How and Why: A 2013-14 Best Children's Hospitals FAQ
The facts and methodology behind our latest pediatric rankings (cancer survival description corrected).

By Avery Comarow

Why should anyone care about the Best Children's Hospitals rankings? When should they be consulted? How are they created? The following FAQ addresses these and other Best Children's Hospitals questions.

FOR PARENTS AND OTHER CAREGIVERS

Why does U.S. News rank children's hospitals?

Few children face life-threatening or rare conditions or have to go through complicated operations. But some do, and those kids need expertise that most hospitals, where nearly all inpatients are adults, simply cannot provide. Even hospitals with busy pediatric departments are not necessarily equipped to deal with a newborn that weighs a few pounds or has a defective heart. Relatively few hospitals see sizable numbers of children with a wide range of cancers or respiratory illnesses or kidney conditions. And among hospitals that do treat large volumes of children with serious health problems, the reality, as it is for adult patients, is that some places are better than others. That is why U.S. News in 2007 began using data to rank medical centers on their ability to help children who most need it.

How are the rankings organized and updated?

The rankings list the 50 best-performing hospitals in 10 pediatric specialties. They're updated annually in June. In addition, the Best Children's Hospitals Honor Roll recognizes hospitals that ranked very high in at least three specialties. (See "What is the significance of the Honor Roll?" below for more detail.)

What are the 10 specialties?

Cancer, cardiology and heart surgery, diabetes and endocrinology, gastroenterology and gastrointestinal (GI) surgery, neonatology, nephrology, neurology and neurosurgery, orthopedics, pulmonology, and urology.

Are the highest-ranked hospitals in a specialty the best choice for all families?

No. In each set of specialty rankings, hospitals are judged by their performance across a wide range of conditions and procedures in that specialty. In the pulmonology rankings, to take that specialty as an example, one hospital might rank lower than another but outperform it in treating children with a particular condition such as cystic fibrosis.
So the rankings are just a starting point.

Yes. We understand that families also have to consider the stress and expense of traveling to another city with a sick child, as well as the willingness of an insurer to pay for care at a hospital outside its network.

How many hospitals were evaluated for these rankings?

For the 2013-14 rankings, U.S. News requested medical data and other information from 179 facilities; 110 turned in enough data to be evaluated; 87 were ranked in at least one specialty.

In looking at the information on usnews.com about the ranked hospitals, what should I focus on?

All of the elements play a role in determining how well a hospital treats children in that specialty. Hospital reputation, based on a survey of pediatric specialists and subspecialists in each of the 10 ranked specialties, gets heavy weight (25 percent of a hospital’s score) because in the rarefied world of very sick kids, we consider the opinions of these physicians informed and important. Many of the non-reputational factors displayed on usnews.com relate to survival, infections, surgical complications and other medical outcomes that together make up one-third of the score. Still other factors evaluate a hospital’s commitment to safety, excellence and respect for patients. A few examples of these might include a count of specific ways in which a hospital minimizes infections, the number of fellowship programs offered and the extent to which families are involved in a child's care.

Each family has to decide how much emphasis to put on the various categories of information.

FOR MEDIA AND PROFESSIONALS

What do the rankings mean? Who are they for?

They are a tool for families and others in search of an unusually high caliber of care because of a child’s challenging medical needs.

How are the rankings organized?

Into 10 specialty areas, as listed above. The 50 top-scoring hospitals are displayed in each specialty. Many of the measures that went into hospital scores, such as reputation, are common to all of the specialties, while others, such as accreditation for bone marrow transplant, are specialty-specific.
What is the significance of the Honor Roll?

It recognizes the small number of hospitals that are unusually competent not just in one or two specialties but across at least three. A hospital received one point for every specialty in which it was ranked in the top 10 percent of all hospitals considered for ranking in a specialty and two points if in the top 5 percent. No hospital ranked first in every specialty.

How were the evaluated children's hospitals chosen?

Selection was based largely on membership status in the Children's Hospital Association, which has worked with U.S. News for many years first to help establish and then to improve the rankings. Roughly one-fourth of the hospitals asked to submit a detailed clinical survey are freestanding facilities. Most of the rest are major medical-center pediatric departments that are so large they function almost as if they are a separate hospital within a hospital, with their own staffs, operating rooms and other support services.

