



Telligen Quality Innovation Network-Quality Improvement Organization Preference-Aligned Communication and Treatment (PACT) Participation Form

Our facility would like to join the Preference-Aligned Communication and Treatment (PACT) Project and I fully support our team's participation. I understand that this program is complementary to our hospital and will be supported by Telligen in collaboration with Northwestern University. Our team looks forward to learning how we can change the culture regarding advance care planning within our facility and optimize care for patients facing serious illness to ensure they receive care that is consistent with their goals and values.

By committing to participating in the PACT program, our organization agrees to have the hospital's PACT team:

- Complete the self-directed online curriculum, including pre-and post-tests
- Participate in ongoing mentor calls and collaborative webinars
- Host a minimum of one onsite meeting per year with the assigned Telligen Facilitator, core team members, and senior leadership
- Collaborate with post-acute care facilities including skilled-nursing facilities and licensed and certified home health agencies
- Participate in progress report-outs, including facilitating necessary collection of relevant metrics and outcomes
- Dedicate the necessary staff to track and report process and patient outcome data via project process logs
- Share aggregated data with the cohort, Telligen, and Northwestern University to identify process improvement opportunities

I understand this initiative will last for two years and look forward to partnering with Telligen in this effort to facilitate advance care planning for patients and families facing serious illness. By affixing my signature, I agree to adhere to the responsibilities of the facility and abide by the above terms.

Facility Name: _____

CCN: _____

Executive Sponsor Name (Print): _____

Executive Sponsor Signature: _____

Staff/Physician Champion Name (Print): _____

Staff/Physician Champion Signature: _____

Today's Date: _____

Contact Information: Laura Plazak, RN, MSN at laura.plazak@area-d.hcqis.org or by fax at 630-928-5865.