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*The 2000
Index of
Hospital
Quality*

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I.   *Introduction*

Health care providers and consumers today face a dynamic and often puzzling array of choices, with few tools to inform their critical decisions about quality of care. No single standard measure of quality of care is available for the 6,247 hospitals in the United States. In 1993, the National Opinion Research Center at the University of Chicago (NORC) developed a measure of the quality of care available in hospitals; this "report card" is supported and published annually by *U. S. News & World Report* in an issue entitled *"America's Best Hospitals. "* Through this annual report card, NORC and *U. S. News & World Report* aim to inform and guide patients and their doctors in making critical health care decisions.

The Index of Hospital Quality (IHQ) assesses hospital quality by analyzing the three fundamental dimensions of health care delivery: process, structure, and outcome. Neither structure, process, or outcome alone can accurately and completely represent the quality of care at a hospital. This sequence, as applied to hospitals, begins with the structural characteristics of an institution, carries through the process of care, and results in an outcome for the patient. To be most useful to the consumer and provider of care, the index — our application of the Donabedian paradigm[1,2] of structure, process and outcomes — combines robust and sensitive measures of each of these dimensions for the universe of tertiary-care hospitals across a wide range of medical and surgical practice specialities. The Index of Hospital Quality draws from secondary data sources, such as the American Hospital Association's Annual Survey of Hospitals, to provide measurements along these quality dimensions. We continually strive to identify improved data sources, the sensitivity of the measures derived from those data sources, and the specificity of the measures used.

In 2000, the following changes were implemented:

- Kidney disease was added as a 17th specialty.
- The randomly selected sample of physicians was given the option of responding to the reputational survey through the internet.

- Hospitals with a non-zero reputational score were defined as eligible for ranking even if they had insufficient volume (discharges) in a specialty.

- Calculation of the outcome measure was revised from inverse scored mortality to reverse scored mortality.

- All capped (trimmed) measures were restandardized after initial capping.

- Different mailing procedures were tested for their effect on the survey response rate.

- Mortality data was expanded to include the most recent three years of federal data (1996, 1997, and 1998) rather than two.

- "Mortality rate" in the published rankings was renamed "mortality ratio" to reflect the fact that the numbers listed are not absolute rates but are ratios of actual to expected deaths.

We regularly examine the impact of hospital mergers on our rankings. For this release, no mergers (among hospitals previously ranked as independent entities) will appear on the lists: No previously ranked hospitals responded as a new single corporate entity for the first time in the 1998 AHA database.

The following sections define the universe of tertiary care hospitals for the purpose of this project, describe and define the standardized mortality ratios and the structural components, and explain how process-related data is collected. As a guide, the materials on which each of the components of the index is based are outlined below.

I   Reputation

- The reputational score is based on cumulative information from three NORC surveys of physicians carried out in 1998, 1999, and 2000; the sample design is consistent across the three years .

- The sample for the 2000 survey consists of 2,550 board-certified physicians selected from the American Medical Association's (AMA) Physician Masterfile of 711,749 physicians.

- Stratifying by region and by specialty within region, we selected a sample of 150 physicians from each of the 17 specialty areas for a total of 2,550 physicians.

- The final sample includes both non-federal and federal medical and osteopathic physicians residing in the 50 states and the District of Columbia.

II   Structure

- The structural score is based on data related to the structural characteristics of the specialty within each hospital.

- These elements represent volume of work in the specialty, technology, and other elements of the hospital environment.

- Most of the data comes from the 1998 American Hospital Association Annual Survey.

- The data on volume comes from the Health Care Financing Administration (HCFA) MEDPARS database, which contains information on all Medicare (primarily aged over 65) discharges in each specialty.

III   Outcome

- The outcome measure is based on the HCFA MEDPARS database.
- An adjusted mortality rate is computed based on predicted mortality rates.
- The data and the model were provided by Sachs Group of Evanston, Ill., using the All Patient Refined Diagnosis Related Group (APR-DRG) method designed by 3M Health Information Systems.
- The APR-DRG adjusts expected deaths for severity of illness by means of principal diagnosis and categories of secondary diagnoses.

- This method is applied to the pooled 1996, 1997, and 1998 data set of Medicare reimbursement claims made to HCFA by hospitals.

In the final section, we outline new directions anticipated for the index. For a more exhaustive review of the foundation as well as the development and the development and use of the individual measures and the composite index, see "Best Hospitals: A Description of the Methodology for the Index of Hospital Quality."[3]

II.   *The Index of Hospital Quality*

A.   Universe Definition

We have implemented a two-stage approach to defining eligible hospitals for each of the IHQ specialty lists.   Eligible hospitals must be considered tertiary-care centers. To be identified as a tertiary care hospital, a hospital must meet at least one of the following criteria:

*   COTH membership *or*
*   medical school affiliation *or*
*   a score of 9 or higher on our hospital-wide high-technology index (see Appendix A).

Using these criteria, 1,701 hospitals were identified as tertiary care hospitals and eligible for inclusion in any of the thirteen IHQ rankings. However, data was unavailable for some of these hospitals because they did not respond to the 1998 American Hospital Association Annual Survey. To allow hospitals to be included if this data was unavailable, we averaged the two prior years of data and substituted the result for the missing data. This year, hospitals affected were: (1) Green Hospital & Scripps Clinic, La Jolla; (2) Hennepin County Medical Center, Minneapolis; (3) Long Beach Memorial Medical Center; (4) National Jewish Center, Denver; (5) St. Joseph's Hospital and Medical Center, Phoenix; (6) Sinai Hospital, Detroit and (7) Mt. Sinai Hospital, New York. Thus, for these seven hospitals, previously-reported structure scores (from the 1997 and 1996 releases of the AHA's annual survey) were averaged for the IHQ analysis in 2000. Although these hospitals were treated separately for the IHQ analysis, it was unnecessary to do so for the four reputation-only lists.

Next, we created separate analytic universes for each of the 13 practice specialties using criteria such as specialty-specific technology or facilities and a minimum number of discharges across appropriate related groups (see Figure 1).

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Figure 1: 1999 Universe Definition by Specialty

Specialty	Eligibility Criteria	Number of Hospitals
Cancer	minimum of 431 discharges for relevant DRGs	803
Digestive disorders	minimum of 837 discharges for relevant DRGs	1,196
Ear, nose, and throat	minimum of 38 discharges for relevant DRGs	1,202
Geriatrics	score of 1 or more on the geriatrics service index, and minimum of 7,050 discharges for all DRGs	1,133
Gynecology	minimum of 60 discharges for relevant DRGs	1,183
Heart	have a cardiac catheterization lab, or offer open heart surgery, or offer angioplasty, and minimum of 260 surgical discharges for relevant DRGs	776
Hormonal disorders	minimum of 371 discharges for relevant DRGs	802
Kidney disease	minimum of 199 discharges for relevant DRGs	1,197
Neurology and Neurosurgery	minimum of 545 discharges for relevant DRGs	1,203
Orthopedics	minimum of 482 discharges for relevant DRGs	1,197
Respiratory disorders	minimum of 937 discharges for relevant DRGs	1,200
Rheumatology	minimum of 22 discharges for relevant DRGs	1,200
Urology	minimum of 159.5 discharges for relevant DRGs	1,185

We did not calculate scores for hospitals that provide care in eyes, pediatrics, psychiatry, or rehabilitation, because data for robust and meaningful structural and outcomes measures are not available for these specialties. Thus, as shown in Appendix G, we rank hospitals in these specialties

solely by reputation.

B. Composite Measure of Structure

The structural dimension defines the tools and environment available to individual care providers in treating a patient; it represents the possibilities of care for a patient and physician. Health services research provides overwhelming evidence supporting the use of a measure of structure in assessing quality of care. However, no prior research has revealed a single indicator of quality that summarizes all others or represents the structure construct alone. Thus, the structural component of the index must be represented by a composite variable comprising a set of structural indicators that are specialty-specific and weighted relative to each other.

For the 2000 index, all structural elements, with the exception of volume are derived from the 1998 American Hospital Association Annual Survey of Hospitals database and are described below. For specific mapping of variables to the AHA data elements, see Appendix B.

COTH membership This dichotomous variable indicates membership in the Council of Teaching Hospitals.

Technology indices Except for the addition of nephrology indices, we did not change the elements of the technology indices for any of the specialties from 1999. A complete list of the technologies considered for each specialty can be found in Appendix A.

Since the 1996 version of the index, we have allowed our technology indices to reflect the real cost of high-technology services. While providing a service within the hospital is convenient for patients, the cost may be unacceptable to some hospitals. Many hospitals do provide access to technology services through the hospital's health system, a local community network, or a formal contractual arrangement or joint venture with another provider in the community. We have operationally defined this reality by giving hospitals that provide *on-site* technology services (such as ultrasound) one full point for that element; hospitals that provide the technology locally through some formal arrangement receive a half-point for each element. A hospital receives no more than one point for each element of the index.

Volume The volume measure reflects the number of total medical, surgical, or, if appropriate, medical plus surgical discharges in the appropriate specialty-specific DRG groupings

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submitted for HCFA reimbursement. In the heart specialty surgical discharges indicates volume. Data from the three most recent years available is pooled. The DRG groupings are shown in Appendix C.

R.N.s to beds The number of beds is defined by the AHA as beds set up and staffed at the end of the reporting period. Only nurses who have graduated with R.N. degrees from approved schools of nursing, and who are currently registered by their state, are considered. Nurses must be full-time (35 hours/week or more), and on staff. Private-duty nurses, nursing staff whose salary is financed entirely by outside sources (e.g., an agency or a research grant, etc.), and L.P.N.s are not counted. Moreover, registered nurses more appropriately classified in other occupational categories (e.g., supervisory nurses, facility administrators, etc.) are not counted.

Trauma In 1992, the survey of board-certified physicians ranked the presence of an emergency room and a hospital's trauma provider level high on a list of hospital quality indicators (4th- and 9th-highest ranked indicators). Physicians in nine of the specialties ranked trauma as one of the top five indicators of quality. The indications of these specialists and resultant high factor loadings supported the inclusion of this data for heart, hormonal disorders, digestive disorders, gynecology, kidney disease, neurology and neurosurgery, orthopedics, ear, nose and throat, respiratory disorders, and urology.

The trauma indicator is dichotomous and reflects two variables from the AHA database: whether the hospital has a certified trauma center in the hospital and the level of the trauma center. To receive credit for trauma services, hospitals must provide either Level 1 or Level 2 trauma services in-hospital (as opposed to providing trauma services only as part of a health system, network, or joint venture). Level 1 trauma service is defined as "a regional resource trauma center, which is capable of providing total care for every aspect of injury and plays a leadership role in trauma research and education."[4] Level 2 is defined by the AHA as "a community trauma center, which is capable of providing trauma care to all but the most severely injured patients who require highly specialized care."[4]

Discharge planning The three elements of discharge planning are patient education services, case management services, and patient representative services. To receive credit for a service, it must be provided in-hospital.

Service mix   This indicator ranges from 0 to 10 points and comprises alcohol/drug abuse or dependency inpatient care, hospice, home health services, social work services, reproductive health services, psychiatric education services, women's health center/services, and psychiatric consultation/liaison services. Services must be provided within the hospital. We do not award a half-point for items in this measure.

Geriatric services   This indicator ranges from 0 to 7 points and comprises arthritis treatment centers, adult day care programs, patient representative services, geriatric services, meals on wheels, assisted living, and transportation to health facilities. Again, to receive credit for a service, it must be provided in-hospital.

Gynecology services   This indicator was introduced in 1997.[5] It provides a means to better rate the quality of services a hospital provides for its gynecological and obstetric patients. High factor loadings provide support to this variable's inclusion. With a range of 0 to 4, the services included are obstetric care, reproductive health care, birthing rooms, and women's health center. The half-point scheme used for the technology indices was not employed for this indicator.

To combine these structural variables, we weight the elements to create a final composite measure of structure. Using factor analysis, we force a one-factor solution and use the resultant loadings as "weight" values for each variable in the composite structural measure. The relative weight assigned to each element varies from specialty to specialty and from one release to the next within specialty. Figure 2 provides the factor weights assigned to each element for the 2000 release.

Figure 2: Factor Loading by Specialty

Specialty	COTH	Technical Indexes	Volume	R.N.s/ Beds	Trauma	Discharge Planning	Service Mix	Geriatric Services	Gynecology Services
Cancer	73	64	70	67					
Digestive disorders	72	53	60	58	58				
Ear, nose, and throat	75	53	66	57	57				
Geriatrics	68	58		42		48	65	63	
Gynecology	69	66	58	54	56				62
Heart	71	62	66	60	55				
Hormonal disorders	73	55	59	60	62				
Kidney disease	73	23	74	54	52	34			
Neurology and neurosurgery	72	52	64	61	60				
Orthopedics	72	34	63	60	62				
Respiratory disorders	66	47	46	57	61	46			
Rheumatology	70	60		66		49			
Urology	74	50	72	59	56				

C.   Process

The process dimension of the quality equation is the sum or net effect of physicians' clinical decision-making. Physicians' clinical choices about the use of medication or diagnostic tests, admission to the hospital or one of its units, and length of stay account for a large fraction of the outcomes experienced by patients. However, measurements of process on a national scale are extremely difficult to obtain. In order to measure process, we rely on an alternative measure to act as a proxy for "process." We contend that when a qualified expert identifies a hospital as one of the "best," he or she is, in essence, endorsing the process choices made at that hospital. Thus, we use the "nomination" of a hospital by a board-certified specialist as a measure of process. In order to collect these nominations, we conduct an annual survey of board-certified physicians. As in past releases, we have pooled nominations for the past three years [1998-2000] to arrive at the process measure.

Survey sample   The sample for the 2000 survey consists of 2,550 board-certified physicians selected from the American Medical Association's (AMA) Physician Masterfile of 711,749 physicians. From within the Masterfile, we selected a target population of 191,993 board-certified physicians who met the eligibility requirements listed in Figure 3. Stratifying by region and by specialty within region, we selected a probability (random) sample of 150 physicians from each of 17 specialty areas for a total of 2,550 physicians. The final sample includes both non-federal and federal medical and osteopathic physicians residing in the 50 states and the District of Columbia. As shown in Figure 3, the list of specialties surveyed in 2000 includes, for the third time, nephrology. The decision to include nephrology reflects our efforts to continually increase the breadth of specialties assessed.

Eligibility requirements   We defined a probability sample of physicians who could properly represent the 17 specialty groupings delineated by *U.S. News*. We used two rules of eligibility: one related to a mapping between the 17 specialties and the AMA's list of 85 self-designated specialties and the second related to a mapping between these 85 specialties and the 23 member boards of the American Boards of Medical Specialties (ABMS).

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Under the first rule, we linked each of the 17 specialties to one or more relevant AMA specialties from the list of AMA self-designated practice specialty codes. Physicians who designated a primary specialty in one of the 17 specialties were preliminarily eligible for the survey. Under the second rule, the physicians must also be certified by the corresponding member board of the ABMS. Figure 3 displays the correspondence between the specialty specified for *U. S. News & World Report*, AMA self-designated specialty, and the corresponding member board.

Figure 3: Physician Sample Mapping

U.S. NEWS SPECIALTY	AMA KEY CODE	AMA SELF-DESIGNATED	AMERICAN BOARD OF:
Cancer	HEM/22 ON/24	Hematology Oncology	Internal medicine Internal medicine
Digestive disorders	GE/17	Gastroenterology	Internal medicine
Ear, nose, and throat	OTO/48	Otolaryngology	Otolaryngology
Eyes	OPH/46	Ophthalmology	Ophthalmology
Geriatrics	FPG/38 IMG/38	Geriatrics	Internal medicine
Gynecology	GYN/21 OBG/42	Gynecology Obstetrics & gynecology	Obstetrics & gynecology Obstetrics & gynecology
Heart	CD/08 CDS/08	Cardiovascular diseases Cardiovascular surgery	Internal medicine Surgery
Hormonal disorders	END/14 DIA/12	Endocrinology Diabetes	Internal medicine Internal medicine
Kidney disease	NEP	Nephrology	Internal Medicine
Neurology and neurosurgery	N/36 NS	Neurology Neurological surgery	Psychiatry & neurology
Orthopedics	ORS/85	Orthopedic surgery	Orthopedic surgery
Pediatrics	PD/55 ADL/01	Pediatrics Adolescent medicine	Pediatrics Pediatrics
Psychiatry	P/63	Psychiatry	Psychiatry & neurology
Rehabilitation	PM/62	Physical medicine & rehabilitation	Physical medicine & rehabilitation
Respiratory disorders	PUD	Pulmonary diseases	Internal medicine
Rheumatology	RHU/74	Rheumatology	Internal medicine
Urology	U/91	Urological surgery	Urology

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Stratification   To compensate for the widely varying number of eligible physicians across the targeted specialties, we used different probabilities of selection for each grouping and used proportionate stratification across the four United States Census regions (West, Northeast, South, and North Central). Within each of the 17 strata, we achieved a sample that was also geographically representative of the spread of physicians across the country.

2000 Physician Survey   Sampled physicians were mailed a three-page questionnaire (see Appendix D), a cover letter, and a prepaid return envelope. We also included a token incentive in the form of a two-dollar bill. One week after the initial survey mailing, a reminder postcard was sent to the sampled physicians. Four weeks following the reminder mailing, we sent a second mailing to nonrespondents including the questionnaire, a cover letter and a business reply envelope. Five weeks after the second mailing, we re-sent the questionnaire to nonrespondents. This third mailing was sent by Federal Express and included the questionnaire, a cover letter, and a business reply envelope. A final mailing (by priority mail) was sent to all nonrespondents in March 2000.

Response rate   Of the 2,550 physicians surveyed for this year's report 1,123 physicians returned a useable questionnaire, yielding a response rate of 46.3 percent. (Response rate is calculated as the ratio of completed questionnaires to the total eligible; in accordance with standard practice, any member of the sample found to be ineligible was removed from the denominator of the equation for calculation purposes. Figure 4 shows response rates by specialty for the three years used for the 2000 index.

2000 Experiments   NORC conducted two experiments during the physician survey for the 2000 Best Hospitals project. Briefly, the experiments were: 1) a Web version of the survey instrument that permitted direct on-line response for physicians, and 2) a comparison of U.S. Priority Mail with First Class Mail as the mailing method. The Web version was used successfully by a small number of respondents and we plan to extend its use next year. The use of priority mail increased the response rate among those who received it, but at increased cost, and we will be evaluating the cost-effectiveness of the strategy before using it again next year.

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Figure 4: Response Rate by Year (150 sampled physicians per specialty per year)

SPECIALTY	1998		1999		2000		3-year total	
	n	%	n	%	n	%	n	%
Cancer	77	51.3	70	47.0	59	41.8	206	46.7
Cardiology and Cardiac Surgery	62	41.3	62	42.2	55	37.7	179	40.4
Endocrinology	85	56.7	68	46.3	55	42.3	208	48.4
Gastroenterology	74	49.3	71	47.3	60	40.8	205	45.8
Geriatrics	92	61.3	84	57.5	82	60.3	258	59.7
Gynecology	89	59.3	70	47.6	58	36.2	217	47.7
Nephrology	67	44.7	62	42.5	53	37.5	182	41.6
Neurology and Neurosurgery	85	56.7	78	52.4	71	49.3	234	52.8
Ophthalmology	85	56.7	75	50.3	73	50.0	233	52.3
Orthopedics	86	57.3	67	46.2	60	42.6	213	48.7
Otolaryngology	82	54.7	82	55.0	84	56.8	248	55.5
Pediatrics	83	55.3	82	55.8	72	52.6	237	54.5
Psychiatry	82	54.7	78	52.7	61	43.0	221	50.1
Pulmonary Disease	76	50.7	79	53.4	59	41.5	214	48.5
Rehabilitation	81	54.0	95	63.8	76	53.9	252	57.2
Rheumatology	79	52.7	85	56.7	78	53.4	242	54.2
Urology	82	54.7	72	48.6	67	47.2	221	50.1
TOTAL	*1,367*	*53.6*	*1,280*	*50.9*	*1,123*	*46.3*	*3,770*	*50.2*

Weighting   Weighting was carried out in two steps. First, weights were assigned to physicians that reflected the probabilities of selection within specialty groups and the overall rates of response within these groups. Second, the weights from the first step were poststratified using the two-dimensional contingency table of specialty (16 categories) by census region (Northeast, Midwest, South, and West). To check the weights, we confirmed that the sum across the sample of the weights in each cell of the classifications (specialty x region) equaled the population size.

D.   Outcome

Many health care professionals have decried the use of mortality rates due to limitations in the methods for risk adjustment. Nonetheless, health services research strongly suggests a positive correlation between a better-than-average risk adjusted mortality rate and overall quality.[8-17] Based on these findings, we used adjusted mortality rate as the outcome measure for our quality of care model. All predicted mortality rates were provided by Sachs Group of Evanston, Ill. using the All Patient Refined Diagnosis Related Group (APR-DRG) method designed by 3M Health Information Systems. The APR-DRG adjusts expected deaths for severity of illness by means of principle diagnosis and categories of secondary diagnoses. A detailed description of the full APR-DRG methodology is provided in Appendix E. The Sachs Group applied this method to the pooled 1996, 1997 and 1998 data set of reimbursement claims made to HCFA by hospitals. These complete data sets were the most current available.

