

# Patient Safety Organizations (PSOs) for Rural Iowa Hospitals



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# Objectives

- Discuss what a PSO is and its benefits
- Review PSO activity in Iowa evaluated from an environmental scan and results of a survey sent to rural Iowa hospitals
- Review survey feedback and discuss PSO options for rural Iowa hospitals
- Discuss next steps for advancing your patient safety initiatives

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## Why & what began Patient Safety Organization (PSO) development

- To Err is Human - 1999
- Patient Safety Act - 2005 - to encourage the act of reporting when things go wrong
- PSO development
  - Credentialed through Agency for Healthcare Research and Quality (AHRQ)
  - Collects and analyzes data on patient safety events and near misses
  - Protects this information from discoverability - provides a confidential environment for to report and learn from incidents without fear of legal repercussions
    - patient safety work product (PSWP) is protected from discoverability
  - Offers recommendations, training, and development to foster a culture of safety, improve patient safety and high reliability



# Patient Safety Organization (PSO)

- AHRQ currently has 116 PSOs in 37 states and the District of Columbia
  - can function nationally regardless of home state
  - some are specialty-focused, some specific to health systems, while others are general
- Reporting to a PSO in Iowa is voluntary
- Not the same thing or equivalent as a QIO (Quality Improvement Org) - PSO is different

# Benefits of joining a PSO



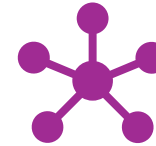
Protection on reported safety issues – safe environment and protected from disclosure in civil or criminal lawsuit



Help with improvement efforts



Training and education



Networking & collaboration

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# PSO language (some basics)

- **PSES (Patient Safety Evaluation System)**
  - Process or system that manages protected info
  
- **PSWP (Patient Safety Work Product)**
  - The protected information
    - Quality and safety minutes, Root cause analyses discussions, Peer review, Debriefs, Safety huddles, Emails, Incident reports, Quality report/score cards
    - Medical records and billing info are not PSWP
  - PSWP may not be used in administrative, civil, criminal, or disciplinary proceedings



# PSO activity in Iowa

## Environmental scan

- for PSOs in states bordering Iowa and able to work with Iowa hospitals
- AHRQ website
  - lists PSOs with associated websites and contact information
- Narrowed down to 3 PSOs
  - Illinois, Missouri, Nebraska
- Plus a national PSO

## Hospital survey

- sent to rural hospital leaders to evaluate Iowa hospital PSO activity and interest
- Fifty-five survey responses - Nurse executives and/or quality directors
  - 100% critical access, there are currently 82 CAHs in Iowa

# Some options for Iowa hospitals

*Nebraska*    **Nebraska Coalition for Patient Safety (NCPS), est 2006**

Fee based on 3 discharge categories: Small <300 DC/year: \$350/yr, Medium 300-499 DC/yr: \$700/yr, Large 500+ DC/yr: \$1050/yr

- <https://www.nepatientsafety.org/welcome.html>

*Missouri*    **Center for Patient Safety, est 2005**

Fee starts at \$2000 with \$500 onboarding fee

- <https://www.centerforpatientsafety.org/>

*Illinois*    **Vizient, working w/PSOs since 2008**

\$4800 annual fee and \$7300 one-time implementation fee

- <https://www.vizientinc.com/what-we-do/operations-and-quality/patient-safety-organization>

*National*    **Alliance for Quality Improvement and Patient Safety (AQIPS)**

- <https://www.aqips.org/>



# Learn more - PSO Highlight

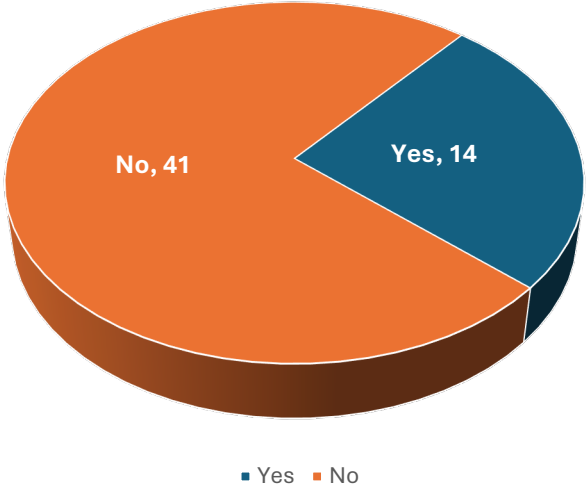
## Nebraska Coalition for Patient Safety (NCPS)

