AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Understanding the CMS Patient Safety Structural Measure Requirements for Hospitals
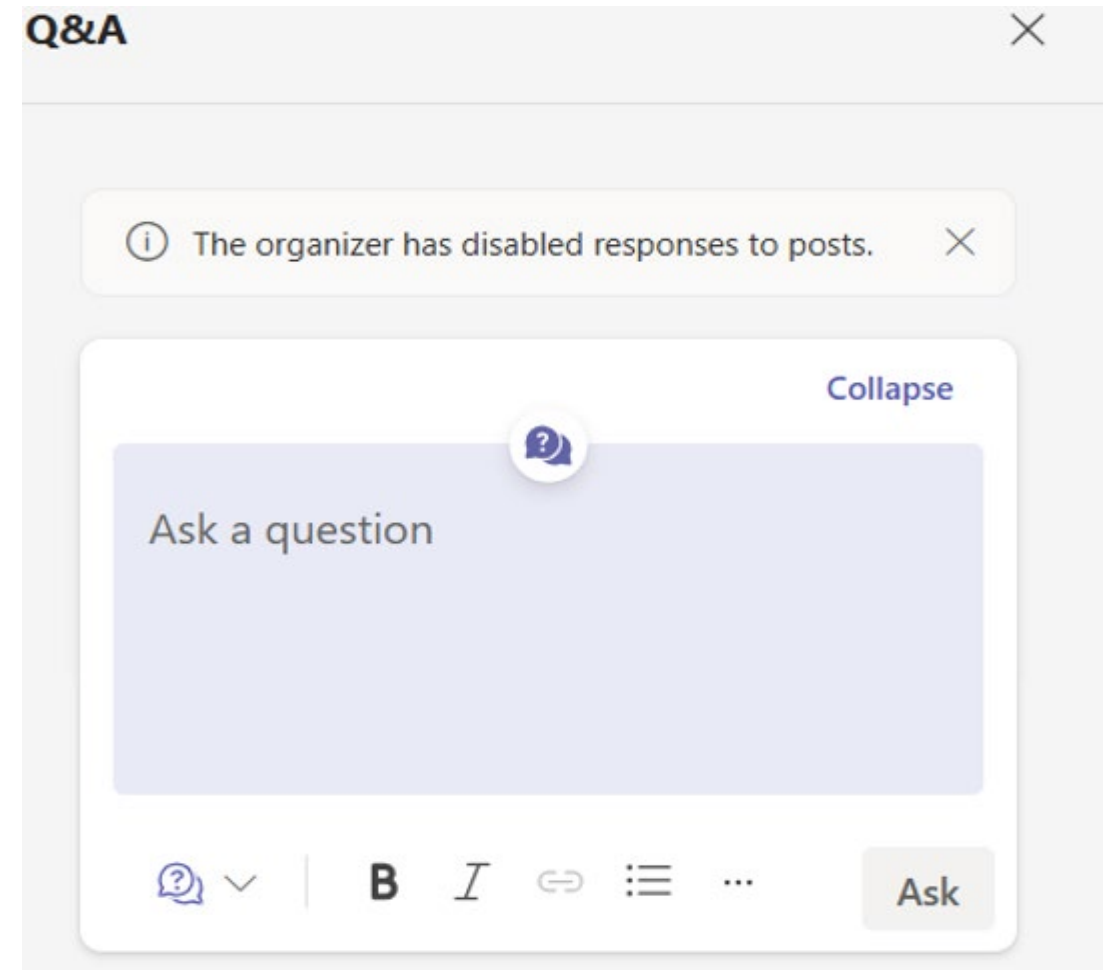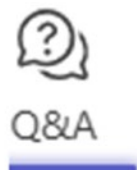
**Webcast
July 8, 2025
12:00-12:45 PM ET**

Surveys on Patient Safety Culture®

Technical Info

- Audio issues

- Poor connection

- Use Q&A to submit questions

Today's Speakers

Joann Sorra, Ph.D.
Project Director
User Network for the AHRQ
Surveys on Patient Safety Culture
(SOPS)
Westat
Moderator

Kristina Rabarison, DrPH, MS
Social Science Analyst
Centers for Medicare & Medicaid Services

Jonathan Bakdash, Ph.D.
Social Science Analyst, CAHPS and SOPS Programs
Agency for Healthcare Research and Quality

