April 23th, 2025

America’s Best Children’s Hospitals 2025
– Methodology –

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1 Introduction

High-quality pediatric care is essential to promoting the long-term health and well-being of children. According to the World Health Organization (2018), children are often deprived of key elements of appropriate care and are frequently managed inadequately in healthcare settings. Given that children's physical and psychosocial needs differ from those of adults, it is essential to implement care standards that ensure health services are age-appropriate, developmentally effective, and family-centered (ibid.). Recognizing the importance of exceptional pediatric and neonatal care, Statista and Newsweek have partnered for the third consecutive year to identify *America's Best Children's Hospitals*. The ranking highlights hospitals that excel in providing comprehensive and compassionate care to children and newborns in the U.S.

The 2025 edition of the ranking is an extension and update of the annual *America's Best Children's Hospitals* ranking, which was first published by Newsweek and Statista in June 2023. In the 2025 edition, the *America's Best Children's Hospitals* ranking awards the leading hospitals in **eight pediatric subspecialties**.

The ranking features the **top 50 hospitals** for **Cardiology & Cardiac Surgery**, **Endocrinology**, **Gastroenterology & Gastrointestinal Surgery**, **Neonatology**, **Neurology & Neurosurgery**, **Oncology**, **Orthopedics**, and **Pulmonology**.

Hospitals specializing in multiple areas received specific recommendation scores for each respective specialty. Therefore, a hospital can be represented in more than one list if it receives enough recommendations in each specialty.

The *America's Best Children's Hospitals 2025* ranking is intended to be a resource to provide parents of sick children with a comprehensive resource for informed decision-making when choosing a hospital for their children's medical needs, as well as to provide a composite benchmark for hospitals that is indicative of their relative performance when compared to their national peers.

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2 Study design

The following sections provide an overview of the study design, and the underlying methodology used to determine the various rankings. First, the newly implemented features and changes in this year's edition are described (see chapter 2.1). Second, the eligibility is outlined in chapter 2.2, followed by the general approach (see chapter 2.3) and the scoring model (see chapter 2.4).

2.1 New features and changes in the 2025 edition

The following list provides a brief overview of the major changes in this year's edition compared to the *America's Best Children's Hospitals 2024* ranking:

- **Increase in weighting of the quality metrics** to reflect the emphasis on hospital quality indicators **and Patient-Reported Outcome Measures (PROMs) implementation** pillars within the scoring model (see chapter 2.4).
- New data source: **Performance benchmark data based on Medicare Fee-for-Service claims sourced from Arcadia** (see chapter 2.3.2c).
- New data source for **patient satisfaction**[1]: Evaluations, sourced from Google reviews, were included in the assessment of patient satisfaction (see chapter 2.3.3)
- **Inclusion of additional accreditations, certifications, and designations** (see chapter 2.3.2a**):**
  - **General:**
    - American Nurses Credentialing Center (ANCC) Magnet Recognition Program®
    - Health Resources and Services Administration (HRSA)
    - Planetree
  - **Specialty-centric:**
    - Accreditation Commission for Health Care (ACHC)
    - Det Norske Veritas (DNV) certifications
    - National Association of Epilepsy Centers (NAEC)
    - National Cancer Institute (NCI)-Designated Cancer Centers
    - National Institute on Aging (NIA)
- **Updated Statista PROMs Implementation Survey**: The survey, eligibility thresholds, and display of participating hospitals have been updated
- **Inclusion of previous year's recommendation data:** To account for reputational continuity, recommendation data from last year was factored into the reputation pillar (see chapter 2.3.1)

[1] As data from hospital patient surveys by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is focused solely on the adult patient population, these were not considered for the analysis in this edition. Instead, Google reviews serving as a proxy for patient experience were incorporated in the scoring model.

