



Frequently Asked Questions

For Patient Safety Structural Measure

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Measure Background

1. Why is the Center for Medicare and Medicaid Services (CMS) requiring this measure?

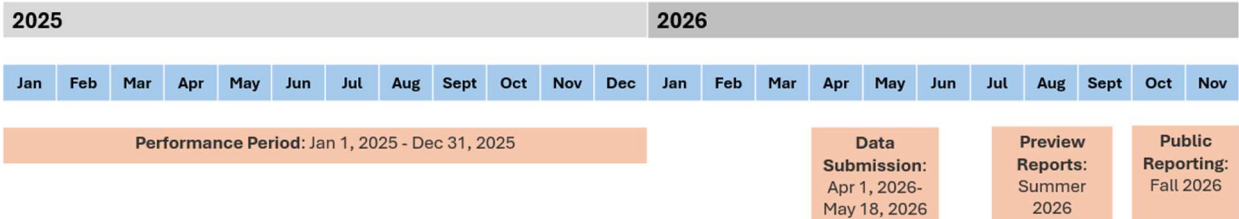
A foundational commitment of healthcare is to ensure safety, as embedded in the centuries-old Hippocratic Oath, “First, do no harm.” Over the past two decades, healthcare facilities have implemented various interventions and strategies to improve patient safety, with some documented successes. However, patient harm still occurs at significant rates.¹ A systems-based approach to reducing patient harm is necessary within the complex healthcare ecosystem. This measure assesses how well hospitals have implemented strategies and practices to strengthen systems for safety and aligns with the CMS National Quality Strategy² and CMS Meaningful Measures Framework.³

Data Submission

2. When is the deadline to submit data for the Patient Safety Structural Measure?

Hospitals will attest to the Patient Safety Structural Measure on an annual basis from April 1st through May 15th of a given year. If the 15th falls on a Friday or a weekend, the deadline will move to the following business day. See (Figure 1) for a detailed timeline of this measure in the Hospital Inpatient Quality Reporting (IQR) Program and the Prospective Payment System (PPS) Exempt Cancer Hospitals Quality Reporting (PCHQR) Program for the first performance period (Calendar Year [CY] 2025/Fiscal Year [FY] 2027), with submission ending May 18, 2026.

Figure 1. Patient Safety Structural Measure Implementation Timeline (CY2025 for FY2027)



¹ Bates DW, Levine DM, Salmasian H, et al. The Safety of Inpatient Health Care. New England Journal of Medicine. 2023;388(2):142–153. <https://doi.org/10.1056/nejmsa2206117>.

² Centers for Medicare & Medicaid Services. (2023). CMS National Quality Strategy Handout. Available at: <https://www.cms.gov/files/document/cms-national-quality-strategy-handout.pdf>.

³ Centers for Medicare & Medicaid Services. Meaningful Measures Framework. Available at: <https://www.cms.gov/medicare/quality/meaningful-measures-initiative/meaningful-measures-20>.

3. How will hospitals submit their data for the measure?

Hospitals will report their attestation data through the Center for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) on an annual basis. This measure will not be submitted through the Hospital Quality Reporting (HQR) secure portal. The submission period for the first performance period, CY2025, will open April 1, 2026 in advance of the May 18, 2026 reporting deadline.

Please refer to the CDC's NHSN website

(<https://www.cdc.gov/nhsn/psc/pssm.html>) for data submission and reporting procedures. The Attestation Form is posted under the "Forms" section. If you have further questions on the logistics of data submission, please email nhsn@cdc.gov with subject line "*Patient Safety Structural Measure*".

Measure Specification

Measure Calculation

4. How is the Patient Safety Structural Measure scored?

The measure consists of five domains, each representing a distinct safety commitment. For each domain, there are five attestation statements for related activities within the hospital. Hospitals receive one point for each domain to which they affirmatively attest to all statements in the domain, reflecting that they are meeting the required competencies. A hospital's score can be a total of zero to five points (one per domain).

Hospitals will only receive a point for each domain if they affirmatively attest to all related statements. If hospitals do not affirmatively attest to all statements within the domain, they will not receive a point for that domain. There is no "partial credit" for attesting positively to some of the domain statements. For example, in Domain 1, hospitals must affirmatively attest to statements A–E to earn one point for that domain. If hospitals participate or complete qualifying activities at any time within the reporting year, they may affirmatively attest to that domain.

5. My hospital has an Organization Identification Number (OrgID) but we share the same CMS Certification Number (CCN) as other hospitals. How will the measure be scored?

