2018 Press Ganey Award Criteria

Guardian of Excellence Award℠

This award honors clients who have reached the 95th percentile for patient experience, engagement or clinical quality performance. Guardian of Excellence Awards are awarded annually to clients who sustain performance in the top 5% for each reporting period for the award year.

Patient Experience

The Guardian of Excellence Award is given to organizations who have achieved the 95th percentile or higher for the composite Overall Rating based on the standard Press Ganey reports during the course of the award year. Data are reviewed from standard reports delivered between May 2017 – April 2018 for surveys received by March 31, 2018. Regardless of the organizations Press Ganey reporting cycle, this timeframe of delivered reports will be used.

Client peer groups are determined based on the information in the demographic profile. To be eligible, clients must participate in one of the targeted award peer groups (listed below), meet minimum n guidelines* based upon the targeted peer group and be actively surveying for the entire reporting period. Esurvey adjustments and phone calibrations are applied to all data where appropriate.

Patient Experience Populations & Targeted Peer Group Comparisons
Winners will be identified in the following categories using the **All Press Ganey database**, except where otherwise noted:

- Inpatient (using the Large database, and All database for only small facilities)
- Ambulatory surgery (using the Large database, and All database for only small facilities)
- ED (using the Large database, and All database for small facilities and freestanding EDs)
- Medical practice**
- Outpatient services
- Home health
- Inpatient rehabilitation
- Outpatient oncology
- Inpatient behavioral health
- Urgent care
- Inpatient pediatric
- NICU

* Must have been a Press Ganey client for the entire year with data received in each month during the award period and have received at least one report in the last year. In addition, total annual returned n size must meet at least 90% or exceed the summed quarterly requirements for the peer group minimum n guidelines.

**For the Medical Practice category, a facility as a whole must meet the criteria in the National Facilities database, or at least 75% of the organization's sites must meet the criteria in the National Sites database.

CAHPS Surveys

For organizations that use an integrated Press Ganey patient experience survey or CAHPS-only survey, the award program will also consider CAHPS performance on the CAHPS Rate 0-10 measure. Quarterly ranks will be generated by Press Ganey to reflect performance during the award year based on data in our database using the JAJO cycle (July 2017, Oct 2017, Jan 2018, April 2018) with standard look-back period for the respective service (using phone-adjusted scores, not eSurvey adjustment).The quarterly rank must be at the 95th percentile or above for every quarter in the timeframe.

CAHPS Populations & Targeted Peer Group Comparisons

Winners will be identified in the following categories:

- HCAHPS - Winning facilities must be publicly reporting their HCAHPS data and have a minimum of 300 completed surveys (120 for small hospitals) during the award year. Using the Large database, and All database for only small facilities.
- CGCAHPS – A facility as a whole must meet the criteria in the National Facilities database, or at least 75% of the organization's sites must meet the criteria in the National Sites database.
- OAS CAHPS - Using the Large database, and All database for only small facilities. Note: Organizations that use the integrated OAS CAHPS survey will be considered for OAS CAHPS only, not Ambulatory Surgery.

Engagement

Engagement awards honor organizations for performance in employee engagement and physician engagement. Winners are awarded at the system level; scores from individual hospitals, facilities, sites or work groups are considered as part of the overall system score.

Employee Engagement. Honors clients who have achieved the 95th percentile or higher on Engagement score for their most recent survey period for projects completed during the award year (January – December 2017). To be eligible for this award, clients must have a minimum of 100 completed surveys per year and received a 50% or higher response rate during the specified timeframe. Data in progress checks are not included.

Physician Engagement. Honors clients who have achieved the 95th percentile or higher on Engagement or Alignment score for their most recent survey period for projects completed during the award year (January – December 2017). To be eligible for this award, clients must have a minimum of 30 completed surveys per year and received a 40% or higher response rate during the specified timeframe.

