US News’ Best Hospitals

US News releases its list of the best hospitals annually, usually in late July or early August.

Categories

The annual list ranks hospital performance in 16 specialties or specialty areas. In 12 of these specialties, rankings are determined by an analysis of data-focused measures and physician surveys. Rankings in the remaining four specialties are determined by surveys of physicians about the top institutions for care in their specialty.

1. The Honor Roll:
   For this list, U.S. News identifies 20 hospitals that deliver high-quality care in many specialties.

2. Specialty Rankings:
   U.S. News also ranks the top 50 hospitals with specialized programs in:

   Data-based rankings:
   - Oncology
   - Cardiology & heart surgery
   - Orthopedics
   - Diabetes and endocrinology
   - Gastroenterology & gastrointestinal surgery
   - Gynecology

   Survey-based rankings:
   - Ear, nose and throat
   - Geriatrics
   - Neurology & neurosurgery
   - Pulmonology
   - Urology
   - Nephrology
   - Ophthalmology
   - Rehabilitation
   - Rheumatology
   - Psychiatry

Eligibility

A hospital is eligible for consideration if it:
- Is a teaching hospital; or
- Is affiliated with a medical school; or
- Has at least 200 beds; or
- Has at least 100 beds and offers at least four medical technologies from a list of eight determined by U.S. News.

Raking in a particular specialty also requires meeting a volume or discharge threshold specific to that specialty. However, hospitals that do not meet these requirements are still eligible if they are nominated by at least 1% of those who responded to the most recent three years of national physician surveys.

Survey Process

U.S. News works with market research firm RTI to complete the rankings. For the 12 specialties with data-based rankings, the list’s order depends on four factors: hospital structure, process and outcomes.

The structural measures include hospital volumes, staffing and other measures of resources. The data source for most of these measures is the American Hospital Association (AHA) Annual Survey, although additional data comes from the American Nurses Credentialing Center’s roster of Nurse Magnet hospitals and the National Cancer Institute’s list of NIH-designated cancer centers. Process measures are based on the hospital’s reputation, as determined by surveys of board-certified physicians.

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Survey Process, cont.

The next category, outcomes measures, depends on the hospital’s risk-adjusted mortality measures, as determined by CMS’ Standard Analytical Files (SAF) which provide mortality data for fee-for-service Medicare beneficiaries, as well as the rate of patients sent home after an inpatient stay. Finally, the patient experience category is dependent on a hospital’s HCAHPS mean score.

Non-data-driven categories are only dependent on the reputational survey outlined in the process measure section.

The main survey components are weighted as follows:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Description</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure</td>
<td>Mostly determined by the AHA’s Annual Survey, including metrics measuring the hospital’s use of advanced technologies, number of patients, nurse staffing, patient services, presence of trauma centers and number of intensivists.</td>
<td>30.0%</td>
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<tr>
<td>Process</td>
<td>Based on a 2018 survey of practicing U.S. physicians using a database compiled by Doximity, the largest online professional network of U.S. physicians. A group of members and non-members were asked to name up to five hospitals in their specialty that provide the best care to patients. The results were then adjusted for the physicians’ affiliation, demographics and region.</td>
<td>27.5%*</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Measures patient outcomes based on 30-day patient survival rates from CMS’ SAF files (which only include Medicare fee-for-service patients). Beginning with the 2019-20 rankings, an adjusted mortality rate based on MS-DRGs was computed which replaced the previous method that had applied APR-DRGs to create a risk-adjusted survival outcome metric. This new method controls for case mix, patient age, gender, dual eligibility, and other factors, and was applied to data from FY2015- FY 2017.</td>
<td>30.0%</td>
</tr>
<tr>
<td></td>
<td>A new measure added for the 2019-20 rankings which tracks the risk-adjusted rate at which patients are discharged to home versus another care setting (such as a SNF, LTACH, or another hospital). This is meant to measure how effective the hospital is at delivering inpatient care that meets a patient’s full needs.</td>
<td>7.5%</td>
</tr>
<tr>
<td>Patient</td>
<td>A new measure added for the 2019-20 rankings based on each hospital’s HCAHPS patient experience linear mean score. The 2019-20 ranking is based on HCAHPS scores from 2017.</td>
<td>5.0%</td>
</tr>
<tr>
<td>Experience</td>
<td></td>
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* Process measures are weighted to only 24.5% for cardiology & heart surgery specialty scoring, with public transparency making up the remaining 3%. This public transparency category measures hospitals that participated in transparency initiatives by publically reporting quality metrics through websites maintained by the American College of Cardiology and the Society of Thoracic Surgeons.

Honor Roll Scoring

To determine the “Honor Roll” list, the top-ranked hospital in each data-driven specialty received 25 Honor Roll points, the number two-ranked hospital received 24 points, and so on; all hospitals ranked number 21-50 received 5 points. In each of the four reputation-only specialties, the top ranked hospital received 10 points, the second received 9 points, and so on. The 20 hospitals that earned the most points out the possible 448 among all specialties were then recognized as the “Honor Roll.”