

PACT

Collaborative

Information Packet

How should healthcare respond to
harm?

*Join Us on the Pathway to Accountability,
Compassion, and Transparency*

PACT Pathway to Accountability,
Compassion, & Transparency



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Overview of the PACT Collaborative

Patients entrust their lives to healthcare providers. Healthcare providers, in turn, aim to promote wellness, heal what can be healed and relieve suffering, all with comfort and compassion. Yet, when patients are harmed by their healthcare, too often they experience defensiveness and disregard that exacerbate their suffering, adding insult to injury. PACT (the Pathway to Accountability, Compassion and Transparency) helps healthcare organizations improve the way they respond to harm by supporting the implementation of Communication and Resolution Programs (CRPs). CRPs mitigate further harm of patients who have been harmed during their care. These programs strive to ensure that patients and families injured by medical care receive prompt attention, honest and empathic explanations, sincere expressions of reconciliation including financial and non-financial restitution, and reassurance from efforts to prevent future harm to others. Decades of study and interest in CRPs are resulting in increased implementation with the hope that supporting patients, families, and caregivers after harm could become the norm rather than the exception.¹

Ariadne Labs, the Collaborative for Accountability and Improvement, and the Institute for Healthcare Improvement (IHI) have long been leaders in promoting CRPs. They co-founded the **PACT Collaborative** with the goal of guiding PACT Collaborative participants in gaining knowledge, skills, and tools they need to implement a comprehensive, highly reliable process for responding to harm events with accountability, compassion, and transparency.

CRPs are also now gaining support and traction on the national stage with the recent President's Council of Advisors on Science and Technology (PCAST) report naming CRPs as one of a few specific initiatives to transform patient safety, and the proposed CMS Patient Safety Structural Measure including a requirement that hospitals must attest to having "a defined, evidence-based CRP reliably implemented after harm events."

Now is the time to launch or strengthen your organization's CRP with the PACT Collaborative.

Participant Testimonial

"Participation in the PACT Collaborative has given our organization the knowledge and tools required to develop our CRP. The faculty and support staff are impressive and they have gone above-and-beyond to provide the professional support and guidance needed for our success. Participants selected by the PACT Collaborative faculty to enrich learning experiences were excellent and added depth and perspective to the numerous topics covered. Abundant resources (handouts, video recordings, etc.) were readily available for immediate use. The virtual platform allowed true collaboration with other healthcare organizations and the technology worked flawlessly.

I highly recommend participation in the PACT Collaborative to any organization desiring to embark on the development of a CRP or wanting to enhance an existing program."

-Sharn Devun, MSN, RN, CPQH, Director of Risk Management, Hendrick Health

¹ Gallagher TH, Boothman RC, Schweitzer L, Benjamin, EM. Making communication and resolution programmes mission critical in healthcare organisations. *BMJ Quality & Safety* 2020;29:875-878.3

Participation in the PACT Collaborative

The first two waves of the PACT Collaborative involved 28 healthcare organizations from across the US. Through their participation in PACT, they have:

- Refined and adopted process maps to guide a consistent response to harm events
- Developed programs to support providers, staff, patients, and families after harm events
- Engaged with patients and families to co-develop processes and materials
- Broken down silos to allow for true collaboration between patient safety, risk management, quality improvement, claims, and patient relations departments
- Enhanced their harm event identification systems and their event review processes
- Gained confidence in their ability to effectively respond to harm events

The third round of the PACT Collaborative will build on all that we learned from our initial participants to ensure that organizations entering the Collaborative will finish with:

1. The needed skills and processes to compassionately engage with patients and their families after harm, ensuring that their needs drive the response process.
2. Organizational and operational processes implemented to support an accountable, compassionate, and transparent response to harm.
3. A defined approach to measuring harm response processes and outcomes to support reliability and sustainability of the program.

Benefits of the PACT Collaborative

The PACT Collaborative helps healthcare systems and providers create a comprehensive process to respond to harm in a holistic and compassionate manner. The PACT Collaborative goes far beyond the trainings that many organizations have previously undertaken by featuring new tools and resources, metrics, individualized learning from core faculty, and shared learning among peers. PACT will help organizations move from a disjointed and inconsistent response to harm events to a highly reliable process for responding to patient harm that supports the needs of all involved.