Clinical Quality

Using 2017 calendar year data, 26 active and representative clinical measures from the emergency department, outpatient services, pregnancy and related conditions, stroke, tobacco, and venous thromboembolism measure sets will be used to calculate an overall composite score for each client. Clients performing in the 95th percentile on the overall composite score will be recognized. To be eligible for this award, clients must have a minimum of 10 cases for at least five measures in 2017.

Pinnacle of Excellence Award℠

The Pinnacle of Excellence award is given annually to the top performing organizations on the basis of extraordinary achievement. This award recognizes clients who have maintained consistently high levels of excellence in patient experience, engagement or clinical quality performance. For all Pinnacle of Excellence Awards, organizations are eligible for winning category awards based on information in the demographic profile; to be eligible the demographic profile must be completed in the Press ganey database.

Patient Experience

This award recognizes the top three performers in each category based on overall composite mean score for the three year award period. Winners are identified based on performance on three full years of data, from May 2015 - April 2018.

- Inpatient (minimum of 300 completed surveys per year to be eligible, (120 for small hospitals).

  - <49 beds
  - 50-99
  - 100-199
  - 200-299
  - 300+
  - Academic Medical Centers
- Emergency Department
- Ambulatory Surgery: <3399 cases; 3,400-5,599; and 5,600+
- Outpatient: <14999 procedures; 15,000 – 199,000; and 200,000+
- Medical Practice: <10 physicians; 11-49; and 50+
- Inpatient Pediatrics (one winner only)

Engagement

Engagement awards honor organizations for performance in employee engagement and physician engagement. Winners are awarded at the system level; scores from individual hospitals, facilities, sites or work groups are considered as part of the overall system score.

Employee Engagement. This award recognizes the top three performers based on the weighted Engagement score for the two most recent projects conducted between January 2016 and January 2018. To be eligible for this award, clients must have received a 50% or higher response rate in their two most recent survey periods during the specified timeframe. Please note that data collected for Progress Checks are not included in award determination. The client with the highest overall score in each of the following market segment will be recognized:

- <2,499 employees
- 2500-9999
- 10,000+

Physician Engagement. This award recognizes the top three performers based on the weighted Engagement score for the two most recent projects conducted between January 2016 and January 2018. To be eligible for this award, clients must have received a 40% or higher response rate in their two most recent survey periods during the specified timeframe. The single client with the highest overall score in each market segment will receive the award:

- <100 physicians
- 100-499
- 500+

Clinical Quality

This award recognizes a consistent top performer from each organization size category using two years of data from 2016 to 2017. There are 26 active and representative clinical measures from the emergency department, outpatient services, pregnancy and related conditions, stroke, tobacco, and venous thromboembolism measure sets used to calculate eight quarterly composite scores for each client. To be eligible for this award, clients must have a minimum of 10 cases for at least five measures in 2017. First, an average overall performance score is determined. A variation measures is calculated on individual measures by the mean minus 0.2 multiplied by the standard error. The weighting of both overall performance and variation is used to determine winners to incorporate both performance and consistency over time. The client with the highest overall performance score in each of three bed size segments will be awarded: <100 beds, 100-299 and 300+

Clinical Quality Measures

Measures for all clinical quality awards include the following:

