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Methodology:
U.S. News & World Report
2025-2026 Best Children's Hospitals

Thomas Duffy
Sarah Harris
Murrey G. Olmsted
Joe Murphy
Denise Bell
Ashley B. Murray
Lindsay Hiser
Marshica Stanley
Rachael Allen

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To Whom It May Concern:

Executive Summary

Pediatrics has been an element of Best Hospitals since 1990, when U.S. News & World Report published the first annual "America's Best Hospitals" rankings, as they were then called. The initial evaluations, in 12 specialties, comprised short lists of centers that were identified through a survey of physician specialists as providing the best care for the most challenging patients.

For the first time, patients and families, in consultation with their doctors, had a tool to help narrow their search for a hospital particularly skilled in performing difficult procedures, treating serious conditions, and otherwise demonstrating an especially high level of care. Although that core mission has not changed, U.S. News broadened its scope in 2015 by adding ratings of some 4,600 hospitals in relatively commonplace procedures and conditions such as heart bypass surgery, knee and hip joint replacement, and chronic obstructive pulmonary disease.

By 1993 hard data had been incorporated into most Best Hospitals specialty rankings, but until 2007 the pediatric rankings continued to rely entirely on an annual survey of pediatric specialists because hard data comparable to the MedPAR files for Medicare recipients were unavailable. Pediatric-specific data were critical. Benchmarking and data generated from adult patients, to the extent that such information existed at all, could not be applied to children. Structuring coordinated care for congenital conditions such as spina bifida and cystic fibrosis, determining drug dosages, and minimizing vulnerability to infection are a few of many factors that make pediatric patients unique.

Lacking robust pediatric data bases, U.S. News elected to collect data directly from children's hospitals through a comprehensive clinical and operational survey. The first rankings to incorporate data from such a survey, developed by RTI International,[a] were published in 2007 in the form of the top 30 children's centers in General Pediatrics. Specialty rankings were not included.

In the years that followed, data collection was broadened and deepened. The current methodology continues to include reputational survey results (expert opinion) and supplemental information from resources such as the National Cancer Institute. Best Children's Hospitals now ranks the top 50 centers in 11 specialties: Cancer, Cardiology & Heart Surgery, Diabetes & Endocrinology, Gastroenterology & GI Surgery, Neonatology, Nephrology, Neurology & Neurosurgery, Orthopedics, Pulmonology & Lung Surgery, Urology, and Pediatric & Adolescent Behavioral Health.

To provide parents with information about more centers and demonstrate transparency, pediatric centers below the line—that is, those that are not nationally ranked—are now displayed.

[a] RTI International is the trade name of Research Triangle Institute.

Pediatric centers that provided sufficient data to receive an overall U.S. News score but fell short of the top 50 are displayed with their calculated metrics but without rank or score.

Each of the 198 facilities eligible to be surveyed for the 2025-2026 Best Children's Hospitals rankings is either a freestanding children's hospital or a "hospital within a hospital"—a large, essentially autonomous multidisciplinary pediatric department within a major medical center. Most are members of the Children's Hospital Association.[b]

RTI collects and analyzes the data for the "Best Children's Hospitals" rankings. The methodology reflects *clinical outcomes*, such as patient survival, infection rates, and complications; the level and quality of *hospital resources* directly related to patient care, such as staffing, technology, and special services; *delivery of healthcare*, such as programs that prevent infections and adherence to best practices; and *expert opinion* among pediatric specialists.

In the 2025-2026 rankings, 85 of the 198 eligible hospitals were ranked among the top 50 in at least one specialty. The 2025-2026 Best Children's Hospitals Honor Roll recognizes the 10 hospitals with the highest rankings across all specialties.

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Ben Harder
Managing Editor and Chief of Health Analysis
U.S. News & World Report

[b] The National Association for Children's Hospitals and Related Institutions was renamed the Children's Hospital Association in 2012. See ***https://www.childrenshospitals.org/ for additional details***.

