

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 provide real value for patients and families, providers, and healthcare organizations.

- **For patients and families:** They offer what people want most after harm—honesty, empathy, and assurance that steps are being taken to prevent the same harm from happening again. This can be critical for healing.
- **For healthcare providers:** CRPs provide support for clinicians too. Harm events take an emotional toll, and CRPs create space for reflection, growth, and healing. They also guide clinicians on how to communicate clearly and compassionately after something goes wrong, which can help to rebuild trust and maintain the patient-provider relationship
- **For the system overall:** CRPs improve patient safety by identifying root causes and system failures. They break down barriers to reporting and drive a culture of continuous learning.

CRPs don't increase claims or lawsuits. In fact, research shows they may even reduce both. 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

CRPs are also endorsed as a best practice and are supported by top healthcare authorities, including:

- The Joint Commission, National Quality Forum, and Leapfrog
- The U.S. National Steering Committee for Patient Safety
- The World Health Organization

The 2023 President's Council of Advisors on Science and Technology (PCAST) report named CRPs as one of a few specific initiatives to transform patient safety, the 2024 CMS Patient Safety Structural Measure included a requirement that hospitals must attest to having “a defined, evidence-based CRP reliably implemented after harm events”, and a recent AHRQ-funded literature review confirmed that CRPs are effective and worth implementing.

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.

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

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 three waves of the PACT Collaborative involved 40 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
- Broken down silos to allow for true collaboration between patient safety, risk management, quality improvement, claims, and patient relations departments
- Engaged with patients and families to co-develop processes and materials
- Enhanced their harm event identification systems and their event review processes
- Implemented improvements to prevent recurrence of harm events
- Gained confidence in their ability to effectively respond to harm events

The fourth wave 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.

Participant Testimonial

"The PACT Collaborative has proved essential to helping health systems build Communication and Resolution Programs that work. The strength of the collaborative lies in showing organizations how to convert CRPs from a vision into practice. I'd encourage any organizations seeking to implement a meaningful CRP to join this invaluable effort."

-Allen Kachalia, MD, JD, Senior Vice President, Patient Safety and Quality, Johns Hopkins Medicine

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 providing:

- Access to expert faculty in the CRP space
- Practical tools and real-world resources
- A supportive network of peers
- One-on-one coaching tailored to your needs
- A clear, step-by-step roadmap to CRP implementation

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.

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 six 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 relations professionals, patient/family and resident representatives, or clinical directors). There is no limitation on the number of people who may attend.

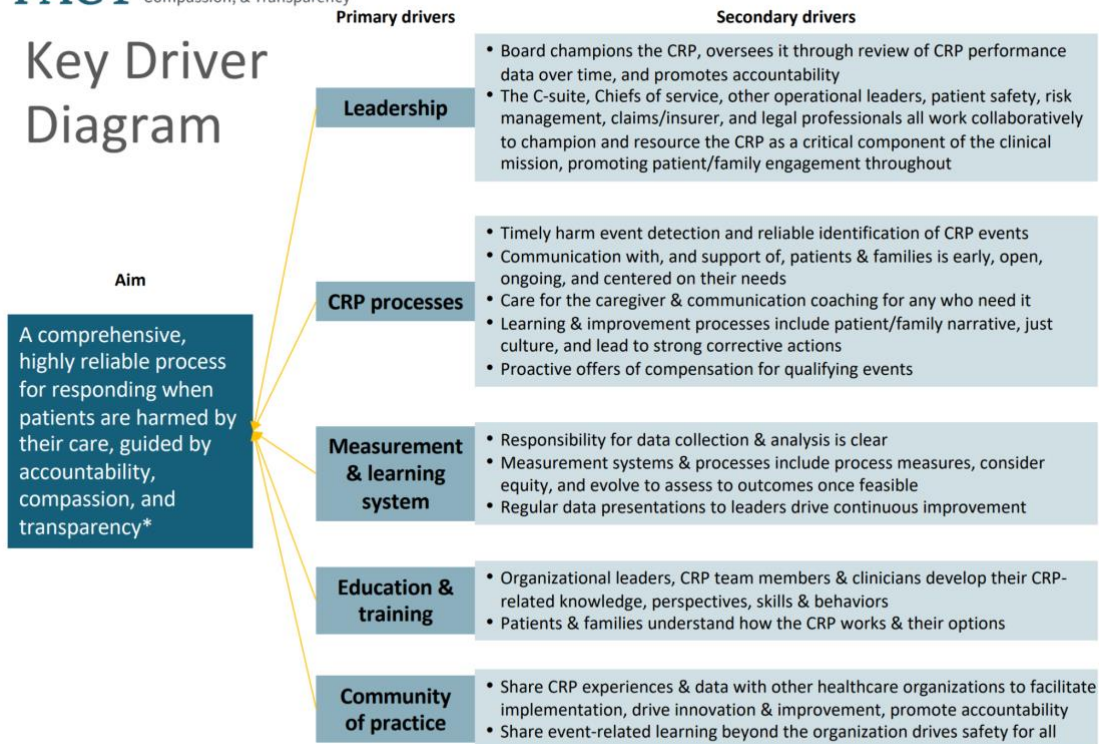
PACT Collaborative Core Curriculum

As shown in our driver diagram below, the PACT Collaborative is driven by the Core Concepts of Accountability, Compassion, and Transparency. 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
- Measurement and learning system
- Strategies for ongoing education and training
- A community of practice to support your work and challenge your assumptions

Participating in a Collaborative is an excellent foundational approach to creating long-term success. This method helps 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



