US News’ Best Hospitals

US News releases its list of the best hospitals annually, usually in 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
  - Ear, nose and throat
  - Geriatrics
  - Neurology & neurosurgery
  - Pulmonology
  - Urology
  - Nephrology

- **Survey-based rankings:**
  - 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 three 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, as well as patient safety measures.

The final 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.

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

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Survey Process, cont.
The main survey components are weighted as follows:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Description</th>
<th>Weight</th>
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<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>
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<tr>
<td></td>
<td>Patient safety as measured by patient safety indicator (PSI) calculations based on CMS’ SAF files. This included indicators such as the incidence of postoperative sepsis, accidental puncture or laceration, and pressure ulcers.</td>
<td>5.0%</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Measures patient outcomes based on mortality rates from IBM Watson Health using a SAF data set. U.S. News calculates risk-adjusted mortality using specialty-specific rates and taking into account the volume of cases and severity of illness.</td>
<td>37.5%</td>
</tr>
</tbody>
</table>

* 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.”