

Board of Directors Application Packet

Thank you for your interest in serving as a member of the Board of Directors of the Collaborative for Accountability and Improvement. You may find it helpful to read through the entire packet before completing the application to ensure that you have a full understanding of the organizational goals and the roles and responsibilities of Board Members.

Please return your completed application to thecai@uw.edu.

Your application will be kept confidential and on file at CAI. Applications are used by the Board's Nominating Committee to identify and evaluate potential board candidates. All new directors are elected by a majority vote of current board members.

The Collaborative for Accountability and Improvement promotes reliable Communication and Resolution Programs (CRPs) so the response to patient harm meets the needs of patients, providers, and healthcare organizations.

Since 2015, the Collaborative for Accountability and Improvement: A Program of UW Medicine has assembled **CRP thought leaders, researchers, practitioners, patients, families, and advocacy organizations** to innovate and move the field forward.

Our leadership and members are generating:

- **Best practices** for training, implementation, and operation of CRPs;
- Institutional, state, and federal **policy recommendations** supporting the use of CRPs; and
- **Learning environments** among diverse individuals and organizations committed to the spread of CRPs through collaboration, innovation, and research.

THE COLLABORATIVE PROMOTES THE SPREAD OF EFFECTIVE CRPs IN THREE WAYS:

1. Serving as a hub for resources and information on CRPs

Through education and training on the CRP model, the Collaborative helps organizations shift from an adversarial approach to a reliable, comprehensive, person-centered response to unanticipated patient harm. As a leading contributor to the Agency for Healthcare Research and Quality's CANDOR Toolkit, we are making CRPs accessible to a global audience, and we regularly convene a broad and diverse community of stakeholders to ensure that CRPs remain a powerful patient safety tool. Our monthly webinar series offers opportunities for learning and discussion with a wide variety of experts in the field.

Delivering the highest quality healthcare is the top priority for healthcare providers and organizations. When patient harm occurs, it is critical that healthcare organizations have a reliable process in place to meet the needs of patients, families, and providers; to close the gaps in quality and safety; and to promote system-wide learning to predict and prevent recurrences.

"Communication and Resolution Programs are a principled, comprehensive, and systematic approach for responding to patient harm. CRPs help patients and families understand what happened, improve patient safety, preserve the patient-provider relationship, and disseminate lessons learned."

- Thomas Gallagher, MD, MACP
Executive Director, CAI

2. Cultivating the growing community of CRP pioneers everywhere

The Collaborative provides opportunities for CRP experts and implementers to connect, learn from one another, and innovate. Through a partnership with Ariadne Labs and the Institute for Healthcare Improvement, we have founded the Pathway to Accountability, Compassion and Transparency (PACT) which has three paths to CRP excellence:

The PACT Collaborative is a one-year program for healthcare organizations that are ready to fully implement comprehensive, highly reliable harm response programs. Participants learn alongside their peers from a faculty of leading experts in harm response and systems change. Participants gain the skills and innovative tools to effectively implement and measure the success of their program.

The PACT Leadership and Innovation Network aims to accelerate the national implementation of highly reliable harm response programs by bringing together thought leaders, national experts, and organizations with a demonstrated commitment to the field. The Network drives research and innovation, provides support for new adopters, and helps lead the national movement to improve how health care responds to harm.

The PACT Community of Practice offers an exploratory option for organizations that are curious about tools and concepts, but are not yet ready for supported implementation of a new program. Through access to tools, webinars, and faculty office hours, they are able to learn at their own pace.

3. Creating an environment that supports, rather than inhibits, CRPs

The Collaborative coordinates advocacy efforts to address regulatory barriers, increase acceptance, and support development of policies that facilitate implementation. We engage voices from multiple perspectives with an emphasis on meeting the needs first and foremost for patients and families and the physicians and teams that care for them. We educate healthcare organizations about essential organizational policies, processes, and practices that ensure a consistent, psychologically safe and supportive environment for reporting and responding to harm events. We engage legislators, regulators, and the legal community around supporting CRPs, removing regulatory and legal barriers, and developing model legislation. We inform policymakers of the actions they can take to allay providers' fears of excessive litigation, facilitate participation by patients and families, and address the professional and business concerns of physicians and healthcare organizations that would like to embrace CRPs.

