



# 100 Top Hospitals® Study 2025 Annual Report

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## Introduction

Since 1993, the 100 Top Hospitals® program has produced annual quantitative studies designed to recognize the nation's highest performing hospitals. The 100 Top Hospitals® study is one of three studies published annually as part of the larger 100 Top Hospitals® program.

This year's Study of U.S. hospitals has the same goal that has driven each study since the beginning of the 100 Top Hospitals® program: to identify top performers and report findings that may help all healthcare organizations better focus their improvement initiatives on achieving consistent, balanced, and sustainable high performance.

Hospitals within the 100 Top Hospitals® Study are evaluated against a balanced scorecard based on Norton and Kaplan's concept.<sup>1</sup> The Study is comprised of key measures of hospital performance across various facets of care, including inpatient and extended care quality, operational efficiency, financial health, and customer experience.

The top performing hospitals recognized through the study demonstrate a balance of clinical and operational excellence in a complex healthcare landscape, and their success stories may help guide other healthcare entities in achieving similar successes. In addition to the published list of high-performing hospitals, the study more broadly serves as a tool for comparing outcomes, with the larger goal of improving quality, efficiency, and patient experience across all hospitals. The study includes an assessment of current performance for all hospitals, which serves as a reference point of a hospital's performance relative to a meaningful set of peer facilities.

In addition to identifying top performers based on current profile performance, the 100 Top Hospitals® study awards another special designation. The Everest Award evaluates an institution's rate of improvement relative to a peer group comprised of similar hospitals. Measuring improvement across current and trend performance helps enable clinical leadership and service line management to assess their real-world progress across a balanced set of measures. Hospitals exhibiting optimal current performance (i.e. 100 Top Hospitals® status) and the fastest long-term improvement in the years of data analyzed are recognized through the more selective Everest Award.

Recipients of the 100 Top Hospitals® and Everest awards are published annually in *Fortune*.<sup>2</sup> Upon request, hospitals can receive their individual report summarizing current and trended performance at no cost.

To maintain integrity within the 100 Top Hospitals® study, only publicly available data sources and measures are included when determining hospital performance. The program and measure methodologies used to rank hospitals are readily available online, and the study does not utilize self-reported measures or surveys from external organizations, which could potentially influence the data. Participation in the study is not solicited and there are no fees for Awardees to promote their achievements. In addition, to mitigate potential bias introduced due to structural differences between hospitals, the study stratifies hospitals into five groups: major teaching, teaching, large community, medium community and small community hospitals. Upon request, hospitals can receive their individual report summarizing current and trended performance at no cost.

In order to maintain the integrity of the study, a 100 Top Hospitals® award may be revoked at any time if Awardee data is found to be inaccurate or misleading for any of the 100 Top Hospitals® data sources. At the sole discretion of Premier, the circumstances under which a 100 Top Hospitals® award could be revoked include, but are not limited to, inaccurate data, agency investigations, exclusions from government programs, violations of healthcare laws and/or sanctions.

## Study Methodology

### Datasets and Measures

All data sources used within the 100 Top Hospitals<sup>®</sup> study are publicly available. These sources include the Medicare Provider Analysis and Review (MEDPAR)<sup>3</sup> patient claims dataset, Centers for Medicare & Medicaid Services (CMS) Care Compare<sup>4</sup> hospital performance dataset, and Hospital Cost Report Information System (HCRIS)<sup>5</sup> Medicare Cost Report file. Residency program information, used in classifying teaching hospitals, is from the Accreditation Council for Graduate Medical Education (ACGME)<sup>6</sup> which contains information on the American Medical Association (AMA) and American Osteopathic Association (AOA) accredited programs. The study is limited to short-term, acute care, non-federal U.S. hospitals that treat a broad spectrum of patients. Current performance is assessed using the two most current years of data, while trend performance, used for the Everest Award, is based on the most recent five years of data.

Table 1 lists all measures included in 2025 100 Top Hospitals<sup>®</sup> study by measure domain along with the respective data sources and time periods used to compute the measure results. The five domains of performance include clinical outcomes, extended outcomes, operational efficiency, financial health and patient experience.

**Table 1: Summary of Measure Data Sources and Data Periods**

Performance Metric (Data Source)	Current Time Periods	Trend Time Periods
<b>Clinical Outcomes</b>		
Inpatient Mortality Index (MEDPAR)	Federal Fiscal Year (FFY) 2022 and 2023	FFY 2018-2023 <sup>a</sup>
Complications Index (MEDPAR)	FFY 2022 and 2023	FFY2018-2023 <sup>a</sup>
HAI Index (CMS Care Compare) <sup>b</sup>	Calendar Year (CY) 2023	CY 2019, 2021, 2022, 2023; July 1, 2019-Dec 31, 2020
<b>Extended Outcomes</b>		
30-Day Mortality Rate (CMS Care Compare)	July 1, 2020-June 30, 2023	Three-year datasets ending Jun 30 in 2019, 2021, 2022, 2023 <sup>c,d</sup>
30-Day Hosp-Wide Readmission Rate (CMS Care Compare)	July 1, 2022-June 30, 2023	One-year datasets ending Jun 30 in 2019, 2021, 2022, 2023 <sup>c,e</sup>
<b>Operational Efficiency</b>		
Average Length of Stay (MEDPAR)	FFY 2023	FFY 2019-2023
Inpatient Expense per Discharge (HCRIS Medicare Cost Report)	Reports ending in 2023	Reports ending in 2019-2023
<b>Financial Health</b>		
Operating Profit Margin (HCRIS Medicare Cost Report)	Reports ending in 2023	Reports ending in 2019-2023
<b>Patient Experience</b>		
HCAHPS Top-Box (%) (CMS Care Compare)	CY 2023	CY 2019, 2021, 2022, 2023; July 1, 2020-Dec 31, 2020 <sup>e</sup>

<sup>a</sup>Two years of data are combined for each study year data point.

<sup>b</sup>The HAI measure is not included in the small community hospital group ranked metrics.

<sup>c</sup>Two data points end in 2019 due to CMS removal of Q1 and Q2 2020 data from measure datasets in the 2020 study year.

<sup>d</sup>For 2020 study year, measure has only 21/2 years of data instead of 3 due to CMS removal of Q1 and Q2 2020 data from measure datasets.

<sup>e</sup>For 2020 study year, measure has only 6 months of data instead of 1 year due to CMS removal of Q1 and Q2 2020 data from measure datasets.

## Exclusions

After excluding specialty and federally owned hospitals, a total of 2996 short-term, general, acute care U.S. hospitals were considered using the current MEDPAR data file. Specialty hospitals refer to critical access, children's, women's, psychiatric, substance abuse, rehabilitation, cardiac, orthopedic, heart, cancer, and long-term acute care facilities. Additionally, hospitals meeting any of the following criteria were excluded from the study:

- Non-U.S. hospitals (such as those in Puerto Rico, Guam, and the US Virgin Islands).
- Hospitals with fewer than 25 acute care beds.
- Hospitals identified as not having both 2022 and 2023 Medicare claims.
- Hospitals with fewer than 100 Medicare patient discharges in the current data year.
- Hospitals with Medicare average length of stay (LOS) longer than 30 days in the current data year.
- Hospitals with no reported Medicare patient deaths in the current data year.
- Hospitals for which a current year Medicare Cost Report was not available.
- Hospitals with a current year Medicare Cost Report that was not for a 12-month reporting period.
- Hospitals that had fewer than 60% of patient records with valid present on admission (POA) codes.
- Hospitals missing data required to calculate performance measures.

After all applicable hospital exclusions were applied, 2599 hospitals were included in the study. In addition to hospital-level exclusions, the following individual patient records were also excluded:

- Patients who were discharged to another short-term facility (to avoid double-counting).
- Patients who were not at least 65 years old.
- Rehabilitation, psychiatric and substance abuse patients.
- Patients with stays shorter than one day.

## Stratification

Bed size, teaching status and extent of residency/fellowship program involvement can affect the types of patients a hospital treats and the scope of services it provides.<sup>7-11</sup> To better assess the performance of an individual hospital, it is important to evaluate it against other similar hospitals, even when risk-adjusting patient-level results.<sup>12</sup> To address this, each hospital was assigned to one of five comparison groups, according to its size and teaching status.