In 2000 we have modified the construction of the outcome measure. The Index of Health Quality (IHQ) is the final score for each hospital in the specialty rankings. It gives equal weight to process (represented by reputation), outcome (mortality), and structure (volume, technology, and other elements of the hospital environment). The numbers produced for each of these three measures, however, differ greatly in magnitude and in range, or variability. Without correcting for that, the final score, even when the three measures are weighted equally, would be distorted.

Pre-2000 solution

For each specialty prior to 2000, the calculated mortality ratio for each hospital was inverted--the ratio of actual to expected deaths was divided into 1- so that, as with other

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measures, higher meant better. For example, a better-than-expected mortality ratio of 0.8 would produce an inverted result of 1.25; a worse-than-expected ratio of 1.2 would produce an inverted result of 0.83. (The published rankings continued to display the ratio of actual to expected deaths.) Next, the scores for reputation, mortality, and structure were standardized, or adjusted so that the degree of variability in each measure was the same.

A difficulty with this approach is that inverting causes very low mortality ratios to distort the outcome. (Inverted, a mortality ratio of 0.25 produces a score of 4, a ratio of 0.05 produces a score of 20, and a ratio of 0.01 produces a score of 100.) If instead of being divided into 1 the mortality ratio is subtracted from 1– this could be called reverse scoring – such extremes are eliminated. Using reverse scoring, a mortality ratio of 0.25 produces a score of 0.75, a ratio of 0.05 produces a score of 0.95, and a ratio of 0.01 produces a mortality score of .99. This maintains the magnitudes of the differences and avoids extreme values. Accordingly, the new rankings reflect reverse scoring in mortality. To dampen the effect of year-to-year fluctuations, mortality scores will be averaged over three years.

Finally, scores at the extremes in mortality and in certain structural measures were trimmed to eliminate the influence of very wide variation. Figure 5 gives the percentile at which each of the mortality distributions was trimmed.

Figure 5: Percentile at Which Each Mortality Distribution Was Trimmed

Specialty	Percentile	Specialty	Percentile
Cancer	95%	Kidney disease	99%
Digestive disorders	99%	Neurology and neurosurgery	99%
Ear, nose, and throat	95%	Orthopedics	95%
Geriatrics	99%	Respiratory disorders	99%
Gynecology	99%	Rheumatology	99%
Heart	95%	Urology	90%
Hormonal disorders	95%		

A second round of standardizing also has been added after trimming extremes. Previously this second standardization was not performed, resulting in trimmed measures having less influence on the final score than other measures did. Restandardizing restores the balance so that trimmed and untrimmed measures have the same influence.

Phase-in: The changes described affect the final scores, so they will be phased in over two years. For this year, each hospital's final score averages pre-2000 and current methodologies. As before, the top hospital in each specialty receives a score of 100, with other hospitals scaled down from that figure.

In 2000, we again considered the continuing appropriateness of the specialty-specific DRG but made no revisions this year. Refinements made in 1997, which focused on fine-tuning the ratio of medical and surgical procedures, removing procedures that have become commonplace since the initial definition of the ranges, and adding procedures that are now available for HCFA reimbursement, were sufficient.

As in previous years, we have used an "all-cases" mortality rate for four specialties (geriatrics, gynecology, ear, nose, and throat, and rheumatology) rather than a specialty-specific rate, either because the number of hospitals with a sufficient discharges in the particular DRG-grouping was too low, or because the DRG groupings proved to be less robust than was necessary. Appendix C lists the procedures used for each specialty-specific rate.

E.   The Calculation of the Index

The calculation of the Index of Hospital Quality for each hospital (other than in specialties ranked solely on reputation) considers equally the three dimensions of quality of care: structure, process, and outcome. Although all three measures represent a specific aspect of quality, a single score not only provides an easier-to-use result, but yields a more accurate portrayal of overall quality than would the three aspects individually.

Therefore, in computing the final scores for a particular specialty, the reputaional score, mortality scores, and the collective set of structural indicators receive arithmetically-equivalent importance.

The total formula for calculation of the specialty-specific IHQs is:

$$IHQ_i = \{[(S_1 * F_1) + (S_2 * F_2) + (...S_n * F_n)] + [P_i * \sum F_{1-n}] + [M * \sum F_{1-n}]\}$$

where:

IHQ$_i$ = Index for Hospital Quality for specialty i

S$_{1-n}$ = Structural indicators (STRUCTURE)

F   = Factor loading

P   = Nomination score (PROCESS)

M   = Standardized mortality ratio (OUTCOME)

The general formula for deriving the index scores for tertiary-level hospitals is the same as it began in 1993. Each of the three components--structure, process, and outcomes--is considered equally in determining the final, overall score. For presentation purposes, we standardized raw scores, then equated the raw IHQ scores as computed above to a 100-point scale, where the top hospital in each specialty received a score of 100.

The mean and standard deviation of each of the 17 specialties are listed in Figure 6. Note that for the four reputation-only rankings, mean and standard deviation of the reputational score are presented. This data further illustrates that the spread of IHQ scores produces a very small number of hospitals two and three standard deviations above the mean. Horizontal lines in each of the 17

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specialty lists in Appendices F and G indicate the cutoff points of two and three standard deviations above the mean.

Although the four reputation-only specialties are ranked without the Index of Hospital Quality, standard deviations of the reputational scores are still useful in identifying truly superior hospitals (in terms of statistically relevant nomination scores).

Figure 6: Mean and Standard Deviations of IHQ and Reputational Scores

	Mean	Standard deviation	1 SD above the mean	2 SDs above the mean	3 SDs above the mean
IHQ Score					
Cancer	19.28	7.01	26.29	33.30	40.31
Digestive disorders	15.57	5.74	21.31	27.06	32.81
Ear, nose and throat	18.99	6.74	25.73	32.49	39.23
Geriatrics	18.07	5.06	23.13	28.19	33.25
Gynecology	19.31	6.46	25.77	32.23	38.69
Heart	20.21	6.76	26.97	33.73	40.49
Hormonal disorders	22.19	6.36	28.55	34.91	41.27
Kidney disease	30.45	5.83	36.28	42.11	47.94
Neurology and neurosurgery	17.91	6.07	23.98	30.07	36.14
Orthopedics	19.67	5.52	25.19	30.71	36.23
Respiratory disorders	17.00	5.97	22.97	28.94	34.91
Rheumatology	17.44	6.52	23.96	30.48	37.00
Urology	19.34	5.21	24.55	29.76	34.97
Reputational Score					
Eyes	5.49	14.20	19.69	33.89	48.09
Pediatrics	2.93	6.66	9.59	16.25	22.91
Psychiatry	2.16	4.60	6.76	11.36	15.96
Rehabilitation	2.73	7.49	10.22	17.71	25.20

III. Directions for Future Releases

The U.S. News Index has since its inception used the most rigorous methodology available to define, measure, and combine the components of quality incorporated in its construction. Over the next few years we plan to subject each of the components (process, outcome, and structure) to a searching re-examination. We are aware that the skewed distribution of the reputation scores can appear to give an inappropriate advantage to hospitals that obtain a high percentage of nominations, and we will continue to examine the way in which the reputation scores are used to define the process score. We intend to test and evaluate different transformations of the raw scores to see whether a transformation would produce a superior measure. With regard to outcome, the refinement of definitions of non-fatal outcomes – particularly in some specialties – suggests incorporation some of these measures in our construction of hospital outcome scores. We will continue to refine and develop our measures of technology for the structural component. Finally we will re-examine the way in which the three components are combined for the final index. There may be scope for improving the method of combining the components while maintaining the principle of equal weighting.

We will also examine the possibility of extending the evaluation of the four specialties that are currently ranked only on reputation to incorporate appropriate structure and outcome measures.

As in years past, we welcome input of and guidance from users of the index in charting new directions. Readers and users are encouraged to contact the authors with suggestions and questions.

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Appendix A

Technology Indices by Specialty

All Hospital Index *17 Elements (used to define eligible hospitals)*	*Angioplasty*
	Cardiac Catheterization Lab
	Cardiac Intensive Care Beds
	Computed Tomography Scanner
	Diagnostic Radioisotope Facility
	Diagnostic Mammography Services
	Extracorporeal Shock Wave Lithiotripter
	Magnetic Resonance Imaging
	Medical/Surgical Intensive Care
	Neonatal Intensive Care Beds
	Open Heart Surgery
	Pediatric Intensive Care Beds
	Positron Emissions Tomography Scanner
	Reproductive Health
	Single Photon Emissions Computed Tomography
	Ultrasound
	X-ray Radiation Therapy

Cancer *7 Elements*	*Computed Tomography Scanner*
	Magnetic Resonance Imaging
	Oncology Services
	Pediatric Intensive Care
	Positron Emissions Tomography Scanner
	Single Photon Emissions Computed Tomography
	X-ray Radiation Therapy

Digestive Disorders 8 Elements	Computed Tomography Scanner
	Diagnostic Radioisotope Facility
	Extracorporeal Shock Wave Lithiotripter
	Magnetic Resonance Imaging
	Positron Emissions Tomography Scanner
	Single Photon Emissions Computed Tomography
	Ultrasound
	X-ray Radiation Therapy

Ear, Nose, and Throat 5 Elements	Computed Tomography Scanner
	Magnetic Resonance Imaging
	Positron Emissions Tomography Scanner
	Single Photon Emissions Computed Tomography
	X-ray Radiation Therapy

Geriatrics 8 Elements	Cardiac Catheterization Lab
	Cardiac Intensive Care
	Computed Tomography Scanner
	Magnetic Resonance Imaging
	Positron Emissions Tomography Scanner
	Single Photon Emissions Computed Tomography
	Ultrasound
	X-ray Radiation Therapy

Gynecology 8 Elements	Computed Tomography Scanner
	Diagnostic Mammography Services
	Magnetic Resonance Imaging
	Neonatal Intensive Care
	Positron Emissions Tomography Scanner
	Single Photon Emissions Computed Tomography
	Ultrasound
	X-ray Radiation Therapy

Heart **9 Elements**	*Angioplasty*
	Cardiac Catheterization Lab
	Cardiac Intensive Care
	Computed Tomography Scanner
	Magnetic Resonance Imaging
	Open Heart Surgery
	Positron Emissions Tomography Scanner
	Single Photon Emissions Computed Tomography
	Ultrasound

Hormonal Disorders **7 Elements**	*Computed Tomography Scanner*
	Diagnostic Radioisotope Facility
	Magnetic Resonance Imaging
	Positron Emissions Tomography Scanner
	Single Photon Emissions Computed Tomography
	Ultrasound
	X-ray Radiation Therapy

Kidney Disease **5 Elements**	*Computed Tomography Scanner*
	Diagnostic Radioisotope Facility
	Ultrasound
	Extracorporeal Shock Wave Lithiotripter
	Transplant Services

Neurology and **Neurosurgery** **7 Elements**	*Computed Tomography Scanner*
	Diagnostic Radioisotope Facility
	Magnetic Resonance Imaging
	Positron Emissions Tomography Scanner
	Single Photon Emissions Computed Tomography
	Ultrasound
	X-ray Radiation Therapy

	Computed Tomography Scanner
	Magnetic Resonance Imaging
	Positron Emissions Tomography Scanner
	Single Photon Emissions Computed Tomography
Orthopedics *5 Elements*	*Ultrasound*

	Computed Tomography Scanner
	Diagnostic Radioisotope Facility
	Radiation Therapy
Respiratory Disorders *4 Elements*	*Ultrasound*

	Computed Tomography Scanner
	Magnetic Resonance Imaging
	Positron Emissions Tomography Scanner
	Single Photon Emissions Computed Tomography
Rheumatology *5 Elements*	*Ultrasound*

	Extracorporeal Shock Wave Lithiotripter
	X-ray Radiation Therapy
	Computed Tomography Scanner
	Diagnostic Radioisotope Facility
	Magnetic Resonance Imaging
	Positron Emissions Tomography Scanner
	Single Photon Emissions Computed Tomography
Urology *8 Elements*	*Ultrasound*

Appendix B

Structural Variable Map

The following variables, used to construct structural elements of the 2000 IHQ, were taken from the 1998 Annual Survey of Hospitals Data Base published by the American Hospital Association.

ALL HOSPITAL INDEX - used to define hospital eligibility
1 point if ANGIOHOS=1, half point if ANGIOSYS, ANGIONET, or ANGIOVEN=1
1 point if CCLABHOS=1, half point if CCLABSYS, CCLABNET, or CCLABVEN=1
1 point if CICBDHOS=1, half point if CICBDSYS, CICBDNET, or CICBDVEN=1
1 point if CTSCNHOS=1, half point if CTSCNSYS, CTSCNNET, or CTSCNVEN=1
1 point if DRADFHOS=1, half point if DRADFSYS, DRADFNET, or DRADFVEN=1
1 point if ESWLHOS=1, half point if ESWLSYS, ESWLNET, or ESWLVEN=1
1 point if MAMMSHOS=1, half point if MAMMSSYS, MAMMSNET, or MAMMSVEN=1
1 point if MRIHOS=1, half point if MRISYS, MRINET, or MRIVEN=1
1 point if MSICHOS=1, half point if MSICSYS, MSICNET, or MSICVEN=1
1 point if NICBDHOS=1, half point if NICBDSYS, NICBDNET, or NICBDVEN=1
1 point if OHSRGHOS=1, half point if OHSRGSYS, OHSRGNET, or OHSRGVEN=1
1 point if PEDBDHOS=1, half point if PEDBDSYS, PEDBDNET, or PEDBDVEN=1
1 point if PETHOS=1, half point if PETSYS, PETNET, or PETVEN=1
1 point if RADTHHOS=1, half point if RADTHSYS, RADTHNET, or RADTHVEN=1
1 point if REPROHOS=1, half point if REPROSYS, REPRONET, or REPROVEN=1
1 point if SPECTHOS=1, half point if SPECTSYS, SPECTNET, or SPECTVEN=1
1 point if ULTSNHOS=1, half point if ULTSNSYS, ULTSNNET, or ULTSNVEN=1

Cancer Technology Index
1 point if CTSCNHOS=1, half point if CTSCNSYS, CTSCNNET, or CTSCNVEN=1
1 point if MRIHOS=1, half point if MRISYS, MRINET, or MRIVEN=1
1 point if ONCOLHOS=1, half point if ONCOLSYS, ONCOLNET, or ONCOLVEN=1
1 point if PEDICHOS=1, half point if PEDICSYS, PEDICNET, or PEDICVEN=1
1 point if PETHOS=1, half point if PETSYS, PETNET, or PETVEN=1
1 point if RADTHHOS=1, half point if RADTHSYS, RADTHNET, or RADTHVEN=1
1 point if SPECTHOS=1, half point if SPECTSYS, SPECTNET, or SPECTVEN=1

Digestive Disorders Technology Index
1 point if CTSCNHOS=1, half point if CTSCNSYS, CTSCNNET, or CTSCNVEN=1
1 point if DRADFHOS=1, half point if DRADFSYS, DRADFNET, or DRADFVEN=1
1 point if ESWLHOS=1, half point if ESWLSYS, ESWLNET, or ESWLVEN=1
1 point if MRIHOS=1, half point if MRISYS, MRINET, or MRIVEN=1
1 point if PETHOS=1, half point if PETSYS, PETNET, or PETVEN=1
1 point if RADTHHOS=1, half point if RADTHSYS, RADTHNET, or RADTHVEN=1
1 point if SPECTHOS=1, half point if SPECTSYS, SPECTNET, or SPECTVEN=1
1 point if ULTSNHOS=1, half point if ULTSNSYS, ULTSNNET, or ULTSNVEN=1

Ear, Nose and Throat Technology Index
1 point if CTSCNHOS=1, half point if CTSCNSYS, CTSCNNET, or CTSCNVEN=1
1 point if MRIHOS=1, half point if MRISYS, MRINET, or MRIVEN=1
1 point if PETHOS=1, half point if PETSYS, PETNET, or PETVEN=1
1 point if RADTHHOS=1, half point if RADTHSYS, RADTHNET, or RADTHVEN=1
1 point if SPECTHOS=1, half point if SPECTSYS, SPECTNET, or SPECTVEN=1

Geriatrics Technology Index
1 point if CCLABHOS=1, half point if CCLABSYS, CCLABNET, or CCLABVEN=1
1 point if CICHOS=1, half point if CICSYS, CICNET, or CICVEN=1
1 point if CTSCNHOS=1, half point if CTSCNSYS, CTSCNNET, or CTSCNVEN=1
1 point if MRIHOS=1, half point if MRISYS, MRINET, or MRIVEN=1
1 point if PETHOS=1, half point if PETSYS, PETNET, or PETVEN=1
1 point if RADTHHOS=1, half point if RADTHSYS, RADTHNET, or RADTHVEN=1
1 point if SPECTHOS=1, half point if SPECTSYS, SPECTNET, or SPECTVEN=1
1 point if ULTSNHOS=1, half point if ULTSNSYS, ULTSNNET, or ULTSNVEN=1

Gynecology Technology Index
1 point if CTSCNHOS=1, half point if CTSCNSYS, CTSCNNET, or CTSCNVEN=1
1 point if MAMMSHOS=1, half point if MAMMSSYS, MAMMSNET, or MAMMSVEN=1
1 point if MRIHOS=1, half point if MRISYS, MRINET, or MRIVEN=1
1 point if NICHOS=1, half point if NICSYS, NICNET, or NICVEN=1
1 point if PETHOS=1, half point if PETSYS, PETNET, or PETVEN=1
1 point if RADTHHOS=1, half point if RADTHSYS, RADTHNET, or RADTHVEN=1
1 point if SPECTHOS=1, half point if SPECTSYS, SPECTNET, or SPECTVEN=1
1 point if ULTSNHOS=1, half point if ULTSNSYS, ULTSNNET, or ULTSNVEN=1

Heart Technology Index
1 point if ANGIOHOS=1, half point if ANGIOSYS, ANGIONET, or ANGIOVEN=1
1 point if CCLABHOS=1, half point if CCLABSYS, CCLABNET, or CCLABVEN=1
1 point if CICHOS=1, half point if CICSYS, CICNET, or CICVEN=1
1 point if CTSCNHOS=1, half point if CTSCNSYS, CTSCNNET, or CTSCNVEN=1
1 point if MRIHOS=1, half point if MRISYS, MRINET, or MRIVEN=1
1 point if OHSRGHOS=1, half point if OHSRGSYS, OHSRGNET, or OHSRGVEN=1
1 point if PETHOS=1, half point if PETSYS, PETNET, or PETVEN=1
1 point if SPECTHOS=1, half point if SPECTSYS, SPECTNET, or SPECTVEN=1
1 point if ULTSNHOS=1, half point if ULTSNSYS, ULTSNNET, or ULTSNVEN=1

Hormonal Disorders Technology Index
1 point if CTSCNHOS=1, half point if CTSCNSYS, CTSCNNET, or CTSCNVEN=1
1 point if DRADFHOS=1, half point if DRADFSYS, DRADFNET, or DRADFVEN=1
1 point if MRIHOS=1, half point if MRISYS, MRINET, or MRIVEN=1
1 point if PETHOS=1, half point if PETSYS, PETNET, or PETVEN=1
1 point if RADTHHOS=1, half point if RADTHSYS, RADTHNET, or RADTHVEN=1
1 point if SPECTHOS=1, half point if SPECTSYS, SPECTNET, or SPECTVEN=1
1 point if ULTSNHOS=1, half point if ULTSNSYS, ULTSNNET, or ULTSNVEN=1

Kidney Disease Technology Index
1 point if CTSCNHOS=1, half point if CTSCNSYS, CTSCNNET, or CTSCNVEN=1
1 point if DRADFHOS=1, half point if DRADFSYS, DRADFNET, or DRADFVEN=1
1 point if ESWLHOS=1, half point if ESWLSYS, ESWLNET, or ESWLVEN=1
1 point if TPLNTHOS=1, half point if TPLNTSYS, TPLNTNET, or TPLNTVEN=1
1 point if ULTSNHOS=1, half point if ULTSNSYS, ULTSNNET, or ULTSNVEN=1

Neurology and Neurosurgery Technology Index
1 point if CTSCNHOS=1, half point if CTSCNSYS, CTSCNNET, or CTSCNVEN=1
1 point if DRADFHOS=1, half point if DRADFSYS, DRADFNET, or DRADFVEN=1
1 point if MRIHOS=1, half point if MRISYS, MRINET, or MRIVEN=1
1 point if PETHOS=1, half point if PETSYS, PETNET, or PETVEN=1
1 point if RADTHHOS=1, half point if RADTHSYS, RADTHNET, or RADTHVEN=1
1 point if SPECTHOS=1, half point if SPECTSYS, SPECTNET, or SPECTVEN=1
1 point if ULTSNHOS=1, half point if ULTSNSYS, ULTSNNET, or ULTSNVEN=1

Orthopedics Technology Index
1 point if CTSCNHOS=1, half point if CTSCNSYS, CTSCNNET, or CTSCNVEN=1
1 point if MRIHOS=1, half point if MRISYS, MRINET, or MRIVEN=1
1 point if PETHOS=1, half point if PETSYS, PETNET, or PETVEN=1
1 point if SPECTHOS=1, half point if SPECTSYS, SPECTNET, or SPECTVEN=1
1 point if ULTSNHOS=1, half point if ULTSNSYS, ULTSNNET, or ULTSNVEN=1

