1. **What is a PSO?**

   A Patient Safety Organization (PSO) is a federal designation given by AHRQ. PSO governing bodies include a wide range of health care providers. The primary activity of PSOs is to improve patient safety and health care quality. This is done by analyzing patient safety events and providing information useful to preventing, reducing, or eliminating the risks and hazards associated with the delivery of patient care.

2. **What are the benefits of participating in the OPSI PSO?**

   PSOs are independent, external experts, who can collect, analyze, and combine patient safety work product (PSWP) at local, regional and/or national levels. This information is used to gain insight into the underlying causes of patient safety events, and to develop more reliable information on how best to improve patient safety. Communication with PSOs is subject to uniform Federal confidentiality and privilege protections, which helps decrease fears of legal liability or professional sanctions for participating providers.

3. **What protection/privacy is provided to the hospital who submits data?**

   The Patient Safety and Quality Improvement Act of 2005 and the recently promulgated Patient Safety and Quality Improvement final rule make Patient Safety Work Product (PSWP) privileged and confidential. PSWP is any information, written or verbal, which may result in improved patient safety, healthcare quality, or healthcare outcomes and is either (a) gathered by a provider to be reported to a PSO and is actually reported, or (b) is developed by a PSO for patient safety activities. Subject to certain specific exceptions, PSWP is privileged and may not be used in criminal, civil, administrative, or disciplinary proceedings. PSWP may only be disclosed pursuant to an applicable disclosure exception.

   Ohio’s PR Privilege extends protection to information, written and verbal, generated by, or for the use of, a healthcare entity peer review committee regarding the competence, professional conduct, or quality of care provided by individual providers or corporate providers. A healthcare entity can include a nonprofit corporation (such as OHA) provided that it conducts as part of its regular business activities professional credentialing or quality review activities involving the competence, professional conduct, or quality of care provided by healthcare entities (such as hospitals). Under Ohio law, peer review information is not subject to waiver, and is not subject to discovery in any civil proceeding (which is generally defined to include administrative proceedings).
4. What is the cost?

The cost of participation in the OPSI PSO is in two parts. First, each hospital will pay a membership fee. Additionally, each hospital will be required to pay a participation fee based on bed size. The total fee will comprise an annual payment.

5. What is the difference between a membership fee and a participating hospital fee?

The membership fee entitles the hospital/system to receive alerts, newsletters, and recommendations from collaborative/workgroups. The participation fee gives each reporting hospital access to the web based software.

6. What type and level of support will the hospital receive once the contract is signed?

The hospital/system can initially expect support in the form of rollout training at multiple regional sessions. Additionally, enhanced program support will be provided for special reports to be used for various stakeholders, such as hospital boards. Ongoing education and outreach will be provided in the form of workshops and webinars.

7. What is the relationship between the OPSI PSO and the ECRI Institute PSO?

OPSI PSO has contracted with the ECRI Institute PSO, a component entity of ECRI Institute, an independent nonprofit organization, with extensive experience in patient safety. The ECRI Institute PSO provides patient safety resources to OPSI PSO and its members and maintains the adverse event reporting system.

8. In what format will data be reported?

Data will be reported using AHRQs Common Format. This initial version of the Common Format can be reviewed at [www.psoppc.org](http://www.psoppc.org). Currently, the Common Format is limited to data on hospital patient safety reporting, however, future versions will be developed for other healthcare systems. As new versions are created the ECRI Institute will update the software.

9. How do I report adverse event data to OPSI PSO using the ECRI Institute PSO reporting system?

The ECRI Institute PSO utilizes a web based patient safety reporting system which is compatible with the Common Formats defined by AHRQ. The web based patient safety reporting system provides a secure process for the ECRI Institute PSO to accept data from providers. Events can be entered manually or they can be uploaded from an organization’s reporting system (mapping to the Common Formats is necessary).
10. **How does my hospital know the ECRI Institute PSO will continue to abide by rules as outlined in the Patient Safety and Quality Improvement Act of 2005?**

To assess compliance, AHRQ performs random site visits for about 5% to 10% of all PSOs each year. During these visits, the agency will ask, for example, that the PSO demonstrate that it has performed all eight patient safety activities as required by the final regulation. Additionally, PSOs must ensure that patient safety work product (PSWP) is provided only to those entitled to review it. The federal government will investigate confidentiality breaches and has the authority to impose a civil monetary penalty of up to $10,000 for each “knowing or reckless” confidentiality violation.

11. **Is each hospital required to report on all common formats?**

No, each hospital may select which indicators they prefer to report.

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