



PSO FOLLOW-UP FORM

The Missouri Center for Patient Safety, as a statewide Patient Safety Organization, is available to assist members of the Missouri Hospital Association in complying with the MO HealthNet regulation that requires providers to have an agreement with a PSO by January 2010. To ensure your compliance with the regulation and to move toward participating with MOCPS as a PSO, complete this form to indicate the primary PSO contact for your organization and additional information you need about participation with the PSO. Please return the form by **Monday, August 31 to MOCPS; 2429 Hyde Park Road; Jefferson City, MO 65101, fax 573/636-8608 or e-mail mnichols@mocps.org.**

PSO Contact: _____
Name: _____
Title: _____
Organization: _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____

If this person is the PSO contact for other facilities, please list these facilities.

Organization: _____
Organization: _____
Organization: _____
Organization: _____

Please identify how you would like MOCPS to follow up with the designated contact. Check all that are applicable.

- call to answer additional questions about PSO participation
- send a PSO agreement for review
- send suggested guidelines for establishing a Patient Safety Evaluation System (PSES) within provisions of the Act and Final Rule
- send suggested guidelines for defining Patient Safety Work Product (PSWP) within provisions of the act and final rule
- other requested information/contact: _____

Completed by: _____ Title: _____