- General-practice PSO, current members consist of large acute care hospitals, community hospitals, critical access hospitals, specialty hospitals, long-term care, and ambulatory care facilities across Nebraska, with a few in Western Iowa, and able to partner with organizations outside of Nebraska.
- Membership fee typically based on annual discharges for hospitals. Want to ensure that rural areas have access to membership, that may not have the budgets that larger organizations have.
- Most their members are hospitals, majority CAHs
- Most their programming, education and member services is with the CAH environment
- Member benefit: grants that legal protection, submit issues/events to this PSO without fear of discoverability
- Toolkits and resources to membership base
- In 2024, 45,000 events submitted to them, they encourage to submit great catches too
- Provide education: Just Culture model, TeamSteps, RCA. What does it mean for frontline staff, middle management, and so forth. They also teach high reliability.
- Some hospitals claim to be a Just Culture facility, or a TeamSteps facility, but all these things complement each other and need to have all these things to be a high reliable organization
- SOPS- survey of patient safety culture (they administer), use these results to present back to leadership
- Can do lengthy workshops for additional cost outside annual membership fee

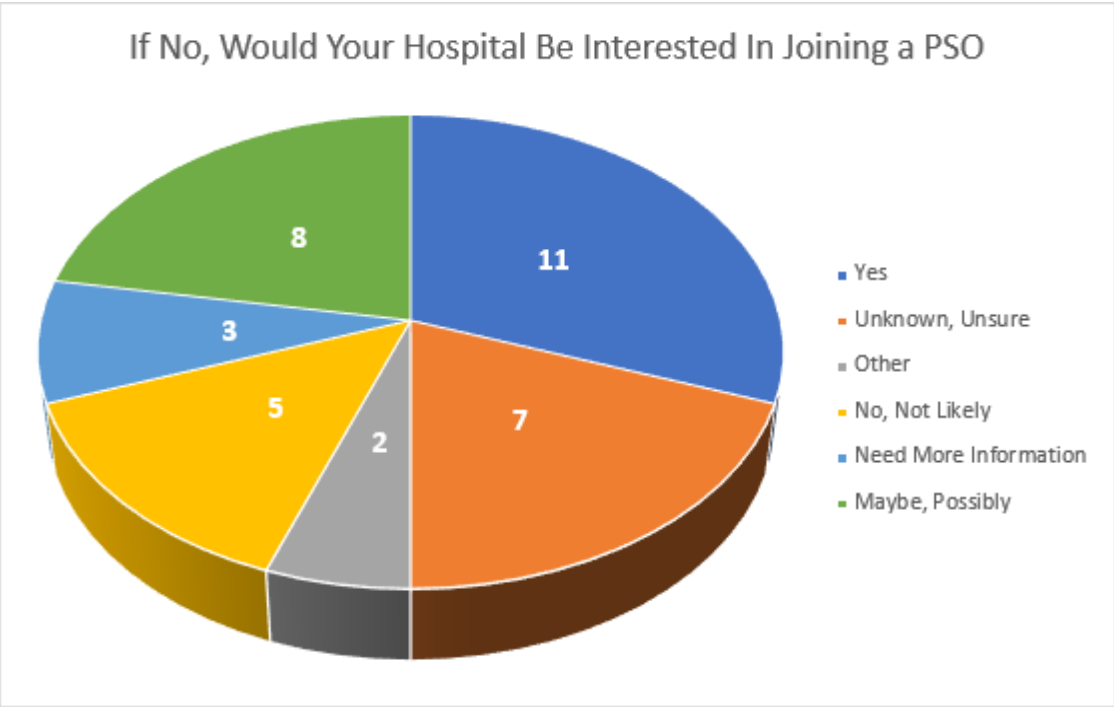
# PSO Survey

- Is your hospital a critical access hospital (CAH)? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is your hospital part of a Patient Safety Organization (PSO)? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - If yes, what PSO and state is that through? \_\_\_\_\_
  - If no, would your hospital be interested in joining a PSO? \_\_\_\_\_
  - Why did your organization choose to join that PSO- was it for falls prevention, or another area of improvement?  
\_\_\_\_\_
