

NORC
*A national organization for research
at the University of Chicago*



The 2004 Index of Hospital Quality

**Colm O'Muircheartaigh
Ann Burke
Whitney Murphy**



To Whom It May Concern:

U.S. News & World Report's "America's Best Hospitals" study is the sole and exclusive property of *U.S. News & World Report*, which owns all rights, including but not limited to copyright, in and to the attached data and material. Any party wishing to cite, reference, publish or otherwise disclose the information contained herein may do so only with the prior written consent of *U.S. News*. Any U.S. News-approved reference or citation must identify the source as "*U.S. News & World Report's* America's Best Hospitals" and with the exception of academic journals must include the credit line: "Data reprinted with permission from *U.S. News & World Report*." For permission to cite or use in any other way, contact permissions@usnews.com or send a written request to Permissions Department, *U.S. News & World Report*, 1050 Thomas Jefferson Street NW, Washington DC 20007-3837. For custom reprints or photocopying permissions, please contact Robyn Roberts at (212) 221-9595, Extension 323 or robyn@parsintl.com.

The 2004 Index of Hospital Quality

I	Introduction.....	1
II	The Index of Hospital Quality (IHQ)	4
	A. Universe Definition	4
	B. Composite Measure of Structure.....	8
	C. Process	18
	D. Outcome	25
	E. Calculation of the Index.....	29
	F. Summary of Changes for 2004	32
III	Directions for Future Releases.....	33
IV	References	34
V	Appendices	
	A. Structural Variable Map	
	B. 2002 Sample Physician Questionnaire (Long Form)	
	C. 2002-2004 Sample Physician Questionnaire (Short Form)	
	D. Predicted Mortality: APR-DRG Methodology	
	E. Diagnosis-Related Group (DRG) Groupings by Specialty	
	F. Index of Hospital Quality (IHQ) Scores by Specialty	
	G. Reputation Rankings for Special-Service Hospitals	
	H. The 2004 “Honor Roll”	

I Introduction

Health care providers and consumers today face difficult choices but have few tools to inform critical decisions about quality of care. In 1993, the National Opinion Research Center at the University of Chicago (NORC), in collaboration with *U.S. News & World Report*, developed a measure of quality of care for hospitals in the United States. This “report card” is supported and published annually by *U.S. News & World Report* in an issue entitled “America’s Best Hospitals” that identifies centers of exceptional capability in 17 medical specialties among the 6,012 hospitals in the United States.

In the NORC report card, each hospital receives a score, called the Index of Hospital Quality (IHQ), which assesses hospital quality by taking into account the three fundamental dimensions of health care delivery: structure, process, and outcome (the Donabedian paradigm^{1,2}). None of these dimensions alone can completely and accurately represent quality of care; all three must be combined to produce a comprehensive measure. Care starts with the *structural* characteristics of an institution (such as the number of patients served and the range of medical technology available), moves through the *process* of delivering care, and produces results, or *outcomes*, for the patients served. To be most useful to the consumer and provider of care, the IHQ combines robust and sensitive measures of each of these dimensions for the universe of hospitals across a wide range of medical and surgical practice specialties. The IHQ draws from secondary sources, such as the American Hospital Association (AHA) Annual Survey of Hospitals, for data concerning various quality dimensions. We continually try to improve the specificity and sensitivity of the measures we use to rank hospitals and to identify the best possible sources of data.

The following sections define the universe of hospitals for the purpose of this project, describe and define the standardized mortality ratios and the structural components, and explain how process-related data are collected. A description of changes made for the 2004 IHQ is also provided.

A short description of each component of the index is provided below:

Reputation

The reputational score is based on cumulative information from three NORC surveys of physicians carried out in 2002, 2003, and 2004. For the 2003 and 2004 surveys, the samples consisted of 2,550 board-certified physicians selected from the American Medical Association (AMA) Physician Masterfile of approximately 811,000 physicians. In 2002 the overall sample size was increased from 2,550 to 3,060 to test response rates when administering a short form questionnaire versus a long form questionnaire. The samples of physicians for each year were stratified by region and by specialty within region. We selected a sample of 150 physicians for each of the 17 specialty areas in both 2003 and 2004. In 2002, 180 physicians were selected in each specialty.

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

Structure

The structural score is based on data related to the structural characteristics of each specialty within each hospital. These elements represent volume of work, technology, and other characteristics of the hospital environment. The majority of the data elements are derived from the 2002 AHA Annual Survey. The volume data are taken from the MEDPARS database maintained by the Centers for Medicare and Medicaid Services (CMS), formerly known as the Health Care Financing Administration (HCFA). The database contains information on all Medicare discharges in each specialty.

Mortality

The outcomes measure is based on the MEDPARS database. An adjusted mortality rate for each hospital and specialty is computed based on predicted and actual mortality rates by MEDSTAT Group, Inc. of Franklin, Tenn., 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. The method is applied to the pooled 2000, 2001 and 2002 set of Medicare reimbursement claims made by hospitals to CMS.

A detailed description of these components follows in Section II of this report. For a more exhaustive review of the foundation as well as of 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 (IHQ)

A. Universe Definition

We have implemented a two-stage approach to defining eligible hospitals for each of the IHQ specialty lists. (**Hospitals ranked solely by reputation do not have to meet eligibility standards.**) First, eligible hospitals must meet *at least one* of the following criteria:

- 1) Council of Teaching Hospitals (COTH) membership, *or*
- 2) Medical school affiliation, *or*
- 3) A score of 9 or higher on the hospital-wide technology index (see Section B below)

Using these criteria, we identified 2,113 hospitals that were eligible in 2004 for one or more of the 12 IHQ-based rankings. Once eligible hospitals were identified, data for them were drawn from the 2002 AHA Annual Survey database. (Note: For 2004, Rheumatology was removed from the group of data-driven specialties and was instead included as a reputation-only specialty).

As with any data collection effort, the AHA Annual Survey database is incomplete due to non-responding hospitals. We have a procedure to allow eligible hospitals that are non-responders to the current AHA Annual Survey to remain in our database. Non-responders lacking data both from the current survey *and* from one of the previous two surveys are ranked without any structural data. For non-responders lacking only the current year, the two prior years of survey data are averaged and the result substituted for the missing data. Although non-responding hospitals need to be treated separately for the IHQ analysis, it is unnecessary to do so for the five reputation-only lists.

We then created separate analytic universes for the 12 IHQ-driven specialties. Hospitals had to have a specified number of discharges across appropriate Diagnosis Related Groups (DRGs). Hospitals with insufficient volume (discharges) were considered eligible for ranking only if they received any reputational nominations (a non-zero reputational score).

Until 2002, the discharges threshold that determined eligibility included all discharges, regardless of the medical-surgical mix.¹ In 2002, 2003, and again this year, the mix in certain specialties was specified: For Cancer; Digestive Disorders; Ear, Nose, and Throat; Gynecology; Neurology and Neurosurgery; Orthopedics, and Urology, the median ratio of surgical to total discharges for hospitals surpassing the all-discharges threshold was multiplied by total discharges to obtain a minimum for surgical discharges.

For Heart and Heart Surgery, the minimum number of surgical discharges for eligibility was set at 500. To obtain a minimum threshold for all discharges, this number was multiplied by the median ratio of all discharges to surgical discharges for all hospitals surpassing the surgical discharges threshold. This resulted in a minimum of 1,266 total discharges 500 surgical and 766 medical.

We regularly examine the impact of hospital mergers on our rankings. Ranking hospitals responding as new corporate entities for the first time in the AHA database are treated as a single unit and listed in this report. For this release, there are no mergers among hospitals previously ranked as independent entities appearing on the lists.

Figure 1 presents the eligibility criteria and the number of hospitals meeting the criteria from the 2002 AHA Annual Survey. Figure 2 illustrates the eligibility process. In 2004, 177 unique hospitals were ranked.

¹ The exception until 2002 was Heart and Heart Surgery, in which surgical discharges alone determine the threshold for eligibility. Beginning in 2002, both medical and surgical discharges determine eligibility.

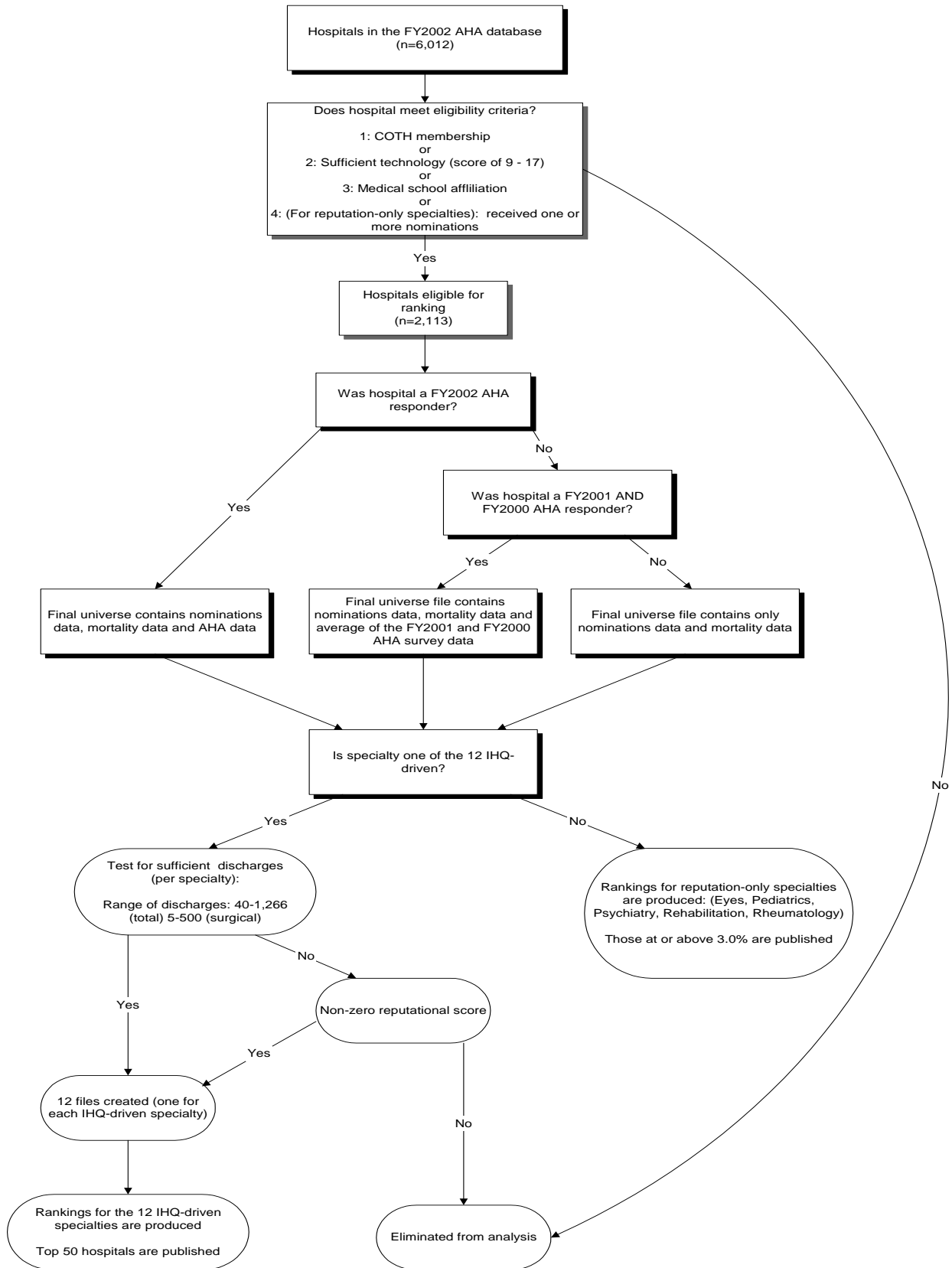
Figure 1. Universe Definition by Specialty

Specialty	Minimum Total Discharges	Minimum Surgical Discharges	Number of Eligible Hospitals
Cancer	351	79	884
Digestive Disorders	787	213	1,431
Ear, Nose, and Throat	40	5	1,207
Geriatrics*	6,407	--	1,430
Gynecology	52	48	1,492
Heart and Heart Surgery**	1,266	500	842
Hormonal Disorders	413	--	1,036
Kidney Disease	215	--	1,531
Neurology and Neurosurgery	495	109	1,217
Orthopedics	413	365	1,500
Respiratory disorders	879	--	1,548
Urology	124	108	1,469

* In addition to the discharge eligibility criteria, a hospital must have a score of 1 or more on the Geriatrics service index for inclusion in the Geriatrics universe. Discharges for Geriatrics are calculated on a hospital-wide basis and are not DRG-specific.

** In addition to the discharge eligibility criteria, a hospital must offer open-heart surgery or a cardiac catheterization lab that performs angioplasties for inclusion in the Heart and Heart Surgery universe.

Figure 2. Analysis Procedure for “America’s Best Hospital 2004”



B. Composite Measure of Structure

The structural dimension defines the tools and environment available to care providers in treating patients. Health care research overwhelmingly supports the use of a measure of structure in assessing quality of care. However, no prior research has revealed a single structural indicator of quality that summarizes all others or that adequately represents the structural dimension construct on its own. Thus, the structural component must be represented by a composite variable comprising different specialty-specific measures that are weighted relative to each other.

For the 2004 index, most structural elements are derived from the 2002 AHA Annual Survey of Hospitals database and are described below. For specific mapping of variables to the AHA data elements, see Appendix A.

1) Technology indices:

For 2004, technology elements for all specialties are unchanged. Since the 1996 version of the index, our technology indices have reflected the real cost of high-technology services. While providing a service inside the hospital is convenient for patients, the cost may be unacceptable to some hospitals. Many hospitals provide access to technology services through the hospital's health system, a local community network, or a contractual arrangement or joint venture with another provider in the community. We take this into account by giving hospitals that provide a service such as ultrasound one full point if it is provided on-site; hospitals that provide the service locally through a formal arrangement receive a half-point. A hospital receives no more than one point for each element of the index. Figure 3 presents the complete list of technologies considered for each specialty.

Figure 3. Technology Indices by Specialty

Technology	All Hospital Index*	Cancer	Digestive Disorders	Ear, Nose, and Throat	Heart and Heart Surgery	Hormonal Disorders	Geriatrics	Gynecology	Kidney Disease	Neurology and Neurosurgery	Orthopedics	Respiratory Disorders	Urology
1) Angioplasty	X				X								
2) Cardiac Catheterization Lab	X				X		X						
3) Cardiac Intensive Care Beds	X				X		X						
4) Computed Tomography Scanner	X	X	X	X	X	X	X	X	X	X	X	X	X
5) Diagnostic Radioisotope Facility	X		X			X			X	X		X	X
6) Diagnostic Mammography Services	X							X					
7) Extracorporeal Shock Wave Lithotripter	X		X						X				X
8) Magnetic Resonance Imaging	X	X	X	X	X	X	X	X		X	X		X
9) Medical/Surgical Intensive Care	X												
10) Neonatal Intensive Care	X							X					
11) Oncology Services		X											
12) Open Heart Surgery	X				X								
13) Pediatric Intensive Care Beds	X	X											
14) Positron Emission Tomography Scanner	X	X	X	X	X	X	X	X		X	X		X
15) Reproductive Health	X												
16) Single Photon Emission Computed Tomography	X	X	X	X	X	X	X	X		X	X		X
17) Transplant Services									X				
18) Ultrasound	X		X		X	X	X	X	X	X	X	X	X
19) X-ray Radiation Therapy	X	X	X	X		X	X	X		X		X	X
TOTAL ELEMENTS	17	7	8	5	9	7	8	8	5	7	5	4	8

* The All Hospital Index is used to define the universe of eligible hospitals.

2) *Volume:*

The volume measure reflects total medical and surgical discharges in the appropriate specialty-specific DRG groupings submitted for CMS reimbursement. The measure is incorporated into the structure score for all data-driven specialties other than Geriatrics.

In the Heart and Heart Surgery specialty, surgical discharges indicated volume until 2002, when the volume variable was changed to include both medical and surgical discharges. The methodology now matches the other specialties in this respect.

Volumes at the extreme for particular hospitals and specialties were trimmed to eliminate the influence of very wide variation. Figure 4 shows the percentile at which each of the volume distributions was trimmed.

3) *RNs to patients:*

The ratio of nurses to patients is an estimate of the total level of effort devoted to both inpatients and outpatients receiving care each day. The measure of RNs used in the numerator is the number of on-staff registered nurses, expressed in full-time equivalents, or FTEs (e.g., two half-time nurses equal one FTE). Only nurses with RN degrees from approved schools of nursing and currently registered by their state are considered. The measure of patients used in the denominator is the adjusted average daily census of patients. It estimates the total amount of care devoted to both inpatients and outpatients by reflecting the number of days of inpatient care plus the estimated volume of outpatient services. Further details are available from the American Hospital Association.

As with volume, RN/patient ratios were trimmed to eliminate the influence of very wide variation. Figure 4 shows the percentiles at which each of the distributions was trimmed.

Figure 4. Percentiles Where Volume and RN/Patient Distributions Were Trimmed

Specialty	Volume Percentile	RNs/Patients Percentile
Cancer	90	95
Digestive Disorders	90	95
Ear, Nose, and Throat	95	95
Geriatrics	--	90
Gynecology	90	95
Heart and Heart Surgery	90	95
Hormonal Disorders	no trimming	95
Kidney Disease	no trimming	95
Neurology and Neurosurgery	no trimming	95
Orthopedics	90	90
Respiratory Disorders	90	95
Urology	95	90

A second round of standardization is performed after trimming extremes. Restandardization restores balance so that trimmed and untrimmed measures have the same influence on the final score.

4) *Trauma:*

In 1992, a *U.S. News* 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. Physicians in nine 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 these data for Digestive Disorders; Ear, Nose, and Throat; Gynecology; Heart and Heart Surgery; Hormonal Disorders; Kidney Disease; Neurology and Neurosurgery; Orthopedics; Respiratory Disorders, and Urology.

The trauma indicator is dichotomous and derived from two variables in 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 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 by the AHA 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 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 Certification is required.

5) *Patient/Community Services:*

The patient/community services variable is new for 2004. It encompasses items representing a major convenience for patients, an advanced degree of care or sophistication, an essential service in a comprehensive high-quality hospital, and/or a service that reflects forward thinking and sensitivity to community needs.