Measure ID	Measure Name
ED-1a	Median Time from ED Arrival to ED Departure for Admitted ED Patients - Overall Rate
ED-2a	Admit Decision Time to ED Departure Time for Admitted Patients - Overall Rate
OP-1	Median Time to Fibrinolysis
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
OP-3a	Median Time to Transfer to Another Facility for Acute Coronary Intervention - Overall Rate
OP-4	Aspirin at Arrival - Overall Rate (CMS)
OP-5	Median Time to ECG - Overall Rate (CMS)
OP-18	Median Time from ED Arrival to ED Departure for Discharged ED Patients (CMS)
OP-20	Door to Diagnostic Evaluation by a Qualified Medical Professional
OP-21	Median Time to Pain Management for Long Bone Fracture
OP-23	Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival
PC-01	Elective Delivery
PC-02	Cesarean Birth
PC-03	Antenatal Steroids
PC-04	Health Care-Associated Bloodstream Infections in Newborns
PC-05	Exclusive Breast Milk Feeding
TOB-1	Tobacco Use Screening
TOB-2	Tobacco Use Treatment Provided or Offered
TOB-2a	Tobacco Use Treatment
TOB-3	Tobacco Use Treatment Provided or Offered at Discharge
TOB-3a	Tobacco Use Treatment at Discharge
SUB-1	Alcohol Use Screening
SUB-2	Alcohol Use Brief Intervention Provided or Offered
SUB-2a	Alcohol Use Brief Intervention
SUB-3	Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge
SUB-3a	Alcohol and Other Drug Use Disorder Treatment at Discharge
VTE-6	Hospital Acquired Potentially-Preventable Venous Thromboembolism
IMM-2	Influenza Immunization
SEP-1	Early Management Bundle, Severe Sepsis/Septic Shock

Note: The award program includes clinical quality measures that are proportional measures with sufficient participants and without the need for risk adjustment.

NDNQI® Award for Outstanding Nursing Quality

The NDNQI Award for Outstanding Nursing Quality is awarded annually to the best performing hospital in each of seven categories: academic medical center, teaching hospital, community hospital, pediatric hospital, rehabilitation hospital, psychiatric hospital and international. In order to be eligible for the award, hospitals must have submitted data on a minimum number of measures in 2017. Participation in the RN Survey is not required, however, measures on the RN survey are available for inclusion based on the total set submitted. A total of 17 measures are included in overall quality assessment. Academic medical centers and teaching hospitals must have submitted data on at least 11 measures, including 5 or more patient outcome measures. Community, pediatric, and rehabilitation hospitals must have submitted data on at least 9 measures, including at least 3 patient outcome measures. Psychiatric hospitals must have submitted data on at least 6 measures, including injury assault rate.

Hospital scores are calculated in a two-step process. First, consistent with the unit focus of NDNQI, hospitals were compared based on assessments of their nursing units. Each unit was assessed only in comparison to other units of the same type to provide control for differences among unit types in patient risk and acuity. For each measure, standardization by unit type was accomplished by expressing each unit's score in terms of the number of standard deviations the unit fell above or below the mean score for all other units of the same type. Second, these standardized scores were averaged across units in each hospital to yield a hospital score on each indicator, and each hospital's scores on the relevant indicators were averaged to produce an overall score. Hospitals were ranked according to these overall scores. The highest-ranking hospital in each category was identified and, after undergoing a qualitative screening, given the award.

Quality Measures	Description
TNHPPD	Total nursing hours per patient day
RN skill mix	Percent of nursing care hours provided by RNs
Percent agency hours	Percent of RN hours provided by contract/agency staff
RN education and certification	Average of (1) percent of RNs with BSN or higher degree and (2) percent certified RNs
RN turnover	Annualized RN turnover rate
Non-RN turnover	Annualized turnover rate for LPNs/UAPs
RN experience and tenure	Average of (1) average years U.S. nursing experience* and (2) average years on unit
Quality of care	Average quality of care rating
Pain assessments	Average number of pediatric pain assessments per patient per day
Injury assault rate	Injury assaults per 1,000 patient days
Total fall rate*	Falls per 1,000 patient days
Unassisted fall rate*	Unassisted falls per 1,000 patient days
UAPI rate*	Unit-acquired pressure injury rate
VAP rate*	Ventilator assisted pneumonia per 1,000 device days
CLABSI rate*	Central line-associated bloodstream infections per 1,000 device days
CAUTI rate*	Catheter-associated urinary tract infections per 1,000 patient days
PIV infiltration rate*	Rate of pediatric IV infiltrations per IV

*Patient outcome measure