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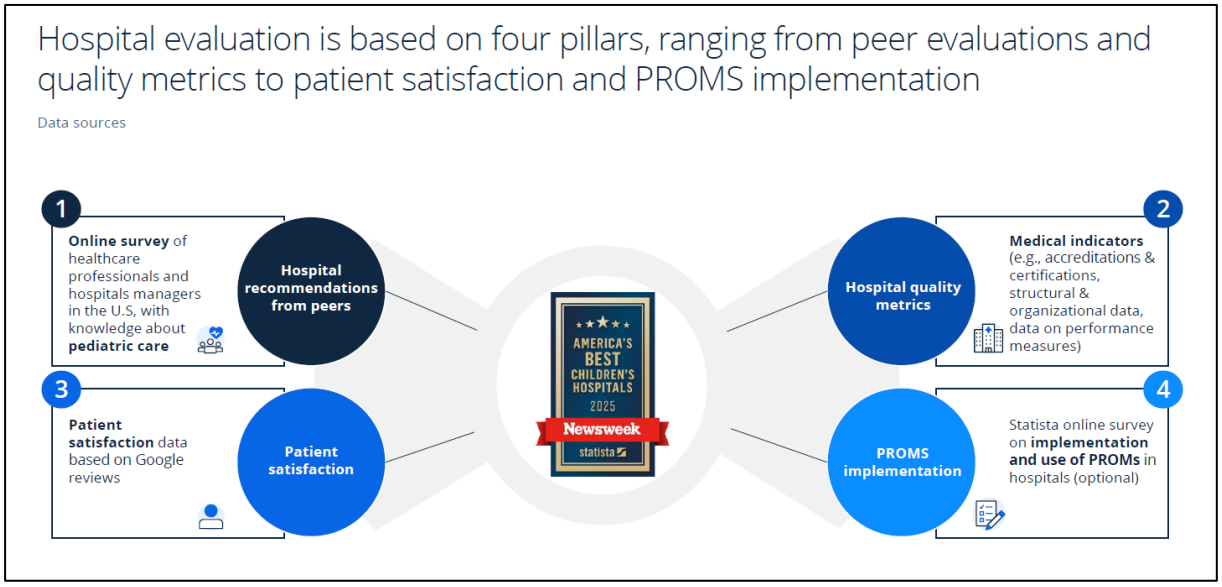
2.2 Eligibility

Hospitals that are not accessible to the public and/or are very small were excluded from the ranking, as they are not comparable in the range of services provided.

2.3 General methodology

The 2025 *America's Best Children's Hospitals* ranking is based on four pillars:

- **Hospital recommendations from peers** (doctors, hospital managers, healthcare professionals) (see chapter 2.3.1).
- **Hospital quality metrics** with a focus on indicators relevant to pediatric care (see chapter 2.3.2).
- **Patient satisfaction** data based on Google reviews (see chapter 2.3.3).
- **Patient-Reported Outcome Measures (PROMs) Implementation** (optional) (see chapter 2.3.4)



2.3.1 Hospital recommendations from peers

From February to March 2025, Statista invited over ten thousand medical professionals (mostly doctors, but also hospital managers and other healthcare professionals) with knowledge about children's hospitals to an online survey. During the survey, participants were asked to recommend top children's hospitals in a subspecialty they were most familiar with and to recommend hospitals in a second subspecialty. The survey was accessible to participants on newsweek.com, and invitations were also sent via email.
The recommendations were weighted based on the order of preference indicated, and the professional experience of each participant was also taken into account. Additionally, the recommendations within each medical field were weighted according to the

participants' expertise level (primary & secondary). The reputation score for each hospital was determined by the total number of weighted recommendations received.

The hospital with the highest number of weighted recommendations was allotted a recommendation score of 100%. The next best hospitals received a score proportional to the number of weighted recommendations (e.g., if hospital *A* received the most votes with 100, hospital *B* with 80 votes was assigned a score of $\frac{80}{100}$ = 80%).

This year, the recommendations from the previous year were also factored into the analysis. Recommendations from the 2024 survey period were given less weight relative to those from 2025.

2.3.2 Hospital quality metrics

The hospital quality metrics score for the *America's Best Children's Hospitals* ranking was derived from multiple data sources, detailed in the following section.

