BREAKTHROUGH AWARDS

2025 Hospital Planning Guide

Recognizing & Celebrating Exceptional Contributions to World Class Healthcare Customer Satisfaction

Table of Contents

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Breakthrough Awards 2025

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.

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 Galveston, TX, November 10-12, 2025.

8　The deadline for nominations to be received by the judges is **Friday, October 3, 2025.**

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 25th Annual HealthCare Service Excellence Conference at the Breakthrough Awards Luncheon, in Galveston, TX on Wednesday, November 12, 2025. 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 Experience. The deadline for submissions is **Friday, October 3, 2025.**

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:	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*

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Breakthrough Award Submission Form
Patient Experience [HCAHPS]

- Please enter your Top Box Percentages as outlined online at: https://www.customlearning.com/breakthrough-awards-hcahps
- 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 or circled when uploaded.

HCAHPS DOMAIN	Your Top Box Percentage July 2023 – June 2024 (Rolling Year to Date/Average)	Your Top Box Percentage July 2024 – June 2025 (Rolling Year to Date/Average)	Top Box Percentage National Average July 2024 – June 2025
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 online at: https://www.customlearning.com/breakthrough-awards-patient-experience
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DOMAIN	Your Top Box Percentage July 2023 – June 2024 (Rolling Year to Date/Average)	Your Top Box Percentage July 2024 – June 2025 (Rolling Year to Date/Average)	Top Box Percentage National Average July 2024 – June 2025
ED CAHPS			
CG-CAHPS			
OAS CAHPS			
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:

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