

# Implementation Guide for the CANDOR Process

## Communication and Optimal Resolution Toolkit

**Purpose:** The Communication and Optimal Resolution (CANDOR) Toolkit Implementation Guide is a reference for organizational leaders who are committed to improving their response to unexpected patient harm events. The guide describes the CANDOR process, implementation phases, resources, and responsibilities to support successful implementation at their organization.

**Who should use this guide?** The individuals who are responsible for leading implementation should consult this guide. Leaders who have accepted responsibility for implementing the CANDOR process are encouraged to share this guide with all team members, including patient and family advisors.

**How to use this guide:** Organizations committed to the program should expect to implement a number of leading practices to improve communication and response to adverse events. The guide provides additional details and guidance on several important activities such as:

- Forming an active, multidisciplinary project team that includes clinicians, support staff, and patient and family advisors.
- Conducting training sessions on the CANDOR process for all project team members.
- Conducting ongoing communications and education with staff, patients, and families about the organization's commitment to the CANDOR process.
- Engaging staff, patients, and families in the planning, implementation, and evaluation of the CANDOR process.



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## Introduction

Despite the national attention that was given to patient safety in the Institute of Medicine (IOM) report, *To Err Is Human: Building a Safer Health System*, the problems associated with injury and harm due to processes of patient care persist. Although the United States provides some of the best health care in the world, unsafe health care processes harm an alarming number of patients every year. For example, more than 1.5 million preventable infections occur annually among inpatients. This statistic represents only one type of patient harm that results during the delivery of patient care in health care delivery organizations.

Recent research shows a significant correlation between the frequency of adverse events and malpractice claims. Meanwhile, information from patient satisfaction and patient experience of care surveys have been shown to predict malpractice risk.<sup>4</sup> Eliminating or reducing the risks and hazards in the delivery of patient care should yield safer practices and potentially reduce medical liability claims.

The CANDOR process<sup>1</sup> improves patient safety through an empathetic, fair, and just approach to medical errors and promotes a culture of safety that focuses on caring for the patient, family, and caregiver; an in-depth event investigation and analysis; and resolution.

The CANDOR process is an approach that health care institutions and practitioners can use to respond in a timely, thorough, and just way to unexpected patient harm events. A CANDOR event is defined as an event that involves unexpected harm (physical, emotional, or financial) to a patient. These events trigger the CANDOR process even when a cause for the event is not yet known.

The CANDOR process toolkit provides a framework for hospitals to improve their response to unexpected patient harm events. Implementation of all elements of the framework is designed to enhance a number of short- and long-term improvements. In the short term, hospitals will develop processes to improve the reporting and monitoring of adverse events and promote better care for patients through candid, caring communication in the wake of an adverse event. In the longer term, hospitals will experience fewer medical liability claims, improved patient safety outcomes, and improved patient satisfaction scores by engaging patients and families throughout the CANDOR process.

## How to Use The Implementation Guide

The toolkit has eight different modules and contains PowerPoint slides with facilitator notes, videos, and tools to help organizations implement each phase of the CANDOR process. The toolkit modules can be customized and adapted, as needed, based on needs of the organization.

The Implementation Guide will show you how to use the modules, and it is organized according to three sections, as follows:

### 1. Introduction to the CANDOR Process

This section provides a description of the CANDOR process, which consists of five components:

- Identification of a CANDOR Event
- CANDOR System Activation
- Response and Disclosure
- Investigation and Analysis
- Resolution

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<sup>1</sup>The Communication and Optimal Resolution Process is one of the main outgrowths of the Patient Safety and Medical Liability Reform Initiative funded in 2010. This \$25 million initiative funded several projects that tested models and approaches to improving patient safety and understanding the relationship between patient safety and medical liability.

## 2. CANDOR Implementation Phases

The CANDOR process is best implemented in three phases:

- Phase I -- Assessment
- Phase II -- CANDOR Process Implementation
- Phase III -- Organizational Improvement and Sustainment

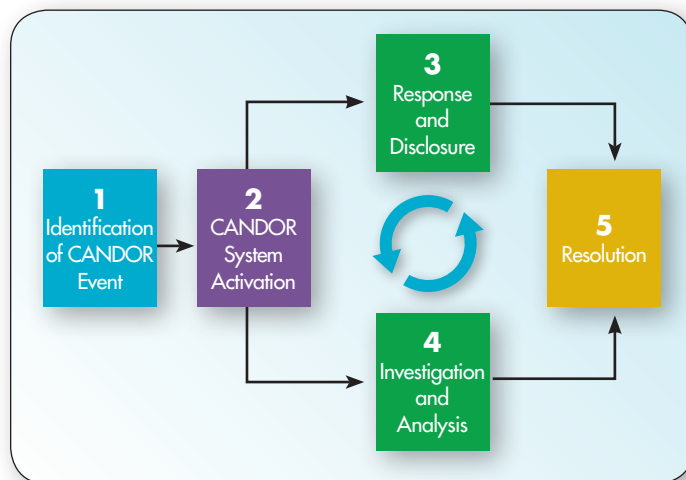
## 3. Appendixes

This section provides tools to help organizations implement project components and monitor progress.