This new indicator was used in all specialties. In those other than Heart and Heart Surgery, there are 15 services, so the possible score ranges from 0 to 15 points. The 15 services are: airborne infection isolation room, ambulance services, angioplasty, cardiac catheterization lab, cardiac intensive care, case-management services, enabling services, linguistic/translation services, neonatal intensive care, pain management program, patient representative services, pediatric intensive care, rehabilitation care, sports medicine, and women's health center/services. Partial credit is not given for services provided outside the hospital.

In Heart and Heart Surgery, the maximum score for this new indicator is 12. The 12 services are: airborne infection isolation room, ambulance services, case-management services, enabling services, linguistic/translation services, neonatal intensive care, pain management program, patient representative services, pediatric intensive care, rehabilitation care, sports medicine, and women's health center/services.

6) *Geriatric services:*

This indicator ranges from 0 to 7 points. It 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 within the hospital.

7) *Gynecology services:*

This indicator was introduced in 1997.⁵ It provides a means to better rate the quality of services a hospital provides for gynecological and obstetric patients. High factor loadings provide support for this variable's inclusion. Scores range from 0 to 4. The services are: obstetric care, reproductive health care, birthing rooms, and women's health center. We do not award a half-point for items in this measure.

8) *Medical/surgical intensive care beds:*

This indicator is included as an important factor in the Kidney Disease specialty. The AHA database provides the number of medical and surgical intensive care beds per facility. To be counted, beds must be physically located within the hospital and set up and staffed at the end of the reporting period.

9) *National Cancer Institute (NCI) indicator*

This indicator was introduced in 2002. The NCI is the principal federal agency for cancer research and training. NCI-designated cancer centers are the principal deliverers of medical advances to patients and families, and the chief educators of health care professionals and the public.⁶

There are three classifications of NCI-designated cancer centers. Cancer Center is the first level, denoting a facility that conducts a high volume of advanced laboratory research with federal funding. Clinical Cancer Centers, the next level up, add clinical cancer research activities. The highest level is Comprehensive Cancer Center. These institutions add prevention research, community outreach and service activities.⁶

We award one point to NCI-designated Clinical and Comprehensive Cancer Centers. All other hospitals receive zero points.

10) *Hospice/palliative care indicator:*

The hospice/palliative care indicator also was added in 2002. It addresses a

hospital's ability, in certain specialties, to meet the needs of patients whose lives are ending or who are experiencing acute or chronic pain or other symptoms of illness. A qualifying hospice program provides care (including pain relief) and supportive services for the terminally ill and their families. A qualifying palliative care program provides care by specially trained physicians and other clinicians for relief of acute or chronic pain or to control symptoms of illness; in addition, supportive services such as counseling on advance directives are provided for patients with advanced disease. In the specialties of Cancer, Geriatrics, Heart and Heart Surgery, and Respiratory Disorders, hospitals receive 1 point if they have a qualifying hospice or palliative care program and 2 points if they have both. Hospitals that provide either service locally through a formal arrangement receive a full point for each applicable component of the indicator (rather than a half point, as in several other components of the structural dimension).

11) *Nurse Magnet Status:*

A "Nurse Magnet" variable was added to all specialties in 2004. This is a formal designation by the American Nursing Association (ANA) of hospitals that meet specific standards of nursing excellence. Hospitals accorded Nurse Magnet status by the ANA's American Nurses Credentialing Center (ANCC) as of April 13, 2004, were given one point.

12) *Epilepsy Center Certification:*

An epilepsy center certification variable was added to Neurology and Neurosurgery in 2004. All hospitals designated as Level 4 epilepsy centers by the National Association of Epilepsy Centers were given one point. A Level 4 epilepsy center serves as a regional or national referral facility. These centers provide more complex forms of intensive neurodiagnostic monitoring, as well as more extensive medical, neuropsychological, and psychosocial treatment.⁷ Level 4 centers also offer a complete evaluation for epilepsy, surgery, including intracranial electrodes, and provide a broad range of surgical procedures for epilepsy.⁷

To combine these structural variables, we weight the elements to create a final composite measure. 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 by specialty and from one release to the next within specialty. Figure 5 provides the factor weights assigned to each element for 2004.

Figure 5. Factor Loading by Specialty

Specialty	Technology Indices	Volume	RNs/ Patients	Trauma	Patient/ Comm. Service	Geriatric Services	Gynecology Services	Medical/ Surgical Beds	NCI Designation	Epilepsy Center Designation	Nurse Magnet Hospital Designation	Hospice/ Palliative Care
Cancer	77	58	47		76				53		44	57
Digestive Disorders	67	52	49	60	84						40	
Ear, Nose, and Throat	71	58	46	60	82						39	
Geriatrics	73		48		83	57					41	52
Gynecology	76	54	43	58	87		75				35	
Heart and Heart Surgery	68	56	31	54	76						43	56
Hormonal Disorders	72	42	49	61	86						36	
Kidney Disease	65	62	43	57	80			76			36	
Neurology and Neurosurgery	64	57	48	59	81					45	39	
Orthopedics	61	59	49	62	82						42	
Respiratory disorders	68	35	41	57	85						35	60
Urology	68	61	51	59	83						41	

C. Process

The process dimension of the quality equation is the net effect of physicians' clinical decision-making. Clinical choices about the use of medication or diagnostic tests, admission to a hospital or one of its units, and length of stay account for a large proportion of the outcomes experienced by patients. However, national measurements of process are extremely difficult to obtain. We therefore rely on an alternative measure as a proxy. 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. To collect these nominations, NORC conducts an annual survey of board-certified physicians. As in the past, we have pooled nominations for the most recent three years (2002-2004) to arrive at the process measure.

Survey sample

The sample for the 2004 survey consists of 2,550 board-certified physicians selected from the American Medical Association (AMA) Physician Masterfile of approximately 811,000 physicians. From within the Masterfile, we selected a target population of 229,248 board-certified physicians who met the eligibility requirements listed in Figure 6. Stratifying by region and by specialty within region, we selected a probability (random) sample of 150 physicians from each of these 17 specialty areas, for a total of 2,550. The final sample includes non-federal and federal medical and osteopathic physicians residing in the 50 states and the District of Columbia. Figure 6 displays the list of specialties surveyed for 2004.

Eligibility requirements

To define a probability sample of physicians who could properly represent the 17 specialty groupings, we used two rules of eligibility. The first related to a mapping between the 17 specialties and the AMA's list of 85 self-designated specialties, and the second to a mapping between these 85 specialties and the 23 member boards of the American Boards of Medical Specialties (ABMS).

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 6 displays the correspondence between the specialty specified for *U.S. News & World Report*, the AMA self-designated specialty, and the corresponding member board.

Figure 6. Physician Sample Mapping

“America’s Best Hospitals” Specialty	AMA Key Code	AMA Self-Designated Specialty	American Board of:
Cancer	HEM/22	Hematology	Internal Medicine
	ON/24	Oncology	
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	Gynecology	Obstetrics & Gynecology
	OBG/42	Obstetrics & Gynecology	
Heart and Heart Surgery	CD/08	Cardiovascular Diseases	Internal Medicine
	CDS/08	Cardiovascular Surgery	Surgery
Hormonal Disorders	END/14	Endocrinology	Internal Medicine
	DIA/12	Diabetes	
Kidney Disease	NEP	Nephrology	Internal Medicine
Neurology and Neurosurgery	N/36	Neurology	Psychiatry & Neurology
	NS	Neurological Surgery	
Orthopedics	ORS/85	Orthopedic Surgery	Orthopedic Surgery
Pediatrics	PD/55	Pediatrics	Pediatrics
	ADL/01	Adolescent Medicine	
Psychiatry	P/63	Psychiatry	Psychiatry &
Rehabilitation	PM/62	Physical Medicine &	Physical Medicine &
Respiratory Disorders	PUD	Pulmonary Diseases	Internal Medicine
Rheumatology	RHU/74	Rheumatology	Internal Medicine
Urology	U/91	Urological Surgery	Urology

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 proportionate stratification across the four United States Census regions (Northeast, Midwest, South, and West). Within each of the 17 strata, we achieved a sample that was also geographically representative of the spread of physicians across the country.

2004 physician survey

In 2002, 150 sampled physicians per specialty were mailed a three-page questionnaire (see Appendix B) and an additional 30 physicians per specialty were mailed a one-page questionnaire containing only the hospital nomination item. Since the response rate in 2002 was higher for physicians who received the short form questionnaire, it was utilized for all physicians in both 2003 and 2004. For 2003 and 2004, 150 sampled physicians per specialty were mailed a one-page questionnaire (see Appendix C).

Along with the questionnaires, physicians were also sent a cover letter, a prepaid return envelope, and 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. Two weeks following the reminder mailing, we sent a United States Postal Service Priority mailing to non-respondents including the questionnaire, a cover letter and a business reply envelope. Three weeks after the second mailing, a third mailing was sent via Federal Express and included the questionnaire, a cover letter, and a business reply envelope.

Response rate

Of the 2,550 physicians sampled for this year's report, 1,278 (50.5%) filled out and returned a questionnaire. In accordance with standard practice, any member of the sample found to be ineligible was removed from the denominator of the response rate equation. Subtracting 27 ineligible physicians because they had retired or died resulted in an overall response rate of 50.7%. Figure 7 shows response rates by specialty for the three years used in the 2004 index.

Figure 7. Response Rate by Year*

Specialty	2002		2003		2004		3-year total	
	n	%	n	%	n	%	n	%
Cancer	71	39.4	80	53.7	74	49.7	225	47.6
Digestive Disorders	81	45.0	76	50.7	79	52.7	236	49.5
Ear, Nose, and Throat	104	57.8	99	66.9	92	61.3	295	62.0
Eyes	102	56.7	75	50.3	78	52.3	255	53.1
Geriatrics	93	51.7	72	48.3	83	55.7	248	51.9
Gynecology	80	44.4	71	48.0	64	44.4	215	45.6
Heart and Heart Disease	74	41.1	75	50.7	68	45.9	217	45.9
Hormonal Disorders	80	44.4	75	51.4	73	49.0	228	48.3
Kidney Disease	73	40.6	66	44.0	80	54.1	219	47.0
Neurology and Neurosurgery	92	51.1	84	56.4	80	53.7	256	53.7
Orthopedics	92	51.1	73	49.3	78	46.6	243	49.0
Pediatrics	95	52.8	87	58.0	76	50.7	258	53.8
Psychiatry	84	46.7	65	44.2	61	41.2	210	44.0
Rehabilitation	88	48.9	75	50.3	79	53.0	242	50.7
Respiratory Disorders	89	49.4	74	49.7	69	46.6	232	48.6
Rheumatology	103	57.2	74	49.7	80	54.1	257	53.7
Urology	83	46.1	79	53.4	73	49.7	235	49.7
Overall Response Rate**	1,484	49.1	1,300	51.5	1,278	50.7	4,062	50.4

* In 2002, 180 physicians were sampled for each specialty. For 2003, and 2004, 150 physicians were sampled for each specialty.

** The overall response rate includes in the numerator all physicians who returned a questionnaire with at least one item completed and subtracts ineligible cases from the denominator.

Weighting

Weighting was carried out in two steps. First, physicians were assigned weights 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 post-stratified using the two-dimensional contingency table of specialty (17 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.

In 2002, weighting across the three years of survey data was modified. In previous rankings, weights were assigned to physicians for each year individually as described in the paragraph above, and these year-specific weights were applied to the nominations for the three years contributing to the reputation score. According to this method, a nomination in region X and specialty Y could have a different weight from another nomination in the same region and specialty if it was made in a different year. Physicians now are pooled for all three years, and weights are then assigned as described in the paragraph above. Using this method, all nominations in region X and specialty Y have the same weight, regardless of the year in which the nomination was made. Post-stratification was carried out to the current contingency table of specialty by census region counts rather than the mean counts for the three years. This new method was implemented to reduce the range in weights across specialty and region and between years.

D. Outcome

Many health care professionals object to the use of mortality rates as an outcomes measure because of limitations in risk-adjustment methods. Nonetheless, research strongly suggests a positive correlation between a better-than-average risk-adjusted mortality rate and overall quality of care.⁸⁻¹⁷ Based on these findings, we use adjusted mortality rate as the outcome measure for our quality of care model. Predicted mortality rates were provided by MEDSTAT Group, Inc., of Franklin, Tenn., 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 D. The method was applied to the pooled 2000, 2001, and 2002 MEDPARS data set of reimbursement claims submitted to CMS by hospitals. These complete data sets were the most current available for analysis.

2004 DRG refinements

We annually review the DRG groupings for every specialty. The groupings are important because they define the cases included in the mortality measures as well as the volume measures in the structural component. In 2004, we conducted a thorough examination of the DRG groupings in Heart and Heart Surgery, Neurology and Neurosurgery, Orthopedics, and Respiratory Disorders. Several physicians independently conducted reviews of the DRG groupings in each of the mentioned specialties. Based on the review and recommendations, the changes shown in Figure 8 were made for 2004.

Figure 8. Changes to Specialty Definitions for Mortality

Specialty	DRGs Added	DRGs Deleted
Heart and Heart Surgery	(none)	137: CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17
Neurology and Neurosurgery	10: NERVOUS SYSTEM NEOPLASM WITH CC 11: NERVOUS SYSTEM NEOPLASM WITHOUT CC 484: CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA 496: COMBINED ANTERIOR/POSTERIOR SPINAL FUSION 497: SPINAL FUSION WITH CC 498: SPINAL FUSION WITHOUT CC 499: BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITH CC 500: BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITHOUT CC 519: CERVICAL FUSION WITH CC 520: CERVICAL FUSION WITHOUT CC C	3: CRANIOTOMY AGE 0-17 26: SEIZURE & HEADACHE AGE 0-17 30: TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17 33: CONCUSSION AGE 0-17
Orthopedics	499: BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITH CC 500: BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITHOUT CC 519: CERVICAL FUSION WITH CC 520: CERVICAL FUSION WITHOUT CC	(none)
Respiratory Disorders	(none)	81: RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17 91: SIMPLE PNEUMONIA & PLEURISY AGE 0-17 98: BRONCHITIS & ASTHMA AGE 0-17 128: DEEP VEIN THROMBOPHLEBITIS

We used an “all-cases” mortality rate in three specialties (Ear, Nose, and Throat, Geriatrics, and Gynecology) rather than a specialty-specific rate, either because the number of hospitals with sufficient discharges in the particular DRG grouping was too low or because the DRG groupings proved to be less robust than was desired. Appendix E lists the DRGs for each specialty.

Mortality scores

High mortality ratios correspond to poor outcomes. For the IHQ, however, high scores correspond to high quality. Therefore, we transform mortality *ratios* into mortality *scores* before incorporating them into the IHQ.

Mortality scores are computed by subtracting each specialty-specific mortality ratio from 1. Using this “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 so on. This method maintains the magnitudes of the differences. To dampen the effect of year-to-year fluctuations, mortality scores are averaged over three years.

As with volume and RN/patient ratios in the structural component, scores at the extreme in mortality were trimmed to eliminate the influence of very wide variation. Figure 9 shows the percentile at which each of the mortality distributions was trimmed.

Figure 9. Percentiles Where Mortality Distributions Were Trimmed

Specialty	Percentile
Cancer	95
Digestive Disorders	99
Ear, Nose, and Throat	95
Geriatrics	99
Gynecology	99
Heart and Heart Surgery	95
Hormonal Disorders	95
Kidney Disease	99
Neurology and Neurosurgery	99
Orthopedics	95
Respiratory Disorders	99
Urology	90

As with volume and RN/patient, restandardization is performed on the mortality scores after trimming extremes.

E. Calculation of the Index

The calculation of the IHQ for each hospital (other than in specialties ranked solely on reputation) considers structure, process, and outcome as equal. Although all three measures represent a specific aspect of quality, a single score provides an easier-to-use result and yields a more accurate portrayal of overall quality than would any of the three aspects individually.

Therefore, in computing the final scores for a particular specialty, reputational score, mortality score, 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_{1-n} = Factor loadings for each of the indicators
 P = Nomination score (PROCESS)
 M = Standardized mortality score (OUTCOME)

The general formula for deriving the index scores for hospitals is unchanged from 1993, when it was created. For presentation purposes, we standardize raw scores, then equate the raw IHQ scores as computed above to a 100-point scale, where the top hospital in each specialty receives a score of 100.

The mean and standard deviation of each of the 17 specialties are listed in Figure 10. For the five reputation-only rankings, mean and standard deviation of the reputation score are presented. These data further illustrate 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 specialty lists in Appendices F and G indicate the cutoff points of two and three standard deviations above the mean.

IHQ scores for the specialties of Ophthalmology, Pediatrics, Psychiatry, Rehabilitation, and Rheumatology cannot be calculated, because data for robust and meaningful structural and outcome measures are unavailable. Thus, as shown in Appendix G, we rank hospitals in these specialties solely by reputation. Although the five reputation-only specialties are ranked without the Index of Hospital Quality, standard deviations of the reputation scores are still useful in identifying truly superior hospitals (in terms of statistically relevant nomination scores).