Naomi Yount, Ph.D.
Principal Research Associate
User Network for AHRQ Surveys on Patient Safety Culture
Westat

Agenda

- CMS Patient Safety Structural Measure (PSSM)

- Background on AHRQ's Surveys on Patient Safety Culture® (SOPS®) Program

- SOPS Hospital Survey and Domain 3

- FAQs for Domain 3
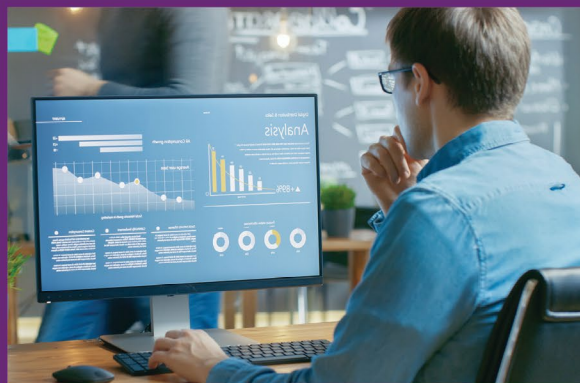
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Overview of the Patient Safety Structural Measure

Kristina Rabarison, DrPH, MS

Centers for Medicare & Medicaid Services

Measure Overview

- **Type:** Attestation-based structural measure
- **Purpose:** Assess whether hospitals demonstrate having a structure of and culture that prioritizes patient safety
- **Scoring:** Five domains, each worth one point (maximum total: 5 points)
- **Requirement:** Hospitals must affirmatively attest to ALL statements within a domain to receive the point
- **Programs:** Required for Hospital Inpatient Quality Reporting (IQR) Program and PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

PSSM 5 Domains

- **Domain 1:** Leadership Commitment to Eliminating Preventable Harm
- **Domain 2:** Strategic Planning & Organizational Policy
- **Domain 3:** Culture of Safety & Learning Health System
- **Domain 4:** Accountability & Transparency
- **Domain 5:** Patient and Family Engagement

The following slides will cover high level summary of each domains. Measure specification and attestation guide documents are on QualityNet:

- **IQR Program**: https://qualitynet.cms.gov/inpatient/iqr/measures#tab2
- **PCH Program**: https://qualitynet.cms.gov/pch/measures/safety

- Leadership set the tone for commitment to patient safety.
- Governing board must hold leadership accountable, ensure patient safety is hospital's highest priority.
- Patient safety should be central to all strategic, financial, and operational decisions.

Attestation Criteria: Hospitals must demonstrate leadership and governing board actively promote, support, and prioritize patient safety as a core value.

- Strategic plan with clear safety goals and metrics.
- Organizational policies with commitment to safety as core value
- Hospital should publicly acknowledge ultimate goal of "zero preventable harm".
- Patient safety is integrated in performance review and compensation

Attestation Criteria: Hospital must have documented and regularly updated strategic plan with clear safety goals and metrics.

Domain 3: Culture of Safety & Learning Health System

- Culture of safety is fostered through annual or bi-annual hospital-wide surveys.
- A just culture that encourages reporting and learning from errors is implemented.
- Data is used to drive continuous improvement in safety practices.

Attestation Criteria: Hospitals must demonstrate a commitment to a culture of safety through regular surveys and data-driven actions.

Domain 4: Accountability & Transparency

- High-reliability practices used to maintain a safe environment for both patients and staff.

- Daily safety huddles and monthly rounds to discuss and address safety concerns – as well as identify and mitigate risks.

- Involve patients and their advocates in these high-reliability practices and offer them opportunity to openly discuss safety concerns.

Attestation Criteria: Hospitals must have established and documented high-reliability practices that are consistently followed.

Domain 5: Patient and Family Engagement

- Engage patients and families in safety initiatives and provide them access to medical records.

- Establish a Patient and Family Advisory Council (PFAC).

- Have varied patient representation to address health outcome discrepancies – e.g., PFAC should reflect specific hospital population and represent population in service area.

Attestation Criteria: Hospitals must demonstrate active engagement with patients and families in their safety initiatives.

AHRQ's Surveys on Patient Safety Culture® (SOPS®) Program

Jonathan Bakdash, Ph.D.

