The PACT Collaborative

Frequently Asked Questions

1) What is PACT, and why was it created?

Communication and Resolution Programs (CRPs) are the standard of care for preventing and responding to harm events in healthcare. While nearly 500 healthcare organizations are at some stage of CRP adoption, many organizations are struggling to consistently implement their CRPs. The Pathway to Accountability, Compassion, and Transparency (PACT) is a CRP learning community that will help organizations achieve highly reliable CRPs, benefitting the patients, families, and clinicians involved in harm events.

2) What are the benefits of participating in PACT?

PACT goes far beyond the CRP trainings that many organizations have previously undertaken, featuring new tools and resources, metrics, and individualized learning from core faculty and an IHI Improvement Advisor. PACT will help organizations move from knowing **what** a CRP is to understanding **how** to implement a highly reliable CRP. Each PACT Collaborative Team will also develop their own Aim Statement, highlighting the CRP dimensions that will constitute their primary focus. For example, one organization may want to focus on improving ongoing communication with patients and families, while another might emphasize engaging non-employed physicians in the CRP process. One of the unique benefits of PACT participation is the cross-fertilization of ideas and learning among the Collaborative Teams that this approach facilitates.

3) What would participation in PACT be like?

PACT is an 18-month Breakthrough Series Collaborative. PACT Collaborative Teams will be divided into cohorts of similar organizations (e.g., Acute/Ambulatory Care, Children's Hospitals, or Senior Care Facilities). Participation involves five virtual learning sessions, each presented over two to three half-days. Between learning sessions, Collaborative Teams will focus on implementation of the best practices introduced in the learning sessions, attend monthly check-ins with their cohort, receive guidance from core faculty, and access webinars and other resources for ongoing engagement. PACT also involves extensive shared learning among the participating organizations, building upon their experiences to date.

4) What type of data will participating organizations collect and share?

PACT Collaborative Teams will complete a self-assessment of their CRP before PACT begins and submit aggregate data on their CRP's performance throughout the program. These data will be fed back to Collaborative Teams and benchmarked against other participants in their cohort. Organizations may identify a special topical area related to CRP to share and discuss with their peers and will present de-identified CRP cases to their cohort for discussion and learning. Interested organizations also will have opportunities to participate in scholarship related to PACT, expanding the reach of the rich learning emanating from this Collaborative.







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5) Who from my organization would be involved in PACT?

Each organization will build a core PACT Collaborative Team to participate throughout the program. This team will include an Executive Sponsor, a Team Leader responsible for day-to-day Collaborative activities, a clinician champion, and the key staff involved in the organization's CRP (e.g., risk managers, claims professionals, patient safety officers, patient/family and resident representatives, or medical directors). The team configuration will likely be different for each organization. Other key players will participate in sessions devoted to specific topical areas. To ensure transparency and support for efforts of the PACT Collaborative Teams, the initial learning session will focus on senior leaders within the organizations. For organizations with multiple hospitals from their system participating, we anticipate PACT Collaborative Teams at both the system and individual hospital levels would take part. Since the sessions are all virtual, there are no limits on the number of participants from an organization who may attend any of the learning sessions.

6) What does the PACT curriculum look like?

Accountability, Compassion, and Transparency are the organizing principles for the entire curriculum. Each element of a highly reliable CRP is addressed throughout PACT, with best practices introduced and reinforced at learning sessions and during monthly cohort check-ins. Curriculum elements include: the role of an engaged leader in driving a CRP, using a CRP process map to identify and address CRP challenges, communicating effectively and compassionately with patients and families after harm, the role of a communication coach, engaging patients and families in event analysis, processes for implementing system changes for patient safety, developing or strengthening peer support programs, providing patients with prompt and fair resolution after harm, and assessing and improving patient safety culture. The curriculum is designed to provide core content up front, greater depth and reinforcement throughout, and the flexibility to hone in on specific areas of interest and concern for participants.

7) What new tools and resources will be shared during The PACT Collaborative?

