”

Constellation has observed that reducing the life cycle of a case—which was found to occur with early reporting—can have profound effects on everyone involved, reducing the emotional impact and duration as well as the number of claims and suits, especially those that proceed to litigation.

At each step of the way, the HEAL program is a collaborative effort between the health care organization and Constellation. The program, which was implemented in January 2020, accelerates evaluation of the standard of care, helps health care team members with communication with the patient and family, ensures providers and care teams are supported, and then identifies strategies to avoid risk in the future.

Being proactive: The HEAL Prepare Toolkit

Being prepared before harm events occur is essential to enabling and empowering teams to report events early, allowing for the process of discovery to begin in a timely matter when the facts of the case are more apparent. This is supported by our research that reporting early can help limit the life cycle of a case, as well as lowering expenses overall.

Education around early reporting and investigation is a key goal of Constellation. For policyholders who are proactive and want to improve their preparedness before harm events occur, Constellation offers the HEAL Prepare Toolkit—a self-guided, multi-year educational program to help assess care team readiness and help organizations build best practices. “It’s inevitable that harm events will happen, so anything we can do to better prepare—especially for those first crucial moments—can help everyone involved,” says Dr. Drill-Mellum.

The HEAL Prepare Toolkit offers learning and education in seven key steps, with most time spent in the learning units in step four:

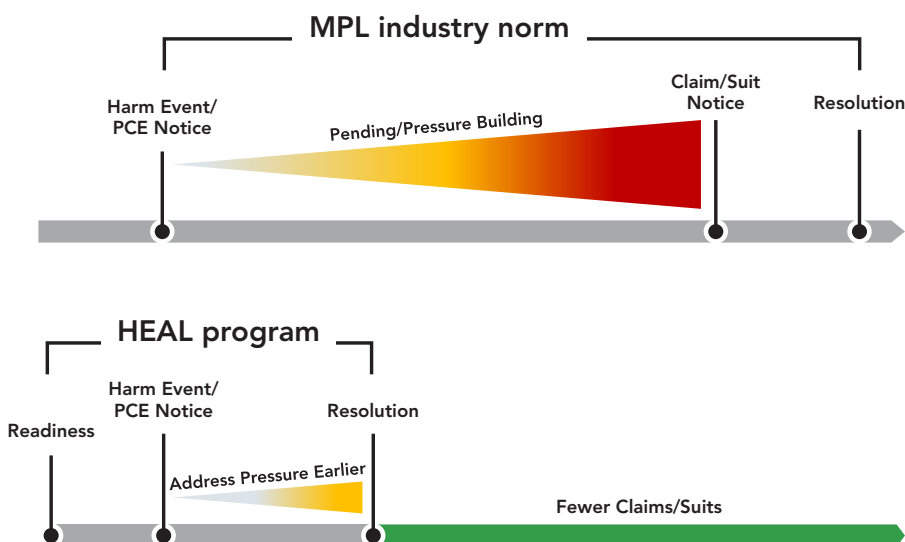
1. Take the HEAL risk assessment.
2. Review your scoring and recommendations.
3. Develop a preparedness action plan.
4. Review the four learning units: 1) Culture, 2) Event Response, 3) Communicating After Harm Events and 4) Moving Forward.
5. Retake the initial assessment.
6. Receive your updated scorecard for success.
7. Implement and move forward.

When the life cycle of a claim is shorter, so is the cycle of emotional pain for clinicians

The research shows early reporting leads to a shorter life cycle for a claim; this also leads to a shorter timeframe for what can be intense emotional pain—for patients, residents, and families, care teams and organizations. “A harm event can be like a festering wound, like an abscess,” says Dr. Drill-Mellum. “If you open it up—and sooner is better than later—and give it some sunlight and let people attend to it, it’s going to heal. There may be a scar, it isn’t forgotten, but it helps us move on.”

Also adding to the emotional healing are the HEAL services available to policyholders. **Clinician peer support** helps connect physicians and other health care team members involved in harm events with peers who have walked similar journeys and are trained in supporting their peers with empathy, kindness, and support strategies. Whether the case leads to a claim or suit, or not, the impact on the physician can be the same. “Physicians are sworn to help, heal and serve our patients, so when we inadvertently harm someone, we feel deep pain, too,” says Dr. Drill-Mellum.

HEAL: Responding sooner when harm events occur



Risk consultation can help clinicians learn the contributing factors that led to the harm event. **Communication assistance** helps them learn the best ways to be open and transparent with their patients, residents, and families, which can often strengthen their relationships and help them build trust. It can also help them move through and better process feelings of guilt and shame. They can learn when an apology is important, and learn skills to make their communication compassionate and meaningful—understanding that offering an apology is not always about accepting responsibility or blame. **Expert case review** helps accelerate learning as to whether the standard of care was met. Either way, they can better understand next steps and be prepared to move forward with the case.