## Introduction to the CANDOR Process

Each component of the CANDOR process was developed based on the collection of work conducted by previous AHRQ grantees and other experts in the field of communication and resolution programs. The CANDOR process is an approach that health care institutions and practitioners can use to respond in a timely, thorough, and just way to unexpected patient harm events. Figure 1 depicts the five components of the CANDOR process.

**Figure 1: CANDOR Process**



- **Component 1: Identification of CANDOR Event.** A CANDOR event is defined as an event that involves unexpected harm (physical, emotional, or financial) to a patient. These events trigger the CANDOR process even when a cause for the event is not yet known.
- **Component 2: CANDOR System Activation.** After the event is identified as a CANDOR event, CANDOR System Activation occurs and triggers the start of the next two components of the CANDOR process: Response and Disclosure (the third component) and Investigation and Analysis (the fourth component). While these two processes occur at the same time during the CANDOR process, they have been numbered for easy reference.
- **Component 3: Response and Disclosure.** Response and Disclosure involves the implementation of *Disclosure Communication* and *Care for the Caregiver* activities.
  - *Disclosure Communication* includes identification and engagement of trained Disclosure Leads and/or Disclosure Communicators who participate in disclosure communication with the patient and family after

a harm event. It is important to understand that disclosure is a process and will likely be ongoing. While an initial disclosure conversation will occur within 60 minutes after the CANDOR event occurs, a full disclosure will typically not occur until after the Event Investigation and Analysis has been completed, which will take place within 30-45 days after the event occurred.

- *Care for the Caregiver* activities are designed to support clinicians and support staff who may have been impacted by the adverse event.

- **Component 4: Event Investigation and Analysis.** This component begins with the reporting of the CANDOR event and continues until all information is gathered and analyzed, and a plan is developed to prevent the adverse event from reoccurring.
- **Component 5: Resolution.** After effectively implementing the first four components of the CANDOR process, organizations can begin implementing the Resolution process. During the Resolution component, the organization applies what the system has learned throughout the process to improve patient safety and prevent similar adverse events from happening in the future. During this component, the organization will also determine how best to address resolving the harm event, which might include providing compensation to the patient and/or family.

## CANDOR Implementation Phases

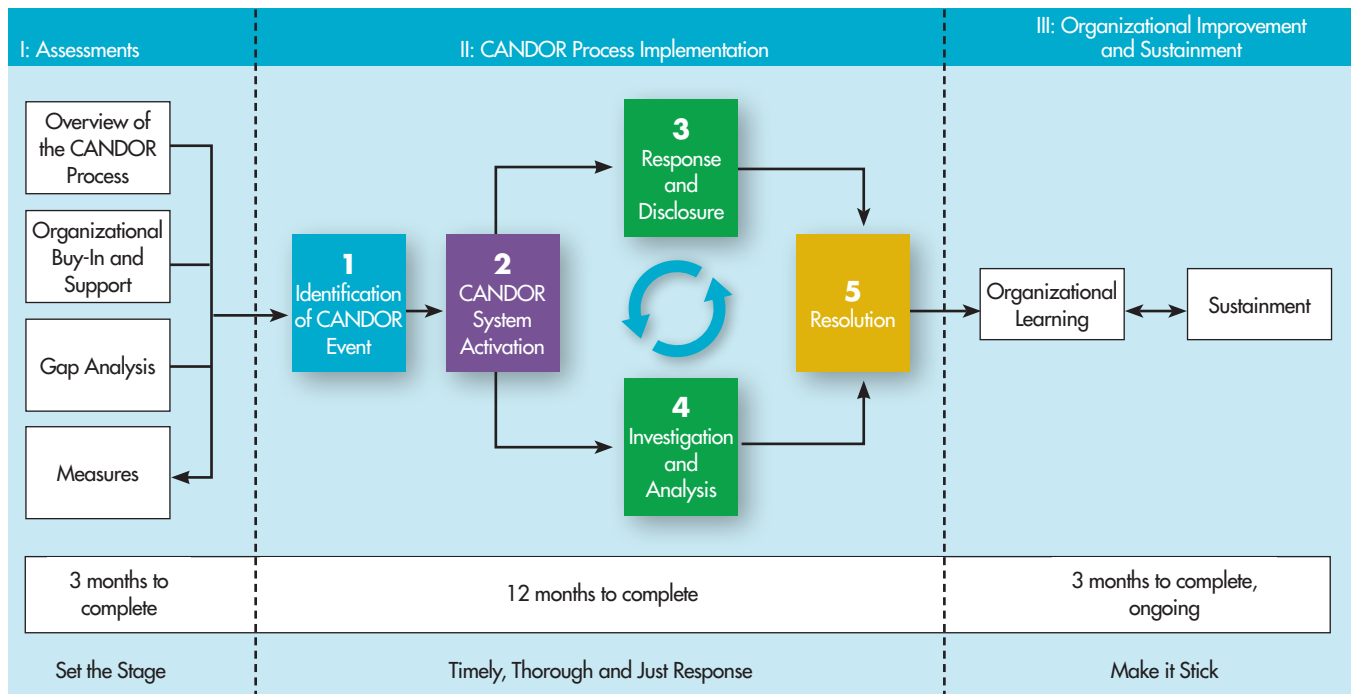
CANDOR process implementation occurs in three phases, and the toolkit provides eight modules to assist organizations in implementing each phase as described below:

