

## PATIENT SAFETY ORGANIZATION (PSO) PROFILE

### OVERVIEW AND INSTRUCTIONS

The Agency for Healthcare Research and Quality (AHRQ), of the Department of Health and Human Services (HHS), administers the provisions of the Patient Safety and Quality Improvement Act (PSQIA) dealing with Patient Safety Organization (PSO) operations. This form is designed to collect a minimum level of voluntary data necessary to develop aggregate statistics relating to PSOs, the types of providers they work with, and their general location in the US. The PSO Profile is intended to be completed annually by all PSOs that are “AHRQ-listed” during any part of the previous calendar year. This information is collected by AHRQ’s PSO Privacy Protection Center (PSOPPC) and is used to populate the AHRQ PSO selection tool on the AHRQ PSO website, to generate slides presented at the PSO Annual Meeting, and to develop content for the AHRQ National Healthcare Quality and Disparities Report.

Follow these instructions to ensure successful completion and submission of the PSO Profile:

- Carefully read over each question to ensure that information for the appropriate period is provided. The PSO Profile should reflect information from the previous calendar year, unless otherwise noted in the question.
- Carefully review all definitions of terms provided to ensure all questions are answered accurately.
- Follow skip logic instructions when prompted.
- The PSO Profile is intended to be submitted to the PSOPPC between January 1<sup>st</sup> and February 28<sup>th</sup> of each year and can be updated as necessary thereafter.
- Answer text is required for all “please specify” answer selections.

A Level 2 account on the PSOPPC Web site ([www.psoppc.org](http://www.psoppc.org)) is needed to electronically complete and submit the PSO Profile. Please contact [support@psoppc.org](mailto:support@psoppc.org) for more information about registering for an account.

PSO Name		AHRQ-assigned PSO Number
Reporting Year	Form Completed By	Today's Date

### Burden Statement

Public reporting burden for the collection of information is estimated to average 1 hour per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer, Attention: PRA, Paperwork Reduction Project (0935-0143), AHRQ, 5600 Fishers Lane, Mail Stop Number 07W41A, Rockville, MD 20857.

## PSO PROFILE: PSO CHARACTERISTICS

### PLEASE NOTE:

The Patient Safety and Quality Improvement Final Rule defines a **component organization** and a **component PSO** as follows:

- A **component organization** is a unit or division of a legal entity or an entity that is owned, managed, or controlled by one or more legally separate parent organizations.
- A **component PSO** is a PSO listed by the Secretary that is a component organization.

A component PSO may be a **separate legal entity** from its parent organization(s).

1. Which of the following categories best describes the PSO?

- If the PSO is itself a legal entity, select the answers that best describe the PSO, whether or not it is a component PSO.
- If the PSO is a component PSO that is not a legal entity, select the answers that best describe the PSO's parent organization

#### Select All That Apply:

- Association; includes medical society and any other type of professional association or trade association
- Consortium of medical centers
- Consulting firm; includes research institute (except if part of an educational establishment), data analysis firm, etc.
- Consumer (advocacy) organization
- Financial services organization
- Healthcare provider organization; includes health system, hospital, physician group, and any other type of provider, laboratory, tissue bank, and any other type of auxiliary service
- Insurer (other than health insurance issuer)
- Pharmacy services organization
- Practice management organization
- Software development organization
- University or other educational establishment
- Wholesaler/retailer; includes general purchasing organization, wholesaler or similar entity; Durable Medical Equipment (DME) supplier, retail pharmacy, other retailer or similar entity
- Other, please specify: \_\_\_\_\_

2. Which of the following geographic areas is the PSO available to serve?

**Select Only One:**

- The PSO is available to serve any provider in all 50 states and the US territories. Proceed to Question 3.
- The PSO only serves a closed network of specific providers. Please select the states the network provides services in below:
- If the PSO is available to serve providers only in specific states and US territories, select all that apply below:

**States:**

- |  |   |
|--|---|
| <input type="checkbox"/> Alabama       | <input type="checkbox"/> Montana        |
| <input type="checkbox"/> Alaska        | <input type="checkbox"/> Nebraska       |
| <input type="checkbox"/> Arizona       | <input type="checkbox"/> Nevada         |
| <input type="checkbox"/> Arkansas      | <input type="checkbox"/> New Hampshire  |
| <input type="checkbox"/> California    | <input type="checkbox"/> New Jersey     |
| <input type="checkbox"/> Colorado      | <input type="checkbox"/> New Mexico     |
| <input type="checkbox"/> Connecticut   | <input type="checkbox"/> New York       |
| <input type="checkbox"/> Delaware      | <input type="checkbox"/> North Carolina |
| <input type="checkbox"/> Florida       | <input type="checkbox"/> North Dakota   |
| <input type="checkbox"/> Georgia       | <input type="checkbox"/> Ohio           |
| <input type="checkbox"/> Hawaii        | <input type="checkbox"/> Oklahoma       |
| <input type="checkbox"/> Idaho         | <input type="checkbox"/> Oregon         |
| <input type="checkbox"/> Illinois      | <input type="checkbox"/> Pennsylvania   |
| <input type="checkbox"/> Indiana       | <input type="checkbox"/> Rhode Island   |
| <input type="checkbox"/> Iowa          | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Kansas        | <input type="checkbox"/> South Dakota   |
| <input type="checkbox"/> Kentucky      | <input type="checkbox"/> Tennessee      |
| <input type="checkbox"/> Louisiana     | <input type="checkbox"/> Texas          |
| <input type="checkbox"/> Maine         | <input type="checkbox"/> Utah           |
| <input type="checkbox"/> Maryland      | <input type="checkbox"/> Vermont        |
| <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Virginia       |
| <input type="checkbox"/> Michigan      | <input type="checkbox"/> Washington     |
| <input type="checkbox"/> Minnesota     | <input type="checkbox"/> West Virginia  |
| <input type="checkbox"/> Mississippi   | <input type="checkbox"/> Wisconsin      |
| <input type="checkbox"/> Missouri      | <input type="checkbox"/> Wyoming        |

