

# Patient Safety Structural Measure Protocol

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## Introduction

The Centers for Medicare & Medicaid Services (CMS) issued the [fiscal year 2025 Medicare Hospital Inpatient Prospective Payment System and Long Term Care Hospital Prospective Payment System final rule](#) in August 2024. The final rule added the Patient Safety Structural Measure (PSSM) to the Hospital Inpatient Quality Reporting and PPS-Exempt Cancer Hospital Quality Reporting Programs.

The PSSM is a structural measure developed to assess how well hospitals have implemented strategies and practices to strengthen their systems and culture for safety. The PSSM consists of five domains, each representing a complementary but separate safety commitment.<sup>2</sup>

- 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 & Family Engagement.

Each of the five domains include five related attestation statements. Hospitals should evaluate and determine whether they can affirmatively attest “Yes” to each statement within each domain.

## Settings

Hospitals participating in the Hospital Inpatient Quality Reporting (IQR) and the Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR) Programs must complete and submit the PSSM during the April 1 through May 15 reporting time period.

Critical access hospitals (CAH) may voluntarily submit PSSM data.

## Reporting Instructions

Beginning in 2026, hospitals are required to complete and submit PSSM information once annually, between April 1 and May 15 for the prior year.<sup>2</sup> Participating hospitals satisfy their reporting requirement for the measure if they attest “Yes” or “No” to each attestation statement in all five domains. Hospitals can attest “Yes” to statements if the practice or activity was performed at any time during the reporting period (January 1 through December 31).

### Example:

A hospital that engaged in all practices and activities listed in Domain 5 at any time during January 1 through December 31, 2025 can attest to all statements within Domain 5 between April 1, 2026 and May 15, 2026.

All hospitals sharing a CCN with other participating hospitals must attest separately to the PSSM. Hospitals should attest to the PSSM using the NHSN organization identification number (OrgID/FacilityID).<sup>2</sup> Aggregated or hospital system level attestation will not satisfy the PSSM CMS reporting requirement.

## Measure Calculation

### Domain Score

Hospitals that attest “Yes” to each attestation statement in a domain will receive one point for the domain and have a domain score of one (1). Hospitals that attest “No” to any attestation statement in a domain will receive zero (0) points for that domain. A hospital **cannot receive partial points** for a domain.

### Example 1:

Hospital A evaluated its practices performed during January 1 through December 31, 2025, for Domain 2: Strategic Planning & Organizational Policy. Hospital A attested “Yes” to all attestation statements in Domain 2 in 2026. Hospital A received one point for Domain 2 and its Domain 2 score is 1.

Domain 2: Attestation Statement*	Attest (YES/NO)	Domain Score
A. Our hospital has a strategic plan that publicly shares its commitment to patient safety as a core value and outlines	YES	

specific safety goals and associated metrics, including the goal of “zero preventable harm.”		<b>1</b>
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.	YES	
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.	YES	
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.	YES	
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.	YES	

**Example 2:**

Hospital B evaluated its practices performed during January 1 through December 31, 2025, for Domain 2: Strategic Planning & Organizational Policy. Hospital B attested “Yes” to three of the five attestation statements in Domain 2 in 2026. Hospital B received zero points for Domain 2 and its Domain 2 score is 0.

<b>Domain 2: Attestation Statement*</b>	<b>Attest (YES/NO)</b>	<b>Domain Score</b>
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.”	YES	<b>0</b>
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.	YES	
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.	NO	
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	NO	

all roles, and action plans for advancing safety skills and behaviors.		
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.	YES	

### Facility Score

A hospital's Facility Score is the sum of the five domain scores and ranges from zero (0) to five (5) points.

#### Example 1:

Hospital A evaluated its practices performed during January 1 through December 31, 2025, for all domains. Hospital A attested "Yes" to all attestation statements in Domains 1, 2, 3, 4, and 5. Hospital A received one point for each domain. Hospital A's Facility Score is five (5).

#### Example 2:

Hospital B evaluated its practices performed during January 1 through December 31, 2025, for all domains. The hospital attested "Yes" to all attestation statements in Domains 1, 3, 4, and 5 and received one point for each domain. In Domain 2, the hospital attested "Yes" to three statements and "No" to two statements and received zero points for this domain. Hospital B's score is four (4).

### CCN Score

The PSSM Facility Score is assigned at the CCN (CMS Certification Number) level based on the hospital(s) reporting under that CCN. For single-facility CCNs, the Facility Score is the CCN Score. For multi-facility CCNs, the lowest Facility Score of the participating hospitals with the shared CCN is the CCN Score. CCN Scores are sent to CMS on behalf of the participating hospitals for use in the IQR and PCHQR programs and public reporting following the annual May 15<sup>th</sup> CMS deadline for PSSM.

#### Example 1:

Hospital A has a single-facility CCN. Hospital A's Facility Score is five (5); therefore, Hospital A's CCN Score is also five (5).

#### Example 2:

Hospital B shares CCN 111111 with Hospital C. Hospital B's Facility Score is four (4). Hospital C's Facility Score is two (2). The CCN Score for CCN 111111 is two (2), the lowest Facility Score of the hospitals that share CCN 111111.

## Data Analysis and Reports

NHSN Hospital and Group users can review and analyze data using the Hospital and Group Line List – Patient Safety Structural Measure Report in the NHSN application. Reports include the attestation statement responses, domain score(s), and hospital score(s). The reports can also be used to summarize hospital patient safety activities.

Hospitals should use the Line List – Patient Safety Structural Measure Report to review their facility's PSSM data before the CMS deadline to ensure an accurate and timely submission.

## Additional Resources

CMS PSSM Resources can be reviewed and accessed from either the [Hospital Inpatient Quality Reporting \(IQR\) Program](#) or [PPS-Exempt Cancer Hospitals Quality Reporting \(PCHQR\) Program](#) pages. Resources include:

- **CMS Structural Measure Quick Reference Guide** provides an overview of the PSSM reporting along with submission deadlines.
- **CMS Patient Safety Structural Measure Specifications** provides background information and defines the five domains and their corresponding attestation statements.
- **CMS Patient Safety Structural Measure Attestation Guide** provides examples and definitions of key PSSM concepts.

## References

1. National Steering Committee for Patient Safety. Safer Together: A National Action Plan to Advance Patient Safety. Boston, Massachusetts: Institute for Healthcare Improvement; 2020.  
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