Figure 10. Mean and Standard Deviations of IHQ and Reputation Scores

IHQ Score					
Specialty	Mean	Standard deviation	1 SD above the mean	2 SDs above the mean	3 SDs above the mean
Cancer	19.01	7.21	26.23	33.44	40.65
Digestive Disorders	19.97	5.00	24.97	29.97	34.97
Ear, Nose, and Throat	24.03	6.05	30.08	36.13	42.18
Geriatrics	21.36	5.57	26.93	32.51	38.08
Gynecology	21.95	5.81	27.76	33.57	39.38
Heart and Heart Surgery	21.93	6.73	28.66	35.39	42.12
Hormonal Disorders	17.68	6.24	23.92	30.16	36.41
Kidney Disease	30.81	7.52	38.33	45.85	53.37
Neurology and Neurosurgery	18.91	6.47	25.39	31.86	38.33
Orthopedics	17.90	5.15	23.05	28.20	33.35
Respiratory disorders	19.00	5.70	24.70	30.41	36.11
Urology	25.00	4.69	29.69	34.38	39.08
Reputational Score					
Specialty	Mean	Standard deviation	1 SD above the mean	2 SDs above the mean	3 SDs above the mean
Eyes	4.25	12.94	17.19	30.14	43.08
Pediatrics	2.97	7.57	10.55	18.12	25.69
Psychiatry	3.33	7.31	10.64	17.94	25.25
Rehabilitation	3.00	7.99	10.99	18.97	26.96
Rheumatology	3.79	8.81	12.60	21.40	30.21

F. Summary of Changes for 2004

- Rheumatology was removed from the group of IHQ-driven specialties and was instead included as a reputation-only specialty (p. 4).
- The RNs to beds calculation was changed to RNs to patients. The RN measure includes full-time equivalents in addition to full-time RNs. The patient measure is calculated by using the adjusted average daily census (p. 10), which includes both inpatients and outpatients.
- Discharge planning was removed from the structural component. Two of the three variables included in discharge planning (case management services and patient representative services) are now included in patient/community services, which replaces it. The third, patient education center, is no longer included in our analysis (p. 12).
- A new variable, patient/community services, was created and is used in all specialties. In specialties other than Heart and Heart Surgery, the indicator ranges from 0 to 15 points. In Heart and Heart Surgery, the maximum score for this new indicator is 12 (p. 12).
- The service mix, previously included in Geriatrics, was removed from the structural component (p. 13).
- Nurse Magnet status was added to the structural variables for all specialties (p. 14).
- Level 4 epilepsy center certification was added to the structural variables for Neurology and Neurosurgery (p. 15).
- DRG groupings were updated in Heart and Heart Surgery, Neurology and Neurosurgery, Orthopedics, and Respiratory Disorders (p. 25).

III Directions for Future Releases

Since its inception, the IHQ (which appears in the annual “America’s Best Hospitals” rankings as “U.S. News score”) has incorporated the latest and most rigorous methodology available to define, measure, and combine the components of hospital quality. We will continue to re-examine them. Continuing research will address the way in which reputational score is used to define process, transformations of raw scores, measures of technology, and refinement of the definitions of non-fatal outcomes.

We will also continue to investigate the availability and quality of 30-day mortality rates as compared to death-at-discharge. The ability to measure the outcomes of procedures after a patient’s release from the hospital would enhance the quality of the rankings. Before implementing such a measure, however, we must assess the quality of the available data.

NORC and *U.S. News* are currently evaluating Disease Staging methodology as a possible replacement for the APR-DRG patient classification system in calculating mortality rates.

As in years past, we welcome input. Readers and users are encouraged to contact the authors with suggestions and questions.

IV References

1. Donabedian A. Evaluating the quality of medical care. *The Milbank Memorial Fund Quarterly*. 1966; 44:166-203.
2. Donabedian A. Promoting quality through evaluating the process of patient care. *Med Care*. 1968; 6:181.
3. Hill, CA., Winfrey, KL., Rudolph, BA. "Best Hospitals": A description of the methodology for the index of hospital quality. *Inquiry*. 1997; 34(1)80-90.
4. American Hospital Association. 2002 *Annual Survey of Hospitals Data Base Documentation Manual*.
5. Ehrlich, RH, Hill CA, Winfrey, KL. *1997 Survey of Best Hospitals*. Chicago: NORC; 1997.
6. The Cancer Centers Branch of the National Cancer Institute. *Policies and guidelines relating to the cancer-center support grant*. Washington, DC: National Cancer Institute; 2000.
7. The National Association of Epilepsy Centers. *Guidelines for Essential Services, Personnel, and Facilities in Specialized Epilepsy Centers in the United States*. *Epilepsia*, 2001; 42: No. 6.
8. United States Department of Health and Human Services. *Medicare hospital mortality information*. HCFA publication 01-002. Report prepared by Otis R. Bowen and William L. Roper. Washington, DC:USGPO; 1987.
9. Blumberg MS. Comments on HCFA hospital death rate statistical outliers. *HSR: Health Services Research*. 1987; 21:715-40.
10. Dubois RW, Brook RH, Rogers WH. Adjusted hospital death rates: a potential screen or the quality of medical care. *AJPH*. 1987; 77:1162-6.
11. Gillis KD, Hixson JS. Efficacy of statistical outlier analysis for monitoring quality of care. *Journal of Business and Economic Statistics*. 1991; 9:241-52.
12. Green J, Winfield N, Sharkey P, Passman LJ. The importance of severity of illness in assessing hospital mortality. *JAMA*. 1990; 263:241-6.
13. Green J, Passman LJ, Winfield N. Analyzing hospital mortality: the consequences of

- diversity in patient mix. *JAMA*. 1991; 265:1849-53.
14. Greenfield S, Aronow HU, Elashoff RM, Watanabe D. Flaws in mortality data: the hazards of ignoring comorbid disease. *JAMA*. 1988; 260:2253-7.
 15. Rosen HM, Green BA. The HCFA excess mortality lists: a methodological critique. *Hospital and Health Services Administration*. 1987; 2:119-24.
 16. Flood AB, Scott WR. Conceptual and methodological issues in measuring the quality of care in hospitals. In *Hospital structure and performance*. Baltimore: Johns Hopkins University Press; 1987.
 17. Iezzoni LI, Ash AS, Coffman GA, Moskowitz MA. Predicting in-hospital mortality: a comparison of severity measurement approaches. *Med Care*. 1992; 30:347-59.

V Appendices

Appendix A

Structural Variable Map

The following variables, used to construct structural elements of the 2004 IHQ, were taken from the 2002 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 MAMMOSHOS=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

Heart and Heart Surgery 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

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 MAMMSYS, 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

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

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

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

Patient/Community Services

- 1 point if AIRBHOS=1
- 1 point if AMBHOS=1
- 1 point if ANGIOHOS=1
- 1 point if CCLABHOS=1
- 1 point if CICHOS=1
- 1 point if CMNGTHOS=1
- 1 point if ENBHOS=1
- 1 point if LINGHOS=1
- 1 point if NICHOS=1
- 1 point if PAINHOS=1
- 1 point if PATRPHOS=1
- 1 point if PEDICHOS=1
- 1 point if REHABHOS=1
- 1 point if SPORTHOS=1
- 1 point if WOMHCHOS=1

Heart and Heart Surgery - Patient/Community Services

- 1 point if AIRBHOS=1
- 1 point if AMBHOS=1
- 1 point if CMNGTHOS=1
- 1 point if ENBHOS=1
- 1 point if LINGHOS=1
- 1 point if NICHOS=1
- 1 point if PAINHOS=1
- 1 point if PATRPHOS=1
- 1 point if PEDICHOS=1
- 1 point if REHABHOS=1
- 1 point if SPORTHOS=1
- 1 point if WOMHCHOS=1

R.N.'s to Patients

Full-time Equivalent Registered Nurses (FTEN where available, FTERN otherwise)
divided by Adjusted Average Daily Census (ADJADC)

Trauma

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

NCI

"Yes" if a National Cancer Institute designated Comprehensive or Clinical Cancer Center

Epilepsy Center

"Yes" if National Association of Epilepsy Center designated level 4 epilepsy center

Nursing Magnet Hospital

"Yes" if American Nurses Credentialing Center designated

Hospice/Palliative Care

"H, P" if (HOSPCHOS=1 or HOSPCSYS=1 or HOSPCNET=1 or HOSPCVEN=1) and (PALHOS=1 or PALSYS=1 or PALNET=1 or PALVEN=1)

"H" if HOSPCHOS=1 or HOSPCSYS=1 or HOSPCNET=1 or HOSPCVEN=1

"P" if PALHOS=1 or PALSYS=1 or PALNET=1 or PALVEN=1

Appendix B

2002 Sample Physician Questionnaire (Long Form)



America's Best Hospitals

This survey of physicians' judgments provides the basis for the reputation component of the annual ranking of hospitals for U. S. News & World Report.



Conducted by the
National Opinion Research Center
at the University of Chicago
1155 East 60th Street, Chicago, IL 60637

Start Here

THE NATION'S BEST HOSPITALS

- 1** Please list in the spaces below, the five hospitals (and/or affiliated medical schools) in the United States that you believe provide the best care for patients with the most serious or difficult medical problems associated with cancer regardless of location or expense (we've provided space for both hospital and/or affiliated medical school in hopes that will make it easier to provide your answer):

	Five hospitals/affiliated medical schools that provide the best care.	City	State
a.	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>	<input type="text"/>
d.	<input type="text"/>	<input type="text"/>	<input type="text"/>
e.	<input type="text"/>	<input type="text"/>	<input type="text"/>

THE INTERNET AND MEDICAL PRACTICE

- 1** Answers to these questions will help us to understand the impact of the Internet on medical practices.

- 2** Have you ever suggested to your patients that they go to the Internet for information about their conditions?

- Yes
 No

- 3** Have your patients been helped or hindered by the information they have obtained from the Internet following your suggestion?

- Helped
 Hindered
 Neither
 Both
 Does not apply

Continued

4 Have your patients been helped or hindered by the information they have obtained from the Internet *by themselves*?

- Helped
- Hindered
- Neither
- Both
- I don't know

5 In the area of medical information on the Internet, what one development, if any, has proven most beneficial to patients?

6 How often do you use the Internet?

- Nearly every day
- A day or two a week
- Several times a month
- Less than once a month
- Never

7 Do you ever access pharmaceutical company web sites?

- Yes
- No
- Does not apply

8 Do you ever access medical association web sites?

- Yes
- No
- Does not apply

9 What other medical sites, if any, do you sometimes access?

10 Do you think that the quality of information on the Internet is... ?

- Very good
- Good
- Neither good nor bad
- Bad
- Very bad
- Don't know

11 In the area of medical information on the Internet, what one development, if any, has proven most beneficial to physicians?

12 Do you/does your office have an electronic mail address?

- Yes
- No

13 Do you allow your patients to communicate with you via electronic mail?

- Yes
- No
- Does not apply

14 Do you encourage your patients to communicate with you via electronic mail?

- Yes
- No
- Does not apply

Thank you again for your participation

National Opinion Research Center at the University of Chicago
1155 East 60th Street, Chicago, IL 60637

Appendix C

2002 - 2004 Sample Physician Questionnaire (Short Form)

America's Best Hospitals

THIS SURVEY OF PHYSICIANS' JUDGMENTS PROVIDES THE
BASIS FOR THE REPUTATION COMPONENT OF THE ANNUAL
RANKING OF HOSPITALS FOR U. S. NEWS & WORLD REPORT.



NORC

Please list in the spaces below, the five hospitals (and/or affiliated medical schools) in the United States that you believe provide the best care for patients with the most serious or difficult medical problems associated with cancer regardless of location or expense (we've provided space for both hospital and/or affiliated medical school in hopes that will make it easier to provide your answer):

Five hospitals/affiliated medical schools
that provide the best care.

	City	State
a.	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>
d.	<input type="text"/>	<input type="text"/>
e.	<input type="text"/>	<input type="text"/>

Thank you again for your participation

National Opinion Research Center at the University of Chicago
1155 East 60th Street, Chicago, IL 60637

Appendix D

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). 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 15.0 uses the Health Care Financing Administration (HCFA) Version 14.0 DRG methodology. Because APR-DRGs are based on DRGs and All Patient DRGs (AP-DRGs), a brief explanation of both structures will be useful.

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 1970s 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 MDC² into two groups based on the presence or absence of an operating room procedure. 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. Medical patients were divided into smaller 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 comorbidities 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 percent 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.

Current AP-DRG Structure

²Major 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

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 neonatal MDC is based on 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.

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 E

Diagnosis-Related Group (DRG) Groupings by Specialty

2004 Diagnosis-Related Group (DRG) Groupings by Specialty

Cancer

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

Digestive Disorders

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

Ear, Nose, and Throat

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

Geriatrics

ALL CASES

Gynecology

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

Heart and Heart Surgery

- #75 MAJOR CHEST PROCEDURES
- #104 CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PX W CARDIAC CATH
- #105 CARDIAC VALVE & OTHER MAJOR CARDIOTHORACIC PX W/O CARDIAC CATH
- #106 CORONARY BYPASS WITH PTCA
- #107 CORONARY BYPASS WITH CARDIAC CATH
- #108 OTHER CARDIOTHORACIC PROCEDURES
- #109 CORONARY BYPASS WO/CARDIAC CATH
- #110 MAJOR CARDIOVASCULAR PROCEDURES W CC
- #111 MAJOR CARDIOVASCULAR PROCEDURES W/O CC
- #115 PRM CARD PACEM IMPL W AMI,HRT FAIL OR SHK,OR AICD LEAD OR GNRTR PROC
- #116 OTHER PERMANENT CARDIAC PACEMAKER IMPLANTATION
- #117 CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT
- #118 CARDIAC PACEMAKER DEVICE REPLACEMENT
- #121 CIRCULATORY DISORDERS W AMI & MAJOR COMP, DISCHARGED ALIVE
- #122 CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE
- #123 CIRCULATORY DISORDERS W AMI, EXPIRED
- #124 CIRC DIS EX AMI W/CATH & COMPLEX DIAG
- #125 CIRC DIS EX AMI W/CATH WO/COMP DIAG
- #126 ACUTE & SUBACUTE ENDOCARDITIS
- #127 HEART FAILURE & SHOCK
- #132 ATHEROSCLEROSIS W CC
- #133 ATHEROSCLEROSIS W/O CC
- #134 HYPERTENSION
- #135 CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC
- #136 CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC
- #138 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC
- #139 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC
- #140 ANGINA PECTORIS
- #143 CHEST PAIN
- #144 OTHER CIRCULATORY SYSTEM DIAGNOSES W CC
- #145 OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC
- #514 CARDIAC DEFIBRILLATOR IMPLANT W CARDIAC CATH
- #515 CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH
- #516 PERCUTANEOUS CARDIOVASCULAR PROC W AMI
- #517 PERC CARDIO PROC W CORONARY ARTERY STENT W/O AMI
- #518 PERC CARDIO PROC W/O CORONARY ARTERY STENT OR AMI

Hormonal Disorders

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

Kidney Disease

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

Neurology and Neurosurgery

- #1 CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA
- #2 CRANIOTOMY FOR TRAUMA AGE >17
- #4 SPINAL PROCEDURES
- #5 EXTRACRANIAL VASCULAR PROCEDURES
- #6 CARPAL TUNNEL RELEASE
- #7 PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC
- #8 PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC
- #9 SPINAL DISORDERS & INJURIES
- #10 NERVOUS SYSTEM NEOPLASM WITH CC
- #11 NERVOUS SYSTEM NEOPLASM WITHOUT CC
- #12 DEGENERATIVE NERVOUS SYSTEM DISORDERS
- #13 MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA
- #14 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA
- #15 TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS
- #16 NONSPECIFIC CEREBROVASCULAR DISORDERS W CC
- #17 NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC
- #18 CRANIAL & PERIPHERAL NERVE DISORDERS W CC
- #19 CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC
- #20 NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS
- #21 VIRAL MENINGITIS
- #22 HYPERTENSIVE ENCEPHALOPATHY
- #23 NONTRAUMATIC STUPOR & COMA
- #24 SEIZURE & HEADACHE AGE >17 W CC
- #25 SEIZURE & HEADACHE AGE >17 W/O CC
- #27 TRAUMATIC STUPOR & COMA, COMA >1 HR
- #28 TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC
- #29 TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC
- #31 CONCUSSION AGE >17 W CC
- #32 CONCUSSION AGE >17 W/O CC
- #34 OTHER DISORDERS OF NERVOUS SYSTEM W CC
- #35 OTHER DISORDERS OF NERVOUS SYSTEM W/O CC
- #484 CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA
- #496 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION
- #497 SPINAL FUSION WITH CC
- #498 SPINAL FUSION WITHOUT CC
- #499 BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITH CC
- #500 BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITHOUT CC
- #519 CERVICAL FUSION WITH CC
- #520 CERVICAL FUSION WITHOUT CC

Orthopedics

#209 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY
#210 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC
#211 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC
#212 HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17
#218 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W CC
#219 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W/O CC
#220 LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17
#223 MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC
#224 SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC
#225 FOOT PROCEDURES
#226 SOFT TISSUE PROCEDURES W CC
#227 SOFT TISSUE PROCEDURES W/O CC
#228 MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W CC
#229 HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC
#230 LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR
#231 LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP & FEMUR
#232 ARTHROSCOPY
#233 OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC
#234 OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC
#235 FRACTURES OF FEMUR
#236 FRACTURES OF HIP & PELVIS
#237 SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH
#238 OSTEOMYELITIS
#248 TENDONITIS, MYOSITIS & BURSITIS
#250 FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC
#251 FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC
#252 FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0-17
#253 FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE >17 W CC
#254 FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE >17 W/O CC
#255 FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE 0-17
#471 BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY
#485 LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUM
#491 MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY
#496 COMBINED ANTERIOR/POSTERIOR SPINAL FUSION
#497 SPINAL FUSION EXCEPT CERVICAL W CC
#498 SPINAL FUSION EXCEPT CERVICAL W/O CC
#499 BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITH CC
#500 BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITHOUT CC
#501 KNEE PROCEDURES W PDX OF INFECTION W CC
#502 KNEE PROCEDURES W PDX OF INFECTION W/O CC
#503 KNEE PROCEDURES W/O PDX OF INFECTION
#519 CERVICAL FUSION WITH CC
#520 CERVICAL FUSION WITHOUT CC

