

Human Experience Awards Program Criteria

The Press Ganey Human Experience Awards Program recognizes healthcare organizations that consistently elevate human experience through proven performance in patient and consumer experience, employee and physician engagement, clinical quality, and safety.

These recognitions are grounded in the rigorous standards which leverage comprehensive, benchmarked data to honor top performers across the care continuum. This program celebrates organizations that translate compassion into measurable outcomes—demonstrating what's possible when insight drives action.

Each year, criteria are updated to reflect the latest performance standards and published in Q2 of that award year. This year, award winners will be notified in Q4, and the public announcement of winners will be in January 2026.

Questions? Email awards@pressganey.com

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Patient Experience

Award winners in the Patient Experience category have demonstrated high levels of performance on a designated set of measures. There are two awards in this category: Pinnacle of Excellence and Guardian of Excellence.

Pinnacle of Excellence

This award recognizes the 3 highest performing organizations within each peer group and service based on the average of the designated survey measures over a 3-year period.

| | |
|--------------------|--|
| Time frame | Jan. 2022 - Dec. 2024 |
| Achievement level | Based on scores, specifically the top 3 scoring facilities within the peer group for the 3-year period. |
| Mode adjustment | Adjusted data |
| Organization level | Facility |
| Minimum N | 50 for (small/all); 100 (large/MD) per year of the 3-year period |
| Inclusion | All facilities included in the peer group by the end of the award period |
| Number of winners | 3 within each peer group and service |
| Peer groups | Organizations will be compared to the database they are included in for benchmarks. |
| Eligibility | Must meet minimum N guidelines based upon the included peer group for all 3 years. Actively surveying for the entire award period. |
| Score/rank type | Mean score for Press Ganey surveys; Top box for CAHPS surveys |

Guardian of Excellence

This award recognizes an honor roll of organizations that have achieved the 95th percentile or higher for each service on at least one of the designated survey measures each quarter over a 1-year period.

| | |
|--------------------|--|
| Time frame | Quarterly data from Jan. 2024 - Dec. 2024 (Q1 '24, Q2 '24, Q3 '24 and Q4 '24) |
| Achievement level | Based on rank, i.e. at least one of the award measures must have a rank at or above the 95th percentile for each quarter during the 1-year period. |
| Mode adjustment | Adjusted data |
| Organization level | Facility |
| Minimum N | 50 for (small/all); 100 (large/MD) over the 1-year period |
| Inclusion | All facilities included in the peer group by the end of the award period |
| Number of winners | All that meet the criteria |
| Peer groups | Organizations will be compared to the database they are included in for benchmarks. |
| Eligibility | Must meet minimum n guidelines based upon the included peer group for 1 year. Actively surveying for the entire award period. |
| Score/rank type | Mean score for Press Ganey surveys; Top box for CAHPS surveys |

Pinnacle and Guardian of Excellence: Services, measures and peer groups

| Service | Measures* | Peer group(s) |
|---|---|--|
| Emergency Department (ER) | Likelihood of recommending Overall rating of care Staff worked together care for you | Large Press Ganey Database Small Press Ganey Database |
| HCAHPS | Rate hospital 0-10 Recommend the hospital Staff worked together care for you** | Large Press Ganey Database Small Press Ganey Database |
| Home Health CAHPS (HHCAHPS) | Rate agency 0-10 Recommend this agency | All Press Ganey Database |
| Medical Practice (MD) | Likelihood of recommending Staff worked together care for you | All Facilities Database |
| Neonatal Intensive Care Unit (NICU) | Likelihood of recommending Overall rating of care for baby Staff worked together care for you | All Press Ganey Database |
| OAS CAHPS | Facility rating 0-10 Recommend the facility | Large Press Ganey Database Small Press Ganey Database |
| Outpatient Oncology (ON) | Likelihood of recommending Overall rating of care Staff worked together care for you | All Press Ganey Database |
| Outpatient Rehabilitation (OR) | Likelihood of recommending Overall rating of care Staff worked together care for you | All Press Ganey Database |
| Outpatient Services (OU) | Likelihood of recommending Staff worked together care for you | All Press Ganey Database |
| Outpatient Behavioral Health (OY) | Likelihood of recommending Overall rating of care Staff worked together care for you | All Press Ganey Database |
| Inpatient Pediatric (PD) & Child HCAHPS (CHCAHPS) | Likelihood of recommending Overall rating of care Staff worked together care child ----- Rate hospital 0-10 Recommend the hospital | All Press Ganey Database |
| Pediatric Emergency Department (PE) | Likelihood of recommending Overall rating of care Staff worked together care child | All Press Ganey Database |
| Inpatient Behavioral Health (PY) | Likelihood of recommending Overall rating of care Staff worked together care for you | All Press Ganey Database |
| Inpatient Rehab (RH) | Likelihood of recommending Overall rating of care Staff worked together care for you | All Press Ganey Database |
| Urgent Care (UC) | Likelihood of recommending Staff worked together care for you | All Press Ganey Database |