4. Leading initiatives to understand best approaches to CRP implementation

The Collaborative engages in research of best practices and participates in extensive publication of findings to foster a deeper understanding and commitment among stakeholders nationally and globally.

Spreading CRPs requires collective commitment, and the Collaborative is well on its way.

The CRP model requires culture change that embraces compassion and kindness to benefit everyone. A shared commitment will improve the response after patient harm, enhance patient safety, and improve the healthcare environment for patients, families, and providers.

The Collaborative is a program of the University of Washington, with funding from grants, corporate sponsors, and gifts from individual donors. To support the Collaborative or to learn more about its commitment to improving lives through Communication and Resolutions Programs, please contact us at TheCAI@uw.edu or visit www.communicationandresolution.org. Thank you for your interest in supporting our work through Board service.

What does being a CAI Board Member entail?

- Serve a minimum of one (1) three-year term on the board. Eligible to serve two (2) three-year terms.
- Attend all quarterly Board meetings. Virtual 90-minute board meetings take place in September, December, and March of each year. In June of each year, the board meets in person for a full day.

CAI Responsibilities

Promote Excellence

- Facilitate the recruitment and retention of superior board members
- Provide a process for regular evaluation and feedback on effectiveness
- Provide a thorough orientation process for new board members
- Support excellence with adequate resources

Listen and Communicate

- Share information regarding strategic intent, organizational priorities, and business decisions
- Offer opportunities for constructive dialogue
- Report regularly on the implementation of CAI objectives/directives
- Disclose to and inform the board of risk and opportunities facing the organization
- Provide materials necessary for informed decision-making sufficiently in advance of board meetings

Inform

- Provide information and tools necessary to keep members informed and current on CRP issues, news, and trends
- Educate board members about CAI, its structure, and guiding documents

Lead

- Manage and lead CAI with integrity and accountability
- Create strategies and goals
- Continuously measure and improve performance
- Identify, address, and resolve conflict
- Ensure respect and psychological safety

Board Member Responsibilities

CAI Programs

- Know vision, mission, and goals
- Be familiar with the content of the strategic plan
- Keep informed on developments
- Understand CRP trends, challenges, and opportunities

Focus on the Future

- Spend one-half of every meeting focused on the future
- Consistently maintain a current work plan

Listen and Communicate

- Actively participate in board discussions
- Participate in educational opportunities and request information and resources needed to provide responsible oversight
- Be an emissary and advocate for CAI
- Cascade information

Take Ownership

- Assure vision and mission
- Attend meetings
- Ask timely and substantive questions at meetings
- Prepare for, participate in, and support group decisions
- Understand and participate in approving the annual budget
- Serve on committees or task forces as requested
- Require cooperation and collaboration, and model the same

Promote Effective Changes

- Foster innovation and continuous improvement
- Pursue organizational change
- Model quality principles

Current CAI Board Members

The CAI Board of Directors included patient and family advocates, healthcare leaders, health researchers, and lawyers. All members have expertise in Communication and Resolution Programs and a passion for moving the field forward.



Leilani Schweitzer
Board President, CAI
lschweitzer@mac.com



Dahlia Mak, MHA
Board Secretary, CAI
dahliakay@gmail.com



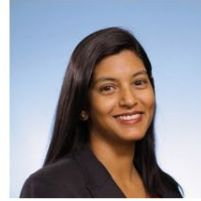
Jeffrey Catalano, JD
Partner, Keches Law Group, P.C.
jcatalano@kecheslaw.com



Julie Morath, RN, MS, CPPS
Immediate Past President, CAI
juliemorath@outlook.com



Barbara Gold, MD
*Board President Elect, CAI
Professor of Anesthesiology,
University of Minnesota and Chief
Clinical Risk Officer, University of
Minnesota Physicians*
goldx002@umn.edu



Urmimala Sarkar, MD, MPH
*Professor of Medicine, UCSF
Division of General Internal
Medicine | Associate Director,
UCSF Center for Vulnerable
Populations*
Urmimala.Sarkar@ucsf.edu