*Each organization should update the Aim statement with the specific goal, target population, measurable outcome, and timeframe.
Example: *By the end of the PACT Collaborative in 12 months, our organization will run 100% of CRP events identified through our CRP.*

PACT Curriculum Overview

The PACT sessions are adapted to meet the needs of participants each wave. In general, the curriculum will cover the key learning objectives outlined below:

Learning Session for Leaders: Leading Successful CRP Implementation (3 hours)

Learning Objectives:

- Identify how PACT tools and resources support CRP implementation and team readiness
- Recognize the critical role of leadership in driving successful CRP adoption
- Define actionable steps leaders can take now to make CRP a mission-critical priority

Learning Session One: Creating a strong foundation for success with the PACT Collaborative (4 hours)

Learning Objectives:

- Introduce PACT core concepts and key resources for launching a CRP
- Prepare participants to navigate and apply the PACT process maps
- Identify strategies for engaging with the PACT curriculum to maximize learning

Learning Session Two: Key CRP Components in Early and Middle Responses (8 hours)

Learning Objectives:

- Define foundational steps in the early and middle phases of a CRP
- Prepare for identifying CRP events and tracking related processes
- Identify strategies for engaging clinicians, insurers, and communication coaches

Learning Session Three: Communication with Patients & Families (8 hours)

Learning Objectives:

- Prepare for effective communication throughout each stage of the CRP process
- Plan for clear and compassionate written communication and documentation
- Identify tools and techniques for teaching harm communication skills within organizations

Learning Session Four: Middle and Later Response to Harm & Legal Considerations (8 hours)

Learning Objectives:

- Learn techniques to elicit the patient and family narrative after harm events
- Prepare organizations for reconciliation conversations
- Recognize the roles of plaintiff and defense attorneys in supporting CRP success

Learning Session Five: Advanced CRP Topics (8 hours)

Learning Objectives:

- Explore advanced issues and emerging practices in CRP
- Discuss strategies for sharing learnings from CRP cases internally and externally
- Recognize the value of partnering with patient and family advocates in co-designing CRPs

Learning Session Six: Continuing your CRP Momentum (7 hours)

Learning Objectives:

- Revisit core concepts, tools, and resources covered throughout the PACT program
- Celebrate organizational progress and accomplishments
- Identify strategies to sustain and build on CRP improvements over time

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

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

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 joint program of the University of Washington and the Armstrong Institute for Patient Safety and Quality at Johns Hopkins University. 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. 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.

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 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 CRPs. 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, Melissa Parkerton is the Director of PACT and the Assistant Director of the Collaborative for Accountability and Improvement. With a background in patient safety and healthcare quality improvement, her work now focuses on driving implementation of comprehensive, highly reliable CRPs. She is proud to lead PACT which brings together her passions for Collaborative learning, patient safety, and a compassionate, accountable response to harm.

Lauge Sokol-Hessner, MD, CPPS, is a hospitalist and 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. He has led CRP 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); a member of the leadership team for MACRMI; and coaching several hospitals in Eastern Massachusetts as they implement 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

March 11*-12, 2026

April 22-23, 2026

June 10-11, 2026

September 10-11, 2026

November 4-5, 2026

January 13-14, 2027

* Learning Session for Executive Sponsors and Team Leaders only

Cost to Join PACT

Participating organizations that apply before October 3, 2025 will pay \$25,000 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. After October 3, organizations will pay \$29,000 with the same cost for an additional team.

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

PACT Collaborative Application

Early Bird Deadline: October 17, 2025

Final Deadline: January 23, 2026

PACT Collaborative Launch: March 11, 2026

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: Early Bird organizations will pay \$25,000 to join with access to all events, all resources, and consultation with a faculty coach. Additional teams sent from the same organization will cost \$9,000 per team. After October 17, organizations will pay \$29,000 with the same cost for additional teams.

About Your Organization

Organization Name _____

Organization Headquarters Address _____

Organization Service Area _____

Organization Liability Insurer(s) _____

Number of locations/facilities _____

Tax ID Number _____

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 _____

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 _____

About Your Current Processes

For each component, mark the number that best represents your organization's current practice. It's ok if you mark all "1", the PACT Collaborative will help you build these processes!

Your Organization's Current Practice

Components	1	2	3	4	5
	Not in place and has not been discussed	Not in place, but has been discussed	In place and selectively applied	In place and often applied	In place and consistently applied
We use a standardized process to determine which harm events should be managed using our CRP (to identify "CRP Events")	1	2	3	4	5
We have open and ongoing communication with patients and families about CRP Events					
We offer emotional support to patients and families involved in CRP Events	1	2	3	4	5
We offer support to providers and staff involved in CRP Events (aka "care for the caregiver")	1	2	3	4	5
We complete event reviews within 45 days of learning about CRP Events	1	2	3	4	5
We invite patients and families to contribute their narratives of CRP Events to the event review process	1	2	3	4	5

We provide training for our healthcare professionals about how to communicate with patients/families about CRP Events (which may include just-in-time coaching)	1	2	3	4	5
We communicate with patients/families about event review findings and any improvements being made	1	2	3	4	5
When patients experience serious harm because of unacceptable care, we proactively offer them compensation, which may be financial and/or non-financial (rather than waiting for them to file a claim)	1	2	3	4	5
We use measures to track the performance of our CRP, and report them to the governing board at least quarterly	1	2	3	4	5
TOTAL = ____					

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 23, 2026.

Participants will be selected and notified no later than February 6, 2026. 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

melispa@uw.edu