

# Safety Culture Mandates:

## Meeting the National Safety Culture Accountability Checklist

Patient safety is shifting from aspiration to accountability, driven by a convergence of federal and state mandates that are reshaping expectations for health systems. These mandates are not isolated compliance tasks but a call to action. Health systems must respond with infrastructure-supported efforts to measure, understand, and improve safety culture at both the organizational and unit levels. As public transparency increases, so does the reputational and operational pressure to demonstrate credible, data-driven progress in patient and workforce safety.

REQUIREMENTS	CMS - PSSM	JOINT COMMISSION	LEAPFROG	AHCA
Beterra's SafeCulture Module Compliance				
Survey Frequency (Every 12 months)	✔			
Survey Frequency (18-24 months)		✔	✔	✔
Valid Survey Tool	✔	✔	✔	✔
Survey ALL Staff	✔	✔	✔	✔
Analyze Results	✔	✔	✔	✔
Share Results with Board, Leadership and Staff	✔	✔	✔	✔
Action Plan for Improvement	✔	✔	✔	✔

The Centers for Medicare & Medicaid Services (CMS) has introduced the Patient Safety Structural Measure (PSSM) as part of the FY 2025 Inpatient Prospective Payment System (IPPS) rule. This measure evaluates how hospitals operationalize safety improvement infrastructure and demonstrate leadership commitment to patient safety. It requires the administration of a validated safety culture survey (e.g., AHRQ SOPS, AHCA's instrument) at least biennially, supplemented by pulse surveys during off-years. Survey results must be transparently shared with hospital staff and governing boards and used to drive unit-level improvement interventions.

- Administer a validated safety culture survey annually, or every two years with targeted pulse surveys conducted on selected units during the off year.
- Conduct a hospital-wide culture of safety survey using a validated instrument annually, or every two years with pulse surveys on selected units.
- Share survey results transparently with both the governing board and hospital staff, and use findings to inform unit-level improvement actions.
- Implement a just culture that encourages reporting of errors, learning from mistakes, and promoting accountability across all levels of the organization.
- Use safety culture data strategically to drive continuous and measurable improvements in patient safety, quality, and organizational performance over time.

The Leapfrog Group's goal is to publicly report patient safety and quality information for the benefit of consumers, purchasers, and referring physicians as they make decisions about where to seek care and where to direct patients. Identifying differences among facilities is critical to inform patients and their families' decision-making. Leapfrog reports results by facility for all programs.

- Hospitals must conduct a culture of safety survey of employees using a nationally recognized, valid, and reliable tool.
- Surveys must include units representing at least 50% of patient care, including high-risk areas, within the past 24 months.
- Results must be benchmarked to similar-sized hospitals and compared across all roles and staff levels.
- Survey feedback must be shared with leadership and staff and used to guide interventions reducing patient safety risks.

The Joint Commission (TJC) emphasizes the importance of a strong safety culture in healthcare organizations. They promote a "Trust, Report, and Improve" (TRIO) approach, encouraging trust-based reporting of safety events, analysis of data, and continuous improvement. This framework aims to create a learning environment where errors are viewed as opportunities for improvement, not as grounds for punishment.

- Regularly assess safety culture every 18–24 months using validated tools.
- Analyze survey results to identify actionable areas for improvement.
- Track and sustain improvements organization-wide.

Florida's HB 763 mandates the Agency for Health Care Administration (AHCA) to collect and publicly report safety culture survey data from hospitals and ambulatory surgical centers (ASCs) using the AHCA Patient Safety Survey on a biennial schedule. This requirement reinforces many of the same expectations for measurement frequency, survey methodology, and result visibility.

- All Florida licensed Hospitals and ASCs must conduct a patient safety culture survey at least biennially using the Survey on Patient Safety Culture developed by the federal Agency for Healthcare Research and Quality (AHRQ) and modified by AHCA (Forms 3130-8015 and 3130-8017).
- All Florida licensed Hospitals and ASCs must submit their survey results to AHCA every two years, starting June 2025, and continue to submit them biennially thereafter (i.e., 2027, 2029, etc.).

#### Prior to June 2027

- Determine if you will use a vendor to administer the survey or conduct the survey internally.
- Administer the safety culture survey to all licensed Hospitals and ASCs at least once.
- Review survey results as an Executive team and set goals for improvement.
- Share results and expectation for improvement with unit leaders/managers.
- Unit Leaders to share results with staff and develop an action plan(s) for improvement.

Several malpractice insurers encourage or require hospitals to measure patient safety culture as part of their risk management and quality improvement using validated instruments.

- Conduct a safety culture survey within the past 12 months that meet insurer(s) guidelines.