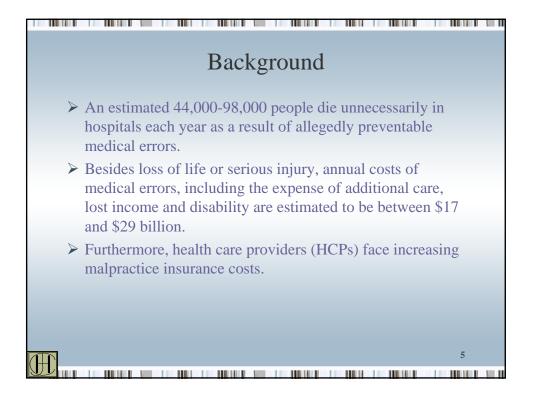
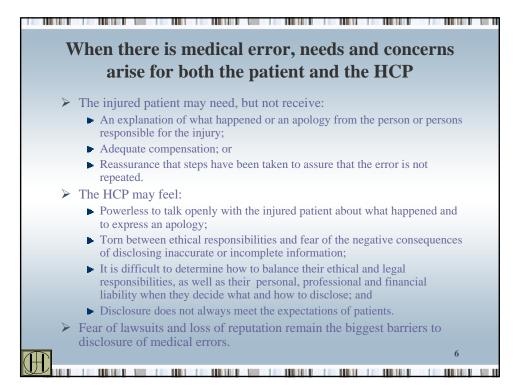
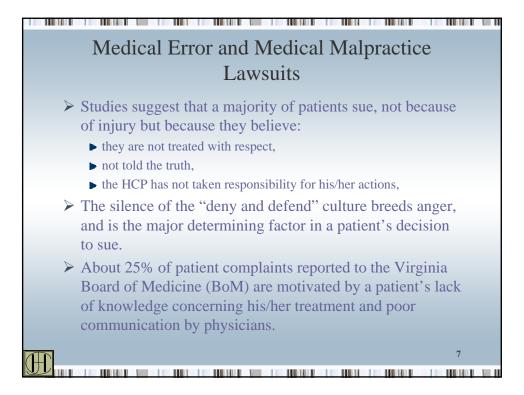
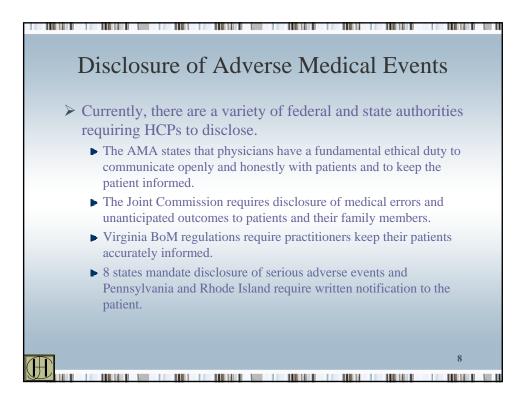


Study Commit	tee Membership
 Ellen M. Brock, M, MD, MPH Associate Professor Director, General Obstetrics and Gynecology Medical Director, Center for Human Stimulation and Patient Safety, VCU Patrick C. Devine, Jr., Esq. Williams Mullen Jeanne F. Franklin, Co-Chairman Mediator and Attorney at Law Larry Hoover, Co-Chairman Of Counsel, Hoover Penrod PLC Heman A. Marshall, III, Esq Woods Rogers PLC Malcolm "Mic" McConnell, III, Esq. Allen Allen Allen Susan C. Ward, Esq. Vice President and General Counsel, VHHA 	 Virginia Blair Vice President, Performance Improvement, Prince William Health System Thomas C. Brown, Jr. Esq. McGuireWoods LLP Michael L. Goodman, Esq. Goodman, Allen & Filetti PLLC W. Scott Johnson, Esq. Medical Society of Virginia Amy Marschean, Esq. Office of the Attorney General Devin C. Price, CPCU, CIC Colony Group, Allied Medical Division Arnie Snukals Duane & Shannon Rebecca W. West Piedmont Liability Trust

