March 11, 2016

MedStar Health CandOR Program

David Mayer, MD
Corporate Vice President, Quality and Safety
MedStar Health
MedStar Health

- Largest Regional Healthcare System in Mid-Atlantic (True System)
- Ten hospitals
- 250 Outpatient sites of care
- 28,000 MSH Associates
- National Center - Human Factors Engineering
- MedStar Health Research Institute (MHRI)
- Nationally Recognized Simulation Center (SITEL)
- MedStar Institute for Innovation (MI2)
- Over 1100 Residents
A Dangerous Interplay: Rx Shortages and Med Errors

by Steve Frandzel

During two months starting in November 2010, more than 200 patients at seven hospitals in the MedStar Health system in the Maryland and Washington, D.C., region received double their prescribed concentration of potassium acetate.
MedStar Health’s Unique Value Proposition to CandOR Program

• Communication, apology and resolution belief had been in place for years…but was not being done in consistent and comprehensive manner

• CandOR allowed MedStar to implement a comprehensive program with standardized tools, techniques and expectations across a large system

• Go Team
  – Discovery and Learning
  – Care for the Caregiver
  – Patient and Family Communication
Challenges to Implementing a CandOR Program

• Comprehensive Program (This is Not “Sorry Works”)
• Open Medical Staffs
  – Some medical liability carriers have learned to take advantage of us
• Existing “Deny and Defend” Culture
• National Databank
• Small Independent Hospitals
• Billing for Preventable Medical Harm
  – Hospital bills
  – Follow up care expenses in ambulatory areas (e.g. rehabilitation)
  – Professional Fees
MedStar Health’s Unique Value Proposition to CandOR Program

• It’s what patients and families want and expect
  – Immediate honest communication, apology, remedy, system improvements from learning

• Data (over last three years)
  – Medical liability savings – over $45MM; earlier settlements
  – SSER reductions – over 40%+ reduction in SSE’s
    • Transparency leads to honest understanding of clinical care gaps
    • Put commitments to system improvements in Settlement
  – Health system savings through waiving of bills
    • Patient/Family fees
    • Medicare; other third party payers
Maryland House Bill 606

http://mgahouse.maryland.gov/mga/play/5f87f06a-fe81-46a0-8c21-f4df98b6d725/?catalog/03e481c7-8a42-4438-a7da-93ff74bdaf4c&playfrom=6863000