Breakthrough Award Submission Form

Patient Satisfaction

* Please enter your Mean Scores and/or Percentile as outlined in the form below.
* Each score will need to be validated by your Survey Vendor Report.
* Vendor reports must have the scores either highlighted or circled when submitted.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Your Mean Score**  ***July 2020 – June 2021***  *(Rolling Year to Date/Average)* | **Your Mean Score**  ***July 2021 – June 2022***  *(Rolling Year to Date/Average)* | **Percentile**  ***July 2021 – June 2022***  *(Rolling Year to Date/Average)* |
| Inpatient |  |  |  |
| Outpatient |  |  |  |
| Emergency |  |  |  |
| Ambulatory |  |  |  |
| Physician Clinic |  |  |  |
| Home Care |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| Other |  |  |  |

**Submitted by:**

Organization:

Contact Person:  Title:

Phone:

Email:

**Validated by:** (Attach a copy of your survey vendor’s report for each submission)

Survey Vendor:

Contact Person:  Title:

Phone:

Email: