

# 2021 Press Ganey Award Criteria

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## Guardian of Excellence Award®

This award honors organizations that have reached the 95th percentile for patient experience, engagement or clinical quality performance. Guardian of Excellence Awards are awarded annually to organizations that 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 that 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.

The 2021 awards evaluate performance on surveys received by March 31, 2021.

- Scores (Mean Score for Press Ganey and Top Box for CAHPS) are based on the standard lookback period for the population.
- Lookback periods vary depending on the population
- Benchmarks are generated to reflect performance during the lookback periods based on data in our database using the JAJO cycle (Jul. 2020, Oct. 2020, Jan. 2021, Apr. 2021).
- At least one of the award measures must have a rank at or above the 95th percentile for every lookback period.

Peer groups are determined based on the information in the demographic profile. To be eligible, organizations must:

- Fit the eligibility requirements of one of the targeted award peer groups
- Meet minimum n guidelines\* based upon the targeted peer group
- 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	Apr20-Jun20 Jul20-Sep20 Oct20-Dec20 Jan21-Mar21
Ambulatory Surgery and OASCAHPS	Large database; All database for only small facilities	Teamwork OASCAHPS Rate 0-10	Apr20-Jun20 Jul20-Sep20 Oct20-Dec20 Jan21-Mar21
ED	Large database; All database for only small facilities and freestanding EDs	Likelihood to recommend Overall rating EDCAHPS Rate 0-10	Apr20-Jun20 Jul20-Sep20 Oct20-Dec20 Jan21-Mar21
Medical Practice and CGCAHPS**	All Press Ganey National Facilities database (facility-level only)	Likelihood to recommend practice Teamwork CGCAHPS Rate 0-10	Jan20-Jun20 Apr20-Sep20 Jul20-Dec20 Oct20-Mar21
Outpatient Services	All Press Ganey database	Likelihood to recommend Teamwork	Apr20-Jun20 Jul120-Sep20 Oct20-Dec20 Jan21-Mar21
Home Health and HHCAHPS	All Press Ganey database	Likelihood to recommend Overall rating Teamwork HHCAHPS Rate 0-10	Jan20-Jun20 Apr20-Sep20 Jul20-Dec20 Oct20-Mar21
Inpatient Rehabilitation	All Press Ganey database	Likelihood to recommend Overall rating Teamwork	Jan20-Jun20 Apr20-Sep20 Jul20-Dec20 Oct20-Mar21
Outpatient Oncology	All Press Ganey database	Likelihood to recommend Overall rating Teamwork	Jul19-Jun20 Oct19-Sep20 Jan20-Dec20 Apr20-Mar21
Inpatient Behavioral Health	All Press Ganey database	Likelihood to recommend Overall rating Teamwork	Jan20-Jun20 Apr20-Sep20 Jul20-Dec20 Oct20-Mar21
Urgent Care	All Press Ganey database	Likelihood to recommend Overall rating Teamwork	Apr20-Jun20 Jul20-Sep20 Oct20-Dec20 Jan21-Mar21

Inpatient Pediatric and Child HCAHPS	All Press Ganey database	Likelihood to recommend Overall rating Teamwork Child HCAHPS Rate 0-10	Jan20-Jun20 Apr20-Sep20 Jul20-Dec20 Oct20-Mar21
NICU	All Press Ganey database	Likelihood to recommend Overall rating Teamwork	Jul19-Jun20 Oct19-Sep20 Jan20-Dec20 Apr20-Mar21
OR	All Press Ganey database	Likelihood to recommend Overall rating Teamwork	Mar19-Jun20 Jun19-Sep20 Sept19-Dec20 Dec19-Mar21

\*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 organizations that 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 2020). To be eligible organizations must:

- Have a minimum of 100 completed surveys per year
- Received a 50% or higher response rate during the specified timeframe. Data in pulse surveys are not included.

Physician Engagement: Honors organizations that 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 2020). To be eligible organizations must:

- Have a minimum of 30 completed surveys per year
- Received a 40% or higher response rate during the specified timeframe.