**Federal District and U.S. Territories:**

- American Samoa
- District of Columbia
- Guam
- Northern Marianas Islands
- Puerto Rico
- Virgin Islands

3. Is the PSO currently willing to conduct patient safety activities in any/all clinical disciplines, medical specialties and subspecialties?
- Yes
  - No

**If the answer above is "Yes," please proceed to Question 5.**

4. If the PSO conducts patient safety activities ONLY in certain clinical disciplines, primary medical specialties or subspecialties, please select the ones that your PSO focuses on from the list below.

**Select All That Apply:**

- Anesthesiology
- Dentistry
- Dermatology
- Emergency medicine/EMS
- Family medicine
- Internal medicine
- Neurology
- Neurological surgery
- Nuclear Medicine
- Nursing
- Obstetrics/Gynecology
- Ophthalmology
- Oral and maxillofacial surgery
- Oncology
- Pathology
- Pediatrics
- Pharmacology/Pharmacy
- Physical medicine and rehabilitation
- Psychiatry
- Radiology (diagnostic and interventional)
- Surgery
- Urology
- Vascular surgery
- If the clinical disciplines, primary medical specialties or subspecialties your PSO focuses on are not listed above, please specify them here: \_\_\_\_\_

5. Does the PSO provide any of the following resources/services?

**Select All That Apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Alerts/advisories   | <input type="checkbox"/> Online resources                               |
| <input type="checkbox"/> Analysis support for adverse events                                 | <input type="checkbox"/> Patient safety culture assessment and training |
| <input type="checkbox"/> Comparative reports   | <input type="checkbox"/> Safe Tables/ Safety Huddles                    |
| <input type="checkbox"/> Consulting  | <input type="checkbox"/> Technical assistance (e.g., expert on-call)    |
| <input type="checkbox"/> Educational opportunities (e.g., webinars on patient safety topics) | <input type="checkbox"/> Toolkits                                       |
| <input type="checkbox"/> Networking events (e.g., access to subject matter experts)          |   |
| <input type="checkbox"/> Newsletters   | <input type="checkbox"/> Other, please specify: _____                   |

**PSO PROFILE: PARTICIPATING PROVIDERS**

**PLEASE NOTE:**

The term “provider” has a specific definition in the Patient Safety and Quality Improvement Rule at section 3.20. The following categories – “individual” and “institutional” - apply to two types of providers included within this definition. Use these categories for the purpose of answering question 6:

**Individual providers** include offices of practitioners licensed or otherwise authorized under state law to provide health care services (e.g., doctor, nurse, dentist, psychologist, psychotherapist, etc.) with five or fewer such practitioners.

**Institutional providers** include all other types of providers licensed or otherwise authorized under state law to provide health care services (such as ambulance services, behavioral health services, hospitals, home health care, pharmacy, skilled nursing facility, urgent care, etc.), including offices with six or more practitioners.

**Count individual facilities under a health system or management contract as separate institutional providers.**

6. During the previous calendar year, which type(s) of providers has the PSO worked with?

**Institutional providers:**

How many institutional providers did your PSO work with? \_\_\_\_\_

If none, are you willing to work with institutional providers?  Yes  No

**Individual providers:**

How many individual providers did your PSO work with? \_\_\_\_\_

If none, are you willing to work with individual providers?  Yes  No

## PSO PROFILE: PATIENT SAFETY WORK PRODUCT

7. What is the PSO's current method for receiving Patient Safety Work Product (PSWP)?

**Select All That Apply:**

- Electronic (e.g., standard file format)
- Paper
- Other (e.g., email or phone)

8. Which of the following Common Formats are currently being used by the PSO?

**Select All That Apply:**

- Common Formats for Event Reporting – Hospital Version 1.2
- Common Formats for Event Reporting – Hospital Version 2.0
- Common Formats for Event Reporting – Community Pharmacy Version 1.0
- Common Formats for Event Reporting – Nursing Home Version 1.0
- None

## PROVIDER PROFILE

### PLEASE NOTE:

The Provider Profile requests additional information about the providers with which the PSO works.