Hospital accreditations and certifications as well as hospital quality metrics relevant to each pediatric subspecialty sourced from the American Hospital Association (AHA), Arcadia and the Centers for Medicare & Medicaid Services (CMS) were evaluated.

a. Accreditations and certifications

Several accreditations, certifications, specialized program enrollments, and center designations were included in the hospital quality metrics score, reflecting the commitment to excellence in overall healthcare as well as within pediatric healthcare and the respective subspecialties. These were grouped into two categories:

- General accreditations
- Specialty-centric accreditations

General accreditations

The following accreditations and certifications that are relevant for most subspecialties were included:

- **American Nurses Credentialing Center (ANCC) Magnet recognition**: A prestigious recognition for nursing excellence and high-quality patient care.
- **Health Resources and Services Administration (HRSA)**: Hospitals' participation in programs related to maternal and child health.
- **Planetree certification**: Recognizes hospitals and healthcare organizations that demonstrate excellence in person-centered care.
- **The Joint Commission's (TJC) hospital accreditation**: Accreditation by a worldwide leader in advancing quality improvement and patient safety in healthcare; signifies a healthcare organization's dedication to achieving high standards of quality and patient safety.

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Specialty centric accreditations and certifications

- **The Joint Commission's (TJC) hospital certifications:** Certifications relevant to specific medical fields were included in the following subspecialties:
  - Cardiology & Cardiac Surgery
    - Acute Myocardial Infarction
    - Chest Pain
    - Heart Failure
    - Acute Heart Attack Ready
    - Advanced Comprehensive Heart Attack Center
    - Primary Heart Attack Center
    - Comprehensive Cardiac Center
    - Ventricular Assist Device
  - Endocrinology
    - Inpatient Diabetes
  - Neonatology
    - Perinatal Care
  - Neurology & Neurosurgery
    - Spine Surgery
    - Advanced Certification Spine Surgery
    - Spine Fusion
    - Primary Stroke Center
    - Thrombectomy Capable Stroke Center
    - Acute Stroke Ready Hospital
    - Advanced Comprehensive Stroke Center
  - Oncology
    - Lung Cancer
    - Brain Tumor
    - Palliative Care
  - Orthopedics
    - Hip Fracture
    - Joint Replacement Shoulder
    - Joint Replacement Hip
    - Joint Replacement Knee
    - Spine Surgery
    - Spine Fusion
    - Advanced Total Hip and Knee Replacement
    - Advanced Certification Spine Surgery
  - Pulmonology
    - Pediatric Asthma
    - Chronic Obstructive Pulmonary Disease

    - Pneumonia
    - Respiratory Failure
    - Lung Volume Reduction Surgery
- **Accreditation Commission for Health Care (ACHC):** International accreditation serving as an indicator of adherence to nationally recognized standards for quality, safety, and performance across various healthcare services for the following pediatric subspecialties:
  - Orthopedics
  - Neurology & Neurosurgery
- **Det Norske Veritas (DNV)**: Reflecting compliance with international quality and patient safety standards, as well as alignment with ISO 9001 certification principles:
  - Cardiology & Cardiac Surgery
    - Cardiac Center of Excellence Designation (CCED)
    - Advanced Chest Pain Certification (ACPC)
    - Heart Failure Advanced Certification (HFAC)
    - Ventricular Assist Device Facility Credential Program (VAD FCP)
  - Neurology & Neurosurgery
    - Acute Stroke Ready Certification (ASRC)
    - Primary Stroke Center Certification (PSCC)
    - Primary Stroke Center Certification (PSCC+)
    - Comprehensive Stroke Center Certification (CSCC)
  - Orthopedics
    - Orthopedic Center of Excellence (OECD)
    - Orthopedic Center of Excellence Designation (OSCED)
    - Advanced Hip & Knee Replacement Cert. (AHKRC)
    - Advanced Pediatric Spine Certification (AShSpC)
    - Advanced Shoulder Surgery Certification (ASpSC)
    - Advanced Foot & Ankle Surgery Certification (ASpSC)
- **Foundation for the Accreditation of Cellular Therapy (FACT):** Recognition for hospitals offering high levels of stem cell transplant:
  - Oncology
- **National Association of Epilepsy Centers (NAEC):** Recognition for hospitals with advanced capabilities in the treatment of epilepsy:
  - Neurology & Neurosurgery
- **National Cancer Institute (NCI)-Designated Cancer Centers:** Identifies leading institutions with comprehensive cancer care and research programs
  - Oncology
- **National Institute on Aging (NIA) Alzheimer's Disease Research Centers:** Identifies leading institutions with comprehensive Alzheimer care:
  - Neurology & Neurosurgery

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Hospitals received one point per recognized accreditation, certification, specialized program enrollment, and center designation. The scores were calculated relative to the maximum number of recognitions achieved within each specialty; hospitals were assigned points proportionally, with full points awarded to those with the highest number of accreditations per subspecialty.

b. Structural and Organizational Data

The AHA Annual Survey Database was included in the scoring model. The database contains data provided by more than 6,200 hospitals and 400 health care systems featuring over 1,300 hospital data points.

