Form Approved
OMB No.: 0935-0143
Exp. Date: 07/31/2028

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 1st and February 28th 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 (https://www.psoppc.org/) is needed to electronically complete and submit the PSO Profile. Please contact 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

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:
- ☐ The PSO is available to serve providers only in specific states and US territories. Please select all that apply below**:**

States:

- ☐ Alabama
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☐ California
- ☐ Colorado
- ☐ Connecticut
- ☐ Delaware
- ☐ Florida
- ☐ Georgia
- ☐ Hawaii
- ☐ Idaho
- ☐ Illinois
- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York
- ☐ North Carolina
- ☐ North Dakota
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon
- ☐ Pennsylvania
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ 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
   - ☐ Cardiology
   - ☐ Clinical Dialysis Services
   - ☐ Dentistry
   - ☐ Dermatology
   - ☐ Emergency medicine/EMS
   - ☐ Family medicine
   - ☐ Hospital and Palliative medicine
   - ☐ Internal medicine
   - ☐ Neonatal care
   - ☐ Neurology
   - ☐ Neurological surgery
   - ☐ Nuclear Medicine
   - ☐ Nursing
   - ☐ Obstetrics/Gynecology
   - ☐ Ophthalmology
   - ☐ Oral and maxillofacial surgery
   - ☐ Oncology
   - ☐ Pathology
   - ☐ Pediatrics
   - ☐ Pharmacology/Pharmacy
   - ☐ Physical medicine and rehabilitation
   - ☐ Psychiatry
   - ☐ Pulmonology
   - ☐ 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:

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

6. How often does your PSO engage patient and families in any of its patient safety and quality improvement activities?

Select Only One:

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always
- ☐ Don't Know

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 7:

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.

7. **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

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

Select All That Apply:

- ☐ Electronic (e.g., standard file format transmitted via computer network)
- ☐ Paper
- ☐ Other (e.g., email or phone)

9. Which of the following Common Formats were used by the PSO in the past year?

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
- ☐ Common Formats for Event Reporting – Diagnostic Safety 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:

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

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

Licensed Bed Size Categories	How Many Hospitals?
☐ 1 – 25	_____
☐ 26 – 49	_____
☐ 50 – 99	_____
☐ 100 – 199	_____
☐ 200 – 299	_____
☐ 300 – 399	_____
☐ 400 – 499	_____
☐ 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.

Ownership Categories	How Many Hospitals?
☐ Government (Federal, State, or local)	_____
☐ Private, for-profit	_____
☐ Private, non-profit	_____
☐ Public, non-profit	_____
☐ Unknown	_____
☐ 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.

Academic Affiliation Categories	How Many Hospitals?
☐ Hospitals that are part of an academic medical center	_____
☐ Teaching hospitals that are not part of an academic medical center	_____
☐ Hospitals that have no medical trainees or medical school affiliations	_____
☐ Unknown	_____