- Phase I: Assessments
  - Module 1: Overview of the CANDOR Process
  - Module 2: Obtaining Organizational Buy-In and Support
  - Module 3: Preparing for Implementation: Gap Analysis
- Phase II: CANDOR Process Implementation
  - Module 4: Event Investigation and Analysis
  - Module 5: Response and Disclosure Communication
  - Module 6: Care for the Caregiver
  - Module 7: Resolution
- PHASE III: Organizational Improvement and Sustainment
  - Module 8: Organizational Learning and Sustainability

Generally, organizations can expect that it will take at least 12–18 months to implement the CANDOR process. The implementation lifecycle is highlighted in Figure 2 and described in more detail below.

Each module will also be discussed in its respective phase below.

**Figure 2: CANDOR Implementation Phases**



## Phase I: Assessments

Phase I activities should occur during the first 3 months of CANDOR process implementation. Phase I activities have been designed to help the organization “Set the Stage” before beginning implementation of the CANDOR process. These activities include:

- Obtaining organizational buy-in and support
- Conducting a gap analysis
- Building project teams
- Defining the metrics to evaluate successful implementation of the CANDOR process

### ✓ Module 1: Overview of the CANDOR Process

This module provides a general introduction to the CANDOR process that can be used to educate all staff in the organization. It also emphasizes the organization’s commitment to improve the reporting and monitoring of adverse events and to promote better care for patients through candid, caring communication in the wake of an adverse event.

Tools and resources include:

- PowerPoint slides with facilitator notes
- Introductory video titled, *Introduction to Communication and Optimal Resolution (CANDOR)*
- *Grand Rounds* video and presentation slides designed to support staff training

## ✓ **Module 2: Obtaining Organizational Buy-In and Support**

Obtaining senior leadership and risk management engagement is an essential first step in setting the stage for successful CANDOR process implementation. Securing organizational buy-in and support early in CANDOR process implementation will help prepare leaders, staff, and external stakeholders to promote a culture of safety. The organization should also incorporate the perspectives and input of patients and family members in each phase of CANDOR process implementation.

This module describes the characteristics of successful engagement of key leaders and stakeholders, how to enhance leadership buy-in using a business case for the CANDOR process, and how Just Culture principles support CANDOR process implementation.

Tools and resources include:

- Tools and resources provided in Module 1 above
- *Peer-to-Peer Coaching* video
- Building the Business Case Worksheet (see Appendix A)