Center for Quality Improvement and Patient Safety, AHRQ

Agency for Healthcare Research and Quality

- AHRQ is:
  - ► A research and science-based agency of the US Department of Health and Human Services that supports evidence-based practices
  - ► The lead Federal agency charged with improving the safety and quality of America's healthcare system
- AHRQ is not:
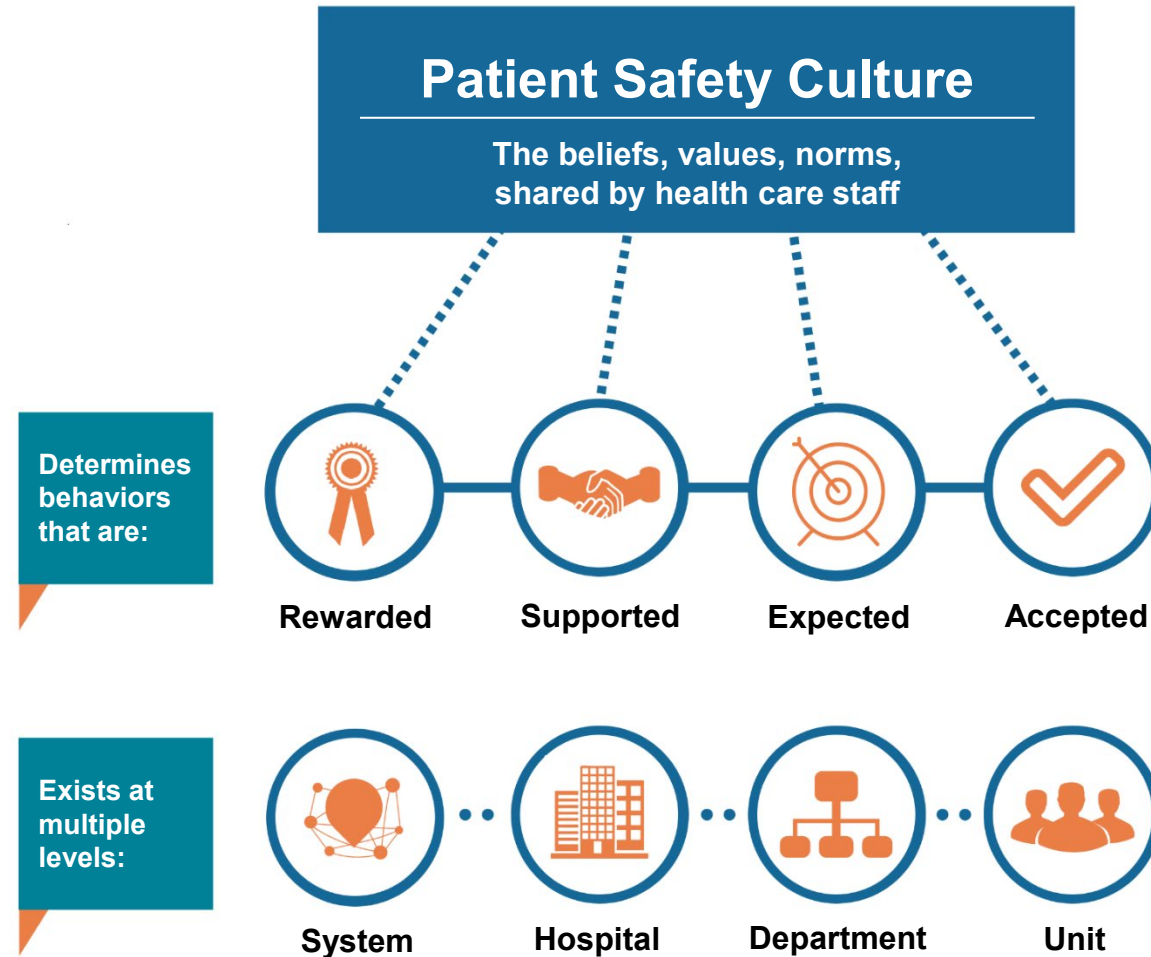 - ► A regulatory agency. AHRQ cannot require the use of our tools and products

Voluntary Data Submission and Confidentiality

- AHRQ encourages voluntary submission of data to the SOPS Databases
- **AHRQ Confidentiality Statue**: Use and access to data limited to only stated purposes, protects all identifying information
    - Public Health Service Act 42 USC § 299c-3(c)

What is Patient Safety Culture?

