

2020 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 any of a set of designated survey measures, including Likelihood to Recommend, Overall Rating and/or Teamwork. For organizations that use an integrated Press Ganey patient experience survey or CAHPS-only survey, the award program also considers performance on the CAHPS Rate 0-10 measure. See specific awards offered and award measures by population below.

The 2020 awards assess performance on surveys received by March 31, 2020. Scores (Mean Score for Press Ganey and Top Box for CAHPS) are based on the standard lookback period for the population. The start and end of the lookback periods vary depending on the population and are detailed in the table below. Press Ganey will generate benchmarks to reflect performance during the lookback periods based on data in our database using the JAJC cycle (Jul. 2019, Oct. 2019, Jan. 2020, Apr. 2020). To be eligible, at least one of the award measures must have a rank at or above the 95th percentile for every lookback period.

Client peer groups are determined based on the information in the demographic profile. To be eligible, clients must fit the eligibility requirements of 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 award period. eSurvey adjustments and phone calibrations are applied to all data where appropriate.

PATIENT EXPERIENCE WINNERS WILL BE IDENTIFIED IN THE FOLLOWING CATEGORIES:

POPULATION	TARGETED PEER GROUP COMPARISONS	AWARD MEASURES	LOOKBACK PERIODS
Inpatient and HCAHPS	Large database; All database for only small facilities	Likelihood to recommend Overall rating Teamwork HCAHPS Rate 0-10	Apr19-Jun19 Jul19-Sep19 Oct19-Dec19 Jan20-Mar20
Ambulatory Surgery and OASCAHPS	Large database; All database for only small facilities	Teamwork OASCAHPS Rate 0-10	Apr19-Jun19 Jul19-Sep19 Oct19-Dec19 Jan20-Mar20
ED	Large database; All database for only small facilities and freestanding EDs	Likelihood to recommend Overall rating Teamwork EDCAHPS Rate 0-10	Apr19-Jun19 Jul19-Sep19 Oct19-Dec19 Jan20-Mar20

Medical Practice and CGCAHPS**	All Press Ganey National Facilities database (facility-level only)	Likelihood to recommend practice Teamwork CGCAHPS Rate 0-10	Jan19-Jun19 Apr19-Sep19 Jul19-Dec19 Oct19-Mar20
Outpatient Services	All Press Ganey database	Likelihood to recommend Teamwork	Apr19-Jun19 Jul19-Sep19 Oct19-Dec19 Jan20-Mar20
Home Health and HHCAHPS	All Press Ganey database	Likelihood to recommend Overall rating Teamwork HHCAHPS Rate 0-10	Jan19-Jun19 Apr19-Sep19 Jul19-Dec19 Oct19-Mar20
Inpatient Rehabilitation	All Press Ganey database	Likelihood to recommend Overall rating Teamwork	Jan19-Jun19 Apr19-Sep19 Jul19-Dec19 Oct19-Mar20
Outpatient Oncology	All Press Ganey database	Likelihood to recommend Overall rating Teamwork	Jul18-Jun19 Oct18-Sep19 Jan19-Dec19 Apr19-Mar20
Inpatient Behavioral Health	All Press Ganey database	Likelihood to recommend Overall rating Teamwork	Jan19-Jun19 Apr19-Sep19 Jul19-Dec19 Oct19-Mar20
Urgent Care	All Press Ganey database	Likelihood to recommend Overall rating Teamwork	Apr19-Jun19 Jul19-Sep19 Oct19-Dec19 Jan20-Mar20
Inpatient Pediatric and Child HCAHPS	All Press Ganey database	Likelihood to recommend Overall rating Teamwork Child HCAHPS Rate 0-10	Jan19-Jun19 Apr19-Sep19 Jul19-Dec19 Oct19-Mar20
NICU	All Press Ganey database	Likelihood to recommend Overall rating Teamwork	Jul18-Jun19 Oct18-Sep19 Jan19-Dec19 Apr19-Mar20

*Must have been a Press Ganey client for the entire year with data received in each month during the award period. 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, the entire practice 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. Awards are not offered for individual sites.

