PATIENT SAFETY STRUCTURAL MEASURE

*required for saving

Facility ID: *Survey Year:

Attest whether the hospital engaged in the following activities. Select all that apply (Note: affirmative attestation of all statements within a domain is required for the hospital to receive a point for the domain).

Attestation Statements	Attest		Domain Score
Domain 1: Leadership Commitment to Eliminating Preventable Harm	**YES**	**NO**	
*D1-A Our hospital senior governing board prioritizes safety as a core value, holds hospital leadership accountable for patient safety, and includes patient safety metrics to inform annual leadership performance reviews and compensation.			
*D1-B Our hospital leaders, including C-suite executives, place patient safety as a core institutional value. One or more C-suite leaders oversee a system-wide assessment on safety (examples provided in the Attestation Guide), and the execution of patient safety initiatives and operations, with specific improvement plans and metrics. These plans and metrics are widely shared across the hospital and governing board.			
*D1-C Our hospital governing board, in collaboration with leadership, ensures adequate resources to support patient safety (such as equipment, training, systems, personnel, and technology).			
*D1-D Reporting on patient and workforce safety events and initiatives (such as safety outcomes, improvement work, risk assessments, event cause analysis, infection outbreak, culture of safety, or other patient safety topics) accounts for at least 20% of the regular board agenda and discussion time for senior governing board meetings.			
*D1-E C-suite executives and individuals on the governing board are notified within 3 business days of any confirmed serious safety events resulting in significant morbidity, mortality, or other harm.			
Domain 2: Strategic Planning & Organizational Policy	**YES**	**NO**	
*D2-A Our hospital has a strategic plan that publicly shares its commitment to patient safety as a core value and outlines specific safety goals and associated metrics, including the goal of "zero preventable harm."			
*D2-B Our hospital safety goals include the use of metrics to identify and address gaps in safety outcomes based on the patient characteristics determined by the hospital to be most important to health care outcomes for the specific populations served.			
*D2-C Our hospital has implemented written policies and protocols to cultivate a "just culture" that balances no-blame and appropriate accountability and reflects the distinction between human error, at-risk behavior, and reckless behavior.			
*D2-D Our hospital requires implementation of a patient safety curriculum and competencies for all clinical and non-clinical hospital staff, including C-suite executives and individuals on the governing board, regular assessments of these competencies for all roles, and action plans for advancing safety skills and behaviors.			
*D2-E Our hospital has an action plan for workforce safety with improvement activities, metrics and trends that address issues such as slips/trips/falls prevention, safe patient handling, exposures, sharps injuries, violence prevention, fire/electrical safety, and psychological safety.			

Attestation Statements	Attest		Domain Score
Domain 3: Culture of Safety & Learning Health System	**YES**	**NO**	
*D3-A Our hospital conducts a hospital-wide culture of safety survey using a validated instrument annually, or every 2 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.			
*D3-B Our hospital has a dedicated team that conducts event analysis of serious safety events using an evidence-based approach, such as the National Patient Safety Foundation's Root Cause Analysis and Action (RCA2).			
*D3-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).			
*D3-D Our hospital implements a minimum of 4 of the following high reliability practices: • Tiered and escalating (for example, unit, department, facility, system) safety huddles at least 5 days a week, with 1 day being a weekend, that include key clinical and non-clinical (for example, lab, housekeeping, security) units and leaders, with a method in place for follow-up on issues identified. • Hospital leaders participate in monthly rounding for safety on all units, with C-suite executives rounding at least quarterly, with a method in place for follow-up on issues identified. • A data infrastructure to measure safety, based on patient safety evidence (for example, systematic reviews, national guidelines) and data from the electronic medical record that enables identification and tracking of serious safety events and precursor events. These data are shared with C-suite executives at least monthly, and the governing board at every regularly scheduled meeting. • Technologies, including a computerized physician order entry system and a barcode medication administration system, that promote safety and standardization of care using evidence-based practices. • The use of a defined improvement method (or hybrid of proven methods), such as Lean, Six Sigma, Plan-Do-Study-Act, and/or high reliability frameworks. • Team communication and collaboration training of all staff. • The use of human factors engineering principles in selection and design of devices, equipment, and processes.			
*D3-E Our hospital participates in large-scale learning network(s) for patient safety improvement (such as national or state safety improvement collaboratives), shares data on safety events and outcomes with these network(s), and has implemented at least one best practice from the network or collaborative.			
Domain 4: Accountability & Transparency	**YES**	**NO**	
*D4-A Our hospital has a confidential safety reporting system that allows staff to report patient safety events, near misses, precursor events, unsafe conditions, and other concerns, and prompts a feedback loop to those who report.			
*D4-B Our hospital voluntarily works with a Patient Safety Organization listed by the Agency for Healthcare Research and Quality (AHRQ) to carry out patient safety activities as described in 42 CFR 3.20, such as, but not limited to, the collection and analysis of patient safety work product, dissemination of information such as best practices, encouraging a culture of safety, or activities related to the operation of a patient safety evaluation system.			

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*D4-C	Patient safety metrics are tracked and reported to all clinical and non-clinical staff and made public in hospital units (for example, displayed on units so that staff, patients, families, and visitors can see).			
*D4-D	Our hospital has a defined, evidence-based communication and resolution program reliably implemented after harm events, such as AHRQ's Communication and Optimal Resolution (CANDOR) toolkit, that contains 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 non-financial reconciliation • Patient-family engagement and on-going support			
*D4-E	Our hospital uses standard measures to track the performance of our communication and resolution program and reports these measures to the governing board at least quarterly.			
Domain 5: Patient & Family Engagement		**YES**	**NO**	
*D5-A	Our hospital has a Patient and Family Advisory Council that ensures patient, family, caregiver, and community input to safety related activities, including representation at board meetings, consultation on safety goal-setting and metrics, and participation in safety improvement initiatives.			
*D5-B	Our hospital's Patient and Family Advisory Council includes patients and caregivers of patients who are representative of the patient population.			
*D5-C	Patients have comprehensive access to and are encouraged to view their own medical records and clinician notes via patient portals and other options, and the hospital provides support to help patients interpret information that is appropriate, as well as submit comments for potential correction to their record.			
*D5-D	Our hospital incorporates patient and caregiver input about patient safety events or issues (such as patient submission of safety events, safety signals from patient complaints or other patient safety experience data).			
*D5-E	Our hospital supports the presence of family and other designated persons (as defined by the patient) as essential members of a safe care team and encourages engagement in activities such as bedside rounding and shift reporting, discharge planning, and visitation 24 hours a day, as feasible.			