What is a Patient Safety Organization?

Patient Safety Organizations (PSOs) were created under federal law and serve as a group of independent, external experts who can collect, analyze, and aggregate Patient Safety Work Product locally, regionally, and nationally to develop insights into the underlying causes of patient safety events. Communications with PSOs are protected to allay fears of increased risk of liability because of collection and analysis of adverse patient events (definition from the Agency for Healthcare Research & Quality (AHRQ)). Nonetheless, the Patient Safety and Quality Improvement Act has assured that information generally available today remains available, such as medical records, original provider documents, and business records. PSOs are certified by AHRQ.

Benefits of partnering with a PSO

- Improve safety and quality leading to better resident outcomes
- Participate in a non-punitive reporting system that is designed to reduce or minimize harm to residents
- Contribute to national safety initiatives
- Move toward a culture of safety and awareness and away from a culture of blame and shame
- Reduce liability costs and exposures
- Use of de-identified quality data to assist members in quality efforts
- Detect and address emerging quality issues as they arise through alerts and other communication methods

How do I participate?

NCAL is working on a contract with NJHA PSO and will notify members when NJHA PSO is ready to sign contracts with individual communities later in 2013.

What is the cost?

Cost varies by size of your community and will range from $800 to $3,500, annually.

QUESTIONS?

Contact: Lindsay B. Schwartz, Ph.D., Director, Workforce and Quality Improvement, National Center for Assisted Living, lschwartz@ncal.org or 202-898-2848
## Tier II Performance Measures

### Falls
1. Number of falls in the last 30 days
2. Number of residents who required admission to the hospital due to a fall within the last 30 days (Exclude ER visits with no admission and observation stays)

### Pain Management
3. Number of residents identified reporting daily pain is not relieved with medication

### Pressure Ulcers
4. Number of residents with pressure ulcers (Stage 2 or higher) acquired in the assisted living community in the past 30 days

### Infection Control
5. Number of residents with in-house acquired urinary tract infections (UTIs) in the last 30 days
6. Number of residents receiving a current seasonal influenza vaccine
7. Number of residents documented receiving the pneumococcal vaccine

### Medication Management
8. Number of residents with medication errors (all-cause) in the last 30 days
9. The prevalence of off-label use of antipsychotics in residents

### Hospitalizations
10. Number of residents discharged from the hospital to assisted living and readmitted to the hospital, unplanned, within 30 days
11. Number of hospitalizations in the past 6 months

### Elopements
12. Number of documented cases of elopement in the last 30 days

### Depression
13. Number of current residents that were screened for depression

### Advanced Care Planning
14. Number of current residents who have written advanced directives on file in the assisted living community

### End-of-Life Care
15. Number of residents receiving end-of-life, palliative, or hospice care

### Demographics
1. Current number of residents
2. Number of residents with a diagnosis of dementia
3. Number of residents with a mental health diagnosis other than dementia or depression
4. Number of residents with an intellectual disability or developmental disability
5. Average age of your residents
6. Is your community located in a rural or urban area