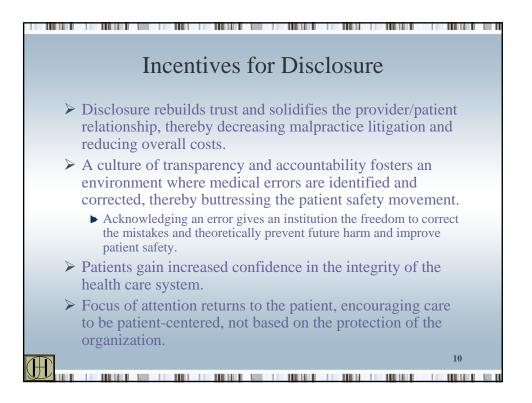


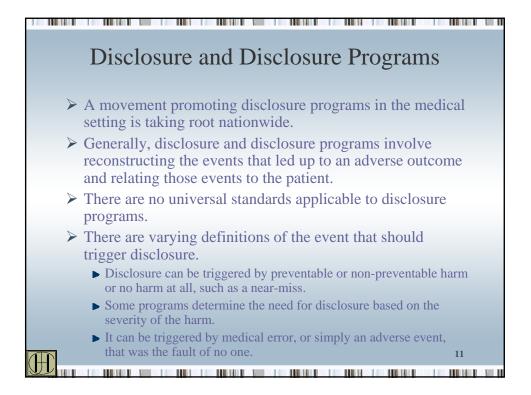




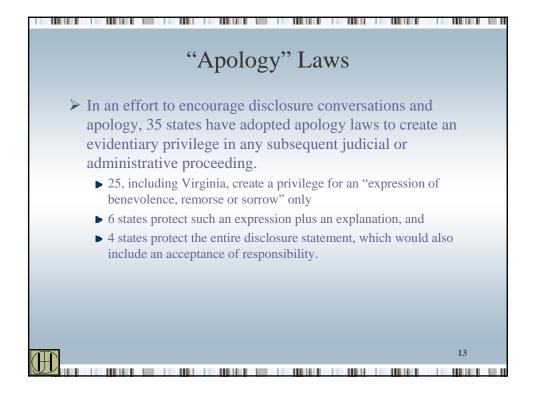




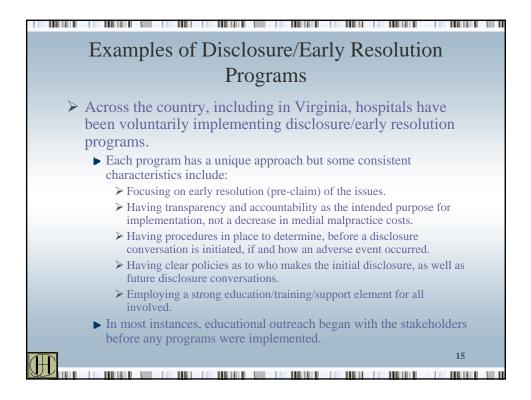


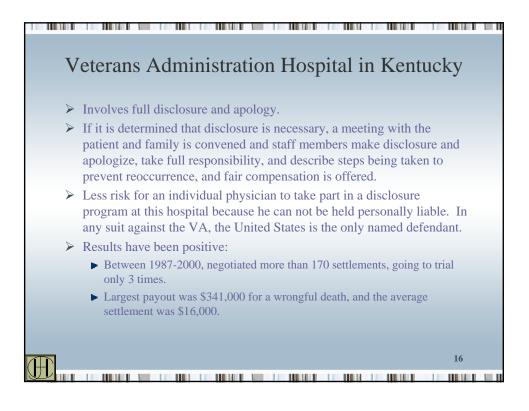


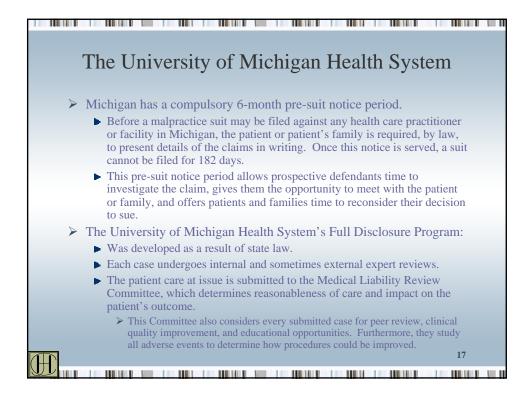
	П
Disclosure and Apology	
➢ Full disclosure includes an apology.	
 As with disclosure itself, the definition of apology varies, and physicians and patients often have differing views as to what constitutes an apology. 	
Many disclosure programs, as well as many state laws, define apology as an expression of benevolence, remorse or sorrow.	
This more narrow definition differs from one more commonly understood by the general population – patients.	
 Patients define apology as an expression of remorse and sorrow coupled with an admission of wrongdoing and taking of responsibility. 	
 This variation highlights the lack of communication and conflicting expectations between patient and physician at the heart of the problem at issue. 	
	Ш