How many children's hospitals were surveyed and how many responded?

For the 2013-14 rankings, U.S. News requested medical data and other information from 179 facilities; 110 turned in enough data to be evaluated.

How many hospitals were ranked?

Of the 110 that submitted data, 87 ranked in at least one specialty.

Are there big changes from last year?

We constantly look for ways to improve our approach, and any alteration in the analysis affects the rankings. Overall, about the usual number of hospitals went up and down in 2013-14. Neonatology was a modest exception; we changed our methodology for the specialty this year to limit eligibility to hospitals that meet requirements for treating the riskiest infants. That led to modification of a heavily weighted measure in that specialty, prevention of ICU bloodstream infections, which may have been largely responsible for bumping 12 hospitals out of the rankings. None of them, however, had been ranked in the top 10 in 2012-13. We also added a new measure, the ability of hospitals to prevent pressure ulcers, in five specialties (cancer, cardiology and heart surgery, gastroenterology and GI surgery, nephrology, and pulmonology). This did not seem to have a significant effect.

How does U.S. News decide what changes to make to its methodology?

The methodology was created in 2006 by RTI International, a large North Carolina-based research and consulting firm that also generates the Best Hospitals rankings. Each year, working with experts organized into specialized task forces, RTI revisits and updates the methodology pending review and approval by U.S. News.
Why does U.S. News ask hospitals to supply data for the rankings?

Evaluating children’s hospitals poses unique challenges. There is no pediatric equivalent of the comprehensive Medicare database called MedPAR, which U.S. News uses to obtain mortality, safety and volume information for the Best Hospitals adult rankings. Children’s hospitals were in the process of developing standards for data collected to determine quality of care and for the best ways in which to analyze the results in 2006, when U.S. News began looking into ranking pediatric centers. That is still the case. The Affordable Care Act requires development of such performance standards, but it is likely to take several years for pediatric versions to take shape.

So in 2006 U.S. News asked RTI to put together a clinical survey for children's hospitals. Some questions, such as nursing data and the extent and success of programs that prevent infection, touch on all 10 specialties. Others, such as the complications rates of kidney biopsies and three-year survival rates for several types of cancer, are specialty-specific. The latest survey was updated and enhanced with the help of 74 medical directors, department chairs, infection specialists and others in 12 working groups.

What is the approach behind the rankings?

Whether and how high a hospital ranked depended on its showing in three areas: outcomes, process and structure. Each makes up one-third of a hospital’s score.

Define, please.

Outcomes. This means keeping kids alive and safe by protecting them from infections and surgical complications, and improving quality of life of children with chronic conditions. For example, we evaluate survival from three types of childhood cancers, bloodstream infections caused by urinary catheters, and success in managing serious asthma cases. For the 2013-14 rankings, prevention of pressure ulcers was added as an outcomes measure in four specialties.

Process. The process measure is meant to evaluate how well and efficiently a hospital goes about the day-to-day business of delivering care. That was determined in part by compliance with widely endorsed “best practices,” such as regular morbidity and mortality conferences to explore unanticipated deaths or complications, and commitment to infection control, such as having a staff “infection preventionist” and tracking the correct use of antibiotics prior to surgery.

Asking hospitals about particular programs and policies that affect care delivery, however, isn’t enough. Having a program is not the same as having a successful program. So most of the process measure’s weight — 25 percent of a hospital’s score — is based on the opinions of pediatric specialists and subspecialists. Each year U.S. News randomly surveys 150 of these physicians in each specialty, 1,500 in all. They are asked to name the 10 best hospitals for children with serious or difficult medical problems in their area of expertise, ignoring location
and expense considerations. In 2013, more than 52 percent of the surveyed physicians responded. The latest three years of responses were averaged.

Structure. Think of this as a measure of the resources a hospital makes available to patients. The number of on-staff nurses is one obvious example. But we also collect information about 28 other elements, many of them relevant in every specialty and others specific to just one. Examples include the availability of surgery for heart defects or liver transplants, specialized clinics for children with diabetes or kidney disease and services for families that ease the anxiety of a child's hospital stay.

All of the individual measures are defined in the terms. Detailed information about the data analysis is available as a viewable and downloadable PDF file, the 2013-14 Best Children's Hospitals Methodology Report.