1. **What is a federal Patient Safety Organization?**

   A public or private entity that is formally listed by the Agency for Healthcare Research and Quality (AHRQ) to carry out patient safety activities for providers under the Patient Safety and Quality Improvement Act of 2005 (PSQIA). AHRQ certifies PSOs to provide federal privilege and confidentiality protections that supersede state protections. Federally listed PSOs must adhere to regulations and recertify with AHRQ every three years. See [www.pso.ahrq.gov/faq](http://www.pso.ahrq.gov/faq) to learn more.

   PSO participation satisfies a quality standard for contracting as part of the Health Insurance Exchanges.

2. **What exactly is the value of Child Health Patient Safety Organization (PSO) to each institution?**

   The value is the ability to share pediatric stories to drive organizational learning and prevent harm without the fear of discovery. An AHRQ federally listed PSO offers federal privilege protections needed for many organizations to share and learn together. For a specialty PSO like Child Health PSO, this is particularly important because participants reside in multiple states and their state privilege protections vary. The federal privilege offered levels the playing field for children’s hospitals across the country to “safely” participate and aggregate their data. The result is the nation’s largest, comprehensive pediatric repository of Serious Safety Events and near misses to drive elimination of preventable harm.

3. **My hospital is part of a system and is a member of a state hospital association PSO. Why do I need to join Child Health PSO and how do I explain this to the system leadership?**

   Both are important. PSOs have percolated through state hospital associations. A pediatric-focused PSO, such as Child Health PSO, offers advantages to pediatric providers by aggregating infrequent data points and shared learning unavailable in adult systems. State-based PSOs offer advantages to state-led advocacy efforts specific to any one state. They may also provide regionally-based opportunities to improve safety.

4. **I already participate in one PSO. Can I participate in more than one PSO and why should I join Child Health PSO?**

   The federal regulations do not limit your participation to one PSO. In fact, many hospitals participate in more than one. A hospital may participate in a state-wide PSO as described above, a private PSO to leverage a specific expertise (medical malpractice), and specialty PSOs to drive improvement in safety in a particular clinical area, such as pediatrics or pediatric subspecialty.
5. Why should a hospital participate in both the Children’s Hospitals’ Solutions for Patient Safety (SPS) and Child Health PSO?

The SPS plan involves system-wide strategies, horizontally depicted, to address specific safety topics, vertically depicted (these have been updated for 2017). Together, the SPS and PSO plans work in harmony to have the greatest impact on reducing preventable harm and sustaining improvement; however, hospitals can certainly achieve improvements in safety without either the PSO or SPS. Working together with pediatric providers offers maximum benefit to participants and patients.

Child Health PSO and the Children’s Hospitals’ Solutions for Patient Safety (SPS) have entered into a contractual relationship to support learning from pediatric Serious Safety Events (SSEs). Child Health PSO contracts with SPS to teach methods to identify and investigate SSEs.

Measurement of Serious Safety Events is collected and reported under Child Health PSO (the Serious Safety Event Rate).

6. We aren’t sure when we will participate in SPS. Why should I join Child Health PSO now?

Joining SPS and the PSO requires organizational stakeholder agreement, commitment and resources. Joining the PSO now will allow time to develop and implement an operational plan, while obtaining immediate benefit from a wealth of patient safety learning opportunities. Implementation tools and learning provided by the PSO will assist your team under federal protections where needed to support participation. SPS is an important pediatric safety resource to sustainably improve organizational commitment to eliminate preventable harm.

7. What resources are needed and what is the process for entering data?

Improving safety from a PSO requires a dedicated executive champion and a solid collaboration among leaders in safety, legal and risk. Because PSO participants are also obligated to adhere to the regulation, start up can take up several months. The majority of time from staff will be based on the level of engagement in active learning that each organization finds most useful. At a minimum, a portion of time from a safety leader is needed to transfer PSO knowledge into action and close loops. And, a small portion of an FTE is needed to enter cases.

Child Health PSO’s contract with NextPlane Solutions, LLC to provide a secure central data repository. Each institution determines the number of events they will submit, but we encourage a report on each case that has been investigated. A minimum dataset has been defined to minimize the burden of data entry. NextPlane provides a simple tool to electronically submit event details at no additional cost. Minimum use of the national Common Formats positions children’s hospitals to contribute to a national understanding of patient safety through the Network of Patient Safety Databases (NPSD).

For more information, contact kate.conrad@childrenshospitals.org, 913-981-4118 @ Child Health Patient Safety Organization, Inc. a component organization of N.A.C.H.