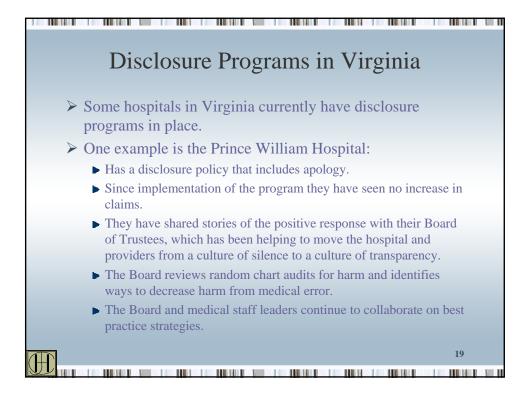




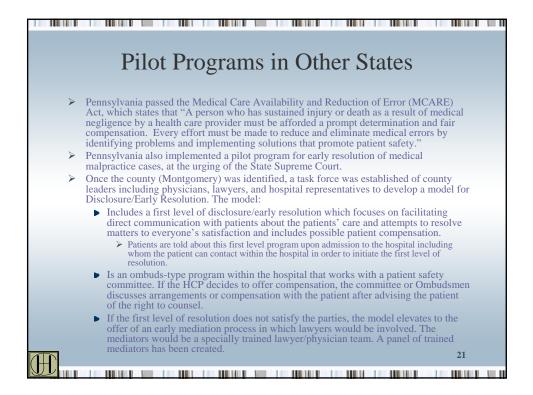


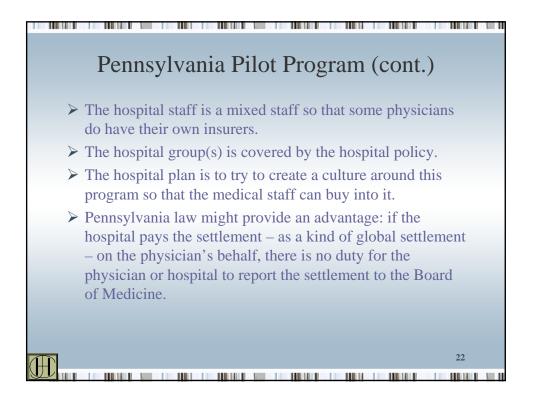


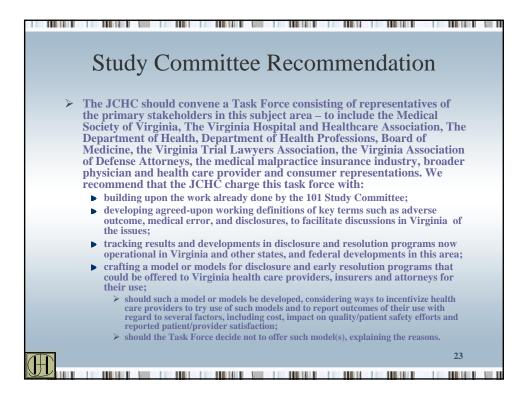
	The University of Michigan Health System
>	 Once the issues are clarified: Hospital policy requires staff to disclose cases of harmful error, and open discussion with the patient and his lawyer ensues. Physicians provide factual information of the outcome that occurred. If it has been determined that the University of Michigan Health System provided unreasonable care, they compensate patients quickly and fairly. If the hospital determines that the care was reasonable and the case is
~	 without merit, it will aggressively defend against any claims. The program has had positive results in the 5 years since implementing the program, including: Annual litigation costs decreased from \$3 million to \$1 million. Annual number of claims and lawsuits decreased from 262 to 114. Average time to resolution of claims declined from 20.7 to 9.5 months. The disclosure/early resolution program has led to an unprecedented exchange and flow of information, where staff reports more close calls and patient injuries. Physicians in this program may be individually named in a malpractice suit, but the University will wholly indemnify all its doctors for damages.
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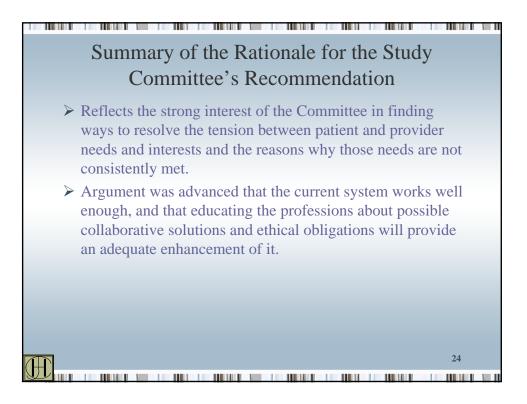