## ✓ **Module 3: Preparing for Implementation: Gap Analysis**

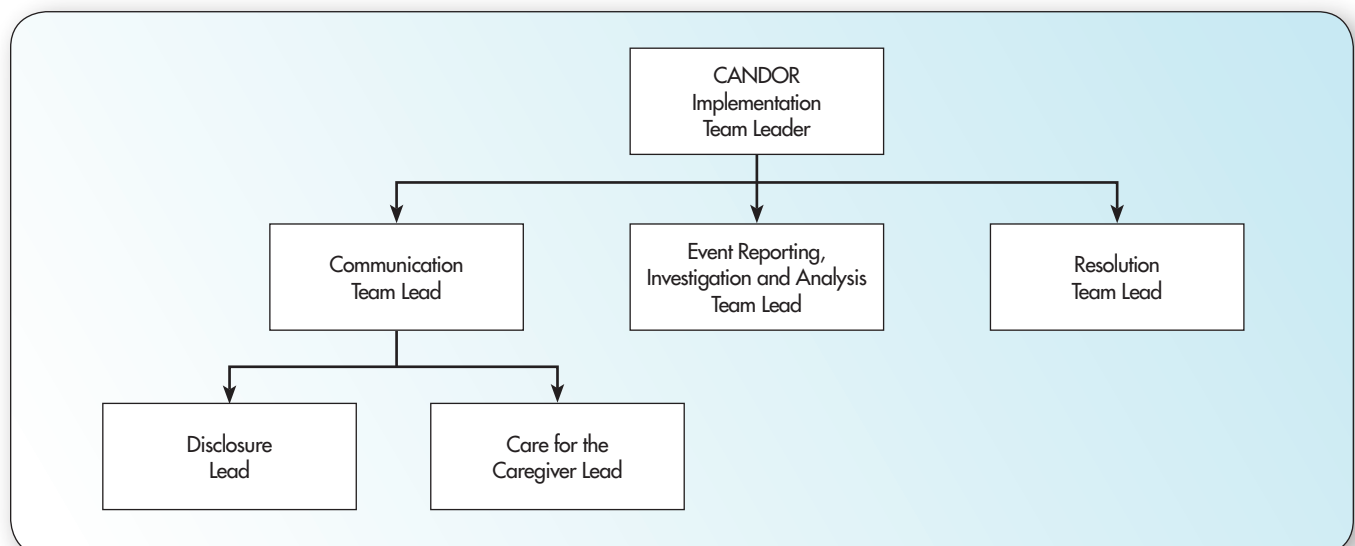
This module provides additional information to help the organization prepare to implement processes designed to impact system-wide culture change.

This module includes a Gap Analysis Facilitator’s Guide, which will assist you in assessing the organization’s current policies, procedures, and processes related to adverse events to evaluate the organization’s readiness to implement the CANDOR process.

## ✓ **ACTIVITY: Building Project Teams**

The project teams provide the critical support necessary for successful implementation of the CANDOR process. For the change effort to be successful, designated teams must work to support and guide the process. Figure 3 provides a summary of the team structure recommended to support CANDOR process implementation.

**Figure 3: CANDOR Process Implementation Team Structure**



Key characteristics of team members should include:

- Authority to lead the change
- Leadership skills
- Credibility
- Communications ability
- Expertise in change management
- Analytical skills
- Desire to improve the system

The **CANDOR Implementation Team** is responsible for the organization-wide implementation of the CANDOR process.

The **CANDOR Implementation Team Leader** should be a senior leader with influence and authority to make decisions and support the widespread culture change associated with the CANDOR process. He or she is responsible for ensuring that individual team members have what they need to implement the steps they own in the CANDOR process. The CANDOR Implementation Team Leader is responsible for recruiting diverse team members who will be responsible for guiding key processes during implementation of the CANDOR process.

The CANDOR Implementation Team should have three subgroups with a Team Lead for each subgroup. The Team Leads oversee the implementation of individual steps in the CANDOR process and report to the CANDOR Implementation Team Leader. The three subgroups include:

1. **Communication Team.** This team is responsible for overseeing the actual disclosure communication to patients and/or family and for supporting caregivers impacted by the adverse event. This team has two sub-teams:
  - a. **Disclosure Communication.** The Disclosure Team Lead is responsible for implementing the disclosure communication process in the organization.
  - b. **Care for the Caregiver.** The Care for the Caregiver Team Lead is responsible for implementing a Care for the Caregiver program for the organization.
2. **Event Reporting, Investigation, and Analysis Team.** This team is responsible for reviewing the organization's current processes and making improvements and changes to support implementation of the CANDOR process.
3. **Resolution Team.** This team is responsible for working with legal counsel, claims, and risk management staff to establish a resolution process for the organization.

Some organizations may choose to assign more than one role to team leaders. Backup team members should be identified for the five teams to maintain consistent delivery of all project services and continuity during turnover or staff absences. Each team should include six to eight members who may be formal or informal leaders and respected members of the health care team, including nurses, physicians, risk management champions, patient/family advisors, and other clinical and support team members. Ad hoc team members can also provide additional resources and skills, when needed.

Potential team members should be approached individually and invited to participate in this exciting project designed to improve patient safety. It is important that team members know that they have been selected to join a team based on their expertise in a particular area, their distinctive skills, and/or their recognition as a leader in the organization. Team members should be assured that management has approved their participation in the project, and that their work assignments will be covered while they attend meetings or are involved in other project activities.

