ASHRM Patient Safety Tip Sheet: Patient Safety Organizations

ASHRM AMERICAN SOCIETY FOR HEALTH CARE RISK MANAGEMENT

Situation: You are committed to making health care safer and better for your patients. One of the challenges to achieving this goal is the concern that information generated by patient safety and quality improvement processes could be used against you or your organization. Working with a Patient Safety Organization (PSO) listed by the Agency for Healthcare Research and Quality (AHRQ) of the U.S. Department of Health and Human Services (HHS) can help.

Background: The Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act) authorized the Federal certification and listing process for PSOs. Providers (individual health care professionals, group practices, health care facilities and others) that choose to work with a PSO can obtain uniform Federal confidentiality and privilege protections for information that meets the definition of patient safety work product. AHRQ administers the PSO listing process, but the government is not involved in the PSOs' work with providers. Each PSO and the providers it works with determine the scope of the improvement activities they will do together under the Patient Safety Act and Rule.

Assessment: Working with a federally listed PSO is voluntary and offers several unique advantages:

- With certain exceptions, patient safety work product is confidential and not subject to Federal, State, or local subpoena or discovery; may not be admitted as evidence in criminal, civil, administrative, or disciplinary proceedings; and is not subject to the Federal Freedom of Information Act or similar State and local laws. Federal confidentiality and privilege protections for patient safety work product apply in all U.S. States and territories, and across state lines.
- Over half of general acute-care hospitals participating in Medicare work with a PSO, and nearly all find this valuable, according to a study conducted in 2018 by the HHS Office of the Inspector General.* Among hospitals that work with a PSO, 80 percent find the analysis and feedback regarding patient safety events helpful in preventing future events.
- PSOs aggregate and analyze data from multiple providers. This enables the PSO to detect patterns not visible from smaller numbers of organizations and has the potential to uncover serious and rare events sooner. A provider may work with a PSO in any location (for example, from your state or another state) and may work with more than one PSO. PSOs and providers that use AHRQ's Common Formats (standardized definitions and formats) in their work together can contribute to national learning about patient safety by volunteering non-identifiable data for inclusion in the network of patient safety databases (NPSD).

Recommendation: Learn more about working with a PSO:

- Search for federally listed PSOs at: www.pso.ahrq.gov/listed
- Learn more about the Patient Safety Act and PSOs by visiting: https://pso.ahrq.gov/
- Consider using existing AHRQ Common Formats, available at: https://www.psoppc.org/psoppc_web/publicpages/commonFormatsOverview. Review and comment on new ones at: http://www.qualityforum.org/Project_Pages/Common_Formats_for_Patient_Safety_Data.aspx
- Explore the patient safety data currently in the NPSD, available at https://www.ahrq.gov/npsd/index.html. Use the interactive NPSD Dashboards and review the NPSD Chartbooks that provide an overview and highlight data patterns and trends.
- Questions? Contact the AHRQ PSO Program team at pso@ahrq.hhs.gov.

* Office of the Inspector General of the Department of Health and Human Services. Patient safety organizations: hospital participation, value, and challenges. OEI-01-17-00420. September 2019. https://oig.hhs.gov/oei/reports/oei-01-17-00420.pdf