Patient Safety Culture

The beliefs, values, norms, shared by health care staff

Determines behaviors that are:

Rewarded   Supported   Expected   Accepted

Exists at multiple levels:

System   Hospital   Department   Unit

Areas of Patient Safety Culture Assessed in Core SOPS Surveys

- Communication About Error
- Communication Openness
- Handoffs and Information Exchange
- Organizational Learning – Continuous Improvement
- Reporting Patient Safety Events
- Response to Error
- Staffing and Work Pace
- Supervisor/Management Support for Patient Safety
- Teamwork
- Overall Rating on Patient Safety

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The SOPS Hospital Survey and CMS Patient Safety Structural Measure (PSSM)

Surveys on Patient Safety Culture®

Naomi Yount, Ph.D.

Westat

PSSM Domains

Domain 1: Leadership Commitment to Eliminating Preventable Harm

Domain 2: Strategic Planning & Organizational Policy

Domain 3: Culture of Safety & Learning Health System

Domain 4: Accountability & Transparency

Domain 5: Patient and Family Engagement

A: Conduct culture of safety survey annually or every two years with pulse surveys during non-survey years

B: Conduct analysis of serious safety events using evidence-based approach (e.g., Root cause analysis)

C: Has a patient safety metrics dashboard and uses external benchmarks to monitor performance

D: Implement at least 4 high reliability practices

E: Participate in large-scale learning network for patient safety improvement, shares data, and implements at least one best practice

Domain 3: Culture of Safety & Learning Health System Statements

A: Conduct culture of safety survey annually or every two years with pulse survey during non-survey years

B: Conduct analysis of serious safety events using evidence-based approach (e.g., Root cause analysis)

C: Has a patient safety metrics dashboard and uses external benchmarks to monitor performance

D: Implement at least 4 high reliability practices

E: Participate in large-scale learning network for patient safety improvement, shares data, and implements at least one best practice

Domain 3: Statement A

- **Statement A**: "Our hospital conducts a hospital-wide culture of safety survey using a **validated** instrument **annually, or every two years with pulse surveys on target units during non-survey years**. Results are shared with the governing board and hospital staff," and used to inform unit-based interventions to reduce harm."

- The AHRQ Surveys on Patient Safety Culture (SOPS) Hospital Survey is listed as an example of an acceptable validated instrument.

Pulse Survey

- Typically, 5 to 15 questions

- Administered more frequently than an annual survey

- Could be administered on target units during non-hospital wide survey years

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Options for a Pulse Version of the SOPS Hospital 2.0 Survey

- Option 1: The full 34-item survey just for *selected units or selected staff*

- Option 2: A "custom" pulse survey using a custom selection of composite measures and single items that are of most interest to the hospital

- Teamwork
- Staffing and Work Pace
- Org Learning — Continuous Improvement
- Response to Error
- Supv, Mgr, or Clinical Leader Support
- Communication About Error
- Communication Openness
- Reporting Patient Safety Events
- Number of Events Reported (Single item)
- Patient Safety Rating (Single item)
- Hospital Management Support
- Handoffs and Information Exchange

Select composite measures and single item measures of interest, for example:

☒ Teamwork

☒ Staffing and Work Pace

☑ Org Learning — Continuous Improvement

☑ Response to Error

☒ Supv, Mgr, or Clinical Leader Support

☒ Communication About Error

☑ Communication Openness

☒ Reporting Patient Safety Events

☒ Number of Events Reported (Single item)

☑ Patient Safety Rating (Single item)

☑ Hospital Management Support

☒ Handoffs and Information Exchange

Select composite measures of interest, for example:

Measures to Keep—15 items

- ☑ Org Learning — Continuous Improvement (3 items)
- ☑ Response to Error (4 items)
- ☑ Communication Openness (4 items)
- ☑ Patient Safety Rating (Single item)
- ☑ Hospital Management Support (3 items)

Measures to Drop—19 items

- ☒ Teamwork (3 items)
- ☒ Staffing and Work Pace (4 items)
- ☒ Supv, Mgr, or Clinical Leader Support (3 items)
- ☒ Communication About Error (3 items)
- ☒ Reporting Patient Safety Events (2 items)
- ☒ Number of Events Reported (Single item)
- ☒ Handoffs and Information Exchange (3 items)

Rationale for Options

- Preserves the internal consistency reliability of the composite measures by retaining all the items within each composite measure selected

- To some extent, preserves the ability to compare scores
  - ► To previous and future full HSOPS 2.0 scores
  - ► With the HSOPS 2.0 Database and other hospitals

Domain 3: Statement C

- **Statement C: "**Our hospital has **a patient safety metrics dashboard and uses external benchmarks** (such as CMS Star Ratings or other national databases) to monitor performance and inform improvement activities on safety events (such as: medication errors, surgical/procedural harm, falls, pressure injuries, diagnostic errors, and healthcare-associated infections)."

