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# Breakthrough Awards 2022

**Greetings!**

This Breakthrough Awards Planning Guide will give you all the information you need to participate in the Breakthrough Awards process. Please to be sure to read through this document *in its entirety as new awards have been added and criteria has changed from previous years.*

Guidance, Rules & Regulations, and Form Completion

(Guidance is provided for anything of concern – not limited to just rules and regulations)

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Rules and Regulations

1. The HCSEC Breakthrough Awards are available only to organizations participating in the Service Excellence Initiative™.
2. Only surveys with at least 8 responses will be accepted to ensure a reasonable assessment.
3. Survey vendor reports must accompany each submission.   
   ***Vendor reports must have the scores either highlighted or circled when submitted.***
4. All comparative scores **must be from your survey vendor database**.
5. The individual nomination forms are available to download at [www.hcsecawards.com](http://www.hcsecawards.com).
6. Nomination forms must be completed electronically. All submissions and documentation are to be submitted online at [www.hcsecawards.com](http://www.hcsecawards.com). (Please no handwritten or PDF nomination forms.)
7. All eligible submissions will be acknowledged during the HealthCare Service Excellence Conference in Orlando, FL, November 14-16, 2022.
8. The deadline for nominations to be received by the judges is **Friday, October 7, 2022.**
9. You will receive a summary of the awards you have qualified for prior to the Conference. This will give you a chance to review and correct any discrepancies.

These awards are administered by the HealthCare Service Excellence Conference and all qualified submissions will be recognized and receive a certificate of achievement presented at the 22nd Annual HealthCare Service Excellence Conference at the Breakthrough Awards Luncheon, in Orlando, FL on Wednesday, November 16, 2022. Please join us there.

Your participation is invited. Your organization’s recognition awaits your submissions.

Breakthrough Award Summary

The Breakthrough Awards are open to all Service Excellence Initiative™ participants and alumni. The awards serve to draw attention to and reward excellence in Patient Satisfaction and Patient Experience. The deadline for submissions is **Friday, October 7, 2022.**

Here is a summary of all the awards available *(Forms on following pages)*:

1. **Patient Experience** [HCAHPS]*Form on Page 4*

*Improvement*

Bronze: At least 5 percentage points based on Top Box Score

Silver: At least 10 percentage points based on Top Box Score

Gold: At least 15 percentage points based on Top Box Score

*Achievement*

Emerald: Greater than the comparative database average

Ruby: At least 5 percentage points higher than the comparative Top Box Score

Diamond: At least 10 percentage points higher than the comparative Top Box Score

1. **Patient Experience** [ED CAHPS, CG-CAHPS, OAS CAHPS, HH CAHPS]*Form on Page 5*

*Improvement*

Bronze: At least 5 percentage points based on Top Box Score

Silver: At least 10 percentage points based on Top Box Score

Gold: At least 15 percentage points based on Top Box Score

*Achievement*

Emerald: Greater than the comparative database average

Ruby: At least 5 percentage points higher than the comparative Top Box Score

Diamond: At least 10 percentage points higher than the comparative Top Box Score

1. **Patient Satisfaction** *Form on Page 6*

*Improvement*

Bronze: At least 2 mean score improvement points

Silver: At least 3 mean score improvement points

Gold: At least 4 mean score improvement points

*Achievement*

Emerald: At least 75th Percentile (Based on Vendor Database)

Ruby: At least 90th Percentile (Based on Vendor Database)

Diamond: At least 95th Percentile (Based on Vendor Database)

Breakthrough Award Submission Form

Patient Experience [ HCAHPS ]

* Please enter your Top Box Percentages 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **HCAHPS  DOMAIN** | **Your Top Box Percentage**  ***July 2020 – June 2021***  *(Rolling Year to Date/Average)* | **Your Top Box Percentage**  ***July 2021 – June 2022***  *(Rolling Year to Date/Average)* | **Top Box Percentage**  **National Average**  ***July 2021 – June 2022*** |
| Communication with Nurses |  |  |  |
| Communication with Doctors |  |  |  |
| Response of Hospital Staff |  |  |  |
| Communication about Medicines |  |  |  |
| Hospital Environment - Clean |  |  |  |
| Hospital Environment - Quiet |  |  |  |
| Discharge Information |  |  |  |
| Transition of Care |  |  |  |
| Rate Hospital (9-10) |  |  |  |
| Recommend the Hospital |  |  |  |

**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:

Breakthrough Award Submission Form

Patient Experience [ ED CAHPS, CG-CAHPS, OAS, & HH CAHPS ]

* Please enter your Top Box Percentages 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **DOMAIN** | **Your Top Box Percentage**  ***July 2020 – June 2021***  *(Rolling Year to Date/Average)* | **Your Top Box Percentage**  ***July 2021 – June 2022***  *(Rolling Year to Date/Average)* | **Top Box Percentage**  **National Average**  ***July 2021 – June 2022*** |
| **ED CAHPS** | | | |
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| **CG-CAHPS** | | | |
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|  |  |  |  |
| **OAS CAHPS** | | | |
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|  |  |  |  |
|  |  |  |  |
| **HH CAHPS** | | | |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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:

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: