**CRP Screening Form**

Introduction to the CRP Screening Form

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 Screening is a process where healthcare licensees and organizations that are using a CRP approach to their response to an adverse event can **receive real-time feedback** from a neutral group of CRP experts and patient advocates. After an adverse event has occurred, organizations can submit the event for CRP Screening **at any point during the CRP process.** As the CRP process can be complex, challenges may arise during your CRP response. **The purpose of CRP Screening is to provide applicants with support from a neutral panel of experts to work through areas in the CRP process where the applicant is stuck, affirm if the current CRP response is aligned with core CRP principles and is on the right track toward CRP Certification.** The information you provide in this application, combined with the review panel’s deliberations, will be summarized in a CRP Screening Report provided back to the applicant.

Furthermore, 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 to regulators that the case may be closed as satisfactorily resolved. **Only a CRP Certification report can be submitted to the Washington Medical Commission (WMC)**. If you intend on submitting materials to WMC, you must submit your CRP event for CRP Certification.

Eligibility for CRP Screening Review

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

Supporting documents

There is a section where you may choose to attach supporting documents (such as medical records pertaining to the event, etc.) You may be requested to submit supporting documents by CRP Validation staff to facilitate a better understanding of the case or to contribute to state-wide shared learning. All supporting documents will be deidentified.

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.).

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| 1. **STATUS OF CRP PROCESS**
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| **PACT Harm Event Response Checklist: Responses After Harm Event***The below checklist has been developed by Ariadne Labs, Institute for Healthcare Improvement, and the University of Washington for the Pathway to Accountability, Compassion, and Transparency (PACT) Collaborative. Note that this checklist is for CRP eligible events. \*The timespan of events is what is recommended by PACT, but for this review it is ok if the events did not happen within the designated timeframe.\****Check the items that have already been completed in your CRP response at the time this form is submitted:****Early response: 0-3 days after harm event\***[ ]  Care team ensures patient/family immediate care needs are met[ ]  Initial communication between the provider and the patient/family explaining the adverse event has occurred[ ]  Provider has been offered peer support[ ]  Review the event report, the patient’s medical records, and talk to involved clinicians about what happened – gather basic information about the event timeline, patient condition, concerns about the quality of care, clinician/patient/family continued support needs, and key contacts for future communication[ ]  Medical bills relating to the event are held until the event review is complete**Middle response: 1-6 weeks\*** [ ]  Investigation activities of the adverse event (i.e. root cause analysis, review of medical records, internal investigation, interviews with involved parties, etc.) is has started or has completed[ ]  Identify action items/improvement opportunities (i.e. improvements to the provider’s personal practice and/or system level improvements)[ ]  Coordinate with risk management and insurer(s) to make determination about standard of care and causality (i.e., preventability)[ ]  Findings from the event review and feedback on improvement opportunities with the involved clinician(s) and the patient/family[ ]  Ensure compliance with local, state, and federal reporting requirements[ ]  Ensure any account adjustment is processed and is communicated with patient/family**Later response: 6 weeks-5 months+\***[ ]  Action items/improvements are implemented and is communicated to patient/family[ ]  Met with the patient/family to communicate final findings of the event review and provide education on their rights to representation (if it is determined that the standard of care leading to the event was not met) [ ]  Claims team/insurer meets with the patient/family around the process of proactively offering compensation and/or non-financial resolution |

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| 1. **ELIGIBILITY FOR CRP VALIDATION REVIEW**
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| **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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| 1. **DEMOGRAPHICS**
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| 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**
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| 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. **Please describe the adverse event experienced by the patient. (A description of actions undertaken by the involved care provider(s) during and immediately following the event is helpful):**

Click or tap here to enter text. |
| 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. **SUPPORTING DOCUMENTS**
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| **Supporting documentation for the above section:****Please list and attach relevant medical records and other documents you believe would be helpful for the CRP review panel:**Document 1: Document 2:Document 3:Document 4:Document 5: |

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| 1. **CRP RESPONSE**
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| **1. Based on the actions that have been completed in the CRP process as indicated in Section I, please provide details/examples explaining how each checked action was completed.** Click or tap here to enter text. |

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| 1. **CHALLENGES EXPERIENCED DURING CRP RESPONSE**
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| 1. **Please detail if you have experienced challenges in your CRP response and/or indicate the areas where you would like additional support from the CRP Review Panel. Include any questions you would like addressed by the CRP Review Panel.**

Click or tap here to enter text. |

# Thank you!

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