*For services based on a CAHPS survey, CAHPS measures are used. For services based on a Press Ganey survey, Press Ganey

measures are used. **This question will be included in the 2026 HX Awards program, as it is a new question introduced in 2025.

Consumer Experience

Award winners in the Consumer Experience category are top performers in public reputation, based on key factors reflecting how healthcare consumers find and choose providers. There are two awards in this category:

- Pinnacle of Excellence
- Guardian of Excellence

Pinnacle of Excellence

This award recognizes the overall top performer for online Consumer Experience as measured by the CX Score as defined by the criteria for the Guardian of Excellence award.

Guardian of Excellence

Recognizes organizations that achieve performance in the 99th percentile or higher for online Consumer Experience. The 2025 awards are based on performance through May 31, 2025.

| | |
|--------------------|--|
| Time frame | Jan. 2025 – May 31, 2025 |
| Achievement level | 99th percentile or higher for the award time frame |
| Organization level | Facility |
| Inclusion | All clients actively using the products during the award time frame |
| Number of winners | All that meet the criteria |
| Eligibility | Must be an active Press Ganey client in good standing during the award time frame. |

| Performance measure | Description |
|----------------------------|---|
| Third-party ratings | Scores on platforms like Google, Healthgrades, WebMD, Sharecare, and Vitals, weighted by their web traffic share, with added emphasis on sites used as authoritative sources by generative AI search tools. |
| Review recency and volume: | The presence of sufficient, recent reviews within the past year to build consumer trust. |
| Sentiment analysis | Positive feedback trends in public comments over the past year, weighted by traffic. |
| Provider data accuracy | Up-to-date and accurate information on third-party review sites. |
| Review responsiveness: | Appropriate replies to consumer reviews addressing concerns. |
| Transparency | Sharing internal survey data with consumers, whether through Press Ganey, other vendors, or internal systems. |

Employee Experience and Physician Experience

Award winners in the Employee Experience and Physician Experience category have demonstrated outstanding performance in employee or physician engagement. There are two award categories:

- Pinnacle of Excellence
- Guardian of Excellence

Pinnacle of Excellence Award

This award recognizes the 3 highest performing facilities for each market segment based on their averaged Engagement scores 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.

| | Employee Experience | Physician Experience |
|-------------------|--|---|
| Timeframe | Jan. 2023-Dec. 2024 | Jan. 2023 – Dec. 2024 |
| Benchmark | National Healthcare Average | National Physician Average |
| Number of winners | 3 per market segment | 3 per market segment |
| Market segments | <ul style="list-style-type: none">• Fewer than 100 returned employee surveys• 100–499 returned surveys• 500 or more returned surveys | <ul style="list-style-type: none">• Fewer than 25 returned physician surveys• 26–75 returned physician surveys• More than 75 returned physician surveys |

Guardian of Excellence Award

This award recognizes an honor roll of facilities that achieved the 95th percentile or higher on engagement scores within specific peer groups. Peer groups are essentially benchmarks that are based on facility attribute information or work unit information. To be considered for inclusion, surveys need to be conducted during the award time frame. If a client conducts multiple census or standalone surveys within the given timeframe, the most recent survey will be used.

