HX Awards Program Criteria

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The Qualtrics Press Ganey HX Awards Program recognizes healthcare organizations that consistently raise the bar in healthcare through exceptional year-over-year performance in patient, consumer, and member experience, employee and physician engagement, clinical quality, and safety.

These recognitions are grounded in 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 ahead of that award year. Award winners are typically notified in Q4, and the public announcement of 2026 winners is expected to be in January 2027.

Questions? Email awards@pressganey.com.

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 Award

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. 2023 - Dec. 2025
Achievement level	Based on scores, specifically the top 3 scoring facilities within the peer group for the 3-year period.
Mode adjustment	Adjusted data
Date Type	Survey Received Date
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. 2025 - Dec. 2025 (Q1 ’25, Q2 ’25, Q3 ’25 and Q4 ’25)
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
Date Type	Survey Received Date
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	All Press Ganey Database

	Staff worked together care for you	

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

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 2025.

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
IP-ExRad	*Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults *(Reverse Outcome Measure)
HH-AKI	*Hospital Harm – Acute Kidney Injury*(Reverse Outcome Measure)
HH-PI	*Hospital Harm – Pressure Injury*(Reverse Outcome Measure
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.

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 top performers 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, 2026.

Time frame	Jan. 2026 – May 31, 2026
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 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. 2024-Dec. 2025	Jan. 2024 – Dec. 2025
Benchmark	National Healthcare Average	National Physician Average
Number of winners	3 per market segment	3 per market segment
Market segments	– Fewer than 100 returned employee surveys – 100–499 returned surveys – 500 or more returned surveys	– 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. 2025 - Dec. 2025 (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	Facility attributes: Defined by demographic profile, such as whether the facility is a hospital or a standalone emergency department. Work unit information: Derived from standardized work unit names assigned to report groups within the reporting hierarchy (e.g., behavioral health units or ICUs).
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	National Acute Care Average National Physician Acute Care Average
Academic	Medical school-affiliated facilities	National Academic Healthcare Average National Physician Academic Healthcare Average
Medical Practice	Medical practice facilities	National Medical Group Average National Physician Medical Group Average
Community Hospital	Community hospitals and critical access hospitals	National Community Hospital Average National Physician Community Hospital Average
Children's Healthcare	Organizations (or stand-alone hospitals) that only specialize in pediatric care	National Children's Healthcare Average National Physician Children's Average

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

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 2026 data collection.

Key details:

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

	two-thirds of the relevant CAHPS		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

NDNQI® Award for Outstanding Nursing Quality®

This annual award recognizes hospitals that demonstrate the highest quality of nursing care across a full calendar year. Each year, eight awards are issued across the following hospital categories:

- General Acute Care – Top Three Hospitals
- International – Top Hospital
- Ambulatory and ASC – Top Hospital
- Pediatric Acute Care – Top Hospital
- Critical Access – Top Hospital
- Rehabilitation and Long-Term Care – Top Hospital

What each award recognizes

Each NDNQI® Award for Outstanding Nursing Quality® recognizes the hospital with the strongest overall Balanced Excellence performance within its category for the year. Balanced Excellence reflects the full Structure-Process-Outcome framework, earned through consistent reporting across all three domains, with strong nursing care processes and excellent patient outcomes. The award is designed to recognize hospitals whose investments across the full framework translate into outstanding care for patients, rather than strength in any one domain alone.

Scoring process

Eligibility: Hospitals must demonstrate meaningful participation in NDNQI to be eligible and two requirements apply.

1. All four quarters of the award year, the most recently completed calendar year, must be submitted for a given indicator for that indicator to count toward the hospital's score. An indicator with any quarter missing is excluded from that hospital's scoring, ensuring that recognition reflects a complete and consistent year of data rather than partial participation.
2. Each hospital must submit a minimum number of qualifying indicators in each domain (structure, process, and outcome) to be eligible. These minimums vary by award category. Refer to the measure table below for the specific requirements by category and domain.