Participant Testimonial

"Many healthcare organizations believe that the right way to bring healing and resolution to patients and families when an unexpected and unwelcomed outcome occurs is through honest, open and ongoing communication. However, achieving that goal requires providing their staff with the training, tools and ongoing guidance they need to be successful. But organizations don't have to build these resources alone. The PACT Collaborative can help any organization achieve success. Whether the organization is just beginning this important work or is well on its journey, the resources provided by PACT are invaluable now and will continue to be so in the future. Being a member of PACT also brings with it the fellowship and support of the PACT member organizations and their professional staff. Our job together has really just begun."

Larry Smith, Vice President, Corporate Risk Management Service, Medstar

PACT Collaborative Structure

The PACT Collaborative is modeled on IHI's Breakthrough Series Collaborative. This systematic approach convenes healthcare organizations with shared goals to learn together, share experiences, and accelerate implementation of new processes.

PACT teams will participate in virtual learning sessions when content will be shared and guidance will be offered. Between learning sessions, Collaborative Teams will enter action periods, implementing the best practices introduced in the learning sessions, attending monthly check-ins with a smaller cohort within the Collaborative, and consulting with their assigned faculty coach. The PACT Collaborative also involves extensive shared learning among the participating organizations, building upon their experiences to date, which may occur during learning sessions or action periods.

Having the right people on your PACT Collaborative Team is essential to your success. The most effective team will be one with a variety of perspectives and viewpoints, solid knowledge of both the realities of the system and goals of the Collaborative, and the full support of the organization to move forward and make changes. Each 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 harm response program (e.g., risk managers, claims professionals, patient safety officers, patient/family and resident representatives, or medical directors). There is no limitation on the number of people who may attend.

PACT Collaborative Core Curriculum

As shown on our driver diagram on page 6, the PACT Collaborative is organized around the Core Concepts of Accountability, Compassion, and Transparency, as well as the foundational elements of Leadership Engagement and Patient and Family Engagement. As a participant in this Collaborative, you will be provided with innovative tools and robust support for the key drivers of successful harm response program implementation:

- Strong leadership engagement
- Highly reliable processes
- Creating a learning organization
- Respectful patient partnership
- Support for impacted patients and families, as well as involved providers
- Measurement strategies & tools

Participating in a Collaborative is an excellent foundational approach to creating long-term success. This method can help healthcare organizations accelerate work that is underway and plan for meaningful progress over time. Recognizing that the work of genuinely developing and embedding a robust and meaningful program is a multi-year process, though, PACT offers ongoing support. At the conclusion of the Collaborative, graduates will be invited to join the PACT Leadership and Innovation Network, an ongoing community of organizations committed to advancing optimal harm response in their own organizations and beyond.

Key Driver Diagram

Every healthcare organization has a comprehensive, highly reliable process in place for responding when patients are harmed by their care

Leadership commitment & accountability

- Board (including patient/family advisors) is fully engaged
- Organization leaders are committed to clinical & quality mission, resourcing patient/family engagement, CRP team, measurement & learning system
- Risk, claims, insurer, and legal are partners in advancing the clinical & quality mission
- Patients & families are partners in implementation, co-designing

Highly-reliable high-quality CRP processes

- Event detection & reporting captures all events
- Communication with, and support of patients/families is proactive and skillful
- Communication with, and support of clinicians is proactive and skillful
- Event review includes patient/family narrative, just culture, and strong actions
- Quality improvement in is driven by event review findings
- Offers of financial and non-financial reconciliation are proactive

Measurement & learning system

- People have clear roles & responsibilities for data collection, compilation, & analysis
- Processes for data collection, compilation, are analysis are defined
- Software vendors and in-house resources effectively support CRP data tracking
- Measurement system is comprehensive (structural, process, and outcome measures)
- Measurement integrates equity
- Quarterly data presentations to leaders include reflection & adjustments as needed

Ongoing education/training

- For board members, organizational leaders, risk/claims/insurer/legal leaders
- For CRP Team members
- For clinicians (incl. just-in-time coaching/training)
- For the public/patients/families

Community of practice

- Risks & improvements are shared beyond the organization for safer care overall
- Receiving and offering support with CRP processes improves response and drives the field
- Accountability to other organizations, and eventually to the public