Respiratory Disorders

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

Urology

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

Appendix F

Index of Hospital Quality (IHQ) Scores by Specialty

2004 Cancer Best Hospital List

2004 Rank	Hospital	U.S. News Index	Reputational Score	Mortality Rate	Discharges	R.N.'s to ptns	Nursing Magnet Status	Technology Score (of 7)	Patient/Comm. Svc. (of 15)	Hospice, Palliative Care	NCI Cancer Center
1	University of Texas, M. D. Anderson Cancer Center, Houston	100.0	76.1	0.77	5352	1.85	Yes	6.0	6	P	Yes
2	Memorial Sloan-Kettering Cancer Center, New York	97.5	73.7	0.71	5399	1.64	No	6.0	7	H, P	Yes
3	Johns Hopkins Hospital, Baltimore	67.2	35.0	0.49	1859	2.10	Yes	7.0	15	H, P	Yes
4	Dana-Farber Cancer Institute, Boston	66.9	45.3	0.72	274	0.87	No	6.0	7	H, P	Yes
5	Mayo Clinic, Rochester, Minn.	64.2	32.6	0.58	4361	3.30	Yes	7.0	15	H, P	Yes (+3 SD)
6	Duke University Medical Center, Durham, N.C.	39.9	11.9	0.77	2955	2.10	No	7.0	14	H, P	Yes
7	University of Michigan Medical Center, Ann Arbor	36.8	6.4	0.57	1480	2.13	No	7.0	15	P	Yes
8	UCLA Medical Center, Los Angeles	36.8	7.7	0.67	1291	2.08	No	7.0	13	H, P	Yes
9	University of California, San Francisco Medical Center	36.1	10.0	0.78	891	2.65	No	7.0	13	P	Yes
10	University of Washington Medical Center, Seattle	35.1	7.6	0.44	886	2.05	Yes	6.0	11	H	No
11	Fox Chase Cancer Center, Philadelphia	34.5	7.6	0.72	930	1.81	Yes	6.0	6	H, P	Yes
12	Massachusetts General Hospital, Boston	33.8	9.7	1.02	2123	1.89	Yes	7.0	15	H, P	No (+2 SD)
13	Barnes-Jewish Hospital, St. Louis	33.1	3.7	0.68	2839	1.52	Yes	6.5	11	H, P	Yes
14	University of Chicago Hospitals	33.1	6.3	0.68	1879	1.58	No	5.0	13	P	Yes
15	H. Lee Moffitt Cancer Center & Research Institute, Tampa	33.0	4.9	0.52	1453	1.31	No	6.0	7	H, P	Yes
16	Stanford Hospital and Clinics, Stanford, Calif.	33.0	14.1	0.97	899	1.84	No	5.5	11		No
17	University Hospitals of Cleveland	32.9	1.7	0.49	1544	1.61	No	7.0	15	H, P	Yes
18	Vanderbilt University Medical Center, Nashville	32.4	6.1	0.75	1073	1.87	No	7.0	11	P	Yes
19	University of Alabama Hospital at Birmingham	32.2	1.0	0.68	1693	2.01	Yes	6.5	15	H, P	Yes
20	University Medical Center, Tucson, Ariz.	32.1	1.0	0.53	529	1.86	Yes	7.0	13	H, P	Yes
21	University of Pittsburgh Medical Center	32.0	2.8	0.62	1738	1.64	No	6.5	12	H, P	Yes
22	University of Wisconsin Hospital and Clinics, Madison	31.7	2.6	0.55	1078	1.43	No	7.0	13	H	Yes
23	Fairview-University Medical Center, Minneapolis	31.4	1.7	0.59	1226	1.71	No	7.0	12	H, P	Yes
24	University of Colorado Hospital, Denver	30.8	1.5	0.54	513	2.43	Yes	6.0	11	P	Yes
25	Yale-New Haven Hospital, New Haven, Conn.	30.5	0.5	0.64	1245	1.95	No	7.0	14	H, P	Yes
26	New York-Presbyterian Hospital	30.1	7.6	1.13	3709	1.43	No	7.0	14	H, P	Yes
27	Clarian Health Partners (IU and Methodist Hospitals), Indianapolis	30.0	5.0	0.94	2191	1.57	No	7.0	12	H, P	Yes
28	North Carolina Baptist Hospital, Winston-Salem	29.9	1.5	0.85	1800	2.04	Yes	7.0	15	H	Yes
29	University of North Carolina Hospitals, Chapel Hill	29.8	1.0	0.70	1323	1.61	No	7.0	14	H, P	Yes
30	Cleveland Clinic	29.4	3.6	0.85	2302	1.59	Yes	7.0	13	H, P	No
31	Rush-Presbyterian-St. Luke's Medical Center, Chicago	29.3	1.3	0.67	1086	1.67	Yes	7.0	14	H, P	No
32	University of Virginia Medical Center, Charlottesville	29.3	0.5	0.75	1305	2.15	No	7.0	15	H, P	Yes
33	Hospital of the University of Pennsylvania, Philadelphia	29.2	4.6	0.86	1476	1.63	No	6.0	11	H	Yes
34	Shands at the University of Florida, Gainesville	29.1	1.0	0.65	1543	1.57	Yes	6.0	14	H, P	No
35	Dartmouth-Hitchcock Medical Center, Lebanon, N.H.	28.9	0.0	0.76	1091	1.54	Yes	7.0	13	H, P	Yes
36	Nebraska Medical Center, Omaha	28.8	4.1	0.97	927	1.84	No	7.0	14	H, P	Yes
37	Sarasota Memorial Hospital, Sarasota, Fla.	28.6	0.0	0.48	1460	1.21	Yes	5.5	13	H, P	No
38	City of Hope National Medical Center, Duarte, Calif.	28.1	3.4	0.91	1042	1.82	No	7.0	10	H, P	Yes
39	Arthur G. James Cancer Hospital, Columbus, Ohio	28.0	0.5	0.72	2178	1.50	No	6.5	11	H, P	Yes
40	University of Iowa Hospitals and Clinics, Iowa City	27.9	1.3	0.97	1221	1.52	Yes	7.0	15	H, P	Yes
41	F.G. McGaw Hospital at Loyola University, Maywood, Ill.	27.9	0.4	0.63	1406	2.02	No	7.0	15	H	No
42	University of California, Davis Medical Center, Sacramento	27.7	0.0	0.83	718	2.94	Yes	7.0	13	H, P	Yes
43	Baptist St. Anthony's Health System, Amarillo, Texas	27.6	0.0	0.39	1573	1.43	No	6.0	13	H, P	No
44	Henry Ford Hospital, Detroit	27.6	1.3	0.68	1380	1.65	No	6.5	13	H, P	No
45	Advocate Lutheran General Hospital, Park Ridge, Ill.	27.5	0.4	0.64	1380	1.60	No	6.5	14	H, P	No
46	Inova Fairfax Hospital, Falls Church, Va.	27.4	0.5	0.74	1012	1.60	Yes	7.0	14	H, P	No
47	University of Utah Hospitals and Clinics, Salt Lake City	27.3	0.5	0.49	757	1.81	No	5.0	11		Yes
48	Baylor University Medical Center, Dallas	27.3	1.5	0.83	1896	1.80	Yes	6.0	13	H, P	No
49	Riverside Methodist Hospitals, Columbus, Ohio	27.2	0.0	0.55	1412	1.35	No	6.0	12	H, P	No
50	Oregon Health & Science University Hospital, Portland	27.0	0.4	0.76	632	1.96	No	6.5	13	H, P	Yes

2004 Digestive Disorders Best Hospital List

2004 Rank	Hospital	U.S. News Index	Reputational Score	Mortality Rate	Discharges	R.N.'s to ptns	Nursing Magnet Status	Technology Score (of 8)	Patient/Comm. Svc. (of 15)	Trauma Center
1	Mayo Clinic, Rochester, Minn.	100.0	66.1	0.72	8829	3.30	Yes	8.0	15	Yes
2	Cleveland Clinic	70.3	40.1	0.71	5001	1.59	Yes	8.0	13	No
3	Johns Hopkins Hospital, Baltimore	68.2	35.7	0.61	3876	2.10	Yes	7.5	15	Yes
4	Massachusetts General Hospital, Boston	53.6	26.2	0.92	5027	1.89	Yes	8.0	15	No
5	Mount Sinai Medical Center, New York	47.3	22.6	1.09	6892	1.73	No	8.0	15	Yes
6	UCLA Medical Center, Los Angeles	46.8	21.3	0.95	2540	2.08	No	8.0	13	Yes
7	University of Chicago Hospitals	46.4	20.7	0.82	2431	1.58	No	6.0	13	Yes
8	Duke University Medical Center, Durham, N.C.	38.4	11.7	0.81	4500	2.10	No	7.5	14	Yes
9	University of California, San Francisco Medical Center	38.3	13.2	0.81	2103	2.65	No	8.0	13	No
10	University of Washington Medical Center, Seattle	35.3	7.9	0.62	1596	2.05	Yes	8.0	11	No (+3 SD)
11	Brigham and Women's Hospital, Boston	34.3	7.9	0.75	2844	2.21	No	7.5	12	Yes
12	Clarian Health Partners (IU and Methodist Hospitals), Indianapolis	33.4	9.2	0.96	6140	1.57	No	8.0	12	Yes
13	University of Michigan Medical Center, Ann Arbor	33.4	4.8	0.63	3444	2.13	No	8.0	15	Yes
14	University of North Carolina Hospitals, Chapel Hill	32.7	6.2	0.74	3023	1.61	No	7.5	14	Yes
15	Barnes-Jewish Hospital, St. Louis	31.8	5.0	0.80	6686	1.52	Yes	8.0	11	Yes
16	University of Pittsburgh Medical Center	31.6	5.9	0.82	4636	1.64	No	8.0	12	Yes
17	Hospital of the University of Pennsylvania, Philadelphia	31.3	9.5	1.10	2344	1.63	No	8.0	11	Yes
18	Baylor University Medical Center, Dallas	30.8	2.5	0.72	5296	1.80	Yes	8.0	13	Yes
19	Cedars-Sinai Medical Center, Los Angeles	30.6	4.6	0.86	5242	1.54	Yes	7.0	12	Yes
20	Yale-New Haven Hospital, New Haven, Conn.	30.4	3.3	0.70	2776	1.95	No	8.0	14	Yes
21	Medical University of South Carolina, Charleston	30.4	9.2	1.15	3096	1.85	No	6.0	11	Yes
22	Shands at the University of Florida, Gainesville	30.4	4.6	0.82	3925	1.57	Yes	7.0	14	No (+2 SD)
23	University of Miami, Jackson Memorial Hospital	29.5	5.2	0.91	2063	1.46	No	8.0	15	Yes
24	University of Virginia Medical Center, Charlottesville	29.3	2.7	0.78	3195	2.15	No	8.0	15	Yes
25	University Hospitals of Cleveland	29.1	1.2	0.63	3332	1.61	No	8.0	15	Yes
26	Beth Israel Deaconess Medical Center, Boston	28.8	3.5	0.77	4150	1.25	No	8.0	11	Yes
27	Northwestern Memorial Hospital, Chicago	28.8	4.7	0.96	4020	1.90	No	8.0	12	Yes
28	Virginia Mason Medical Center, Seattle	28.8	3.6	0.56	2473	1.33	No	7.0	8	No
29	New York-Presbyterian Hospital	28.6	7.7	1.26	6804	1.43	No	8.0	14	Yes
30	Advocate Lutheran General Hospital, Park Ridge, Ill.	28.5	0.0	0.46	3724	1.60	No	7.5	14	Yes
31	Rush-Presbyterian-St. Luke's Medical Center, Chicago	28.4	0.5	0.62	2577	1.67	Yes	8.0	14	No
32	Thomas Jefferson University Hospital, Philadelphia	28.3	2.1	0.75	3515	1.70	No	7.0	14	Yes
33	University of Iowa Hospitals and Clinics, Iowa City	28.0	0.9	0.77	2307	1.52	Yes	8.0	15	Yes
34	University of Wisconsin Hospital and Clinics, Madison	28.0	1.1	0.63	2440	1.43	No	8.0	13	Yes
35	Stanford Hospital and Clinics, Stanford, Calif.	27.8	4.1	0.86	1992	1.84	No	6.5	11	Yes
36	Summa Health System, Akron, Ohio	27.7	0.0	0.60	4002	1.78	No	8.0	12	Yes
37	Hennepin County Medical Center, Minneapolis	27.6	0.4	0.57	1687	1.56	No	7.0	15	Yes
38	Sarasota Memorial Hospital, Sarasota, Fla.	27.5	0.0	0.60	4911	1.21	Yes	7.5	13	No
39	Lehigh Valley Hospital, Allentown, Pa.	27.4	0.0	0.76	4430	1.60	Yes	8.0	13	Yes
40	William Beaumont Hospital, Royal Oak, Mich.	27.1	0.0	0.79	6880	1.52	Yes	8.0	14	Yes
41	Inova Fairfax Hospital, Falls Church, Va.	27.1	0.0	0.79	3136	1.60	Yes	8.0	14	Yes
42	F.G. McGaw Hospital at Loyola University, Maywood, Ill.	27.0	1.7	0.88	3017	2.02	No	8.0	15	Yes
43	University of Colorado Hospital, Denver	26.9	0.9	0.74	1277	2.43	Yes	7.0	11	Yes
44	Ingalls Hospital, Harvey, Ill.	26.8	0.4	0.57	2292	1.08	No	8.0	11	Yes
45	Christ Hospital, Cincinnati	26.8	0.0	0.54	2301	1.70	No	7.5	13	No
46	Miami Valley Hospital, Dayton, Ohio	26.7	0.4	0.67	3366	1.57	No	7.0	12	Yes
47	Memorial Sloan-Kettering Cancer Center, New York	26.7	2.3	0.67	3776	1.64	No	7.0	7	No
48	St. Louis University Hospital	26.6	1.2	0.71	2112	1.70	No	7.5	11	Yes
49	Henry Ford Hospital, Detroit	26.6	0.4	0.73	3898	1.65	No	7.5	13	Yes
50	University of Alabama Hospital at Birmingham	26.6	1.2	0.94	2745	2.01	Yes	6.5	15	Yes

2004 Ear, Nose, and Throat Best Hospital List

2004 Rank	Hospital	U.S. News Index	Reputational Score	Hospitalwide Mortality Rate	Discharges	R.N.'s to ptns	Nursing Magnet Status	Technology Score (of 5)	Patient/Comm. Svc. (of 15)	Trauma Center
1	Johns Hopkins Hospital, Baltimore	100.0	49.4	0.70	284	2.10	Yes	5.0	15	Yes
2	University of Iowa Hospitals and Clinics, Iowa City	72.1	31.2	0.92	274	1.52	Yes	5.0	15	Yes
3	Massachusetts Eye and Ear Infirmary, Boston	70.9	31.6	0.09	313	1.25	No	3.5	4	Yes
4	Mayo Clinic, Rochester, Minn.	65.5	24.2	0.79	732	3.30	Yes	5.0	15	Yes
5	University of Michigan Medical Center, Ann Arbor	63.7	23.1	0.71	328	2.13	No	5.0	15	Yes
6	University of Pittsburgh Medical Center	55.6	20.2	0.92	336	1.64	No	5.0	12	Yes
7	UCLA Medical Center, Los Angeles	54.6	18.2	0.86	353	2.08	No	5.0	13	Yes
8	Cleveland Clinic	53.0	15.2	0.69	258	1.59	Yes	5.0	13	No
9	Barnes-Jewish Hospital, St. Louis	47.7	12.5	0.85	422	1.52	Yes	5.0	11	Yes
10	University of Texas, M. D. Anderson Cancer Center, Houston	45.8	16.9	1.14	138	1.85	Yes	5.0	6	No
11	Hospital of the University of Pennsylvania, Philadelphia	45.8	13.4	0.95	254	1.63	No	5.0	11	Yes
12	University of Washington Medical Center, Seattle	45.4	10.6	0.72	143	2.05	Yes	5.0	11	No
13	University of California, San Francisco Medical Center	45.2	12.4	0.83	171	2.65	No	5.0	13	No
14	Stanford Hospital and Clinics, Stanford, Calif.	43.9	12.3	0.91	143	1.84	No	4.5	11	Yes
15	Vanderbilt University Medical Center, Nashville	42.4	10.5	0.95	271	1.87	No	5.0	11	Yes (+3 SD)
16	University Hospital, Cincinnati	38.3	5.6	0.76	177	1.65	No	5.0	13	Yes
17	Ohio State University Medical Center, Columbus	38.1	5.2	0.70	124	1.79	No	4.5	13	Yes
18	University of Virginia Medical Center, Charlottesville	37.5	6.1	0.91	176	2.15	No	5.0	15	Yes
19	Fairview-University Medical Center, Minneapolis	37.4	3.5	0.63	387	1.71	No	5.0	12	Yes
20	Methodist Hospital, Houston	36.7	6.2	0.93	263	1.40	Yes	5.0	11	No (+2 SD)
21	University of California, Davis Medical Center, Sacramento	35.9	4.0	0.89	150	2.94	Yes	5.0	13	Yes
22	University of North Carolina Hospitals, Chapel Hill	35.8	5.4	0.91	155	1.61	No	5.0	14	Yes
23	Memorial Sloan-Kettering Cancer Center, New York	35.7	5.7	0.82	287	1.64	No	5.0	7	No
24	F.G. McGaw Hospital at Loyola University, Maywood, Ill.	35.3	2.1	0.74	245	2.02	No	5.0	15	Yes
25	Shands at the University of Florida, Gainesville	35.2	2.9	0.78	284	1.57	Yes	4.0	14	No
26	University of Miami, Jackson Memorial Hospital	35.1	3.6	0.86	267	1.46	No	5.0	15	Yes
27	Duke University Medical Center, Durham, N.C.	35.0	4.0	0.87	174	2.10	No	5.0	14	Yes
28	Mount Sinai Medical Center, New York	34.9	7.1	1.21	487	1.73	No	5.0	15	Yes
29	University of Alabama Hospital at Birmingham	34.8	2.6	0.91	313	2.01	Yes	4.5	15	Yes
30	Rush-Presbyterian-St. Luke's Medical Center, Chicago	34.0	1.1	0.63	161	1.67	Yes	5.0	14	No
31	University Hospitals of Cleveland	33.7	1.0	0.65	165	1.61	No	5.0	15	Yes
32	William Beaumont Hospital, Royal Oak, Mich.	33.4	0.0	0.76	288	1.52	Yes	5.0	14	Yes
33	Northwestern Memorial Hospital, Chicago	33.4	3.2	0.93	303	1.90	No	5.0	12	Yes
34	University Medical Center, Tucson, Ariz.	33.3	0.4	0.68	62	1.86	Yes	5.0	13	Yes
35	University of Wisconsin Hospital and Clinics, Madison	33.2	1.1	0.65	182	1.43	No	5.0	13	Yes
36	University of Colorado Hospital, Denver	33.0	0.4	0.66	74	2.43	Yes	5.0	11	Yes
37	Henry Ford Hospital, Detroit	32.9	0.7	0.70	228	1.65	No	4.5	13	Yes
38	Yale-New Haven Hospital, New Haven, Conn.	32.9	1.0	0.81	265	1.95	No	5.0	14	Yes
39	Advocate Lutheran General Hospital, Park Ridge, Ill.	32.8	0.0	0.61	277	1.60	No	4.5	14	Yes
40	University of Illinois Medical Center at Chicago	32.8	2.5	0.83	139	1.69	No	5.0	13	Yes
41	Baylor University Medical Center, Dallas	32.8	0.7	0.83	207	1.80	Yes	5.0	13	Yes
42	Thomas Jefferson University Hospital, Philadelphia	32.5	1.7	0.83	265	1.70	No	4.0	14	Yes
43	Summa Health System, Akron, Ohio	32.5	0.0	0.62	232	1.78	No	5.0	12	Yes
44	Clarian Health Partners (IU and Methodist Hospitals), Indianapolis	32.4	2.4	0.90	376	1.57	No	5.0	12	Yes
45	Abbott Northwestern Hospital, Minneapolis	32.3	0.0	0.70	328	1.55	No	5.0	12	Yes
46	North Carolina Baptist Hospital, Winston-Salem	32.2	2.6	1.06	195	2.04	Yes	5.0	15	Yes
47	Parkland Memorial Hospital, Dallas	32.1	4.4	0.97	58	1.75	No	5.0	12	Yes
48	Sarasota Memorial Hospital, Sarasota, Fla.	32.1	0.4	0.61	183	1.21	Yes	4.5	13	No
49	Lehigh Valley Hospital, Allentown, Pa.	32.1	0.0	0.83	272	1.60	Yes	5.0	13	Yes
50	Hennepin County Medical Center, Minneapolis	32.0	0.3	0.68	148	1.56	No	4.0	15	Yes