The classification methodology draws a distinction between major teaching hospitals and teaching hospitals by reviewing the number and type of teaching programs, and by accounting for level of involvement in physician education and research through evidence of program sponsorship versus simple participation. This methodology de-emphasizes the role of bed size and focuses more on teaching program involvement. This approach is designed to measure the depth and breadth of teaching involvement, as well as recognize teaching hospitals' tendencies to reduce beds and concentrate on tertiary care.

The factors for defining teaching comparison groups includes hospital bed size, residents-to-acute-care-beds ratio, and involvement in graduate medical education (GME) programs accredited by either the AMA or the AOA. The definition includes both the number of programs and type (sponsorship or participation) of GME program involvement. The classification rules for each comparison group are provided below:

**Major teaching hospitals:** A hospital was grouped to the major teaching hospital comparison group if any of the three conditions below were met:

1. 400 or more acute care beds in service, plus a resident-per-bed ratio of at least 0.25, plus:
  - i. Sponsorship of at least 10 GME programs OR
  - ii. Involvement in at least 15 GME programs overall.
2. Involvement in at least 30 GME programs overall (regardless of intern and resident-per-bed ratio) and bed size is greater than 250.
3. A resident-per-bed ratio of at least 0.55 (regardless of number of GME program involvement) and bed size is greater than 250.

**Teaching hospitals:** A hospital was grouped to the teaching hospital comparison group if two of the three conditions below were met:

1. 200 or more acute care beds in service.
2. Resident-per-bed ratio of at least 0.05 and at least 3 GME programs.
3. Total GME programs are 10 or greater.

Note: If criteria two and three are met, bed size must be between 99 and 199.

**Large community hospitals:** A hospital was grouped to the large community hospital comparison group if both of the following two conditions below were met:

- 225 or more acute care beds in service.
- Not classified as a teaching hospital per definitions above.





**Medium community hospitals:** A hospital was grouped to the medium community hospital comparison group if both of the following two conditions below were met:

- 100 to 224 acute care beds in service.
- Not classified as a teaching hospital per definitions above.

**Small community hospitals:** A hospital was grouped to the small community hospital comparison group if both of the following two conditions below were met:

- 25 to 99 acute care beds in service.
- Not classified as a teaching hospital per definitions above.

## Scoring Method

Measure results were normalized and ranked within each hospital comparison group. The ranked measures are further weighted and summed up at the hospital level to form the hospital level *total score*. The hospitals with the best overall score in each comparison group were selected as Premier’s 100 Top Hospitals®.

The final count of evaluated facilities after exclusions and the count of top performing (benchmark) hospitals in each comparison group are listed below.

**Table 2: Study Population by Comparison Group**

<b>Comparison group</b>	<b>In-Study Hospitals</b>	<b>Benchmark Hospitals</b>
Major Teaching Hospitals	223	20
Teaching Hospitals	394	20
Large Community Hospitals	394	20
Medium Community Hospitals	800	20
Small Community Hospitals	788	20
<b>Total</b>	<b>2599</b>	<b>100</b>

Full details regarding the 100 Top Hospitals® Study methodology can be found in the 100 Top Hospitals® Program Methodology Guide: <https://www.100tophospitals.com/>.<sup>13</sup>

## 2025 100 Top Hospitals®

Premier's 100 Top Hospitals® program is pleased to present the 2025 100 Top Hospitals®. Everest designees are noted in bold in the tables below.

Note: The order of hospitals does not reflect performance rating. Hospitals are ordered alphabetically in each comparison group table.

**Table 3: Major Teaching Hospitals**

Hospital	Location	CCN	Total Year(s) Won
Baylor Scott & White Medical Center - Temple	Temple, TX	450054	14
Baylor University Medical Center	Dallas, TX	450021	6
Corewell Health Butterworth Hospital	Grand Rapids, MI	230038	12
<b>HCA Florida Kendall Hospital</b>	Miami, FL	100209	12
Hospital of the University of Pennsylvania	Philadelphia, PA	390111	2
<b>Houston Methodist Hospital</b>	Houston, TX	450358	9
Intermountain Health Intermountain Medical Center	Murray, UT	460010	6
Lenox Hill Hospital	New York, NY	330119	1
Mayo Building and Hospital - Florida	Jacksonville, FL	100151	4
Mayo Clinic Hospital in Arizona	Phoenix, AZ	030103	3
Morristown Medical Center	Morristown, NJ	310015	3
<b>NYU Langone Hospitals</b>	New York, NY	330214	4
New York-Presbyterian Queens	Flushing, NY	330055	1
Penn Presbyterian Medical Center	Philadelphia, PA	390223	7
<b>Prisma Health Greenville Memorial Hospital</b>	Greenville, SC	420078	1
Riverside Community Hospital	Riverside, CA	050022	1
St. Joseph's Hospital and Medical Center	Phoenix, AZ	030024	10
UC San Diego Medical Center - Hillcrest	San Diego, CA	050025	5
UCHealth University of Colorado Hospital	Aurora, CO	060024	11
University Hospital	San Antonio, TX	450213	4

**Table 4: Teaching Hospitals**

Hospital	Location	CCN	Total Year(s) Won
Corpus Christi Medical Center - Doctors Regional	Corpus Christi, TX	450788	3
DHR Health	Edinburg, TX	450869	4
Eastern Idaho Regional Medical Center	Idaho Falls, ID	130018	2
<b>HCA Florida Aventura Hospital</b>	Aventura, FL	100131	7
<b>HCA Florida North Florida Hospital</b>	Gainesville, FL	100204	12
<b>HCA Florida Trinity Hospital</b>	Trinity, FL	100191	9
HCA HealthONE Aurora	Aurora, CO	060100	6
HCA HealthONE Rose	Denver, CO	060032	18
HCA HealthONE Sky Ridge	Lone Tree, CO	060112	7
HCA HealthONE Swedish	Englewood, CO	060034	7
<b>HCA Houston Healthcare Kingwood</b>	Kingwood, TX	450775	1
Houston Methodist Baytown Hospital	Baytown, TX	450424	2
Methodist Hospital	San Antonio, TX	450388	4
MountainView Hospital	Las Vegas, NV	290039	4
Riverside Medical Center	Kankakee, IL	140186	11
<b>Southern Hills Hospital &amp; Medical Center</b>	Las Vegas, NV	290047	4
St. Luke's Anderson Campus	Easton, PA	390326	7
The Christ Hospital	Cincinnati, OH	360163	9
TriStar Centennial Medical Center	Nashville, TN	440161	8
<b>Wesley Medical Center</b>	Wichita, KS	170123	6

**Table 5: Large Community Hospitals**

Hospital	Location	CCN	Total Year(s) Won
Baylor Scott & White Medical Center - Grapevine	Grapevine, TX	450563	3
Chester County Hospital	West Chester, PA	390179	4
HCA Florida West Hospital	Pensacola, FL	100231	6
Houston Methodist Sugar Land Hospital	Sugar Land, TX	450820	7
Houston Methodist The Woodlands Hospital	The Woodlands, TX	670122	3
Houston Methodist West Hospital	Houston, TX	670077	3
Houston Methodist Willowbrook Hospital	Houston, TX	450844	4
Intermountain Health McKay-Dee Hospital	Ogden, UT	460004	11
Intermountain Health St George Regional Hospital	Saint George, UT	460021	3
Intermountain Health Utah Valley Hospital	Provo, UT	460001	3
Methodist Richardson Medical Center	Richardson, TX	450537	1
Northridge Hospital Medical Center	Northridge, CA	050116	1
Parkridge Medical Center	Chattanooga, TN	440156	7
<b>Saint Francis Hospital Muskogee</b>	Muskogee, OK	370025	1
<b>St. David's Medical Center</b>	Austin, TX	450431	16
St. David's North Austin Medical Center	Austin, TX	450809	7
St. David's South Austin Medical Center	Austin, TX	450713	3
<b>St. Francis Medical Center</b>	Lynwood, CA	050104	1
St. Mark's Hospital	Salt Lake City, UT	460047	10
Texas Health Harris Methodist Hospital Southwest Fort Worth	Fort Worth, TX	450779	5