Scoring: Each individual scored measure is standardized within unit type, accounting for differences in patient populations and acuity across nursing units. Standardized measures are then aggregated into two domain composites for each

hospital: Process and Outcomes. Structure measures are used to determine eligibility only and do not contribute to the composite score.

Weighting: The two domain composites are combined into a single Balanced Excellence composite score, weighted to keep patient outcomes as the primary driver: Balanced Excellence Composite = 10% Process + 90% Outcomes.

Hospital context adjustment: Each composite score is compared to the average score among hospitals with similar organizational characteristics: bed size, teaching status, and Magnet/ANCC designation. The result is an adjusted score showing how much better or worse a hospital performs relative to what is typical for similar organizations. This ensures fair comparison and rewards genuine outperformance rather than advantages conferred by hospital type alone.

A note on bed size for general acute care award: For General Acute Care only, hospitals are grouped by bed size (Small 26 to 199 beds, Medium 200 to 399 beds, Large > 400 beds) – and one award is given to the top hospital in each group.

Special considerations for ambulatory and ASC scoring: The Ambulatory and ASC awards are scored differently from the other award categories, reflecting how ambulatory centers report data. It differs from the hospital categories in three ways:

1. *Scored on patient outcomes only.* The award is based entirely on patient outcome measures. Process measures are not included.
2. *No weighting applied.* Because the award uses outcome indicators alone, there is nothing to weight, it reflects outcome performance directly
3. *No context adjustment for organizational characteristics.* Organizational characteristics such as bed size do not apply to ambulatory centers, so no adjustment was made.
4. *Compared to peer sites.* Sites are compared directly to their peer ambulatory sites on outcomes.

Eligible measures by award category across domains

Award category	Domain	Indicator	Calculated measures	Indicator minimum
General Acute	Structure	Staffing	Total Nursing Hours Per Patient Day	*2 out of 4*
		RN Education	Percent of Direct Care RNs with BSN, MSN, or PhD	

Care and Internati-onal		Nurse Turnover	Total nursing unit turnover rate as % of employed FTEs: RN and APRN staff	
		Patient Volume and Flow	Total Patient Days	
	Process	Patient Falls	Percent of All Falls with Risk Assessment Performed Within Last 24 Hours	*2 out of 6*
		Pressure Injuries	Percent of Surveyed Patients at Risk for Pressure Injury	
		Care Coordination	Percent of Patients who Received a Reconciled Medication List	
		Pain Impairing Function	Percent of Patients with Pain Assessment	
		Depression Screening	Percent of Patients Screened for Depression	
		Suicide Risk Screening	Percent of Patients Screened for Suicide Risk	
	Outcome	Patient Falls	Total Patient Falls Per 1,000 Patient Days	*4 out of 6*
		Pressure Injuries	Percent of Surveyed Patients with Hospital Acquired Pressure Injuries	
		CLABSI	Central Line Associated Blood Stream Infections per 1000 Central Line Days	
		VAP	Ventilator Associated Pneumonias per 1000 Ventilator Days	
		CAUTI	Catheter Associated Urinary Tract Infections per 1000 Catheter Days	
		Assaults	Assaults on Nursing Personnel per 100 Calculated FTEs	
Rehab and Long-Term Acute Care and Critical Access	Structure	Staffing	Total Nursing Hours Per Patient Day	*2 out of 4*
		RN Education	Percent of Direct Care RNs with BSN, MSN, or PhD	
		Nurse Turnover	Total nursing unit turnover rate as % of employed FTEs: RN and APRN staff	
		Patient Volume and Flow	Total Patient Days	
	Process	Patient Falls	Percent of All Falls with Risk Assessment Performed Within Last 24 Hours	*2 out of 6*
		Pressure Injuries	Percent of Surveyed Patients at Risk for Pressure Injury	
		Care Coordination	Percent of Patients who Received a Reconciled Medication List	

