**CRP Certification Application**

Introduction to the CRP Certification Application

Communication and Resolution Programs (CRPs) provide a framework of essential commitments, elements, and steps to guide an organization’s response to patients who have been harmed by their healthcare, while also addressing the quality and safety gaps responsible for the event. CRPs are based on a Just Culture approach and recognize that most adverse events are caused not by incompetent licensees, but rather by the interaction between competent licensees who have made a simple human error and faulty healthcare systems, processes, and conditions. **The goals of all CRPs are to 1) ensure that patients and families harmed by healthcare have their needs met and 2) to promote learning within and across healthcare institutions to prevent reoccurrences.**

CRP Certification allows healthcare licensees and organizations that have used the CRP approach to have a neutral group of CRP experts and patient advocates review the response to a particular case and determine whether the patient’s needs have been met and learning has occurred. Once submitted, applicants can expect to receive a report with the review panel’s determination **within 28 days**. Applicants may then choose to include this Certification Report in any reports on licensees they submit to regulators such as the Washington Medical Commission (WMC).

**Complete answers and thorough explanations are critical for the review committee to certify whether the key elements of the CRP were successful utilized.** If an applicant submits a CRP Certification Report to regulators, sufficient evidence that patient needs were met and that safety gaps have been closed will be essential in reassuring the regulators that the case may be closed as satisfactorily resolved. If certain questions and/or sections of the application are not applicable to your case or your institution faces unique constraints regarding certain questions and/or sections differently than most institutions, please provide a detailed explanation.

Eligibility for CRP Certification Review

Healthcare organizations **should not submit** cases for CRP Certification review if the licensee poses a significant risk of harm to patients through gross incompetence, recklessness, licensee impairment and/or intentional misconduct.

Key Definitions

1. **CRP event:** an adverse event in health care experienced by a patient where there is an opportunity for meaningful communication, resolution and learning.
2. **Adverse event:** harm of any severity due to the process of health care .
3. **CRP partner:** health care organizations, licensees and insurers that were involved in the care of the patient that led to the adverse event and have agreed to participate in the CRP process.
4. **Licensee:** a licensed healthcare individual directly involved in patient care in the state of Washington (e.g., nurse, physician, pharmacist, etc.).

Supporting documents

Applicants will have the option to attach supporting documentation (e.g. copies of relevant portions of the medical records, test results, etc.) to this application. The CRP Review Panel may request additional supporting documentation to facilitate their review.

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| **I. ELIGIBILITY FOR CRP CERTIFICATION REVIEW** |
| **I attest that this case is eligible for review. During the care under review in this application, the involved clinician:**   1. was not grossly incompetent, 2. was not reckless, 3. was not physically or emotionally impaired, and 4. did not commit intentional misconduct.   Yes  No |

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| **II. DEMOGRAPHICS** |
| 1. **Name of organization and/or licensee submitting the application:**   Click or tap here to enter text. |
| 1. **Full name and credentials of involved licensee(s):**   Click or tap here to enter text. |
| 1. **Area of specialization for licensee(s), if any:**   Click or tap here to enter text. |
| 1. **Name of organization or location where event occurred?**   Click or tap here to enter text. |
| **5. Name and title of individual filing this application?**  Click or tap here to enter text.  **Is the individual filing this application a member of the organization’s Quality Improvement Committee? Yes  No**  ***(Note: If the answer is “no”, CQIP protections do not apply to this application.)*** |
| **6. Name of regulatory agency, if any, involved (e.g. MQAC):**  Click or tap here to enter text. |

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| 1. **CRP EVENT INFORMATION** |
| 1. **Date event occurred:**   Click or tap here to enter text. |
| 1. **Date licensee became aware of the event:**   Click or tap here to enter text. |
| 1. **Date licensee reported the event and to whom:**   Click or tap here to enter text. |
| 1. **Please describe the adverse event experienced by the patient:**   Click or tap here to enter text. |
| **Supporting documentation for Question 4 above:**  **Please list and attach relevant medical records and other documents as needed:**  Document 1:  Document 2:  Document 3:  Document 4:  Document 5: |
| 1. **How severe was the patient harm?**   Unknown  No harm  Emotional distress or inconvenience only  Temporary non-severe harm  Temporary severe harm  Permanent non-severe harm  Permanent severe harm  Death |