Structural and organizational data of hospital facilities was included in the hospital quality metrics score. The following indicator groups of the AHA Annual Survey Database 2022, were used as part of the quality metrics score:

General indicators

- Health research & screening
- Trauma center
- Workforce strategic planning
- Technological equipment

Pediatric-specific indicators

- Comprehensive pediatric medical, surgical, and emergency services
- Specialized pediatric intensive care and diagnostic catheterization
- Children's wellness and preventive care programs
- Pediatric substance use disorder treatment

Health equity

- Health equity goals
- DEI disaggregated data
- Health equity strategic plan

Additionally, specific indicator groups of the AHA Annual Survey Database 2022 were used to be part of the quality metrics score:

Cardiology & Cardiac Surgery specific indicators

- Pediatric cardiology services, including surgery and catheterization
- Specialized care for cardiac electrophysiology and heart transplants
- Cardiac intensive care and closed unit services
- Pediatric cardiac rehabilitation programs

Cancer specific indicators

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- Oncology Services
- Chemotherapy
- Hospice Program

Neonatal specific indicators

- Closed unit - neonatal intensive care
- Neonatal intensive care
- Neonatal intermediate care

Neurology & Neurosurgery specific indicators

- Neurological services
- Pain management program
- Telehealth stroke care

Orthopedics specific indicators

- Orthopedic services and arthritis treatment
- Computer-assisted orthopedic surgery
- Physical rehabilitation and sports medicine
- Prosthetic and orthotic services

The specific indicators considered can be found in the Appendix A.

For each available indicator, a hospital received one point as part of the hospital score. For indicators based on a unit care level (e.g., trauma centers), the points were awarded in an increasing manner, with the highest level of care receiving the maximum number of points.

Information on the AHA database can be found here:

https://www.ahadata.com/aha-annual-survey-database

c. Performance measures

Hospital quality metrics relevant to each pediatric subspecialty sourced from Arcadia and the Centers for Medicare & Medicaid Services (CMS) were evaluated.

Performance benchmark data based on Medicare Fee-for-Service claims sourced from Arcadia

In this year's edition, performance benchmark data based on Medicare Fee-for-Service claims sourced from Arcadia was incorporated into the scoring model for the subspecialties Cardiology & Cardiac Surgery, Endocrinology, Gastroenterology & Gastrointestinal Surgery, Neurology & Neurosurgery, Orthopedics, and Pulmonology. Where available, data from the following specialties were considered: "Pediatric medicine"

and "Family practice". For the specialties Neurology & Neurosurgery and Cardiology & Cardiac Surgery, solely data from “Family practice” providers were available.

Facilities’ performance was evaluated based on episode data. For each episode, the following measures were taken into consideration wherever possible:

- Average LOS (Days) of Institutional Long-term Stay
- ER Visits per 1,000 Episodes
- Mortality Rate
- Complications by Episode
- Unplanned Readmissions per 1,000 Episodes

To evaluate a hospital’s performance, the following episodes of care were considered:

- Cardiology & Cardiac Surgery:
  - Atherosclerosis
  - Circulation problems except heart attack
  - Circulatory problems in extremities
  - Chest pain
  - Congestive heart failure
  - Heart attack
  - Inpatient high blood pressure
  - Irregular heartbeat
  - Pulmonary embolism
  - Syncope & collapse
- Endocrinology:
  - Imbalances of body fluids and minerals
  - Inpatient diabetes
- Gastroenterology & Gastrointestinal Surgery:
  - Acute inflammation of the pancreas
  - Bile duct problems
  - Blockage of the digestive tract
  - Gastrointestinal infection
  - Gastrointestinal inflammation (not due to infection)
  - Inpatient gastrointestinal bleeding
  - Inpatient Inflammatory Bowel Disease (IBD)
  - Inpatient stomach ulcer
  - Liver damage from alcohol
  - Liver disease (except cancer, cirrhosis, or alcohol)
- Neurology & Neurosurgery:
  - Headaches
  - Inpatient mini-stroke (TIA)
  - Seizures

