

## QUIZ —ANSWER SHEET

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### Question 1 of 12

A PSO that changes its Authorized Official is expected to notify AHRQ of the change no later than when the PSO submits its next certifications for continued listing.

**False**

[42 CFR § 3.102(a)(1)(vi) requires the PSO to “promptly notify” AHRQ of any changes to the accuracy of the information provided in the listing application. This includes any changes to the Authorized Official indicated on the listing application.]

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### Question 2 of 12

A PSO should notify the PSO Program at AHRQ of any changes in its listing information, rather than notifying the PSO PPC Help Desk.

**True**

[The PSO Change of Listing Information form can be used to notify AHRQ of a change in contact information, Authorized Official or PSO Point of Contact, and similar changes. The PSO may wish to contact AHRQ before using this form if there are changes that may affect the PSO’s attestations in support of the current certification for listing (e.g., if a parent organization is added).]

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### Question 3 of 12

A PSO can meet its two-contract requirement by entering into one contract with a health system to serve its 20 acute care hospitals.

**False**

[The requirement focuses on the number of contracts, not the number of providers that are involved with a contract. 42 CFR § 3.102(b)(2)(i)(C) and 73 FR 70755.]

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### Question 4 of 12

A PSO can only enter into a contract that provides the confidentiality and privilege protections of the Patient Safety Act (“Patient Safety Act contract”) with a hospital.

**False**

[42 CFR § 3.20. Definition of “provider.” PSOs may enter into a Patient Safety Act contract with any individual or entity that meets the definition of provider. The definition includes, but is not limited to, any individual or entity licensed or otherwise authorized under State law *to provide health care services.*]



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### Question 5 of 12

According to the Patient Safety Act, a PSO owns the patient safety work product (PSWP) it collects.

**False**

[Neither the Patient Safety Act nor Rule establishes that a PSO “owns” the PSWP submitted to it by providers. In contrast, there are limits on the PSO’s possession and disclosure of PSWP, including that a PSO must follow specific disposition requirements for any PSWP and data in its possession when the PSO is delisted. *See* 42 CFR §§ 3.108(b)(3) and (c)(2)(ii).]

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### Question 6 of 12

A PSO can establish mechanisms to enable a provider to protect as patient safety work product (PSWP) consultations with other providers regarding a specific patient’s ongoing treatment.

**False**

[42 CFR § 3.20. Definition of “PSWP,” paragraph (2)(i). Information prepared for treatment purposes is excluded from the definition of PSWP. The definition of PSWP expressly excludes a patient’s medical record and other original provider records from becoming PSWP. A copy of treatment information can be reported to a PSO and protected, but not the original information.]

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### Question 7 of 12

A PSO’s policies and procedures (“P&P”) can meet the Patient Safety Rule’s requirements regarding P&P by generally stating a policy that the PSO workforce is to conduct 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.” (emphasis added) A PSO’s policies and procedures should outline the “what” (i.e.,



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the policies) and “how” (i.e., the procedures) specific to the PSO’s own operations and include a systematic, step-by-step outline of the activities that it will be conducting.]

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### Question 8 of 12

Information that could improve patient safety, health care quality, or health care outcomes is always protected as patient safety work product (PSWP).

**False**

[42 CFR § 3.20. Definition of “PSWP.” The fact that information could improve patient safety, health care quality, or health care outcomes is not enough to meet the first part of the definition of PSWP. Information that could improve patient safety, health care quality, or health care outcomes can become PSWP if:

(A) It is assembled or developed by a provider for reporting to a PSO and is reported to a PSO, which includes information that is documented as within a patient safety evaluation system for reporting to a PSO, and such documentation includes the date the information entered the patient safety evaluation system; or

(B) It is developed by a PSO for the conduct of patient safety activities.

The information must also not be excluded from the definition of PSWP, see paragraph (2) of the definition at 42 CFR § 3.20.]

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### Question 9 of 12

A provider can protect both the original and a copy of information in its patient safety evaluation system (PSES) that was assembled or developed to meet a State reporting requirement by dating and documenting the information.

**False**

[42 CFR § 3.20. Definition of patient safety work product (PSWP), paragraphs (1)(i)(A) and paragraph (2)(i). Information assembled or developed to meet an external obligation cannot, in its original form, become confidential and privileged PSWP. Thus, only a copy of such information prepared for reporting to a PSO can be protected.]



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### Question 10 of 12

Medical records are the only records excluded from becoming patient safety work product (PSWP).

**False**

[42 CFR § 3.20. Definition of “PSWP,” paragraph (2)(i). There are several types of information excluded from the definition of PSWP, in addition to a patient’s medical records, for example, billing and discharge information and other original provider information.]

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### Question 11 of 12

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 to put the hospital’s professional liability insurer on notice of a potential claim. The nurse’s original written statement cannot become patient safety work product (PSWP).

**True**

[The nurse’s written statement cannot become PSWP in its original form under either pathway of the PSWP definition that applies to providers. See paragraphs (1)(i)(A) and (1)(ii) of the definition of patient safety work product at 42 CFR § 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 patient safety evaluation system (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 a 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.]



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## Question 12 of 12

Affiliated providers can share patient safety work product (PSWP) with each other without limit.

**False**

[42 CFR §§ 3.20 (definitions of “affiliated provider,” “patient safety activities,” and “provider”) and 3.206(b)(4)(iii). The permission to disclose PSWP among providers that meet the definition of “affiliated provider” in 42 CFR § 3.20 is only for the conduct of patient safety activities, not for any other purposes.]



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