Each hospital (differing OrgID) will be required to attest affirmatively to all domains for the hospital to receive points. However, if hospitals share the same CCN and report different scores, CMS will apply the lowest score of the OrgIDs to the CCN.

For example, Hospital A and Hospital B share the same CCN, but report using separate OrgIDs under the CDC’s NHSN system. Both Hospital A and B need to attest separately. If Hospital A receives points for 4 domains, but Hospital B receives points for 2 domains, the score that CMS applies to the shared CCN would be 2 for the Patient Safety Structural Measure. This is because all hospitals do not satisfy criteria to receive a point value greater than 2. The score for the hospital CCN will be publicly reported.

General Questions

- 6. Do all the activities, policies, or procedures identified in the measure statements need to be in place the entire year starting at the beginning of the performance year (January 1st) for hospitals to attest affirmatively to each statement?**

When hospitals attest to each statement in each domain, they are attesting that the item, action, or procedure identified by the statement has been hospital practice or was put into place at some point during the performance year, although not necessarily occurring at the start of the year. As long as hospitals complete or participate in qualifying activities at any time within the reporting year, they may attest “yes” for the item. For example, for CY2025 performance period (January 1, 2025 to December 31, 2025), if a hospital starts reporting and publicly displaying patient safety metrics in June 2025, they would attest “yes” to Domain 4, Statement C.

- 7. For the Patient Safety Structural Measure, should healthcare systems implement activities and attest to all domains at a hospital system- level or individual hospital level?**

The Patient Safety Structural Measure assesses practices at the hospital-level, and not at the health-system level. While hospitals may be a part of health systems, and there are many best practices and resources that can be shared among hospitals across the system, patient safety is ultimately the responsibility of the institution providing the care. The responses to the attestation statements should represent the individual hospital.

Domain Specific

Domain 1

8. What if my hospital does not have a senior governing board and is governed by a regional governing board?

For hospitals that do not have a dedicated hospital board and are instead governed by a regional board, the main regional board would be responsible for the Patient Safety Structural Measure. The senior governing board, which in this case would be the regional board, is intended to be the body with financial responsibility for the hospital, in charge of resource management, and with ultimate authority.

For hospitals that are part of larger health systems, attestations related to hospital leadership and senior governing boards refer to the most senior hospital-level board that is responsible for overseeing patient safety activities and performance for that individual hospital.

9. What is the definition of a serious safety event?

Domain 1, Statement E describes serious safety events that result in significant morbidity, mortality, or other harm. A serious safety event refers to an event judged by the clinical team OR the patient to be temporary major (e.g., burns, surgical materials left in patient, drug side effect, recovery delayed) or greater, including:

- Permanent minor (e.g., loss of fingers, loss or damage to organs, includes non-disabling injuries);
- Permanent significant (e.g., deafness, loss of limb, loss of eye, loss of one kidney or lung);
- Permanent major (e.g., paraplegia, blindness, loss of two limbs, brain damage);
- Permanent grave (e.g., quadriplegia, severe brain damage, lifelong care, or fatal prognosis); and
- Death.

10. Is it a requirement for hospitals to notify leadership within three days of a confirmed serious safety event to attest “yes” to Domain 1 Statement E?

To attest affirmatively to Domain 1, Statement E, hospitals are required to notify C-suite executives and individuals on governing boards within three business days of any confirmed serious safety events resulting in significant morbidity, mortality, or

other harm. However, CMS understands that a full investigation to seek the root causes of the serious safety event may not be available for review within three days and can take longer.

11. Does Domain 1 Statement E require the entire board to be notified within three business days or only select members of the board?

While notification of the full governing board is not required, C-suite leaders and the designated board members responsible for receiving and addressing serious safety events must be informed.

Domain 2

12. Does our strategic plan need to be shared outside of our hospital?

The full hospital-level strategic plan does not need to be made publicly available to attest "Yes" to Domain 2, Statement A. Hospitals are responsible for publicly sharing how their strategic plan includes *a commitment to patient safety*. This refers to public declaration — both within the hospital and to public audiences, including patients and the broader community — via hospital policy (for hospital audiences), website, hospital bulletins and storyboards, patient resources, marketing materials, and/or other communication channels.

13. What metrics should we include to achieve our hospital safety goals to identify gaps in care?

The Patient Safety Structural Measure allows for flexibility in standardized outcome and process measures to monitor patient safety. A wide range of patient characteristics and patient safety indicators can be collected to attest affirmatively to this statement. To evaluate and track safety performance, hospitals can utilize harm indicators such as the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators, Leapfrog Safety Measures, and National Database of Nursing Quality Indicators safety measures.

