



BETA HEART[®]

Healing • Empathy • Accountability • Resolution • Trust

A holistic approach to reduce harm in healthcare

Guideline

Welcome to BETA HEART® BETA's comprehensive and coordinated effort to guide member organizations and insureds in implementing a reliable and sustainable culture of patient safety that is grounded in a philosophy of HEART: healing, empathy, accountability, resolution and trust. We applaud you for opting in and partnering with us in this endeavor to reduce harm in healthcare.

As we begin this journey together know that we are here as your partner in development and implementation of each of the five domains of HEART which include:

- A process to measure safety culture and staff engagement and share results with staff utilizing a debrief methodology
- A formalized process for early identification and rapid response to adverse events that includes an investigatory process that integrates human factors and systems analysis while applying Just Culture principles
- A commitment to honest and transparent communication with patients and family members after an adverse event
- An organizational program that ensures support for caregivers involved in an adverse event
- A process for early resolution when harm is deemed the result of inappropriate care or medical error

We look forward to your participation in the domain-specific workshops in 2018. At the completion of each workshop, we will assist participants in implementation of specific strategies that will enable the organization to fully adopt and implement that domain. The following pages provide you with an outline of the elements within each domain that we will review to validate your organizations success in meeting specific criteria. Your success in meeting criteria will be rewarded with the financial incentive linked to that domain.

Incentive Structure

Members are required to opt in and meet specific requirements to be considered HEART members. With full participation, HEART members will have the opportunity to qualify for a contribution renewal credit of up to 10%.

Renewal credits will be based on meeting specified criteria within each domain and include the following:

Domain	Incentive/Renewal Credit
Culture measurement and debrief	2%
Comprehensive process for early identification and investigation of harm events	2%
Core team measured and developed in empathic communication techniques. Formal disclosure process in place.	2%
Care for the Caregiver program (C4C)	2%
Early resolution process	2%
Total potential renewal credits	10%

The guideline also provides a list of documents that will need to be made available at time of validation assessment and key personnel who we will look to interview to understand organizational process. All validation assessments will take place no later than 45 days prior to policy renewal.

Please review the following materials carefully. Documents listed for review may be forwarded to the undersigned prior to the visit. All other documents will be reviewed onsite.

Thank you for your ongoing commitment to patient safety and the reduction of harm. We look forward to celebrating your team's success.

For additional information about BETA HEART, please contact Deanna Tarnow, Senior Director of Risk Management and Patient Safety at deanna.tarnow@betahq.com or at 925-838-6070.

Demographic

Date of Assessment: _____

Facility Name: _____

BETA Risk/Patient Safety Director: _____

Facility Leadership

Chief Executive Officer: _____

Chief Nursing Officer: _____

Chief Financial Officer: _____

Chief of Staff: _____

Chief Medical Officer: _____

Human Resources Director: _____

Risk Manager/Director: _____

Patient Safety Officer: _____

Physician Lead for Patient Safety: _____

HEART Lead/Contact: _____

Culture Survey Champion: _____

Quality Management/PI Lead: _____

Broker: _____

Notified: _____

Date: _____

Licensed Beds

Acute: _____ SNF: _____ Swing _____

Average Daily Census: _____

Facility Locations: _____

Staff

Staff: _____

Employed Medical Staff: _____ # Independent Medical Staff: _____

Names of Insurance Carrier Companies Representing Medical Staff: _____

Has the Board of Directors been informed of and are they in support of the organization's participation in BETA HEART? Y N

Does the organization currently have a PFAC or a process for engaging patient and family advisors? Y N

Is Just Culture fully implemented in your organization? Y N

Note: Just Culture implementation will be assessed as part of organizational readiness assessment and validation assessment.