1. Please select all HHS regions reflecting the location of any providers that worked with your PSO in the previous calendar year:

**Select All That Apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Region 1</b><br>Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont                     | <input type="checkbox"/> <b>Region 6</b><br>Arkansas, Louisiana, New Mexico, Oklahoma, and Texas   |
| <input type="checkbox"/> <b>Region 2</b><br>New Jersey, New York, Puerto Rico, and the Virgin Islands                                       | <input type="checkbox"/> <b>Region 7</b><br>Iowa, Kansas, Missouri, and Nebraska   |
| <input type="checkbox"/> <b>Region 3</b><br>Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia             | <input type="checkbox"/> <b>Region 8</b><br>Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming   |
| <input type="checkbox"/> <b>Region 4</b><br>Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee | <input type="checkbox"/> <b>Region 9</b><br>Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau |
| <input type="checkbox"/> <b>Region 5</b><br>Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin                                     | <input type="checkbox"/> <b>Region 10</b><br>Alaska, Idaho, Oregon, and Washington   |

**PROVIDER PROFILE: ALL PROVIDER TYPES**

2. Please select all of the type(s) of providers the PSO has worked with during the previous calendar year. For each type selected, write in the number of providers of that type that the PSO has worked with.

<b>Type(s) of Providers</b>	<b>How Many?</b>
<input type="checkbox"/> Ambulance, emergency medical technician, paramedic services, etc.	_____
<input type="checkbox"/> Ambulatory surgery center	_____
<input type="checkbox"/> Assisted living facility	_____
<input type="checkbox"/> Behavioral health services	_____
<input type="checkbox"/> Critical access hospital	_____
<input type="checkbox"/> Federally qualified health center	_____
<input type="checkbox"/> General (acute care) hospital	_____
<input type="checkbox"/> Home health care; includes in-home treatment services, hospice care, etc.	_____
<input type="checkbox"/> Independent laboratory, freestanding diagnostic or imaging center, tissue bank, etc.	_____
<input type="checkbox"/> Long term acute care hospital	_____
<input type="checkbox"/> Mail order pharmacy	_____
<input type="checkbox"/> Office of licensed/state-authorized practitioner(s) (such as doctor, nurse, dentist, psychologist, physiotherapist, etc.) with <b>five or fewer</b> such practitioners	_____
<input type="checkbox"/> Office of licensed/state-authorized practitioners (such as doctor, nurse, dentist, psychologist, physiotherapist, etc.) with <b>six or more</b> such practitioners	_____
<input type="checkbox"/> Outpatient clinic/services/care	_____
<input type="checkbox"/> Psychiatric hospital	_____
<input type="checkbox"/> Rehabilitation hospital	_____
<input type="checkbox"/> Retail pharmacy	_____
<input type="checkbox"/> Skilled nursing or intermediate/long term care facility	_____
<input type="checkbox"/> Specialized treatment facility; includes renal dialysis center, chemotherapy center, etc.	_____
<input type="checkbox"/> Specialty or other hospital	_____
<input type="checkbox"/> Urgent care/Emergency medicine	_____
<input type="checkbox"/> Other, please specify: _____	_____



**PROVIDER PROFILE: HOSPITALS ONLY**

**PLEASE NOTE:**

Questions 3, 4, and 5 below apply only to hospitals (of any type) that worked with your PSO in the previous calendar year. This includes critical access hospitals, general (acute care) hospitals, long term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, specialty hospitals, and any other types of hospitals.

3. Select the licensed bed sizes of all of the hospitals your PSO worked with in the previous calendar year and specify how many hospitals your PSO worked with in each licensed bed size category.

<b>Licensed Bed Size Categories</b>	<b>How Many Hospitals?</b>
<input type="checkbox"/> 1 – 25	_____
<input type="checkbox"/> 26 – 49	_____
<input type="checkbox"/> 50 – 99	_____
<input type="checkbox"/> 100 – 199	_____
<input type="checkbox"/> 200 – 299	_____
<input type="checkbox"/> 300 – 399	_____
<input type="checkbox"/> 400 – 499	_____
<input type="checkbox"/> 500 +	_____

4. Select the appropriate ownership categories for the hospitals your PSO worked with in the previous calendar year and specify how many hospitals your PSO worked with in each category.

<b>Ownership Categories</b>	<b>How Many Hospitals?</b>
<input type="checkbox"/> Government (Federal, State, or local)	_____
<input type="checkbox"/> Private, for-profit	_____
<input type="checkbox"/> Private, non-profit	_____
<input type="checkbox"/> Public, non-profit	_____
<input type="checkbox"/> Unknown	_____
<input type="checkbox"/> Other, please specify: _____	_____

5. Select the statement that best describes the academic affiliation status of the hospitals your PSO worked with during the previous calendar year and provide the number of hospitals in each category.

<b>Academic Affiliation Categories</b>	<b>How Many Hospitals?</b>
<input type="checkbox"/> Hospitals that are part of an academic medical center	_____
<input type="checkbox"/> Teaching hospitals that are not part of an academic medical center	_____
<input type="checkbox"/> Hospitals that have no medical trainees or medical school affiliations	_____
<input type="checkbox"/> Unknown	_____