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Patient safety organization participation:

A leadership checklist

Culture

The organizational culture is ready to benefit from patient safety organization (PSO) participation.

- ☐ The organization's safety and quality mission is well-defined
- ☐ The organization's policy clearly supports safety and quality efforts
- ☐ The organizational leadership support for safety and quality efforts are apparent and consistent
  - Organizational leaders routinely meet with their safety and quality professionals, including the patient safety officer, risk managers, chief medical officer, chief nursing officer and others
  - Safety and quality reports are on the board of trustees' agenda
  - Organizational leaders and the safety and quality professionals receive structured feedback from the board of trustees
- ☐ The organization's current safety and quality committee is multidisciplinary
- ☐ The focus of the organization's safety and quality strategy is on learning
  - The organization provides the ability for individuals to identify risk and harm and take responsibility for resolving situations that cause risk and harm
  - Reporters are encouraged rather than ignored or reprimanded when they identify risks within the organization
- ☐ The organization's current safety and quality improvement strategies include
  - A method for analyzing and providing timely feedback to reported risks or safety and quality issues or events
  - A method for analyzing and providing timely improvement strategies to reported risks or safety and quality issues or events
  - Ample opportunity to learn from safety and quality issues or events

The organization demonstrates readiness for joining the national PSO structure.

- ☐ The organization and staff are well-informed on the Patient Safety and Quality Improvement Act and the Patient Safety Rule
- ☐ The organization exhibits readiness or willingness to learn from safety and quality events within the PSO reporting structure
- ☐ The organization exhibits readiness or willingness to share safety and quality events information and their learning experiences within the PSO reporting structure
- ☐ The organization has offered information sessions on the Patient Safety Act and the Patient Safety Rule

The organization has well-defined goals and expectations for PSO participation.

- ☐ The organization has expressed how PSO membership will assist the organization in meeting its safety and quality improvement aims
- ☐ The organization has clear, measurable goals that state how they will assess successful PSO participation
- ☐ The organization has researched the PSOs on the Agency for Healthcare Research and Quality (AHRQ) Web page of "Listed PSOs" to better determine which PSO would best advance their needs and improvement goals, for example:
  - The PSO is a component PSO, i.e., a unit or division within a parent organization
  - Providers or the organization will report to one or multiple PSOs

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- The PSO offers analyses that are desired and needed by the organization
- In addition to the AHRQ Common Formats reporting forms, the PSO accepts other types of information (e.g., pictures, narratives)
- The PSO staff is well qualified and able to assist the organization's patient safety improvement efforts
- The PSO provides additional value in an area of importance to the organization

Structure

The organization has the infrastructure and resources to meet the Patient Safety Act's goals and participate in a PSO.

- ☐ The organization has an existing patient safety evaluation system (PSES), staff expertise and adequate resources
- ☐ There is a secure physical and electronic space for the conduct of patient safety activities
- ☐ Security requirements are reviewed and verified to be consistent with legal and organizational requirements
- ☐ The PSES has its own physical space
- ☐ There is clear delineation of the various functions of a PSES, especially
    - When and how information would be reported by a provider to a PSO
    - How feedback concerning patient safety events would be communicated between PSOs and providers
    - How protected information for reporting to a PSO would be identified and separated from information collected, analyzed and maintained or developed for purposes other than reporting to a PSO
- ☐ There is a method of documenting or labeling information in the PSES that includes the date the information entered the PSES
- ☐ There is an established, well-defined method developed by a multidisciplinary team to review data that may or may not become patient safety work product
- ☐ There is a method to clearly label/identify removed, deleted or "dropped out" information as "not for submission to the PSES/PSO"
- ☐ An interdisciplinary team and subject matter experts review data submitted that have been dropped out of the PSES or deleted from the report
- ☐ The organization has a strategy to reroute information "dropped out" for further analysis
- ☐ There is a method to ensure that electronic submissions to PSOs cannot be accessed by the PSO until actually submitted
- ☐ There is a strategy and various methods to disseminate and utilize feedback from the PSO

Contracting

The contract with the PSO represents the organization's goals and expectations and provides the services expected for data aggregation, analysis and feedback.

- ☐ Physicians and the organization's safety and quality professionals (i.e., the patient safety officer, risk managers, chief medical officer, chief nursing officer and others) have participated in drafting the organization's PSO contract
- ☐ Physicians and the organization's safety and quality professionals have had the opportunity to review and comment on the organization's draft PSO contract
- ☐ The contract goals and expectations are known to staff and all reporters

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