    - Stroke
- Orthopedics:
    - Bone infection
    - Fracture/dislocation treatment arm/wrist/hand
    - Fracture/dislocation treatment lower leg/ankle/foot
    - Non-surgical back problems
- Pulmonology:
    - Acute respiratory failure
    - Collapsed lung
    - Inpatient lung disease
    - Major chest trauma
    - Pneumonia and respiratory infections

For each variable, the percentile position of each hospital relative to all other hospitals in the nation was calculated. Hospitals that were in the 10th percentile received a maximum of 1 point. The points across all measures were then averaged into one composite episode score for each hospital.
When data was available for both "Pediatric medicine" and "Family practice", the measures for "Pediatric medicine" were assigned a higher weight.

The Arcadia data was available only for the listed six subspecialties. For the two specialties for which this data was unavailable, the subweights were equally redistributed to the other pillars.

Information on Arcadia and the dataset can be found on the Arcadia website: https://arcadia.io/

Centers for Medicare & Medicaid Services (CMS)

Data provided by the Centers for Medicare & Medicaid Services (CMS) is available for over 4,600 hospitals publicly reporting quality information on the Hospital Compare platform. It includes information on hospital characteristics, quality measures, patient satisfaction, performance metrics, and Medicare reimbursements (Centers for Medicare & Medicaid Services, 2025). The most recent data, published in February 2025, was used to determine the CMS quality score.

The following indicators from the Timely and Effective Care dataset were used in the evaluation:

Timely and Effective Care	
Healthcare workers given influenza vaccination	IMM-3
Percentage of healthcare personnel who are up to date with COVID-19 vaccinations	HCP COVID-19

CMS data was used only for staff vaccination rates, as these are not specific to the patient population.

For the vaccination rate indicators, scores were compared on a national level for each metric and then points were assigned to each hospital based on the percentile into which their score fell relative to national performance.

Information on each of the variables and the dataset can be found on the CMS website: https://www.medicare.gov/care-compare/

2.3.3 Patient satisfaction

Publicly available data from Google reviews were used to analyze patient satisfaction. Patient satisfaction reflects the quality of care from the patient's perspective, indicates the quality other patients can expect to receive, and influences a hospital's reputation and financial performance.

Evaluations from Google were researched for each children's hospital as a proxy of the patient satisfaction with the hospital. Google reviews reflect real patient feedback, provide a standardized rating, and help identify trends in hospital satisfaction over time. The children's hospitals are rated up to 5 stars on Google.

A score was assigned based on the hospital's star rating relative to all evaluated facilities. Hospitals must have at least five reviews to have received a satisfaction score, ensuring a minimum level of feedback.

2.3.4 Patient-reported outcome measures (PROMs) implementation

Patient-reported outcome measures (PROMs) are defined as standardized, validated questionnaires completed directly by patients to reflect their perception of their health status. Health status is defined beyond simply surviving disease following treatment—it also covers symptom burden, impact on functioning (physical, mental, and social), and quality of life. In recent years, PROMs measurement and the pursuit for patient-centered and value-based care has become a key topic in healthcare systems worldwide.

With the guidance of a global board of medical experts, Newsweek and Statista have updated the *PROMs Implementation Survey* for the 2025 ranking cycle. The survey was sent out to hospitals in fall/winter 2024, and participation was also possible on newsweek.com and r.statista.com.

The overall **purpose of this survey is to determine the status quo of implementation of generic and condition-specific PROMs** in hospital settings, as well as the hospital's efforts towards reporting and using the data both internally and externally for the purpose of improving healthcare delivery. For this, the global board of medical experts

Newsweek

provided methodological input and guidance regarding the importance and development of the PROMs topic in a clinical setting. Furthermore, the board provided feedback on each of the questions within the survey to capture the most relevant PROMs information from the hospitals.