  - What PSO benefits are most important to you and your team? \_\_\_\_\_
- What do you believe is a reasonable amount (annual cost) for hospitals to spend to be part of a PSO? \_\_\_\_\_
- Is your patient safety reporting system manual or electronic? \_\_\_\_\_ Electronic \_\_\_\_\_ Manual
  - If electronic, what system do you use? \_\_\_\_\_
  - Would you recommend this system to others? \_\_\_\_\_ Yes \_\_\_\_\_ No
- What is your annual cost for this system? \_\_\_\_\_
- Did you participate in the CMS Hospital Quality Improvement Project (HQIP)? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is there anything you would like to add about your experience with PSOs that is important to be known or considered that was not asked in this survey? \_\_\_\_\_

Is Your Hospital Part of A Patient Safety Organization PSO



If No, Would Your Hospital Be Interested In Joining a PSO



If Yes, What PSO and state is that through	Count
Nebraska	2
Iowa	2
Mercy One?	1
Iowa-Compass Healthcare Collaborative	1
Compass and Iowa	1
IHA HQIC	1
Mercy Des Moines	1
Compass Healthcare Collaborative/ State of Iowa	1
ICompass/HQIC	1
Press Ganey, Indiana	1
Iowa - I am not sure as I am new to the role	1
Iowa, Compass Healthcare Collaborative	1
14	

## Why did your organization choose to join that PSO? Was it for falls prevention or another area of improvement?

- Benchmark data for improvement
- Readmissions/Fall Prevention
- It was before I started, so I am unsure the reason.
- We are a part of a larger health system that belongs to the Nebraska PSO
- To have continued monitoring and benchmarking
- Part of contract offering free PSO options until 2025. Risk management identification
- Fall prevention
- Yes, falls and other safety events.
- Quality and Patient Safety
- Collaboration
- Multiple areas.
- I honestly do not know, it was created before I started here.
- Unknown, it was already set up when I came but I appreciated their support

