

# Rating the Raters – Strengths and Weaknesses Assessment of the Four Public Hospital Quality Rating Systems (since ~Jan 2018)

The comments in the table below reflect additional changes made to each rating system since January 2018. These changes are worth mentioning and are all generally positive changes, but they are not substantial enough to change the existing grades already given to each rating system.

<b>(CMS) Hospital Compare Overall Star Ratings</b>	<b>Healthgrades Top Hospitals</b>	<b>USNWR (U.S. News &amp; World Report) Best Hospitals</b>	<b>Leapfrog Hospital Safety Grade and Leapfrog Top Hospital</b>
<ul style="list-style-type: none"> <li>Measures removed from the star rating if at least 100 hospitals didn't report the measure or if the measure had a negative loading</li> <li>Using alternate healthcare-associated infection (HAI) measure denominators of device days, number of procedures, and patient days (rather than predicted infections) to weight measure scores in order to stabilize loadings between measures within the group and reduce sensitivity of methodology to single measure change</li> <li>Some improvement in latent variable modeling approach and k-means clustering method</li> <li>Hospital summary scores not winsorized</li> <li>Only hospitals that fulfill the reporting requirements will be clustered into a Star Rating</li> </ul>	<ul style="list-style-type: none"> <li>New website design. More user friendly, less complex</li> <li>Added appendectomy, gynecological surgery, and labor and delivery from clinical quality ratings on website</li> <li>Addressed certain erroneous codes (e.g., removed Legionnaire's disease as complication for AAA repair), but they continue to include some complications unrelated to procedure.</li> </ul>	<ul style="list-style-type: none"> <li>Dropped all PSIs</li> <li>Increasing focus on individual procedures and conditions</li> <li>Addition of patient experience</li> <li>Addition of discharge-to-home measure</li> <li>Included lower-complexity procedures in volume counts</li> <li>Added reliability adjustment to outcome models</li> <li>Modified risk adjustment to Elixhauser method</li> <li>Removed low-risk patients for orthopedics</li> <li>Added a measuring capturing proportion of cases done by board-certified orthopedic surgeon</li> <li>Removed transfers from mortality measures</li> <li>Moving toward reducing binary structural measures (e.g., Magnet)</li> <li>Process measures added</li> <li>Nurse staffing added to some conditions, but this metric has some shortcomings</li> </ul>	<ul style="list-style-type: none"> <li>Added exclusion for verbal orders when medications ordered during a code</li> <li>Made changes to definitions/codes for volume standard (some reasonable, but some introduce bias; still missing a number of codes; still only limited to cancer for some procedures where a non-cancer operation is equivalent and should be counted)</li> <li>Added consideration of surgical appropriateness (goo concept but needs refining)</li> <li>Added section on hand hygiene practices</li> </ul>