**Table 6: Medium Community Hospitals**

Hospital	Location	CCN	Total Year(s) Won
Ascension Seton Hays	Kyle, TX	670056	1
Cleveland Clinic Avon Hospital	Avon, OH	360364	1
East Liverpool City Hospital	East Liverpool, OH	360096	8
HCA Houston Healthcare West	Houston, TX	450644	1
Heart Hospital at Saint Francis	Tulsa, OK	370218	4
Houston Methodist Clear Lake Hospital	Houston, TX	450709	1
IU Health Arnett Hospital	Lafayette, IN	150173	1
IU Health North Hospital	Carmel, IN	150161	6
Medical City Denton	Denton, TX	450634	3
<b>Medical City Lewisville</b>	Lewisville, TX	450669	1
Medical City North Hills	North Richland Hills, TX	450087	1
Mercy Health - Clermont Hospital	Batavia, OH	360236	12
North Vista Hospital	North Las Vegas, NV	290005	1
Orlando Health South Lake Hospital	Clermont, FL	100051	3
St. David's Round Rock Medical Center	Round Rock, TX	450718	3
Texas Health Harris Methodist Hospital Alliance	Fort Worth, TX	670085	3
TriStar Hendersonville Medical Center	Hendersonville, TN	440194	8
UCHealth Poudre Valley Hospital	Fort Collins, CO	060010	18
UNC Health Pardee	Hendersonville, NC	340017	2
Woodland Heights Medical Center	Lufkin, TX	450484	2

**Table 7: Small Community Hospitals**

Hospital	Location	CCN	Total Year(s) Won
<b>AdventHealth Palm Coast</b>	Palm Coast, FL	100118	3
Ascension Via Christi St. Teresa	Wichita, KS	170200	2
CalvertHealth Medical Center	Prince Frederick, MD	210039	1
Intermountain Health Alta View Hospital	Sandy, UT	460044	11
Intermountain Health American Fork Hospital	American Fork, UT	460023	12
Intermountain Health Cedar City Hospital	Cedar City, UT	460007	14
Intermountain Health Layton Hospital	Layton, UT	460061	3
Intermountain Health Riverton Hospital	Riverton, UT	460058	6
<b>Lakeview Hospital</b>	Bountiful, UT	460042	14
Lone Peak Hospital	Draper, UT	460060	7
Medical City Alliance	Fort Worth, TX	670103	3
Mercy Health - Tiffin Hospital	Tiffin, OH	360089	4
<b>Novant Health Mint Hill Medical Center</b>	Charlotte, NC	340190	1
OhioHealth O'Bleness Hospital	Athens, OH	360014	2
Prisma Health Hillcrest Hospital	Simpsonville, SC	420037	1
Roper St. Francis Berkeley Hospital	Summerville, SC	420110	1
St. Luke's Hospital - Warren Campus	Phillipsburg, NJ	310060	1
St. Luke's Upper Bucks Campus	Quakertown, PA	390035	3
TriStar Horizon Medical Center	Dickson, TN	440046	2
Wake Forest Baptist Health-Davie Medical Center	Bermuda Run, NC	340187	2

## Everest Award

Recipients of the 100 Top Hospitals® Everest Award set national benchmarks for both fastest rate of improvement and highest current performance on the study's balanced scorecard. In 2025, only **17** organizations achieved this level of performance. This award recognizes the boards, executives and medical staff leaders who developed and executed the strategies that drove the highest rates of improvement, resulting in the highest performance in the U.S. at the end of five years.

The methodology for determining the Everest Award recipients can be summarized in three main steps:

1. Identify the annual 100 Top Hospitals® award benchmark hospitals using a balanced scorecard of performance measures from the most current data period available (2023 at the time of this study).
2. Identify hospitals that have shown the fastest, most consistent improvement rates on the same balanced scorecard of performance measures across a five-year period (2019 - 2023).
3. Hospitals that ranked in the top 100 on both lists are recognized with the Everest Award.

Combining these two methodologies yields a select group of Everest Award recipients. The number of Everest Award recipients can vary each year based solely on performance in the two categories.



Jean Chenoweth, the founder of the 100 Top Hospitals® program, regarded the Everest Award as the highest achievement for any hospital. She devoted her professional life to improving healthcare in the United States. Prior to her passing in 2020, Jean was the leader of the 100 Top Hospitals® program for nearly three decades; her legacy is her commitment to high quality standards and performance improvement.

100 Top Hospitals® program is pleased to present the 2025 100 Top Hospitals® Everest Award to the following recipients:



**Table 8: 2025 Everest Award Recipients**

Hospital <sup>1</sup>	Location	CCN	Total Year(s) Won
AdventHealth Palm Coast	Palm Coast, FL	100118	1
HCA Florida Aventura Hospital	Aventura, FL	100131	2
HCA Florida Kendall Hospital	Miami, FL	100209	1
HCA Florida North Florida Hospital	Gainesville, FL	100204	2
HCA Florida Trinity Hospital	Trinity, FL	100191	3
HCA Houston Healthcare Kingwood	Kingwood, TX	450775	1
Houston Methodist Hospital	Houston, TX	450358	2
Lakeview Hospital	Bountiful, UT	460042	3
Medical City Lewisville	Lewisville, TX	450669	1
NYU Langone Hospitals	New York, NY	330214	3
Novant Health Mint Hill Medical Center	Charlotte, NC	340190	1
Prisma Health Greenville Memorial Hospital	Greenville, SC	420078	1
Saint Francis Hospital Muskogee	Muskogee, OK	370025	1
Southern Hills Hospital & Medical Center	Las Vegas, NV	290047	3
St. David's Medical Center	Austin, TX	450431	4
St. Francis Medical Center	Lynwood, CA	050104	1
Wesley Medical Center	Wichita, KS	170123	3

<sup>1</sup>Order of hospitals does not reflect performance rating. Hospitals are ordered alphabetically.

## 2025 Study Findings

The 100 Top Hospitals<sup>®</sup> study recognizes hospitals providing exceptional care across balanced set of measures across five facets, or domains, of care. These domains include inpatient outcomes, extended outcomes, operational efficiency, financial health, and patient experience.

Findings from the 100 Top Hospitals<sup>®</sup> study are reported for each comparison group, providing numerous examples of Awardee's clinical, financial, and operational excellence. While recognizing high-performing hospitals is a key aspect of the study, it is additionally a method that U.S. hospital and health system leaders can use to help guide their own performance improvement initiatives. Publishing results from the highest-performing leaders around the country further creates aspirational benchmarks for the rest of the industry.

Note that 100 Top Hospitals<sup>®</sup> Awardees are referred to as "Benchmark" in the below sections and their corresponding tables.

If all hospitals performed at the level of the 100 Top Hospitals<sup>®</sup> Awardees (i.e., Benchmark facilities) within their respective hospital groupings, the following results could potentially be achieved:

- Over **331,000** additional lives could be saved in-hospital.
- Over **611,000** additional patients could be complication-free.
- Over **\$15.1** billion in inpatient costs could be saved.
- The typical patient could be released from the hospital **a half** day sooner.
- Over **13,000** fewer discharged patients would be readmitted within 30 days.

While this analysis is based on the Medicare patient population evaluated in this Study, the impact could potentially be even greater, if the same standards were applied to all inpatients. The methodology for determining the performance statistics above can be found in the 100 Top Hospitals<sup>®</sup> Program Methodology Guide. <https://www.pinc-ai.com/100-top-hospitals>.<sup>13</sup>

Key findings specific to each measure domain for **all hospitals** in the study are listed below with Table 9 showing complete results.

Differences between benchmark and peer facilities in each of the hospital comparison groups (major teaching, teaching, large community, medium community and small community hospitals) can be found in Tables 10-14.

## All In-Study Hospitals

### Clinical Outcomes

- Benchmark facilities had significantly higher inpatient survival rates with 39.1 percent fewer deaths than expected (0.65 index), considering patient severity, while their peers had slightly more than the number of deaths that would be expected (1.07 index).
- Fewer patients had complications than expected at Benchmark facilities compared to their peers, with a difference of 26.5 percent, considering patient severity (0.72 vs 0.98 index values, respectively).
- The same significant difference between Benchmark and peer hospitals is found with the occurrence of healthcare-associated infections (HAI). Overall, nationally, there were 32.1 percent fewer infections at Benchmark hospitals compared to their peers with standardized infection ratio (SIR) medians of 0.4 versus 0.6, respectively.