Since 2024, Statista has partnered with the **International Consortium for Health Outcomes Measurement (ICHOM)** as a knowledge partner. ICHOM is the world's leading non-profit organization dedicated to transforming healthcare through the applied use of standardized patient-centered outcomes measurement. ICHOM convenes and empowers patients and clinical leaders to identify and standardize the most important clinical, quality of life, function, and experience results for healthcare, and enables transparent, large-scale use by various stakeholders to achieve patient-centric health system transformation. By working with partners around the world, ICHOM builds evidence-based, patient co-created resources—the standardized sets of patient-centered outcome measures—that help all actors in healthcare design, deliver, and evaluate care based on outcomes that matter to patients. ICHOM sets of patient-centered outcome measures cover a large variety of medical conditions and account for nearly 60% of the global burden of disease. They have been implemented in over 500 care settings across more than 42 countries. Drawing from their widely recognized expertise and experience in the field of clinical and patient-reported outcome measures, ICHOM is contributing to the future development of the *PROMs Implementation Survey* and to the wider advancement of value-based care worldwide.

More information about ICHOM is available at: www.ichom.org

An outline of the questions covered in the *PROMs Implementation Survey* can be found below, and the full questionnaire can be accessed via this link.

Examples of PROMs questions[2]:

- Status of PROMs implementation within the hospital. (Yes/No)
- Designated team to measure PROMs (Yes/No)
- Number of standardized PROM instruments measured and the departments for which they are being measured
- The condition and/or departments measuring PROMs, whether case-mix adjustment is taken into account, whether the instruments are scientifically validated, and the percentage of patients that complete the PROMs questionnaire for each condition
- Internal reporting of PROMs data to hospital staff (Yes/No)

[2] In the questions pertaining to external reporting, optimization of care processes, therapeutic decisions, shared decision making, and sharing and comparing of PROMs data, examples were either listed or asked of participants if participants selected yes.

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- Internal reporting of PROMs data to patients (Yes/No)
- External reporting of PROMs results (Yes/No)
- Auditing of the data prior to publishing (Internal/External/Both)
- Use of PROMs data to optimize care processes (Yes/No)
- Use of PROMs data to support therapeutic decisions in real-time (Yes/No)
- Use of PROMs data for shared decision making (Yes/No)
- Sharing and comparing of PROMs data with other institutions to learn from each other (Yes/No)

To determine the PROMs implementation score, the PROMs grading system is applied. For hospitals to qualify for this pillar within the scoring model (as shown in the scoring model in 2.4), they must achieve a minimum of 50% (of the maximum 100% score). To further highlight PROMs implementation efforts of participating hospitals and their level of excellence in this category, a range of 1-3 ribbons is displayed. The criteria for the ribbons are determined by the number of points accrued within the *PROMs Implementation Survey* in the following way:

- Checkmark: PROMs measurement that does not meet the 50 % threshold
- 1 Ribbon: 50 % – <70 %
- 2 Ribbons: 70 % – <87.5 %
- 3 Ribbons: ≥87.5 %

Hospitals that filled out the survey but do not measure PROMs do not receive a checkmark. Furthermore, ranked hospitals only received the score if they indicated that PROMs are measured within the relevant specialty/subspecialty. For an overview of the grading scale, please refer to Appendix B.

2.4 Scoring model

The scoring model is based on the reputation score, the hospital quality metrics score, the patient satisfaction score and the Statista PROMs implementation score. Children's hospitals were ranked on their overall performance based across the four scoring pillars.

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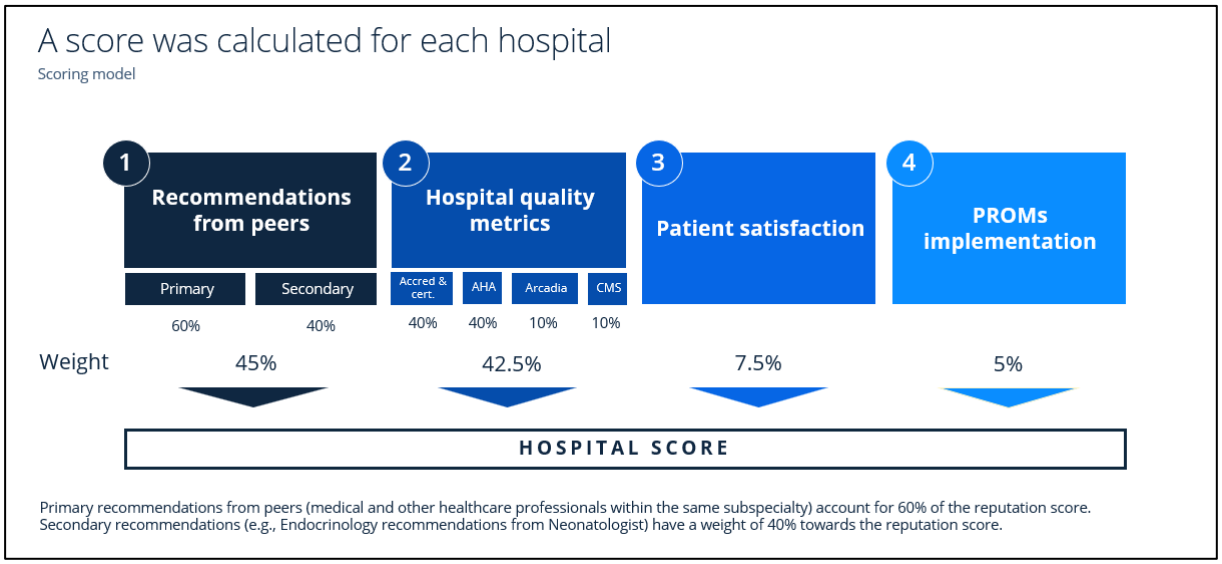