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| 1. **INITIAL RESPONSE** |
| 1. **How were the patient’s immediate healthcare needs following the adverse event addressed? Please explain.**   Click or tap here to enter text. |
| **Supporting documentation for Question 1 above:**  **Please list and attach relevant medical records and other documents as needed:**  Document 1: Click or tap here to enter text.  Document 2: Click or tap here to enter text.  Document 3: Click or tap here to enter text.  Document 4: Click or tap here to enter text.  Document 5: Click or tap here to enter text. |
| 1. **Was peer support offered to the involved licensee(s) within 72 hours of the event?**   Yes  No   * 1. **If yes, please describe:**   Click or tap here to enter text.   * 1. **If no, why not?**   Click or tap here to enter text. |
| 1. **Did the licensee or their delegate have at least one initial communication with the patient/family about the adverse event?**   Yes  No  (if no, continue to 3e)   1. **If yes, date of initial communication:**   Click or tap here to enter text.   1. **If yes, please indicate all who were present and received the initial communication (e.g., patient, spouse, adult daughter, legal guardian, parent, etc.):**   Click or tap here to enter text.   1. **If yes, which of the following were discussed with the patient/family in the initial communication:**   The fact that an adverse event care occurred?  The clinical circumstances surrounding the incident that were known at that time?  Expression of sympathy or regret?  An assurance that additional information will be shared as soon as it is known?  The commitment to take corrective action if indicated?  **d. Please describe in more detail what information was discussed with patient and family:**  Click or tap here to enter text.  **e. If initial communication did not happen, why not?**  Click or tap here to enter text. |
| 1. **Please describe early collaboration with other involved external parties (such as liability insurers, legal representation, and/or other institutions) in responding to the adverse event:**   Click or tap here to enter text. |

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| 1. **CRP EVENT REVIEW** |
| 1. **Date the CRP investigation was initiated:**   Click or tap here to enter text. |
| 1. **Approximate date the investigation was concluded:**   Click or tap here to enter text. |
| 1. **Which of the following processes were utilized in the investigation (check all that apply)?**   Root cause analysis  Internal investigation by risk or quality staff  Interviews with involved licensee/other clinicians/departments  Internal expert(s)  External expert(s)  Review of medical records  Investigation by claims manager |
| 1. **Did the patient and family receive adequate and timely communication regarding the investigation findings? Please explain.**   Click or tap here to enter text. |
| 1. **What were determined to be the primary root causes of the adverse event? (attach relevant documentation as needed):**   Click or tap here to enter text. |
| **Supporting documentation for Question 5 above:**  **Please list and attach relevant medical records and other documents as needed:**  Document 1: Click or tap here to enter text.  Document 2: Click or tap here to enter text.  Document 3: Click or tap here to enter text.  Document 4: Click or tap here to enter text.  Document 5: Click or tap here to enter text. |
| 1. **Could the licensee or other clinicians involved in the care of the patient have prevented the adverse event?**   Yes  No  **Please describe how the licensee or other clinicians could have prevented the adverse event. Or, please detail why the adverse event could not have been prevented.**  Click or tap here to enter text. |
| 1. **List the recommendations for performance improvement at the licensee level, if any, and provide appropriate documentation that the improvement was effected.**   Click or tap here to enter text.  **What information about performance improvement actions taken at the licensee level has been shared with the patient and family?**  Click or tap here to enter text. |
| 1. **List the recommendations for performance improvement at the system level, if any, and provide appropriate documentation that the improvement was effected.**   Click or tap here to enter text.  **What information about these system level improvements has been shared with the patient and family?**  Click or tap here to enter text. |

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| 1. **RECONCILIATION WITH THE PATIENT AND FAMILY** |
| 1. **Were the patient and family given the opportunity to participate in a resolution conversation?**   *A resolution conversation is where the results of the CRP investigation is communicated to the patient/family and fair compensation is discussed.*    Yes  No  (if no, continue to 1c)  **a. Please describe the details of the resolution conversation and indicate the date when the resolution conversation occurred or began (in case there were multiple resolution conversations).**  Click or tap here to enter text.  **b. If yes, what** **information was shared with the patient/family in the resolution conversation(s)?**  An explanation of investigation findings  An explanation of what actions, if any, will be taken to prevent recurrence  An explicit statement that event was preventable, if applicable  An apology  **c. If no, please explain why the patient/family did not participate in a resolution conversation.**  Click or tap here to enter text. |
| 1. **Was a discussion held with the patient/family about a potential early financial settlement? If so, when?**   Click or tap here to enter text. |
| 1. **Did an offer of settlement occur? If so, when?**   Click or tap here to enter text.  **If yes, was the offer accepted?**  Yes  No  N/A |
| 1. **Did the licensee waive bills for services related to the CRP event?**   Yes  No  N/A |
| 1. **Did the institution waive bills for services related to the CRP event?**   Yes  No  N/A |
| 1. **If needed, please include any additional information about the resolution conversation(s) with the patient and/or family that you feel is important for the review committee to understand:**   Click or tap here to enter text. |

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| 1. **Identifying Lessons Learned for Dissemination** |
| 1. **Were there lessons learned from this CRP Event that would benefit other healthcare licensees and/or institutions?**  Yes  No  N/A 2. **If yes, which of the lessons learned would be valuable to improve the quality of care given by other healthcare licensees and/or institutions? Please describe.**   Click or tap here to enter text. |

# Thank you!

**Use the following space for additional comments, as needed.**