| Time frame | Jan. 2024 - Dec. 2024 (1 year) |
|--------------------|---|
| Achievement level | At or above the 95th percentile for Employee Experience or Physician Experience. Percentile thresholds are determined from relevant benchmarks, not the National Healthcare Average or National Physician Average. |
| Organization level | Awards are granted at the facility level, regardless of whether benchmarks are based on facility or work unit data. For instance, a Behavioral Health award reflects the performance of all behavioral health units within the facility, even though the award itself is facility-wide. |
| Inclusion | All facilities included in the benchmark for the 1-year period |
| Number of winners | All that meet the criteria |

| | |
|-------------|---|
| Peer groups | <p>Facility attributes: Defined by demographic profile, such as whether the facility is a hospital or a standalone emergency department.</p> <p>Work unit information: Derived from standardized work unit names assigned to report groups within the reporting hierarchy (e.g., behavioral health units or ICUs).</p> |
| Eligibility | Facilities must meet all benchmark inclusion criteria to qualify for awards and have surveyed during the award time frame. Facilities are automatically included in benchmarks if their data meet the inclusion criteria. They are not required to request inclusion or actively use the benchmark from which their award is derived. |

The following awards are based on facility attributes:

| Breakout group | Peer group | Benchmark |
|-----------------------|---|---|
| Hospital | General acute care hospitals | <p>National Acute Care Average</p> <p>National Physician Acute Care Average</p> |
| Academic | Medical school-affiliated facilities | <p>National Academic Healthcare Average</p> <p>National Physician Academic Healthcare Average</p> |
| Medical Practice | Medical practice facilities | <p>National Medical Group Average</p> <p>National Physician Medical Group Average</p> |
| Community Hospital | Community hospitals and critical access hospitals | <p>National Community Hospital Average</p> <p>National Physician Community Hospital Average</p> |
| Children's Healthcare | Organizations (or stand-alone hospitals) that only specialize in pediatric care | <p>National Children's Healthcare Average</p> <p>National Physician Children's Average</p> |

The following awards are based on the combined performance of specific work unit types:

| Breakout group | Peer group | Benchmark |
|-------------------|--|------------------------------------|
| Behavioral Health | Mental and emotional health work units housed in inpatient and outpatient facilities | National Behavioral Health Average |
| Ambulatory Care | Ambulatory work units housed within inpatient or outpatient facilities | National Ambulatory Care Average |
| Long Term Care | Work units (LTC, home health, hospice) that provide care over a long period of time | National Long Term Care Average |
| Cancer Center | Cancer/cancer treatment work units housed in inpatient or outpatient facilities | National Cancer Center Average |

Clinical Quality

Pinnacle of Excellence Award

Recognizes facilities achieving the 95th percentile for clinical quality performance for one calendar year, based on data from January to December 2024.

Eligibility and calculation:

- A composite Score is calculated for each eligible facility using data from the previous calendar year.
- The score includes the active clinical measures defined in this document for the applicable award categories.
- To qualify, organizations must have at least 10 cases for 5 or more measures during the prior year.
- Facilities in the 95th percentile for the overall composite score will be honored.
- There are three award categories:
 - Acute Care Inpatient Facilities
 - Inpatient Psychiatric Facilities
 - Electronic Clinical Quality Measures for Acute Care

Acute Care Inpatient Facilities

| Available Traditional Core Measures: Measure ID | Measure Name |
|---|--|
| SEP-1 | Severe Sepsis and Septic Shock: Management Bundle |
| PC-01 | *Elective Delivery *(Reverse Outcome Measure) |
| PC-02 | *Cesarean Birth *(Reverse Outcome Measure) |
| PC-05 | Exclusive Human Milk Feeding (Newborns) |
| PC-06 | *Unexpected Complications in Term Newborns – Overall Rate *(Reverse Outcome Measure) |
| IMM-2 | Influenza Immunization |
| VTE-6 | *Venous Thromboembolism *(Reverse Outcome Measure) |
| 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 |
| OP-29 | Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients |

Inpatient Psychiatric Facilities

| Available Measures: Measure ID | Measure Name |
|--------------------------------|--|
| IMM-2 | Influenza Immunization |
| SUB-2a | Alcohol Use Brief Intervention |
| SUB-3a | Alcohol and Other Drug Use Disorder Treatment at Discharge |
| TOB-3a | Tobacco Use Treatment at Discharge |
| TRAN | Transition Record with Specified Elements Received by |

| | |
|-----|-----------------------------------|
| | Discharge Patients |
| MET | Screening for Metabolic Disorders |