Team leaders should schedule an introductory meeting with all team members to orient the team to the project. Leaders should promote the organization's commitment to this change process using existing communication vehicles



such as posting flyers in public areas of the building; including information about the project in the organization's newsletter (if applicable); and announcing the opportunities to serve on teams at staff, patient, and family council meetings.

Tools and resources include:

- Team Roles and Responsibilities – Serves as a guide when forming your CANDOR teams (see Appendix B)
- Organization Team Roster (see Appendix C)

#### ✓ **ACTIVITY: Identifying Data and Outcome Measures**

The Gap Analysis can be used to help you establish a baseline from which to measure change over time. Prior to implementation, information provided in the Gap Analysis and the metrics defined in the Building the Business Case Worksheet (Appendix A) will provide you a starting point to identify the data you wish to collect to evaluate the short- and long-term success of CANDOR process implementation.

## **Phase II: CANDOR Process Implementation**

Phase II is the implementation of the CANDOR process, which operationalizes a timely, thorough and just response to unexpected patient harm events. To effectively implement the process, the organization must provide sufficient training and education to staff involved in each implementation task. All activities that comprise the CANDOR process should include the patient and family, whenever possible.

During Phase II, the organization should begin to collect data on process and outcome measures. Data collection during this phase includes collection of CANDOR process measures related to patient safety.

As you begin implementation of the CANDOR process, an Action Plan Template (see Appendix D) will help you track the progress of each implementation activity.

Detailed information, resources, and tools concerning the five components of the CANDOR process are included in the toolkit modules as follows:

#### ✓ **Module 4: Event Investigation and Analysis**

This module provides specific training in the key elements of a timely and comprehensive event reporting system, event investigation, and event analysis.

Tools and resources include:

- CANDOR Event Checklist
- System-Focused Event Investigation and Analysis Guide

#### ✓ **Module 5: Response and Disclosure Communication**

This module defines the response and disclosure component of the CANDOR process and provides additional information concerning the knowledge, skills, and attitudes needed for individuals who may support disclosure communication.

Tools and resources include:

- Disclosure Checklist
- Communication Assessment Guide
- Case Scenarios: Handling Challenging Communications
- Videos: *Appropriate Disclosure to a Patient* and *Inappropriate Disclosure to a Patient*

### ✓ **Module 6: Care for the Caregiver**

This module identifies the steps for developing a Care for the Caregiver program, provides additional information concerning the second-victim phenomenon, and describes challenges and interventions for peer support.

Tools and resources include:

- Care for the Caregiver Program Implementation Guide
- Videos: *Peer Support Interaction (Physician)* and *Peer Support Interaction (Nurse)*

### ✓ **Module 7: Resolution**

This module defines the CANDOR process resolution component, the steps of the resolution process, and the roles of the resolution team and other stakeholders.

Tools and resources include videos, which include vignettes that demonstrate how the resolution process might occur following an adverse event (see *Adverse Event [Reasonable Care]* and *Adverse Event [Unreasonable Care]*).

## **Phase III: Organizational Improvement and Sustainment**

Phase III focuses on ensuring that the improvement processes that have been implemented will continue without interruption. In this phase, the organization will begin to track when the CANDOR process is in control or when control is lost. It is important that the organization continue to train and educate staff and to evaluate success through data collection and outcome measures. Sustaining the improvements and continuing to learn from the process is an important feature of the final implementation phase. Common elements that support sustaining organizational improvement include:

- The organization ensures that its mission, vision, and values support the CANDOR process.
- The CANDOR process will support and enhance the organization’s quality improvement and patient safety initiatives.
- Trust between the organization, its clinicians, and patients is established and sustained.

Resources to educate the organization about sustaining the CANDOR process are included in the toolkit modules as follows:

### ✓ **Module 8: Organizational Learning and Sustainability**

This module defines the concepts of organizational learning and sustainability and provides additional information to guide an organization as it sustains the CANDOR process.

The Action Plan Template (see Appendix D) can also be used to track project activities and tasks, as well as challenges and solutions to assure ongoing improvement and sustainment.

## **References**

1. Institute of Medicine (IOM). *To Err is Human: Building a Safer Health System*. In: Kohn LT, Corrigan JM, Donaldson MS, editors. Washington, DC: National Academy Press; 2000. PMID: 25077248.
2. Studdert OM, Mello MM, Brennan TA. Medical Malpractice. *N Engl J Med* 2004; 350(4): 283-92. PMID: 14724310.
3. Greenberg MD, Haviland AM, Ashwood JS, Main R. Is better patient safety associated with less malpractice activity? Evidence from California. Santa Monica: RAND Institute for Civil Justice; 2010.
4. Fullam F, Garman AN, Johnson TJ, Hedberg EC. The use of patient satisfaction surveys and alternative coding procedures to predict malpractice risk. *Med Care* 2009; 47(5): 553-9. PMID: 19365294.