### Extended Outcomes

- Benchmark hospitals outperformed their peers in the extended outcomes domain with 30-day mortality rates that were lower by 1.4 percentage points and 30-day hospital-wide readmission rates 0.3 lower.

### Operational Efficiency

- The median severity-adjusted average length of stay (ALOS) was 0.4 day shorter at Benchmark hospitals than peers.
- Inpatient expense per discharge (case mix- and wage-adjusted) was lower at Benchmark hospitals with a median difference of \$1498 (\$6738 vs \$8236, respectively).

### Financial Health

- The median operating profit margin was significantly better at Benchmark hospitals with a 18.4 percent rate, compared to 1.9 percent at peer hospitals.

### Patient Experience

- Benchmark hospitals had a Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) overall top-box percent median value of 5 percentage points higher compared to peers.

**Table 9: National Performance Comparison**

Performance Measure	Benchmark Median	Peer Median	Benchmark Compared with Peer Group			Comments
			Actual Difference	Percent Difference	Statistical Significance	
<b>Clinical Outcomes</b>						
Inpatient Mortality Index <sup>1</sup>	0.65	1.07	-0.42	-39.1%	***	Lower mortality
Complications Index <sup>1</sup>	0.72	0.98	-0.26	-26.5%	***	Fewer complications
HAI Index <sup>2</sup>	0.40	0.60	-0.19	-32.1%	***	Fewer infections
<b>Extended Outcomes</b>						
30-Day Mortality Rate <sup>3</sup>	11.8	13.2	-1.4	n/a <sup>5</sup>	***	Lower 30-day mortality
30-Day Hosp-Wide Readmission Rate <sup>4</sup>	14.3	14.6	-0.3	n/a <sup>5</sup>	***	Fewer 30-day readmissions
<b>Operational Efficiency</b>						
Average Length of Stay <sup>6</sup>	4.8	5.2	-0.4	-7.3%	***	Shorter stays
Inpatient Expense per Discharge <sup>7</sup>	\$6,738	\$8,236	-\$1,498	-18.2%	***	Lower inpatient cost
<b>Financial Health</b>						
Operating Profit Margin <sup>8</sup>	18.4	1.9	16.5	n/a <sup>5</sup>		Higher profitability
<b>Patient Experience</b>						
HCAHPS Top-Box (%) <sup>9</sup>	73.0	68.0	5.0	n/a <sup>5</sup>	***	Better patient experience

<sup>1</sup>Inpatient mortality and complications based on Present on Admission (POA)-enabled risk models applied to data from MEDPAR Federal Fiscal Year (FFY) 2022 and 2023 dataset.

<sup>2</sup>HAI data (excluding small community hospitals) from CMS Care Compare Calendar Year (CY) 2023 dataset.

<sup>3</sup>30-day mortality rates from CMS Care Compare July 1, 2020-June 30, 2023 dataset.

<sup>4</sup>30-day hospital-wide readmission rates from CMS Care Compare July 1, 2022-June 30, 2023 dataset.

<sup>5</sup>A percent difference is not calculated for these measures as they are already reported as a percent value.

<sup>6</sup>Average length of stay based on Present on Admission (POA)-enabled risk models applied to data from MEDPAR FFY 2023 dataset.

<sup>7</sup>Inpatient expense data from HCRIS Medicare Cost Report Reports ending in 2023 dataset.

<sup>8</sup>Operating profit margin data from HCRIS Medicare Cost Report Reports ending in 2023 dataset.

<sup>9</sup>HCAHPS data from CMS Care Compare CY 2023 dataset.

Statistical significance \* = 75%, \*\* = 95%, \*\*\* = 99%

## Major Teaching Hospitals

**Table 10: Performance comparison for Major Teaching Hospitals**

Performance Measure	Benchmark Median	Peer Median	Benchmark Compared with Peer Group			Comments
			Actual Difference	Percent Difference	Statistical Significance	
<b>Clinical Outcomes</b>						
Inpatient Mortality Index <sup>1</sup>	0.77	1.01	-0.24	-23.8%	***	Lower mortality
Complications Index <sup>1</sup>	0.88	1.01	-0.12	-12.2%	***	Fewer complications
HAI Index <sup>2</sup>	0.65	0.77	-0.13	-16.4%	***	Fewer infections
<b>Extended Outcomes</b>						
30-Day Mortality Rate <sup>3</sup>	11.0	12.1	-1.2	n/a <sup>5</sup>	***	Lower 30-day mortality
30-Day Hosp-Wide Readmission Rate <sup>4</sup>	14.2	14.9	-0.7	n/a <sup>5</sup>	***	Fewer 30-day readmissions
<b>Operational Efficiency</b>						
Average Length of Stay <sup>6</sup>	4.8	5.5	-0.6	-11.6%	***	Shorter stays
Inpatient Expense per Discharge <sup>7</sup>	\$8,690	\$10,011	-\$1,321	-13.2%	**	Lower inpatient cost
<b>Financial Health</b>						
Operating Profit Margin <sup>8</sup>	8.3	3.7	4.5	n/a <sup>5</sup>	***	Higher profitability
<b>Patient Experience</b>						
HCAHPS Top-Box (%) <sup>9</sup>	73.5	68.0	5.5	n/a <sup>5</sup>	***	Better patient experience

<sup>1</sup>Inpatient mortality and complications based on Present on Admission (POA)-enabled risk models applied to data from MEDPAR Federal Fiscal Year (FFY) 2022 and 2023 dataset.

<sup>2</sup>HAI data (excluding small community hospitals) from CMS Care Compare Calendar Year (CY) 2023 dataset.

<sup>3</sup>30-day mortality rates from CMS Care Compare July 1, 2020-June 30, 2023 dataset.

<sup>4</sup>30-day hospital-wide readmission rates from CMS Care Compare July 1, 2022-June 30, 2023 dataset.

<sup>5</sup>A percent difference is not calculated for these measures as they are already reported as a percent value.

<sup>6</sup>Average length of stay based on Present on Admission (POA)-enabled risk models applied to data from MEDPAR FFY 2023 dataset.

<sup>7</sup>Inpatient expense data from HCRIS Medicare Cost Report Reports ending in 2023 dataset.

<sup>8</sup>Operating profit margin data from HCRIS Medicare Cost Report Reports ending in 2023 dataset.

<sup>9</sup>HCAHPS data from CMS Care Compare CY 2023 dataset.

Statistical significance \* = 75%, \*\* = 95%, \*\*\* = 99%

**Table 11: Performance Comparison for Teaching Hospitals**

Performance Measure	Benchmark Median	Peer Median	Benchmark Compared with Peer Group			Comments
			Actual Difference	Percent Difference	Statistical Significance	
<b>Clinical Outcomes</b>						
Inpatient Mortality Index <sup>1</sup>	0.61	1.02	-0.41	-39.9%	***	Lower mortality
Complications Index <sup>1</sup>	0.51	1.02	-0.50	-49.5%	***	Fewer complications
HAI Index <sup>2</sup>	0.39	0.63	-0.24	-37.8%	***	Fewer infections
<b>Extended Outcomes</b>						
30-Day Mortality Rate <sup>3</sup>	11.8	12.9	-1.1	n/a <sup>5</sup>	***	Lower 30-day mortality
30-Day Hosp-Wide Readmission Rate <sup>4</sup>	14.7	14.7	-0.1	n/a <sup>5</sup>		Fewer 30-day readmissions
<b>Operational Efficiency</b>						
Average Length of Stay <sup>6</sup>	5.0	5.4	-0.4	-8.1%	***	Shorter stays
Inpatient Expense per Discharge <sup>7</sup>	\$6,402	\$8,021	-\$1,618	-20.2%	***	Lower inpatient cost
<b>Financial Health</b>						
Operating Profit Margin <sup>8</sup>	21.5	2.6	18.9	n/a <sup>5</sup>		Higher profitability
<b>Patient Experience</b>						
HCAHPS Top-Box (%) <sup>9</sup>	67.5	66.0	1.5	n/a <sup>5</sup>	*	Better patient experience

<sup>1</sup>Inpatient mortality and complications based on Present on Admission (POA)-enabled risk models applied to data from MEDPAR Federal Fiscal Year (FFY) 2022 and 2023 dataset.

