

**Hospital Inpatient Quality Reporting (IQR) Program
Prospective Payment System-exempt Cancer Hospital Quality Reporting (PCHQR) Program
Patient Safety Structural Measure Quick Reference Guide**

Patient Safety Structural Measure Attestation	Data Submission for the CY 2025 Reporting Period
<ul style="list-style-type: none"> • The measure is comprised of a set of complementary attestation statements that aim to capture actions that advance safety practices and outcomes. These attestations are organized into five priority domains: <ul style="list-style-type: none"> ○ Leadership Commitment to Eliminating Preventable Harm ○ Strategic Planning and Organizational Policy ○ Culture of Safety and Learning Health Systems ○ Accountability and Transparency ○ Patient and Family Engagement • Each of the five domains include five attestation statements that a hospital must respond to. • A hospital will evaluate and determine whether it engaged in all the statements that comprise a domain. If a facility can attest “Yes” at any time during the applicable reporting period (January 1 through December 31), it would satisfy the requirement for a domain. A hospital is not able to receive partial points for a domain. • If a hospital is comprised of more than one acute care hospital facility under one CMS Certification Number (CCN), all facilities sharing the same CCN will need to satisfy domain criteria for a positive (i.e., “Yes”) attestation. • For the full list of attestation statements and additional resources, please refer to the Patient Safety Structural Measure specifications and attestation guide documents on QualityNet. 	<ul style="list-style-type: none"> • For the calendar year (CY) 2025 reporting period, the measurement period is from January 1, 2025, through December 31, 2025. • Reporting compliance will impact the fiscal year (FY) 2027 payment determination for the Hospital IQR Program and the FY 2027 program year for the PCHQR Program. • The data submission period for both programs will take place between April 1 through May 15, 2026. • The attestation is completed once annually using the data submission and reporting standard procedures set forth by the Centers for Disease Control and Prevention through the National Healthcare Safety Network (NHSN). • The NHSN website will provide more details closer to the initial data submission period. • Hospitals are strongly encouraged to have at least two staff with access to the NHSN system to ensure the ability to submit data.
	<p style="text-align: center;">Public Reporting</p> <ul style="list-style-type: none"> • CMS will publicly display the hospital’s measure performance score, which would range from 0 to 5 points, on an annual basis. • CY 2025 performance scores will display on the Compare tool on Medicare.gov (for the Hospital IQR Program) and the Provider Data Catalog (for the PCHQR Program), beginning fall 2026.