Innovative tools and resources will be provided to support CRP effectiveness and consistency. Some of the new tools include communication checklists for both providers and patients/families, a guide for communication coaches, CRP pathway and expectation tools for patients and families, a claims transfer tool, a CRP process map, and a CRP measurement tool. Tools will be introduced with structured guidance for how to use them for the best experience and outcomes.

8) How much work would be involved for an organization?

PACT is most appropriate for an organization committed to developing a highly reliable CRP and seeking support in achieving that aim. The PACT Collaborative Team at each organization will attend all the learning sessions and check-ins, submit metrics, develop their action plan, and commit to moving it forward.







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9) What organizations are leading PACT?

Three leading health care organizations—Ariadne Labs, The Collaborative for Accountability and Improvement, and The Institute for Healthcare Improvement—have established a groundbreaking collaboration to support organizations with implementation of highly reliable Communication and Resolution Programs.

Ariadne Labs is a joint center for health systems innovation at Brigham and Women's Hospital and Harvard T.H. Chan School of Public Health. We develop simple, scalable solutions that dramatically improve the delivery of health care at critical moments to save lives and reduce suffering. Our vision is for health systems to deliver the best possible care for every patient, everywhere, every time.

The Collaborative for Accountability and Improvement (CAI) is a program of the University of Washington. CAI serves to advance highly reliable communication-and-resolution programs that meet the needs of patients, families, and providers for accountability, compassion, transparency, and improvement after patient harm.

The Institute for Healthcare Improvement (IHI) is an independent not-for-profit organization based in Boston, Massachusetts, USA. For more than 25 years, IHI has used improvement science to advance and sustain better outcomes in health and health systems across the world. IHI brings awareness of safety and quality to millions, catalyzes learning and the systematic improvement of care, develops solutions to previously intractable challenges, and mobilizes health systems, communities, regions, and nations to reduce harm and deaths. IHI collaborates with a growing community to spark bold, inventive ways to improve the health of individuals and populations.

10) Who are the PACT core faculty?

PACT core faculty include Evan Benjamin, MD, MS, FACP and Thomas H. Gallagher, MD.

Evan Benjamin, MD, MS, FACP is chief medical officer at Ariadne Labs, a joint center of healthcare innovation at Harvard School of Public Health and the Brigham & Women's Hospital. He is associate professor of Medicine at Harvard Medical School and associate professor of Health Policy and Management at Harvard School of Public Health where he teaches health care systems, quality improvement, and patient safety. Dr. Benjamin's research focuses on the impact of CRP on patient and provider experience as well as outcomes of cost and patient safety.

Thomas H. Gallagher, MD, is a general internist who is Professor in the Department of Medicine at the University of Washington, where he is Associate Chair for Patient Care Quality, Safety, and Value and also a Professor in the Department of Bioethics and Humanities. He is the Executive Director of the Collaborative for Accountability and Improvement, an organization dedicated to advancing the spread of Communication and Resolution Programs. Dr. Gallagher's research addresses the interfaces between healthcare quality, communication, and transparency.

Industry leaders will also join specific learning sessions to share their knowledge and expertise and provide guidance.







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11) How much does it cost, and where is the tuition going?

Participating in PACT costs \$20,000 per organization, which allows each organization to include one hospital facility. Each additional hospital an organization would like to bring costs \$7,000 per hospital. Thanks to major sponsorships from Liberty Mutual and Constellation Mutual, with additional support from Hoot Medical, the tuition is lower than many comparable programs. The three organizations hosting PACT are non-profits, and the tuition and sponsorships are intended solely to cover the program costs.

12) What do we do next if we are interested in participating in PACT?

Members of the PACT team would be pleased to speak with any organization interested in exploring participation in this Collaborative. Organizations that wish to participate will submit an application to **thecai@uw.edu** no later than August 13, 2021. Participants will be selected and notified on a rolling basis with final letters of acceptance sent no later than August 31, 2021. Participation is capped at 30 organizations to ensure PACT faculty and staff can provide the individualized attention to each organization that will facilitate success in advancing their CRP.

FOR ADDITIONAL QUESTIONS? EMAIL THECAI@UW.EDU