<sup>2</sup>HAI data (excluding small community hospitals) from CMS Care Compare Calendar Year (CY) 2023 dataset.

<sup>3</sup>30-day mortality rates from CMS Care Compare July 1, 2020-June 30, 2023 dataset.

<sup>4</sup>30-day hospital-wide readmission rates from CMS Care Compare July 1, 2022-June 30, 2023 dataset.

<sup>5</sup>A percent difference is not calculated for these measures as they are already reported as a percent value.

<sup>6</sup>Average length of stay based on Present on Admission (POA)-enabled risk models applied to data from MEDPAR FFY 2023 dataset.

<sup>7</sup>Inpatient expense data from HCRIS Medicare Cost Report Reports ending in 2023 dataset.

<sup>8</sup>Operating profit margin data from HCRIS Medicare Cost Report Reports ending in 2023 dataset.

<sup>9</sup>HCAHPS data from CMS Care Compare CY 2023 dataset.

Statistical significance \* = 75%, \*\* = 95%, \*\*\* = 99%

## Large Community Hospitals

**Table 12: Performance Comparison for Large Community Hospitals**

Performance Measure	Benchmark Median	Peer Median	Benchmark Compared with Peer Group			Comments
			Actual Difference	Percent Difference	Statistical Significance	
<b>Clinical Outcomes</b>						
Inpatient Mortality Index <sup>1</sup>	0.62	1.02	-0.40	-39.5%	***	Lower mortality
Complications Index <sup>1</sup>	0.70	1.02	-0.32	-31.4%	***	Fewer complications
HAI Index <sup>2</sup>	0.41	0.60	-0.19	-31.1%	***	Fewer infections
<b>Extended Outcomes</b>						
30-Day Mortality Rate <sup>3</sup>	12.0	13.1	-1.0	n/a <sup>5</sup>	***	Lower 30-day mortality
30-Day Hosp-Wide Readmission Rate <sup>4</sup>	14.5	14.7	-0.2	n/a <sup>5</sup>	*	Fewer 30-day readmissions
<b>Operational Efficiency</b>						
Average Length of Stay <sup>6</sup>	4.8	5.4	-0.6	-11.5%	***	Shorter stays
Inpatient Expense per Discharge <sup>7</sup>	\$6,937	\$7,876	-\$940	-11.9%	**	Lower inpatient cost
<b>Financial Health</b>						
Operating Profit Margin <sup>8</sup>	17.1	3.8	13.3	n/a <sup>5</sup>	*	Higher profitability
<b>Patient Experience</b>						
HCAHPS Top-Box (%) <sup>9</sup>	74.0	68.0	6.0	n/a <sup>5</sup>	***	Better patient experience

<sup>1</sup>Inpatient mortality and complications based on Present on Admission (POA)-enabled risk models applied to data from MEDPAR Federal Fiscal Year (FFY) 2022 and 2023 dataset.

<sup>2</sup>HAI data (excluding small community hospitals) from CMS Care Compare Calendar Year (CY) 2023 dataset.

<sup>3</sup>30-day mortality rates from CMS Care Compare July 1, 2020-June 30, 2023 dataset.

<sup>4</sup>30-day hospital-wide readmission rates from CMS Care Compare July 1, 2022-June 30, 2023 dataset.

<sup>5</sup>A percent difference is not calculated for these measures as they are already reported as a percent value.

<sup>6</sup>Average length of stay based on Present on Admission (POA)-enabled risk models applied to data from MEDPAR FFY 2023 dataset.

<sup>7</sup>Inpatient expense data from HCRIS Medicare Cost Report Reports ending in 2023 dataset.

<sup>8</sup>Operating profit margin data from HCRIS Medicare Cost Report Reports ending in 2023 dataset.

<sup>9</sup>HCAHPS data from CMS Care Compare CY 2023 dataset.

Statistical significance \* = 75%, \*\* = 95%, \*\*\* = 99%

## Medium Community Hospitals

**Table 13: Performance Comparison for Medium Community Hospitals**

Performance Measure	Benchmark Median	Peer Median	Benchmark Compared with Peer Group			Comments
			Actual Difference	Percent Difference	Statistical Significance	
<b>Clinical Outcomes</b>						
Inpatient Mortality Index <sup>1</sup>	0.58	1.02	-0.44	-42.9%	***	Lower mortality
Complications Index <sup>1</sup>	0.66	1.01	-0.35	-34.8%	***	Fewer complications
HAI Index <sup>2</sup>	0.24	0.48	-0.25	-50.9%	***	Fewer infections
<b>Extended Outcomes</b>						
30-Day Mortality Rate <sup>3</sup>	12.1	13.2	-1.1	n/a <sup>5</sup>	***	Lower 30-day mortality
30-Day Hosp-Wide Readmission Rate <sup>4</sup>	14.5	14.6	-0.2	n/a <sup>5</sup>		Fewer 30-day readmissions
<b>Operational Efficiency</b>						
Average Length of Stay <sup>6</sup>	4.9	5.4	-0.5	-9.3%	***	Shorter stays
Inpatient Expense per Discharge <sup>7</sup>	\$6,610	\$7,925	-\$1,315	-16.6%	***	Lower inpatient cost
<b>Financial Health</b>						
Operating Profit Margin <sup>8</sup>	18.5	1.5	17.0	n/a <sup>5</sup>		Higher profitability
<b>Patient Experience</b>						
HCAHPS Top-Box (%) <sup>9</sup>	69.5	67.0	2.5	n/a <sup>5</sup>	***	Better patient experience

<sup>1</sup>Inpatient mortality and complications based on Present on Admission (POA)-enabled risk models applied to data from MEDPAR Federal Fiscal Year (FFY) 2022 and 2023 dataset.

<sup>2</sup>HAI data (excluding small community hospitals) from CMS Care Compare Calendar Year (CY) 2023 dataset.

<sup>3</sup>30-day mortality rates from CMS Care Compare July 1, 2020-June 30, 2023 dataset.

<sup>4</sup>30-day hospital-wide readmission rates from CMS Care Compare July 1, 2022-June 30, 2023 dataset.

<sup>5</sup>A percent difference is not calculated for these measures as they are already reported as a percent value.

<sup>6</sup>Average length of stay based on Present on Admission (POA)-enabled risk models applied to data from MEDPAR FFY 2023 dataset.

<sup>7</sup>Inpatient expense data from HCRIS Medicare Cost Report Reports ending in 2023 dataset.

<sup>8</sup>Operating profit margin data from HCRIS Medicare Cost Report Reports ending in 2023 dataset.

<sup>9</sup>HCAHPS data from CMS Care Compare CY 2023 dataset.

Statistical significance \* = 75%, \*\* = 95%, \*\*\* = 99%



## Small Community Hospitals

**Table 14: Performance Comparison for Small Community Hospitals**

Performance Measure	Benchmark Median	Peer Median	Benchmark Compared with Peer Group			Comments
			Actual Difference	Percent Difference	Statistical Significance	
<b>Clinical Outcomes</b>						
Inpatient Mortality Index <sup>1</sup>	0.59	1.07	-0.48	-44.5%	***	Lower mortality
Complications Index <sup>1</sup>	0.77	0.98	-0.22	-22.0%	***	Fewer complications
<b>Extended Outcomes</b>						
30-Day Mortality Rate <sup>2</sup>	12.0	13.6	-1.6	n/a <sup>4</sup>	***	Lower 30-day mortality
30-Day Hosp-Wide Readmission Rate <sup>3</sup>	14.2	14.6	-0.4	n/a <sup>4</sup>	***	Fewer 30-day readmissions
<b>Operational Efficiency</b>						
Average Length of Stay <sup>5</sup>	4.7	5.4	-0.6	-11.7%	***	Shorter stays
Inpatient Expense per Discharge <sup>6</sup>	\$6,377	\$8,594	-\$2,216	-25.8%	***	Lower inpatient cost
<b>Financial Health</b>						
Operating Profit Margin <sup>7</sup>	22.9	0.2	22.7	n/a <sup>4</sup>	***	Higher profitability
<b>Patient Experience</b>						
HCAHPS Top-Box (%) <sup>8</sup>	76.5	71.0	5.5	n/a <sup>4</sup>	***	Better patient experience

<sup>1</sup>Inpatient mortality and complications based on Present on Admission (POA)-enabled risk models applied to data from MEDPAR Federal Fiscal Year (FFY) 2022 and 2023 dataset.