		Pain Impairing Function	Percent of Patients with Pain Assessment	
		Depression Screening	Percent of Patients Screened for Depression	
		Suicide Risk Screening	Percent of Patients Screened for Suicide Risk	
	Outcome	Patient Falls	Total Patient Falls Per 1,000 Patient Days	*2 out of 4*
		Pressure Injuries	Percent of Surveyed Patients with Hospital Acquired Pressure Injuries	
		CAUTI	Catheter Associated Urinary Tract Infections per 1000 Catheter Days	
		Assaults	Assaults on Nursing Personnel per 100 Calculated FTEs	
Pediatric Acute Care	Structure	Staffing	Total Nursing Hours Per Patient Day	*2 out of 4*
		RN Education	Percent of Direct Care RNs with BSN, MSN, or PhD	
		Nurse Turnover	Total nursing unit turnover rate as % of employed FTEs: RN and APRN staff	
		Patient Volume and Flow	Total Patient Days	
	Process	Patient Falls	Percent of All Falls with Risk Assessment Performed Within Last 24 Hours	*2 out of 6*
		Pressure Injuries	Percent of Surveyed Patients at Risk for Pressure Injury	
		Care Coordination	Percent of Patients who Received a Reconciled Medication List	
		Pain Impairing Function	Percent of Patients with Pain Assessment	
		Depression	Percent of Patients Screened for Depression	
		Suicide Risk Screening a	Percent of Patients Screened for Suicide Risk	
	Outcome	Patient Falls	Total Patient Falls Per 1,000 Patient Days	*4 out of 7*
		Pressure Injuries	Percent of Surveyed Patients with Hospital Acquired Pressure Injuries	
		CLABSI	Central Line Associated Blood Stream Infections per 1000 Central Line Days	
		VAP	Ventilator Associated Pneumonias per 1000 Ventilator Days	
		PIVs	Percent of Peripheral IV Sites with Infiltrations	

		CAUTI	Catheter Associated Urinary Tract Infections per 1000 Catheter Days	
		Assaults	Assaults on Nursing Personnel per 100 Calculated FTEs	
Ambulatory and ASC	Structure	Staffing	Total Nursing Hours per Patient Visit Total Nursing Care and Total RN Circulator Minutes per Surgical Minute/Surgical Case	*2 out of 4*
		RN Education	Percent of Direct Care RNs with BSN, MSN, or PhD	
		Nurse Turnover	Total nursing unit turnover rate as % of employed FTEs: RN and APRN staff	
		Patient Volume and Flow	Total Patient Visits in ED and Ambulatory Total Number of Surgical Cases	
	Outcome	Patient Falls	Total Patient Falls Per 1,000 Patient Visits/Cases	*3 out of 5*
		Patient Burns	Patient Burns per 1,000 Patient Visits/Cases	
		Surgical Errors	Surgical Errors per 1,000 Patient Visits/Cases	
		Diabetes Care	Percent of Adult and Pediatric Diabetic Patients with Poor HbA1C Control	
		Assaults	Assaults on Nursing Personnel per 100 Calculated FTEs	

Safety and high reliability

SSER® Reduction & Zero Harm Award

The SSER® (Serious Safety Event Rate) Reduction Award honors clients who have achieved a 50% or greater reduction in system-level SSER (from SSER Baseline through March 2026); 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 April 2025- March 2026) without a Serious Safety Event will receive the Zero Harm Award.

Time Frame for SSER Reduction Recognition: SSER Baseline through March 2026

Time Frame for Zero Harm Award: April 2025 through March 2026

Eligibility: PG Clients who use the Press Ganey (HPI) SEC® & SSER® Safety Measurement System via current or prior Press Ganey consulting engagement, HRP subscription, or PG PSO membership

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 – _____
- March 2026 SSER – _____
- Percent Reduction – _____
- Do you have any facilities that have a zero SSER for the 12-month period of April 2025 through March 2026? 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.

Important information about this criteria

To ensure our awards continue to reflect the most current and meaningful measures of excellence, Qualtrics Press Ganey may make updates to the criteria during the awards process. If adjustments are made, they will be communicated clearly in this document and posted to PressGaney.com.