Respiratory Disorders Technology Index
1 point if CTSCNHOS=1, half point if CTSCNSYS, CTSCNNET, or CTSCNVEN=1
1 point if DRADFHOS=1, half point if DRADFSYS, DRADFNET, or DRADFVEN=1
1 point if RADTHHOS=1, half point if RADTHSYS, RADTHNET, or RADTHVEN=1
1 point if ULTSNHOS=1, half point if ULTSNSYS, ULTSNNET, or ULTSNVEN=1

Rheumatology Technology Index
1 point if CTSCNHOS=1, half point if CTSCNSYS, CTSCNNET, or CTSCNVEN=1
1 point if MRIHOS=1, half point if MRISYS, MRINET, or MRIVEN=1
1 point if PETHOS=1, half point if PETSYS, PETNET, or PETVEN=1
1 point if SPECTHOS=1, half point if SPECTSYS, SPECTNET, or SPECTVEN=1
1 point if ULTSNHOS=1, half point if ULTSNSYS, ULTSNNET, or ULTSNVEN=1

Urology Technology Index
1 point if CTSCNHOS=1, half point if CTSCNSYS, CTSCNNET, or CTSCNVEN=1
1 point if DRADFHOS=1, half point if DRADFSYS, DRADFNET, or DRADFVEN=1
1 point if ESWLHOS=1, half point if ESWLSYS, ESWLNET, or ESWLVEN=1
1 point if MRIHOS=1, half point if MRISYS, MRINET, or MRIVEN=1
1 point if PETHOS=1, half point if PETSYS, PETNET, or PETVEN=1
1 point if RADTHHOS=1, half point if RADTHSYS, RADTHNET, or RADTHVEN=1
1 point if SPECTHOS=1, half point if SPECTSYS, SPECTNET, or SPECTVEN=1
1 point if ULTSNHOS=1, half point if ULTSNSYS, ULTSNNET, or ULTSNVEN=1

Discharge Planning
1 point if CMNGTHOS=1
1 point if PATEDHOS=1
1 point if PATRPHOS=1

Geriatric Services
1 point if ADULTHOS=1
1 point if ARTHCHOS=1
1 point if ASSTLHOS=1
1 point if GERSVHOS=1
1 point if MEALSHOS=1
1 point if PATRPHOS=1
1 point if TPORTHOS=1

Gynecology Services
1 point if BROOMHOS=1
1 point if OBLEV=2 or 3 *and* OBHOS=1
1 point if REPROHOS=1
1 point if WOMHCHOS=1

Service Mix
1 point if ALCHHOS=1
1 point if COUTRHOS=1
1 point if HOMEHHOS=1
1 point if HOSPCHOS=1
1 point if PSYEDHOS=1
1 point if PSYLSHOS=1
1 point if REPROHOS=1
1 point if SOCWKHOS=1
1 point if WOMHCHOS=1

COTH
"Yes" if MAPP8=1

R.N.'s to Beds
Full-time Registered Nurses (FTRNTF)
divided by Total Hospital Beds
(HOSPBD)

Trauma
"Yes" if TRAUML90=1 or 2 *and*
TRAUMHOS=1

Appendix C

Diagnosis-Related Group (DRG) Groupings by Specialty

Cancer

DRG #10	NERVOUS SYSTEM NEOPLASMS W CC
DRG #11	NERVOUS SYSTEM NEOPLASMS W/O CC
DRG #64	EAR, NOSE, MOUTH & THROAT MALIGNANCY
DRG #82	RESPIRATORY NEOPLASMS
DRG #172	DIGESTIVE MALIGNANCY W CC
DRG #173	DIGESTIVE MALIGNANCY W/O CC
DRG #199	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY
DRG #203	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS
DRG #239	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIGNANCY
DRG #257	TOTAL MASTECTOMY FOR MALIGNANCY W CC
DRG #258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC
DRG #259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC
DRG #260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC
DRG #274	MALIGNANT BREAST DISORDERS W CC
DRG #275	MALIGNANT BREAST DISORDERS W/O CC
DRG #338	TESTES PROCEDURES, FOR MALIGNANCY
DRG #344	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY
DRG #346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC
DRG #347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC
DRG #354	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC
DRG #355	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC
DRG #357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY
DRG #366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC
DRG #367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC
DRG #400	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE
DRG #401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC
DRG #402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC
DRG #403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC
DRG #404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC
DRG #405	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17
DRG #409	RADIOTHERAPY
DRG #410	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS
DRG #411	HISTORY OF MALIGNANCY W/O ENDOSCOPY
DRG #412	HISTORY OF MALIGNANCY W ENDOSCOPY
DRG #413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC
DRG #414	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC
DRG #473	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17
DRG #492	CHEMOTHERAPY W ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS

DRG #146	RECTAL RESECTION W CC
DRG #147	RECTAL RESECTION W/O CC
DRG #148	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC
DRG #149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC
DRG #150	PERITONEAL ADHESIOLYSIS W CC
DRG #151	PERITONEAL ADHESIOLYSIS W/O CC
DRG #152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC
DRG #153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC
DRG #154	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC
DRG #155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC
DRG #156	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17
DRG #170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC
DRG #171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC
DRG #174	G.I. HEMORRHAGE W CC
DRG #175	G.I. HEMORRHAGE W/O CC
DRG #176	COMPLICATED PEPTIC ULCER
DRG #177	UNCOMPLICATED PEPTIC ULCER W CC
DRG #178	UNCOMPLICATED PEPTIC ULCER W/O CC
DRG #179	INFLAMMATORY BOWEL DISEASE
DRG #180	G.I. OBSTRUCTION W CC
DRG #181	G.I. OBSTRUCTION W/O CC
DRG #182	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC
DRG #183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC
DRG #184	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17
DRG #188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC
DRG #189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC
DRG #190	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17
DRG #191	PANCREAS, LIVER & SHUNT PROCEDURES W CC
DRG #192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC
DRG #193	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC
DRG #194	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC
DRG #195	CHOLECYSTECTOMY W C.D.E. W CC
DRG #196	CHOLECYSTECTOMY W C.D.E. W/O CC
DRG #197	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC
DRG #198	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC
DRG #200	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY
DRG #201	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES
DRG #202	CIRRHOSIS & ALCOHOLIC HEPATITIS
DRG #204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY
DRG #205	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC
DRG #206	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC
DRG #207	DISORDERS OF THE BILIARY TRACT W CC
DRG #208	DISORDERS OF THE BILIARY TRACT W/O CC
DRG #493	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC
DRG #494	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC

Ear, Nose, and Throat

DRG #49	MAJOR HEAD & NECK PROCEDURES
DRG #50	SIALOADENECTOMY
DRG #51	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY
DRG #55	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES
DRG #57	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17
DRG #58	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17
DRG #61	MYRINGOTOMY W TUBE INSERTION AGE >17
DRG #62	MYRINGOTOMY W TUBE INSERTION AGE 0-17
DRG #63	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES
DRG #65	DYSEQUILIBRIUM
DRG #66	EPISTAXIS
DRG #67	EPIGLOTTITIS
DRG #68	OTITIS MEDIA & URI AGE >17 W CC
DRG #69	OTITIS MEDIA & URI AGE >17 W/O CC
DRG #70	OTITIS MEDIA & URI AGE 0-17
DRG #71	LARYNGOTRACHEITIS
DRG #72	NASAL TRAUMA & DEFORMITY
DRG #73	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17
DRG #74	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17

Geriatrics

ALL CASES

Gynecology

DRG #353	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY
DRG #356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES
DRG #358	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC
DRG #359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC
DRG #360	VAGINA, CERVIX & VULVA PROCEDURES
DRG #361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION
DRG #362	ENDOSCOPIC TUBAL INTERRUPTION
DRG #363	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY
DRG #364	D&C, CONIZATION EXCEPT FOR MALIGNANCY
DRG #365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES
DRG #368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM
DRG #369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS

Heart

DRG #103	HEART TRANSPLANT
DRG #104	CARDIAC VALVE PROCEDURES W CARDIAC CATH
DRG #105	CARDIAC VALVE PROCEDURES W/O CARDIAC CATH
DRG #106	CORONARY BYPASS W CARDIAC CATH
DRG #107	CORONARY BYPASS W/O CARDIAC CATH
DRG #108	OTHER CARDIOTHORACIC PROCEDURES
DRG #110	MAJOR CARDIOVASCULAR PROCEDURES W CC
DRG #111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC
DRG #112	PERCUTANEOUS CARDIOVASCULAR PROCEDURES
DRG #115	PERM CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK
DRG #116	OTH PERM CARDIAC PACEMAKER IMPLANT OR AICD LEAD OR GENERATOR PRO
DRG #117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT
DRG #118	CARDIAC PACEMAKER DEVICE REPLACEMENT
DRG #121	CIRCULATORY DISORDERS W AMI & C.V. COMP DISCH ALIVE
DRG #122	CIRCULATORY DISORDERS W AMI W/O C.V. COMP DISCH ALIVE
DRG #123	CIRCULATORY DISORDERS W AMI, EXPIRED
DRG #126	ACUTE & SUBACUTE ENDOCARDITIS
DRG #127	HEART FAILURE & SHOCK
DRG #128	DEEP VEIN THROMBOPHLEBITIS
DRG #129	CARDIAC ARREST, UNEXPLAINED
DRG #130	PERIPHERAL VASCULAR DISORDERS W CC
DRG #131	PERIPHERAL VASCULAR DISORDERS W/O CC
DRG #132	ATHEROSCLEROSIS W CC
DRG #133	ATHEROSCLEROSIS W/O CC
DRG #135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC
DRG #136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC
DRG #137	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17
DRG #138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC
DRG #139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC
DRG #140	ANGINA PECTORIS
DRG #141	SYNCOPE & COLLAPSE W CC
DRG #142	SYNCOPE & COLLAPSE W/O CC
DRG #144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC
DRG #145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC

Hormonal Disorders

DRG #286	ADRENAL & PITUITARY PROCEDURES
DRG #287	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS
DRG #288	O.R. PROCEDURES FOR OBESITY
DRG #289	PARATHYROID PROCEDURES
DRG #290	THYROID PROCEDURES
DRG #292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC
DRG #293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC
DRG #294	DIABETES AGE >35
DRG #295	DIABETES AGE 0-35
DRG #296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC
DRG #297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC
DRG #298	NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0-17
DRG #299	INBORN ERRORS OF METABOLISM
DRG #300	ENDOCRINE DISORDERS W CC
DRG #301	ENDOCRINE DISORDERS W/O CC

Kidney Disease

DRG #316	RENAL FAILURE
DRG #317	ADMIT FOR RENAL DIALYSIS
DRG #320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC
DRG #321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC
DRG #322	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17
DRG #325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC
DRG #326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC
DRG #327	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17
DRG #331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC
DRG #332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC
DRG #333	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17

Neurology and Neurosurgery

DRG #1	CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA
DRG #2	CRANIOTOMY FOR TRAUMA AGE >17
DRG #3	CRANIOTOMY AGE 0-17
DRG #4	SPINAL PROCEDURES
DRG #5	EXTRACRANIAL VASCULAR PROCEDURES
DRG #6	CARPAL TUNNEL RELEASE
DRG #7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC
DRG #8	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC
DRG #9	SPINAL DISORDERS & INJURIES
DRG #12	DEGENERATIVE NERVOUS SYSTEM DISORDERS
DRG #13	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA
DRG #14	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA
DRG #15	TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS
DRG #16	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC
DRG #17	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC
DRG #18	CRANIAL & PERIPHERAL NERVE DISORDERS W CC
DRG #19	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC
DRG #20	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS
DRG #21	VIRAL MENINGITIS
DRG #22	HYPERTENSIVE ENCEPHALOPATHY
DRG #23	NONTRAUMATIC STUPOR & COMA
DRG #24	SEIZURE & HEADACHE AGE >17 W CC
DRG #25	SEIZURE & HEADACHE AGE >17 W/O CC
DRG #26	SEIZURE & HEADACHE AGE 0-17
DRG #27	TRAUMATIC STUPOR & COMA, COMA >1 HR
DRG #28	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC
DRG #29	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC
DRG #30	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17
DRG #31	CONCUSSION AGE >17 W CC
DRG #32	CONCUSSION AGE >17 W/O CC
DRG #33	CONCUSSION AGE 0-17
DRG #34	OTHER DISORDERS OF NERVOUS SYSTEM W CC
DRG #35	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC

Orthopedics

DRG #209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY
DRG #210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC
DRG #211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC
DRG #212	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17
DRG #213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS
DRG #214	BACK & NECK PROCEDURES W CC
DRG #215	BACK & NECK PROCEDURES W/O CC
DRG #216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE
DRG #217	WND DEBRID & SKN GRFT EXCEPT HAND,FOR MUSCSKELET & CONN TISS DIS
DRG #218	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W CC
DRG #219	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE >17 W/O CC
DRG #220	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR AGE 0-17
DRG #221	KNEE PROCEDURES W CC
DRG #222	KNEE PROCEDURES W/O CC
DRG #223	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC
DRG #224	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC, W/O CC
DRG #225	FOOT PROCEDURES
DRG #226	SOFT TISSUE PROCEDURES W CC
DRG #227	SOFT TISSUE PROCEDURES W/O CC
DRG #228	MAJOR THUMB OR JOINT PROC,OR OTH HAND OR WRIST PROC W CC
DRG #229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC
DRG #230	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR
DRG #231	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP & FEMUR
DRG #232	ARTHROSCOPY
DRG #233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC
DRG #234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC
DRG #235	FRACTURES OF FEMUR
DRG #236	FRACTURES OF HIP & PELVIS
DRG #237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH
DRG #238	OSTEOMYELITIS
DRG #240	CONNECTIVE TISSUE DISORDERS W CC
DRG #241	CONNECTIVE TISSUE DISORDERS W/O CC
DRG #471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY
DRG #485	LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT T
DRG #491	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY

Respiratory Disorders

DRG #76	OTHER RESP SYSTEM O.R. PROCEDURES W CC
DRG #77	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC
DRG #78	PULMONARY EMBOLISM
DRG #79	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC
DRG #80	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC
DRG #81	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17
DRG #85	PLEURAL EFFUSION W CC
DRG #86	PLEURAL EFFUSION W/O CC
DRG #87	PULMONARY EDEMA & RESPIRATORY FAILURE
DRG #88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
DRG #89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC
DRG #90	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC
DRG #91	SIMPLE PNEUMONIA & PLEURISY AGE 0-17
DRG #92	INTERSTITIAL LUNG DISEASE W CC
DRG #93	INTERSTITIAL LUNG DISEASE W/O CC
DRG #94	PNEUMOTHORAX W CC
DRG #95	PNEUMOTHORAX W/O CC
DRG #96	BRONCHITIS & ASTHMA AGE >17 W CC
DRG #97	BRONCHITIS & ASTHMA AGE >17 W/O CC
DRG #98	BRONCHITIS & ASTHMA AGE 0-17
DRG #99	RESPIRATORY SIGNS & SYMPTOMS W CC
DRG #100	RESPIRATORY SIGNS & SYMPTOMS W/O CC
DRG #101	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC
DRG #102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC
DRG #475	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT

Rheumatology

DRG #242	SEPTIC ARTHRITIS
DRG #244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC
DRG #245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC
DRG #246	NON-SPECIFIC ARTHROPATHIES
DRG #247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE
DRG #256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES

DRG #302	KIDNEY TRANSPLANT
DRG #303	KIDNEY,URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM
DRG #304	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC
DRG #305	KIDNEY,URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC
DRG #306	PROSTATECTOMY W CC
DRG #307	PROSTATECTOMY W/O CC
DRG #308	MINOR BLADDER PROCEDURES W CC
DRG #309	MINOR BLADDER PROCEDURES W/O CC
DRG #310	TRANSURETHRAL PROCEDURES W CC
DRG #311	TRANSURETHRAL PROCEDURES W/O CC
DRG #312	URETHRAL PROCEDURES, AGE >17 W CC
DRG #313	URETHRAL PROCEDURES, AGE >17 W/O CC
DRG #314	URETHRAL PROCEDURES, AGE 0-17
DRG #315	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES
DRG #323	URINARY STONES W CC, &/OR ESW LITHOTRIPSY
DRG #324	URINARY STONES W/O CC
DRG #328	URETHRAL STRICTURE AGE >17 W CC
DRG #329	URETHRAL STRICTURE AGE >17 W/O CC
DRG #330	URETHRAL STRICTURE AGE 0-17
DRG #334	MAJOR MALE PELVIC PROCEDURES W CC
DRG #335	MAJOR MALE PELVIC PROCEDURES W/O CC
DRG #336	TRANSURETHRAL PROSTATECTOMY W CC
DRG #337	TRANSURETHRAL PROSTATECTOMY W/O CC
DRG #339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17
DRG #340	TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17
DRG #341	PENIS PROCEDURES
DRG #342	CIRCUMCISION AGE >17
DRG #343	CIRCUMCISION AGE 0-17
DRG #348	BENIGN PROSTATIC HYPERTROPHY W CC
DRG #349	BENIGN PROSTATIC HYPERTROPHY W/O CC
DRG #350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM
DRG #351	STERILIZATION, MALE
DRG #352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES

Appendix D

2000 Sample Physician Questionnaire

NORC

AT THE UNIVERSITY OF CHICAGO

October 25, 1999

Dear Doctor:

For the 10th year, the National Opinion Research Center at the University of Chicago is conducting a nationwide survey of board-certified specialists for *U.S. News & World Report*. We request your judgment on two topics of considerable interest to the medical profession: 1) the nation's preeminent hospitals for treating the most serious or difficult medical problems; and 2) what physicians do to keep abreast of the developments in their specialties.

You were chosen as part of a national random sample of 2,550 board-certified physicians in 17 specialties. We are asking specialists with your expertise to help us create a profile of the best hospital care for cancer. Responding to this short questionnaire should take no more than five minutes. Your responses will be kept strictly confidential and all results will be reported only in statistical, summary form. Findings from this study will inform a broad spectrum of the American public.

The National Opinion Research Center has been conducting survey research in the public interest for more than 50 years. Throughout its history, it has engaged in diverse health studies in such areas as access to health care, maternal and infant health, drug addiction, medical utilization and expenditure patterns, and AIDS.

Please take a few minutes now to complete the questionnaire and return it to us in the enclosed, postage-paid envelope. The enclosed two-dollar bill is a small gesture of our appreciation.

If you have any questions about this study, please contact me at (312) 759-4064; we are happy to accept collect calls.

Sincerely yours,

Colm O'Muircheartaigh

Vice President for Statistics and Methodology
National Opinion Research Center
University of Chicago

The National Opinion Research Center at the University of Chicago is conducting a nationwide survey of board-certified specialists for *U.S.News & World Report*. The purpose of this study is: 1) to identify hospitals that excel in treating patients with the most serious or difficult medical problems, and 2) to determine what physicians do to stay current on the developments in their specialties.

1. In your estimation, which are the **five** hospitals in the United States that provide the best care for cancer, regardless of location or expense?

    In answering this question, please consider the principal clinics, medical schools, or organizational affiliations of the physicians that provide the best care and list below the names of the hospitals in which they principally practice. To ensure the accurate recording of your response, or if you are unclear as to a medical school's hospital affiliation, you may also list the name of the medical school associated with the hospital if appropriate.

    In identifying the best hospitals, please think about patients with the most serious or difficult medical problems.

List these outstanding hospitals in any order.

OUTSTANDING HOSPITAL	AFFILIATED MEDICAL SCHOOL (if appropriate)	CITY	STATE
☞	and/or		
☞	and/or		
☞	and/or		
☞	and/or		
☞	and/or		

2. Thinking about the hospitals you named above, please RANK the following ten factors in terms of each factor's influence on your decision (**1 = most important, 10 = least important**).

Please indicate a rank for each factor.	Rank
a. Your own direct knowledge of those hospitals	
b. Experiences of your own patients at those hospitals	
c. Experiences of your colleagues or your colleagues' patients at those hospitals	
d. Published rankings of hospitals on various indices of performance	
e. Direct knowledge about specific physicians on staff at those hospitals	
f. Publications or presentations by physicians or researchers at those hospitals	
g. Knowledge of sophisticated technology utilized by those hospitals	
h. Where you went to medical school	
i. Where you did your residency training	
j. Some other factor (PLEASE SPECIFY _____)	

3. This question is about your own patient care. Listed below are different ways physicians can try to keep up with developments in their specialities. For each activity, please think about a **typical month** and indicate the **number of hours**, if any, you spend on it.

Please list the number of hours per month, if any, you spend on each activity.	Number of Hours per Month
a. Reading medical journals	
b. Reading mailings from professional associations	
c. Reading trade publications	
d. Using information from medical/pharmaceutical suppliers	
e. Getting information from the internet	
f. Attending seminars/conferences at your place of work	
g. Attending seminars/conferences outside your place of work	
h. Getting advice from other physicians	
i. Observing other physicians conduct procedures	

4. In terms of significance, how would you rate these activities as sources of information to help you better care for your patients? Please use **1 for very significant** and **5 for not at all significant**.

Please circle a score for each item.	Very Significant				Not At All Significant
a. Reading medical journals	1	2	3	4	5
b. Reading mailings from professional associations	1	2	3	4	5
c. Reading trade publications	1	2	3	4	5
d. Using information from medical/pharmaceutical suppliers	1	2	3	4	5
e. Getting information from the internet	1	2	3	4	5
f. Attending seminars/conferences at your place of work	1	2	3	4	5
g. Attending seminars/conferences outside your place of work	1	2	3	4	5
h. Getting advice from other physicians	1	2	3	4	5
i. Observing other physicians conduct procedures	1	2	3	4	5

Which ONE ACTIVITY, of the nine activities listed above, BEST helps you keep abreast of developments in your field? *Please indicate your answer in the box below.*

Are you satisfied with the amount of time you devote to that one activity?
Please circle your answer. **YES** **NO**

5. What ONE THING would you advise young physicians starting out in your specialty today TO DO so that they can best stay on top of new developments? *Please write your answer in the box below.*

6. What ONE THING would you advise young physicians starting out in your specialty today TO AVOID in their attempts to stay on top of new developments? *Please write your answer in the box below.*

**Thank you for your time and consideration.
Please return this survey in the enclosed, postage-paid
envelope.**

Appendix E

Predicted Mortality: APR-DRG Methodology

Introduction to DRGs

The All Patient Refined Diagnosis Related Groups (APR-DRGs) were developed by 3M Health Information Systems (3M-HIS) in conjunction with the National Association of Children's Hospitals and Related Institutions (NACHRI). The APR-DRGs expand the basic diagnosis related group (DRG) structure to address patient severity of illness, risk of mortality, and resource intensity. The APR-DRG Version 14.0 uses the Health Care Financing Administration (HCFA) Version 14.0 DRG methodology. APR-DRGs are based on DRGs and All Patient DRGs (AP-DRGs), therefore a brief explanation of both structures will be reviewed.

Current HCFA DRG Structure

Created from Adjacent Diagnosis Related Groups (ADGs) which combine patients into groups with common characteristics, DRGs were developed by Yale University in the 1970's to relate a hospital's case mix index to the resource demands and associated costs experienced by the hospital.

ADGs were created by subdividing an MDC[1] into two groups based on the presence or absence of an operating room procedure. Second, surgical patients, identified as those having an operating room procedure, were then classified by type of procedure to form surgical ADGs. Patients with multiple procedures were assigned to the highest surgical class. Third, medical patients were split into more detailed groups based on their principal diagnosis to form medical ADGs.

DRGs use ADGs as a base, and then further classify patients into selected disease and procedure categories based on whether or not they have substantial comorbidity or complications (CC). Approximately 3,000 diagnosis codes have been designated by HCFA as substantial CCs, (defined by a list of additional diagnosis codes that a panel of physicians felt would increase the length of stay by at least one day for 75% of the patients). This list covers a broad range of disease conditions, and no differentiation in severity or complexity level was made among the additional diagnoses. The patient's age and discharge status were sometimes used in the definition of DRGs.

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[1] Major Diagnostic Categories (MDCs) are broad medical and surgical categories one step hierarchically higher than DRGs (several DRGs roll-up into an MDC). MDCs are divided by body systems such as nervous; ear, nose, and throat; and respiratory.

Current AP-DRG Structure

In 1987, the New York State Department of Health entered into an agreement with 3M-HIS to evaluate the applicability of DRGs to a non-Medicare population with a specific focus on neonates and patients with Human Immunodeficiency Virus (HIV) infections. The DRG definitions developed by this relationship are referred to as the AP-DRGs.

The AP-DRGs are modeled after the HCFA DRGs and attempt to improve the DRGs in an effort to more accurately predict a hospital's resource demands and associated costs for all acute care patients. In the creation of AP-DRGs, the modifications made to the DRG structure can be summarized as follows:

- Except for neonates who die or are transferred within the first few days of life, AP-DRGs define six ranges of birth weight that represent distinct demands on hospital resources. Within each birth weight range, neonates are then subdivided based on the presence of a significant operating room procedure, and then further subdivided based on presence of multiple major, minor, or other problems.

- Assignment to the neonatal MDC is based on the patient's age. Specifically, the AP-DRGs assign a patient to the neonatal MDC when the age of the patient is less than 29 days at admission regardless of the principal diagnosis.

- MDC 25 was created to account for the highly specialized treatment of multiple trauma patients. Patients assigned to MDC 25 have at least two significant trauma diagnoses from different body sites.

- MDC 20 for alcohol and substance abuse was restructured to differentiate patients based on the substance being abused.

- Across all MDCs, patient with a tracheostomy were put into either of two tracheostomy AP-DRGs: tracheostomy performed for therapeutic reasons and tracheostomy representing long-term ventilation.

- All liver, bone marrow, heart, kidney, and lung transplant patients were assigned to an AP-DRG independent of the MDC of the principal diagnosis.

- For several MDCs, a single major comorbidity and complication (CC) AP-DRG was formed across all surgical patients within an MDC and a single major CC AP-DRG was formed across all medical patients within an MDC.

The AP-DRGs introduced changes to the HCFA DRGs in an attempt to depart from using the principal diagnosis as the initial variable for assignment. The AP-DRGs were designed to more accurately group patients into like groups that provide an operational means of defining and measuring a hospital's case mix complexity.

All Patient Refined DRGs
APR-DRG Objectives

The primary objective of the HCFA DRG and AP-DRG patient classification systems was to relate the type of patients treated to the hospital resources they consumed. This limited focus on resource intensity does not allow providers to classify patients into other groups for meaningful analysis. The APR-DRG patient classification system goes beyond traditional resource intensity measures and was designed with the ability to address the following needs:

- Compare hospitals across a wide range of resource and outcome measures
- Evaluate differences in inpatient mortality rates
- Implement and support critical pathways
- Identify continuous quality improvement initiatives
- Support internal management and planning systems
- Manage capitated payment arrangements.

In order to meet these needs, the APR-DRG system classifies patients according to severity of illness, risk of mortality, and resource intensity. Therefore, in the APR-DRG classification system a patient is assigned three distinct descriptors: base APR-DRG, severity of illness subclass, and risk of mortality subclass.

Severity of illness can be defined as the extent of physiologic decompensation or organ system loss of function experienced by the patient. In contrast, risk of mortality is defined as the patient's likelihood of dying.

For analyses such as evaluating resource intensity or patient care outcomes, the base APR-DRGs in conjunction with the severity of illness subclass is used. For evaluating patient mortality, the base APR-DRGs in conjunction with the risk of mortality subclass is used.

Development of the APR-DRGs

The AP-DRGs were used as the base DRGs in the development of the APR-DRGs because they were representative of the entire inpatient population and accounted for populations not included in DRGs at the time of development. Several consolidations, additions, and modifications were made to the AP-DRGs to form the list of APR-DRGs used in the severity of illness and risk of mortality subclass assignments. The following list summarizes the revisions made to the AP-DRGs in the creation of the APR-DRGs:

- All age, CC, and major CC splits were consolidated.

- Splits based on discharge status or death were consolidated.

- Definitions based on the presence or absence of a complicated principal diagnosis were consolidated.

- Additional APR-DRGs were created for pediatric patients.

- APR-DRGs for newborns were completely restructured to create medical and surgical hierarchies within each birth weight range.

- Low volume APR-DRGs were consolidated into other related APR-DRGs.

- APR-DRGs that could be explained by the severity of illness subclasses were consolidated into one APR-DRG.

- Due to risk of mortality subclasses, several APR-DRGs were split to account for significant differences in mortality between patient groups.

APR-DRG Severity of Illness Subclass Assignment

With the exception of neonatal patients, after a patient has been given an APR-DRG code, a Severity of Illness Subclass is assigned based on the level of the secondary diagnoses, presence of certain non-OR procedures, and the interaction among secondary diagnoses, age, APR-DRG and principal diagnosis. Neonatal patients have their own hierarchical method for determining severity of illness and will be discussed later. The four severity of illness subclasses are:

Subclass (PSC)	Severity of Illness
1	Minor (Includes non CC)
2	Moderate
3	Major
4	Extreme

The severity of illness subclass is used in conjunction with the patient's base APR-DRG for analysis such as evaluating resource intensity or patient care outcomes. A patient's severity of illness subclass should not be used with their DRG because several DRGs may form one APR-DRG. Therefore, since severity of illness subclasses correspond to the APR-DRG number and not the DRG, it is important to use the APR-DRG number to accurately interpret data.

The process for assigning a patient a severity of illness subclass is a three phase process and is summarized as follows:

Phase I

- Secondary diagnoses that are closely related to the principal diagnosis are eliminated from further analysis.
- Remaining secondary diagnoses are assigned one of four distinct Standard Severity of Illness Levels. Figure 1 presents examples of secondary diagnoses in each severity of illness level.

Figure 1. Examples of Secondary Diagnoses by Severity of Illness Level

Severity of Illness Level	Examples of Secondary Diagnoses
Minor	Benign hypertension, acute bronchitis, lumbago
Moderate	Chronic renal failure, viral pneumonia, diverticulitis
Major	Diabetic ketoacidosis, chronic heart failure, acute cholecystitis
Extreme	Septicemia, acute myocardial infarction, cerebral vascular accident

- *The Standard Severity of Illness Level is modified for some secondary diagnoses based on age, APR-DRG, and presence of non-OR procedures. Figure 2 displays an example of modifications to the standard severity of illness level based on the APR-DRG.*

Figure 2. Examples of Standard Severity of Illness Modifications

Secondary Diagnosis	Standard Severity of Illness Level	APR-DRG	Modified Severity of Illness Level
Stridor	Moderate	Bronchitis and asthma	Minor
Chronic renal failure	Moderate	Diabetes	Major
Cardiomegaly	Moderate	Chronic heart failure	Minor
Uncomplicated diabetes	Minor	Vaginal delivery	Moderate

Phase II

- All secondary diagnoses that are closely related to other secondary diagnoses are eliminated from further analysis, and the secondary diagnosis with the highest Severity of Illness Level is retained. This prevents double counting clinically similar diagnoses.

- The Base Severity of Illness Subclass of the patient is set to the highest Standard Severity of Illness Level of any of the secondary diagnoses.

- Patients with a Base Severity of Illness Subclass of major (3) or extreme (4), will be reduced to the next lower subclass unless the patient has multiple secondary diagnoses with a high Standard Severity of Illness Level. Figure 3 displays the requirements for keeping a severity of illness subclass of major or extreme.

Figure 3. Multiple Secondary Diagnoses Requirements

Base Severity of Illness Subclass	Multiple Secondary Diagnoses Requirements to Prevent Reduction of Severity of Illness Subclass
Major	Two or more secondary diagnoses that are major or one secondary diagnosis that is major and at least two secondary diagnoses that are moderate
Extreme	Two or more secondary diagnoses that are extreme or one secondary diagnosis that is extreme and at least two secondary diagnoses that are major

Phase III

- A minimum Severity of Illness Subclass is established based on the patient's principal diagnosis. This accounts for patients assigned to codes that contain both the underlying disease and an associated manifestation of the disease (i.e. diabetes with hyperosmolar coma), but is only assigned to the APR-DRG that accounts for the underlying disease.

- A minimum Severity of Illness Subclass is established based on combinations of principal diagnosis and age for specific APR-DRGs.

- A minimum Severity of Illness Subclass is established for some APR-DRGs with certain APR-DRG and non-OR procedure combinations as well as principal diagnosis and non-OR procedure combinations.

- A minimum Severity of Illness Subclass is established based on the presence of certain combinations of secondary diagnoses. Figure 4 shows the combination of secondary diagnoses necessary to increase the severity of illness subclass to a minimum severity of illness level. For example, a type 1 combination would be a major bacterial infection with pleural effusion. If a diagnosis from both of these categories is present plus at least one other secondary diagnosis that is at least a major severity of illness level, then the minimum patient severity of illness subclass will be extreme.

Figure 4. Minimum Severity of Illness Requirements

Combination Type	Combination of Categories	Additional Secondary Diagnoses Required	Minimum Severity of Illness
1	Specified combinations of two major categories	At least one additional major secondary diagnosis	Extreme
2	Specified combinations of two moderate categories	At least one additional moderate secondary diagnosis	Major
3	Specified combinations of a moderate and a minor category	At least one additional moderate secondary diagnosis	Major
4	Specified combinations of two minor categories	At least two additional minor secondary diagnoses	Moderate
5	Specified combinations of two moderate categories	None	Major

- *The final patient Severity of Illness Subclass is selected based on the maximum of the Phase II Base Patient Severity of Illness Subclass and the Phase III minimum Severity of Illness Subclass*

Both medical and surgical patients are assigned a severity of illness level of 1-4 based on the assignment process outlined previously.

APR-DRG Risk of Mortality Subclass Assignment

Similar to the Severity of Illness Subclass assignment, the Risk of Mortality Subclass assignment is based on the level of the secondary diagnoses and the interaction among secondary diagnoses, age, APR-DRG, and principal diagnosis. In general, the patients Risk of Mortality Level and Subclass will be lower than the Severity of Illness Level and Subclass, respectively. Neonatal patients have their own hierarchical method for determining risk of mortality and will be discussed later. The four severity of illness subclasses are:

Subclass (PSC2)	Risk of Mortality
1	Minor (includes non CC)
2	Moderate
3	Major
4	Extreme

The risk of mortality subclass is used in conjunction with the patient's base APR-DRG for evaluating patient mortality. Like the severity of illness subclass, a patient's risk of mortality subclass should not be used with their DRG because several DRGs may form one APR-DRG. Therefore, since risk of mortality subclasses correspond to the APR-DRG number and not the DRG, it is important to use the APR-DRG number to accurately interpret data.

The process for assigning a patient a risk of mortality subclass is a three phase process and is summarized as follows:

Phase I

- Secondary diagnoses that are closely related to the principal diagnosis are eliminated from further analysis.
- Remaining secondary diagnoses are assigned one of four distinct Risk of Mortality Levels.
- The Risk of Mortality Level is modified for some secondary diagnosis based on the patients age and APR-DRG.

Phase II

- All secondary diagnoses that are closely related to other secondary diagnoses are eliminated from further analysis, and the secondary diagnosis with the highest Risk of Mortality Level is retained. This prevents double counting clinically-similar diagnoses.

- The Base Risk of Mortality Subclass of the patient is set to the highest Risk of Mortality Level of any of the secondary diagnoses.

- Patients with a Base Risk of Mortality Subclass of major (3) or extreme (4), will be reduced to the next lower subclass unless the patient has multiple secondary diagnoses with a high Risk of Mortality Level.

Phase III

- A minimum Risk of Mortality Subclass is established based on the patients principal diagnosis. This accounts for specific APR-DRGs that have a principal diagnosis indicative of a higher risk of mortality relative to the other principal diagnoses in the APR-DRG.

- A minimum Risk of Mortality Subclass is established based on the presence of certain combinations of secondary diagnoses.

- The final patient Risk of Mortality Subclass is selected based on the maximum of the Phase II Base Risk of Mortality Subclass and the Phase III minimum Risk of Mortality Subclass.

Appendix F

Index of Hospital Quality (IHQ) Scores by Specialty

2000 Cancer Best Hospital List

Rank	Hospital	IHQ	Reputational Score	Mortality Rate	COTH Member	Technology Score (of 7)	Discharges	R.N.s to beds	
1	University of Texas, M. D. Ander37son Cancer Center, Houston	100.0	72.5	0.80	Yes	5.0	5,385	2.37	
2	Memorial Sloan-Kettering Cancer Center, New York	98.9	73.5	1.02	Yes	6.0	5,252	1.97	
3	Johns Hopkins Hospital, Baltimore	64.6	34.8	0.73	Yes	7.0	1,777	1.63	
4	Mayo Clinic, Rochester, Minn.	57.6	27.2	0.58	Yes	7.0	3,957	1.12	(+3 SD)
5	Duke University Medical Center, Durham, N.C.	38.8	9.5	0.78	Yes	7.0	3,748	1.76	
6	University of Chicago Hospitals	36.2	5.2	0.67	Yes	7.0	1,602	1.89	
7	Massachusetts General Hospital, Boston	36.1	9.0	0.92	Yes	7.0	2,246	1.61	
8	UCLA Medical Center, Los Angeles	36.0	8.2	0.69	Yes	6.0	1,231	1.24	
9	Roswell Park Cancer Institute, Buffalo	34.8	7.6	0.81	Yes	5.0	2,033	1.88	
10	Clarian Health Partners, Indianapolis	34.3	5.9	0.81	Yes	7.0	1,945	1.55	
11	University of Washington Medical Center, Seattle	34.2	6.2	0.71	Yes	6.0	907	2.10	
12	Hospital of the University of Pennsylvania, Philadelphia	34.0	6.7	0.87	Yes	6.0	2,028	1.91	
13	Stanford University Hospital, Stanford, Calif.	33.7	10.3	1.03	Yes	5.0	1,121	1.74	
14	Fox Chase Cancer Center, Philadelphia	33.7	6.1	0.71	Yes	5.0	1,224	1.61	(+2 SD)
15	University of Michigan Medical Center, Ann Arbor	33.1	1.2	0.55	Yes	7.0	1,755	1.73	
16	University of Pittsburgh Medical Center	32.8	3.0	0.65	Yes	6.5	2,527	1.40	
17	Cleveland Clinic	32.2	2.5	0.75	Yes	7.0	2,372	1.73	
18	University of Kentucky Hospital, Lexington	31.4	0.5	0.58	Yes	7.0	1,031	1.93	
19	University of Virginia Health Sciences Center, Charlottesville	31.4	0.5	0.61	Yes	6.0	1,459	2.12	
20	F.G. McGaw Hospital at Loyola University, Maywood, Ill.	30.9	1.7	0.68	Yes	7.0	1,026	1.56	
21	Allegheny General Hospital, Pittsburgh	30.7	0.0	0.59	Yes	6.0	1,314	1.87	
22	H. Lee Moffitt Cancer Center, Tampa, Fla.	30.5	2.0	0.63	Yes	4.0	1,594	1.70	
23	University of Alabama Hospital at Birmingham	30.5	1.1	0.67	Yes	6.0	1,621	1.51	
24	Barnes-Jewish Hospital, St. Louis	30.3	1.7	0.76	Yes	6.5	2,817	1.54	
25	Brigham and Women's Hospital, Boston	30.3	3.0	0.78	Yes	5.5	1,407	1.52	
26	Arthur G. James Cancer Hospital, Columbus, Ohio	30.2	0.0	0.50	Yes	5.0	2,331	1.82	
27	Vanderbilt University Hospital and Clinic, Nashville	30.2	0.9	0.74	Yes	7.0	1,161	2.11	
28	University of Wisconsin Hospital and Clinics, Madison	29.9	1.8	0.72	Yes	7.0	1,202	1.21	
29	Yale-New Haven Hospital, New Haven, Conn.	29.3	0.4	0.74	Yes	7.0	1,814	1.35	
30	Fairview-University Medical Center, Minneapolis	29.1	0.8	0.62	Yes	5.0	1,035	1.63	
31	Henry Ford Hospital, Detroit	29.0	0.4	0.80	Yes	6.5	1,539	2.17	
32	University Hospitals of Cleveland	29.0	0.0	0.72	Yes	7.0	2,079	1.31	
33	University of Cincinnati Hospital	29.0	0.0	0.63	Yes	6.5	732	1.72	
34	New York Presbyterian Hospital	28.9	3.9	0.97	Yes	7.0	2,140	1.06	
35	Shands Hospital at the University of Florida, Gainesville	28.9	1.1	0.50	Yes	6.0	892	1.06	
36	University of Utah Hospitals and Clinics, Salt Lake City	28.7	0.4	0.59	Yes	5.0	710	1.80	
37	Lutheran General Healthsystem, Park Ridge, Ill.	28.7	0.3	0.62	Yes	6.0	1,477	0.85	
38	University of Iowa Hospitals and Clinics, Iowa City	28.5	0.5	0.76	Yes	7.0	1,533	1.15	
39	North Carolina Baptist Hospital, Winston-Salem	28.5	1.1	0.85	Yes	7.0	2,102	1.35	
40	University Hospital of Arkansas, Little Rock	28.5	0.5	0.79	Yes	5.5	1,437	2.02	
41	University of North Carolina Hospitals, Chapel Hill	28.5	0.0	0.70	Yes	6.0	1,195	1.58	
42	Cook County Hospital, Chicago	28.4	0.5	0.51	Yes	5.0	555	1.85	
43	Rush-Presbyterian-St. Luke's Medical Center, Chicago	28.2	0.0	0.70	Yes	7.0	1,296	1.06	
44	Strong Memorial Hospital-Rochester University, N.Y.	28.0	0.0	0.87	Yes	7.0	1,388	1.80	
45	Georgetown University Hospital, Washington, D.C.	28.0	1.1	0.65	Yes	6.0	912	1.04	
46	St. Louis University Hospital	28.0	0.0	0.59	Yes	6.0	527	1.54	
47	University Hospitals and Clinics, Columbia, Mo.	28.0	0.0	0.68	Yes	7.0	706	1.46	
48	Providence Hospital, Southfield, Mich.	28.0	0.5	0.61	Yes	4.0	1,337	1.27	
49	Temple University Hospital, Philadelphia	27.8	0.0	0.65	Yes	6.0	612	1.64	
50	Summa Health System, Akron, Ohio	27.6	0.0	0.69	Yes	5.5	1,754	1.15	