Kimberly Gregory, MD, MPH
*Vice Chair of Women's
Healthcare Quality and
Performance Improvement,
Department of Obstetrics and
Gynecology, Cedars Sinai*
kimberly.gregory@cshs.org



Michael J. Severyn, Esq.
*Regional Vice President-Claims,
ProAssurance Companies*
MikeSeveryn@proassurance.com



Ian Jenkins, MD, SFHM
*Professor of Medicine and
Patient Safety Committee
Chair, UCSD Hospital Medicine*
ihjenkins@health.ucsd.edu



Michael C. Stinson, JM
*Board Treasurer, CAI
Vice President of Government
Relations & Public Policy, Medical
Professional Liability Association*
mstinson@mplassociation.org



**Caleshia Myles, MS, BHIT, CPC,
CHERS, CBCS**
*Director of Patient Access,
Central Scheduling and
Verification, MedStar Health*
caleshiacook@gmail.com



Kyle Sweet, JD
*Board Treasurer-Elect, CAI
Chief Strategy Officer, Helio Risk*
Ksweet@heliorisk.com



Uma Kotagal, MBBS, MSc
*Emeritus Professor of Pediatrics
and Senior Fellow, Cincinnati
Children's Hospital Medical Center*
Uma.Kotagal@cchmc.org



Albert W. Wu, MD, MPH
*Director of the Center for
Health Services and Outcomes
Research, Johns Hopkins*
awu@jhu.edu

CAI Staff and University of Washington Oversight Committee

CAI Staff coordinate with the University of Washington Oversight Committee who also attend CAI Board meetings.



Thomas H. Gallagher, MD
Executive Director
thomasg@uw.edu



Karen Brigham, JD, MPH
Research Manager
brighk@uw.edu



Melissa Parkerton, MA
Assistant Director
melispa@uw.edu



Nicole Moore, MPH
Continuing Education Coordinator
nicolm3@uw.edu



Lauge Sokol-Hessner, MD, CPPS
Associate Director
lauge@uw.edu



Heidi Unruh, MA
Project Coordinator
heidu@uw.edu

The UW Oversight Committee

Geetanjali Chander MD MPH FACP

Division Head, General Internal Medicine, UW gchander@medicine.washington.edu

Lisa Hammel

Senior Director of Clinical Risk Management, UW Medicine lisahamm@uw.edu

Barbara Jung, MD

Chair, Department of Medicine, UW bhjung@medicine.washington.edu

Patricia Kritek, MD

Vice Dean for Faculty Affairs, UW School of Medicine pkritek@uw.edu

Elizabeth A. Leedom, JD

Director, Bennett Bigelow and Leedom PS eleedom@bblaw.com

Anneliese Schleyer MD, MHA, SFHM

Interim Chief Medical Officer, UW Medicine schleyer@uw.edu

Jane Yung

Executive Compliance & Risk Officer, University of Washington jyung@uw.edu

Candidate Information

Name:

Address:

City, State, Zip:

Home phone/Cell phone:

Email:

Briefly describe why you would like to join the CAI Board of Directors:

Your current organizational affiliations (name of organization and your role)

- 1.
- 2.
- 3.

Which of your skills would you like to utilize on the Board? Check those that apply:

- | | |
|---|---|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Program development |
| <input type="checkbox"/> Financial management | <input type="checkbox"/> Evaluation |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> CRP Implementation |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Patient Safety |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Community/Civic engagement |
| <input type="checkbox"/> Communications | |

What other skills of yours would you like to bring to your Board engagement?

What do you hope to get out of your participation on the Board? Examples might be skills you'd like to develop, particular experiences you like to have, interests you'd like to pursue.

If you join the Board, you agree that you can attend all Board meetings including a full day in person every June, that you can commit 6 hours per quarter to support for CAI, and that you do not have any conflicts of interests that would impede your Board participation.

Signature:

Date:

If you are not selected as a member of the Board, or if you decide not to join, would you like to volunteer time to support CAI in other ways that match your skills and interests?

☐ Yes ☐ No ☐ Perhaps

Please send your completed application and CV to thecai@uw.edu. Thank you!