BETA Patient Safety Activity Involvement

Quest for Zero: OB	<input type="checkbox"/> Y <input type="checkbox"/> N
Quest for Zero: ED	<input type="checkbox"/> Y <input type="checkbox"/> N
ED Council	<input type="checkbox"/> Y <input type="checkbox"/> N
Just Culture	<input type="checkbox"/> Y <input type="checkbox"/> N
TeamSTEPPS	<input type="checkbox"/> Y <input type="checkbox"/> N

BETA HEART Assessments and Activities

Readiness Assessment completed	Date: _____
Gap Analysis completed	Date: _____
Gap Analysis debriefing completed	Date: _____
Workshop One	Date: _____
SCORE/Culture Safety Survey administered	Date(s): _____
Debriefings completed	Date: _____
Workshop Two	Date: _____
Event process map submitted:	Date: _____
Event Detection RPIW:	Date: _____
Workshop Three	Date: _____
Collaborative Call participation	Date(s): _____

Culture of Safety

Requirement	Goal	Validation	HEART Guiding Principle(s)
The organization has designated a Culture team lead and team members responsible for overseeing organizational culture measurement and strategies to develop a culture of safety.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Interviews with Culture team and leader	Healing Empathy Accountability Trust
The organization has administered a culture of safety survey using a psychometrically sound, scientifically validated instrument. A 60% response rate is required to ensure statistical significance.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Culture survey results are provided at time of validation	Accountability
A baseline survey may be completed within the six months prior to opting In, but must be completed prior to organization participating in Workshop Two.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	As above	Accountability
There is evidence of the culture survey results having been analyzed. Debriefs are facilitated and have been held in focus group settings. <ul style="list-style-type: none"> • Debrief records include the number of attendees • Debriefs are led by staff that have been educated to the debriefing process 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Medical staff committee minutes and unit/department staff meeting minutes reveal discussions held, action plans developed	Accountability Trust
Lessons learned are shared <ul style="list-style-type: none"> • Department/unit specific trends from event reports (incident reports/QRRs) are shared and discussed, at a minimum on a quarterly basis with medical staff and nursing staff. • To raise staff awareness of safety concerns, a process for disseminating lessons learned from individual case studies is developed and implemented. Dissemination may be accomplished through case study presentations, M&M rounds or patient safety newsletters/ written communications discussing errors and/or near miss events. 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Medical Staff and Nursing Department/Unit minutes reflect discussion Evidence of participation through sign-in sheets Documentation of lessons learned presentations and/or newsletters	Healing Accountability Resolution Trust
Policies are in place that support reporting of adverse clinical events.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Policy review	Accountability Trust

Culture of Safety

Requirement	Goal	Validation	HEART Guiding Principle(s)
<p>The organization adopts a Just Culture philosophy and approach to adverse event investigation and response.</p> <ul style="list-style-type: none"> • HR policies and adverse event policies contain language consistent with a fair and just approach to investigation of adverse events and determining employee culpability • Adverse event investigations focus on evaluation of systems factors for determining causative and contributing factors that led to the event • Where an adverse event or error is determined to be due to individual behavior, the organization utilizes a consistent algorithm to evaluate such behavior 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Human resources policies and adverse event policies</p> <p>Adverse event investigation records and related documents</p> <p>Evidence of application of Just Culture algorithm</p> <p>Staff interviews</p>	<p>Healing Empathy Accountability Trust</p>
<p>Measurement: The organization completes a scientifically validated, psychometrically sound culture of safety survey and staff/ physician engagement survey annually.</p> <ul style="list-style-type: none"> • Specific culture survey items are selected and studied over time <p>At a minimum, at least one additional evaluation criteria is measured:</p> <ul style="list-style-type: none"> • Staff turnover/retention rates • Number of reported adverse events • Number of reported near miss events 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Review survey instrument utilized (Must be SCOR-E, SAQ, or AHRQ)</p> <p>Review of survey results and evidence of debriefing</p> <p>Organizational data</p> <p>Review selection of culture survey items and performance improvement strategies</p> <p>Review baseline measures</p>	<p>Accountability Trust</p>
<p>The organization has adopted a HEART dashboard and communicates selected data broadly to medical staff and workforce members.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Dashboard review (on units)</p> <p>Interviews with staff</p>	<p>Accountability Trust</p>