Summary

The MPL industry has, for some time, been discussing a better way to respond to harm events, based on promising evidence of success from captives or self-insured entities including University of Michigan and University of Illinois. For years, organized medical associations including the AMA and patient safety/experience entities have been advocating for apology and communication/transparency programs as ethical imperatives. Still, little progress has been made, and the opportunity exists to seed these programs more comprehensively across more health care organizations.

Our industry is wired to look for threats and avoid them. This places us in a position to partner with health care organizations to demonstrate that early intervention can bring positive results on many levels—from retaining trust within patient-clinician relationships and decreasing the duration of emotional stress, to improving business viability and allowing for process improvements that can help reduce the reoccurrence of harm. All of this shows that it is imperative that we limit the life cycle of harm events.

This research demonstrates that early reporting shortens the life cycle of an event and reduces expenses, which benefits patients, their families, and the clinicians who care for them. In this era of clinician shortage and transactional care—leading to burnout, poor experience for all involved, as well as increasing costs—the practice of early reporting and prompt event investigation is critical to the future of care itself. Working together, MPL companies and health care organizations can truly make a difference.

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After a harm event has been reported, the policyholder or health care organization can benefit from these four core services of the HEAL program:

1. Clinician Peer Support to promote provider wellbeing and resilience

Clinicians involved in a harm event frequently struggle with reduced confidence, feelings of shame, distracted thoughts, and emotions that can interfere with their productivity and ability to continue providing safe, high-quality care to their patients. HEAL's Clinician Peer Support Program links clinicians to skilled peers who can help them navigate emotional minefields and get the support they need to move through these challenges, so they can stay connected with their passion for health care.

2. Risk Consultation to help improve processes

Figuring out what contributed to a harm event and helping an organization—and future patients—benefit from that hard-won knowledge is important to helping everyone move forward. This process is led by risk consultants with decades of experience as hands-on nurses, malpractice defense lawyers and health system risk managers. Moving quickly this service helps focus attention in the right places and leverage the organization's strengths to problem-solve.

3. Communication Assistance to strengthen relationships

Research shows that communicating openly and compassionately when a harm event occurs can reduce the likelihood of lawsuits and has many additional benefits, for both patients and clinicians. This service helps guide teams through communication challenges in ways that help move everyone toward healing and resolution.

4. Expert Case Review to accelerate insights

Constellation partners with external medical experts to determine whether the standard of care was met as soon as we receive report of a harm event. If it is determined that the standard of care was not met, and that this caused the harm, the organization is informed right away. Options at this early stage could include an offer of compensation, well before the situation progresses to a claim or a suit, both of which lead to rapidly escalating costs (emotional, financial, and otherwise) and uncertain outcomes.

About the research collaborators

Constellation and Candello, a division of CRICO, began collaboration on this research in the fall of 2020, with final results and analysis completed in February of 2021. This research was intended to test Constellation's hypotheses around some of the benefits of early reporting, leveraging the availability of the large Candello database. Together, we aspired to investigate how early intervention can make a difference for health care organizations, their care teams, and the patients and residents they serve.

Constellation is a growing portfolio of medical professional liability insurance and partner companies, including MMIC, UMIA and Arkansas Mutual, working Together for the common good®. Formed in response to the ever-changing realities of health care, Constellation is dedicated to reducing risk and supporting physicians and care teams, thereby improving business results. Constellation fully believes that what's good for care teams is good for business, and their ongoing research helps them develop data-based solutions and strategies for their policyholders as well as the broader health care industry. **Constellation's HEAL program is designed to help care teams and organizations move forward faster after harm events.**

CRICO, a recognized leader in evidence-based risk management, is a group of companies owned by and serving the Harvard medical community. For over 40 years, the CRICO companies have provided industry-leading medical professional liability coverage, claims management and patient safety resources to its members. Candello is a division of The Risk Management Foundation of the Harvard Medical Institutions Incorporated, a CRICO company. Established in 1998, Strategies extends CRICO's patient safety mission through broad dissemination of products and services designed to reduce medical errors and malpractice exposure. Candello, a division of CRICO, receives medical professional liability (MPL) cases from 23 MPL insurers including open and closed cases, and paid and unpaid cases. The Candello database contains cases from all 50 US states and several territories (representing 30% of US MPL cases) and adds roughly 9000 new cases each year.



Laurie Drill-Mellum, MD, MPH
Chief Medical Officer Emerita
Constellation



Lori Atkinson, RN, BSN, CPHRM, CPPS
Content Manager and Patient Safety Expert
Constellation



Emily Clegg, JD, MBA
Senior Director, Product Management and
Underwriting Excellence
Constellation

Katie W. Smith, MBA
Leader, Marketing and Communications Team
Constellation

Samantha Strobe
Actuarial Analyst, Customer Product & Pricing
Constellation



Gretchen Ruoff, MPH, CPHRM, CPPS
Senior Program Director, Patient Safety Services
Candello, a division of CRICO



Carlos J. Yugar, MPH
Data Analyst
CRICO



Dana Siegal, RN, CPHRM, CPPS
Director, Patient Safety Services
Candello, a division of CRICO



Katharine Schuler, MSc
Former Marketing & Social Media Manager
Candello, a division of CRICO

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