2000 Digestive Disorders Best Hospital List

Rank	Hospital	IHQ	Reputational Score	Mortality Rate	COTH Member	Technology Score (of 8)	Discharges	R.N.'s to beds	Trauma Center
1	Mayo Clinic, Rochester, Minn.	100.0	62.2	0.55	Yes	8.0	7,524	1.12	Yes
2	Cleveland Clinic	66.8	34.1	0.59	Yes	8.0	4,466	1.73	Yes
3	Johns Hopkins Hospital, Baltimore	66.1	34.8	0.70	Yes	8.0	3,228	1.63	Yes
4	Massachusetts General Hospital, Boston	62.2	33.9	0.93	Yes	8.0	4,422	1.61	Yes
5	Mount Sinai Medical Center, New York	51.1	26.6	1.00	Yes	7.0	3,140	1.68	No
6	UCLA Medical Center, Los Angeles	45.0	20.4	0.90	Yes	7.0	2,460	1.24	Yes
7	University of Chicago Hospitals	40.1	15.1	0.86	Yes	8.0	2,060	1.89	Yes
8	Duke University Medical Center, Durham, N.C.	35.8	11.3	0.89	Yes	8.0	3,677	1.76	Yes
9	University of California, San Francisco Medical Center	35.0	11.8	0.73	Yes	6.0	1,671	1.69	No
10	University of Pittsburgh Medical Center	31.0	6.1	0.73	Yes	8.0	4,156	1.40	Yes
11	Hospital of the University of Pennsylvania, Philadelphia	30.2	6.2	0.81	Yes	8.0	2,395	1.91	Yes
12	Brigham and Women's Hospital, Boston	29.6	6.0	0.71	Yes	7.5	2,665	1.52	No
13	Georgetown University Hospital, Washington, D.C.	28.8	3.9	0.46	Yes	7.0	1,116	1.04	Yes
14	Parkland Memorial Hospital, Dallas	28.3	5.6	0.77	Yes	7.0	940	1.86	Yes
15	Clarian Health Partners, Indianapolis	28.0	5.1	0.90	Yes	8.0	4,670	1.55	Yes
16	Yale-New Haven Hospital, New Haven, Conn.	27.9	5.8	0.95	Yes	8.0	3,085	1.35	Yes
17	Stanford University Hospital, Stanford, Calif.	27.3	4.6	0.78	Yes	6.0	1,959	1.74	Yes
18	University of Michigan Medical Center, Ann Arbor	27.1	3.6	0.74	Yes	8.0	2,860	1.73	No
19	Memorial Sloan-Kettering Cancer Center, New York	26.9	2.2	0.55	Yes	7.0	2,378	1.97	No
20	Barnes-Jewish Hospital, St. Louis	26.1	1.6	0.69	Yes	7.5	5,711	1.54	Yes
21	University of Washington Medical Center, Seattle	25.9	4.8	0.82	Yes	8.0	1,051	2.10	No
22	University of Virginia Health Sciences Center, Charlottesville	25.5	1.3	0.71	Yes	7.0	2,815	2.12	Yes
23	Temple University Hospital, Philadelphia	25.5	1.2	0.62	Yes	7.5	1,441	1.64	Yes
24	University of Wisconsin Hospital and Clinics, Madison	25.4	2.1	0.73	Yes	8.0	2,241	1.21	Yes
25	Baylor University Medical Center, Dallas	25.3	2.3	0.76	Yes	7.0	4,758	1.20	Yes
26	Medical University of South Carolina, Charleston	25.2	6.1	1.15	Yes	7.0	2,195	1.87	Yes
27	New York Presbyterian Hospital	25.2	6.3	1.14	Yes	8.0	2,279	1.06	Yes
28	Froedtert Memorial Lutheran Hospital, Milwaukee	25.1	0.6	0.54	Yes	6.5	1,918	1.44	Yes
29	William Beaumont Hospital, Royal Oak, Mich.	25.1	0.0	0.66	Yes	8.0	5,643	1.81	Yes
30	Lutheran General Healthsystem, Park Ridge, Ill.	24.4	0.5	0.59	Yes	6.5	3,032	0.85	Yes
31	Allegheny General Hospital, Pittsburgh	24.1	0.0	0.65	Yes	6.0	2,765	1.87	Yes
32	Northwestern Memorial Hospital, Chicago	24.1	1.3	0.78	Yes	7.0	2,557	1.51	Yes
33	University of North Carolina Hospitals, Chapel Hill	24.0	2.2	0.85	Yes	6.0	2,827	1.58	Yes
34	University of Iowa Hospitals and Clinics, Iowa City	23.9	1.3	0.75	Yes	8.0	1,965	1.15	Yes
35	Vanderbilt University Hospital and Clinic, Nashville	23.8	1.1	0.78	Yes	7.5	1,863	2.11	Yes
36	Fairfax Hospital, Falls Church, Va.	23.8	1.0	0.78	Yes	6.5	2,707	1.62	Yes
37	Thomas Jefferson University Hospital, Philadelphia	23.7	0.8	0.73	Yes	7.0	2,943	1.15	Yes
38	Emory University Hospital, Atlanta	23.7	2.9	0.77	Yes	7.0	2,365	0.94	No
39	University of California, Davis Medical Center, Sacramento	23.5	0.4	0.63	Yes	8.0	1,657	2.99	No
40	St. Louis University Hospital	23.3	1.5	0.82	Yes	7.5	1,570	1.54	Yes
41	University of Texas, M. D. Anderson Cancer Center, Houston	23.3	2.3	0.72	Yes	6.0	1,242	2.37	No
42	University of Miami, Jackson Memorial Hospital	23.2	3.3	0.99	Yes	7.0	1,634	1.67	Yes
43	Mary Hitchcock Memorial Hospital, Lebanon, N.H.	23.2	0.0	0.68	Yes	7.0	1,542	2.21	Yes
44	Cedars-Sinai Medical Center, Los Angeles	23.2	2.0	0.96	Yes	8.0	4,821	1.32	Yes
45	University Hospitals of Cleveland	23.1	0.0	0.76	Yes	8.0	2,794	1.31	Yes
46	F.G. McGaw Hospital at Loyola University, Maywood, Ill.	23.1	0.0	0.72	Yes	7.5	2,110	1.56	Yes
47	Henry Ford Hospital, Detroit	23.1	0.9	0.89	Yes	7.5	3,498	2.17	Yes
48	University Hospital, Denver	23.1	1.4	0.76	Yes	6.0	1,164	1.78	Yes
49	Shands Hospital at the University of Florida, Gainesville	23.0	2.3	0.73	Yes	6.5	1,940	1.06	No
50	Beth Israel Deaconess Medical Center, Boston	22.7	0.0	0.72	Yes	7.0	4,217	1.02	Yes

2000 Ear, Nose, and Throat Best Hospital List

Rank	Hospital	IHQ	Reputational Score	Hospitalwide Mortality Rate	COTH Member	Technology Score (of 5)	Discharges	R.N.'s to beds	Trauma Center
1	Johns Hopkins Hospital, Baltimore	100.0	41.7	0.82	Yes	5.0	265	1.63	Yes
2	University of Iowa Hospitals and Clinics, Iowa City	83.3	33.1	0.89	Yes	5.0	233	1.15	Yes
3	Massachusetts Eye and Ear Infirmary, Boston	77.6	29.7	0.00	No	3.0	266	1.83	Yes
4	University of Pittsburgh Medical Center	63.1	20.7	0.87	Yes	5.0	382	1.40	Yes
5	Mayo Clinic, Rochester, Minn.	62.5	19.2	0.68	Yes	5.0	487	1.12	Yes
6	UCLA Medical Center, Los Angeles	61.5	20.1	0.85	Yes	4.0	270	1.24	Yes
7	University of Michigan Medical Center, Ann Arbor	58.0	18.4	0.89	Yes	5.0	273	1.73	No
8	Barnes-Jewish Hospital, St. Louis	46.7	10.6	0.84	Yes	5.0	397	1.54	Yes
9	Hospital of the University of Pennsylvania, Philadelphia	46.6	12.3	1.02	Yes	5.0	235	1.91	Yes
10	Cleveland Clinic	46.1	8.8	0.70	Yes	5.0	231	1.73	Yes
11	Vanderbilt University Hospital and Clinic, Nashville	45.4	9.7	0.85	Yes	5.0	300	2.11	Yes
12	University of Texas, M. D. Anderson Cancer Center, Houston	44.0	11.3	0.87	Yes	4.0	120	2.37	No
13	Stanford University Hospital, Stanford, Calif.	42.5	9.6	0.88	Yes	4.0	115	1.74	Yes
14	University of Washington Medical Center, Seattle	41.9	10.4	0.92	Yes	5.0	82	2.10	No
15	Methodist Hospital, Houston	39.3	11.2	1.14	Yes	4.0	189	1.37	No
16	Mount Sinai Medical Center, New York	38.4	1.02	1.13	Yes	4.0	176	1.68	No
17	University of California, San Francisco Medical Center	37.6	7.9	0.89	Yes	3.0	149	1.69	No
18	University of Cincinnati Hospital	37.4	5.0	0.81	Yes	5.0	149	1.72	Yes
19	St. Louis University Hospital	37.1	4.6	0.73	Yes	5.0	118	1.54	Yes
20	University of Virginia Health Sciences Center, Charlottesville	35.7	4.3	0.82	Yes	4.0	179	2.12	Yes
21	Memorial Sloan-Kettering Cancer Center, New York	33.6	3.7	0.86	Yes	5.0	237	1.97	No
22	Duke University Medical Center, Durham, N.C.	33.5	4.0	0.94	Yes	5.0	162	1.76	Yes
23	Northwestern Memorial Hospital, Chicago	31.9	3.5	0.91	Yes	4.0	160	1.51	Yes
24	Henry Ford Hospital, Detroit	31.9	1.2	0.77	Yes	4.5	195	2.17	Yes
25	University of Wisconsin Hospital and Clinics, Madison	31.7	1.3	0.77	Yes	5.0	208	1.21	Yes
26	Georgetown University Hospital, Washington, D.C.	31.5	2.7	0.61	Yes	4.0	83	1.04	Yes
27	University of North Carolina Hospitals, Chapel Hill	31.4	2.2	0.85	Yes	4.0	186	1.58	Yes
28	University Hospital, Denver	30.2	1.5	0.75	Yes	4.0	57	1.78	Yes
29	Ohio State University Medical Center, Columbus	30.1	1.9	0.77	Yes	3.5	123	1.08	Yes
30	Rush-Presbyterian-St. Luke's Medical Center, Chicago	30.0	1.5	0.71	Yes	5.0	150	1.06	No
31	University of Chicago Hospitals	30.0	1.9	0.88	Yes	5.0	100	1.89	Yes
32	New York Eye and Ear Infirmary, New York	29.6	3.4	0.00	No	2.0	51	3.03	Yes
33	Thomas Jefferson University Hospital, Philadelphia	29.6	1.4	0.83	Yes	4.0	186	1.15	Yes
34	F.G. McGaw Hospital at Loyola University, Maywood, Ill.	29.6	1.5	0.92	Yes	5.0	179	1.56	Yes
35	Arthur G. James Cancer Hospital, Columbus, Ohio	29.3	0.0	0.58	Yes	4.0	145	1.82	Yes
36	University of Miami, Jackson Memorial Hospital	29.3	3.5	1.02	Yes	4.0	109	1.67	Yes
37	Los Angeles County-USC Medical Center	29.2	2.0	0.65	Yes	3.5	44	0.94	Yes
38	Fairview-University Medical Center, Minneapolis	29.1	1.5	0.81	Yes	3.0	333	1.63	No
39	William Beaumont Hospital, Royal Oak, Mich.	29.1	0.0	0.85	Yes	5.0	259	1.81	Yes
40	Summa Health System, Akron, Ohio	28.9	0.0	0.76	Yes	4.0	316	1.15	Yes
41	Clarian Health Partners, Indianapolis	28.5	0.7	0.92	Yes	5.0	340	1.55	Yes
42	Yale-New Haven Hospital, New Haven, Conn.	28.5	1.4	0.96	Yes	5.0	244	1.35	Yes
43	University of Texas Medical Branch Hospitals, Galveston	28.4	3.8	0.99	Yes	4.0	102	1.44	No
44	North Carolina Baptist Hospital, Winston-Salem	28.3	1.3	0.97	Yes	5.0	238	1.35	Yes
45	Lutheran General Healthsystem, Park Ridge, Ill.	27.9	0.0	0.68	Yes	4.0	160	0.85	Yes
46	University Hospital of Arkansas, Little Rock	27.8	1.3	0.86	Yes	4.5	120	2.02	No
47	University of Illinois Hospital and Clinics, Chicago	27.8	0.7	0.67	Yes	2.5	81	1.41	Yes
48	Manhattan Eye, Ear and Throat Hospital, New York	27.8	4.2	0.45	No	0.0	72	1.43	No
49	University of Alabama Hospital at Birmingham	27.7	1.3	1.01	Yes	5.0	313	1.51	Yes
50	Cook County Hospital, Chicago	27.7	0.0	0.64	Yes	3.0	94	1.85	Yes

2000 Geriatrics Best Hospital List

Rank	Hospital	IHQ	Reputational Score	Hospitalwide Mortality Rate	COTH Member	Technology Score (of 8)	R.N.'s to beds	Discharge Planning (of 3)	Service Mix (of 10)	Geriatric Services (of 7)
1	UCLA Medical Center, Los Angeles	100.0	39.2	0.85	Yes	7.0	1.24	3	5	5
2	Johns Hopkins Hospital, Baltimore	82.5	29.2	0.82	Yes	8.0	1.63	3	8	4
3	Mount Sinai Medical Center, New York	75.9	29.0	1.13	Yes	7.0	1.68	3	9	3
4	Duke University Medical Center, Durham, N.C.	62.3	20.6	0.94	Yes	8.0	1.76	3	6	3
5	Massachusetts General Hospital, Boston	61.7	20.2	0.98	Yes	8.0	1.61	3	7	4
6	Mayo Clinic, Rochester, Minn.	45.4	8.9	0.68	Yes	8.0	1.12	3	9	5
7	St. Louis University Hospital	45.4	10.5	0.73	Yes	8.0	1.54	3	4	3
8	University of Michigan Medical Center, Ann Arbor	41.7	9.1	0.89	Yes	8.0	1.73	3	8	4
9	Cleveland Clinic	39.9	6.2	0.70	Yes	8.0	1.73	3	9	4
10	Yale-New Haven Hospital, New Haven, Conn.	37.7	8.4	0.96	Yes	8.0	1.35	3	6	3
11	University of Washington Medical Center, Seattle	33.2	6.7	0.92	Yes	7.0	2.10	2	5	2
12	University of Chicago Hospitals	32.3	4.3	0.88	Yes	8.0	1.89	3	7	4
13	Brigham and Women's Hospital, Boston	31.8	4.6	0.85	Yes	7.5	1.52	2	6	4
14	University Hospitals of Cleveland	31.1	3.6	0.88	Yes	8.0	1.31	3	7	5
15	Rush-Presbyterian-St. Luke's Medical Center, Chicago	30.8	1.9	0.71	Yes	8.0	1.06	3	8	5
16	University of Pittsburgh Medical Center	30.6	2.3	0.87	Yes	8.0	1.40	3	9	7
17	University Hospital, Denver	30.0	3.2	0.75	Yes	6.0	1.78	3	6	3
18	Hospital of the University of Pennsylvania, Philadelphia	29.5	4.5	1.02	Yes	8.0	1.91	3	7	3
19	Francis Scott Key Medical Center, Baltimore	28.9	3.3	0.85	Yes	6.5	0.76	3	7	4
20	Stanford University Hospital, Stanford, Calif.	28.9	3.5	0.88	Yes	7.0	1.74	3	7	2
21	Fairview-University Medical Center, Minneapolis	28.8	1.9	0.81	Yes	6.0	1.63	3	9	5
22	Barnes-Jewish Hospital, St. Louis	28.2	1.8	0.84	Yes	8.0	1.54	3	8	4
23	University of North Carolina Hospitals, Chapel Hill	28.0	2.1	0.85	Yes	7.0	1.58	3	9	3
24	North Carolina Baptist Hospital, Winston-Salem	27.3	1.7	0.97	Yes	8.0	1.35	3	9	6
25	Thomas Jefferson University Hospital, Philadelphia	27.2	1.9	0.83	Yes	7.0	1.15	3	7	4
26	Georgetown University Hospital, Washington, D.C.	27.2	0.6	0.61	Yes	6.0	1.04	3	6	4
27	University of Illinois Hospital and Clinics, Chicago	27.1	0.8	0.67	Yes	5.5	1.41	3	6	4
28	University of California, San Francisco Medical Center	26.6	2.5	0.89	Yes	6.0	1.69	3	5	4
29	University of Cincinnati Hospital	26.2	0.8	0.81	Yes	8.0	1.72	3	6	4
30	John D. Archbold Memorial Hospital, Thomasville, Ga.	26.1	0.0	0.27	No	8.0	0.70	3	9	4
31	F.G. McGaw Hospital at Loyola University, Maywood, Ill.	26.1	1.6	0.92	Yes	8.0	1.56	3	8	3
32	Emory University Hospital, Atlanta	25.9	2.5	0.86	Yes	7.5	0.94	3	6	1
33	Cook County Hospital, Chicago	25.8	0.0	0.64	Yes	6.0	1.85	3	6	3
34	Parkland Memorial Hospital, Dallas	25.8	1.2	0.84	Yes	7.0	1.86	3	6	4
35	Lutheran General Healthsystem, Park Ridge, Ill.	25.8	0.0	0.68	Yes	7.0	0.85	3	7	4
36	Hospital for Special Surgery, New York	25.5	0.0	0.05	Yes	6.0	1.59	3	3	4
37	University of California, Davis Medical Center, Sacramento	25.4	0.4	0.79	Yes	8.0	2.99	3	5	4
38	University of Virginia Health Sciences Center, Charlottesville	25.3	0.4	0.82	Yes	7.0	2.12	3	8	4
39	William Beaumont Hospital, Royal Oak, Mich.	25.3	1.0	0.85	Yes	8.0	1.81	3	6	3
40	Pennsylvania Hospital, Philadelphia	25.2	0.4	0.78	Yes	7.0	1.11	3	7	4
41	St. Luke's Medical Center, Cleveland	25.1	0.0	0.73	Yes	6.0	0.83	3	6	6
42	Northwestern Memorial Hospital, Chicago	24.9	1.1	0.91	Yes	6.0	1.51	3	9	4
43	Augusta Health Care, Fishersville, Va.	24.9	0.0	0.64	No	5.0	1.23	3	8	5
44	Henry Ford Hospital, Detroit	24.8	0.5	0.77	Yes	7.5	2.17	3	3	4
45	Summa Health System, Akron, Ohio	24.6	0.0	0.76	Yes	7.0	1.15	3	8	3
46	University Hospital of Arkansas, Little Rock	24.5	0.8	0.86	Yes	7.5	2.02	3	6	3
47	University of Iowa Hospitals and Clinics, Iowa City	24.5	0.6	0.89	Yes	8.0	1.15	3	8	4
48	St. Luke's Hospital, Chesterfield, Mo.	24.5	0.0	0.68	No	7.0	0.80	3	5	6
49	Los Angeles County-USC Medical Center	24.4	0.5	0.65	Yes	6.5	0.93	2	3	3
50	Boston Medical Center	24.3	0.0	0.80	Yes	7.0	1.41	3	7	4