Electronic Clinical Quality Measures for Acute Care

| Available Measures: Measure ID | Measure Name |
|--------------------------------|---|
| eOPI-1 | *Safe Use of Opioids *(Reverse Outcome Measure) |
| ePC-02 | *Cesarean Birth *(Reverse Outcome Measure) |
| ePC-06 | *Unexpected Complications in Term Newborns *(Reverse Outcome Measure) |
| ePC-07 | *Severe Obstetric Complications *(Reverse Outcome Measure) |
| HH-Hypo | *Hospital Harm – Severe Hypoglycemia *(Reverse Outcome Measure) |
| HH-Hyper | *Hospital Harm – Severe Hyperglycemia *(Reverse Outcome Measure) |
| HH-ORAE | *Hospital Harm – Opioid Related Adverse Events *(Reverse Outcome Measure) |
| eVTE-1 | Venous Thromboembolism Prophylaxis |
| eVTE-2 | Intensive Care Unit Venous Thromboembolism Prophylaxis |
| eSTK-2 | Discharged on Antithrombotic Therapy |
| eSTK-3 | Anticoagulation Therapy for Atrial Fibrillation/Flutter |
| eSTK-5 | Antithrombotic Therapy by the End of Hospital Day 2 |
| eOP-40 | ST-Segment Elevation Myocardial Infarction |

***About Reverse Outcome Measures:** Reverse Outcome Measures are designed such that undesirable outcomes for patients are represented by the numerator of the measure. Therefore, improved performance on these types of measures is reflected by lower calculated performance scores.

NDNQI® Award for Outstanding Nursing Quality

This annual award recognizes the top performing facility in each of the eight categories:

- Ambulatory Surgery Centers and Outpatient Facilities
- Academic Medical Center
- Teaching Hospitals
- Community Hospital
- Pediatric Hospital
- Rehabilitation Hospital
- Psychiatric Hospital
- International

Eligibility Requirements

Organizations must submit data on specific measures, including patient outcome measures. Participation in the RN Survey is optional, but data from it can be included.

| Category | Requirement |
|--|---|
| Academic Medical Centers and Teaching Hospitals | Minimum of 10 measures, including 5 or more patient outcome measures. |
| Community, Pediatric and Rehabilitation Hospitals | Minimum of 8 measures, including 3 or more patient outcome measures. |
| Psychiatric Hospitals | Minimum of 6 measures, including injury assault rate. |
| Ambulatory Surgery Centers and Outpatient Facilities | Minimum of 8 measures, including 3 or more patient outcome measures. |

Scoring Process

1. Unit-level comparison: Nursing units are compared within their type (e.g., ICU vs. ICU) to account for differences in patient risk and acuity. Scores are standardized by unit type, expressed as the number of standard deviations above or below the mean.
2. Hospital-level scoring: Standardized unit scores are averaged to calculate a hospital score for each measure. These scores are then averaged across all measures to produce an overall hospital score.

Hospitals are ranked by overall score, with the highest-ranking hospital in each category receiving the award after a qualitative screening process.

Ambulatory surgery centers and outpatient facilities

| Measure ID | Measure name |
|--|---|
| 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 |
| Total fall rate* | Total Patient Falls Per 1,000 Patient Visits/Cases |
| Unassisted fall rate* | Unassisted Falls Per 1,000 Patient Visits/Cases |
| Patient Burns* | Patient Burns per 1,000 Patient Visits/Cases |
| Surgical Errors* | Surgical Errors per 1,000 Patient Visits/Cases |
| CDIF* | Total CDIFF per 1,000 Patient Visits/Cases |
| MRSA* | Total MRSA per 1,000 Patient Visits/Cases |
| Unplanned Postop Transfers/Admissions* | Unplanned Postoperative Transfers/Admissions per 1,000 Patient Visits/Cases |
| RN Injury Assault Rate* | Injury assaults on RNs |
| BMI | Percent of Screened Adult Patients with Abnormal BMI Who Received Follow-up Care Plan |
| Hypertension | Percent of Screened Adult Patients with Elevated Blood Pressure/Hypertension Who Received Follow-up Care Plan |

*Patient outcomes measure

All other categories

| 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 |
| 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

Safety and High Reliability

SSER® Reduction Recognition & Zero Harm Award

SSER® (Serious Safety Event Rate) Reduction Recognition honors clients who have achieved a 50% or greater reduction in system-level SSER (from SSER Baseline through June 2024); have corresponding strong scores in safety culture perception regarding comfort level of reporting; and demonstrate a healthy trend in event reporting.