Please refer to Domain 2, Statement B in the Attestation Guidance for the Patient Safety Structural Measure document for detailed information and examples of patient safety metrics, and a selection of resources on best practices to advance safety performance at your hospital(s). This resource can be found on QualityNet (<https://qualitynet.cms.gov/inpatient/iqr/measures#tab2>) under Patient Safety Structural Measure (Patient Safety).

14. How do you define “regular” as it pertains to conducting “regular assessments” of competencies for hospital staff?

In Domain 2, Statement D, the term "regular" is intended to ensure ongoing training, evaluation, and improvement of patient safety competencies for hospital staff. The measure intentionally allows flexibility with respect to the curriculum hospitals may select, the competencies that they determine are most critical to develop within their hospital and specific roles, and the schedule of the assessments. By ensuring a system is in place for conducting regular assessment of competencies, hospitals ensure that all individuals are equipped with the necessary skills and knowledge.

Domain 3

15. What kind of tool should be used for the hospital-wide culture of safety survey?

Hospitals should use a hospital-wide culture of safety survey that is a validated instrument designed for hospital staff and providers. CMS allows for flexibility in hospitals choosing the assessment they best see fit. CMS intends the Patient Safety Structural Measure to maintain flexibility to allow each hospital to adopt practices that are most effective for its individual circumstances. CMS has not compiled a list of all culture of safety surveys for potential use by the hospital; for attestation to Domain 3, Statement A, the hospital would determine that the culture of safety survey they are using is a validated instrument that assesses the culture of safety in their hospital.

A few examples of culture of safety surveys are provided in the Patient Safety Structural Measure Attestation Guide and can be found on QualityNet (<https://qualitynet.cms.gov/inpatient/iqr/measures#tab2>) under Patient Safety Structural Measure (Patient Safety).

16. Does the pulse survey mentioned in Domain 3, Statement A, need to be conducted using a validated instrument? Do safety rounds count as a pulse survey?

The pulse survey does not have to be a validated instrument, but safety rounds would not suffice as a pulse survey. A pulse survey refers to a short set of questions, typically 5 to 15, sent to employees on a more frequent basis than an annual survey that can provide continuous feedback from staff and measure staff sentiment within an organization. For hospitals that conduct a hospital-wide culture of safety survey with a validated survey instrument every two years, rather than annually, pulse surveys should be administered on target units during non-hospital wide survey

years to meet this attestation statement. Pulse survey questions should reflect organizational priorities and may be department or unit specific.

17. Would hospital-based outpatient clinics, billing under the same CCN as the hospital, be included for attestation for Domain 3?

Yes, since Domain 3, Culture of Safety & Learning Health System, is designed to identify whether the hospital has a culture of safety that is hospital-wide; all departments operating under the hospital CCN would be included in this definition.

18. Can you please define specifically what constitutes a large-scale learning network in Domain 3, Statement E?

Large-scale learning networks refer to a collaborative of hospitals that share data and practices for research and development. Examples of learning networks focused on patient safety include Children's Hospitals' Solutions for Patient Safety⁴ and the Partnership for Patients.⁵

Domain 4

19. Are we required to contract with or hire a Patient Safety Organization (PSO)?

Only hospitals that work with an Agency for Healthcare Research and Quality (AHRQ) listed PSO may attest affirmatively to Domain 4, Statement B. Patient Safety Organizations (PSOs) authorized by the Patient Safety and Quality Improvement Act of 2005 (PSQIA) have been created to drive improvements in patient safety. These PSOs have been approved by AHRQ and provide confidentiality and privilege protection of the PSQIA. These PSOs can be found on AHRQ's website at: <https://psqia.ahrq.gov/psqia/listed>.

20. What is the definition of harm event in Domain 4, Statement D?

Domain 4, Statement D of the Patient Safety Structural Measure does not explicitly provide a definition for "harm event". One example of a definition for a harm event is the one used by the Agency for Healthcare Research and Quality (AHRQ) in their Communication and Optimal Resolution (CANDOR) toolkit: "An event that involves unexpected patient harm. The unexpected harm can be physical, emotional, or financial."

⁴ Solutions for Patient Safety. Children's Hospitals Working Together to Eliminate Harm. 2019. Accessed on 03/02/2026. <https://www.solutionsforpatientsafety.org/>

⁵ Center for Medicare and Medicaid Services. Partnership for Patients. 2022. Accessed on 03/02/2026. <https://innovation.cms.gov/innovation-models/partnership-for-patients>

We encourage hospitals to refer to their hospital’s operational definitions and assessment processes, or seek clinical expertise, for identifying harm events occurring within their facility. For the definition of a “serious safety event”, please see [Question 9](#).