2004 Geriatrics Best Hospital List

2004 Rank	Hospital	U.S. News Index	Reputational Score	Hospitalwide Mortality Rate	R.N.'s to ptns	Nursing Magnet Status	Technology Score (of 8)	Patient/Comm. Svc. (of 15)	Hospice, Palliative Care	Geriatric Services (of 7)
1	UCLA Medical Center, Los Angeles	100.0	55.2	0.86	2.08	No	8.0	13	H, P	3
2	Johns Hopkins Hospital, Baltimore	90.0	44.2	0.70	2.10	Yes	8.0	15	H, P	4
3	Mount Sinai Medical Center, New York	71.3	36.8	1.21	1.73	No	8.0	15	H, P	3
4	Duke University Medical Center, Durham, N.C.	54.5	20.9	0.87	2.10	No	8.0	14	H, P	3
5	Massachusetts General Hospital, Boston	52.6	18.3	0.92	1.89	Yes	8.0	15	H, P	4
6	Yale-New Haven Hospital, New Haven, Conn.	48.9	16.2	0.81	1.95	No	8.0	14	H, P	3
7	Mayo Clinic, Rochester, Minn.	43.9	10.0	0.79	3.30	Yes	8.0	15	H, P	5
8	University of Michigan Medical Center, Ann Arbor	42.4	10.1	0.71	2.13	No	8.0	15	P	4
9	St. Louis University Hospital	42.2	11.4	0.73	1.70	No	8.0	11	P	3
10	University of Washington Medical Center, Seattle	38.2	7.0	0.72	2.05	Yes	8.0	11	H	3
11	Cleveland Clinic	38.1	5.9	0.69	1.59	Yes	8.0	13	H, P	3 (+3 SD)
12	Rush-Presbyterian-St. Luke's Medical Center, Chicago	37.9	4.1	0.63	1.67	Yes	8.0	14	H, P	5
13	Barnes-Jewish Hospital, St. Louis	37.3	7.1	0.85	1.52	Yes	8.0	11	H, P	4
14	University Hospitals of Cleveland	34.8	3.1	0.65	1.61	No	8.0	15	H, P	5
15	New York-Presbyterian Hospital	34.7	8.3	1.10	1.43	No	8.0	14	H, P	4
16	NYU Medical Center, New York	33.1	7.0	0.99	1.54	No	7.5	15	P	2
17	University of Colorado Hospital, Denver	33.1	3.0	0.66	2.43	Yes	7.0	11	P	3
18	Beth Israel Deaconess Medical Center, Boston	33.0	5.5	0.83	1.25	No	8.0	11	H, P	3
19	University of Chicago Hospitals	32.6	5.2	0.80	1.58	No	6.0	13	P	4 (+2 SD)
20	Hospital of the University of Pennsylvania, Philadelphia	32.4	6.0	0.95	1.63	No	8.0	11	H	4
21	University of Wisconsin Hospital and Clinics, Madison	32.0	2.3	0.65	1.43	No	8.0	13	H	4
22	University of California, San Francisco Medical Center	31.9	3.9	0.83	2.65	No	8.0	13	P	4
23	Brigham and Women's Hospital, Boston	31.5	2.6	0.73	2.21	No	7.5	12	H, P	4
24	Advocate Lutheran General Hospital, Park Ridge, Ill.	31.3	0.5	0.61	1.60	No	7.5	14	H, P	5
25	Shands at the University of Florida, Gainesville	30.8	1.9	0.78	1.57	Yes	7.0	14	H, P	2
26	North Carolina Baptist Hospital, Winston-Salem	30.8	3.8	1.06	2.04	Yes	8.0	15	H	4
27	Emory University Hospital, Atlanta	30.8	5.3	0.89	1.86	No	8.0	10	P	1
28	University of Pittsburgh Medical Center	30.7	3.1	0.92	1.64	No	8.0	12	H, P	6
29	University of Alabama Hospital at Birmingham	30.7	2.0	0.91	2.01	Yes	7.5	15	H, P	4
30	Christ Hospital, Cincinnati	30.6	0.0	0.52	1.70	No	8.0	13	H, P	3
31	University Medical Center, Tucson, Ariz.	30.5	0.0	0.68	1.86	Yes	8.0	13	H, P	3
32	University Hospital of Arkansas, Little Rock	30.5	5.4	0.88	1.95	No	7.0	9		3
33	University of Miami, Jackson Memorial Hospital	30.4	2.5	0.86	1.46	No	8.0	15	H, P	4
34	University of North Carolina Hospitals, Chapel Hill	30.3	2.9	0.91	1.61	No	8.0	14	H, P	4
35	Fairview-University Medical Center, Minneapolis	30.2	0.5	0.63	1.71	No	7.0	12	H, P	5
36	Summa Health System, Akron, Ohio	30.2	0.5	0.62	1.78	No	8.0	12	H, P	3
37	Sarasota Memorial Hospital, Sarasota, Fla.	30.2	0.0	0.61	1.21	Yes	7.5	13	H, P	2
38	Thomas Jefferson University Hospital, Philadelphia	30.1	2.3	0.83	1.70	No	7.0	14	H, P	4
39	William Beaumont Hospital, Royal Oak, Mich.	30.0	0.0	0.76	1.52	Yes	8.0	14	H, P	4
40	F.G. McGaw Hospital at Loyola University, Maywood, Ill.	29.9	1.4	0.74	2.02	No	8.0	15	H	3
41	Strong Memorial Hospital-University of Rochester, N.Y.	29.8	3.5	0.98	1.64	No	7.5	14	H, P	4
42	University of Iowa Hospitals and Clinics, Iowa City	29.8	1.4	0.92	1.52	Yes	8.0	15	H, P	4
43	Holy Cross Hospital, Fort Lauderdale, Fla.	29.7	0.0	0.61	1.32	Yes	6.5	12	H, P	3
44	Alexian Brothers Medical Center, Elk Grove Village, Ill.	29.6	1.0	0.51	1.11	No	7.0	10	H, P	3
45	University of California, Irvine Medical Center, Orange	29.4	1.7	0.78	1.55	Yes	7.0	11	P	3
46	Inova Fairfax Hospital, Falls Church, Va.	29.3	0.0	0.84	1.60	Yes	8.0	14	H, P	5
47	Boulder Community Hospital, Boulder, Colo.	29.1	0.0	0.67	1.70	No	8.0	13	H, P	3
48	Stanford Hospital and Clinics, Stanford, Calif.	29.0	4.0	0.91	1.84	No	7.5	11		3
49	Hackensack University Medical Center, Hackensack, N.J.	29.0	0.8	0.97	1.98	Yes	8.0	13	H, P	6
50	Baptist St. Anthony's Health System, Amarillo, Texas	28.9	0.0	0.65	1.43	No	7.0	13	H, P	4

2004 Gynecology Best Hospital List

2004		U.S.	Hospitalwide	Nursing			Patient/	Gynecology			
Rank	Hospital	News Index	Reputational Score	Mortality Rate	R.N.'s Discharges	Magnet Status	Technology Score (of 8)	Comm. Svc. (of 15)	Trauma Center	Services (of 4)	
1	Johns Hopkins Hospital, Baltimore	100.0	40.2	0.70	403	2.10	Yes	8.0	15	Yes	4
2	Mayo Clinic, Rochester, Minn.	80.5	29.4	0.79	1619	3.30	Yes	8.0	15	Yes	4
3	Brigham and Women's Hospital, Boston	68.0	22.8	0.73	617	2.21	No	7.5	12	Yes	4
4	Massachusetts General Hospital, Boston	58.3	18.0	0.92	529	1.89	Yes	8.0	15	No	4
5	University of Texas, M. D. Anderson Cancer Center, Houston	58.2	22.4	1.14	364	1.85	Yes	7.0	6	No	0
6	Duke University Medical Center, Durham, N.C.	56.5	16.8	0.87	676	2.10	No	8.0	14	Yes	4
7	UCLA Medical Center, Los Angeles	50.1	13.0	0.86	346	2.08	No	8.0	13	Yes	4
8	Cleveland Clinic	48.4	11.0	0.69	713	1.59	Yes	8.0	13	No	3
9	New York-Presbyterian Hospital	47.1	13.3	1.10	813	1.43	No	8.0	14	Yes	4
10	Hospital of the University of Pennsylvania, Philadelphia	45.0	11.5	0.95	269	1.63	No	8.0	11	Yes	4
11	Parkland Memorial Hospital, Dallas	44.9	11.7	0.97	140	1.75	No	8.0	12	Yes	4
12	Memorial Sloan-Kettering Cancer Center, New York	44.3	11.8	0.82	426	1.64	No	7.0	7	No	1
13	University of California, San Francisco Medical Center	42.8	9.5	0.83	188	2.65	No	8.0	13	No	4
14	Yale-New Haven Hospital, New Haven, Conn.	42.7	8.1	0.81	523	1.95	No	8.0	14	Yes	4 (+3 SD)
15	University of Colorado Hospital, Denver	38.4	4.6	0.66	139	2.43	Yes	8.0	11	Yes	4
16	University of Michigan Medical Center, Ann Arbor	37.9	4.4	0.71	477	2.13	No	8.0	15	Yes	4
17	University of Alabama Hospital at Birmingham	37.8	5.4	0.91	795	2.01	Yes	7.5	15	Yes	4
18	Stanford Hospital and Clinics, Stanford, Calif.	37.4	7.3	0.91	356	1.84	No	6.5	11	Yes	2
19	Magee-Womens Hospital, Pittsburgh	37.3	4.0	0.36	559	1.92	No	6.0	7	No	4
20	University of Washington Medical Center, Seattle	36.6	4.1	0.72	339	2.05	Yes	8.0	11	No	4
21	Barnes-Jewish Hospital, St. Louis	36.1	4.6	0.85	707	1.52	Yes	7.5	11	Yes	4
22	University of California, Irvine Medical Center, Orange	36.0	4.7	0.78	105	1.55	Yes	7.0	11	Yes	4
23	Methodist Hospital, Houston	35.5	5.5	0.93	609	1.40	Yes	7.5	11	No	4
24	William Beaumont Hospital, Royal Oak, Mich.	35.5	3.0	0.76	801	1.52	Yes	8.0	14	Yes	4
25	University of Chicago Hospitals	34.5	4.0	0.80	454	1.58	No	6.0	13	Yes	4
26	Northwestern Memorial Hospital, Chicago	34.5	4.6	0.93	395	1.90	No	8.0	12	Yes	4
27	University of Virginia Medical Center, Charlottesville	34.4	3.9	0.91	483	2.15	No	8.0	15	Yes	4
28	NYU Medical Center, New York	34.1	4.7	0.99	554	1.54	No	7.5	15	Yes	4
29	University of North Carolina Hospitals, Chapel Hill	34.0	4.0	0.91	438	1.61	No	8.0	14	Yes	4
30	Cedars-Sinai Medical Center, Los Angeles	33.9	3.4	0.88	684	1.54	Yes	7.0	12	Yes	4
31	Rush-Presbyterian-St. Luke's Medical Center, Chicago	33.8	2.1	0.63	214	1.67	Yes	8.0	14	No	3
32	Shands at the University of Florida, Gainesville	33.6	2.8	0.78	397	1.57	Yes	7.0	14	No	4
33	Ohio State University Medical Center, Columbus	33.6	2.9	0.70	96	1.79	No	7.5	13	Yes	4 (+2 SD)
34	University Hospitals of Cleveland	33.5	1.4	0.65	388	1.61	No	8.0	15	Yes	4
35	Baylor University Medical Center, Dallas	33.4	2.3	0.83	639	1.80	Yes	8.0	13	Yes	4
36	Vanderbilt University Medical Center, Nashville	33.3	4.5	0.95	428	1.87	No	8.0	11	Yes	3
37	Christ Hospital, Cincinnati	33.1	1.0	0.52	385	1.70	No	7.5	13	No	4
38	USC University Hospital, Los Angeles	33.0	5.6	0.65	53	1.57	No	4.5	6	No	0
39	University of Iowa Hospitals and Clinics, Iowa City	32.5	2.4	0.92	455	1.52	Yes	8.0	15	Yes	4
40	Emory University Hospital, Atlanta	32.4	5.0	0.89	294	1.86	No	7.5	10	No	1
41	Denver Health and Hospitals	31.9	0.0	0.23	59	2.41	No	6.5	14	Yes	4
42	Women & Infants Hospital of Rhode Island, Providence	31.6	1.7	0.58	646	1.96	No	5.0	8	No	4
43	Thomas Jefferson University Hospital, Philadelphia	31.5	2.1	0.83	464	1.70	No	7.0	14	Yes	4
44	UCSD Medical Center, San Diego	31.4	3.3	0.83	136	1.68	No	6.0	10	Yes	4
45	University of Utah Hospitals and Clinics, Salt Lake City	31.3	3.2	0.84	230	1.81	No	7.0	11	No	4
46	Harper University Hospital, Detroit	31.2	2.4	0.69	313	1.08	No	8.0	9	No	3
47	Advocate Lutheran General Hospital, Park Ridge, Ill.	31.2	0.0	0.61	411	1.60	No	7.5	14	Yes	4
48	University Medical Center, Tucson, Ariz.	31.2	0.4	0.68	200	1.86	Yes	7.0	13	Yes	4
49	F.G. McGaw Hospital at Loyola University, Maywood, Ill.	30.9	0.5	0.74	461	2.02	No	8.0	15	Yes	4
50	Inova Fairfax Hospital, Falls Church, Va.	30.7	1.1	0.84	607	1.60	Yes	8.0	14	Yes	3