Aim

Primary drivers

Secondary drivers

PACT Tools and Resources

Innovative tools and resources are essential to support effectiveness and consistency. PACT tools build on the content of the CANDOR Toolkit developed by the Agency for Healthcare Research and Quality in 2009, offering new guides, tools, and tip sheets that can be used by any healthcare organization. Faculty will introduce tools during the Collaborative with structured guidance for how to use them for the best experience and outcomes. Some of these tools are:

- **Measurement tools:**
 - PACT Measurement Guide
 - PACT Data Tracking Tool
 - PACT Patient/Family Experience Measures
 - PACT Provider Experience Measures
- **Communication tools:**
 - PACT Patient and Family Communication Tip Sheet
 - PACT Communication Coaching Guide
 - Eliciting the Patient Narrative
 - Sharing Event Review Findings with Patients and families
- **Process Tools**
 - Patient and Family Support Guide
 - Patient and Family Peer Support Network (Betsy Lehman Center)
 - RCA2 (IHI)
 - Peer Support Toolkit (Betsy Lehman Center)
 - Psychological Safety Tip Sheet
 - Resolution Toolbox
 - PACT Guide for CRP Policy
 - PACT Harm Event Checklist
- **Tools for Patients and Families:**
 - PACT Patient and Family Brochure
 - PACT Patient and Family Pathway

Organizations Leading PACT

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. Ariadne develops simple, scalable solutions that dramatically improve the delivery of health care at critical moments to save lives and reduce suffering. Their 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. IHI generates optimism, harvests fresh ideas, and supports anyone, anywhere who wants to profoundly change health and health care for the better. Learn more at ihi.org.

PACT Core Faculty

Evan Benjamin, MD, MS, FACP, is Director of Community Innovation at Ariadne Labs. 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. He was the former co-chair of MACRMI, a Massachusetts alliance to implement Communication and Resolution Programs (CRPs) across the state. Dr. Benjamin's research focuses on the impact of CRPs on patient and provider experience as well as outcomes of cost and patient safety.

Thomas H. Gallagher, MD, MACP, 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. Dr. Gallagher is also a Professor in the Department of Bioethics and Humanities, and 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.

Jeff Salvon-Harman, MD, CPE, CPPS, is the Vice President, Safety at the Institute for Healthcare Improvement (IHI). He provides strategic leadership in Safety with deep operational expertise implementing change initiatives and applying quality improvement methods. He is a recognized subject matter expert in high reliability, patient and workforce safety, Human Factors application to Root Cause Analysis, and system level management of quality and safety.

Melissa Parkerton, MA, is the Executive Director of PACT and the Assistant Director for the Collaborative for Accountability and Improvement. In her 30-year career in healthcare, she has supported individual change as a child and family therapist and executive coach, as well as large scale change, serving as Research Project Director for the UCLA/RAND evaluation of Transforming Care at the Bedside and director of multiple break-through series collaboratives with hospitals, skilled nursing facilities, and dialysis facilities. She had the honor of serving as Director of Early Discussion and Resolution at the Oregon Patient Safety Commission, creating a new program mandated by state law to foster direct communication between patients and healthcare providers in the wake of medical harm and create an optimal environment for Communication and Resolution Programs.

Lauge Sokol-Hessner, MD, CPPS, is a hospitalist and an Associate Professor of Medicine at the University of Washington (UW) in Seattle, Washington. He is also Associate Director of the Collaborative for Accountability and Improvement. Dr. Sokol-Hessner has led communication and resolution program work in several ways: communicating with patients and families after adverse events; leading a medical center's peer review program (as the former Senior Medical Director of Patient Safety in the Department of Health Care Quality at Beth Israel Deaconess Medical Center, in Boston, MA); a member of the leadership team for the Massachusetts Alliance for Communication and Resolution after Medical Injury (MACRMI); and coaching and supporting several hospitals in Eastern Massachusetts who are implementing CRPs.

PACT Collaborative Schedule

The PACT Collaborative is organized around learning sessions and action periods. Learning Sessions are an excellent opportunity to experience the “All Teach, All Learn” dynamic of a Collaborative as we create time for sharing successes among teams, interacting with faculty, learning about new changes to test, solidifying skills in the Model for Improvement, and team planning for the next action period when new ideas will be tested and implemented.