<sup>2</sup>30-day mortality rates from CMS Care Compare July 1, 2020-June 30, 2023 dataset.

<sup>3</sup>30-day hospital-wide readmission rates from CMS Care Compare July 1, 2022-June 30, 2023 dataset.

<sup>4</sup>A percent difference is not calculated for these measures as they are already reported as a percent value.

<sup>5</sup>Average length of stay based on Present on Admission (POA)-enabled risk models applied to data from MEDPAR FFY 2023 dataset.

<sup>6</sup>Inpatient expense data from HCRIS Medicare Cost Report Reports ending in 2023 dataset.

<sup>7</sup>Operating profit margin data from HCRIS Medicare Cost Report Reports ending in 2023 dataset.

<sup>8</sup>HCAHPS data from CMS Care Compare CY 2023 dataset.

Statistical significance \* = 75%, \*\* = 95%, \*\*\* = 99%

## Critical Access Hospitals

Seven years ago, the 100 Top Hospitals® program introduced a separate study of critical access hospitals (CAH). The CAH data results are presented in Table 15. Reports are available for the CAHs that are in-study, however the group is not included in the official 100 Top Hospitals® study as they do not have all the measures required to be ranked.

This information is presented for information only; 20 CAH Benchmark hospitals are selected that had the highest performance for all six measures listed below. After excluding critical access hospitals that did not have the required measure data, a total of 604 of 1364 CAHs in MEDPAR were included in this analysis. Standard 100 Top Hospitals® methodologies were applied in developing the metrics and in analyzing CAH performance.

### **Measures included in the CAH study:**

- Risk-adjusted inpatient mortality.
- Risk-adjusted complications.
- 30-day hospital-wide readmission.
- Severity-adjusted average LOS.
- Adjusted operating profit margin.
- HCAHPS top-box.

**Table 15: Performance Comparison for Critical Access Hospitals**

Performance Measure	Benchmark Median	Peer Median	Benchmark Compared with Peer Group			Comments
			Actual Difference	Percent Difference	Statistical Significance	
<b>Clinical Outcomes</b>						
Inpatient Mortality Index <sup>1</sup>	0.51	1.07	-0.56	-52.4%	***	Lower mortality
Complications Index <sup>1</sup>	0.49	0.85	-0.37	-42.8%	**	Fewer complications
<b>Extended Outcomes</b>						
30-Day Hosp-Wide Readmission Rate <sup>2</sup>	14.3	14.5	-0.2	n/a <sup>3</sup>	***	Fewer 30-day readmissions
<b>Operational Efficiency</b>						
Average Length of Stay <sup>4</sup>	3.2	3.8	-0.6	-15.2%	***	Shorter stays
<b>Financial Health</b>						
Operating Profit Margin <sup>5</sup>	16.4	1.8	14.7	n/a <sup>3</sup>	*	Higher profitability
<b>Patient Experience</b>						
HCAHPS Top-Box (%) <sup>6</sup>	84.5	79.0	5.5	n/a <sup>3</sup>	***	Better patient experience

<sup>1</sup>Inpatient mortality and complications based on Present on Admission (POA)-enabled risk models applied to data from MEDPAR Federal Fiscal Year (FFY) 2022 and 2023 dataset.

<sup>2</sup>30-day hospital-wide readmission rates from CMS Care Compare July 1, 2022-June 30, 2023 dataset.

<sup>3</sup>A percent difference is not calculated for these measures as they are already reported as a percent value.

<sup>4</sup>Average length of stay based on Present on Admission (POA)-enabled risk models applied to data from MEDPAR FFY 2023 dataset.

<sup>5</sup>Operating profit margin data from HCRIS Medicare Cost Report Reports ending in 2023 dataset.

<sup>6</sup>HCAHPS data from CMS Care Compare CY 2023 dataset.

Statistical significance \* = 75%, \*\* = 95%, \*\*\* = 99%

## U.S. State and Region Performance

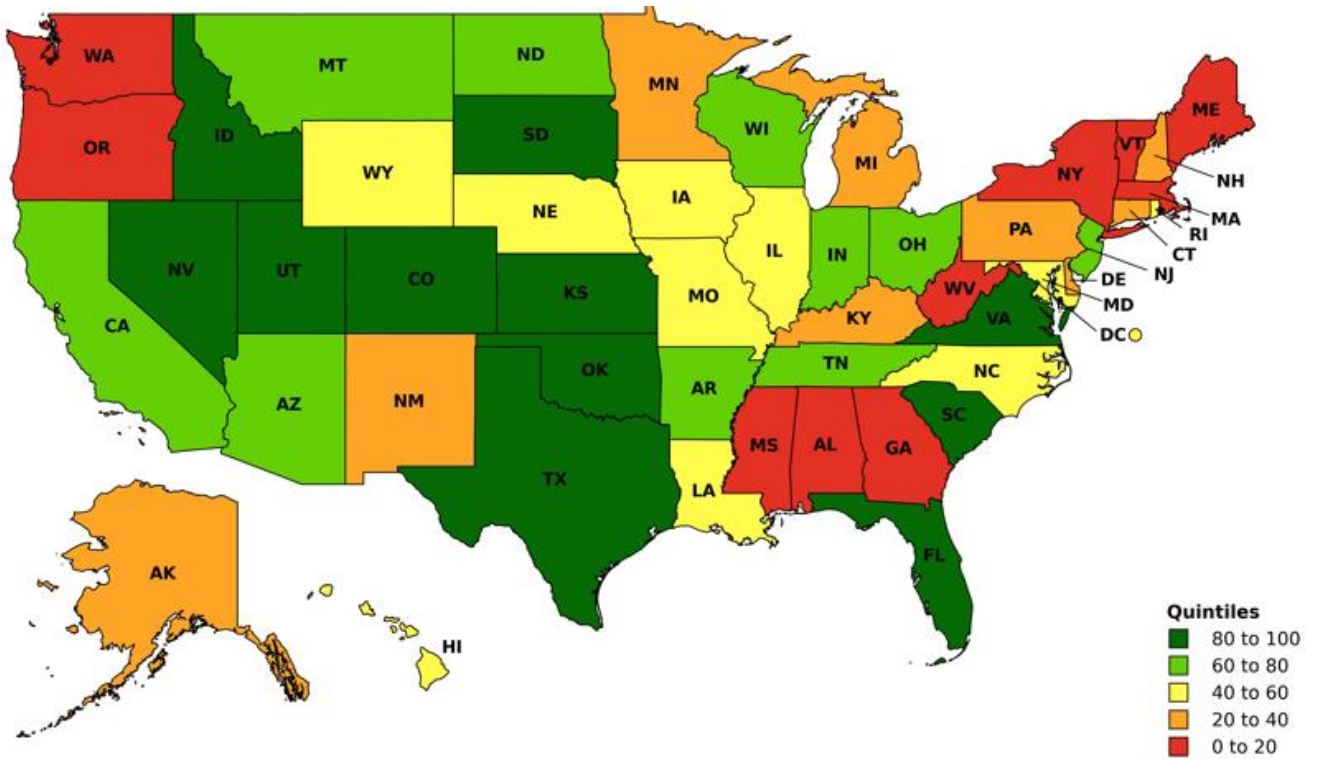
The U.S. maps featured in Figures 1 and 2 provide a visual representation of the variability in performance across the country for the current and previous year studies' overall measure. Additionally, Table 16 shows each state's rank quintile performance, grouped by geographic region, for the current and previous year studies.

To produce this data, we calculated the 100 Top Hospitals® measures at the state level, ranked each measure, then weighted and summed the ranks to produce an overall state performance score. States were ranked from best to worst on the overall score, and the results are reported as rank quintiles.

