

Hospital Rankings Cheat Sheet Series



Healthgrades Best Hospitals

Healthgrades publishes its list of the best 50, 100, and 250 hospitals annually

Best Hospitals Methodology

For the best 50 hospitals:

- To determine the top 50 hospitals, Healthgrades identifies hospitals that have been named one of their "250 Best Hospitals" (formerly known as the Distinguished Hospital Award for Clinical Excellence) for at least nine consecutive years.
- 2 Since more than 50 hospitals have been recognized as one of America's 250 Best Hospitals for at least eight consecutive years, Healthgrades sorts eligible hospitals by their volume-weighted average z-score from the Top 250 Hospital analysis (see more detail on this score below) to generate its top 50 list.

For the best 100 hospitals:

3 To identify the next top 50 hospitals, Healthgrades expands eligibility to hospitals that received the Top 250 Hospitals award for at least five consecutive years. It then ranks them based on consecutive years having achieved the award and by volumeweighted average z-score.

'Top 250 Best Hospitals' Methodology

Data Sources

Inpatient data for the years 2018-2020 from the Medicare Provider Analysis and Review (MedPAR), which is purchased from CMS

For the best 250 hospitals:

The full list of 250 hospitals includes all recipients of the 2021 Top 250 Hospital award. This accounts for the top 5% of performers on Healthgrades' clinical quality metrics.

To receive Healthgrades' America's 250 Best Hospitals Award, a hospital must be in the top 5% of all hospitals in the country for clinical excellence across 31 outcomes and conditions (see the following page for a list). To be eligible, a hospital must have data in the MedPAR files for at least 21 of the 31 conditions.

To evaluate hospital performance across these 31 outcomes and conditions, Healthgrades evaluates each hospital's actual performance on each measure compared to their predicted performance (based on a specific risk-adjustment model that accounts for each hospital's demographic and clinical risk factors; see <u>here</u> for the detailed methodology). The mortality-specific measures are adjusted to place a higher statistical influence on 30-day mortality (60% weight) over in-hospital mortality (40% weight). Each of the 31 calculations results in a z-score that is weighted by hospital volumes and averaged across all measures to determine an overall hospital performance score.

Hospitals are then listed in descending order based on their overall performance score, and the top 5% of facilities nationwide (250 total) receive the America's 250 Best Hospitals Award.



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Clinical Outcomes and Conditions Measures Evaluated

Mortality-Based Procedures & Conditions		
Bowel Obstruction	Esophageal/Stomach Surgeries	Pulmonary Embolism
COPD ¹	Gastrointestinal Bleed	Respiratory Failure
Colorectal Surgeries	Heart Attack	Upper Gastrointestinal Surgery
CABG ² Surgery	Heart Failure	Sepsis
Coronary Interventional Procedures	Pancreatitis	Stroke
Cranial Neurosurgery	Pneumonia	Valve Surgery

In-Hospital Complications-Based Procedures & Conditions		
Abdominal Aortic Aneurysm Repair	Hip Replacement	
Back and Neck Surgeries (Without Spinal Fusion)	Pacemaker Procedures	
Carotid Procedures	Peripheral Vascular Bypass	
Defibrillator Procedures	Prostate Removal Surgery	
Diabetic Emergencies	Spinal Fusion	
Gallbladder Surgery	Total Knee Replacement	
Hip Fracture Treatment	Transurethral Prostate Resection Surgery	