

Oregon's Voluntary Process for Open Conversation after Medical Harm

Early Discussion and Resolution (EDR)

In 2013, the Oregon Legislature created EDR to make progress on medical liability in the state by providing an alternative to the legal system for patient harm from medical care. EDR promotes open conversation between patients (or their representatives), healthcare providers, and facilities when serious patient harm or death results from medical care.

After medical harm, patients and healthcare providers want the same things.

Patients and their representatives want...



To know their doctor cares about them.

A support person with them so that they don't feel alone during a conversation.

To know what happened and why, and that it won't happen to anyone else.

To continue to receive the care and support they need without litigation.



Empathy



Support



Information sharing



Reconciliation

Healthcare providers want...



To know their organization and insurer support them to have an open conversation.

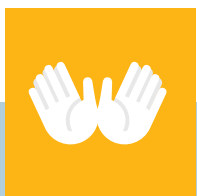
To show their concern and offer an apology.

To be open and honest about what happened.

To maintain their relationship with the patient and avoid litigation.

Open conversations benefit patients, providers, and the healthcare system.

Organizations can use EDR to enhance their process for responding to medical harm to...



Demonstrate a commitment to transparency



Encourage learning from events to improve system of care



Cultivate a culture of safety necessary to make lasting change



Help reduce medical harm events that can lead to litigation

How EDR Works

Patient harm or death from medical care

Requests a conversation

Either the patient or healthcare provider or facility through the Oregon Patient Safety Commission (OPSC)*



Patient or their representative



Healthcare provider or facility



OPSC informs involved provider(s) and/or facility of a patient's request and connects them if they agree to the conversation.



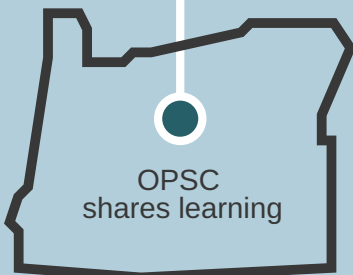
Accept or decline Request for Conversation



Have open, confidential conversation(s)



Report to OPSC about how it went



OPSC shares learning

Five Years of EDR Use in Oregon

July 2014-June 2019

195

Requests for Conversation submitted

89%

of Requests for Conversation were made by patients (or their representatives).



Most common event types mentioned in Requests for Conversation

37% Surgical or other invasive procedure

35% Care delay

11% Other

8% Medication event

7% Healthcare-associated infections



Most common locations where those events occurred

67% Hospitals

23% Medical Clinics

6% Ambulatory Surgical Centers

2% Nursing Facilities

55%

of patient Requests for Conversation were accepted by at least one involved healthcare provider or facility



Main reasons patient Requests for Conversation were not accepted by an involved healthcare provider or facility

- Intended to use or used another process instead
- Did not believe the event was a serious medical harm event
- Advised against participation by liability insurer or legal counsel
- Believed the patient's concerns involved only the other party (provider or facility).



* The Oregon Patient Safety Commission (OPSC) administers Oregon's EDR process.