Rapid Event Response and Analysis

Requirement	Goal	Validation	HEART Guiding Principle(s)
An Executive Leader and Event Analysis team are identified and actively involved in program development	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<ul style="list-style-type: none"> • HEART Opt-In Agreement (on file at BETA) • List of HEART team participants • Interview with Executive and Team Lead 	Accountability
Adverse events are reported to Risk Management in a timely manner <ul style="list-style-type: none"> • Serious or sentinel events are reported within one (1) hour of the event • Other adverse events are reported within 24 clock hours of the event 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<ul style="list-style-type: none"> • Review of event data reflecting category, severity and length of time from event occurrence to receipt of event report • Documentation of patient demographics collected as part of adverse event reporting 	Accountability
Incident reports include patient-specific demographic information such as race, ethnicity and preferred language of patient/family.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met		
The organization provides varying methods of submitting adverse event reports in order to support easy access for physicians and staff. <ul style="list-style-type: none"> • Online reporting system • Risk/Patient Safety Hotline 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<ul style="list-style-type: none"> • Adverse / sentinel event reporting policies and process 	Accountability
Patients or families, or both, are routinely interviewed during investigations of adverse events.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met		
Event investigation utilizes cognitive interview skills. <ul style="list-style-type: none"> • Interviews are held in-person with involved staff • Interviewers are trained in cognitive interviewing methods 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<ul style="list-style-type: none"> • Evidence of participation in cognitive interview skills lab/training • Documentation of interview process reflects use of proven methods to elicit memory retrieval 	Accountability
The organization applies the science of human factors/ergonomics to the analysis of adverse events and to process improvement planning.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<ul style="list-style-type: none"> • Human factors training program agenda/ syllabus, dates, names of participants • Event review policy 	

Rapid Event Response and Analysis

Requirement	Goal	Validation	HEART Guiding Principle(s)
At least one participant in event analyses has received formal training in applied human factors/ergonomics	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Event review documents for events occurring within last 12 months reflecting process improvement action items and measures of effectiveness	
Event reviews are inter-professional, multidisciplinary and include physician engagement.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<ul style="list-style-type: none"> • List of event review participants and disciplines for each submitted for review • Interviews of analysis team reflect broad participation 	Accountability Trust
Patients and family members are included in the development of performance improvement strategies.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<ul style="list-style-type: none"> • PI Committee minutes with names of participating patient/family advisors • Records of PI activities reflect inclusion of patient and family members in performance improvement activities 	Healing Resolution Trust
<p>When individual behaviors are determined to have contributed to harm, a consistent and fair process is utilized to determine culpability.</p> <ul style="list-style-type: none"> • Includes application of a Just Culture/Accountability algorithm 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<ul style="list-style-type: none"> • For each event review completed, examples of Just Culture algorithm application • Adverse event policy reflects Just Culture language 	Accountability Trust
<p>For each adverse event investigated, the organization tracks the following data:</p> <ul style="list-style-type: none"> • Length of time (in hours) from event occurrence to notification of Risk Management • Length of time (in days) to complete initial investigation/in-depth review • Length of time (in days) between completion of initial investigation and Confirmation & Consensus meeting (or equivalent meeting) • Length of time (in days) between confirmation and Consensus Meeting and Solutions Meeting (or equivalent meeting) • Severity of reported adverse events over time • Reporting of near miss events 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Dashboard reflecting selected data measurements	Accountability

Rapid Event Response and Analysis

Requirement	Goal	Validation	HEART Guiding Principle(s)
<p>Aggregated data:</p> <ul style="list-style-type: none"> • Number of adverse events (denominator) • Number of events reported to Risk Management >24 hours after event • Range and mean length of time (in days) between completion of initial event investigations, Confirmation & Consensus and Solutions Meetings (or equivalent meetings) • Patient demographics data including race, ethnicity, preferred language of patients/family members who experience adverse events 			

