

# CPPS RECERTIFICATION HANDBOOK

## Recertification Guidelines

The Certified Professional in Patient Safety (CPPS) program certifies health care professionals who meet the competency requirements in the areas of patient safety science and human factors engineering, and who demonstrate the ability to apply this knowledge to effectively plan and implement patient safety initiatives.

The CPPS credential establishes core standards for the field of patient safety, benchmarks requirements necessary for health care professionals, and sets an expected proficiency level. It gives those working in patient safety a means to demonstrate their proficiency and skill in the discipline and provides a way for employers to validate a potential candidate's patient safety knowledge and skill base, critical competencies in today's health care environment.

Following successful completion of the CPPS examination, the certificant is required to recertify by fulfilling continuing education (CE) requirements, which are reviewed and established by the Certification Board for Professionals in Patient Safety (CBPPS). There are currently two acceptable paths to recertification. Recertification Path I includes obtaining and maintaining documentation of 45 CE hours over the 3-year recertification cycle and payment of a recertification fee. All CE must relate to areas covered in the most current examination content outline. Recertification Path II requires sitting for and passing the CPPS Examinations within one year prior to his/her expiration date.

### Recertification Cycle

Each recertification cycle is 3 years in length. Certificants must apply for recertification by the end of the month in which they originally received certification (i.e., an individual certified on March 15, 2019, must reapply by March 31, 2022).

### Application Refusal

Applications may be refused, candidates may be barred from future examinations, or candidates or individuals already certified may be sanctioned including revocation of the CPPS designation, for the following reasons:

1. Attesting to false information on the application or on recertification documents
2. Unauthorized possession or distribution of any official testing or examination materials
3. Representing oneself falsely as a designated CPPS

### Credential Revocation

If you do not recertify by your expiration date, your certification will be revoked for failure to comply with recertification requirements. Individuals whose credentials have been revoked may not use the CPPS credential when representing themselves. Recertification applications must be submitted by the end of the calendar month in which you were certified. For an additional fee, certificants may submit a Recertification Application up to 30 days past their expiration date. Beyond the 30 days, CBPPS will not approve any appeals for missed deadlines. You will be required to sit for the examination to begin using the credential again.

### Inactive Status Policy

Because the field of patient safety is changing and evolving continually, the CPPS must pursue ongoing education to stay current. For this reason, an inactive path or waiver of the CE requirement is not available.

## Retirement of CPPS Credential

Retired status indicates that the CPPS credential may not be used in connection with any job-related activities as an employee or consultant. Retired CPPS do not receive certification-related mailings. The credential may only be restored by passing the examination.

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## PATH I: CPPS Recertification by Continuing Education (CE) Hours

To be eligible for recertification by continuing professional education (CE hours), the certificant must obtain and maintain documentation of 45 CE hours over the 3-year recertification period, and pay the recertification fee. All CE must relate to areas covered in the most current examination content outline.

*All continuing professional education that follows the CPPS Content Outline is accepted.  
It is not a requirement to have the hours approved as CPPS hours.*

Continuing professional education for CPPS recertification may include, but is not limited to, such activities as:

### *Educational Programs*

Participation in lectures, workshops, education sessions or case presentations provided by a health care association or society, health care facility or provider of services to a health care facility, or an industry-recognized provider of education.

### *Self-Study*

Examples include:

- Audio conferences/webinars
- Online educational programs
- Writing questions for the CPPS Examination: 0.5 CEs are awarded for each accepted test item
- CPPS Self-Assessment Examination: completion of the Self-Assessment Examination provided by PSI/AMP earns 2 CEs

### *Professional Speaking/Teaching*

Examples include presentations/abstracts made by you at a national, regional, state, or local professional association/society. Presentations given as part of your job or work responsibilities are not accepted for recertification. Credit may be declared for twice the length of the educational program or speech.

### *Formal Publication of Articles or Books*

Authoring a chapter in a published book earns 10 CEs. Authoring at least two articles published in peer-reviewed journals or periodicals with documented circulation that exceeds 1,000 readers earns 5 CEs.

**For more information, refer to the detailed table provided.**

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## PATH II: CPPS Recertification by Examination

To be eligible for recertification by examination, the certificant must sit for and pass the CPPS Examination within one year prior to his/her certification expiration date.