2000 Gynecology Best Hospital List

Rank	Hospital	IHQ	Reputational Score	Hospitalwide Mortality Rate	COTH Member	Technology Score (of 8)	Discharges	R.N.'s to beds	Trauma Center	Gynecology Services (of 4)
1	Johns Hopkins Hospital, Baltimore	100.0	27.9	0.82	Yes	8.0	243	1.63	Yes	3
2	Mayo Clinic, Rochester, Minn.	76.9	18.4	0.68	Yes	8.0	1,375	1.12	Yes	2
3	Brigham and Women's Hospital, Boston	69.3	17.2	0.85	Yes	7.5	448	1.52	No	2
4	UCLA Medical Center, Los Angeles	58.0	12.2	0.85	Yes	7.0	321	1.24	Yes	3
5	New York Presbyterian Hospital	55.8	13.5	1.15	Yes	8.0	253	1.06	Yes	3
6	University of Texas, M. D. Anderson Cancer Center, Houston	55.0	13.0	0.87	Yes	6.0	277	2.37	No	0
7	Massachusetts General Hospital, Boston	54.2	11.1	0.98	Yes	8.0	469	1.61	Yes	3
8	Duke University Medical Center, Durham, N.C.	53.2	10.3	0.94	Yes	8.0	514	1.76	Yes	3
9	Parkland Memorial Hospital, Dallas	52.8	10.5	0.84	Yes	7.0	93	1.86	Yes	3
10	Memorial Sloan-Kettering Cancer Center, New York	44.9	9.0	0.86	Yes	7.0	170	1.97	No	0
11	Magee-Womens Hospital, Pittsburgh	43.6	5.6	0.56	Yes	6.5	611	1.20	No	3
12	Cleveland Clinic	41.3	4.5	0.70	Yes	7.5	746	1.73	Yes	2
13	Stanford University Hospital, Stanford, Calif.	40.2	6.3	0.88	Yes	6.0	302	1.74	Yes	1
14	University of North Carolina Hospitals, Chapel Hill	39.7	4.8	0.85	Yes	7.0	342	1.58	Yes	3
15	Northwestern Memorial Hospital, Chicago	39.1	5.7	0.91	Yes	7.0	276	1.51	Yes	2
16	University of Michigan Medical Center, Ann Arbor	38.1	5.1	0.89	Yes	8.0	413	1.73	No	2
17	Yale-New Haven Hospital, New Haven, Conn.	37.4	5.0	0.96	Yes	8.0	407	1.35	Yes	2
18	Rush-Presbyterian-St. Luke's Medical Center, Chicago	36.4	3.2	0.71	Yes	8.0	310	1.06	No	3
19	Hospital of the University of Pennsylvania, Philadelphia	36.3	4.7	1.02	Yes	8.0	205	1.91	Yes	3
20	Vanderbilt University Hospital and Clinic, Nashville	35.7	3.3	0.85	Yes	8.0	287	2.11	Yes	2
21	University of Chicago Hospitals	35.3	3.2	0.88	Yes	8.0	232	1.89	Yes	3
22	University of Alabama Hospital at Birmingham	33.8	3.5	1.01	Yes	8.0	403	1.51	Yes	3
23	Barnes-Jewish Hospital, St. Louis	33.3	2.2	0.84	Yes	7.5	668	1.54	Yes	3
24	Georgetown University Hospital, Washington, D.C.	31.7	0.8	0.61	Yes	7.0	181	1.04	Yes	3
25	Cedars-Sinai Medical Center, Los Angeles	31.6	3.5	1.11	Yes	8.0	475	1.32	Yes	3
26	University Hospital, Denver	31.0	1.4	0.75	Yes	7.0	93	1.78	Yes	3
27	Baylor University Medical Center, Dallas	30.4	1.7	0.87	Yes	7.0	648	1.20	Yes	3
28	University of Washington Medical Center, Seattle	29.8	2.0	0.92	Yes	8.0	211	2.10	No	3
29	University of Virginia Health Sciences Center, Charlottesville	29.8	0.7	0.82	Yes	7.0	328	2.12	Yes	3
30	Arthur G. James Cancer Hospital, Columbus, Ohio	29.7	0.0	0.58	Yes	7.0	160	1.82	Yes	2
31	Ohio State University Medical Center, Columbus	29.5	1.3	0.77	Yes	6.5	148	1.08	Yes	3
32	Mary Hitchcock Memorial Hospital, Lebanon, N.H.	29.2	1.2	0.89	Yes	7.0	235	2.21	Yes	3
33	Thomas Jefferson University Hospital, Philadelphia	28.9	0.9	0.83	Yes	7.0	287	1.15	Yes	3
34	Emory University Hospital, Atlanta	28.8	3.5	0.86	Yes	6.0	215	0.94	No	0
35	University of Miami, Jackson Memorial Hospital	28.6	2.1	1.02	Yes	7.0	342	1.67	Yes	2
36	Women and Infants Hospital of Rhode Island, Providence	28.5	0.8	0.42	Yes	4.5	584	0.67	No	3
37	Ochsner Foundation Hospital, New Orleans	28.5	1.5	0.80	Yes	7.0	264	1.36	No	2
38	Lutheran General Healthsystem, Park Ridge, Ill.	28.5	0.0	0.68	Yes	7.0	262	0.85	Yes	3
39	Pennsylvania Hospital, Philadelphia	28.4	1.2	0.78	Yes	7.0	226	1.11	No	3
40	Clarian Health Partners, Indianapolis	28.4	1.0	0.92	Yes	8.0	463	1.55	Yes	2
41	F.G. McGaw Hospital at Loyola University, Maywood, Ill.	28.2	1.0	0.92	Yes	8.0	188	1.56	Yes	3
42	Florida Hospital Medical Center, Orlando, Fla.	27.8	0.0	0.82	No	7.0	788	1.63	Yes	3
43	Summa Health System, Akron, Ohio	27.7	0.0	0.76	Yes	6.5	459	1.15	Yes	3
44	University Hospital, Portland, Ore.	27.5	1.2	0.86	Yes	7.0	150	0.96	Yes	3
45	HCA Woman's Hospital of Texas, Houston	27.5	0.6	0.64	No	4.5	225	1.77	No	2
46	Cook County Hospital, Chicago	27.5	0.0	0.64	Yes	6.0	68	1.85	Yes	2
47	Spectrum Health, Grand Rapids, Mich.	27.5	0.0	0.85	Yes	7.0	421	2.08	Yes	3
48	John D. Archbold Memorial Hospital, Thomasville, Ga.	27.5	0.0	0.27	No	7.0	175	0.70	No	3
49	William Beaumont Hospital, Royal Oak, Mich.	27.4	0.0	0.85	Yes	8.0	623	1.81	Yes	2
50	Anne Arundel Medical Center, Annapolis, Md.	27.4	0.0	0.54	No	5.5	144	1.78	Yes	1

2000 Heart Best Hospital List

Rank	Hospital	IHQ	Reputational Score	Mortality Rate	COTH Member	Technology Score (of 9)	Surgical Volume	R.N.'s to beds	Trauma Center
1	Cleveland Clinic	100.0	65.2	0.66	Yes	9.0	8,928	1.73	Yes
2	Mayo Clinic, Rochester, Minn.	89.7	56.4	0.71	Yes	9.0	7,951	1.12	Yes
3	Massachusetts General Hospital, Boston	60.3	28.9	0.82	Yes	9.0	5,122	1.61	Yes
4	Johns Hopkins Hospital, Baltimore	54.8	26.0	0.94	Yes	9.0	3,396	1.63	Yes
5	Duke University Medical Center, Durham, N.C.	54.4	22.9	0.81	Yes	9.0	5,884	1.76	Yes
6	Brigham and Women's Hospital, Boston	50.8	24.0	0.93	Yes	8.5	4,040	1.52	No
7	Texas Heart Institute-St. Luke's Episcopal Hospital, Houston	47.4	23.4	1.02	Yes	8.0	6,242	1.31	No
8	Stanford University Hospital, Stanford, Calif.	43.6	16.5	0.96	Yes	8.0	2,897	1.74	Yes
9	Emory University Hospital, Atlanta	39.5	12.8	0.88	Yes	9.0	4,698	0.94	No
10	Barnes-Jewish Hospital, St. Louis	34.6	5.4	0.86	Yes	9.0	3,981	1.54	Yes
11	University of Alabama Hospital at Birmingham	34.3	7.0	0.96	Yes	9.0	5,387	1.51	Yes
12	William Beaumont Hospital, Royal Oak, Mich.	33.6	3.1	0.82	Yes	9.0	7,926	1.81	Yes
13	University of California, San Francisco Medical Center	31.5	6.3	0.90	Yes	8.0	1,079	1.69	No
14	Henry Ford Hospital, Detroit	31.0	0.7	0.76	Yes	8.5	1,755	2.17	Yes
15	New York Presbyterian Hospital	30.8	8.2	1.12	Yes	9.0	2,227	1.06	Yes
16	Cedars-Sinai Medical Center, Los Angeles	29.9	5.4	1.07	Yes	9.0	3,883	1.32	Yes
17	UCLA Medical Center, Los Angeles	29.8	3.6	0.88	Yes	8.0	1,554	1.24	Yes
18	Thomas Jefferson University Hospital, Philadelphia	29.7	1.8	0.80	Yes	8.0	1,830	1.15	Yes
19	University of Pittsburgh Medical Center	29.7	1.8	0.91	Yes	9.0	4,724	1.40	Yes
20	Boston Medical Center	29.6	0.0	0.74	Yes	8.0	1,966	1.41	Yes
21	University of Washington Medical Center, Seattle	29.6	12.7	1.33	Yes	8.0	1,288	2.10	No
22	St. Louis University Hospital	29.3	1.0	0.84	Yes	9.0	1,339	1.54	Yes
23	Vanderbilt University Hospital and Clinic, Nashville	29.3	1.6	0.91	Yes	9.0	1,662	2.11	Yes
24	Orlando Regional Medical Center, Orlando, Fla.	29.2	0.0	0.73	Yes	7.0	2,842	1.24	Yes
25	Rush-Presbyterian-St. Luke's Medical Center, Chicago	29.2	1.0	0.74	Yes	9.0	1,557	1.06	No
26	Spectrum Health, Grand Rapids, Mich.	29.1	0.0	0.83	Yes	8.0	2,728	2.08	Yes
27	St. Vincent Hospital and Health Center, Indianapolis	28.9	1.1	0.85	Yes	8.0	8,014	1.25	Yes
28	University of Virginia Health Sciences Center, Charlottesville	28.8	0.6	0.89	Yes	8.0	3,099	2.12	Yes
29	University Hospital of Arkansas, Little Rock	28.6	0.0	0.74	Yes	9.0	286	2.02	No
30	New England Medical Center, Boston	28.6	0.7	0.86	Yes	8.0	1,992	2.39	Yes
31	Summa Health System, Akron, Ohio	28.6	0.0	0.78	Yes	8.0	2,241	1.15	Yes
32	Lutheran General Healthsystem, Park Ridge, Ill.	28.5	0.0	0.68	Yes	8.0	1,835	0.85	Yes
33	Lahey Hitchcock Clinic, Burlington, Mass.	28.4	1.0	0.85	Yes	8.0	2,867	1.00	Yes
34	University of Wisconsin Hospital and Clinics, Madison	28.3	0.0	0.81	Yes	9.0	1,523	1.21	Yes
35	North Carolina Baptist Hospital, Winston-Salem	28.3	0.6	0.91	Yes	9.0	4,026	1.35	Yes
36	Yale-New Haven Hospital, New Haven, Conn.	28.2	1.5	0.96	Yes	9.0	4,915	1.35	Yes
37	Georgetown University Hospital, Washington, D.C.	28.0	0.6	0.64	Yes	7.0	877	1.04	Yes
38	St. Luke's Hospital, Bethlehem, Pa.	27.9	0.0	0.75	Yes	8.0	3,233	0.93	No
39	Fairfax Hospital, Falls Church, Va.	27.9	0.0	0.91	Yes	8.5	3,720	1.62	Yes
40	University of Illinois Hospital and Clinics, Chicago	27.7	0.0	0.49	Yes	7.0	292	1.41	Yes
41	Florida Hospital Medical Center, Orlando, Fla.	27.7	0.0	0.79	No	8.0	10,835	1.63	Yes
42	Ochsner Foundation Hospital, New Orleans	27.7	1.6	0.86	Yes	8.0	2,427	1.36	No
43	University of Cincinnati Hospital	27.4	0.5	0.93	Yes	9.0	1,446	1.72	Yes
44	Kaiser Foundation Hospital, San Francisco	27.4	0.0	0.76	No	8.5	2,566	2.37	No
45	Washington Hospital Center, Washington, D.C.	27.4	0.0	0.92	Yes	8.0	8,428	1.77	Yes
46	Good Samaritan Hospital, Cincinnati, Ohio	27.3	0.0	0.82	Yes	8.0	1,918	1.04	Yes
47	Christ Hospital, Cincinnati	27.3	0.0	0.75	No	8.5	4,729	1.51	No
48	Clarian Health Partners, Indianapolis	27.2	1.8	1.04	Yes	9.0	4,155	1.55	Yes
49	Temple University Hospital, Philadelphia	27.2	1.9	1.01	Yes	9.0	1,597	1.64	Yes
50	Pennsylvania Hospital, Philadelphia	27.1	0.0	0.68	Yes	8.0	1,051	1.11	No

2000 Hormonal Disorders Best Hospital List

Rank	Hospital	IHQ	Reputational Score	Mortality Rate	COTH Member	Technology Score (of 7)	Discharges	R.N.'s to beds	Trauma Center
1	Mayo Clinic, Rochester, Minn.	100.0	62.5	0.43	Yes	7.0	1,369	1.12	Yes
2	Massachusetts General Hospital, Boston	86.1	52.6	0.90	Yes	7.0	1,227	1.61	Yes
3	Johns Hopkins Hospital, Baltimore	54.9	22.1	0.65	Yes	7.0	820	1.63	Yes
4	Brigham and Women's Hospital, Boston	50.0	20.3	0.70	Yes	6.5	622	1.52	No
5	University of California, San Francisco Medical Center	49.2	20.6	0.74	Yes	5.0	454	1.69	No
6	University of Virginia Health Sciences Center, Charlottesville	45.7	12.5	0.44	Yes	6.0	957	2.12	Yes
7	Barnes-Jewish Hospital, St. Louis	43.6	13.8	0.87	Yes	7.0	2,113	1.54	Yes
8	University of Chicago Hospitals	43.3	11.1	0.63	Yes	7.0	887	1.89	Yes
9	Cleveland Clinic	41.1	7.6	0.44	Yes	7.0	1,113	1.73	Yes
10	University of Michigan Medical Center, Ann Arbor	38.9	8.3	0.56	Yes	7.0	792	1.73	No
11	Stanford University Hospital, Stanford, Calif.	38.8	7.1	0.55	Yes	6.0	494	1.74	Yes
12	Vanderbilt University Hospital and Clinic, Nashville	38.1	4.7	0.38	Yes	7.0	730	2.11	Yes
13	UCLA Medical Center, Los Angeles	38.0	8.4	0.66	Yes	6.0	707	1.24	Yes
14	Duke University Medical Center, Durham, N.C.	34.2	4.3	0.81	Yes	7.0	903	1.76	Yes
15	Northwestern Memorial Hospital, Chicago	33.9	4.7	0.74	Yes	6.0	966	1.51	Yes
16	St. Louis University Hospital	33.8	1.5	0.45	Yes	7.0	639	1.54	Yes
17	Hospital of the University of Pennsylvania, Philadelphia	33.3	2.7	0.72	Yes	7.0	860	1.91	Yes
18	University of Pittsburgh Medical Center	32.7	1.5	0.55	Yes	7.0	1,318	1.40	Yes
19	University of Wisconsin Hospital and Clinics, Madison	32.3	0.5	0.38	Yes	7.0	604	1.21	Yes
20	Ohio State University Medical Center, Columbus	32.1	2.8	0.55	Yes	5.5	745	1.08	Yes
21	University Medical Center, Jacksonville, Fla.	32.1	0.0	0.23	Yes	6.0	402	1.69	Yes
22	New York Presbyterian Hospital	32.0	6.1	1.11	Yes	7.0	1,005	1.06	Yes
23	University of California, Davis Medical Center, Sacramento	31.7	1.7	0.56	Yes	7.0	509	2.99	No
24	University of North Carolina Hospitals, Chapel Hill	31.4	0.7	0.54	Yes	6.0	774	1.58	Yes
25	Good Samaritan Regional Medical Center, Phoenix	31.4	0.0	0.33	Yes	7.0	639	1.08	Yes
26	Yale-New Haven Hospital, New Haven, Conn.	31.4	3.7	0.94	Yes	7.0	832	1.35	Yes
27	Henry Ford Hospital, Detroit	31.2	1.1	0.71	Yes	6.5	1,809	2.17	Yes
28	Hermann Hospital, Houston	31.2	0.0	0.39	Yes	6.5	390	1.14	Yes
29	William Beaumont Hospital, Royal Oak, Mich.	31.1	0.6	0.71	Yes	7.0	1,363	1.81	Yes
30	F.G. McGaw Hospital at Loyola University, Maywood, Ill.	30.9	1.1	0.73	Yes	7.0	671	1.56	Yes
31	University of Illinois Hospital and Clinics, Chicago	30.2	0.0	0.23	Yes	4.5	502	1.41	Yes
32	Lutheran General Healthsystem, Park Ridge, Ill.	30.1	0.0	0.38	Yes	6.0	724	0.85	Yes
33	Temple University Hospital, Philadelphia	30.1	0.3	0.76	Yes	7.0	440	1.64	Yes
34	New England Medical Center, Boston	29.8	0.0	0.69	Yes	6.0	435	2.39	Yes
35	Washington Hospital Center, Washington, D.C.	29.6	2.1	0.96	Yes	6.0	1,574	1.77	Yes
36	Clarian Health Partners, Indianapolis	29.6	1.3	0.91	Yes	7.0	1,369	1.55	Yes
37	University of Maryland Medical System, Baltimore	29.6	0.7	0.50	Yes	7.0	553	1.10	No
38	Hennepin County Medical Center, Minneapolis	29.6	0.0	0.41	Yes	5.0	476	0.98	Yes
39	University of Cincinnati Hospital	29.5	0.0	0.81	Yes	7.0	810	1.72	Yes
40	Spectrum Health, Grand Rapids, Mich.	29.4	0.0	0.73	Yes	6.0	731	2.08	Yes
41	Sinai Samaritan Medical Center, Milwaukee	29.4	0.0	0.39	Yes	5.5	461	0.75	Yes
42	Long Beach Memorial Medical Center, Long Beach, Calif.	29.4	0.0	0.70	Yes	7.0	428	1.28	Yes
43	Methodist Medical Center, Dallas	29.3	0.0	0.52	Yes	6.0	823	0.91	Yes
44	Rush-Presbyterian-St. Luke's Medical Center, Chicago	29.3	0.4	0.49	Yes	7.0	781	1.06	No
45	Francis Scott Key Medical Center, Baltimore	29.2	0.0	0.45	Yes	5.5	611	0.76	Yes
46	Beth Israel Deaconess Medical Center, Boston	29.1	0.0	0.57	Yes	6.0	1,122	1.02	Yes
47	Penn State's Milton S. Hershey Medical Center, Hershey	29.1	0.0	0.67	Yes	6.0	495	1.39	Yes
48	Baylor University Medical Center, Dallas	29.1	0.7	0.71	Yes	6.0	1,049	1.20	Yes
49	University of Alabama Hospital at Birmingham	29.0	1.0	0.92	Yes	7.0	1,119	1.51	Yes
50	Good Samaritan Hospital, Cincinnati, Ohio	29.0	0.0	0.59	Yes	6.0	509	1.04	Yes

2000 Kidney Disease Best Hospital List

Rank	Hospital	IHQ	Reputational Score	Mortality Rate	COTH Member	Technology Score (of 5)	Discharges	R.N.'s to beds	Trauma Center
1	Brigham and Women's Hospital, Boston	100.0	27.4	0.85	Yes	4.0	696	1.52	No
2	Massachusetts General Hospital, Boston	92.7	23.2	1.06	Yes	4.0	1,004	1.61	Yes
3	Cleveland Clinic	82.3	18.1	0.56	Yes	4.0	1,076	1.73	Yes
4	University Hospital, Denver	76.6	16.4	0.67	Yes	3.0	429	1.78	Yes
5	Mayo Clinic, Rochester, Minn.	75.7	14.8	0.53	Yes	4.0	1,161	1.12	Yes
6	Barnes-Jewish Hospital, St. Louis	72.1	13.2	0.74	Yes	4.5	1,761	1.54	Yes
7	Duke University Medical Center, Durham, N.C.	70.8	13.5	0.65	Yes	4.0	1,067	1.76	Yes
8	New York Presbyterian Hospital	67.8	13.1	0.97	Yes	4.0	839	1.06	Yes
9	Vanderbilt University Hospital and Clinic, Nashville	67.3	12.2	0.52	Yes	3.5	827	2.11	Yes
10	Johns Hopkins Hospital, Baltimore	64.1	10.7	0.48	Yes	4.0	849	1.63	Yes
11	Parkland Memorial Hospital, Dallas	59.3	8.9	0.46	Yes	4.0	694	1.86	Yes
12	UCLA Medical Center, Los Angeles	59.1	10.1	0.75	Yes	4.0	957	1.24	Yes
13	Emory University Hospital, Atlanta	54.9	8.9	0.55	Yes	3.5	772	0.94	No
14	Stanford University Hospital, Stanford, Calif.	53.3	7.5	0.78	Yes	3.0	508	1.74	Yes
15	University of Alabama Hospital at Birmingham	51.4	7.5	1.00	Yes	4.0	1,266	1.51	Yes
16	Hospital of the University of Pennsylvania, Philadelphia	49.7	7.8	1.05	Yes	4.0	1,052	1.91	Yes
17	Fairview-University Medical Center, Minneapolis	49.1	6.4	0.64	Yes	5.0	634	1.63	No
18	University of Washington Medical Center, Seattle	48.0	6.8	0.80	Yes	4.0	396	2.10	No
19	University of California, San Francisco Medical Center	46.4	5.0	0.56	Yes	5.0	666	1.69	No
20	University of North Carolina Hospitals, Chapel Hill	46.1	4.9	0.51	Yes	3.0	975	1.58	Yes
21	University of Pittsburgh Medical Center	45.4	4.0	0.69	Yes	4.0	1,123	1.40	Yes
22	Los Angeles County-USC Medical Center	43.9	0.9	0.00	Yes	3.5	218	0.94	Yes
23	Henry Ford Hospital, Detroit	43.2	2.5	0.65	Yes	4.0	1,365	2.17	Yes
24	University of Michigan Medical Center, Ann Arbor	43.0	4.2	0.78	Yes	4.0	992	1.73	No
25	University Hospital, Portland, Ore.	42.3	3.9	0.67	Yes	4.5	345	0.96	Yes
26	University of Chicago Hospitals	42.1	2.0	0.41	Yes	4.0	774	1.89	Yes
27	University of Miami, Jackson Memorial Hospital	41.2	1.1	0.56	Yes	4.0	888	1.67	Yes
28	Yale-New Haven Hospital, New Haven, Conn.	41.1	4.6	1.06	Yes	4.0	952	1.35	Yes
29	New England Medical Center, Boston	39.7	4.0	0.94	Yes	4.0	322	2.39	Yes
30	St. Louis University Hospital	39.6	1.3	0.48	Yes	4.5	552	1.54	Yes
31	Ohio State University Medical Center, Columbus	39.0	1.5	0.54	Yes	3.5	1,100	1.08	Yes
32	Hermann Hospital, Houston	38.5	1.1	0.46	Yes	3.5	756	1.14	Yes
33	University of California, Davis Medical Center, Sacramento	38.4	1.8	0.58	Yes	5.0	688	2.99	No
34	Boston Medical Center	38.3	0.0	0.36	Yes	4.0	339	1.41	Yes
35	Texas Heart Institute-St. Luke's Episcopal Hospital, Houston	37.3	1.1	0.48	Yes	3.0	812	1.31	No
36	University of Illinois Hospital and Clinics, Chicago	37.3	0.0	0.36	Yes	3.5	421	1.41	Yes
37	Georgetown University Hospital, Washington, D.C.	37.2	0.6	0.46	Yes	4.0	398	1.04	Yes
38	Rush-Presbyterian-St. Luke's Medical Center, Chicago	37.0	1.1	0.43	Yes	4.0	1,294	1.06	No
39	University of Virginia Health Sciences Center, Charlottesville	37.0	1.5	0.75	Yes	4.0	887	2.12	Yes
40	University of Cincinnati Hospital	36.6	0.6	0.42	Yes	3.0	629	1.72	Yes
41	University of Wisconsin Hospital and Clinics, Madison	36.3	1.5	0.71	Yes	4.0	838	1.21	Yes
42	Shands Hospital at the University of Florida, Gainesville	36.1	2.6	0.64	Yes	3.5	611	1.06	No
43	Bexar County Hospital District, San Antonio	35.9	1.0	0.73	Yes	3.5	366	1.29	Yes
44	Froedtert Memorial Lutheran Hospital, Milwaukee	35.9	1.3	0.76	Yes	4.0	811	1.44	Yes
45	Methodist Hospital, Houston	35.8	2.8	1.04	Yes	3.5	725	1.37	No
46	Clarian Health Partners, Indianapolis	35.7	1.5	1.02	Yes	4.0	1,238	1.55	Yes
47	University of Iowa Hospitals and Clinics, Iowa City	35.6	1.9	0.82	Yes	4.0	494	1.15	Yes
48	University of Texas Medical Branch Hospitals, Galveston	35.3	0.5	0.42	Yes	4.0	886	1.44	No
49	Butterworth Hospital, Grand Rapids, Mich.	35.2	0.0	0.66	Yes	4.0	285	1.25	Yes
50	Washington Hospital Center, Washington, D.C.	34.9	0.0	0.58	Yes	3.0	1,341	1.77	Yes