Communication and Transparency

Requirement	Goal	Validation	HEART Guiding Principle(s)
The organization has designated a communication team and team leader responsible for implementation of specific strategies.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Interview with team leader	Healing
<p>The organization has administered a communication assessment for all potential Communication Team members.</p> <p>Those assessed have received individualized feedback.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Evidence of communication assessments completed by team members	Accountability
<p>Final Communication Team selection is done in part, based on communication assessment findings.</p> <p>Additional sources of information to be considered in selecting Communication team members include:</p> <p>Professional experience within the organization, position within the organization, performance reviews, patient satisfaction scores, personal experience recommendations</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Interviews with communication team members and staff	Accountability
Key leaders and staff, including communication team members are provided additional training and developed in empathic communication.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Documented evidence of (at a minimum) participation in HEART communication workshop	Accountability Empathy
<p>The organization sets a goal of sixty (60) minutes for timeline from adverse event until initial communication to patient/family by healthcare providers or organizational leaders.</p> <p>Time from event to response is tracked and communicated across the organization.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Policy review</p> <p>Response time data (HEART dashboard)</p>	Accountability
<p>The initial communication includes the following:</p> <ul style="list-style-type: none"> • Acknowledging the event (this is not an admission of guilt, rather it acknowledges that an adverse event occurred while the patient was under the organizations care) • Showing empathy • Affirming first priority is to take care of the patient and meet their healthcare, social and emotional needs 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Organizational policy review</p> <p>Medical record documentation reflects initial communication and ongoing follow-up and interactions with patient/family as agreed upon</p>	Healing Empathy Trust

Communication and Transparency

Requirement	Goal	Validation	HEART Guiding Principle(s)
<ul style="list-style-type: none"> Informing the patient/family that an investigation and analysis will be completed to understand what occurred and that results will be shared Designation of an organizational contact person the patient/family can reach with questions/concerns and who will reach out to the patient/family within an agreed upon time period 			
<p>Communication team reviews event investigation findings and analysis in preparation for follow up communication.</p> <p>A communication checklist is utilized as a guide in preparing to hold the communication.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Interview with team members reflects use of communication checklist</p> <p>Evidence of checklist retained and required components completed</p>	<p>Healing Empathy</p>
<p>The organization evaluates the effectiveness of their communication process:</p> <ul style="list-style-type: none"> Debriefings are held with communication team members who participated in meeting with patient/family <p>Measurement:</p> <ul style="list-style-type: none"> Time from event to time of communication with patient/family are tracked and reported # of communications/# adverse events where communication is indicated # claims with documented communication with patient/family 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Standardized debriefing model is utilized as a method of evaluating what worked and opportunities for improvement</p> <p>Review timeliness data</p> <p>BETA taxonomy data</p>	<p>Accountability</p>

Care for the Caregiver

Requirement	Goal	Validation	HEART Guiding Principle(s)
<ul style="list-style-type: none"> Executive leadership has signed the HEART Opt-in Agreement to demonstrate its commitment through allocation of resources, finances and ongoing training to make caring for the caregivers a top priority within the organization A Care for the Caregiver Executive Champion and Team lead are identified to be actively involved in program development 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	CEO, CNO, CFO and VP of Human Resources will sign and submit an Opt-in agreement prior to engagement in the Care for the Caregiver program	Accountability
The organization has assessed its current infrastructure and resources to support development of a Care for the Caregiver program.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Organization has completed a personnel resource assessment <ul style="list-style-type: none"> HEART Care for Caregiver toolkit: Peer Support Implementation Guide/worksheet 	Accountability
A Care for the Caregiver Steering Committee is created to drive the program development forward. <i>Recommended members include: Department Directors, Champions representing physicians, nursing and residents; Executive sponsors such as VP Patient Safety, VP Human Resources, Behavioral Health Liaison; and representatives from Employee Health, Pastoral Care, Risk Management, and Marketing.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Review of roster for Care for the Caregiver Steering Committee members	Healing Empathy Accountability Resolution Trust
Staff is surveyed as to their perceptions of safety through an evidence based culture of safety survey and the results are shared with staff.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Review of Culture Survey results and evidence of mechanism used to share results with staff.	Accountability Trust
Policies consistent with the principles of Just Culture are in place to encourage and support staff to feel safe in reporting adverse events. <ul style="list-style-type: none"> Staff is aware of organizational philosophy and policy 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Review of organizational adverse event reporting and investigation policies Review of HR disciplinary policies Interviews with staff	Empathy Accountability Resolution Trust