Clients are recognized in two categories:

- 50%-74% reduction
- 75% or greater reduction

Organizations with member facilities who have gone for one year (from July 2024-June 2025) without a Serious Safety Event will receive the Zero Harm Award.

Time Frame for SSER Reduction Recognition: SSER Baseline through June 2025

Time Frame for Zero Harm Award: July 2024 through June 2025

Eligibility: PG Clients who use the Press Ganey (HPI) SEC® & SSER® Safety Measurement System

Format: Award application completed and submitted by Client

Application Review: Panel of Press Ganey Safety & Reliability solutions leaders

Sample application questions:

Organization Name & CEO Name

SSER Reduction Detail:

Month/Year of Baseline SSER – _____

July 2024 SSER – _____

Percent Reduction – _____

Do you have any facilities that have a zero SSER for the 12-month period of July 2024 through June 2025? If YES, indicate the Facility Name and CEO Name.

Has your trend in safety culture survey questions related to the comfort level in reporting remained strong or shown improvement? Please describe it in detail.

Has your total volume of voluntary event/incident reporting remained strong or shown improvement? Please describe it in detail.

What key drivers have contributed to your success in SSER reduction? Please describe it in detail.

If your system has increased or decreased in facility size over the time period, please describe how the measures above account for change in system size.

Member Experience

Pinnacle of Excellence Award

This award recognizes top performers in each category based on member experience ratings from the most recent CAHPS survey results, from January – June 2025 data collection.

Key details:

- Up to four winners are selected per category.
- Eligibility requires meeting minimum guidelines for each population.
- Performance is evaluated on global measures (e.g., Overall Ratings of Health Plan, Health Care, and Personal Doctor) and composite measures (e.g., Getting Care Quickly, Getting Needed Care).
- Scores are calculated using averages from two or more designated questions or composite measures from the CAHPS survey, reflecting performance over a one-year time frame.

| Population | Criteria | Categories | Award measures |
|---------------------------------|--|--|---|
| Medicare | <p>Average of relevant Star ratings from the CAHPS survey.</p> <p>The contract must receive a Star Rating on at least two-thirds of the relevant CAHPS survey measures to be included.</p> | <p>HMO / POS (Health Maintenance and Point of Service Organizations)</p> <p>Non-HMO (Preferred Provider and Exclusive Provider Organizations)</p> <p>PDP (Prescription Drug Plans)</p> | <p>Overall: All eight CAHPS rating measures (PDPs not eligible)</p> <p>Access to Care: Getting needed care, getting care quickly, & care coordination (PDPs not eligible)</p> <p>Prescription Drugs: Getting needed Rx & rating of drug plan</p> |
| Individual & Family Marketplace | <p>Average of relevant scaled means scores from the CAHPS survey.</p> <p>Minimum of 100 survey responses on at least two-thirds of the relevant CAHPS measures to be included.</p> | <p>HMO / POS</p> <p>Non-HMO</p> | <p>Overall: All ten CAHPS rating measures</p> <p>Access & Coordination: Access to care and care coordination</p> <p>Doctors & Care: Rating of personal doctor, rating of specialist and overall rating of health care</p> |

| | | | |
|------------|---|--|---|
| | | | Enrollee Experience: Access to information, plan administration and overall rating of health plan |
| Commercial | Average of relevant Summary Rate Scores from the CAHPS survey Minimum of 100 survey responses on at least two-thirds of the relevant CAHPS | Adult Commercial HMO / POS Adult Commercial Non-HMO | Overall: All seven CAHPS rating measures reported by NCQA for accreditation Plan services: Customer service, claims processing, and ease of filling out forms Access to Care: Getting needed care, getting care quickly and care coordination Doctors & Care: Rating of personal doctor, rating of specialist and overall rating of health care |
| Medicaid | Average of relevant Summary Rate Scores from the CAHPS survey Minimum of 100 survey responses on at least two-thirds of the relevant CAHPS measures to be included | Adult Medicaid Child Medicaid | Overall: All five CAHPS rating measures reported by NCQA for accreditation Access to Care: Getting needed care, getting care quickly and care coordination Doctors & Care: Rating of personal doctor, rating of specialist and overall rating of health care |