2000 Neurology and Neurosurgery Best Hospital List

Rank	Hospital	IHQ	Reputational Score	Mortality Rate	COTH Member	Technology Score (of 7)	Discharges	R.N.'s to beds	Trauma Center
1	Mayo Clinic, Rochester, Minn.	100.0	56.8	0.87	Yes	7.0	4,941	1.12	Yes
2	Massachusetts General Hospital, Boston	87.3	47.1	0.94	Yes	7.0	3,802	1.61	Yes
3	Johns Hopkins Hospital, Baltimore	78.3	37.3	0.68	Yes	7.0	2,710	1.63	Yes
4	New York Presbyterian Hospital	69.7	34.5	0.91	Yes	7.0	2,732	1.06	Yes
5	University of California, San Francisco Medical Center	56.1	25.8	0.92	Yes	5.0	1,455	1.69	No
6	Cleveland Clinic	49.5	15.1	0.65	Yes	7.0	3,412	1.73	Yes
7	Hospital of the University of Pennsylvania, Philadelphia	38.5	10.4	0.98	Yes	7.0	2,280	1.91	Yes
8	UCLA Medical Center, Los Angeles	37.9	8.4	0.71	Yes	6.0	1,951	1.24	Yes
9	Barnes-Jewish Hospital, St. Louis	37.3	8.4	0.85	Yes	7.0	4,456	1.54	Yes
10	Brigham and Women's Hospital, Boston	35.0	8.6	0.86	Yes	6.5	1,966	1.52	No
11	Duke University Medical Center, Durham, N.C.	34.4	7.5	1.00	Yes	7.0	3,005	1.76	Yes
12	University of Iowa Hospitals and Clinics, Iowa City	33.0	5.0	0.78	Yes	7.0	2,133	1.15	Yes
13	University Hospital, Denver	32.7	3.4	0.69	Yes	6.0	613	1.78	Yes
14	Georgetown University Hospital, Washington, D.C.	32.1	1.9	0.49	Yes	6.0	1,207	1.04	Yes
15	Methodist Hospital, Houston	31.7	7.3	0.92	Yes	6.0	3,802	1.37	No
16	University of Chicago Hospitals	31.5	3.2	0.81	Yes	7.0	1,221	1.89	Yes
17	Henry Ford Hospital, Detroit	30.9	1.9	0.71	Yes	6.5	3,350	2.17	Yes
18	University of Virginia Health Sciences Center, Charlottesville	30.6	3.2	0.81	Yes	6.0	3,078	2.12	Yes
19	Rush-Presbyterian-St. Luke's Medical Center, Chicago	30.4	1.8	0.52	Yes	7.0	2,097	1.06	No
20	Northwestern Memorial Hospital, Chicago	30.0	2.9	0.79	Yes	6.0	1,844	1.51	Yes
21	Stanford University Hospital, Stanford, Calif.	29.8	3.5	0.90	Yes	6.0	1,898	1.74	Yes
22	University of Washington Medical Center, Seattle	29.6	1.5	0.66	Yes	7.0	670	2.10	No
23	St. Louis University Hospital	29.4	2.1	0.83	Yes	7.0	1,532	1.54	Yes
24	University of Michigan Medical Center, Ann Arbor	29.4	6.5	1.12	Yes	7.0	1,851	1.73	No
25	Emory University Hospital, Atlanta	29.4	6.3	0.94	Yes	6.5	2,475	0.94	No
26	Boston Medical Center	28.9	0.3	0.62	Yes	6.0	1,098	1.41	Yes
27	University of Cincinnati Hospital	28.9	0.4	0.73	Yes	7.0	1,700	1.72	Yes
28	Cook County Hospital, Chicago	28.8	0.0	0.60	Yes	5.0	616	1.85	Yes
29	New York University Medical Center	28.3	2.1	0.67	Yes	6.5	3,232	1.18	No
30	St. Joseph's Hospital and Medical Center, Phoenix	28.3	4.1	1.02	Yes	7.0	2,124	1.21	Yes
31	Vanderbilt University Hospital and Clinic, Nashville	28.3	1.7	0.89	Yes	7.0	1,649	2.11	Yes
32	Parkland Memorial Hospital, Dallas	28.3	1.3	0.81	Yes	6.0	928	1.86	Yes
33	Tulane University Hospital and Clinic, New Orleans	28.3	0.0	0.46	Yes	6.0	559	1.17	No
34	Maryland General Hospital, Baltimore	28.1	0.0	0.33	No	6.0	626	0.61	Yes
35	Los Angeles County-USC Medical Center	27.8	0.4	0.46	Yes	5.5	588	0.93	No
36	University of Illinois Hospital and Clinics, Chicago	27.6	0.4	0.64	Yes	4.5	930	1.41	Yes
37	Shands Hospital at the University of Florida, Gainesville	27.6	2.9	0.76	Yes	6.0	1,355	1.06	No
38	Fairview-University Medical Center, Minneapolis	27.5	0.7	0.60	Yes	5.0	1,496	1.63	No
39	Clarian Health Partners, Indianapolis	27.3	1.3	0.89	Yes	7.0	4,228	1.55	Yes
40	Lutheran General Healthsystem, Park Ridge, Ill.	27.3	0.0	0.61	Yes	6.0	2,278	0.85	Yes
41	Temple University Hospital, Philadelphia	27.2	0.0	0.80	Yes	7.0	1,144	1.64	Yes
42	Wills Eye Hospital, Philadelphia	27.2	0.0	0.32	No	5.5	556	1.18	No
43	Yale-New Haven Hospital, New Haven, Conn.	27.2	2.0	0.93	Yes	7.0	2,545	1.35	Yes
44	William Beaumont Hospital, Royal Oak, Mich.	27.2	0.0	0.82	Yes	7.0	4,694	1.81	Yes
45	Good Samaritan Hospital, Cincinnati, Ohio	26.7	0.0	0.68	Yes	6.0	1,457	1.04	Yes
46	Long Beach Memorial Medical Center, Long Beach, Calif.	26.7	0.0	0.78	Yes	7.0	926	1.28	Yes
47	Washington Hospital Center, Washington, D.C.	26.6	0.0	0.80	Yes	6.0	2,182	1.77	Yes
48	Fairfax Hospital, Falls Church, Va.	26.2	0.0	0.84	Yes	6.5	2,411	1.62	Yes
49	Summa Health System, Akron, Ohio	26.2	0.0	0.74	Yes	6.0	3,512	1.15	Yes
50	University Hospitals of Cleveland	26.1	2.0	1.00	Yes	7.0	2,642	1.31	Yes

2000 Orthopedics Best Hospital List

Rank	Hospital	IHQ	Reputational Score	Mortality Rate	COTH Member	Technology Score (of 5)	Discharges	R.N.'s to beds	Trauma Center
1	Mayo Clinic, Rochester, Minn.	100.0	54.7	0.62	Yes	5.0	8,662	1.12	Yes
2	Hospital for Special Surgery, New York	90.3	46.2	0.07	Yes	4.5	6,760	1.59	Yes
3	Massachusetts General Hospital, Boston	66.6	31.9	1.09	Yes	5.0	3,913	1.61	Yes
4	Johns Hopkins Hospital, Baltimore	50.1	18.4	0.88	Yes	5.0	1,828	1.63	Yes
5	Cleveland Clinic	45.8	13.0	0.62	Yes	5.0	3,939	1.73	Yes
6	Duke University Medical Center, Durham, N.C.	44.1	15.5	1.19	Yes	5.0	3,044	1.76	Yes
7	Harborview Medical Center, Seattle	37.0	11.2	1.06	Yes	3.5	802	2.30	Yes
8	University of Washington Medical Center, Seattle	36.5	8.1	0.60	Yes	5.0	1,032	2.10	No
9	University of Iowa Hospitals and Clinics, Iowa City	35.5	8.2	0.90	Yes	5.0	1,618	1.15	Yes
10	UCLA Medical Center, Los Angeles	34.0	6.7	0.84	Yes	4.0	1,984	1.24	Yes
11	Barnes-Jewish Hospital, St. Louis	32.3	3.6	0.74	Yes	5.0	2,969	1.54	Yes
12	University of Pittsburgh Medical Center	32.1	4.7	0.91	Yes	5.0	3,663	1.40	Yes
13	Brigham and Women's Hospital, Boston	31.6	4.4	0.74	Yes	4.5	2,740	1.52	No
14	Parkland Memorial Hospital, Dallas	31.4	5.9	0.92	Yes	4.0	667	1.86	Yes
15	Bexar County Hospital District, San Antonio	30.7	3.2	0.55	Yes	4.0	640	1.29	Yes
16	Stanford University Hospital, Stanford, Calif.	30.7	3.7	0.87	Yes	4.0	2,219	1.74	Yes
17	University of Utah Hospitals and Clinics, Salt Lake City	30.4	2.7	0.68	Yes	4.0	1,622	1.80	Yes
18	Hospital for Joint Diseases-Orthopedic Institute, New York	30.4	4.6	0.14	No	3.5	2,391	1.10	No
19	Vanderbilt University Hospital and Clinic, Nashville	30.2	3.0	0.81	Yes	5.0	1,715	2.11	Yes
20	University of Michigan Medical Center, Ann Arbor	29.8	2.9	0.70	Yes	5.0	2,008	1.73	No
21	University of California, San Francisco Medical Center	29.5	4.8	0.85	Yes	4.0	1,048	1.69	No
22	Summa Health System, Akron, Ohio	29.0	0.5	0.51	Yes	4.0	4,336	1.15	Yes
23	University of Chicago Hospitals	28.9	1.9	0.75	Yes	5.0	1,349	1.89	Yes
24	Baptist Memorial Hospital, Memphis	28.7	5.0	0.94	No	4.0	3,431	0.93	Yes
25	New York Presbyterian Hospital	28.6	5.4	1.30	Yes	5.0	2,081	1.06	Yes
26	University of Wisconsin Hospital and Clinics, Madison	28.6	1.2	0.64	Yes	5.0	1,563	1.21	Yes
27	St. Louis University Hospital	28.5	0.4	0.37	Yes	5.0	972	1.54	Yes
28	University Hospitals of Cleveland	28.4	0.9	0.74	Yes	5.0	2,557	1.31	Yes
29	Rush-Presbyterian-St. Luke's Medical Center, Chicago	28.4	3.5	0.89	Yes	5.0	2,323	1.06	No
30	Thomas Jefferson University Hospital, Philadelphia	28.3	3.4	1.04	Yes	4.0	2,959	1.15	Yes
31	University of Alabama Hospital at Birmingham	27.8	1.6	0.88	Yes	5.0	1,776	1.51	Yes
32	Northwestern Memorial Hospital, Chicago	27.8	1.5	0.86	Yes	4.0	2,166	1.51	Yes
33	Henry Ford Hospital, Detroit	27.7	0.0	0.65	Yes	4.5	2,097	2.17	Yes
34	Spectrum Health, Grand Rapids, Mich.	27.5	0.0	0.69	Yes	4.0	3,044	2.08	Yes
35	Hospital of the University of Pennsylvania, Philadelphia	27.4	3.6	1.19	Yes	5.0	1,463	1.91	Yes
36	University Hospital, Denver	27.4	3.1	0.97	Yes	4.0	707	1.78	Yes
37	University of North Carolina Hospitals, Chapel Hill	27.3	0.5	0.69	Yes	4.0	1,537	1.58	Yes
38	William Beaumont Hospital, Royal Oak, Mich.	27.3	0.5	0.85	Yes	5.0	5,349	1.81	Yes
39	Lutheran General Healthsystem, Park Ridge, Ill.	27.2	0.0	0.58	Yes	4.0	2,614	0.85	Yes
40	Allegheny General Hospital, Pittsburgh	27.1	0.0	0.74	Yes	4.0	2,780	1.87	Yes
41	Memorial Sloan-Kettering Cancer Center, New York	27.0	2.1	0.72	Yes	5.0	561	1.97	No
42	Pennsylvania Hospital, Philadelphia	26.8	0.0	0.33	Yes	4.0	3,691	1.11	No
43	Georgetown University Hospital, Washington, D.C.	26.7	0.0	0.35	Yes	4.0	1,043	1.04	Yes
44	York Hospital, York, Pa.	26.7	0.7	0.82	Yes	3.5	2,367	1.37	Yes
45	St. Luke's Medical Center, Milwaukee, Wis.	26.7	0.5	0.70	Yes	4.0	3,475	0.72	Yes
46	Froedtert Memorial Lutheran Hospital, Milwaukee	26.5	0.9	0.76	Yes	3.5	1,379	1.44	Yes
47	Los Angeles County-USC Medical Center	26.5	0.7	0.51	Yes	4.0	1,625	0.93	No
48	North Carolina Baptist Hospital, Winston-Salem	26.4	0.9	0.97	Yes	5.0	2,395	1.35	Yes
49	St. John's Mercy Medical Center, St. Louis	26.4	0.0	0.43	Yes	5.0	2,066	0.84	No
50	University of Kentucky Hospital, Lexington	26.3	0.6	0.83	Yes	5.0	1,240	1.93	Yes

2000 Respiratory Disorders Best Hospital List

Rank	Hospital	IHQ	Reputational Score	Mortality Rate	COTH Member	Technology Score (of 4)	Discharges	R.N.'s to beds	Trauma Center	Discharge Planning (of 3)
1	National Jewish Center, Denver	100.0	51.7	0.66	No	2.0	80	0.70	No	3
2	Mayo Clinic, Rochester, Minn.	90.2	41.3	0.76	Yes	4.0	4,220	1.12	Yes	3
3	Johns Hopkins Hospital, Baltimore	62.7	25.1	0.87	Yes	4.0	1,369	1.63	Yes	3
4	Barnes-Jewish Hospital, St. Louis	50.7	17.2	0.91	Yes	4.0	5,056	1.54	Yes	3
5	University Hospital, Denver	48.2	14.8	0.76	Yes	4.0	1,024	1.78	Yes	3
6	Cleveland Clinic	45.1	12.6	0.82	Yes	4.0	2,733	1.73	Yes	3
7	Massachusetts General Hospital, Boston	43.0	16.0	1.26	Yes	4.0	3,031	1.61	Yes	3
8	UCSD Medical Center, San Diego	41.5	11.4	0.82	Yes	4.0	1,007	1.48	Yes	3
9	Brigham and Women's Hospital, Boston	37.5	9.8	0.83	Yes	4.0	2,282	1.52	No	2
10	Duke University Medical Center, Durham, N.C.	36.7	10.1	1.09	Yes	4.0	2,891	1.76	Yes	3
11	University of Michigan Medical Center, Ann Arbor	34.8	8.9	0.95	Yes	4.0	1,743	1.73	No	3
12	Stanford University Hospital, Stanford, Calif.	33.1	7.1	0.96	Yes	4.0	1,493	1.74	Yes	3
13	UCLA Medical Center, Los Angeles	32.9	5.2	0.76	Yes	4.0	1,782	1.24	Yes	3
14	Hospital of the University of Pennsylvania, Philadelphia	32.6	7.7	1.05	Yes	4.0	1,555	1.91	Yes	3
15	Vanderbilt University Hospital and Clinic, Nashville	32.5	5.5	0.87	Yes	4.0	1,889	2.11	Yes	3
16	University of Chicago Hospitals	31.8	6.9	1.01	Yes	4.0	1,439	1.89	Yes	3
17	St. Louis University Hospital	31.7	2.7	0.60	Yes	4.0	1,390	1.54	Yes	3
18	University of North Carolina Hospitals, Chapel Hill	30.9	3.1	0.75	Yes	4.0	2,519	1.58	Yes	3
19	Cook County Hospital, Chicago	28.5	0.0	0.52	Yes	4.0	1,314	1.85	Yes	3
20	Yale-New Haven Hospital, New Haven, Conn.	28.5	4.2	0.97	Yes	4.0	2,341	1.35	Yes	3
21	Rush-Presbyterian-St. Luke's Medical Center, Chicago	28.4	3.2	0.74	Yes	4.0	1,971	1.06	No	3
22	University of California, Davis Medical Center, Sacramento	27.7	1.6	0.68	Yes	4.0	1,749	2.99	No	3
23	University of Pittsburgh Medical Center	27.4	3.9	1.03	Yes	4.0	3,139	1.40	Yes	3
24	Henry Ford Hospital, Detroit	27.1	1.4	0.85	Yes	4.0	3,720	2.17	Yes	3
25	University of Iowa Hospitals and Clinics, Iowa City	26.4	3.8	0.98	Yes	4.0	1,248	1.15	Yes	3
26	Clarian Health Partners, Indianapolis	26.3	0.8	0.82	Yes	4.0	4,056	1.55	Yes	3
27	University of Wisconsin Hospital and Clinics, Madison	26.0	0.0	0.66	Yes	4.0	1,373	1.21	Yes	3
28	University of Virginia Health Sciences Center, Charlottesville	25.8	1.5	0.90	Yes	4.0	2,200	2.12	Yes	3
29	Anne Arundel Medical Center, Annapolis, Md.	25.8	0.0	0.56	No	4.0	2,266	1.78	Yes	1
30	University Hospitals of Cleveland	25.5	1.0	0.85	Yes	4.0	2,457	1.31	Yes	3
31	St. Anthony Medical Center, Rockford, Ill.	25.5	0.0	0.62	No	4.0	1,349	1.64	Yes	3
32	University of Cincinnati Hospital	25.4	0.7	0.83	Yes	4.0	1,667	1.72	Yes	3
33	Summa Health System, Akron, Ohio	25.2	0.0	0.77	Yes	4.0	6,343	1.15	Yes	3
34	Baylor University Medical Center, Dallas	25.1	0.8	0.86	Yes	4.0	3,209	1.20	Yes	3
35	Ohio State University Medical Center, Columbus	25.1	0.0	0.68	Yes	3.5	1,591	1.08	Yes	3
36	F.G. McGaw Hospital at Loyola University, Maywood, Ill.	24.9	0.8	0.84	Yes	4.0	1,380	1.56	Yes	3
37	Temple University Hospital, Philadelphia	24.8	1.7	0.93	Yes	4.0	1,223	1.64	Yes	3
38	Orlando Regional Medical Center, Orlando, Fla.	24.7	0.5	0.83	Yes	3.5	3,795	1.24	Yes	3
39	Fairview-University Medical Center, Minneapolis	24.7	2.3	0.92	Yes	4.0	1,507	1.63	No	3
40	Lutheran General Healthsystem, Park Ridge, Ill.	24.6	0.0	0.77	Yes	4.0	3,047	0.85	Yes	3
41	New England Medical Center, Boston	24.4	0.8	0.82	Yes	4.0	1,016	2.39	Yes	2
42	Finley Hospital, Dubuque, Iowa	24.3	0.0	0.65	No	4.0	1,033	1.42	Yes	3
43	Our Lady of Lourdes Regional Center, Lafayette, La.	24.3	0.0	0.53	No	3.5	2,143	1.18	No	3
44	Overland Park Regional Medical Center, Overland Park, Kan.	24.2	0.0	0.56	No	3.5	996	0.81	Yes	3
45	Martin Memorial Medical Center, Stuart, Fla.	24.2	0.0	0.61	No	4.0	2,611	1.13	No	3
46	Wausau Hospital, Wausau, Wis.	24.2	0.0	0.60	No	4.0	1,297	1.20	Yes	2
47	St. Luke's Hospital, Chesterfield, Mo.	24.1	0.0	0.59	No	4.0	2,858	0.80	No	3
48	Touro Infirmary, New Orleans	24.0	0.0	0.74	Yes	4.0	1,375	0.81	Yes	3
49	Truman Medical Center-West, Kansas City, Mo.	23.9	0.0	0.66	Yes	3.5	999	0.90	Yes	2
50	Fairfax Hospital, Falls Church, Va.	23.9	0.5	0.92	Yes	4.0	2,483	1.62	Yes	3