Care for the Caregiver

Requirement	Goal	Validation	HEART Guiding Principle(s)
<p>A policy is in place specifying team deployment 24/7, intervention, follow-up, and support from time of event through the investigation and litigation process.</p> <ul style="list-style-type: none"> Policy includes criteria to determine the need for total team debrief (make up of team may include both clinical and non-clinical staff) 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Review of organizational Care for the Caregiver policy and procedure</p> <p>Interviews with staff regarding debrief process</p>	<p>Accountability Trust</p>
<p>Organization will designate a “Safe Space” in close proximity to each high-risk department where caregivers can go after a harm event to begin to recover.</p> <ul style="list-style-type: none"> If selected spaces have multiple uses, must be able to shift purpose immediately when needed Staff is aware of locations 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Review of evidence of communication of Safe Space locations to frontline staff</p> <p>Interview staff regarding the locations and availability of Safe Spaces</p>	<p>Healing Empathy Accountability</p>
<p>A process is in place for identification and training of peer supporters.</p> <ul style="list-style-type: none"> Peer Supporters sign a formal agreement defining their role, and indicating their commitment to complete required training, be available to staff and maintain confidentiality of discussions Peer Supporters participate in formalized training that includes responding to healthcare team members who are involved in an unanticipated patient event and may be traumatized by the event, communications, crisis intervention, active listening, situational awareness, and recognition of signs and symptoms that a colleague may benefit from peer support Formalized training will be ongoing 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Review of Peer Supporter training materials and sessions</p> <p>Review of Peer Supporter sign-in sheet or other attestation as to participation</p>	<p>Accountability Trust</p>
<p>Care for the Caregiver policy contains a mechanism for connecting staff involved in an event with a peer supporter within the department immediately after the event.</p> <ul style="list-style-type: none"> A department peer supporter is available for each shift and day of week Process allows for peer supporter’s routine responsibilities to be managed when assistance is needed for staff support. 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Review Care for the Caregiver policy</p> <p>Review Peer Supporter Agreement Forms</p> <p>Review Peer Support user feedback questionnaires for effectiveness of plan for immediate availability</p>	<p>Healing Empathy Trust</p>

Care for the Caregiver

Requirement	Goal	Validation	HEART Guiding Principle(s)
<ul style="list-style-type: none"> • A Peer support encounter form is used by peer supporters to document peer supporter activities after events • Encounter forms are used by the Steering Committee to determine the need for additional resources or training 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Review of Steering Committee meeting minutes	Accountability Trust
<p>A process for referring clinicians needing a higher level of support is in place and includes guideline criteria and mechanism for obtaining expedited access.</p> <ul style="list-style-type: none"> • Referral Network includes resources available both locally as well as separate from the organization such as: Chaplain Services, Social Workers, Clinical Psychologist, and Employee Assistance Program 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Review of process and user feedback surveys	Healing Empathy
Using BETA's HEART toolkit an individualized organizational Care for Caregiver program and related peer supporter tools are developed and implemented.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Review organizational policies, forms and tools Interviews with staff	Healing Empathy Accountability
<p>A process is in place to evaluate the effectiveness and/or staff satisfaction with the Care for Caregiver program.</p> <ul style="list-style-type: none"> • Care for Caregiver survey • Peer Supporter Program Evaluation 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Review evaluation tools and results	Accountability Trust
<p>A measurement strategy is identified, implemented and included in the HEART dashboard.</p> <p>Examples:</p> <ul style="list-style-type: none"> • # of Peer Support calls activated (peer to peer interactions) per month • # of Peer Support interactions by unit/department • Types of referrals made (clinician self-referral/supervisor/RM/other) • Effectiveness and timeliness of response (User survey) • Timely access to higher level of support (User survey) • Staff retention rates 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Review of HEART Dashboard	Accountability Trust

