NEW PATIENT SAFETY STRUCTURAL MEASURES

Effective Jan. 1, 2025: Required for IPPS; Voluntary for CAHs

Attestation Domain	Metrics (must achieve all five within each domain to receive credit)
Domain 1: Leadership Commitment to Eliminating Preventable Harm *Senior leadership and the governing board must be accountable for patient safety outcomes and ensure that patient safety is the highest priority for the hospital. The most senior governing board must oversee all safety activities and hold the organizational leadership accountable for outcomes.*	1. The senior governing board prioritizes safety as a core value and includes patient safety metrics in annual leadership reviews and compensation. 2. C-suite executives oversee system-wide assessments on safety and execution of safety initiatives and improvement plans. These plans and metrics are shared across the hospital and governing board. 3. The governing board and leadership ensure adequate resources to support patient safety. 4. Reporting on patient and workforce safety accounts for 20% of the board's agenda. 5. C-suite executives and the governing board are notified within three business days of serious safety events.
Domain 2: Strategic Planning & Organizational Policy *Hospitals must leverage strategic planning and organizational policies to demonstrate a commitment to safety as a core value. Hospitals should acknowledge the ultimate goal of zero preventable harm, even while recognizing that this goal may not be currently attainable and requires a continual process of improvement and commitment.*	1. The strategic plan publicly shares a commitment to patient safety and outlines specific goals, including the goal of "zero preventable harm." 2. Safety goals use metrics to address disparities in safety outcomes based on patient characteristics determined to be most important to health care outcomes for the population served. 3. Written policies and procedures are implemented to cultivate a just culture, reflecting the distinction between human error, at-risk behavior and reckless behavior. 4. Patient safety curriculum and competencies are included for all clinical/nonclinical staff, including C-suite and the governing board. 5. The hospital workforce safety action plan includes improvement activities addressing slips/falls, safe patient handling, exposures, sharps injuries, violence prevention, fire/electrical and psychological safety.
Domain 3: Culture of Safety & Learning Health Systems *Hospitals must integrate a suite of evidence-based practices and protocols that are fundamental to cultivating a hospital culture that prioritizes safety and establishes a learning system both within and across hospitals.*	1. A validated hospital-wide safety survey is conducted annually, and the results are shared with the governing board and hospital staff. 2. A dedicated team conducts an event analysis of serious safety events, using an evidence-based approach. 3. A patient safety metrics dashboard is used with external benchmarks. 4. A minimum of four high reliability practices are implemented. 5. The hospital participates in large-scale learning networks for patient safety, implementing at least one best practice from the network or collaborative.
Domain 4: Accountability & Transparency *There must exist a culture that promotes event reporting without fear or hesitation, and safety data collection and analysis with the free flow of information.*	1. A confidential safety reporting system is in place for patient events, near misses, unsafe conditions and prompts feedback to the reporter. 2. The hospital voluntarily works with a Patient Safety Organization, listed by the Agency for Healthcare Research and Quality. 3. Safety metrics are tracked and reported to all clinical/nonclinical staff and made public on hospital units. 4. The hospital has an evidence-based communication/resolution program after harm events. 5. Performance tracking of communication and a resolution program is in place, with measures being reported quarterly to the governing board.
Domain 5: Patients & Family Engagement *Hospitals must embed patients, families, and caregivers as co-producers of safety and health through meaningful involvement in safety activities, quality improvement and oversight.*	1. The hospital Patient and Family Advisory Council provides input on safety, is represented at board meetings and participates in goal setting. 2. The PFAC is diverse and representative of the patient population. 3. Patients have access to their medical record, can view clinician notes and there is a process for requesting corrections. 4. Patient and caregiver input is incorporated into safety events. 5. The presence of family or a designated person as essential members of a safe care team is encouraged.

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