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I. Introduction

Rankings in pediatrics were included in the initial "America's Best Hospitals" rankings in 1990. Until 2007, however, the pediatric rankings relied entirely on reputational surveys of board-certified pediatricians and adolescent medicine specialists.

The reason was that quantitative pediatric measures at that time barely existed. A large, rich database, comparable to the Centers for Medicare & Medicaid Services MedPAR (Medicare Provider Analysis and Review) files that determine mortality in 12 adult specialties, was unavailable.[c] Reliable structural measures also were absent. Available data sources generally reported volume, advanced technologies, and patient services for the hospital as a whole and did not break out pediatric-specific information.

Continuing to rank children's hospitals solely on expert opinion for an indeterminate period while performance data were codified and the means of collecting and verifying them settled was felt to be unacceptable. U.S. News asked RTI International, U.S. News contractor for the adult Best Hospitals rankings, to develop a rigorous methodology for ranking hospitals in pediatrics that would incorporate data obtained directly from the hospitals.

The resulting methodology and initial version of a direct hospital survey (referenced in this report as the Pediatric Hospital Survey) produced General Pediatrics rankings of 30 hospitals, published in the September 3, 2007, issue of U.S. News & World Report as "Best Children's Hospitals." The issue was separate from the issue with the adult rankings, to highlight the change and minimize possible confusion.

The Pediatric Hospital Survey and the reputational Physician Survey were expanded in 2008, permitting pediatric hospitals to be ranked in six pediatric specialties and in General Pediatrics.[d] In 2009, General Pediatrics was dropped and the specialties expanded to 10. With Pediatric & Adolescent Behavioral Health added in 2024, the project now encompasses these 11 specialties:

- Cancer
- Cardiology & Heart Surgery
- Diabetes & Endocrinology
- Gastroenterology & GI Surgery
- Neonatology
- Nephrology
- Neurology & Neurosurgery
- Orthopedics
- Pulmonology & Lung Surgery
- Urology
- Behavioral Health

[c] A relatively small number of children do receive care under Medicare under narrow eligibility definitions because of legislatively mandated coverage.

[d] Previous methodology reports are available online at ***www.rti.org/besthospitals***.

Like their adult counterpart, the Best Children's Hospitals rankings reflect the interrelationship between structure, process, and outcomes, the three components of the Donabedian paradigm.[1-5] Individual measures, their weights, and approach to scoring are quite different in the pediatric rankings, however.

The Donabedian components represent the following healthcare concepts:

- *Structure* refers to hospital resources directly related to patient care. Examples include the ratio of nurses to patients, specialized clinics and programs, and certification by recognized external organizations.
- *Process* encompasses overall rendering of diagnosis, treatment, prevention, and patient education. Process is represented in part by an expert opinion score based on the annual survey of board-certified physicians cited above. The pediatric methodology incorporates compliance with best practices and activities to prevent infections and other patient safety issues.
- *Outcomes* obviously include survival but can also include functional success (as in children with cystic fibrosis) and incidence of adverse events (such as bloodstream infections and transplant-organ failure).

Each major component of the Best Children's Hospitals ranking score—structure, outcomes, and process—is worth exactly one-third of the overall score except in two specialties, Cardiology & Heart Surgery and Behavioral Health. In Cardiology & Heart Surgery, the outcomes weight in the overall score was increased in the 2017-18 rankings to 38.3% and the process weight lowered to 28.3% (details are provided in ***Table 16***). In Behavioral Health, the structure and process weights are each 40% and the outcomes weight is 20%. The specific measures, their weights, and the scoring algorithm all are quite different from their adult counterparts.

Section II of this report outlines the general eligibility requirements for consideration in the pediatric rankings. As in previous years, most structure and outcomes data for the 2025-2026 rankings were obtained directly from children's hospitals through the Pediatric Hospital Survey (***Section III***). Data for three measures were supplied by external organizations: Nurse Magnet recognition (American Nurses Credentialing Center), accreditation by the Foundation for Accreditation of Cellular Therapy (FACT) for bone marrow transplant and tissue transplant, and commitment to best practices in treating patients with seizure disorders (National Association of Epilepsy Centers).