As shown above, recommendations from peers (doctors, hospital managers, and healthcare professionals) account for 45% of each hospital's overall score. Recommendations from peers with primary expertise within a given subspecialty accounted for 60% of the score. Secondary recommendations (e.g., Endocrinology recommendations from a neonatologist) received a weight of 40% towards the reputation score. As medical experts are best suited to assess the quality of a hospital, recommendations were assigned the highest weighting in the calculation of the scores.

Hospital quality metrics account for 42.5% of each hospital's overall score. Accreditations, certifications, and specialized program enrollments or center designations account for 40% of this subscore. Data from AHA account for 40% of the hospital quality metrics score. The Arcadia and CMS data each account for 10% of the hospital quality metrics score. Arcadia data was available for the subspecialties of Cardiology & Cardiac Surgery, Endocrinology, Gastroenterology & Gastrointestinal Surgery, Neurology & Neurosurgery, Orthopedics, and Pulmonology. If Arcadia data was not available for a subspecialty, its weighting was evenly redistributed among the remaining subpillars.

In this year's edition, the patient satisfaction pillar was evaluated using Google reviews, which were researched for each children's hospital as a proxy for patient satisfaction within the hospital, and its weighting was set at 7.5%.

The voluntary PROMs Implementation Survey score accounted for 5% of the overall hospital score. As PROMs survey participation is optional, for hospitals that did not submit a survey, the three other pillars were used with adjusted weights in the scoring model.

The hospital score is the weighted average of the available scores for each hospital.

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Based on this score and the chosen cut-off for list length in the given pediatric subspecialty, hospitals are ranked from top to bottom in each subspecialty.

As a result, the best children's hospitals in the U.S. across eight medical subspecialties were awarded, including: the top 50 hospitals for Cardiology & Cardiac Surgery, Endocrinology, Gastroenterology & Gastrointestinal Surgery, Neonatology, Neurology & Neurosurgery, Oncology, Orthopedics, and Pulmonology. The results of this ranking are displayed in the subspecialty lists published by Newsweek:

The top hospitals in 8 pediatric subspecialties were awarded

Final ranking by pediatric subspecialties

Cardiology & Cardiac Surgery

Rank	Hospital	City	State
1	Ann & Robert H. Lurie Children's Hospital of Chicago	Chicago	Illinois
2	Cleveland Clinic Children's	Cleveland	Ohio
3	Children's Hospital of Philadelphia	Philadelphia	Pennsylvania
4	Boston Children's Hospital	Boston	Massachusetts
5	Cincinnati Children's Hospital Medical Center	Cincinnati	Ohio

[...]

Neonatology

Rank	Hospital	City	State
1	Boston Children's Hospital	Boston	Massachusetts
2	Children's Hospital of Philadelphia	Philadelphia	Pennsylvania
3	Cincinnati Children's Hospital Medical Center	Cincinnati	Ohio
4	Lucile Packard Children's Hospital at Stanford	Palo Alto	California
5	UPMC Children's Hospital of Pittsburgh	Pittsburgh	Pennsylvania

[...]