2000 Rheumatology Best Hospital List

Rank	Hospital	IHQ	Reputational Score	Hospitalwide Mortality Rate	COTH Member	Technology Score (of 5)	R.N.'s to beds	Discharge Planning (of 3)
1	Mayo Clinic, Rochester, Minn.	100.0	47.5	0.68	Yes	5.0	1.12	3
2	Johns Hopkins Hospital, Baltimore	79.5	34.9	0.82	Yes	5.0	1.63	3
3	Hospital for Special Surgery, New York	78.1	27.6	0.05	Yes	4.5	1.59	3
4	Brigham and Women's Hospital, Boston	68.8	29.3	0.85	Yes	4.5	1.52	2
5	University of Alabama Hospital at Birmingham	57.9	23.6	1.01	Yes	5.0	1.51	2
6	Cleveland Clinic	55.8	18.0	0.70	Yes	5.0	1.73	3
7	Massachusetts General Hospital, Boston	55.2	20.7	0.98	Yes	5.0	1.61	3
8	UCLA Medical Center, Los Angeles	54.4	20.1	0.85	Yes	4.0	1.24	3
9	Stanford University Hospital, Stanford, Calif.	43.2	12.5	0.88	Yes	4.0	1.74	3
10	Duke University Medical Center, Durham, N.C.	42.0	11.6	0.94	Yes	5.0	1.76	3
11	University of Michigan Medical Center, Ann Arbor	41.6	10.8	0.89	Yes	5.0	1.73	3
12	University of California, San Francisco Medical Center	41.1	11.3	0.89	Yes	4.0	1.69	3
13	Hospital for Joint Diseases-Orthopedic Institute, New York	40.5	7.0	0.27	No	3.5	1.10	3
14	University of Pittsburgh Medical Center	34.3	6.1	0.87	Yes	5.0	1.40	3
15	New York University Medical Center	34.1	8.7	1.05	Yes	4.5	1.18	3
16	Los Angeles County-USC Medical Center	34.0	1.0	0.65	Yes	3.5	0.94	3
17	Barnes-Jewish Hospital, St. Louis	31.5	3.7	0.84	Yes	5.0	1.54	3
18	University Hospital, Denver	31.1	3.3	0.75	Yes	4.0	1.78	3
19	John D. Archbold Memorial Hospital, Thomasville, Ga.	30.5	0.0	0.27	No	5.0	0.70	3
20	Parkland Memorial Hospital, Dallas	30.1	3.5	0.84	Yes	4.0	1.86	3
21	St. Luke's Hospital, Newburgh, N.Y.	29.6	0.0	0.16	No	3.5	0.65	3
22	Rehabilitation Institute of Chicago	29.3	0.0	0.00	Yes	2.5	0.37	2
23	St. Louis University Hospital	29.2	1.0	0.73	Yes	5.0	1.54	3
24	Georgetown University Hospital, Washington, D.C.	28.6	0.9	0.61	Yes	4.0	1.04	3
25	Doctors Community Hospital, Lanham, Md.	28.4	0.0	0.03	No	3.0	0.79	2
26	University of Louisville Hospital, Louisville, Ky.	27.9	0.0	0.72	Yes	5.0	2.05	3
27	Hospital of the University of Pennsylvania, Philadelphia	27.8	3.3	1.02	Yes	5.0	1.91	3
28	Methodist Rehabilitation Center, Jackson, Miss.	27.7	0.0	0.25	No	2.5	0.69	3
29	The Institute for Rehabilitation and Research, Houston	27.5	0.0	0.15	No	1.5	0.77	3
30	University of Iowa Hospitals and Clinics, Iowa City	27.5	2.4	0.89	Yes	5.0	1.15	3
31	University of Wisconsin Hospital and Clinics, Madison	27.4	0.8	0.77	Yes	5.0	1.21	3
32	Northwestern Memorial Hospital, Chicago	27.2	2.5	0.91	Yes	4.0	1.51	3
33	University of Chicago Hospitals	27.1	1.2	0.88	Yes	5.0	1.89	3
34	UCSD Medical Center, San Diego	27.0	2.7	0.86	Yes	3.0	1.48	3
35	University of Cincinnati Hospital	27.0	0.4	0.81	Yes	5.0	1.72	3
36	Cook County Hospital, Chicago	26.8	0.0	0.64	Yes	3.0	1.85	3
37	Rush-Presbyterian-St. Luke's Medical Center, Chicago	26.7	0.0	0.71	Yes	5.0	1.06	3
38	University of California, Davis Medical Center, Sacramento	26.7	0.0	0.79	Yes	5.0	2.99	3
39	Rehabilitation Institute of Michigan, Detroit	26.6	0.0	0.10	No	2.5	0.36	2
40	University Hospitals of Cleveland	26.5	1.2	0.88	Yes	5.0	1.31	3
41	Henry Ford Hospital, Detroit	26.4	0.0	0.77	Yes	4.5	2.17	3
42	Ochsner Foundation Hospital, New Orleans	26.2	0.8	0.80	Yes	4.0	1.36	3
43	University of Washington Medical Center, Seattle	26.0	1.6	0.92	Yes	5.0	2.10	2
44	University of Illinois Hospital and Clinics, Chicago	26.0	0.0	0.67	Yes	3.0	1.41	3
45	Our Lady of Lourdes Regional Center, Lafayette, La.	26.0	0.0	0.54	No	4.0	1.18	3
46	University of Utah Hospitals and Clinics, Salt Lake City	26.0	1.3	0.88	Yes	4.0	1.80	3
47	Clarian Health Partners, Indianapolis	25.9	0.9	0.92	Yes	5.0	1.55	3
48	Denver Health and Hospitals	25.8	0.0	0.55	No	4.0	1.57	2
49	William Beaumont Hospital, Royal Oak, Mich.	25.7	0.0	0.85	Yes	5.0	1.81	3
50	Sunnyview Hospital and Rehabilitation Center, Schenectady, N.Y.	25.7	0.0	0.08	No	2.5	0.42	1

2000 Urology Best Hospital List

Rank	Hospital	IHQ	Reputational Score	Mortality Rate	COTH Member	Technology Score (of 8)	Discharges	R.N.'s to beds	Trauma Center
1	Johns Hopkins Hospital, Baltimore	100.0	73.0	0.86	Yes	8.0	1,306	1.63	Yes
2	Cleveland Clinic	65.2	37.0	0.49	Yes	8.0	1,616	1.73	Yes
3	Mayo Clinic, Rochester, Minn.	65.2	37.2	0.41	Yes	8.0	3,905	1.12	Yes
4	UCLA Medical Center, Los Angeles	53.2	28.7	1.05	Yes	7.0	1,483	1.24	Yes
5	New York Presbyterian Hospital	45.9	20.4	0.83	Yes	8.0	1,366	1.06	Yes
6	Duke University Medical Center, Durham, N.C.	45.0	17.9	0.65	Yes	8.0	1,827	1.76	Yes
7	Stanford University Hospital, Stanford, Calif.	41.2	15.9	0.83	Yes	6.0	1,074	1.74	Yes
8	Massachusetts General Hospital, Boston	39.3	14.8	1.15	Yes	8.0	1,470	1.61	Yes
9	Memorial Sloan-Kettering Cancer Center, New York	39.1	13.6	0.62	Yes	7.0	1,284	1.97	No
10	Barnes-Jewish Hospital, St. Louis	37.9	12.2	0.87	Yes	7.5	1,789	1.54	Yes
11	University of California, San Francisco Medical Center	36.0	10.9	0.55	Yes	6.0	865	1.69	No
12	University of Texas, M. D. Anderson Cancer Center, Houston	33.2	11.3	1.07	Yes	6.0	642	2.37	No
13	Methodist Hospital, Houston	33.0	12.7	1.56	Yes	6.5	1,384	1.37	No
14	Clarian Health Partners, Indianapolis	32.3	6.7	0.91	Yes	8.0	1,348	1.55	Yes
15	Northwestern Memorial Hospital, Chicago	31.8	3.9	0.34	Yes	7.0	929	1.51	Yes
16	Hospital of the University of Pennsylvania, Philadelphia	30.6	4.1	0.73	Yes	8.0	1,365	1.91	Yes
17	University of Washington Medical Center, Seattle	29.4	3.9	0.44	Yes	8.0	529	2.1	No
18	Vanderbilt University Hospital and Clinic, Nashville	29.1	6.4	1.34	Yes	7.5	814	2.11	Yes
19	Emory University Hospital, Atlanta	29.0	3.3	0.38	Yes	7.0	1,169	0.94	No
20	F.G. McGaw Hospital at Loyola University, Maywood, Ill.	29.0	1.4	0.38	Yes	7.5	845	1.56	Yes
21	University of Virginia Health Sciences Center, Charlottesville	28.4	2.3	0.62	Yes	7.0	835	2.12	Yes
22	Brigham and Women's Hospital, Boston	28.3	5.7	1.06	Yes	7.5	716	1.52	No
23	University of Michigan Medical Center, Ann Arbor	28.3	3.6	0.84	Yes	8.0	1,336	1.73	No
24	University of North Carolina Hospitals, Chapel Hill	28.0	0.9	0.22	Yes	6.0	788	1.58	Yes
25	Parkland Memorial Hospital, Dallas	27.9	3.3	0.61	Yes	7.0	280	1.86	Yes
26	University of Wisconsin Hospital and Clinics, Madison	27.7	0.5	0.47	Yes	8.0	1,227	1.21	Yes
27	Henry Ford Hospital, Detroit	27.6	0.0	0.45	Yes	7.5	1,089	2.17	Yes
28	William Beaumont Hospital, Royal Oak, Mich.	27.3	0.3	0.61	Yes	8.0	1,648	1.81	Yes
29	University of Chicago Hospitals	27.3	0.9	0.57	Yes	8.0	700	1.89	Yes
30	Fairfax Hospital, Falls Church, Va.	27.2	0.5	0.40	Yes	6.5	730	1.62	Yes
31	Thomas Jefferson University Hospital, Philadelphia	27.2	1.0	0.58	Yes	7.0	1,007	1.15	Yes
32	North Carolina Baptist Hospital, Winston-Salem	27.0	2.2	1.00	Yes	8.0	995	1.35	Yes
33	St. Louis University Hospital	26.9	3.3	0.97	Yes	7.5	468	1.54	Yes
34	Yale-New Haven Hospital, New Haven, Conn.	26.8	0.5	0.70	Yes	8.0	1,090	1.35	Yes
35	Albany Medical Center Hospital, Albany, N.Y.	26.3	0.5	0.62	Yes	6.0	902	1.66	Yes
36	North Shore University Hospital, Manhasset, N.Y.	26.3	0.0	0.52	Yes	8.0	1,336	1.77	No
37	Shands Hospital at the University of Florida, Gainesville	25.9	1.5	0.54	Yes	6.5	865	1.06	No
38	Carolinas Medical Center, Charlotte, N.C.	25.9	0.0	0.70	Yes	8.0	866	1.32	Yes
39	Lahey Hitchcock Clinic, Burlington, Mass.	25.9	2.8	1.13	Yes	7.0	956	1	Yes
40	Ochsner Foundation Hospital, New Orleans	25.8	1.3	0.58	Yes	6.5	777	1.36	No
41	The Toledo Hospital, Toledo, Ohio	25.8	0.0	0.53	Yes	6.5	657	1.51	Yes
42	Lutheran General Healthsystem, Park Ridge, Ill.	25.8	0.0	0.17	Yes	6.5	642	0.85	Yes
43	Strong Memorial Hospital-Rochester University, N.Y.	25.6	0.5	0.81	Yes	8.0	687	1.8	Yes
44	Lehigh Valley Hospital, Allentown, Pa.	25.6	0.0	0.58	Yes	6.0	1,092	1.06	Yes
45	Albert Einstein Medical Center, Philadelphia	25.5	0.0	0.30	Yes	5.0	779	0.84	Yes
46	Bexar County Hospital District, San Antonio	25.4	0.5	0.38	Yes	6.5	216	1.29	Yes
47	Arthur G. James Cancer Hospital, Columbus, Ohio	25.3	0.0	0.00	Yes	6.0	196	1.82	Yes
48	University Hospital, Denver	25.3	1.0	0.64	Yes	6.0	399	1.78	Yes
49	University of Iowa Hospitals and Clinics, Iowa City	25.1	2.7	1.27	Yes	8.0	745	1.15	Yes
50	University of Pittsburgh Medical Center	25.1	0.4	1.02	Yes	8.0	1,189	1.4	Yes

Appendix G

Reputational Rankings for Special-Service Hospitals

2000 Eyes Reputational Score

Rank	Hospital	Reputational Score	
1	Johns Hopkins Hospital (Wilmer Eye Institute), Baltimore	71.7	
2	University of Miami (Bascom Palmer Eye Institute)63	67.5	
3	Wills Eye Hospital, Philadelphia	59.2	(+3 SD)
4	Massachusetts Eye and Ear, Boston	43.8	(+2 SD)
5	UCLA Medical Center (Jules Stein Eye Institue), Los Angeles	28.3	
6	University of Iowa Hospitals and Clinics, Iowa City	17.4	
7	USC Medical Center (Doheny Eye Institute), Los Angeles	10.4	
8	Emory University Hospital, Atlanta	9.3	
9	New York Eye and Ear Infirmary, New York	8.1	
10	Duke University Medical Center, Durham, N.C.	7.5	
11	Barnes-Jewish Hospital, St. Louis	6.5	
12	University of California, San Francisco Medical Center	6.4	
13	Mayo Clinic, Rochester, Minn.	5.4	
14	Manhattan Eye, Ear and Throat Hospital, New York	4.6	
15	Methodist Hospital (Cullen Eye Institute), Houston	4.5	
16	University of Wisconsin Hospital and Clinics, Madison	4.4	
17	Cleveland Clinic	4.2	
18	University of Illinois Hospital and Clinics, Chicago	3.4	

2000 Pediatrics Reputational Score

Rank	Hospital	Reputational Score
1	Children's Hospital, Boston	47.8
2	Children's Hospital of Philadelphia	40.8
3	Johns Hopkins Hospital, Baltimore	28.3
4	Children's Hospital, Denver	12.8
5	Children's Hospital, Los Angeles	12.4
6	Univ. Hospitals of Cleveland (Rainbow Babies' & Children's Hosp.)	12.0
7	Children's Hospital of Pittsburgh	11.2
8	Texas Children's Hospital, Houston	10.6
9	New York Presbyterian Hospital (Babies' & Children's Hospital)	9.3
10	Children's Memorial Hospital, Chicago	9.0
11	Mayo Clinic, Rochester, Minn.	8.7
12	Children's Hospital Medical Center, Cincinnati	8.6
13	University of California, San Francisco Medical Center	6.6
14	Stanford University Hospital, Stanford, Calif.	6.4
15	UCLA (Mattel Children's Center), Los Angeles	6.3
16	Children's Hospital and Medical Center, Seattle	6.0
17	Children's National Medical Center, Washington, D.C.	5.3
18	Massachusetts General Hospital, Boston	4.9
19	Children's Hospital, Buffalo, N.Y.	4.4
20	Duke University Medical Center, Durham, N.C.	4.0
21	University of Miami, Jackson Memorial Hospital	4.0
22	University of North Carolina Hospitals, Chapel Hill	3.4

2000 Psychiatry Reputational Score

Rank	Hospital	Reputational Score
1	Massachusetts General Hospital, Boston	27.5
2	New York Presbyterian Hospital	22.4
3	McLean Hospital, Belmont, Mass.	21.5
4	C. F. Menninger Memorial Hospital, Topeka, Kan.	19.4
5	Johns Hopkins Hospital, Baltimore	15.9
6	UCLA Neuropsychiatric Hospital, Los Angeles	14.9
7	Yale-New Haven Hospital, New Haven, Conn.	9.7
8	Mayo Clinic, Rochester, Minn.	8.0
9	Duke University Medical Center, Durham, N.C.	7.0
10	University of Pittsburgh Medical Center	5.2
11	University of California, San Francisco Medical Center	5.1
12	Sheppard and Enoch Pratt Hospital, Baltimore	4.8
13	Stanford University Hospital, Stanford, Calif.	4.3
14	Hospital of the University of Pennsylvania, Philadelphia	4.0
15	Barnes-Jewish Hospital, St. Louis	3.5
16	Mount Sinai Medical Center, New York	3.3
17	Montefiore Medical Center, Bronx, N.Y.	3.1
18	University of Michigan Medical Center, Ann Arbor	3.0
19	Friends Hospital, Philadelphia	3.0

2000 Rehabilitation Reputational Score

Rank	Hospital	Reputational Score
1	Rehabilitation Institute of Chicago	63.8
2	University of Washington Medical Center, Seattle	35.0
3	TIRR (The Institute for Rehabilitation and Research), Houston	34.7
4	Kessler Institute for Rehabilitation, West Orange, N.J.	28.5
5	Mayo Clinic, Rochester, Minn.	20.9
6	Craig Hospital, Englewood, Colo.	19.6
7	New York University Medical Center (Rusk Institute)	13.3
8	Ohio State University Medical Center, Columbus	12.6
9	University of Michigan Medical Center, Ann Arbor	12.3
10	Thomas Jefferson University Hospital, Philadelphia	10.0
11	Los Angeles County-Rancho Los Amigos Med. Ctr., Downey, Calif.	9.6
12	Albert Einstein Medical Center (Moss Rehabilitation Hospital), Philadelphia	8.6
13	Mount Sinai Medical Center, New York	7.3
14	Spaulding Rehabilitation Hospital, Boston	7.1
15	National Rehabilitation Hospital, Washington, D.C.	6.8
16	New York Presbyterian Hospital	4.4
17	University Hospital, Denver	3.5
18	Shepherd Center, Atlanta	3.2
19	Johns Hopkins Hospital, Baltimore	3.1

Appendix H

The 2000 "Honor Roll"

"The Honor Roll"

To lend additional perspective, we have constructed a measure called "The Honor Roll" that indicates excellence across a broad range of specialties.

To be eligible, a hospital had to rank at least 2 standard deviations above the mean in at least 6 of the 16 specialties. Hospitals could earn points in two ways:

- For ranking between 2 and 3 standard deviations above the mean in a specialty, a hospital received one point.

- For ranking at least 3 standard deviations above the mean, a hospital received two points.

The use of standard deviations has three advantages over focusing on the sum of individual specialty rankings: (1) the number of outstanding hospitals varies from specialty to specialty, which is realistic; (2) it gives more information because it also allows one to measure a level of "almost excellent" by using a 2 standard deviation criterion; and (3) it gives some measure of the distance between hospitals, which rankings do not.

"THE 2000 HONOR ROLL"

Rank	Hospital	Points	3 SDs over the mean	2 SDs over the mean
1	Johns Hopkins Hospital, Baltimore	31	15	1
2	Mayo Clinic, Rochester, Minn.	27	13	1
3	Massachusetts General Hospital, Boston	25	12	1
4	Cleveland Clinic	23	11	1
5	UCLA Medical Center, Los Angeles	21	8	5
6	Duke University Medical Center, Durham, N.C.	21	9	3
7 tie	Barnes-Jewish Hospital, St. Louis	17	6	5
7 tie	Stanford University Hospital, Stanford, Calif.	17	6	5
9	Brigham and Women's Hospital, Boston	16	6	4
10	Hospital of the University of Pennsylvania, Philadelphia	12	3	6
11	University of California, San Francisco Medical Center	12	5	2
12	University of Michigan Medical Center, Ann Arbor	11	3	5
14	University of Washington Medical Center, Seattle	10	4	2
13	University of Chicago Hospitals	9	2	5
15	University of Pittsburgh Medical Center-Presbyterian	7	1	5