# Appendixes

## Appendix A: Building the Business Case Worksheet

**Purpose:** To provide guidance to leaders and staff who are building a business case for implementing the CANDOR process in their organization.

**Who should use this tool?** Leaders (administrators, director of nursing, medical director, etc.) and any staff who are leading the implementation of the CANDOR process in the organization.

**How to use this worksheet:** Review each element of the business case, and use the examples to build a business case tailored to the organization. Respondents should answer these questions honestly and to the best of their ability. Adapt the business case to the audience being addressed, whether it is the CEO, risk manager, or frontline staff, focusing on the elements of the business case they are most interested in highlighting. If the organization has already adopted a business plan template or format, then use the organization’s format to summarize key elements of the plan.

### <Your Organization’s> Business Case for the CANDOR Process

Recommended Business Case Elements	Your Business Case
<b>Executive Summary</b>	<b>&lt;Your organization’s&gt; Executive Summary</b>
<ul style="list-style-type: none"> <li>■ The Executive Summary should be a brief but succinct answer to the question, “Why implement the CANDOR process?” The question should be answered on a strategic level and should address the following:               <ul style="list-style-type: none"> <li>– A brief description of the CANDOR implementation plan including all program elements (one or two paragraphs).</li> <li>– Alignment of the plan to the organization’s strategic and risk/quality/patient safety goals.</li> <li>– Identification of the clinical areas involved in the rollout and the key stakeholders, as well as the anticipated time frame from development to execution, including evaluation.</li> <li>– Identification of key success factors and related measures such as resource commitment, process changes, and leadership engagement.</li> </ul> </li> </ul>	

Recommended Business Case Elements	Your Business Case
<p><b>Current Climate</b></p>	<p><b>&lt;Your organization's&gt; Current Climate</b></p>
<ul style="list-style-type: none"> <li>■ The Current Climate should address current culture related to risk/quality/patient safety, especially how to handle adverse events. Should the organization decide to move forward with the CANDOR process, a detailed Gap Analysis will be conducted. <ul style="list-style-type: none"> <li>– Outline the organization’s risk/quality/patient safety program and how the CANDOR process connects to the goals and objectives.</li> <li>– Analyze the organization’s frequency of adverse events and malpractice claims to support the rationale/urgency for implementing the CANDOR process.</li> <li>– Discuss efforts to improve communication and response to adverse events to date, including the clinical areas engaged, the implementation steps used to develop and/or spread the practices and strategies, and key leaders who have supported the efforts.</li> <li>– Provide information about accomplishments to date, especially audits of practices, observations by staff and leaders, and evidence of execution of principles and practices. Identify what you believe are the critical success factors.</li> </ul> </li> <li>■ Performance measures that reflect the culture of an organization include: <ul style="list-style-type: none"> <li>– Length of time to report the adverse event <ul style="list-style-type: none"> <li>• Number of adverse events reported &gt;24 hours after occurrence</li> </ul> </li> <li>– Severity level of adverse events reported</li> <li>– Length of time it takes to disclose the event</li> <li>– Length of time to complete investigation and analysis of the event</li> <li>– Number of claims asserted</li> <li>– Number of law suits filed compared to the claims settled or dismissed for &lt;\$500</li> <li>– Proportion of, and dollars subsequently paid for, adverse events identified outside of the organization vs. those identified internally by existing processes</li> </ul> </li> </ul>	

