**Working with Multiple Patient Safety Organizations:**

Is it allowable for a hospital to participate in more than one PSO? The answer is yes, the Patient Safety Rule does permit for a health care provider to work with more than one Patient Safety Organization (PSO).

**Patient Safety Organizations (PSO):**

There are 88 total PSOs in 29 states currently listed by AHRQ. <https://www.pso.ahrq.gov/listed> . Each will have different requirements and costs associated. For example:

* CHPSO – The UCs have been contracted with this PSO since 2013. The cost is free to California Hospital Association members.
* Child Health Patient Safety Organization, Inc. (Child Health PSO) - Participation is available through an annual subscription. All U.S. hospitals serving children may enroll. Annual fee $16,000 *(price quoted per website).*
* Institute for Safe Medication Practices (ISMP) – based on review of their website, events are reported individually on a case by case bases. Based on website information there may be no additional cost involved.
* Vizient™ PSO – Members include national non-profit & academic member hospitals. Although they have their own event reporting system, accepts data from outside event reporting systems, i.e. RL. Cost TBD

**Benefits of working with more than one PSO:**

* Working with multiple PSO’s would provide different viewpoints and analyses of issues specific to the individual PSO focus. Belonging to multiple PSOs would provide greater insights to data analysis outcomes
* The organization would gain multiple educational opportunities based on each PSO’s offerings. PSO’s offer safe-table discussions based on focused topics
* There would be access to different insights, trending and identification of improvement opportunities and avoidance of harm obtained through a greater number of participating hospitals
* The organization could gain knowledge of a broader range of best practices identified through data aggregation analysis
* Belonging to differently focused PSOs would expand the opportunities of collaborating with a wide verity of hospitals.

**Drawbacks of working with more than one PSO:**

* Each PSO agreement may come with the additional costs associated with PSO participation
* Each PSO association would have different submission requirements for data, which require individual exports and uploads.
* Belonging to multiple PSOs requires increased resource time and effort to manage event documentation, data exports, PSO uploads and analysis of reports.
* If clinical departments report to specialty PSOs independently the event may not be entered in the IR System, creating a possibility of the hospital being out of the loop on some issues.
* Double reporting of de-identified data to the national database. Tracking of duplicated reported events to multiple PSOs may be needed, and then conveyed to the individual PSOs so that they can remove or mark them as such. (This may not be necessary, stated as a possibility)