2004 Heart and Heart Surgery Best Hospital List

2004 Rank	Hospital	U.S. News Index	Reputational Score	Mortality Rate	Discharges	R.N.'s to pts	Nursing Magnet Status	Technology Score (of 9)	Patient/Comm. Svc. (of 12)	Trauma Center	Hospice, Palliative Care
1	Cleveland Clinic	100.0	73.9	0.63	13986	1.59	Yes	9.0	10	No	H, P
2	Mayo Clinic, Rochester, Minn.	86.8	60.8	0.86	16348	3.30	Yes	9.0	12	Yes	H, P
3	Duke University Medical Center, Durham, N.C.	59.8	34.6	0.91	10939	2.10	No	9.0	11	Yes	H, P
4	Johns Hopkins Hospital, Baltimore	58.8	31.0	0.85	6595	2.10	Yes	9.0	12	Yes	H, P
5	Massachusetts General Hospital, Boston	57.2	28.7	0.79	11309	1.89	Yes	9.0	12	No	H, P
6	Brigham and Women's Hospital, Boston	56.4	27.8	0.60	7868	2.21	No	8.5	9	Yes	H, P
7	New York-Presbyterian Hospital	42.7	18.0	0.97	14214	1.43	No	9.0	11	Yes	H, P (+3 SD)
8	Emory University Hospital, Atlanta	40.8	17.3	0.88	7510	1.86	No	9.0	7	No	P
9	Texas Heart Institute at St. Luke's Episcopal Hospital, Houston	40.7	14.5	0.85	11015	1.53	Yes	9.0	8	No	P
10	Stanford Hospital and Clinics, Stanford, Calif.	40.5	19.1	0.95	4024	1.84	No	8.5	8	Yes	H, P
11	Barnes-Jewish Hospital, St. Louis	38.8	9.1	0.78	11777	1.52	Yes	9.0	8	Yes	H, P
12	UCLA Medical Center, Los Angeles	37.8	9.0	0.73	4059	2.08	No	9.0	10	Yes	H, P
13	University of Alabama Hospital at Birmingham	36.6	7.4	0.87	7042	2.01	Yes	8.5	12	Yes	H, P
14	Cedars-Sinai Medical Center, Los Angeles	35.8	6.3	0.78	9632	1.54	Yes	8.0	9	Yes	H, P
15	Washington Hospital Center, Washington, D.C.	35.7	7.7	0.81	13395	1.23	No	9.0	10	Yes	H, P (+2 SD)
16	William Beaumont Hospital, Royal Oak, Mich.	34.7	2.5	0.72	18892	1.52	Yes	9.0	11	Yes	H, P
17	Methodist Hospital, Houston	33.2	8.2	0.93	12164	1.40	Yes	9.0	8	No	P
18	Parkland Memorial Hospital, Dallas	32.2	4.0	0.68	1701	1.75	No	9.0	9	Yes	P
19	University of Michigan Medical Center, Ann Arbor	32.1	2.0	0.72	5802	2.13	No	9.0	12	Yes	P
20	Hospital of the University of Pennsylvania, Philadelphia	32.0	7.3	0.88	4889	1.63	No	9.0	8	Yes	H
21	Sarasota Memorial Hospital, Sarasota, Fla.	31.9	0.5	0.64	12664	1.21	Yes	9.0	10	No	H, P
22	University Medical Center, Tucson, Ariz.	31.8	1.5	0.74	2855	1.86	Yes	9.0	10	Yes	H, P
23	Yale-New Haven Hospital, New Haven, Conn.	31.6	1.1	0.74	7466	1.95	No	9.0	11	Yes	H, P
24	University of California, San Francisco Medical Center	31.6	5.7	0.80	2993	2.65	No	9.0	10	No	P
25	F.G. McGaw Hospital at Loyola University, Maywood, Ill.	31.1	0.5	0.64	5266	2.02	No	9.0	12	Yes	H
26	Lancaster General Hospital, Lancaster, Pa.	31.1	0.0	0.69	8804	1.38	Yes	7.0	10	Yes	H, P
27	Lenox Hill Hospital, New York	31.1	7.2	0.93	7406	1.74	No	8.5	8	No	H, P
28	Inova Fairfax Hospital, Falls Church, Va.	31.0	1.5	0.87	8352	1.60	Yes	9.0	11	Yes	H, P
29	Summa Health System, Akron, Ohio	31.0	0.5	0.63	6499	1.78	No	9.0	9	Yes	H, P
30	Baylor University Medical Center, Dallas	31.0	0.0	0.79	9306	1.80	Yes	9.0	10	Yes	H, P
31	Lehigh Valley Hospital, Allentown, Pa.	30.9	0.0	0.79	9580	1.60	Yes	9.0	10	Yes	H, P
32	University Hospitals of Cleveland	30.8	0.0	0.71	5905	1.61	No	9.0	12	Yes	H, P
33	Abbott Northwestern Hospital, Minneapolis	30.8	1.0	0.74	10835	1.55	No	9.0	9	Yes	H, P
34	Henry Ford Hospital, Detroit	30.6	0.0	0.69	7774	1.65	No	8.5	10	Yes	H, P
35	St. Luke's Hospital, Bethlehem, Pa.	30.6	0.0	0.65	8720	1.57	No	9.0	8	Yes	H, P
36	Advocate Lutheran General Hospital, Park Ridge, Ill.	30.4	0.0	0.62	5438	1.60	No	8.5	11	Yes	H, P
37	Hackensack University Medical Center, Hackensack, N.J.	30.4	0.0	0.84	11050	1.98	Yes	9.0	10	Yes	H, P
38	University of Colorado Hospital, Denver	30.2	0.5	0.62	1988	2.43	Yes	8.0	9	Yes	P
39	University of California, Davis Medical Center, Sacramento	30.0	0.5	0.80	2402	2.94	Yes	9.0	10	Yes	H, P
40	Sentara Norfolk General Hospital, Norfolk, Va.	29.9	0.0	0.64	8674	1.62	No	8.5	7	Yes	H, P
41	Shands at the University of Florida, Gainesville	29.9	1.0	0.79	6834	1.57	Yes	8.0	11	No	H, P
42	Christ Hospital, Cincinnati	29.9	0.0	0.51	7306	1.70	No	9.0	10	No	H, P
43	Northwestern Memorial Hospital, Chicago	29.8	1.5	0.79	5746	1.90	No	9.0	9	Yes	H, P
44	Rush-Presbyterian-St. Luke's Medical Center, Chicago	29.4	0.5	0.79	4022	1.67	Yes	9.0	11	No	H, P
45	University Health System, San Antonio	29.4	1.0	0.60	1693	1.39	No	8.0	12	Yes	P
46	Loma Linda University Medical Center, Loma Linda, Calif.	29.3	0.0	0.70	3499	2.54	No	8.0	10	Yes	H, P
47	Miami Valley Hospital, Dayton, Ohio	29.3	0.0	0.68	5247	1.57	No	9.0	9	Yes	P
48	North Shore University Hospital, Manhasset, N.Y.	29.2	1.1	0.92	10455	1.61	Yes	9.0	9	Yes	H, P
49	Thomas Jefferson University Hospital, Philadelphia	29.1	1.0	0.80	5750	1.70	No	8.0	11	Yes	H, P
50	Riverside Methodist Hospitals, Columbus, Ohio	29.1	1.0	0.82	16958	1.35	No	9.0	9	Yes	H, P

2004 Hormonal Disorders Best Hospital List

2004 Rank	Hospital	U.S. News Index	Reputational Score	Mortality Rate	Discharges	R.N.'s to ptns	Nursing Magnet Status	Technology Score (of 7)	Patient/Comm. Svc. (of 15)	Trauma Center
1	Mayo Clinic, Rochester, Minn.	100.0	71.9	0.59	1858	3.30	Yes	7.0	15	Yes
2	Massachusetts General Hospital, Boston	88.6	62.2	0.58	1471	1.89	Yes	7.0	15	No
3	Johns Hopkins Hospital, Baltimore	63.0	37.0	0.68	908	2.10	Yes	7.0	15	Yes
4	University of California, San Francisco Medical Center	45.8	21.7	0.48	580	2.65	No	7.0	13	No
5	University of Virginia Medical Center, Charlottesville	43.3	18.6	0.68	1054	2.15	No	7.0	15	Yes
6	Barnes-Jewish Hospital, St. Louis	42.3	14.9	0.51	1997	1.52	Yes	7.0	11	Yes
7	University of Washington Medical Center, Seattle	39.6	15.3	0.53	369	2.05	Yes	7.0	11	No
8	Brigham and Women's Hospital, Boston	38.6	13.3	0.37	750	2.21	No	6.5	12	Yes
9	UCLA Medical Center, Los Angeles	38.4	12.6	0.39	787	2.08	No	7.0	13	Yes
10	Cleveland Clinic	37.4	11.8	0.53	1334	1.59	Yes	7.0	13	No
11	New York-Presbyterian Hospital	36.6	15.7	1.14	2236	1.43	No	7.0	14	Yes (+3 SD)
12	Beth Israel Deaconess Medical Center, Boston	34.8	10.0	0.42	1077	1.25	No	7.0	11	Yes
13	University of Michigan Medical Center, Ann Arbor	33.6	7.7	0.54	992	2.13	No	7.0	15	Yes
14	Parkland Memorial Hospital, Dallas	31.2	8.2	0.65	471	1.75	No	7.0	12	Yes
15	Duke University Medical Center, Durham, N.C.	30.8	5.4	0.57	993	2.10	No	7.0	14	Yes
16	Northwestern Memorial Hospital, Chicago	30.7	8.6	0.88	1221	1.90	No	7.0	12	Yes
17	University of Chicago Hospitals	30.3	7.8	0.65	802	1.58	No	5.0	13	Yes (+2 SD)
18	University of Colorado Hospital, Denver	29.7	4.4	0.55	383	2.43	Yes	7.0	11	Yes
19	Vanderbilt University Medical Center, Nashville	28.6	5.4	0.70	971	1.87	No	7.0	11	Yes
20	Yale-New Haven Hospital, New Haven, Conn.	28.2	4.1	0.69	910	1.95	No	7.0	14	Yes
21	William Beaumont Hospital, Royal Oak, Mich.	28.0	0.4	0.53	1739	1.52	Yes	7.0	14	Yes
22	Fairview-University Medical Center, Minneapolis	28.0	2.7	0.34	793	1.71	No	7.0	12	Yes
23	Hospital of the University of Pennsylvania, Philadelphia	27.9	6.5	0.84	817	1.63	No	7.0	11	Yes
24	Ohio State University Medical Center, Columbus	27.2	1.8	0.38	773	1.79	No	6.5	13	Yes
25	Inova Fairfax Hospital, Falls Church, Va.	27.1	0.0	0.48	913	1.60	Yes	7.0	14	Yes
26	University of Miami, Jackson Memorial Hospital	27.0	2.8	0.61	776	1.46	No	7.0	15	Yes
27	University of California, Davis Medical Center, Sacramento	26.9	0.0	0.20	516	2.94	Yes	7.0	13	Yes
28	Florida Hospital, Orlando	26.7	0.0	0.43	2689	1.17	No	7.0	15	No
29	Cedars-Sinai Medical Center, Los Angeles	26.6	2.2	0.69	1247	1.54	Yes	6.0	12	Yes
30	Washington Hospital Center, Washington, D.C.	26.3	1.8	0.67	1953	1.23	No	7.0	13	Yes
31	Rush-Presbyterian-St. Luke's Medical Center, Chicago	26.2	0.0	0.45	965	1.67	Yes	7.0	14	No
32	Henry Ford Hospital, Detroit	25.8	1.4	0.73	2113	1.65	No	6.5	13	Yes
33	Los Angeles County-Harbor-UCLA Medical Center	25.8	2.3	0.21	211	2.01	No	4.5	12	Yes
34	Lancaster General Hospital, Lancaster, Pa.	25.7	0.0	0.47	833	1.38	Yes	6.0	12	Yes
35	St. Louis University Hospital	25.7	1.3	0.53	804	1.70	No	7.0	11	Yes
36	University of Iowa Hospitals and Clinics, Iowa City	25.6	1.4	0.76	682	1.52	Yes	7.0	15	Yes
37	University Health System, San Antonio	25.5	1.8	0.51	317	1.39	No	5.5	15	Yes
38	University Hospitals of Cleveland	25.5	0.5	0.63	1327	1.61	No	7.0	15	Yes
39	Memorial Hermann Hospital, Houston	25.5	0.0	0.49	564	1.87	No	6.5	15	Yes
40	F.G. McGaw Hospital at Loyola University, Maywood, Ill.	25.5	0.5	0.61	857	2.02	No	7.0	15	Yes
41	University of Alabama Hospital at Birmingham	25.4	1.8	0.94	1250	2.01	Yes	6.5	15	Yes
42	Sioux Valley Hospital USD Medical Center, Sioux Falls, S.D.	25.4	0.0	0.64	467	1.88	Yes	7.0	14	Yes
43	University of Wisconsin Hospital and Clinics, Madison	25.4	0.5	0.29	581	1.43	No	7.0	13	Yes
44	Los Angeles County-USC Medical Center	25.3	0.9	0.47	184	1.53	No	6.5	14	Yes
45	Stanford Hospital and Clinics, Stanford, Calif.	25.1	3.1	0.73	482	1.84	No	6.5	11	Yes
46	Baylor University Medical Center, Dallas	25.0	0.0	0.78	1403	1.80	Yes	7.0	13	Yes
47	Lehigh Valley Hospital, Allentown, Pa.	25.0	0.0	0.68	927	1.60	Yes	7.0	13	Yes
48	MCG Medical Center, Augusta	24.9	0.0	0.34	486	1.54	No	7.0	13	Yes
49	Ochsner Clinic Foundation, New Orleans	24.8	0.5	0.67	523	1.55	Yes	6.5	14	Yes
50	St. Vincent Medical Center, Toledo, Ohio	24.8	0.0	0.53	753	2.49	No	6.5	13	Yes

2004 Kidney Disease Best Hospital List

2004 Rank	Hospital	U.S. News Index	Reputational Score	Mortality Rate	Discharges	R.N.'s to ptns	Nursing Magnet Status	Technology Score (of 5)	Patient/Comm. Svc. (of 15)	Trauma Center	Medical/Surgical Beds
1	Brigham and Women's Hospital, Boston	100.0	29.5	0.60	767	2.21	No	5.0	12	Yes	40
2	Johns Hopkins Hospital, Baltimore	97.3	25.8	0.51	1008	2.10	Yes	4.5	15	Yes	68
3	Mayo Clinic, Rochester, Minn.	96.9	25.4	0.75	1510	3.30	Yes	5.0	15	Yes	100
4	Massachusetts General Hospital, Boston	96.5	27.5	0.84	1166	1.89	Yes	5.0	15	No	66
5	Cleveland Clinic	92.8	26.3	0.76	996	1.59	Yes	5.0	13	No	44
6	New York-Presbyterian Hospital	91.9	24.8	1.16	2447	1.43	No	5.0	14	Yes	124
7	Barnes-Jewish Hospital, St. Louis	75.8	16.2	0.87	2193	1.52	Yes	5.0	11	Yes	82
8	Vanderbilt University Medical Center, Nashville	71.8	16.6	0.68	875	1.87	No	4.5	11	Yes	28
9	Duke University Medical Center, Durham, N.C.	69.9	14.1	0.54	1301	2.10	No	4.5	14	Yes	27
10	UCLA Medical Center, Los Angeles	69.5	13.7	0.59	1042	2.08	No	5.0	13	Yes	58
11	University of Colorado Hospital, Denver	67.9	13.0	0.38	471	2.43	Yes	4.0	11	Yes	24
12	University of California, San Francisco Medical Center	62.6	13.5	0.88	810	2.65	No	5.0	13	No	24
13	University of Alabama Hospital at Birmingham	61.8	10.6	1.00	1495	2.01	Yes	4.0	15	Yes	73
14	Hospital of the University of Pennsylvania, Philadelphia	61.1	10.8	0.62	785	1.63	No	5.0	11	Yes	41
15	University of Michigan Medical Center, Ann Arbor	55.4	7.0	0.62	1146	2.13	No	5.0	15	Yes	40
16	University of Washington Medical Center, Seattle	55.3	9.0	0.73	481	2.05	Yes	5.0	11	No	19
17	Parkland Memorial Hospital, Dallas	54.9	7.8	0.64	808	1.75	No	5.0	12	Yes	36
18	University of Pittsburgh Medical Center	53.9	6.4	0.93	1199	1.64	No	5.0	12	Yes	123 (+3 SD)
19	University of Miami, Jackson Memorial Hospital	53.3	3.4	0.41	803	1.46	No	5.0	15	Yes	123
20	Rush-Presbyterian-St. Luke's Medical Center, Chicago	52.7	4.4	0.46	1132	1.67	Yes	5.0	14	No	61
21	Emory University Hospital, Atlanta	51.9	7.3	0.71	821	1.86	No	4.5	10	No	48
22	University of North Carolina Hospitals, Chapel Hill	51.7	6.8	0.70	1008	1.61	No	4.5	14	Yes	16
23	University of Chicago Hospitals	51.7	5.4	0.55	875	1.58	No	5.0	13	Yes	46
24	Stanford Hospital and Clinics, Stanford, Calif.	51.3	7.6	0.94	509	1.84	No	4.0	11	Yes	67
25	University of Maryland Medical System, Baltimore	50.9	4.9	0.57	1210	1.50	No	5.0	14	Yes	39
26	Yale-New Haven Hospital, New Haven, Conn.	50.7	6.4	0.92	1087	1.95	No	5.0	14	Yes	48
27	Fairview-University Medical Center, Minneapolis	49.6	3.5	0.39	822	1.71	No	5.0	12	Yes	45
28	Shands at the University of Florida, Gainesville	49.4	3.0	0.37	1269	1.57	Yes	5.0	14	No	30
29	Florida Hospital, Orlando	49.0	0.0	0.47	2738	1.17	No	5.0	15	No	140
30	Hennepin County Medical Center, Minneapolis	48.2	2.5	0.34	829	1.56	No	5.0	15	Yes	40
31	William Beaumont Hospital, Royal Oak, Mich.	48.0	1.5	0.61	2041	1.52	Yes	5.0	14	Yes	60
32	Henry Ford Hospital, Detroit	47.6	1.0	0.45	1866	1.65	No	5.0	13	Yes	76
33	University of Wisconsin Hospital and Clinics, Madison	47.5	3.0	0.37	813	1.43	No	5.0	13	Yes	24
34	Tufts-New England Medical Center, Boston	46.8	5.3	0.85	419	1.98	No	5.0	13	Yes	30
35	Ohio State University Medical Center, Columbus	46.1	2.0	0.57	1167	1.79	No	5.0	13	Yes	57
36	UCSD Medical Center, San Diego	46.1	4.3	0.66	430	1.68	No	4.5	10	Yes	40
37	St. Louis University Hospital	45.9	2.0	0.37	798	1.70	No	4.5	11	Yes	43 (+2 SD)
38	Clarian Health Partners (IU and Methodist Hospitals), Indianapolis	44.3	2.9	0.93	1845	1.57	No	5.0	12	Yes	48
39	Temple University Hospital, Philadelphia	44.1	0.5	0.45	867	1.91	No	5.0	13	Yes	64
40	Denver Health and Hospitals	43.8	0.0	0.08	244	2.41	No	4.0	14	Yes	31
41	Los Angeles County-Harbor-UCLA Medical Center	43.8	0.9	0.26	335	2.01	No	4.5	12	Yes	32
42	Methodist Hospital, Houston	43.7	2.4	0.88	1300	1.40	Yes	5.0	11	No	68
43	Beth Israel Deaconess Medical Center, Boston	43.6	3.4	0.86	1113	1.25	No	5.0	11	Yes	42
44	Baylor University Medical Center, Dallas	43.5	1.4	0.88	1293	1.80	Yes	5.0	13	Yes	61
45	University of Iowa Hospitals and Clinics, Iowa City	43.4	2.1	0.77	583	1.52	Yes	5.0	15	Yes	38
46	University Medical Center, Tucson, Ariz.	43.4	0.0	0.26	412	1.86	Yes	5.0	13	Yes	16
47	Froedtert Memorial Lutheran Hospital, Milwaukee	43.2	1.0	0.38	1014	1.81	No	5.0	8	Yes	31
48	Memorial Hermann Hospital, Houston	43.2	1.4	0.74	846	1.87	No	5.0	15	Yes	64
49	University of Virginia Medical Center, Charlottesville	43.2	1.9	0.72	1011	2.15	No	5.0	15	Yes	32
50	University Health System, San Antonio	43.1	0.0	0.14	466	1.39	No	4.0	15	Yes	28