Recommended Business Case Elements	Your Business Case
<b>CANDOR Process Overview</b>	<b>&lt;Your organization's&gt; CANDOR Process Overview</b>
<ul style="list-style-type: none"> <li>■ Briefly describe the program elements and the CANDOR process.</li> <li>■ Describe exactly what you want to achieve with the CANDOR process in the organization. Set specific measures and related goals.</li> <li>■ Include a description of who needs to be involved to support the project; what is needed in terms of money, time, people, or other resources; a high-level timeline that demonstrates the timing for each phase of implementation; and the plan to achieve, spread, and sustain CANDOR processes.</li> </ul>	
<b>Financial Impact</b>	<b>&lt;Your organization's&gt; Financial Impact</b>
<ul style="list-style-type: none"> <li>■ Prepare a budget that details costs for salaries, supplies, contracted services, equipment, materials, and any other expenses that require allocation of capital or operating funds.</li> <li>■ Assess what is occurring in the organization's legal community regarding medical litigation. (Track, analyze, and compare adverse events managed pre-CANDOR process, then follow up with additional analysis post-CANDOR process). Performance measures to be compared include: <ul style="list-style-type: none"> <li>– Dollars involved in settlements</li> <li>– Dollars involved in actual suits</li> <li>– Median and average payment to claimants</li> <li>– Settlement authority versus actual disposition</li> <li>– Verdict comparisons</li> <li>– Physician approval with resolution process</li> <li>– Comparison of actual results to settlement authority extended</li> <li>– Legal costs (dollars spent on litigation and loss adjustments)</li> <li>– Professional liability premiums</li> </ul> </li> <li>■ Collaborate with finance and the risk/quality/patient safety division to calculate the projected costs of harm events in terms of reimbursement loss, penalties, risk management claims, medical liability expenses, and/or added costs to the patients. Determine a return on investment that ties to reduced adverse events.</li> </ul>	

Recommended Business Case Elements	Your Business Case
<p><b>Indirect Impact</b></p> <ul style="list-style-type: none"> <li>■ The indirect impact of the CANDOR process implementation is significant and should be included. Some organizations will be able to tie a financial impact to some of these items, while others might not be able to do so. Please address financial impact whenever possible, and discuss measurement before and after the CANDOR process implementation. Performance measures to consider include: <ul style="list-style-type: none"> <li>– Patient experience (use measures such as HCAHPS scores)</li> <li>– Staff and physician experience (utilize existing satisfaction measures, HSOPS scores, and other human resource metrics such as reduced staff turnover or improved retention)</li> <li>– Care for the caregiver (only in organizations that have an existing Care for the Caregiver program in place) <ul style="list-style-type: none"> <li>• Number of peer-to-peer interactions</li> <li>• Level of support provided</li> </ul> </li> </ul> </li> <li>■ Describe how the program can build the skills, knowledge, and confidence of the workforce, thereby affecting the ability of the organization to be resilient and more successful in sustaining reliable processes.</li> <li>■ Discuss the effects on community confidence or market capture due to more favorable communication and response to adverse events.</li> </ul>	<p><b>&lt;Your organization's&gt; Indirect Impact</b></p>
<p><b>Implementation Risk</b></p> <ul style="list-style-type: none"> <li>■ Assessment of the Implementation Risk should address risks associated with allocating resources (human and other) to implement, spread, or sustain the CANDOR process if leadership is not engaged or fully supportive. (Present a plan to track FTEs and any other expenses associated with implementation, spread, and/or sustainability in this circumstance aligned with other outcomes previously discussed.)</li> <li>■ Include potential risks to the organization if the practices and principles are not fully integrated, spread, or sustained.</li> </ul>	<p><b>&lt;Your organization's&gt; Implementation Risk</b></p>

HCAHPS = Hospital Consumer Assessment of Healthcare Providers and Systems  
HSOPS = Hospital Survey on Patient Safety Culture

Recommended Business Case Elements	Your Business Case
<b>Conclusions/Recommendations</b>	<b>&lt;Your organization's&gt; Conclusions/Recommendations</b>
<ul style="list-style-type: none"> <li>■ Keep this section brief by focusing on three or four key conclusions or recommendations. Circle back to the question, “Why implement the CANDOR process?” in this organization. Support the “why” with evidence gathered in the measurement of the various outcomes suggested throughout this worksheet.</li> <li>■ Be specific about what is needed to support implementation and sustainment in the organization and about the level of readiness to pursue the work.</li> <li>■ Focus on patient safety improvements, the involvement of patients and families in the CANDOR process, and how these actions will benefit the organization and its goals.</li> </ul>	