Learning Sessions are scheduled daily from 9 am -1 pm PT (12 pm-4 pm ET).

PACT Collaborative Schedule

February 11*-12, 2025

April 9-10, 2025

June 17-18, 2025

September 17-18, 2025

November 19-20, 2025

January 14-15, 2026

* Learning Session for Executive Sponsors and Team Leaders only

Cost to Join PACT

Participating organizations will pay \$29,000 for a full team to attend all events, access all resources, consult with a faculty coach, and have guidance in understanding their own data. Additional teams sent from the same organization will cost \$9,000 per team.

The organizations leading PACT are non-profits, and the tuition and sponsorships are intended solely to cover the program costs.

PACT Collaborative Application

Application Deadline: January 17, 2025

PACT Collaborative Launch: February 11, 2025

Note: *Participants will be selected and notified on a rolling basis. Due to limited space, we encourage you to complete your application as soon as possible to guarantee a spot in the PACT Collaborative.*

Cost: Participating organizations will pay \$29,000 for a full team to attend all events, access all resources, consult with a faculty coach, and submit data for evaluation and feedback. Additional teams sent from the same organization will cost \$9,000 per team.

About Your Organization

Organization Name _____
Organization Headquarters Address _____
Organization Service Area _____
Organization Liability Insurer(s) _____
Number of locations/facilities _____

About Your Collaborative Leadership

Each Collaborative Team will designate a team leader who will be responsible for day-to-day engagement in the Collaborative and who will serve as the primary contact for all Collaborative activities. Each organization will also designate an executive sponsor who will endorse the work of the team, provide oversight, empower the team to move forward, and assist with removal of barriers to success.

Team Leader _____
Role _____
Phone _____
Email _____

Executive Sponsor _____
Role _____
Phone _____
Email _____

Who will be the administrative contact for scheduling, finances, and agreements?

Administrative Contact _____
Role _____
Phone _____
Email _____

About Your Current Processes

For each component, mark the number that best represents your organization's current practice.

| Components | Your Organization's Current Practice | | | | |
|---|---|----------------------------|----------------------------------|--------------------------------------|---|
| | 1 | 2 | 3 | 4 | 5 |
| | Solidly in place and consistently applied | In place and often applied | In place and applied selectively | Not in place, but has been discussed | Not in place and has not been discussed |
| We review harm events to determine whether to use our CRP process | 1 | 2 | 3 | 4 | 5 |
| We offer emotional support to providers and staff involved in a harm event | 1 | 2 | 3 | 4 | 5 |
| We offer emotional support to patients and families involved in a harm event | 1 | 2 | 3 | 4 | 5 |
| We conduct preliminary event reviews within 72 hours of knowing of the harm event | 1 | 2 | 3 | 4 | 5 |
| We elicit the patient and family narrative of the harm event | 1 | 2 | 3 | 4 | 5 |
| We provide communication training to staff | 1 | 2 | 3 | 4 | 5 |
| We provide communication coaching to providers before harm communication discussions | 1 | 2 | 3 | 4 | 5 |
| We present event analysis findings and prevention plans to patients and families | 1 | 2 | 3 | 4 | 5 |
| We proactively offer compensation if the harm event was due to an error or system failure | 1 | 2 | 3 | 4 | 5 |

Referrals

If applicable, please let us know who referred you to the PACT Collaborative:

Name of the person who referred you _____

Organization of the person who referred you _____

Letter of Interest

Please provide a letter of interest that includes:

- ☐ An explanation of the reasons why your organization should be selected to participate
- ☐ An assurance of support from each of the following:
 - Your executive sponsor
 - Your organization's board of directors
 - Your organization's medical executive committee or other governing body for healthcare staff
- ☐ If your organization has multiple facilities, explain why you have selected this facility or these facilities to participate

Application Submission

Send your complete application and letter of interest to pact@ariadnelabs.org by January 17, 2025. Participants will be selected and notified no later than January 24, 2025. If you are applying on behalf of multiple facilities from your organization, please complete an application for each team. You only need to submit one letter per organization.

Questions?

Please reach out to:

Melissa Parkerton

Director, PACT

mparkerton@ariadnelabs.org