

2022 PressGaney Awards Criteria

HAVE QUESTIONS?

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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 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 2022 awards evaluate performance on surveys received by March 31, 2022, in the following areas:

- 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. 2021, Oct. 2021, Jan. 2022, Apr. 2022).
- 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	Apr21-Jun21 Jul21-Sep21 Oct21-Dec21 Jan22-Mar22
Ambulatory Surgery and OASCAHPS	Large database; All database for only small facilities	Teamwork OASCAHPS Rate 0-10	Apr21-Jun21 Jul21-Sep21 Oct21-Dec21 Jan22-Mar22
ED	Large database; All database for only small facilities and freestanding EDs	Teamwork Likelihood to recommend Overall rating EDCAHPS Rate 0-10	Apr21-Jun21 Jul21-Sep21 Oct21-Dec21 Jan22-Mar22
Medical Practice and CGCAHPS**	All Press Ganey National Facilities database (facility-level only)	Likelihood to recommend practice Teamwork CGCAHPS Rate 0-10	Jan21-Jun21 Apr21-Sep21 Jul21-Dec21 Oct21-Mar22
Outpatient Services	All Press Ganey database	Likelihood to recommend Teamwork	Apr21-Jun21 Jul21-Sep21 Oct21-Dec21 Jan22-Mar22
Home Health and HHCAHPS	All Press Ganey database	Likelihood to recommend Overall rating Teamwork HHCAHPS Rate 0-10	Jan21-Jun21 Apr21-Sep21 Jul21-Dec21 Oct21-Mar22
Inpatient Rehabilitation	All Press Ganey database	Likelihood to recommend Overall rating Teamwork	Jan21-Jun21 Apr21-Sep21 Jul21-Dec21 Oct21-Mar22
Outpatient Oncology	All Press Ganey database	Likelihood to recommend Overall rating Teamwork	Jul20-Jun21 Oct20-Sep21 Jan21-Dec21 Apr21-Mar22

Population	Targeted peer group comparisons	Award measures	Lookback periods
Inpatient Behavioral Health	All Press Ganey database	Likelihood to recommend	Jan21-Jun21
		Overall rating	Apr21-Sep21
		Teamwork	Jul21-Dec21
		Child HCAHPS Rate 0-10	Oct21-Mar22
Urgent Care	All Press Ganey database	Likelihood to recommend	Apr21-Jun21
		Overall rating	Jul21-Sep21
		Teamwork	Oct21-Dec21
			Jan22-Mar22
Inpatient Pediatric and Child HCAHPS	All Press Ganey database	Likelihood to recommend	Jan21-Jun21
		Overall rating	Apr21-Sep21
		Teamwork	Jul21-Dec21
			Oct21-Mar22
NICU	All Press Ganey database	Likelihood to recommend	Jul20-Jun21
		Overall rating	Oct20-Sep21
		Teamwork	Jan21-Dec21
			Apr21-Mar22
OR	All Press Ganey database	Likelihood to recommend	Mar20-Jun21
		Overall rating	Jun20-Sep21
		Teamwork	Sept20-Dec21
			Dec20-Mar22

*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.

Workforce engagement

Guardian of Excellence awards honor facilities for their performance in employee engagement or physician engagement. Engagement performance scores from peer groups are used to determine winners. Peer groups are determined by facility attribute information provided in the demographic profile or by work unit information provided in the reporting hierarchy. Regardless of the peer group level (facility or unit), awards are assigned at the facility level. Facilities must meet all benchmark inclusion criteria to be eligible for these awards.

EMPLOYEE ENGAGEMENT

Honors facilities who achieved the 95th percentile or higher on Engagement for their most recent census survey completed during the award year (January – December 2021).

PHYSICIAN ENGAGEMENT

Honors facilities who achieved the 95th percentile or higher on Engagement for their most recent census survey completed during the award year (January – December 2021).

Breakout group	Peer group	Employee vs. Physician
Hospital	General acute care hospitals	Employee/Physician
Academic	Medical school-affiliated facilities	Employee/Physician
Medical Practice	Medical practice facilities	Employee/Physician
Community Hospital	Community hospitals and critical access hospitals	Employee/Physician
Children’s Healthcare	Organizations (or stand-alone hospitals) that only specialize in pediatric care	Employee/Physician
Behavioral Health	Mental and emotional health work units housed in inpatient and outpatient facilities	Employee only
Ambulatory Care	Ambulatory work units housed within inpatient or outpatient facilities	Employee only
Long Term Care	Work units (LTC, home health, hospice) that provide care over a long period of time	Employee only
Cancer Center	Cancer/cancer treatment work units housed in inpatient or outpatient facilities	Employee only

Clinical quality

Using 2021 calendar year data, 12 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 2021.

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 April 2019 - March 2022. 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 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 and 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 and 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 category only; minimum of 100 responses/year	Likelihood to recommend Overall rating EDCAHPS Rate 0-10

Population	Categories & minimum N	Award measures
Medical Practice and 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 CGCAHPS Rate 0-10
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 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

Workforce 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 top performers in the Nat'l Healthcare Avg benchmark based on their averaged Engagement score from census surveys conducted in the two most recent calendar years. If a client conducted more than one census survey annually, Engagement scores from the most recent survey in that year will be used.

The three facilities with the highest overall scores in each of the following market segments will be recognized:

- <100 returned employee surveys
- 100-499
- >500

PHYSICIAN ENGAGEMENT

This award recognizes top performers in the Nat'l Physician Avg benchmark based on their averaged Engagement score from census surveys conducted in the two most recent calendar years. If a client conducted more than one census survey annually, Engagement scores from the most recent survey in that year will be used.

The three facilities with the highest overall scores in each of the following market segments will be recognized:

- <25 returned physician surveys
- 26 to 75
- >75

Clinical quality

This award recognizes a consistent top performer from each organization size category using two years of data from 2020 to 2021.

There are 12 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 2021.

Overall performance is calculated using a methodology that incorporates both performance across all measures and consistency over time.

- Average facility-level performance score is determined for each measure and reporting period.
- These scores are adjusted by the variation across reporting periods by subtracting $0.2 \times [\text{Standard Error}]$.
- 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.

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

Measures for all clinical quality awards include:

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

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.

Measure ID	Measure name
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 outcomes measure