2004 Neurology and Neurosurgery Best Hospital List

2004 Rank	Hospital	U.S. News Index	Reputational Score	Mortality Rate	Discharges	R.N.'s to ptns	Nursing Magnet Status	Technology Score (of 7)	Patient/Comm. Svc. (of 15)	Trauma Center	Epilepsy Center
1	Mayo Clinic, Rochester, Minn.	100.0	61.2	1.04	5907	3.30	Yes	7.0	15	Yes	Yes
2	Johns Hopkins Hospital, Baltimore	84.8	48.0	0.77	3132	2.10	Yes	7.0	15	Yes	No
3	Massachusetts General Hospital, Boston	82.9	51.7	1.10	3781	1.89	Yes	7.0	15	No	No
4	New York-Presbyterian Hospital	78.0	44.8	1.04	5568	1.43	No	7.0	14	Yes	Yes
5	University of California, San Francisco Medical Center	62.9	35.1	1.08	2011	2.65	No	7.0	13	No	Yes
6	Cleveland Clinic	58.0	22.4	0.60	3899	1.59	Yes	7.0	13	No	Yes
7	Barnes-Jewish Hospital, St. Louis	46.7	16.2	0.93	5050	1.52	Yes	7.0	11	Yes	Yes
8	UCLA Medical Center, Los Angeles	45.0	15.8	0.87	2367	2.08	No	7.0	13	Yes	Yes
9	St. Joseph's Hospital and Medical Center, Phoenix	41.6	14.4	0.98	3504	1.65	No	6.0	13	Yes	Yes
10	Methodist Hospital, Houston	40.7	10.9	0.83	5008	1.40	Yes	7.0	11	No	Yes
11	Hospital of the University of Pennsylvania, Philadelphia	38.7	15.8	1.19	2127	1.63	No	7.0	11	Yes	Yes (+3 SD)
12	Rush-Presbyterian-St. Luke's Medical Center, Chicago	36.7	3.6	0.50	2136	1.67	Yes	7.0	14	No	Yes
13	NYU Medical Center, New York	34.4	4.8	0.75	3329	1.54	No	6.5	15	Yes	Yes
14	Stanford Hospital and Clinics, Stanford, Calif.	33.0	7.2	0.91	1868	1.84	No	6.5	11	Yes	Yes (+2 SD)
15	University Hospitals of Cleveland	31.5	1.7	0.70	2852	1.61	No	7.0	15	Yes	Yes
16	University of Michigan Medical Center, Ann Arbor	31.4	5.0	0.95	2017	2.13	No	7.0	15	Yes	Yes
17	University of Washington Medical Center, Seattle	31.3	3.9	0.64	854	2.05	Yes	7.0	11	No	No
18	Duke University Medical Center, Durham, N.C.	31.0	6.3	0.96	3362	2.10	No	7.0	14	Yes	No
19	Fairview-University Medical Center, Minneapolis	30.8	0.9	0.46	1815	1.71	No	7.0	12	Yes	No
20	William Beaumont Hospital, Royal Oak, Mich.	30.3	0.4	0.74	5950	1.52	Yes	7.0	14	Yes	No
21	Abbott Northwestern Hospital, Minneapolis	30.2	0.4	0.68	3972	1.55	No	7.0	12	Yes	Yes
22	University Medical Center, Tucson, Ariz.	30.0	1.7	0.80	945	1.86	Yes	7.0	13	Yes	Yes
23	University of Chicago Hospitals	29.7	4.2	0.71	1650	1.58	No	5.0	13	Yes	No
24	Brigham and Women's Hospital, Boston	29.7	7.2	1.01	2023	2.21	No	6.5	12	Yes	No
25	Henry Ford Hospital, Detroit	29.6	1.8	0.81	3467	1.65	No	6.5	13	Yes	Yes
26	Ingalls Hospital, Harvey, Ill.	28.6	0.0	0.41	1778	1.08	No	7.0	11	Yes	No
27	Baptist St. Anthony's Health System, Amarillo, Texas	28.6	0.0	0.42	2771	1.43	No	6.0	13	No	No
28	University of Illinois Medical Center at Chicago	28.5	0.9	0.59	966	1.69	No	7.0	13	Yes	No
29	Advocate Lutheran General Hospital, Park Ridge, Ill.	28.5	0.0	0.58	2645	1.60	No	6.5	14	Yes	No
30	Baylor University Medical Center, Dallas	28.3	1.3	0.83	3418	1.80	Yes	7.0	13	Yes	No
31	Florida Hospital, Orlando	28.3	0.4	0.76	7967	1.17	No	7.0	15	No	No
32	University of Alabama Hospital at Birmingham	28.2	1.7	1.04	3592	2.01	Yes	6.5	15	Yes	Yes
33	Hinsdale Hospital, Hinsdale, Ill.	28.0	0.4	0.53	1427	0.83	No	6.5	14	Yes	No
34	University of Colorado Hospital, Denver	28.0	0.8	0.69	821	2.43	Yes	7.0	11	Yes	No
35	University of Miami, Jackson Memorial Hospital	27.9	4.3	0.92	1848	1.46	No	7.0	15	Yes	No
36	Ohio State University Medical Center, Columbus	27.9	1.2	0.83	2093	1.79	No	6.5	13	Yes	Yes
37	University of Virginia Medical Center, Charlottesville	27.8	2.5	1.04	3396	2.15	No	7.0	15	Yes	Yes
38	Vanderbilt University Medical Center, Nashville	27.7	2.2	0.92	2571	1.87	No	7.0	11	Yes	Yes
39	University of Pittsburgh Medical Center	27.7	5.3	1.08	4571	1.64	No	7.0	12	Yes	No
40	Beth Israel Deaconess Medical Center, Boston	27.6	2.2	0.88	2757	1.25	No	7.0	11	Yes	Yes
41	CHP Hospital and Surgical Center, Lorain, Ohio	27.6	0.0	0.48	1517	0.69	No	6.5	12	Yes	No
42	Memorial Sloan-Kettering Cancer Center, New York	27.4	0.9	0.41	750	1.64	No	7.0	7	No	No
43	Harper University Hospital, Detroit	27.2	0.4	0.49	2192	1.08	No	7.0	9	No	No
44	Shands at the University of Florida, Gainesville	27.2	3.4	0.93	2857	1.57	Yes	6.0	14	No	No
45	Christ Hospital, Cincinnati	27.2	0.0	0.56	1739	1.70	No	7.0	13	No	No
46	Hamot Medical Center, Erie, Pa.	27.2	0.0	0.61	1682	2.23	No	6.0	12	Yes	No
47	University Medical Center, Las Vegas	27.1	0.4	0.37	995	0.99	No	5.0	10	Yes	No
48	Thunderbird Samaritan Medical Center, Glendale, Ariz.	27.1	0.0	0.30	1104	2.01	No	6.5	8	No	No
49	St. Elizabeth Medical Center-North, Covington, Ky.	27.0	0.0	0.54	2053	1.34	No	4.5	12	Yes	No
50	Thomas Jefferson University Hospital, Philadelphia	27.0	1.8	0.97	3501	1.70	No	6.0	14	Yes	Yes

2004 Orthopedics Best Hospital List

2004 Rank	Hospital	U.S. News Index	Reputational Score	Mortality Rate	Discharges	R.N.'s to ptns	Nursing Magnet Status	Technology Score (of 5)	Patient/Comm. Svc. (of 15)	Trauma Center
1	Mayo Clinic, Rochester, Minn.	100.0	60.0	0.73	9181	3.30	Yes	5.0	15	Yes
2	Hospital for Special Surgery, New York	78.9	42.8	0.03	8441	1.64	Yes	5.0	8	Yes
3	Massachusetts General Hospital, Boston	65.8	34.7	0.96	3778	1.89	Yes	5.0	15	No
4	Johns Hopkins Hospital, Baltimore	53.9	22.8	0.66	1795	2.10	Yes	5.0	15	Yes
5	Cleveland Clinic	43.6	14.3	0.40	3694	1.59	Yes	5.0	13	No
6	University of Iowa Hospitals and Clinics, Iowa City	39.2	13.7	1.07	1854	1.52	Yes	5.0	15	Yes
7	UCLA Medical Center, Los Angeles	38.7	14.5	1.03	1659	2.08	No	5.0	13	Yes
8	Duke University Medical Center, Durham, N.C.	37.1	11.3	0.82	2787	2.10	No	5.0	14	Yes
9	University of Washington Medical Center, Seattle	36.7	10.7	0.61	1105	2.05	Yes	5.0	11	No
10	Rush-Presbyterian-St. Luke's Medical Center, Chicago	36.0	7.9	0.33	2953	1.67	Yes	5.0	14	No
11	Stanford Hospital and Clinics, Stanford, Calif.	34.9	8.7	0.55	2130	1.84	No	4.5	11	Yes (+3 SD)
12	New York-Presbyterian Hospital	32.9	10.2	1.15	3429	1.43	No	5.0	14	Yes
13	Barnes-Jewish Hospital, St. Louis	32.3	8.3	1.04	2979	1.52	Yes	5.0	11	Yes
14	University of Pittsburgh Medical Center	31.5	7.8	0.91	2452	1.64	No	5.0	12	Yes
15	University of California, San Francisco Medical Center	31.3	7.6	0.70	1312	2.65	No	5.0	13	No
16	Harborview Medical Center, Seattle	30.6	7.9	0.78	1061	1.91	No	4.0	9	Yes
17	Thomas Jefferson University Hospital, Philadelphia	30.2	4.4	0.55	4230	1.70	No	4.0	14	Yes
18	Brigham and Women's Hospital, Boston	29.8	5.4	0.73	2519	2.21	No	4.5	12	Yes
19	Fairview-University Medical Center, Minneapolis	29.0	4.2	0.65	2138	1.71	No	5.0	12	Yes
20	Parkland Memorial Hospital, Dallas	28.9	4.7	0.59	635	1.75	No	5.0	12	Yes
21	Northwestern Memorial Hospital, Chicago	28.8	5.8	0.97	2774	1.90	No	5.0	12	Yes
22	New England Baptist Hospital, Boston	28.3	4.7	0.49	3594	1.06	No	5.0	8	No (+2 SD)
23	University of Michigan Medical Center, Ann Arbor	28.0	3.2	0.64	1390	2.13	No	5.0	15	Yes
24	Vanderbilt University Medical Center, Nashville	27.8	3.1	0.56	1681	1.87	No	5.0	11	Yes
25	University Hospitals of Cleveland	27.4	2.6	0.70	2593	1.61	No	5.0	15	Yes
26	Baylor University Medical Center, Dallas	27.2	1.4	0.69	4163	1.80	Yes	5.0	13	Yes
27	University of California, Davis Medical Center, Sacramento	26.9	1.4	0.60	1195	2.94	Yes	5.0	13	Yes
28	William Beaumont Hospital, Royal Oak, Mich.	26.6	0.4	0.60	5971	1.52	Yes	5.0	14	Yes
29	University of Chicago Hospitals	26.3	3.3	0.64	1324	1.58	No	3.0	13	Yes
30	Hospital for Joint Diseases Orthopedic Institute, New York	26.2	3.3	0.37	2125	1.28	No	4.0	8	No
31	University of Colorado Hospital, Denver	25.9	0.5	0.27	793	2.43	Yes	5.0	11	Yes
32	Hennepin County Medical Center, Minneapolis	25.9	1.3	0.35	1046	1.56	No	4.0	15	Yes
33	University of Virginia Medical Center, Charlottesville	25.7	0.8	0.62	2180	2.15	No	5.0	15	Yes
34	University of Alabama Hospital at Birmingham	25.7	1.9	0.96	2095	2.01	Yes	4.5	15	Yes
35	University Medical Center, Tucson, Ariz.	25.6	0.5	0.59	898	1.86	Yes	5.0	13	Yes
36	Methodist Hospital, Houston	25.5	3.6	1.02	4418	1.40	Yes	5.0	11	No
37	Clarian Health Partners (IU and Methodist Hospitals), Indianapolis	25.5	1.6	0.70	4559	1.57	No	5.0	12	Yes
38	Poudre Valley Hospital, Fort Collins, Colo.	25.4	0.0	0.35	2344	1.72	Yes	4.0	8	Yes
39	University Health System, San Antonio	25.4	1.4	0.40	621	1.39	No	4.0	15	Yes
40	Sarasota Memorial Hospital, Sarasota, Fla.	25.4	0.0	0.40	4608	1.21	Yes	5.0	13	No
41	Summa Health System, Akron, Ohio	25.4	0.0	0.47	3731	1.78	No	5.0	12	Yes
42	Advocate Lutheran General Hospital, Park Ridge, Ill.	25.4	0.4	0.54	2532	1.60	No	4.5	14	Yes
43	Georgetown University Hospital, Washington, D.C.	25.3	1.3	0.58	1031	1.36	Yes	5.0	13	No
44	Jewish Hospital, Louisville, Ky.	25.3	0.0	0.57	3938	1.35	Yes	5.0	10	Yes
45	Lehigh Valley Hospital, Allentown, Pa.	25.1	0.0	0.72	3051	1.60	Yes	5.0	13	Yes
46	University of Tennessee Medical Center, Memphis	25.1	6.6	0.94	107	1.58	No	4.5	5	No
47	Cedars-Sinai Medical Center, Los Angeles	24.8	1.3	0.87	3260	1.54	Yes	4.0	12	Yes
48	Shands at the University of Florida, Gainesville	24.8	1.3	0.79	2610	1.57	Yes	4.0	14	No
49	Union Memorial Hospital, Baltimore	24.6	0.5	0.42	1644	1.37	No	4.5	12	Yes
50	USC University Hospital, Los Angeles	24.6	2.7	0.33	1504	1.57	No	3.5	6	No

2004 Respiratory Disorders Best Hospital List

2004 Rank	Hospital	U.S. News Index	Reputational Score	Mortality Rate	Discharges	R.N.'s to pts	Nursing Magnet Status	Technology Score (of 4)	Patient/Comm. Svc. (of 15)	Trauma Center	Hospice, Palliative Care
1	National Jewish Medical and Research Center, Denver	100.0	53.3	0.00	51	1.64	No	2.5	4	No	
2	Mayo Clinic, Rochester, Minn.	88.4	43.5	0.96	4730	3.30	Yes	4.0	15	Yes	H, P
3	Johns Hopkins Hospital, Baltimore	73.9	31.2	0.69	1758	2.10	Yes	4.0	15	Yes	H, P
4	Massachusetts General Hospital, Boston	57.2	22.4	0.93	3414	1.89	Yes	4.0	15	No	H, P
5	University of California, San Francisco Medical Center	52.5	19.5	0.73	1385	2.65	No	4.0	13	No	P
6	Barnes-Jewish Hospital, St. Louis	46.8	15.0	0.88	4909	1.52	Yes	4.0	11	Yes	H, P
7	Duke University Medical Center, Durham, N.C.	46.8	15.6	0.92	3186	2.10	No	4.0	14	Yes	H, P
8	UCSD Medical Center, San Diego	46.2	17.4	0.96	1276	1.68	No	4.0	10	Yes	H
9	University of Colorado Hospital, Denver	45.7	12.8	0.65	1126	2.43	Yes	4.0	11	Yes	P
10	University of Michigan Medical Center, Ann Arbor	43.3	12.5	0.78	2237	2.13	No	4.0	15	Yes	P
11	Cleveland Clinic	41.9	12.3	0.90	2691	1.59	Yes	4.0	13	No	H, P
12	Hospital of the University of Pennsylvania, Philadelphia	38.5	11.1	0.86	1345	1.63	No	4.0	11	Yes	H (+3 SD)
13	UCLA Medical Center, Los Angeles	35.6	8.6	0.92	1667	2.08	No	4.0	13	Yes	H, P
14	University of Washington Medical Center, Seattle	34.1	10.2	1.11	856	2.05	Yes	4.0	11	No	H
15	Vanderbilt University Medical Center, Nashville	33.5	8.2	0.97	2399	1.87	No	4.0	11	Yes	P
16	Brigham and Women's Hospital, Boston	33.4	7.0	0.92	2093	2.21	No	4.0	12	Yes	H, P
17	University Hospitals of Cleveland	31.1	1.6	0.58	2920	1.61	No	4.0	15	Yes	H, P
18	New York-Presbyterian Hospital	30.6	7.2	1.16	5281	1.43	No	4.0	14	Yes	H, P (+2 SD)
19	Stanford Hospital and Clinics, Stanford, Calif.	30.1	8.0	1.11	1431	1.84	No	4.0	11	Yes	
20	University of Pittsburgh Medical Center	29.8	5.4	1.00	2466	1.64	No	4.0	12	Yes	H, P
21	University of Iowa Hospitals and Clinics, Iowa City	29.4	2.8	0.86	1290	1.52	Yes	4.0	15	Yes	H, P
22	University of Chicago Hospitals	29.0	3.2	0.76	1505	1.58	No	4.0	13	Yes	P
23	Denver Health and Hospitals	28.9	0.3	0.19	604	2.41	No	3.5	14	Yes	H, P
24	Yale-New Haven Hospital, New Haven, Conn.	28.8	3.9	0.98	2747	1.95	No	4.0	14	Yes	H, P
25	University Health System, San Antonio	28.3	1.1	0.56	710	1.39	No	3.5	15	Yes	P
26	University Medical Center, Tucson, Ariz.	27.9	0.3	0.70	936	1.86	Yes	4.0	13	Yes	H, P
27	Ohio State University Medical Center, Columbus	27.8	1.2	0.64	1740	1.79	No	3.5	13	Yes	P
28	University of Alabama Hospital at Birmingham	27.8	3.4	1.08	2063	2.01	Yes	4.0	15	Yes	H, P
29	Henry Ford Hospital, Detroit	27.7	0.9	0.72	3839	1.65	No	4.0	13	Yes	H, P
30	Mayo Clinic Hospital, Phoenix	27.7	1.2	0.45	1412	2.21	No	4.0	8	No	P
31	University of Wisconsin Hospital and Clinics, Madison	27.6	0.4	0.57	1454	1.43	No	4.0	13	Yes	H
32	San Francisco General Hospital Medical Center	27.5	2.7	0.80	779	1.60	No	3.5	12	Yes	H, P
33	Miami Valley Hospital, Dayton, Ohio	27.5	0.4	0.62	3765	1.57	No	4.0	12	Yes	P
34	Cedars-Sinai Medical Center, Los Angeles	27.3	2.2	0.95	4457	1.54	Yes	4.0	12	Yes	H, P
35	Southwest General Health Center, Middleburg Heights, Ohio	27.3	0.4	0.53	2541	0.93	No	4.0	10	Yes	H
36	Christ Hospital, Cincinnati	27.3	0.0	0.56	2232	1.70	No	4.0	13	No	H, P
37	Shands at the University of Florida, Gainesville	27.1	0.5	0.76	3077	1.57	Yes	4.0	14	No	H, P
38	Alexian Brothers Medical Center, Elk Grove Village, Ill.	27.1	0.0	0.55	2061	1.11	No	4.0	10	Yes	H, P
39	University Hospital, Cincinnati	27.1	0.0	0.63	1650	1.65	No	4.0	13	Yes	H, P
40	Rush-Presbyterian-St. Luke's Medical Center, Chicago	27.1	0.9	0.76	1715	1.67	Yes	4.0	14	No	H, P
41	MetroHealth Medical Center, Cleveland	27.1	0.4	0.60	1709	0.69	No	4.0	13	Yes	H, P
42	Mercy Hospital, Coon Rapids, Minn.	27.1	0.0	0.51	1267	1.74	No	3.5	8	Yes	H, P
43	CHP Hospital and Surgical Center, Lorain, Ohio	27.0	0.0	0.57	2581	0.69	No	4.0	12	Yes	H, P
44	Baptist St. Anthony's Health System, Amarillo, Texas	27.0	0.0	0.59	3479	1.43	No	4.0	13	No	H, P
45	Advocate Lutheran General Hospital, Park Ridge, Ill.	26.9	0.4	0.74	3464	1.60	No	4.0	14	Yes	H, P
46	Meridia Hillcrest Hospital, Cleveland	26.9	0.0	0.60	2654	1.54	No	4.0	9	Yes	H, P
47	Grandview Hospital and Medical Center, Dayton, Ohio	26.8	0.0	0.39	1598	1.23	No	3.5	13	No	H, P
48	St. Elizabeth Medical Center-North, Covington, Ky.	26.8	0.0	0.66	3378	1.34	No	4.0	12	Yes	H, P
49	Summa Health System, Akron, Ohio	26.8	0.0	0.69	4949	1.78	No	4.0	12	Yes	H, P
50	Akron General Medical Center, Akron, Ohio	26.7	0.0	0.67	3513	1.39	No	4.0	12	Yes	H, P