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# Continuing Education (CE) Tables

Type	Type Code	Description	Documentation
Education program And/or Self-study, including audio conference, or online educational program	A	Participation in lecture, workshop, education session or case presentation provided by a professional healthcare association/society, healthcare facility or provider of services to a healthcare facility, or an industry-recognized provider of education. Multiple participations in the same course may be counted only once. The provider must award CEs or a similar measure of continuing education.	Certificate of attendance/certificate of completion with CE hours earned.
Academic coursework (in person or approved online program)	B	From an accredited college or university (1 semester credit = 15 CEs; 1 quarter credit = 10 CEs).	Grade report or copy of transcript
Professional speaking/teaching	C	At an educational program or a meeting of a national, regional, state or local professional association/society. Credit may be declared for twice the length of the educational program or speech. Multiple presentations of the same speech/program may be counted only once.	Letter from the organization to which you spoke or copy of conference book indicating session
Academic course development	D	Academic course developed and accepted as part of curriculum. Content relates to one of the 6 exam domains. Credit may be declared for twice the length of the academic course.	Documentation from the academic institution in which the course has been presented
Test item writing	E	For the CBPPS Certification Examination. 0.5 CEs are awarded for each accepted test item.	Letter from CBPPS Credentialing Center
Self-Assessment Examination	F	Completion of the Self-Assessment Examination provided by the CBPPS Credentialing Center earns 2 CEs.	Individual Mastery Report email from PSI/AMP
Authoring/Publishing	G	<p>Authoring a chapter in a published book earns 10 CEs</p> <p>Authoring at least two articles published in peer-reviewed journals or periodicals (as the first, second, or senior author) with documented circulation that exceeds 1,000 readers earns 5 CEs.</p> <p>Publications must:</p> <ul style="list-style-type: none"> <li>- Have been published or accepted for publication within the 3-year certification cycle for which continuing professional education is being sought;</li> <li>- Relate to a cognitive domain or domains and concomitant tasks included in the appropriate Examination content outline;</li> <li>- Bear the author's name, the publication's name and the date of publication; and</li> <li>- Have been published outside of the certificant's facility or place of business</li> </ul>	Copy of the book chapter or articles
Research	H	<p>(a) An institutional review board (IRB) research project related to one of the 6 examination domains, completed during your 3-year certification period, for which you are clearly identified as one of the primary researchers, and research is not a primary component of your employment responsibilities. Earns 15 CEs.</p> <p>(b) A completed dissertation, thesis, or graduate-level scholarly project related to one of the 6 exam domains. Earns 30 CEs.</p>	<p>(a) Copy of IRB approval letter or IRB letter of exemption and a one-page abstract, no more than 250 words, describing the research study and findings and the period when the research was conducted</p> <p>(b) Dissertation, thesis, or scholarly project approval letter and a one-page abstract of no more than 250 words</p>

		(c) Serve as a content review on an IRB, dissertation, thesis, or scholarly project that is not a component of your employment duties. Earns 5 CEs.  (d) Serve on a grant oversight committee or technical expert panel that is not a component of your employment duties. Earns 5 CEs.	that describes your dissertation, thesis, or scholarly project findings and the time period during which the dissertation, thesis, or scholarly project was conducted.  (c-d) Supporting documented from the organization describing this work and the dates you served as the reviewer/committee member (e.e., letter on official letterhead)
<b>Professional Service</b>	I	Complete 2 or more years of volunteer service during your certification period with an international, national, state, or local healthcare-related organization in which your certification specialty expertise is required. Accepted volunteer activities include serving on boards of directors, committees, editorial boards, review boards, and task forces. Earns 10 CEs.	The official description of your volunteer duties (e.g., copy of an official letter or other documents from the organization attesting to your service and dates of service).
<b>IHI Congress</b>	J	Attendance at annual IHI Safety Congress. CE hours vary.	Certificate of attendance/certificate of completion with CE hours earned.
<b>CPPS Review Course</b>	K	Participation in a CPPS Review Course. Live, webinar, or online. Earns 6 CEs.	Certificate of Participation

<b>Content Code</b>	<b>CPPS Content Outline Category</b>
<b>1</b>	Culture
<b>2</b>	Leadership
<b>3</b>	Patient Safety Risks & Solutions
<b>4</b>	Measuring & Improving Performance
<b>5</b>	Systems Thinking & Design / Human Factors

# CPPS Content Outline

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## I. Culture

### A. Assessment of Patient Safety Culture

1. Identify work settings with positive safety culture and those in need of improvement
2. Target low-performing aspects of culture for improvement
3. Disseminate best practices from high-performing work settings
4. Disseminate culture survey results within all levels of the organization
5. Interpret culture survey results
6. Apply ongoing proxy measures of patient safety culture (e.g., near-miss reporting, targeted surveys)
7. Administer validated surveys to assess culture of safety