## Appendix B: Team Roles and Responsibilities

Role	Responsibilities	Suggested Background or Experience for Staff Roles
<b>I. CANDOR Implementation Team</b>		
CANDOR Implementation Team Leader	Organization-wide implementation of the CANDOR process	Influential senior leader who has the authority to make decisions, such as: Chief Medical Officer, Chief Nursing Officer, etc.
<b>II. Communication Team (With Sub-Teams For Disclosure And Care For the Caregiver)</b>		
Communication Team Lead	Provides support and oversight for the Disclosure and the Care for the Caregiver Teams for implementation	Influential and positive communicator who has been trained in disclosure communication (e.g., Medical Director, Nurse Manager, Risk Manager)
Disclosure Lead(s)	Implements the Disclosure and Communication program, as necessary; reports to the Communication Team Leader	Influential and positive communicator who has been trained in disclosure communication (e.g., Medical Director, Nurse Manager, Risk Manager)
Disclosure Communicator(s)		Physician, nurse, resident, risk manager, social services, chaplain
Care for the Caregiver Lead(s)	Implements the Care for the Caregiver program; reports to the CANDOR Implementation Team Leader	Influential staff person who may have experienced a second-victim event and wants to support caregivers
Care for the Caregiver Peer Supporters	Assists the Team Lead with developing, educating, and implementing the Care for the Caregiver program	Physician, nurse, resident, risk management, social services, chaplain, human resources
<b>III. Event Reporting, Investigation, and Analysis Team</b>		
Event Reporting, Investigation, and Analysis Team Lead	Implements the event reporting, investigation, and analysis processes; reports to the CANDOR Implementation Team Leader	Director of Risk Management
Event Reporting, Investigation, and Analysis Team	Assists the Team Lead with developing, educating, and implementing the event reporting, investigation and analysis process for the organization	Risk management staff, nurse manager, legal, claims
<b>IV. Resolution Team</b>		
Resolution Team Lead	Implements the resolution process; reports to the CANDOR Implementation Team Leader	Director of Risk Management, Legal Counsel
Resolution Team Members	Assists the Team Lead with developing, educating, and implementing the resolution process for the organization	Risk management staff, claims, legal



<b>Role</b>	<b>Responsibilities</b>	<b>Suggested Background or Experience for Staff Roles</b>
<b>V. Auxiliary Team Members</b>		
Physician Champion	Reinforces goals of the CANDOR process; educates clinical staff about the CANDOR process; serves as liaison to promote and support CANDOR process implementation with the medical staff	Physician, resident (if applicable)
Nurse Champion	Reinforces goals of the CANDOR process; educates clinical staff about the CANDOR process; serves as liaison to promote and support CANDOR process implementation with the nursing staff	Director of Nursing or designee
Risk Management Champion	Reinforces goals of the CANDOR process; educates risk, legal, claims staff about the CANDOR process; serves as liaison to promote and support CANDOR process implementation with the risk, legal, and claims staff	Director of Risk Management or designee
Direct Patient Care Staff	Serves as liaison to promote and support CANDOR process implementation with the direct patient care staff	Nurse manager and/or charge nurse, staff development coordinator/educator
Indirect Patient Care Staff	Serves as liaison to promote and support CANDOR process implementation with the indirect patient care staff	Housekeeping/maintenance, social services, pharmacist, laboratory, radiology, security/guest services, other
Patient and Family Advisors	Attends team meetings and supports the team on specific activities; provides the voice of the patient throughout the CANDOR process implementation	Patients, families, patient liaison, patient advisors
Marketing/Communications	Attends team meetings as needed; assists with promoting the CANDOR process to organization personnel as well as patients and families	Public relations, human resources
Information Technology	Attends team meetings as needed; assists with implementing technology processes that support and promote the CANDOR process implementation	Information technology, medical records

## Appendix C: Organization Team Roster

**Purpose:** To confirm understanding of expectations by team members.

**Who should use this tool?** CANDOR Implementation Team Leader and other Team Leads.

**How should you use this worksheet?** Each member of the CANDOR Implementation Team should sign this form.

Team Role	Name	Credentials	Title	Signature	Date
CANDOR Implementation Team Lead					
Disclosure Team Lead					
Care for the Caregiver Team Lead					
Event Reporting, Investigation, and Analysis Team Lead					
Resolution Team Lead					
Physician Champion					
Nurse Champion					
Patient and Family Advisors					
Risk Management Champion					
Direct Patient Care Team					
Indirect Patient Care Team					

## Appendix D: Action Plan Template

**Purpose:** To provide leaders and staff a template Action Plan to work through project activities and tasks.

**Who should use this tool?** Leaders (administrators, director of nursing, medical director, etc.) and any staff who are working on implementation of the CANDOR process in an organization.

**How should you use this worksheet?** Throughout each phase of implementation, identify one project activity your team needs to complete, and use the Action Plan template to identify challenges and desired solutions for that activity. Outline what success looks like and what steps your team needs to do to complete the activity.

Activity: \_\_\_\_\_

Challenges Identified: \_\_\_\_\_

Consider: \_\_\_\_\_

What Does Success Look Like? \_\_\_\_\_

Steps	How will this happen? [Be specific and include important steps to make the idea/activity happen.]	Who will make this happen? [Be specific for each task.]	How do I know to move to next step and by when? [What does success look like? How will you track your progress?]	What other information do I need to make this happen?	Tools or Resources to Use
1					
2					
3					
4					
5					