2004 Urology Best Hospital List

2004 Rank	Hospital	U.S. News Index	Reputational Score	Mortality Rate	Discharges	R.N.'s to ptns	Nursing Magnet Status	Technology Score (of 8)	Patient/Comm. Svc. (of 15)	Trauma Center
1	Johns Hopkins Hospital, Baltimore	100.0	73.5	0.61	1463	2.10	Yes	7.5	15	Yes
2	Cleveland Clinic	81.1	54.5	0.59	1858	1.59	Yes	8.0	13	No
3	Mayo Clinic, Rochester, Minn.	65.8	36.9	0.70	3970	3.30	Yes	8.0	15	Yes
4	UCLA Medical Center, Los Angeles	54.3	27.0	0.85	1317	2.08	No	8.0	13	Yes
5	Barnes-Jewish Hospital, St. Louis	49.1	19.4	0.55	1644	1.52	Yes	8.0	11	Yes
6	New York-Presbyterian Hospital	45.3	18.8	1.16	3374	1.43	No	8.0	14	Yes
7	Duke University Medical Center, Durham, N.C.	45.2	16.5	0.70	1625	2.10	No	7.5	14	Yes
8	Massachusetts General Hospital, Boston	44.7	16.0	0.90	1316	1.89	Yes	8.0	15	No
9	Memorial Sloan-Kettering Cancer Center, New York	42.6	16.3	0.66	1132	1.64	No	7.0	7	No
10	University of Texas, M. D. Anderson Cancer Center, Houston	41.2	13.3	0.61	1006	1.85	Yes	7.0	6	No
11	University of California, San Francisco Medical Center	39.8	11.7	0.68	933	2.65	No	8.0	13	No
12	Stanford Hospital and Clinics, Stanford, Calif.	39.6	13.1	0.92	674	1.84	No	6.5	11	Yes (+3 SD)
13	Methodist Hospital, Houston	38.3	10.8	1.01	1623	1.40	Yes	8.0	11	No
14	University of Michigan Medical Center, Ann Arbor	36.8	5.8	0.38	1346	2.13	No	8.0	15	Yes
15	Clarian Health Partners (IU and Methodist Hospitals), Indianapolis	36.0	6.2	0.50	1865	1.57	No	8.0	12	Yes
16	University of Iowa Hospitals and Clinics, Iowa City	35.8	5.3	0.68	701	1.52	Yes	8.0	15	Yes
17	Northwestern Memorial Hospital, Chicago	35.0	5.2	0.55	1447	1.90	No	8.0	12	Yes
18	Lahey Clinic, Burlington, Mass.	34.7	4.9	0.30	918	1.29	No	7.5	11	Yes (+2 SD)
19	University of Virginia Medical Center, Charlottesville	34.2	3.7	0.41	674	2.15	No	8.0	15	Yes
20	Hospital of the University of Pennsylvania, Philadelphia	34.1	7.1	1.15	964	1.63	No	8.0	11	Yes
21	Vanderbilt University Medical Center, Nashville	33.8	4.6	0.63	1039	1.87	No	7.5	11	Yes
22	Shands at the University of Florida, Gainesville	32.9	2.8	0.62	1018	1.57	Yes	7.0	14	No
23	William Beaumont Hospital, Royal Oak, Mich.	32.5	0.4	0.45	1995	1.52	Yes	8.0	14	Yes
24	North Carolina Baptist Hospital, Winston-Salem	32.2	1.4	0.87	965	2.04	Yes	8.0	15	Yes
25	Brigham and Women's Hospital, Boston	31.9	4.6	1.00	641	2.21	No	7.5	12	Yes
26	Yale-New Haven Hospital, New Haven, Conn.	31.9	1.7	0.58	879	1.95	No	8.0	14	Yes
27	University of Washington Medical Center, Seattle	31.6	2.4	0.65	623	2.05	Yes	8.0	11	No
28	University of Wisconsin Hospital and Clinics, Madison	31.5	0.9	0.39	1213	1.43	No	8.0	13	Yes
29	Lehigh Valley Hospital, Allentown, Pa.	31.5	0.4	0.68	1063	1.60	Yes	8.0	13	Yes
30	University of Miami, Jackson Memorial Hospital	31.4	1.8	0.59	677	1.46	No	8.0	15	Yes
31	Thomas Jefferson University Hospital, Philadelphia	31.4	2.6	0.87	969	1.70	No	7.0	14	Yes
32	University of Alabama Hospital at Birmingham	31.3	1.4	0.99	1625	2.01	Yes	6.5	15	Yes
33	Sarasota Memorial Hospital, Sarasota, Fla.	31.1	0.0	0.30	1548	1.21	Yes	7.5	13	No
34	Baylor University Medical Center, Dallas	30.9	0.9	0.98	1257	1.80	Yes	8.0	13	Yes
35	University Hospitals of Cleveland	30.9	0.9	0.59	751	1.61	No	8.0	15	Yes
36	Cox Health Systems, Springfield, Mo.	30.8	0.0	0.56	1208	1.97	No	8.0	15	Yes
37	Inova Fairfax Hospital, Falls Church, Va.	30.7	0.5	0.85	783	1.60	Yes	8.0	14	Yes
38	Abbott Northwestern Hospital, Minneapolis	30.6	0.0	0.38	918	1.55	No	8.0	12	Yes
39	Dartmouth-Hitchcock Medical Center, Lebanon, N.H.	30.5	0.0	0.58	491	1.54	Yes	8.0	13	Yes
40	Emory University Hospital, Atlanta	30.4	2.3	0.65	1081	1.86	No	7.5	10	No
41	University of Illinois Medical Center at Chicago	30.4	0.5	0.21	340	1.69	No	7.0	13	Yes
42	Henry Ford Hospital, Detroit	30.4	0.8	0.68	949	1.65	No	7.5	13	Yes
43	University of North Carolina Hospitals, Chapel Hill	30.3	0.9	0.65	731	1.61	No	7.5	14	Yes
44	Lafayette General Medical Center, Lafayette, La.	30.3	0.0	0.21	318	1.22	Yes	7.0	11	Yes
45	University Hospital, Cincinnati	30.3	0.0	0.18	442	1.65	No	7.5	13	Yes
46	Ohio State University Medical Center, Columbus	30.2	1.3	0.75	762	1.79	No	7.5	13	Yes
47	NYU Medical Center, New York	30.2	4.0	1.53	1329	1.54	No	7.5	15	Yes
48	University of California, Davis Medical Center, Sacramento	30.2	0.0	0.67	430	2.94	Yes	8.0	13	Yes
49	Allegheny General Hospital, Pittsburgh	30.2	0.9	0.53	613	1.90	No	7.5	12	Yes
50	Rush-Presbyterian-St. Luke's Medical Center, Chicago	30.2	0.4	0.78	806	1.67	Yes	8.0	14	No

Appendix G

Reputation Rankings for Special-Service Hospitals

2004 Ophthalmology Reputational Score

2004 Rank	Hospital	Reputational Score
1	Bascom Palmer Eye Institute, Miami	78.5
2	Wilmer Eye Institute, Johns Hopkins Hospital, Baltimore	77.5
3	Wills Eye Hospital, Philadelphia	60.5
4	Massachusetts Eye and Ear Infirmary, Boston	43.7 (+3 SD)
5	Jules Stein Eye Institute, UCLA Medical Center, Los Angeles	37.8 (+2 SD)
6	University of Iowa Hospitals and Clinics, Iowa City	24.1
7	Doheny Eye Institute, USC University Hospital, Los Angeles	18.4
8	Duke University Medical Center, Durham, N.C.	12.2
9	Barnes-Jewish Hospital, St. Louis	9.4
10	Mayo Clinic, Rochester, Minn.	9.0
11	Cullen Eye Institute, Methodist Hospital, Houston	7.1
12	New York Eye and Ear Infirmary, New York	6.7
13	University of California, San Francisco Medical Center	6.3
14	Cleveland Clinic	5.8
15	University of Michigan Medical Center, Ann Arbor	5.2
16	Manhattan Eye, Ear and Throat Hospital, New York	4.9
17	Emory University Hospital, Atlanta	4.5
18	New York-Presbyterian Hospital	3.6
19	Hospital of the University of Pennsylvania, Philadelphia	3.2

2004 Pediatrics Reputational Score

2004		Reputational
Rank	Hospital	Score
1	Children's Hospital of Philadelphia	61.1
2	Children's Hospital Boston	55.8
3	Johns Hopkins Hospital, Baltimore	35.7 (+3 SD)
		(+2 SD)
4	Texas Children's Hospital, Houston	18.0
5	Children's Hospital of New York-Presbyterian	17.4
6	Rainbow Babies & Children's Hospital, Cleveland	15.9
7	Children's Hospital Medical Center, Cincinnati	12.1
8	Children's Hospital, Denver	11.9
9	Children's Memorial Hospital, Chicago	11.7
10	Children's National Medical Center, Washington, D.C.	11.5
11	University of California, San Francisco Medical Center	11.0
12	Lucile Packard Children's Hospital at Stanford, Palo Alto, Calif.	10.3
13	Children's Hospital Los Angeles	10.0
14	Children's Hospital of Pittsburgh	9.9
15	Mattel Children's Hospital at UCLA, Los Angeles	8.7
16	Children's Hospital and Medical Center, Seattle	8.4
17	Massachusetts General Hospital, Boston	7.2
18	Mayo Clinic, Rochester, Minn.	5.9
19	St. Louis Children's Hospital	5.7
20	St. Jude Children's Research Hospital, Memphis	5.7
21	Duke University Medical Center, Durham, N.C.	5.3
22	Barnes-Jewish Hospital, St. Louis	4.0
23	Children's Healthcare Atlanta, Atlanta, Ga.	3.8
24	Children's Hospital Medical Center of California, Oakland	3.2
25	Yale-New Haven Hospital, New Haven, Conn.	3.2
26	University of Chicago Hospitals	3.2
27	Children's Hospital of Michigan, Detroit	3.2
28	Shands at the University of Florida, Gainesville	3.1
29	Miami Children's Hospital	3.1

2004 Psychiatry Reputational Score

2004		Reputational
Rank	Hospital	Score
1	Massachusetts General Hospital, Boston	54.0
2	New York-Presbyterian Hospital	36.2
3	Johns Hopkins Hospital, Baltimore	33.5
4	McLean Hospital, Belmont, Mass.	28.2 (+3 SD)
5	UCLA Neuropsychiatric Hospital, Los Angeles	24.7
6	The Menninger Clinic, Houston	21.4
7	Yale-New Haven Hospital, New Haven, Conn.	18.7 (+2 SD)
8	Stanford Hospital and Clinics, Stanford, Calif.	14.0
9	University of Pittsburgh Medical Center	13.3
10	Mayo Clinic, Rochester, Minn.	12.5
11	Duke University Medical Center, Durham, N.C.	12.0
12	Sheppard and Enoch Pratt Hospital, Baltimore	11.4
13	University of California, San Francisco Medical Center	8.9
14	Barnes-Jewish Hospital, St. Louis	8.1
15	Hospital of the University of Pennsylvania, Philadelphia	7.8
16	Austen Riggs Center, Stockbridge, Mass.	7.4
17	University of Iowa Hospitals and Clinics, Iowa City	6.0
18	Emory University Hospital, Atlanta	5.7
19	NYU Medical Center, New York	5.2
20	Methodist Hospital, Houston	4.6
21	University of Michigan Medical Center, Ann Arbor	4.0
22	University Hospitals of Cleveland	3.8
23	University of Maryland Medical System, Baltimore	3.5
24	Bellevue Hospital Center, New York	3.2
25	Butler Hospital, Providence, R.I.	3.1
26	Cleveland Clinic	3.1
27	Georgetown University Hospital, Washington, D.C.	3.0

2004 Rehabilitation Reputational Score

2004 Rank	Hospital	Reputational Score
1	Rehabilitation Institute of Chicago	70.5
2	University of Washington Medical Center, Seattle	34.2
3	TIRR-The Institute for Rehabilitation and Research, Houston	34.0
4	Kessler Institute for Rehabilitation, West Orange, N.J.	31.9
5	Mayo Clinic, Rochester, Minn.	30.3 (+3 SD)
6	Craig Hospital, Englewood, Colo.	20.7 (+2 SD)
7	Ohio State University Medical Center, Columbus	15.7
8	Spaulding Rehabilitation Hospital, Boston	15.4
9	Rusk Institute, NYU Medical Center, New York	14.5
10	Rancho Los Amigos National Rehabilitation Center, Downey, Calif.	11.9
11	Thomas Jefferson University Hospital, Philadelphia	11.3
12	University of Michigan Medical Center, Ann Arbor	11.2
13	Johns Hopkins Hospital, Baltimore	10.9
14	Moss Rehabilitation Hospital, Albert Einstein Medical Center, Philadelphia	10.9
15	National Rehabilitation Hospital, Washington, D.C.	7.3
16	Shepherd Center, Atlanta	7.1
17	Mount Sinai Medical Center, New York	6.4
18	New York-Presbyterian Hospital	5.0
19	Stanford Hospital and Clinics, Stanford, Calif.	4.2
20	UCLA Medical Center, Los Angeles	4.2
21	Magee Rehabilitation Hospital, Philadelphia	3.6
22	Temple University Hospital, Philadelphia	3.6
23	University of Alabama Hospital at Birmingham	3.6
24	Cleveland Clinic	3.3
25	Hospital of the University of Pennsylvania, Philadelphia	3.2
26	Baylor Institute for Rehabilitation, Dallas	3.1

2004 Rheumatology Reputational Score

2004 Rank	Hospital	Reputational Score
1	Mayo Clinic, Rochester, Minn.	52.1
2	Johns Hopkins Hospital, Baltimore	51.0
3	Cleveland Clinic	33.5
4	Hospital for Special Surgery, New York	31.6 (+3 SD)
5	UCLA Medical Center, Los Angeles	27.7
6	University of Alabama Hospital at Birmingham	26.6
7	Massachusetts General Hospital, Boston	23.5
8	Brigham and Women's Hospital, Boston	22.8 (+2 SD)
9	Duke University Medical Center, Durham, N.C.	13.3
10	University of California, San Francisco Medical Center	11.7
11	Stanford Hospital and Clinics, Stanford, Calif.	10.8
12	University of Pittsburgh Medical Center	9.6
13	University of Michigan Medical Center, Ann Arbor	8.3
14	New York-Presbyterian Hospital	7.1
15	NYU Medical Center, New York	6.6
16	Hospital for Joint Diseases Orthopedic Institute, New York	5.6
17	Barnes-Jewish Hospital, St. Louis	5.5
18	University of Washington Medical Center, Seattle	5.1
19	Hospital of the University of Pennsylvania, Philadelphia	5.0
20	University of Chicago Hospitals	3.7
21	Northwestern Memorial Hospital, Chicago	3.7
22	UCSD Medical Center, San Diego	3.5
23	Parkland Memorial Hospital, Dallas	3.5
24	Medical University of South Carolina, Charleston	3.4

Appendix H

The 2004 “Honor Roll”

The Honor Roll

To lend additional perspective, we have constructed a measure called the Honor Roll to indicate excellence across a broad range of specialties.

To be listed on the Honor Roll, a hospital must rank at least two standard deviations (SDs) above the mean in at least six of the 17 specialties. A hospital's ranking in the Honor Roll is based on points, assigned as follows:

- If a hospital ranks between two and three SDs above the mean in a specialty, it receives one point.
- If a hospital ranks at least three SDs above the mean, it receives two points.

Using standard deviations above the mean as the criteria for inclusion in the Honor Roll sets a threshold for overall excellence. The Honor Roll also gives an indication of the relative distances between the best hospitals which is not possible to determine solely from the rankings.

The 2004 Honor Roll

Rank	Hospital	Points	3 SDs over the mean	2 SDs over the mean
1	Johns Hopkins Hospital, Baltimore	32	16	0
2	Mayo Clinic, Rochester, Minn.	28	14	0
3	Massachusetts General Hospital, Boston	24	11	2
4	Cleveland Clinic	24	12	0
5	UCLA Medical Center, Los Angeles	23	9	5
6	Duke University Medical Center, Durham, N.C.	18	8	2
6	University of California, San Francisco Medical Center	18	8	2
8	Barnes-Jewish Hospital, St. Louis	17	6	5
9	New York-Presbyterian Hospital	17	7	3
9	University of Washington Medical Center, Seattle	17	7	3
11	University of Michigan Medical Center, Ann Arbor	13	4	5
12	Brigham and Women's Hospital, Boston	12	4	4
13	Hospital of the University of Pennsylvania, Philadelphia	11	5	1
14	Stanford Hospital and Clinics, Stanford, California	10	3	4

Contact Information

This document can be viewed or downloaded online in its entirety and is available at the NORC website at the following address: <http://norc.uchicago.edu>

Specific questions or comments about the contents of this report can be sent via e-mail to BestHospitals@norc.org