



Cardiovascular outcomes at top-ranked vs. nonranked hospitals



A new study conducted by the US News & World Report (USNWR) top-ranked hospitals in terms of cardiovascular care and patient outcomes and compared them to nonranked hospitals.

The objective of the study was to determine whether USNWR top-ranked hospitals performed better than nonranked hospitals. The performance measures that were evaluated included mortality rates, readmission measures and patient satisfaction.

“Hospital rankings that evaluate and publicly compare hospital performance for cardiovascular care have become increasingly common as part of a movement to enhance transparency in healthcare,” first author David E. Wang, MD, and colleagues wrote in JAMA. “Understanding whether USNWR top-ranked hospitals perform better than non-ranked hospitals on mortality rates and readmission measures is important given the significant influence that these rankings may have on patients and hospitals.”

The study included 3552 hospitals in the US. The primary outcomes and measures included thirty-day mortality and readmission rates for three cardiovascular conditions:

- Acute myocardial infarction (AMI)
- Heart failure (HF)
- Coronary artery bypass grafting (CABG)

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Other measures that were also considered included the Hospital Consumer Assessment of Healthcare Providers and Systems patient satisfaction star ratings that were obtained from Centers for Medicaid and Medicare Services data.

Findings of this study were as follows:

- Thirty-day mortality rates at top-ranked hospitals were lower for AMI and CABG compared with nonranked hospitals.
- Thirty-day readmission rates at the top-ranked hospitals were similar for AMI and CABG when compared with nonranked hospitals but higher for HF.
- Patient satisfaction was higher at top-ranked hospitals compared with nonranked hospitals.

Overall, the findings show that USNWR top-ranked hospitals for cardiovascular care had lower mortality rates for AMI, HF and CABG and higher patient satisfaction. However, readmission rates still remains an area of concern as they were either similar or higher at top-ranked hospitals compared with non-ranked hospitals.

“Although the USNWR methods have changed in recent years, top-ranked cardiology hospitals have lower mortality rates and higher patient satisfaction scores compared with non-ranked hospitals,” they reported. “This likely reflects the fact that 37.5 percent of USNWR rankings are based on raw mortality data that are obtained from the CMS, although the approach to risk adjustment is different than that of the CMS ‘risk standardisation.”

With respect to findings related to readmission rates, the study researchers highlight the fact that this disconnect between mortality and readmission outcomes highlights the ongoing uncertainty as to whether readmissions are an adequate measure of hospital care quality or not. They point out that many hospitals in the US are penalised for HF readmissions and therefore, this may not be a good metric when comparing hospital performance.

Source: [JAMA Cardiology](#)

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