### B. Raising Awareness

1. Engage healthcare team in patient safety initiatives
2. Provide learning opportunities for the healthcare team about:
  - a. the value and process of reporting safety incidents.
  - b. the importance of timely disclosure to patients related to adverse events and unexpected outcomes.
  - c. the importance of transparency and timely apology.
3. Address patient safety implications associated with operational changes (e.g., cost-reduction measures)
4. Include consideration of values, language, cultural background, and health literacy level in safety materials, treatment plans, etc.
5. Provide formal and informal education to staff and leadership on applying patient safety principles

### C. Promoting a Culture of Safety

1. Advocate for the inclusion of the principles and science of patient safety within initiatives
2. Articulate principles of a fair and just culture
3. Disseminate information about patient safety activities on a regular basis
4. Ensure the involvement of patients and caregivers in the patients' healthcare decisions
5. Promote the involvement of patients and caregivers in the patient safety team
6. Promote a collaborative work environment that includes all who support patient care
7. Facilitate a systems approach to address disruptive workplace behaviors
8. Foster organizational support for healthcare team members involved in adverse events

9. Develop reporting feedback loops for informing individuals and groups about unsafe conditions, near misses, and incidents

## **II. Leadership**

- A. Align patient safety strategy with organizational mission, vision, values, and goals
- B. Advocate for patient safety as a top priority
- C. Identify key stakeholders for distinct patient safety initiatives
- D. Develop operational plan to improve patient safety
- E. Advocate for resources required to support the operational safety plan
- F. Foster transparent communication:
  1. throughout the organization.
  2. with patients and their caregivers.
- G. Create opportunities for interdisciplinary patient safety conversations and problem solving
- H. Integrate patient safety responsibilities into job descriptions, competencies, and performance evaluation tools
- I. Embed accountability into investigations and system improvement
- J. Promote the application of principles of high reliability at all levels of the organization
- K. Demonstrate the ability to influence decision makers and direct care providers to participate in patient safety initiatives
- L. Use storytelling as a mechanism to engage stakeholders and drive change
- M. Work within the organization to accomplish process improvement, effectively engage leaders, and influence stakeholders and direct care providers
- N. Provide patient safety content expertise for continuous regulatory readiness
- O. Promote compliance with requirements related to reporting serious occurrences and reportable events to appropriate organizations
- P. Develop approaches that address the different priorities and perspectives of diverse stakeholders
- Q. Collaborate with key stakeholders to prioritize patient safety efforts, including:
  1. executives
  2. managers
  3. clinicians
  4. direct care providers
  5. governing body
  6. patients and their caregivers
  7. accrediting agencies
  8. regulatory agencies

### III. Patient Safety Risks & Solutions

#### A. Risk Identification & Analysis

1. Implement a systematic approach to respond to data sources (e.g., safety alerts, product recalls, industry alerts)
2. Develop a mechanism to report identified hazards
3. Perform activities to identify gaps and risks (e.g., failure modes and effects analysis (FMEA), walk-arounds)
4. Review reports of unsafe conditions, near-misses, and incidents
5. Ensure support is provided for staff affected by safety-related adverse events
6. Identify vulnerable populations with a high likelihood of patient safety events (e.g., diabetes, extremes of age, potential for addiction)
7. Perform Root Cause Analysis (RCA)
8. Share findings and action items from safety investigations with direct care providers and other departments
9. Recognize the risks of workplace physical and psychological violence involving:
  - a. patients
  - b. staff / care providers
  - c. families

#### B. Patient Safety Solutions

1. Perform critical evaluation of evidence for applicability to a program or initiative
2. Evaluate evidence-based best practices for organizational implementation of:
  - a. bundled care processes
  - b. simulation
  - c. clinical decision tools (e.g., checklists, algorithms, care pathways)
  - d. team training
  - e. communication techniques (e.g., to transfer patient care, escalate concerns)
3. Evaluate technology solutions to promote patient safety:
  - a. information technology (e.g., EMR, CPOE, decision support, apps, augmented / artificial intelligence, monitoring technology)
  - b. medication safety-related technology (e.g., barcoding, pharmacy robots, technology-informed infusion devices)
4. Monitor patient safety outcomes following the implementation of new or modified technology
5. Investigate how the interface between technology systems may contribute to patient safety events

6. Investigate how the interface between technology and users may contribute to patient safety events
7. Identify and disseminate local safety innovations throughout the organization
8. Evaluate risks associated with existing, modified, or new technology systems

## **IV. Measuring & Improving Performance**

### **A. Measurement**

1. Identify quantitative patient safety data sources for internal and external reporting
2. Identify qualitative patient safety data sources (e.g., walk-arounds, event reporting, patient feedback, patient and family advisory council)
3. Collect patient safety data
4. Manage patient safety data
5. Analyze patient safety data using statistical techniques (e.g., statistical process control)
6. Interpret patient safety data
7. Develop credible and understandable reports
8. Present results of data analyses to stakeholders
9. Evaluate feedback from standards organizations (e.g., for regulators, accreditation, and ratings, etc.)