21. Are we required to use the CANDOR toolkit to attest affirmatively to Domain 4, Statement D?

While the CANDOR toolkit is provided as an example, it is not required to meet the statement criteria. Hospitals may use other evidence-based toolkits or programs that include the following elements: harm event identification; open and ongoing communication with patients and families about the harm event; event investigation, prevention, and learning; care-for-the-caregiver; financial and nonfinancial reconciliation; and patient-family engagement and ongoing support.

22. What types of “standard measures” referenced in Domain 4, Statement E should we be tracking to see the performance of our communication and resolution program?

Hospitals have the flexibility to determine which measures they use to track the performance of communication and resolution programs. Hospitals attesting “yes” to Domain 4, Statement E would be reporting the measures they have chosen to use for tracking performance to the governing board at least quarterly. Please see the Patient Safety Structural Measure Attestation Guide found on QualityNet (<https://qualitynet.cms.gov/inpatient/iqr/measures#tab2>) under Patient Safety Structural Measure (Patient Safety).

Domain 5

23. If the hospital is part of a hospital system, can having a system-level Patient and Family Advisory Council (PFAC) count towards the individual hospitals or does each hospital need a PFAC?

The expectation is that a hospital that attests "Yes" to Domain 5, Statement A of the Patient Safety Structural Measure has a hospital-level PFAC. While hospitals may be part of health systems, and there are many best practices and resources that can be shared among hospitals across the system, patient safety is ultimately the responsibility of the institution providing the care, and it is CMS's intention that responses to attestation statements represent the individual hospital. The PFAC should adequately represent the population of your specific hospital in terms of age, race, ethnicity, and other social and demographic characteristics for your patient population deemed important to health outcomes for your patient

population. However, the structure of and number of representatives on your PFAC is not specified in this measure, with flexibility for hospitals and health systems to develop and adopt a PFAC structure that works for their individual circumstances.

Reporting Requirements

24. What programs are the Patient Safety Structural Measure in?

The Patient Safety Structural Measure is currently in the Hospital Inpatient Quality Reporting (IQR) Program and the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program. Requirements for the Hospital IQR Program can be found at <https://qualitynet.cms.gov/inpatient/iqr> and for the PCHQR Program can be found at <https://qualitynet.cms.gov/pch/measures>.

25. Is there a financial penalty assigned to the hospital if they do not meet a certain score under the Hospital IQR Program?

The Patient Safety Structural Measure is a pay-for-reporting measure, and hospitals will receive credit for the reporting of their measure results regardless of their responses to the attestation statements (and their measure score). Therefore, there is no penalty associated with a low score or for answering no to any or all domains. For more information on measure score calculation, please see [Question 4](#).

26. Will the hospital's score be publicly posted?

Each hospital's overall measure score will be publicly posted on CMS's Care Compare tool on Medicare.gov (<https://www.medicare.gov/care-compare/>) and the Provider Data Catalog (<https://data.cms.gov/provider-data/>) in the Fall following the performance period for each CCN. CY2025 performance period data, which is reported by May 18, 2026, will be publicly reported in Fall 2026. For an example of what will be publicly posted, if your hospital receives a score of 4 out of 5, it will be publicly posted as 4 out of 5. Individual domain scores will not be publicly posted.

Resources

27. Where can I find more information?

The Patient Safety Structural Measure Specifications and Attestation Guide are found on QualityNet (<https://qualitynet.cms.gov/inpatient/iqr/measures#tab2>) under Patient Safety Structural Measure (Patient Safety).

Please refer to the CDC's NHSN website for the Patient Safety Structural Measure Attestation Form, protocol document, and information about data submission (<https://www.cdc.gov/nhsn/psc/pssm.html>).

28. Who do I contact for more information?

For other questions about the measure specifications, please submit your question using the [QualityNet Q&A tool](#) and select “IQR- Inpatient Quality Reporting” from the drop-down menu in the Program field, and then under the Topic field, select “Patient Safety Structural Measure (PSSM)”. You can also find by going to https://cmsqualitysupport.servicenow.com/qnet_qa?id=csm_index and selecting “Ask a Question” on the top of the page.

For questions on data submission via NHSN, please email nhsn@cdc.gov with subject line “*Patient Safety Structural Measure*”.