Early Resolution

Requirement	Goal	Validation	HEART Guiding Principle(s)
A Resolution Executive Champion/team lead and team are identified and actively involved in program development.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Interview with Executive Champion and team	Healing Resolution Trust
<p>The organization has implemented a process for timely, honest and transparent communication that meets HEART communication domain criteria. The communication includes the following:</p> <ul style="list-style-type: none"> • Taking responsibility for the event (this is not an admission of guilt, rather it acknowledges that an adverse event occurred while the patient was under the organizations care) • Expressing empathy • Designation of an organizational contact who will oversee ongoing, empathic and transparent communication with the patient/family • Making restitution 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Review organization adverse event and communication policies	Healing Resolution Trust
All criteria for Rapid Event Detection, Investigation and Determination are met.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Review of event analysis criteria Review event specific investigations and analysis	Accountability
When patient harm is determined to be the result of inappropriate care or medical error, a sincere apology is made.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<ul style="list-style-type: none"> • Review organizational communication policy • Review medical record for evidence of documentation of apology • Interview with communication champions 	Healing Resolution Trust
When harm is identified but evaluation of care indicates care was appropriate, a thorough explanation is provided to patient and family.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<ul style="list-style-type: none"> • Communication policy • Medical record documentation of conversation with patient/family • Interview with communication champions 	Healing Resolution Trust
Leaders seek to learn from event analysis and implement process changes to prevent similar harm to patients.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Minutes reflecting performance improvement activities and process change	Accountability Resolution Trust

Early Resolution

Requirement	Goal	Validation	HEART Guiding Principle(s)
There is evidence of broad dissemination of lessons learned and process improvements as a result of event analysis.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Documentation and/or observation reflects evidence of implementation of process improvement efforts Documentation reflecting method and completion of dissemination of lessons learned, including to which departments/areas communication is provided	
The organization adopts an early resolution process that has at its core the goal of re-establishing patient trust and includes at a minimum, the following: Apology Taking responsibility Reparation Commitment to improvement	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Review organizational policies: <ul style="list-style-type: none"> • Responding to Adverse Events • Communication and Apology • Early Resolution 	Healing Resolution Trust
The organization has identified a multidisciplinary early resolution team that collaboratively evaluates events and determines, when appropriate, fair and reasonable reparation for patients and/or families. <ul style="list-style-type: none"> • The team consists of representatives from administration, risk management, medical staff, hospital clinical staff, finance and claims 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Early Resolution policy Event review team structure	Healing Resolution Trust
The early resolution team works with claims partners to access external resources/consultants and experts on an ad hoc basis. Resources may include: <ul style="list-style-type: none"> • Life care planners • Actuaries • Economists • Financial planners • Patient/family advisor 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Early Resolution policy/process Interview with Early Resolution team	Healing Resolution Trust
The early resolution process addresses both financial compensation (where indicated) as well as other opportunities to help patients and families to find resolve.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Review early resolution policy, PI plan	Healing Resolution Trust

Early Resolution

Requirement	Goal	Validation	HEART Guiding Principle(s)
(Examples may include involving patient and family members in performance improvement processes, family presenting their story to Medical Staff or other clinical forum, memorialization of loss suffered via memory garden plaque, bench, etc.)		Previous early resolution case files reflect both financial compensation and/or engagement of patient/family members in PI efforts or other processes to bring about resolution	
<p>Measurement: The organization has identified and implemented measurement strategies to evaluate the effectiveness of the early resolution process.</p> <ul style="list-style-type: none"> • Timeliness of reporting: Length of time from event to receipt of report • Timeliness of communication: Timeline from event to communication • # of harm events that organization first becomes aware of through notice of intent or by plaintiff's counsel • # of events to which organization proactively responds to patient/family • Time from event to settlement agreement • Dollars involved in settlements versus dollars involved in actual suits • Median and average payment to claimants • Claims frequency • Defense costs 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	Review organizational data	Accountability