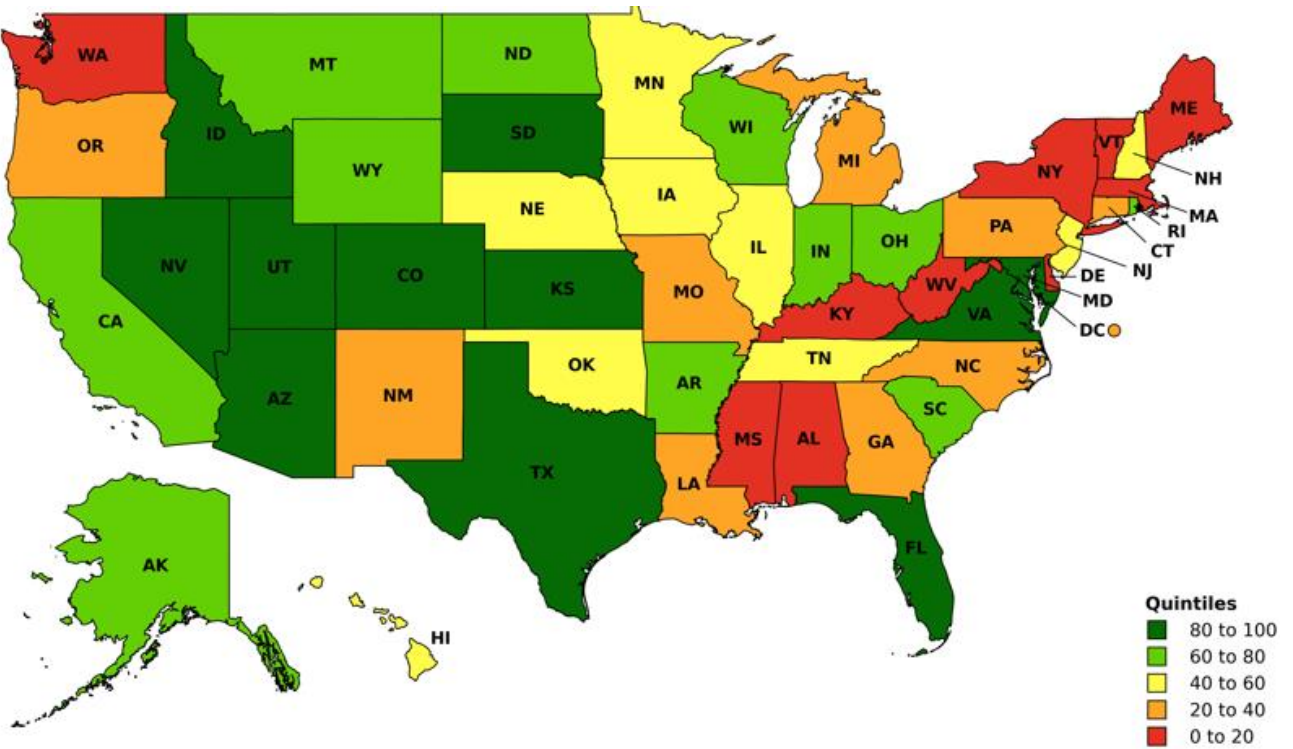
This analysis allows us to observe geographic patterns in performance. Key findings comparing both study years show:

- The West region is now the frontrunner in percentage of states in the top two performance quintiles for 2025 and 2024 studies, with a percentage of states in the highest top 2 performing quintiles versus other regions at 53.8% versus 69.2%, respectively.
- The Northeast continues to show the poorest performance overall, by a large margin in both years, with 77.8 percent and 66.7percent of its states in the bottom two quintiles in 2025 and 2024, respectively.
- The South's performance improved in 2025 with two more states moving into improved quintiles, both of which moved to the top quintile: Oklahoma and South Carolina.
- The Midwest states did not change in percentage of top or bottom performance. The only difference was two states that moved from worsening in 2025 compared to 2024 (Minnesota) and improving in 2025 compared to 2024 (Missouri).

**Figure 1 State-level Performance Comparisons, 2025 Study:**



**Figure 2 State-level Performance Comparisons, 2024 Study:**



## 100 Top Hospitals® Two-year State-level Performance Comparisons

**Table 16: State Quintile Performance Comparisons by Region**

Northeast		Midwest		South		West	
Current Study	Previous Study	Current Study	Previous Study	Current Study	Previous Study	Current Study	Previous Study
CT	CT	IA	IA	AL	AL	AK	AK
MA	MA	IL	IL	AR	AR	AZ	AZ
ME	ME	IN	IN	DC	DC	CA	CA
NH	NH	KS	KS	DE	DE	CO	CO
NJ	NJ	MI	MI	FL	FL	HI	HI
NY	NY	MN	MN	GA	GA	ID	ID
PA	PA	MO	MO	KY	KY	MT	MT
RI	RI	ND	ND	LA	LA	NM	NM
VT	VT	NE	NE	MD	MD	NV	NV
		OH	OH	MS	MS	OR	OR
		SD	SD	NC	NC	UT	UT
		WI	WI	OK	OK	WA	WA
				SC	SC	WY	WY
				TN	TN		
				TX	TX		
				VA	VA		
				WV	WV		

<b>Quintile 1 - Best</b>
<b>Quintile 2</b>
<b>Quintile 3</b>
<b>Quintile 4</b>
<b>Quintile 5</b>

## Performance Trends

In-study hospitals, regardless of award status, have only marginally improved across the entire balanced scorecard of performance measures.

**Table 17: Direction of Performance Change for All Hospitals in Study, 2019 - 2023**

Performance Measure	Statistically improving performance (95% CI)		No statistically significant change in performance (95% CI)		Statistically declining performance (95% CI)	
	Count of hospitals <sup>1</sup>	Percent of hospitals <sup>2</sup>	Count of hospitals <sup>1</sup>	Percent of hospitals <sup>2</sup>	Count of hospitals <sup>1</sup>	Percent of hospitals <sup>2</sup>
<b>Inpatient Mortality Index</b>	137	5.4%	2251	88.6%	152	6.0%
<b>Complications Index</b>	162	6.4%	2118	83.4%	260	10.2%
<b>HAI Index</b>	147	8.2%	1595	89.0%	51	2.8%
<b>30-Day Mortality Rate</b>	76	3.0%	1672	65.8%	792	31.2%
<b>30-Day Hosp-Wide Readmission Rate</b>	511	20.1%	2025	79.7%	4	0.2%
<b>Average Length of Stay</b>	261	10.3%	2004	78.9%	275	10.8%
<b>Inpatient Expense per Discharge</b>	25	1.0%	2032	80.0%	482	19.0%
<b>Operating Profit Margin</b>	66	2.6%	2283	90.0%	187	7.4%
<b>HCAHPS Top-Box (%)</b>	28	1.1%	2120	83.5%	392	15.4%

<sup>1</sup>Count refers to the number of in-study hospitals whose performance fell into the highlighted category on the measure. (Note: Total number of hospitals included in the analysis will vary by measure due to exclusion of IQR outlier data points. Inpatient Expense and Profit are affected. Some in-study hospitals had too few data points remaining to calculate trend.)

<sup>2</sup>Percent is of total in-study hospitals across all peer groups.

## Test Metrics: Reported for Information Only

Every year, in addition to the ranked metrics, a set of non-ranked or test measures that may be of interest to leaders of hospitals and health systems is published. This year, the 100 Top Hospitals® study has evaluated several performance measures that are based on inpatient, outpatient and extended outcome settings. This includes 11 AHRQ patient safety indicator (PSI) measures,<sup>14</sup> as well as an outpatient surgical unplanned revisit measure and a number of 30- and 90-day extended outcome measures.

### Patient Safety Indicators (PSI)

Patient safety is an important measure of hospital quality. Patient safety measures are reflective of both clinical quality and the effectiveness of systems within the hospital setting. CMS publishes 11 individual potentially avoidable PSI measures as well as an overall patient safety composite measure (PSI-90).