***CAHPS analysis uses phone-adjusted scores, not eSurvey adjustment.

Note: As organizations transition to Press Ganey Targeted Surveys, the awards transitioned from using the composite overall rating to item-level measures to allow for accurate benchmarking. Press Ganey will consider performance on each of the award measures; if performance on any of the measures meets the criteria, the organization will be a winner.

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 2019). 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 2019). 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 2019 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 2019.

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 levels of excellence for multiple years, with the highest performing organizations winning in each category. 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 performers in each category based on the performance on designated award survey measures for the three-year award period. Winners are identified based on performance on three full years of data, from May 2017 - April 2020. Up to four winners will be identified in each category.

The award considers performance on global survey measures including Likelihood to Recommend, Overall Rating and/or Teamwork, using an average across the designated questions on the Press Ganey survey. For organizations that use an integrated Press Ganey patient experience survey or CAHPS-only survey, the award program also considers performance on the CAHPS Rate 0-10 measure. See specific awards offered and award measures by population below.

To be eligible, clients must meet minimum n guidelines for all three years of the award period, as noted below. For Press Ganey surveys, annual n size is pulled from the overall composite; for CAHPS surveys, the n size is based on the CAHPS Rate 0-10 question.

POPULATION	CATEGORIES & MINIMUM N	AWARD MEASURES
Inpatient/HCAHPS	<ul style="list-style-type: none"> ▪ <50 beds (100 responses/year) ▪ 50-99 (100 responses/year) ▪ 100-199 (300 responses/year) ▪ 200-299 (300 responses/year) ▪ 300+ (300 responses/year) ▪ Academic Medical Centers (300 responses/year) 	Likelihood to recommend Overall rating Teamwork HCAHPS Rate 0-10
Ambulatory Surgery/ OASCAHPS	<ul style="list-style-type: none"> ▪ <3,400 cases (30 responses/year) ▪ 3,400-5,600 (100 responses/year) ▪ > 5,600 (300 responses/year) 	Teamwork OASCAHPS Rate 0-10
ED	One winner only; minimum of 100 responses/year	Likelihood to recommend Overall rating EDCAHPS Rate 0-10
Medical Practice/ CGCAHPS	<ul style="list-style-type: none"> ▪ <10 physicians (30 responses/year) ▪ 10-49 (100 responses/year) ▪ >50 (300 responses/year) 	Likelihood to recommend practice Teamwork
Outpatient Services	<ul style="list-style-type: none"> ▪ <15,000 procedures (30 responses/year) ▪ 15,000-199,999 (100 responses/year) ▪ >200,000 (300 responses/year) 	Likelihood to recommend Teamwork

Inpatient Pediatrics/ Child HCAHPS	One winner only; minimum of 100 responses/year	Likelihood to recommend Overall rating CHCAHPS Rate 0-10 Teamwork HHCAHPS Rate 0-10
Behavioral Health	One winner only; minimum of 100 responses/year	Likelihood to recommend Overall rating

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 2018 and January 2020. To be eligible for this award, clients must have a minimum of 100 completed surveys and 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:

- <2,500 employees
- 2,500-9,999
- 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 2018 and January 2020. To be eligible for this award, clients must have a minimum of 10 completed surveys and 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 2018 to 2019. 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. The inclusion of measures for evaluation requires adoption by enough clients to ensure a valid sample for judging relative performance. To be eligible for this award, clients must have a minimum of 10 cases for at least five measures in 2019. Overall performance is calculated using a methodology that incorporates both performance across all measures and consistency over time. First, the average facility-level performance score is determined for each measure and reporting period. Then, these scores are adjusted by the variation across reporting periods by subtracting $0.2 \times [\text{Standard Error}]$. Finally, the average of these adjusted measure scores is calculated to produce an overall performance score for each facility. The client with the highest overall performance score in each of three bed size segments will be awarded: <100 beds, 100-299 and 300+.

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-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
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
PC-06	Newborn Complications
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-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
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 4 quarters of data on a minimum number of measures in the award year. 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 are compared based on assessments of their nursing units. Each unit is 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 is 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 is identified and, after undergoing a qualitative screening, given the award.

Please note that International clients are excluded from the "Overall NDNQI Award" due to underlying data differences in comparison to U.S. clients.

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