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Disclaimer

The rankings are comprised exclusively of hospitals that are eligible regarding the scope described in this document. A mention in the ranking is a positive recognition based on peer recommendations and publicly available data sources at the time. The ranking is the result of an elaborate process which, due to the interval of data collection and analysis, is a reflection of the last calendar year. Furthermore, events preceding or following the period 04/23/2024–04/22/2025 and/or pertaining to individual persons affiliated/associated to the facilities were not included in the metrics. As such, the results of this ranking should not be used as the sole source of information for future deliberations. The information provided in this ranking should be considered in conjunction with other available information about hospitals or, if possible, accompanied by a visit to a facility. The quality of hospitals that are not included in the rankings is not disputed.

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Appendix A

The following 2022 AHA Annual Survey indicators were used within the ranking:

1. Total hospital beds (calculated)[3]
2. Accountable for meeting health equity goals – CEO
3. Accountable for meeting health equity goals committee or task force
4. Accountable for meeting health equity goals - designated senior executive
5. Accountable for meeting health equity goals - division/department leaders
6. Arthritis treatment center - hospital
7. Bone marrow transplant - hospital
8. Cardiac - Limited service hospital
9. Cardiac intensive care - hospital
10. Cardiac rehabilitation - hospital
11. Certified trauma center - hospital
12. Chemotherapy - hospital
13. Children's wellness program - hospital
14. Closed unit - cardiac intensive care
15. Closed unit - pediatric intensive care
16. Closed unit - neonatal intensive care
17. Computer assisted orthopedic surgery (CAOS) - hospital
18. DEI disaggregated data to inform decisions - patient outcomes
19. DEI disaggregated data to inform decisions - professional development
20. DEI disaggregated data to inform decisions – training
21. General medical and surgical care (pediatric) - hospital
22. Health equity strategic planning - diverse representation in hospital and HCS leadership
23. Health equity strategic planning - diverse representation in hospital and HCS governance
24. Health equity strategic planning - equitable and inclusive organizational policies
25. Health equity strategic planning - systematic and shared accountability for health equity
26. Health research – hospital
27. Health screenings - hospital
28. Heart transplant - hospital
29. Hospice program - hospital
30. Hospital owns trauma certification
31. Image-guided radiation therapy - hospital
32. Incorporating workforce as part of strategic planning - conduct needs assessment

[3] The number of beds was used as a feasibility check and had no impact on the scoring model.

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33. Incorporating workforce as part of strategic planning - recruitment & retention planning
34. Incorporating workforce as part of strategic planning - talent development plan
35. Inpatient palliative care unit - hospital
36. Intensity-modulated radiation therapy (IMRT) - hospital
37. Neonatal intensive care - hospital
38. Neonatal intermediate care – hospital
39. Neurological services - hospital
40. Oncology services - hospital
41. Orthopedic services – hospital
42. Pain management program - hospital
43. Palliative care program - hospital
44. Pediatric cardiac electrophysiology - hospital
45. Pediatric cardiac surgery - hospital
46. Pediatric cardiology services - hospital
47. Pediatric diagnostic catheterization - hospital
48. Pediatric emergency department - hospital
49. Pediatric intensive care - hospital
50. Pediatric interventional cardiac catheterization - hospital
51. Physical rehabilitation outpatient services - hospital
52. Prosthetic and orthotic services - hospital
53. Shaped beam radiation system - hospital
54. Sports medicine - hospital
55. Stereotactic radiosurgery - hospital
56. Substance use disorder pediatric services - hospital
57. Telehealth stroke care - hospital

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Appendix B

PROMs Implementation Survey Section	Weight
PROMs Status Assessment	5%
PROMs team	5%
Number of Standardized PROMs	6.5%
Condition Specific PROMs - Case Mix adjustment	6%
Condition Specific PROMs - Scientifically validated	4%
Condition Specific PROMs - Response rate	7.5%
Reporting PROMs results internally to clinicians	5%
Reporting PROMs results internally to management board	5%
Reporting PROMs results internally to patients	5%
Provide patients individual reports of PROMs data	5%
Reporting PROMs results to the public	10%
Audit before publishing the data	6%
Using PROMs data to optimize care processes	7.5%
Using PROMs data to support therapeutic decisions in real-time	7.5%
Using PROMs data for shared decision making	7.5%
Sharing and comparing PROMs data with other institutions	7.5%