## CLINICAL QUALITY

Using 2020 calendar year data, 16 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 organization. Organizations performing in the 95th percentile on the overall composite score will be recognized. To be eligible for this award, organizations must have a minimum of 10 cases for at least five measures in 2020.

## 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 organizations that have maintained consistent 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 2018 - March 2021. 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. To be eligible, organizations 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"> <li>▪ &lt;50 beds (100 responses/year)</li> <li>▪ 50-99 (100 responses/year)</li> <li>▪ 100-199 (300 responses/year)</li> <li>▪ 200-299 (300 responses/year)</li> <li>▪ 300+ (300 responses/year)</li> <li>▪ Academic Medical Centers (300 responses/year)</li> </ul>	Likelihood to recommend Overall rating Teamwork HCAHPS Rate 0-10
Ambulatory Surgery/ OASCAHPS	<ul style="list-style-type: none"> <li>▪ &lt;3,400 cases (30 responses/year)</li> <li>▪ 3,400-5,600 (100 responses/year)</li> <li>▪ &gt; 5,600 (300 responses/year)</li> </ul>	Teamwork OASCAHPS Rate 0-10
ED	One category only; minimum of 100 responses/year	Likelihood to recommend Overall rating EDCAHPS Rate 0-10

Medical Practice/ CGCAHPS	<ul style="list-style-type: none"> <li>▪ &lt;10 physicians (30 responses/year)</li> <li>▪ 10-49 (100 responses/year)</li> <li>▪ &gt;50 (300 responses/year)</li> </ul>	Likelihood to recommend practice Teamwork CGCAHPS Rate 0-10
Outpatient Services	<ul style="list-style-type: none"> <li>▪ &lt;15,000 procedures (30 responses/year)</li> <li>▪ 15,000-199,999 (100 responses/year)</li> <li>▪ &gt;200,000 (300 responses/year)</li> </ul>	Likelihood to recommend Teamwork
Inpatient Pediatrics/ Child HCAHPS	One category only; minimum of 50 responses/year	Likelihood to recommend Overall rating Child HCAHPS Rate 0-10 Teamwork
Behavioral Health	One category only; minimum of 50 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 2019 and January 2021. To be eligible for this award, organizations 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 pulse surveys 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 2019 and January 2021. To be eligible for this award, organizations 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 2019 to 2020. There are 16 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 organizations to ensure a valid sample for judging relative performance. To be eligible for this award, organizations must have a minimum of 10 cases for at least five measures in 2020. Overall performance is calculated using a methodology that incorporates both performance across all measures and consistency over time.

1. Average facility-level performance score is determined for each measure and reporting period.
2. These scores are adjusted by the variation across reporting periods by subtracting  $0.2 \times [\text{Standard Error}]$ .
3. The average of these adjusted measure scores is calculated to produce an overall performance score for each facility.
4. 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
OP-2	Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
OP-23	Head CT or MRI Scan Results for Acute Ischemic 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-05	Exclusive Breast Milk Feeding
PC-06	Unexpected Complications in Term Newborns
TOB-2	Tobacco Use Treatment Provided or Offered
TOB-3	Tobacco Use Treatment Provided or Offered at Discharge
SUB-2	Alcohol Use Brief Intervention Provided or Offered
SUB-3	Alcohol and Other Drug Use Treatment Provided or Offered at Discharge
SEP-1	Severe Sepsis and Septic Shock Management Bundle
VTE-6	Hospital Acquired Potentially Preventable VTE

*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 six categories: academic medical center, community hospital, pediatric hospital, rehabilitation hospital, psychiatric hospital, and international. 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.

1. 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.
2. These standardized scores are averaged across units in each hospital to yield a hospital score on each measure, and each hospital's scores on the relevant measures are averaged to produce an overall score. Hospitals are 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
Pediatric Pain Air Cycle	Average Number of Pediatric Pain Assessments per Patient Initiated in 24 Hours
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