

Are you prepared for CMS's Patient Safety Structural Measure?

New measure underscores need for high reliability foundation

Why the new measure?

Despite significant focus and investment in patient safety since the release of To Err is Human in 1999, the improvements seen in patient safety outcomes have been modest at best. Recent studies have cited rates of preventable harm in the surgical patient population as high as 40%.

Further complicating the ability to consistently deliver safe and harm-free care are the ever-increasing financial burdens and competing priorities forcing organizations to restructure. Many organizations are centralizing quality and safety resources into system-level roles, creating increased distance between those resources and the front line of care delivery.

Simultaneously, the chasm between executive leadership and front-line teams is only poised to grow as organizations trim the middle layer of quality and safety leadership. This layer often bridges the gap between leadership and the front line by bringing subject matter expertise on quality, safety, risk management, and improvement to bear. These leaders also serve to decompress the improvement activity responsibilities that would otherwise be shouldered by already busy unit/local leaders and physicians. The new Centers for Medicare & Medicaid Services (CMS) Patient Safety Structural Measure (PSSM) further shifts responsibility toward executive leadership.

Patient outcomes are significantly shaped by the actions of dedicated caregivers at the bedside. However, the countless decisions and behaviors of these caregivers are profoundly influenced by the organizational culture and leadership priorities within their organizations.

The new CMS structural measure will present additional opportunities to maximize patient safety by helping hospitals take a step back from the historical focus on outcomes (e.g., falls or infection rates) and instead level up to a focus on structures, culture, and leadership.

What does the new measure require?




The new CMS requirements call upon hospitals to report whether they follow **25** specific practices that align within **5** domains.




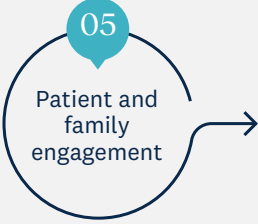
The measure is in effect now, evaluating hospitals and healthcare organizations for CY2025. All acute care hospitals that participate in CMS quality reporting and Prospective Payment System (PPS)-exempt cancer centers are required to attest. Other types of facilities, including psychiatric, rehabilitation, children's, and critical access hospitals, are currently exempt from attestation.

Healthcare organizations must complete attestations at the end of 2025. CMS will make organizations' attestations publicly available [beginning in the fall of 2026](#).

FIVE DOMAINS OF THE PATIENT SAFETY STRUCTURAL MEASURE

Domain	Primary objective	Key practices
 <p>01 Leadership commitment to eliminating preventable harm</p>	Establish effective governance and implement leadership practices to drive commitment, accountability, and a culture of safety	<ul style="list-style-type: none"> ■ Safety as a core value ■ Executive-led safety assessment ■ Adequate resources to support patient safety ■ Board agenda content is at least 20% safety ■ Timely notification of C-suite and board of serious safety events
 <p>02 Strategic planning and organizational policy</p>	Leverage strategic planning cycles and internal policies to demonstrate the commitment to safety	<ul style="list-style-type: none"> ■ Strategic plan shares patient safety goals and metrics, including “zero harm” goal ■ Goals and metrics exist to address disparities in safety outcomes ■ Policies and protocols to ensure a just culture ■ Implementation of a patient safety curriculum and competencies ■ Action plans for workforce safety
 <p>03 Culture of safety and learning health system</p>	Integrate evidence-based practices to cultivate a safety culture and learning system that span facilities and sites of care	<ul style="list-style-type: none"> ■ Annual deployment of culture-of-safety surveys ■ Dedicated team and approach for root cause analysis (RCAs) ■ Patient safety metrics dashboards and external benchmarking ■ Participation in large-scale learning network ■ Implementation of identified patient safety best practices (huddles, rounding, electronic health record integration, and human factors)

FIVE DOMAINS OF THE PATIENT SAFETY STRUCTURAL MEASURE (CONTINUED)

Domain	Primary objective	Key practices
 <p>04 Accountability and transparency</p>	Implement processes and communication mechanisms to enable accountability for outcomes and transparency around safety events	<ul style="list-style-type: none"> ■ Feedback loop to reporters of safety events ■ Participation in an AHRQ-listed Patient Safety Organization (PSO) ■ Visible and transparent safety metrics ■ Presence of a communication and resolution program with standard measurement program
 <p>05 Patient and family engagement</p>	Implement mechanisms for effective and equitable engagement of patients, families, and caregivers into their own care and in the co-design of system safety	<ul style="list-style-type: none"> ■ Active, engaged patient and family advisory council (PFAC) that represents the patient population ■ Comprehensive patient access to medical records and notes ■ Patient and family involvement in patient safety events ■ Presence of families allowed 24 hours a day

What this means for healthcare organizations

1. Healthcare organizations must have structures, policies, and practices in place during 2025 to positively attest to them.
2. If multiple facilities fall under the same CMS Certification Number (CCN), all sites of care must be compliant for the organization to positively attest to the measure.
3. Attestations will be reported through the National Healthcare Safety Network (NHSN) reporting platform.
4. Results of each organization's attestation will be publicly available on the [CMS Care Compare website](#). For CY2025 reporting, hospitals must attest by the spring of 2026, and those results will be publicly available in the fall of 2026.
5. There are 25 total elements across 5 domains, and each domain allows for 1 point toward a total score of 0-5. Organizations must meet all practices within a domain to achieve the point for the domain. CMS will not award partial credit.
6. Initially, low scores are not subject to a penalty. However, failure to submit data will result in payment penalties in FY2027.

What healthcare organizations need to do now

- **Engage, communicate, and educate.** Add the PSSM to quality and safety committee, executive leadership, board, and medical executive committee agendas.
- **Establish action plans.** Embrace the opportunity to establish and refine practices that enable higher attestation scores. Organizations will only receive a penalty if they do not attest, not if they score low this first year. Consider forming a governance team that includes membership from quality, safety, the medical staff, C-suite, and the board.
- **Plan for change management and organizational readiness efforts.** Recognize the spirit behind the attestation elements. Engage organizational leaders to achieve more than the minimum standard and stretch for comprehensive levels of compliance. To better understand and increase the organization's performance:
 - Take an [online self-assessment](#).
 - Join or re-engage with a learning network such as a PSO or national collaborative focused on patient safety (not just a benchmarking service). Beyond simply participating with a PSO or collaborative, organizations should be prepared to demonstrate how they are using them to implement improvements.
- **Identify key stakeholders and attestation ownership.** Identify the person(s) or department(s) responsible for attestation and engage them early and often in readiness efforts.
- **Implement mechanisms to monitor and track progress.** Evaluate methods to track progress against each domain and attestation element throughout the year. Make sure that the organizations can easily produce supporting evidence for attestations, if needed.

Are you ready?

We can help. Check out our [recent webinar](#), and contact us to learn more about how we can assess your organization's current state and implement new strategies and policies to maximize compliance.

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Sources

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