- To track safety performance, metrics may include:
  - ▶ **AHRQ SOPS Database Reports**
  - ▶ AHRQ CAHPS Surveys Chartbooks
  - ▶ AHRQ Patient Safety Indicators
  - ▶ Measures in the CMS quality program
  - ▶ CDC National Healthcare Safety Network
  - ▶ National Database of Nursing Quality Indicators
  - ▶ Leapfrog Safety Measures

- SOPS Hospital 2.0 Survey database opens June 2026
  - ► Voluntary submission of full survey
  - ► Customized (private) feedback report with benchmark comparisons
  - ► Identifies areas of strength and areas for improvement

- Only submit data from the full HSOPS 2.0 Survey administered hospital-wide
  - ► Do not submit pulse survey data
  - ► If administering a pulse survey, submit data from the full survey conducted every two years

SURVEYS ON PATIENT SAFETY CULTURE®

Surveys on Patient Safety Culture®

Hospital Survey 2024 Database Report
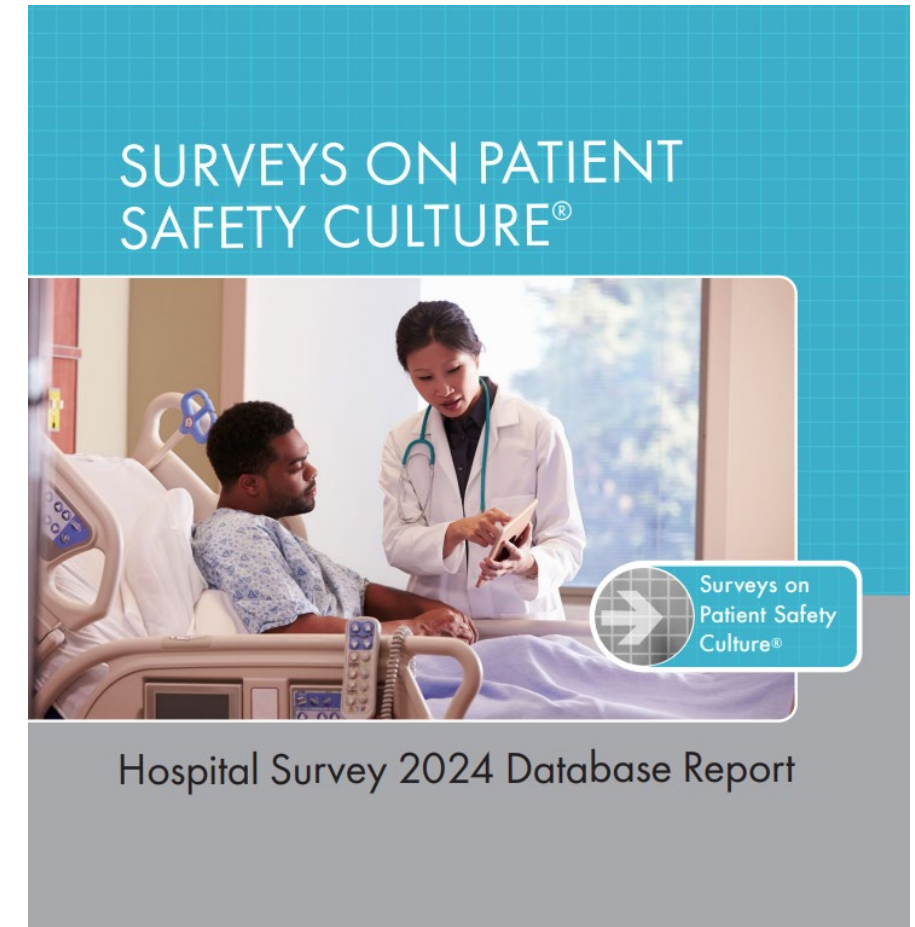
Frequently Asked Questions

Question: Can the Pulse Survey be on a topic other than patient safety (e.g., employee engagement)?

Question: Can the Pulse Survey be on a topic other than patient safety (e.g., employee engagement)?

Answer: No, the pulse survey is intended to serve as an early warning system for safety issues and measuring effectiveness of action plans and initiatives from the safety culture survey.

