

QUIZ ONE—ANSWER SHEET

Question 1 of 10

AHRQ will consider a PSO's policies and procedures sufficient if the PSO repeatedly states that the PSO workforce is to conduct all activities "in accordance with the Patient Safety Rule."

False

[42 CFR 3.102(b)(1)(i) requires PSOs to certify that they have "written policies and procedures in place to perform each of the eight patient safety activities, defined in §3.20." Part of a PSO's policy may be to conduct patient safety activities in accordance with the rule, but the PSO is additionally required to have a written procedure to implement this policy.]

Question 2 of 10

A PSO can meet its qualified staff requirement by relying upon an outside contractor that employs medical professionals.

False

[42 CFR 3.20. Definition of "workforce." To be a workforce member, an individual must be under the "direct control" of a PSO.]

Question 3 of 10

A PSO's outside legal counsel cannot be considered a member of a PSO's workforce.

True

[42 CFR 3.20. Definition of "workforce." To be a workforce member, an individual must be under the "direct control" of a PSO.]

Question 4 of 10

If information could improve patient safety, health care quality, or health care outcomes, it can always become patient safety work product (PSWP) through reporting to the PSO.

False

[42 CFR 3.20. Definition of "PSWP." The fact that information could improve patient safety, health care quality, or health care outcomes meets only one of the two criteria for information to become PSWP through reporting. Unless the information was also assembled or developed by the provider for reporting to a PSO and is reported to a PSO, the information does not meet both requirements of the PSWP definition. See discussion of what is excluded from becoming PSWP in preamble to the final rule (73 FR 70739-70743) and, for further background, the NPRM (73 FR 8120-8124).]



QUIZ ONE—ANSWER SHEET

Question 5 of 10

Information collected in a provider's patient safety evaluation system (PSES) is always considered PSWP, even if a provider has not documented or dated it.

False

[42 CFR 3.20. The definition of “PSWP,” in paragraph (1)(i)(A) requires that in addition to being documented and dated, information must be assembled by a provider for reporting to a PSO and could improve patient safety, health care quality, or health care outcomes.]

Question 6 of 10

A provider can protect information in its PSES that was assembled or developed for purposes other than reporting to a PSO by dating and documenting the information.

False

[42 CFR 3.20. Definition of “PSWP,” paragraphs (1)(i)(A) and paragraph (2)(i). Information assembled or developed for other purpose does not meet one of the two requirements for information to become PSWP. Thus, only a copy of such information prepared for reporting to a PSO can be protected.]

Question 7 of 10

If information is not included in the medical record, it can always become PSWP.

False

[42 CFR 3.20. Definition of “PSWP,” paragraph (2)(i). Information that is not documented in the medical record may not always meet the definition of PSWP. For example, billing and discharge information and other original provider information are specifically excluded from the definition of PSWP. In addition, as is true for any information to become PSWP through reporting by the provider, information that is not in the medical record must meet the two criteria, as stated in the response to Question 8, for information to become PSWP through reporting.]



QUIZ ONE—ANSWER SHEET

Question 8 of 10

An operating room nurse observes a mistake by a physician during an operation that leads to patient harm. Upon request from the hospital's risk management department, the nurse prepares a written statement documenting her observations of an adverse event. The nurse's original written statement cannot become PSWP.

True

[The nurse's written statement cannot become PSWP under either pathway of the PSWP definition that applies to providers. See paragraphs (1)(i)(A) and (1)(ii) of the definition of provider at 42 C.F.R. 3.20. It cannot become PSWP through the reporting pathway because it was prepared for a purpose other than reporting to a PSO. It does not satisfy the second pathway available to providers because it was prepared outside of the provider's PSES and does not relate to deliberations or analyses of a PSES or the fact of reporting to a PSES. By contrast, a copy of the written statement prepared for purposes of reporting to the PSO and/or subsequent analysis of an adverse event when conducted in the provider's or PSO's PSES could be PSWP.]

Question 9 of 10

A Health Information Technology (HIT) patient safety event reported by a HIT developer or vendor to a PSO is PSWP.

False

[42 CFR 3.20. Definition of "PSWP," paragraph (1)(i)(a), that states "...which are assembled or developed by a provider..."

42 CFR 3.20. Definition of "provider." Only individuals and entities that meet the rule definition of provider can report PSWP.

A HIT developer does not meet the definition of provider, and thus cannot develop PSWP.]

Question 10 of 10

Affiliated providers can share PSWP with each other without limit.

False

[42 CFR 3.20. Definitions of "affiliated provider" and "patient safety activities," and "provider;" and 42 CFR 3.206(b)(4)(iii). The permission to disclose PSWP among affiliated providers is only for the conduct of patient safety activities, not for any other purposes.]



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Page 3 of 3