### 30-day Episode-of-Care Payment Measures

Risk-standardized payments associated with 30-day episode-of-care measures are included as test measures within the study. These measures capture differences in services and supplies provided to patients who have been diagnosed with AMI, HF, or pneumonia. According to the CMS definition of these measures, they are the sum of payments made for care and supplies starting the day the patient enters the hospital and for the next 30 days.<sup>15</sup>

### 30-day Excess Days in Acute Care Measures

One of the more recent measure-sets available from CMS is the EDAC measures for AMI, HF, and pneumonia. CMS defines “excess days” as the difference between a hospital’s average days in acute care and expected days, based on an average hospital nationally. Days in acute care include days spent in an ED, a hospital observation unit or a hospital inpatient unit for 30 days following a hospitalization.<sup>16</sup>

### 90-day Episode-of-Care Payment Measure

Another CMS measure reported in the 100 Top Hospitals® Study as a test measure is the 90-day episode-of-care payment metric for primary, elective THA/TKA. Like the other 30-day episode-of-care payment measures, CMS calculates risk-standardized payments associated with a 90-day episode of care, compared to an “average” hospital nationally. The measure summarizes payments for patients across multiple care settings, services, and supplies during the 90-day period, which starts on the day of admission.<sup>17</sup>

### 90-day Complication Measure

Along with the THA/TKA 90-day payment, CMS publishes a THA/TKA 90-day complication measure.<sup>18</sup> This measure calculates a risk-standardized complication rate for elective, primary THA/TKA procedures using the occurrence of one or more of the below complications within the specified timeframes:

- AMI, pneumonia, or sepsis / septicemia / shock during or within seven days of index admission.
- Surgical site bleeding, pulmonary embolism or death during or within 30 days of index admission.



- Mechanical complication or periprosthetic joint infection/wound infection during or within 90 days of index admission.

### **Unplanned Hospital Visits (OP-36)**

The unplanned hospital readmission measure assesses the percent of unplanned visits to the hospital after outpatient surgery. CMS define this measure as ‘unplanned hospital visits within seven days of a same-day surgery at a hospital outpatient department.’ Unplanned visits can include inpatient admission directly after surgery, or emergency department, observation stay or inpatient admission within seven days of the surgical procedure. The population included in this measure is Medicare-fee-for-service patients aged 65 years and older.<sup>19</sup> Note: the measure value published is the calendar year 2022 from the CMS Care Compare dataset. The 2023 data was not available at the time of the production of the 2025 study to include the current data year.

### **Medicare Spend Per Beneficiary (MSPB)**

A measure of the total Medicare-paid claim amounts associated with an inpatient episode, including three days prior through 30 days post discharge.<sup>20</sup> Note: the measure value published is the calendar year 2022 from the CMS Care Compare dataset. The 2023 data was not available at the time of the production of the 2025 study to include as a ranked measure.

Results for the information only measures listed above are provided in tables 18-19 and are based on all in-study hospitals.

**Table 18: PSI National Performance Comparison (All In-study Hospitals)**

Performance Measure	Benchmark Median	Peer Median	Benchmark Compared with Peer Group		Comments
			Actual Difference	Percent Difference	
PSI-03 Pressure ulcer rate <sup>1,2</sup>	0.36	0.50	-0.14	-28.0%	Fewer patient safety incidents
PSI-04 Death rate among surgical inpatients with serious treatable complications <sup>1,2</sup>	158.93	178.10	-19.17	-10.8%	Fewer patient safety incidents
PSI-06 Iatrogenic pneumothorax rate <sup>1,2</sup>	0.23	0.24	-0.01	-4.2%	Fewer patient safety incidents
PSI-08 In-hospital fall with hip fracture rate <sup>1,2</sup>	0.27	0.28	-0.01	-3.6%	Fewer patient safety incidents
PSI-09 Postoperative hemorrhage or hematoma rate <sup>1,2</sup>	2.26	2.37	-0.12	-4.9%	Fewer patient safety incidents
PSI-10 Postoperative acute kidney injury requiring dialysis rate <sup>1,2</sup>	1.65	1.65	0.00	0.0%	Same patient safety incidents
PSI-11 Postoperative respiratory failure rate <sup>1,2</sup>	9.62	9.76	-0.14	-1.4%	Fewer patient safety incidents
PSI-12 Perioperative pulmonary embolism or deep vein thrombosis rate <sup>1,2</sup>	3.46	3.79	-0.34	-8.8%	Fewer patient safety incidents
PSI-13 Postoperative sepsis rate <sup>1,2</sup>	5.36	5.44	-0.08	-1.5%	Fewer patient safety incidents
PSI-14 Postoperative wound dehiscence rate <sup>1,2</sup>	1.78	1.81	-0.03	-1.7%	Fewer patient safety incidents
PSI-15 Abdominopelvic accidental puncture or laceration rate <sup>1,2</sup>	0.78	0.85	-0.07	-8.2%	Fewer patient safety incidents
PSI-90 Patient safety and adverse events composite <sup>2,3</sup>	0.90	0.97	-0.07	-7.2%	Fewer patient safety incidents

<sup>1</sup>PSI measures are rate values per 1000 discharges.

<sup>2</sup>PSI measures from CMS Care Compare July 1, 2021 - June 30, 2023 dataset.

<sup>3</sup>PSI measure is an index value.

**Table 19: Info Only Measures National Performance Comparison (All In-study Hospitals)**

Performance Measure	Benchmark Median	Peer Median	Benchmark Compared with Peer Group		Comments
			Actual Difference	Percent Difference	
AMI 30-Day Episode Payment <sup>1</sup>	\$28,822	\$28,430	\$392	1.4%	Higher episode cost
Heart Failure 30-Day Episode Payment <sup>1</sup>	\$20,130	\$19,480	\$650	3.3%	Higher episode cost
Pneumonia 30-Day Episode Payment <sup>1</sup>	\$21,703	\$20,935	\$769	3.7%	Higher episode cost
AMI 30-Day Excess Days in Acute Care <sup>1</sup>	-1.3	2.5	-3.8	-152.0%	Fewer excess days
Heart Failure 30-Day Excess Days in Acute Care <sup>1</sup>	-3.3	3.7	-7.0	-187.8%	Fewer excess days
Pneumonia 30-Day Excess Days in Acute Care <sup>1</sup>	1.3	6.2	-4.9	-79.0%	Fewer excess days
THA/TKA 90-Day Episode Payment <sup>2</sup>	\$22,894	\$22,083	\$811	3.7%	Higher episode cost
THA/TKA 90-Day Complications Rate <sup>2</sup>	3.4	3.4	0.0	0.0%	Same complications
Ratio of Unplanned Hospital Visits after Outpatient Surgery <sup>3</sup>	1.00	1.00	0.00	0.0%	Same visits
Medicare Spend per Beneficiary <sup>4</sup>	1.00	0.99	0.01	0.9%	Higher episode cost

<sup>1</sup>30-day measures from CMS Care Compare July 1, 2020-June 30, 2023 dataset.

<sup>2</sup>90-day measures from CMS Care Compare April 1, 2020 - March 31, 2023 dataset.

<sup>3</sup>OP-36 measure from CMS Care Compare CY 2022 dataset.

<sup>4</sup>MSPB data from CMS Care Compare CY 2022 dataset.



## More about the 100 Top Hospitals® program

The 100 Top Hospitals® Study is one of several studies of Premier's 100 Top Hospitals® program. Additional information regarding these studies, including lists of award recipients, can be found by visiting [www.100tophospitals.com](http://www.100tophospitals.com).

## We welcome your input

The 100 Top Hospitals® program is designed to evaluate hospitals across various facets in a way that is objective, transparent, and meaningful. The validity of the performance measures, program methods, and data sources is regularly assessed. Comments about our Study from health systems, hospitals, and physicians are welcomed. To submit comments, visit the Contact Us section of [100tophospitals.com](http://100tophospitals.com).

## About Premier, Inc.

Premier, Inc. (NASDAQ: PINC) is a leading technology-driven healthcare improvement company, providing solutions to two-thirds of all healthcare providers in the U.S. Playing a critical role in the rapidly evolving healthcare industry, Premier unites providers, suppliers, payers and policymakers to make healthcare better with national scale, smarter with actionable intelligence and faster with novel technologies. Headquartered in Charlotte, N.C., Premier offers integrated data and analytics, collaboratives, supply chain solutions, consulting and other services in service of our mission to improve the health of communities. Please visit Premier's news and investor sites on [www.premierinc.com](http://www.premierinc.com); as well as [X](#), [Facebook](#), [LinkedIn](#), [YouTube](#), [Instagram](#) and [Premier's blog](#) for more information about the company.

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