### **B. Improvement**

1. Select an improvement methodology that is relevant to an initiative or project
2. Apply improvement methodologies to promote measurably improved processes
3. Use process, outcome, and balancing measures to evaluate system performance
4. Employ project management skills to manage the work of improvement
5. Employ facilitation skills to promote teamwork

## **V. Systems Thinking & Design / Human Factors**

### **A. Systems Thinking**

1. Systematically identify, define, and address patient safety issues
2. Identify normalized deviance (e.g., drift) in processes and systems
3. Recognize rule violations as an indicator of potential system design or performance flaws
4. Differentiate among human error, behavioral choices, and system failures
5. Apply systems theory
  - a. Identify relevant system elements (people, tools/technology, tasks, environment, organizations and their interaction)
  - b. Plan for unintended consequences of change
6. Apply systems thinking to improve processes
  - a. Identify workflows

- b. Understand workflows
- c. Collaborate with direct care providers and management leaders to identify problems with processes
- d. Identify barriers to improving processes
- e. Use a ranking system to prioritize patient safety concerns
- f. Use a ranking system to prioritize sustainable solutions
- g. Evaluate the degree to which proposed solutions match root causes
- h. Evaluate the strength of interventions, such as training, forcing functions, policy
- i. Design/redesign solutions with the help of stakeholders (e.g., patients, direct care providers, management)
- j. Consider potential unintended consequences when standardizing processes
- k. Implement sustainable solutions
- l. Evaluate sustainable solutions

## B. Design / Human Factors

1. Recognize how key components of systems interact to determine safety:
  - a. people (e.g., health literacy, cultural competency, physical and cognitive abilities)
  - b. tools, technology, and techniques
  - c. tasks (clinical and nonclinical)
  - d. environment
  - e. organization (including culture, financial decisions, rules, staffing, etc.)
2. Apply principles of high reliability and resilience to system design
3. Incorporate regulatory/accreditation requirements in designing process improvement initiatives
4. Identify and address factors that negatively impact human performance (e.g., limitations of memory, time constraints, multi-tasking, interruptions, stress, fatigue and lack of sleep, the detrimental effect of shift work, ergonomics).
5. Identify and enhance factors that support human performance (e.g., pattern identification, anticipation of outcomes, critical thinking, teamwork).

**100 TOTAL ITEMS**

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*Approximately 17% of the items will require recall on the part of the candidate, 53% will require application of knowledge, and 30% will require analysis. All examination forms will include 10 unscored pretest items.*

## Applying for CPPS Recertification

To apply for recertification:

- Complete the application
- *PATH I only*: Attach copies of required documentation, with documents marked to correspond with the list of Continuing Education Types
- *PATH I only*: Enclose the recertification fee or make payment online, if applicable (make checks payable to CBPPS)
- Scan and submit via email ([cpps@ihi.org](mailto:cpps@ihi.org)) or mail to:

Institute for Healthcare Improvement  
Attn: CPPS Recertification  
53 State Street, 19<sup>th</sup> Floor  
Boston, MA 02109

Only completed applications can be processed. A completed application must be received by the end of the month in which you were originally certified to ensure continued certified status. Applications received up to 30 days past the expiration date will be subject to a late fee. After the 30-day grace period, successful retest is required for recertification.

Please allow 6-8 weeks for processing of your recertification application.

Questions? Contact us at [cpps@ihi.org](mailto:cpps@ihi.org) or 617.391.9927



**PAYMENT (PATH I: Continuing Education *only*)**

Please visit <https://my.ihl.org/cppsrecertification> to pay online.

**Amount:**

- Non-members: \$175\***
- IHI Premium members: \$158\***
- IHI Premium+ members: \$140\***

*\*International Certificants: Please add \$50 processing fee.*

Receipts available upon request.

## CONTINUING EDUCATION DOCUMENTATION

Title and Description of Activity	Provider or Sponsoring Organization	Date of Activity	Content Code (1-5)	Type Code (A-K)	CE Hours	Documentation Attached?
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