

# BREAKTHROUGH AWARDS 2024 Planning Guide

Recognizing & Celebrating Exceptional Contributions to World Class Healthcare Customer Satisfaction





1.800.667.7325 Chelan: ext. 2230 www.customlearning.com BREAKTHROUGH AWARDS PLANNING GUIDE

## **Table of Contents**

| Introduction                                | 2 |
|---|---|
| Rules and Regulations                       | 2 |
| Breakthrough Award Summary                  | 3 |
| Submission Form Patient Experience [HCAHPS] | 4 |
| Submission Form Patient Experience          | 5 |



BREAKTHROUGH

AWARDS



## Breakthrough Awards 2024

#### **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)

Chelan MacMillan HCSEC Awards Chair <u>info@hcsecawards.com</u> Phone: 1-800-667-7325 ext. 2230 Dorian Nottebrock HCSEC Awards Vice-Chair <u>info@hcsecawards.com</u> Phone: 1-800-667-7325 ext. 2206

## **Rules and Regulations**

- 1 The HCSEC Breakthrough Awards are available only to organizations participating in the Service Excellence Initiative<sup>™</sup>.
- 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.
- 6 Nomination forms must be completed electronically. All submissions and documentation are to be submitted online at 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 4-6, 2024.
- 8 The deadline for nominations to be received by the judges is Tuesday, October 1, 2024.
- 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 24<sup>th</sup> Annual HealthCare Service Excellence Conference at the Breakthrough Awards Luncheon, in Orlando, FL on Wednesday, November 5, 2024. 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<sup>™</sup> participants and alumni. The awards serve to draw attention to and reward excellence in Patient Experience. The deadline for submissions is **Tuesday**, **October 1**, **2024**.

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

1. Patient Experience [HCAHPS] Form on Page 4

1

| Improve  | ment     |   |
|----------|----------|---|
|          | 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                    |
| Achiever | ment     |   |
|          | Emerald: | At least 5 percentage points higher than the comparative Top Box Score  |
|          | Ruby:    | At least 10 percentage points higher than the comparative Top Box Score |
|          | Diamond: | At least 15 percentage points higher than the comparative Top Box Score |
|          |          |   |

2. 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                    |
| Achieven | nent     |   |
|          | Emerald: | At least 5 percentage points higher than the comparative Top Box Score  |
|          | Ruby:    | At least 10 percentage points higher than the comparative Top Box Score |
|          | Diamond: | At least 15 percentage points higher than the comparative Top Box Score |
|          |          |   |





## Breakthrough Award Submission Form **Patient Experience** [HCAHPS]

- Please enter your Top Box Percentages as outlined online at: <u>https://www.customlearning.com/breakthrough-awards-hcahps</u>
- Each score will need to be validated by your Survey Vendor Report, you can upload your report online.
- Instructions for pulling Press Ganey Reports or Instructions for pulling NRC Reports
- Vendor reports must have the scores either highlighted of circled when uploaded.

| HCAHPS<br>DOMAIN              | Your Top Box<br>Percentage<br>July 2022 – June 2023<br>(Rolling Year to Date/Average) | Your Top Box<br>Percentage<br>July 2023 – June 2024<br>(Rolling Year to Date/Average) | Top Box Percentage<br>National Average<br>July 2023 – June 2024 |
|-------------------------------|---|---|---|
| Communication with Nurses     |   |   |   |
| Communication with Doctors    |   |   |   |
| Response of Hospital Staff    |   |   |   |
| Communication about Medicines |   |   |   |
| Hospital Environment - Clean  |   |   |   |
| Hospital Environment - Quiet  | <b>N</b> V  |   |   |
| Discharge Information         | P   |   |   |
| Transition of Care            |   |   |   |
| Rate Hospital (9-10)          |   |   |   |
| Recommend the Hospital        |   |   |   |

| Submitted by:   |        | Validated by: (Attach a copy of your survey vendor's report<br>for each submission) |        |
|-----------------|--------|---|--------|
| Organization:   |        | Survey Vendor:  |        |
| Contact Person: | Title: | Contact Person:   | Title: |
| Phone:          |        | Phone:  |        |
| Email:          |        | Email:  |        |





Breakthrough Award Submission Form

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

- Please enter your Top Box Percentages as outlined online at: <u>https://www.customlearning.com/breakthrough-awards-patient-experience</u>
- Each score will need to be validated by your Survey Vendor Report, you can upload your report online.
- Vendor reports must have the scores either highlighted or circled when uploaded.

| DOMAIN    | Your Top Box<br>Percentage<br>July 2022 – June 2023<br>(Rolling Year to Date/Average) | Your Top Box<br>Percentage<br>July 2023 – June 2024<br>(Rolling Year to Date/Average) | Top Box Percentage<br>National Average<br>July 2023 – June 2024 |
|-----------|---|---|---|
| ED CAHPS  |   |   |   |
|           |   |   |   |
|           |   |   |   |
|           |   |   |   |
| CG-CAHPS  |   |   |   |
|           |   |   |   |
|           |   | DLY   |   |
|           |   |   |   |
| OAS CAHPS |   |   |   |
| C         |   |   |   |
|           |   |   |   |
|           |   |   |   |
| нн санру  |   |   |   |
|           |   |   |   |
|           |   |   |   |
|           |   |   |   |
|           |   |   |   |

| Submitted by:   |        | Validated by: (Attach a copy<br>for each submission) | of your survey vendor's report |
|-----------------|--------|--|--------------------------------|
| Organization:   |        | Survey Vendor:                                       |                                |
| Contact Person: | Title: | Contact Person:                                      | Title:                         |
| Phone:          |        | Phone:   |                                |
| Email:          |        | Email:   |                                |
|                 |        |  |                                |