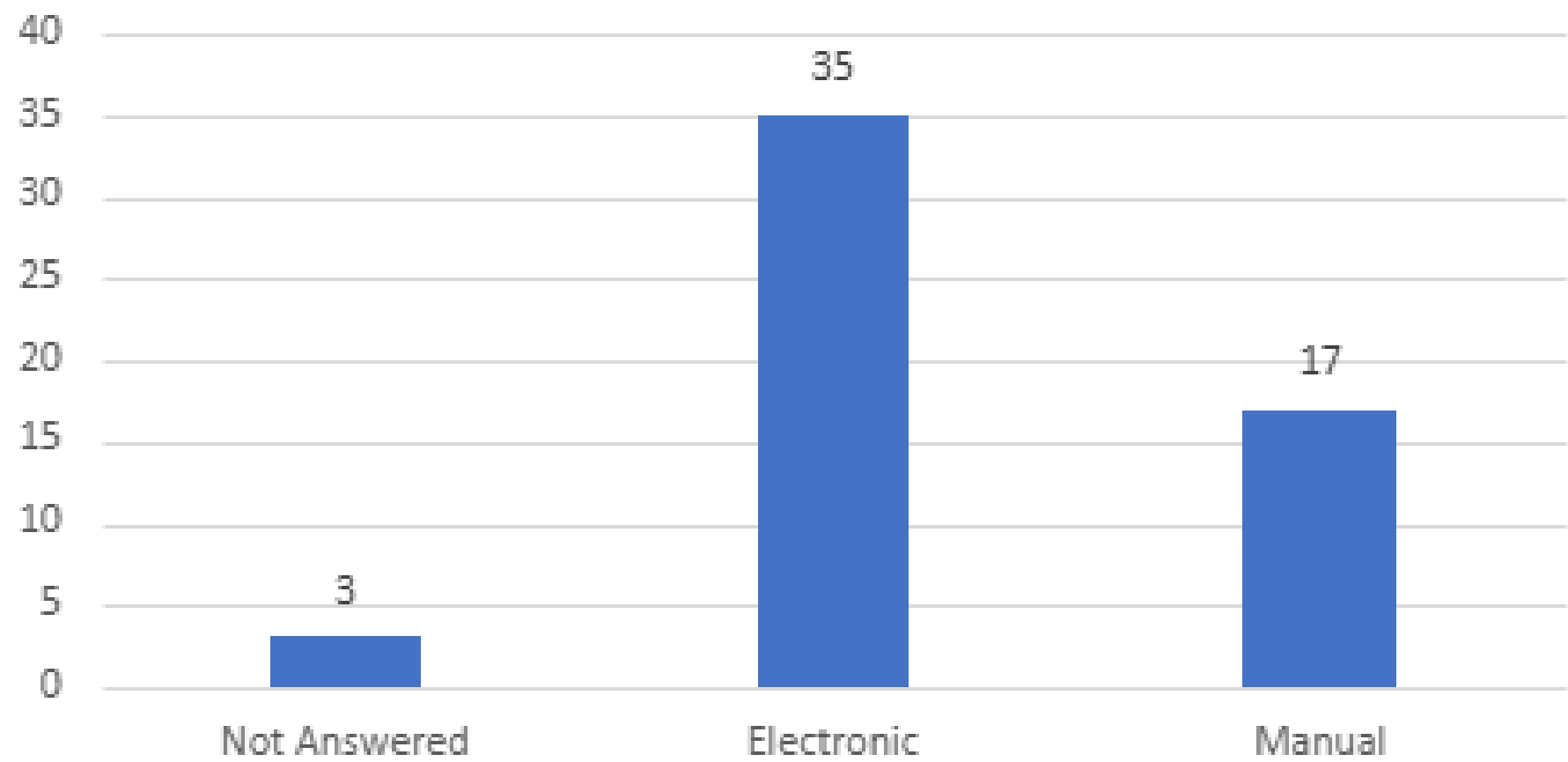
# What PSO benefits are most important to you and your team

- Resources
- Quarterly review of data and suggestions for areas of improvement
- All are helpful
- Shared learnings
- Reporting to CSM [CMS?]
- Data to drive process drive process changes
- Resources and networking
- Education
- The health and wellness of our patients and the financial reimbursement
- MBQIP Data and Education
- Performance over time

## What do you believe is a reasonable amount (annual cost) for hospitals to spend to be part of a PSO?

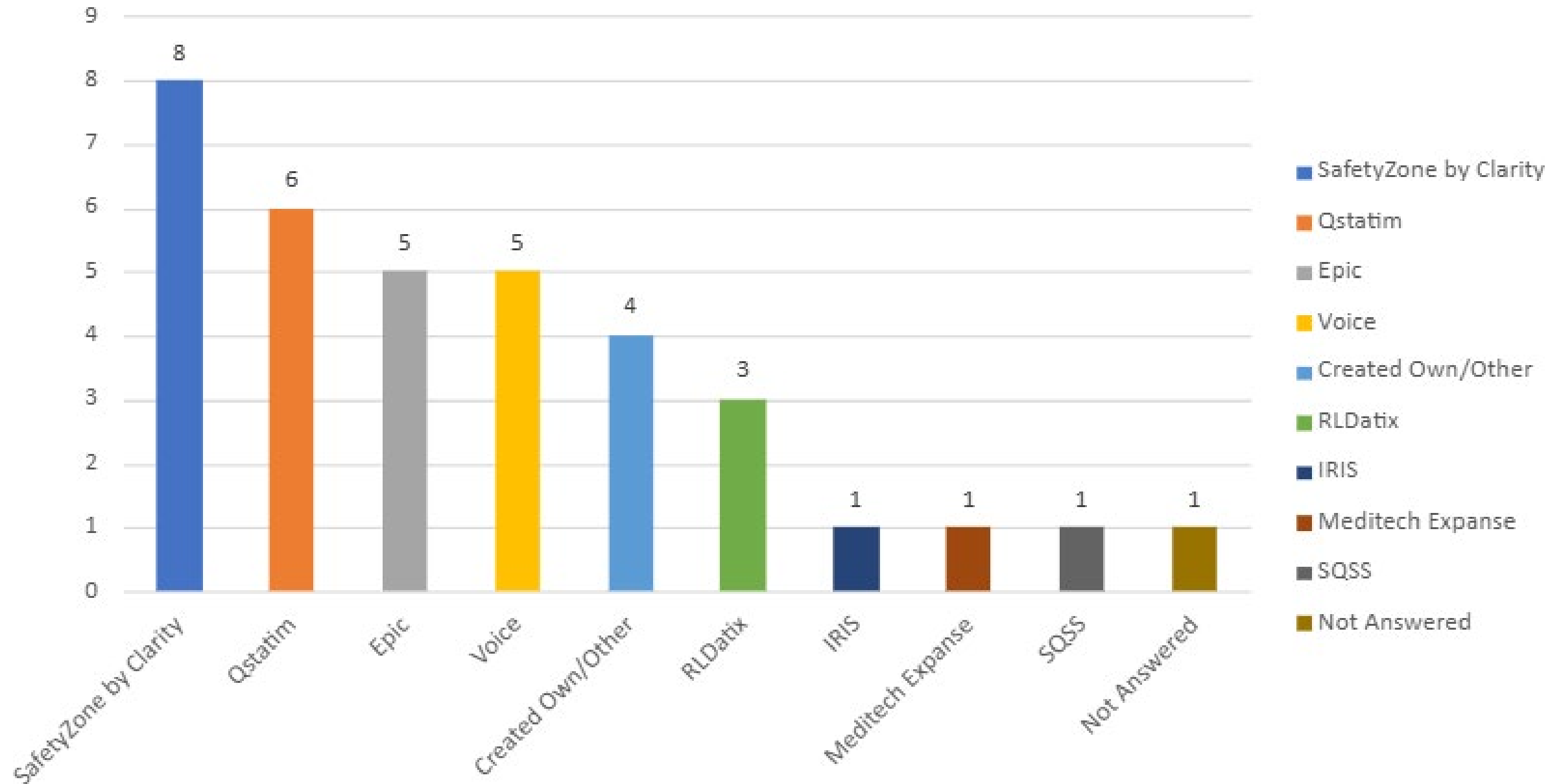
- unknown/unsure (15)
- No idea/no clue/I do not know/No idea what the current market value is, so can't make an educated estimate/? (9)
- This is a qualitative measure, so I feel it should be very minimal.
- I believe we are grant funded
- Free: Already operating on thin margins, when required to be a part of a PSO, there is a lack of funding to be a part of it. Needed to be part of a large enough one to remain de-identified.
- \$0/None (2)
- \$100 (2)
- \$3,000-\$5,000
- \$7500/yr
- Less than \$12,000
- It would depend on the benefit we would be provided from the PSO and the time commitment/Would need more info/Would need more information about benefits and cost (3)
- I think it will depend on what you get back from it. For PG to charge us \$20,000 just so we can have a place to send our events, it's not worth it. We need to have metrics to evaluate ourselves, someone at the PSO should be reviewing our data and reaching out with concerns.

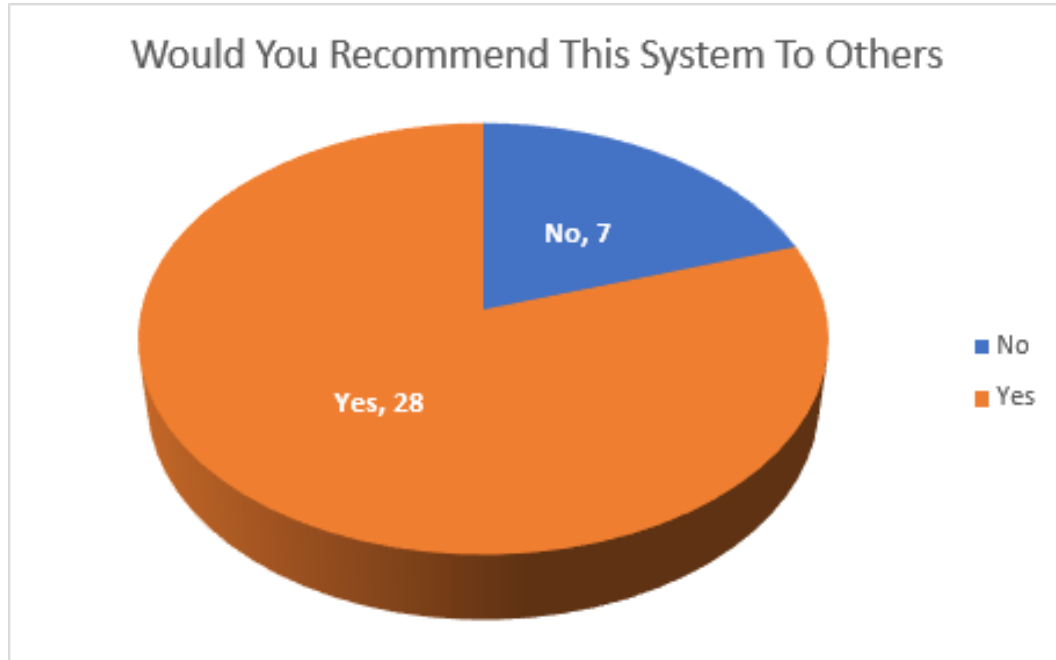
## Is Your Patient Safety Reporting System Manual or Electronic





