Defining (and Promoting) PSO Value

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Disclaimer

The opinions expressed in this presentation are those of the presenter and do not reflect the official position of the Department of Health and Human Services (HHS), the Agency for Healthcare Research and Quality, or the Office for Civil Rights.
About Center for Patient Safety

- Independent non-profit, national organization
- Founded 2005; PSO since 2008
- Patient safety through culture improvement
- PSO Services: 116 hospitals, 249 EMS, other
- More than 60,000 events submitted
- **Mission**: To be a leader in providing creative solutions and resources to improve patient safety
The Path to Value is Not Direct

- Avoid “ROI” and other language that implies a formula
- PSO participation alone doesn’t have much value
- The PSO can make participants’ programs stronger
  - Review and improvement of safety structure and processes
  - PSO activity is part of improved safety culture
  - Expert help with review of PS and Q processes
  - Ongoing legal support
Center for Patient Safety Model

PROTECTING:
Protect patient safety and quality work

PREVENTING:
Prevent adverse events and patient harm through supportive cultures

LEARNING:
Learn best practices and improvement opportunities
PSO and Improvement: Learning

- Publications and papers; data compilation
  - Falls White Paper with MHA
  - PSO reports
- Newsletters and watches; toolkits
  - CPS products and others
  - Blog

- Conferences
  - National Speakers
  - PSO breakout
  - Bootcamp
- Speakers bureau
  - Just Culture
  - Intro to Safety Culture
- Huddles/safe tables; interdisciplinary work
PSO and Improvement

- Preventing:
  - Surveys:
    - Lots of growth
    - Opens door to discussion of improvement projects and methods
  - Just Culture: training and incorporation of concepts
  - Second Victim: collaborative train-the-trainer with MU
  - Consulting
PSO work is very tightly defined
- Gather reported data
- Analyze data
- Provide feedback, general and specific

Patient Safety Culture work is related but not restricted to either PSO participants or work within PSES
STAFF EXPERIENCE MATTERS

- Former Corporate VP for Quality and Patient Safety; Examiner for Excellence in Missouri Foundation (MO Quality Award) and Baldrige
- Experienced EMS administrator
- Academic-based Ph.D nursing researcher
- Former risk and legal executive and consultant
- RN with administration experience in NICU, home health, candidate for MS in health informatics
- VP for Medical Affairs; Chief Medical Officer for health system
- Former project manager, MO Department of Health and Human Services; Information Manager for regional health system quality and risk functions
Our Value Proposition

- Experience of staff: depth and variety
- CPS has deep, related background in patient safety and safety culture activities:
  - Surveys
  - Leader in HEN and other AHRQ/grant-funded projects
  - Just Culture
  - Collaboratives such as CUSP, arm bands
  - Commissioned research
Other Valuable Contacts/Experience

- EMS National Safety Council (invited)
- Home Health QI team (invited)
- Collaboration for EMS safety culture survey
- EMS national safety community: education and collaboration
- Educational opportunities with national experts
Things to Consider

- Find your niche
  - What are your strengths?
  - Who do you serve/want to serve?
  - What can you wrap around PSO?

- This is customer service. How can you help them?

- Stay deep under the diving board

- Who else is in the pool?
Questions