Question: If we decide to administer a safety culture survey every 2 years, how frequently are we required to administer a pulse survey?

Question: If we decide to administer a safety culture survey every 2 years, how frequently are we required to administer a pulse survey?

Answer: Pulse surveys are sent on a more frequent basis, during non-hospital wide survey years. Most organizations conduct them quarterly or monthly. They have a short set of questions (5 to 15), may be department or unit specific.

Question: Can I submit my pulse survey results to the SOPS Database?

Question: Can I submit my pulse survey results to the SOPS Database?

Answer: No but the SOPS Hospital Database will accept data from your most recent administration of the full SOPS Hospital 2.0 Survey.

Question: Can you attest "No" to every Domain and still meet the attestation requirement?

Question: Can you attest "No" to every Domain and still meet the attestation requirement?

Answer: Yes. You can attest "No" to every domain and still meet the attestation requirement. The points across domains will be publicly available, however, and consumers may use this in deciding where to seek care.

Question: Will an organization get partial credit for Domain 3 if they answer "Yes" to one of the 5 statements in Domain 3?

Question: Will an organization get partial credit for Domain 3 if they answer "Yes" to one of the 5 statements in Domain 3?

Answer: No. Partial credit is not given. You must attest "Yes" to all 5 statements in Domain 3 to get the point for Domain 3.

Question: If we administer the SOPS Survey and compare to the benchmark, will we fulfill Statement C, or are we required to enter this information into a dashboard to answer "Yes" to this statement?

Question: If we administer the SOPS Survey and compare to the SOPS benchmark, will we fulfill Statement C, or are we required to enter this information into a dashboard to answer "Yes" to this statement?

Answer: To attest "Yes" to Domain 3, Statement C, hospitals must have a patient safety metrics dashboard in place and compare to external benchmarks so that the information can be used to inform quality improvement activities. Performance on the SOPS Survey can certainly be a part of a hospital's dashboard, but conducting the SOPS Survey in itself is not sufficient for this statement.
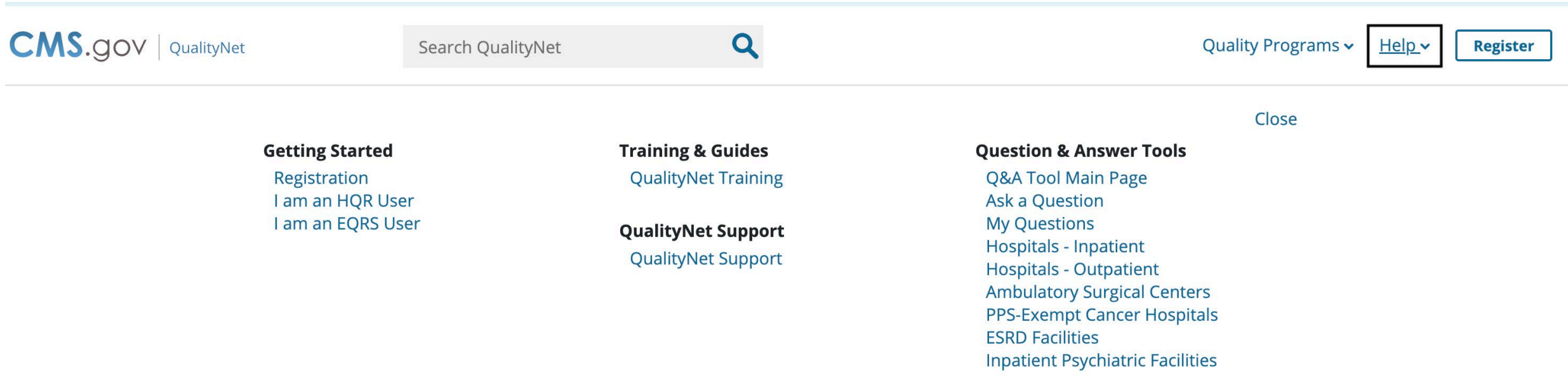
Question: Is there a point of contact or a registration for this? How do we get started? Get questions answered?

Frequently Asked Questions

Question: Is there a point of contact or a registration for this? How do we get started? Get questions answered?

Answer: Go to https://qualitynet.cms.gov/, Click on "**Help**" to see the options, then select **Hospitals – Inpatient** or **PPS-Exempt Cancer Hospitals**

Source: https://qualitynet.cms.gov/

Frequently Asked Questions

Question: Is there a point of contact or a registration for this? How do we get started? Get questions answered?