## If Electronic, What System Do You Use





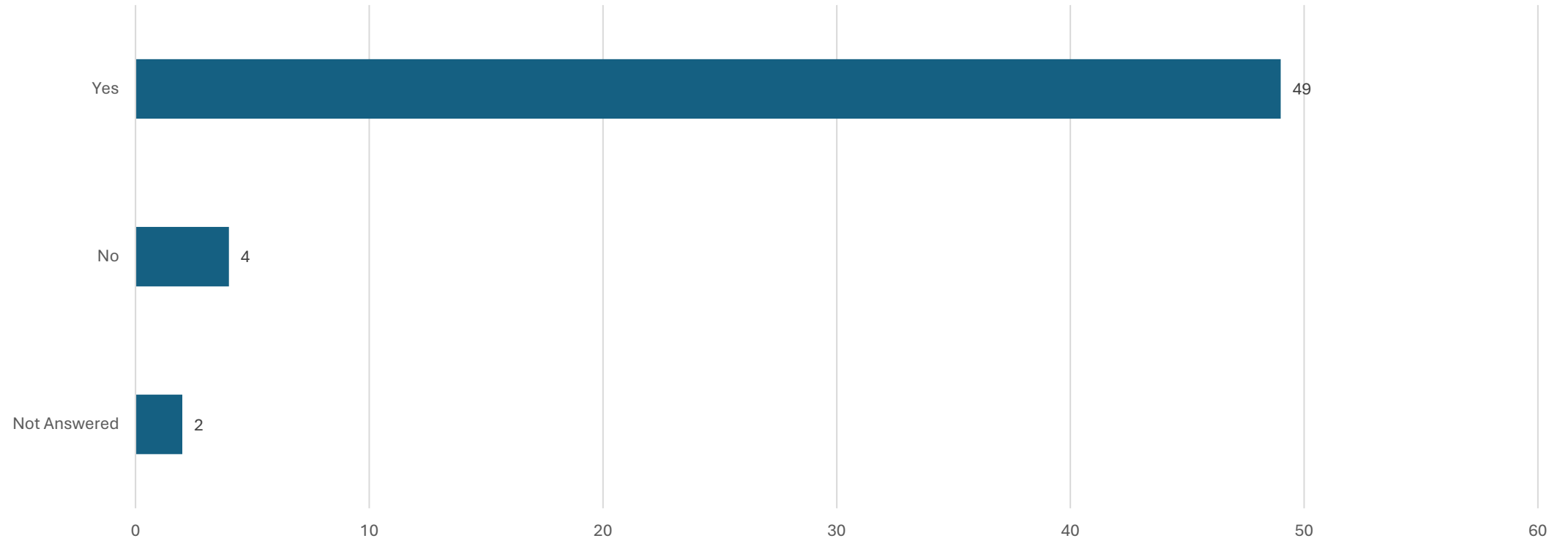
### Of the No's

- RLDatix – 2/7
- QStatim-1/7
- Own developed-1/7
- EMR then manual verification- 1/7
- Meditech Expanse- 1/7
- EPIC-1/7
- Microsoft Forms- 1/7

What is your  
annual cost for this  
system?

\$1,000,000.00	1
\$40,000.00	1
\$12,000.00	1
\$11,000.00	1
\$10,000.00	1
\$9,700.00	1
\$9,000.00	1
\$7,356.00	1
\$7,200.00	1
\$7,000.00	2
\$6,500.00	2
\$6,077.00	1
\$6,000.00	1
\$5,500.00	1
\$3,000.00	1
\$1,800.00	1
\$16.50	1
\$0.01	1
\$0.00	9

## Did You Participate In The CMS Hospital Quality Improvement Project (HQIP)



**Is there anything you would like to add about your experience with PSOs that is important to be known or considered that was not asked in this survey?**

- Feel like Press Ganey data is not useful. It is beyond what we need compared to what Press Ganey. Needs more easy-to-use data to drive change. We would like to have data of a similar size sent to use and understanding of like organizations. Cost is almost 10,000 a year with inflation/rising cost yearly.
- No but to explain Question 4.c. reporting system is included in our overall EHR Epic cost
- 16.50 per license. We carry 600 licenses. Not all are utilized.
- They are not at this time a requirement for CAH hospitals, so if its going to be a check the box activity it needs to be cheap. Or on the flip be worth it's weight in gold. With the current financial uncertainty in healthcare especially for those of us in Iowa, we have to be diligent with our spending, and there MUST be a ROI on all costs.
- I am not really sure if we are a part of a PSO. We are a part of an ACO with Mercy if that has any correlation
- I appreciate our HQIC coordinator and be kept up to date on changes.

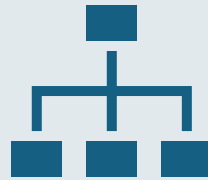
# Recommendations



## Learn more

Webinar (today) to educate on what a PSO is and resources

Explore AHRQ PSO site



## Working with a PSO, things to know

PSES (patient safety evaluation system)

PSWP (patient safety work product)

Legal & leadership team



## Connect with a PSO

Many benefits

- Improve safety culture
- Supportive network/resource for your organization
- Legal protections
- Education, networking and collaboration opportunities

# Summary

- Safety is more important than ever - PSOs can help
- Environmental scan and hospital survey revealed opportunities for rural Iowa hospitals
- For more information
  - <https://pso.ahrq.gov/resources/act>
  - <https://pso.ahrq.gov/resources/rule>
  - <https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-3>
  - <https://pso.ahrq.gov/resources/psqia>
  - <https://pso.ahrq.gov/sites/default/files/wysiwyg/pso-brochure.pdf>
  - <https://pso.ahrq.gov/faq>
  - <https://www.aqips.org/psqia-frequently-asked-questions>
  - **Flyers from PSOs**