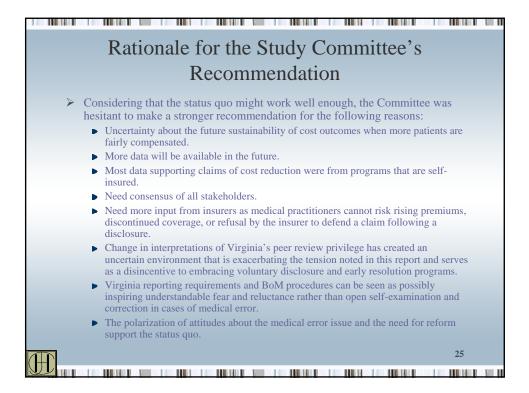
>	Whereas some states have provided a fertile environment for hospitals to implement their own disclosure programs, other states have instituted pilot programs.
\geq	Vermont's pilot program:
	Requires an oral apology or explanation of how medical error occurred, made within 30 days. This oral apology and explanation may not be used to prove liability, is not admissible, and cannot serve as the subject of questioning in administrative or civil proceedings. Of course, information obtained through other channels is not barred from use.
	This pilot establishes a voluntary program run by the Vermont Department of Banking, Insurance, Securities & Health Care Administration (BISHCA), in which physicians and hospitals promptly acknowledge and apologize for mistakes in patient care that result in harm and promptly offer fair settlements.
≻	Negotiations under the program are confidential, and the statute of limitations is tolled during negotiations.
\geq	Settlement bars further litigation.
۶	If settlement is not reached, the patient still may bring a civil action, having the same options as he did prior to entering into the disclosure program.
>	Additionally, as part of the program, hospitals will report medical malpractice costs to BISHCA for the department to analyze any cost savings resulting from use of the program.
~	They will report to the general assembly in January 2009, and the program will sunset.

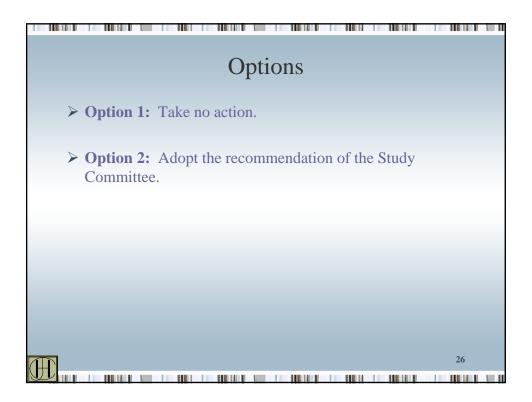












	Public Comments
	en public comments on the proposed options may be tted to JCHC by close of business on November 10,
► E-m ► Fax	nents may be submitted via: nail: sareid@leg.state.va.us s:: 804-786-5538 il: Joint Commission on Health Care P.O. Box 1322 Richmond, Virginia 23218
	nents will be summarized and presented to JCHC g its November 24 th meeting. 27
submit 2008. ▷ Comm ▷ E-n ▷ Fax ▷ Mai	 tted to JCHC by close of business on November 10, nents may be submitted via: nail: sareid@leg.state.va.us 804-786-5538 il: Joint Commission on Health Care P.O. Box 1322 Richmond, Virginia 23218 nents will be summarized and presented to JCHC g its November 24 th meeting.