Answer: Using Hospitals – Inpatient as an example, Click on "**Ask a Questions**", then select "**IQR – Inpatient Reporting**" for "**Program**" and "**Patient Safety Structural Measure (PSSM)**" for "**Topic**"

Source: Ask a Question - QualityNet

PSSM Resources

- https://qualitynet.cms.gov/inpatient/iqr/measures#tab2
  - ► Patient Safety Structural Measures
  - ► Patient Safety Structural Measures Attestation Guide
  - ► Patient Safety Structural Measure Quick Reference Guide

- Note not all statements are listed in the Attestation Guide. Statements for which guidance was not deemed necessary were not included in the guide.

SOPS Technical Assistance (TA)

General TA 1-888-324-9749

SafetyCultureSurveys@westat.com

- **Survey administration**
- **Survey materials and resources**
- **International requests**

Database TA 1-888-324-9790

DatabasesOnSafetyCulture@westat.com

- **Data submission**
- **Database reports**
- **Analytic requests**

Sign up for SOPS Email Updates

Source: https://www.ahrq.gov/
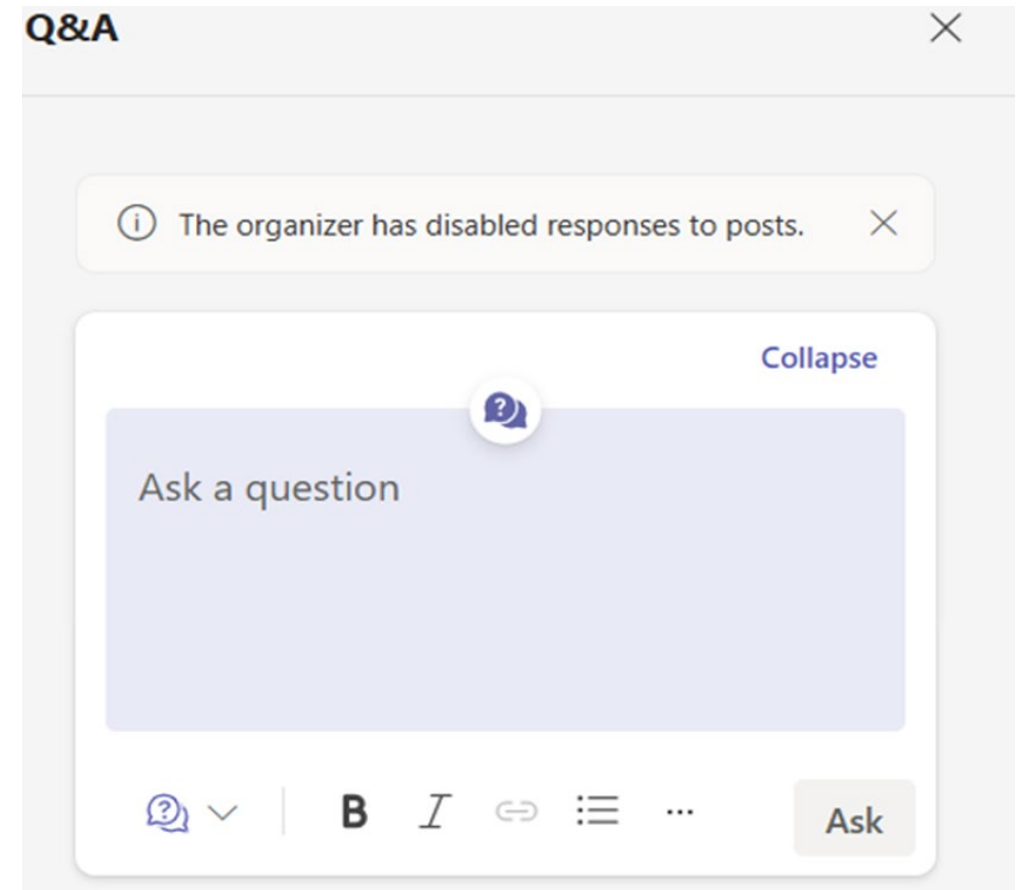
OTHER QUESTIONS?

How to Ask a Question

- Question and Answer
  - ▶ Select Q&A
  - ▶ Type a question in the box that opens

THANK YOU!

PLEASE COMPLETE THE WEBCAST EVALUATION