The specific mission of the Best Children's Hospitals rankings is to identify hospitals that provide the highest quality of care for children with the most serious or complicated medical conditions, using the most robust and sensitive measures available to represent the three Donabedian components. ***Sections IV, V, and VI*** describe the data and the construction of each component.

The methodology also incorporates nominations of hospitals from board-certified pediatric specialists in each of the 11 specialties through the Pediatric Physician Survey, as described in ***Section V***.

II. Eligibility

A. General Eligibility

To be considered for the 2025-2026 pediatric rankings, hospitals had to provide extensive data about their services and capabilities.

Historically, initial eligibility for the rankings has been determined by membership in the Children's Hospital Association or by nomination by teams of expert advisers. U.S. News and RTI have supplemented the universe by adding hospitals that have expressed interest in public reporting, after consideration of the size and scope of each hospital's pediatric program.

Of the 198 hospitals in the sample, 118, or 59.6%, submitted sufficient data through the 2025 Pediatric Hospital Survey to be considered for ranking. Each facility met the description of one of three groups: a freestanding children's hospital, a "hospital within a hospital" (as described above, a pediatric service that functions autonomously within a larger medical center), or a specialty hospital (such as one that exclusively treats cancer or orthopedic patients).

B. Specialty-Specific Eligibility

To be eligible for ranking within a given specialty, hospitals had to satisfy two additional requirements:

- In specialties other than Neonatology, a hospital had to verify in the Pediatric Hospital Survey that services in the specialty were in fact available. In Neonatology, a hospital also had to have a Level IV neonatal intensive care unit (NICU). Validation of this NICU status could be met based either on state determination of Level IV status or satisfaction of Level IV eligibility requirements as specified by the American Academy of Pediatrics guidelines[6].
- At least one attending/on-staff physician (not including fellows) in certain specialty-related medical fields was required. The physician categories are shown in ***Table 1***. Text and table references (e.g., "B2a") indicate the related section and question in the Pediatric Hospital Survey.

Table 1. Specialty-Specific Eligibility Requirements

Specialty	Must have at least one attending/on-staff physician in the following categories:
Cancer	Pediatric hematologist/oncologist (B2a)*
Cardiology & Heart Surgery	Pediatric cardiothoracic surgeon (E2a) **and** Pediatric cardiac intensivist (from training in cardiology, pediatric critical care or anesthesiology) **or** Other pediatric cardiac specialist (pediatric cardiac interventionalist, pediatric cardiac electrophysiologist, pediatric anesthesiologist with specialty cardiac training, or pediatric advanced imaging specialist [cardiologist or radiologist]) (E2b, E2c, E2d, E2e, E2f, E2g, or E2h)
Diabetes & Endocrinology	Pediatric endocrinologist (C2a)
Gastroenterology & GI Surgery	Pediatric gastroenterologist (D2a)
Neonatology	Pediatric neonatologist (F2a)
Nephrology	Pediatric nephrologist (G2a)
Neurology & Neurosurgery	Pediatric neurologist (H2a) **or** Pediatric neurosurgeon (H2b)
Orthopedics	Pediatric orthopedic surgeon (I2a)
Pulmonary	Pediatric pulmonologist (J2a) **or** Pediatric sleep medicine physician (J2b)
Urology	Pediatric urologist (K2a)
Behavioral Health	Child and adolescent psychiatrist (L2a) **or** Child and adolescent clinical psychologist or neuropsychologist (L2b) **or** Developmental-behavioral pediatricians or neurodevelopmental disabilities physician (L2c) **or** Adolescent medicine physician (L2d)

* Parenthetical references indicate related survey questions.

III. Pediatric Hospital Survey

As part of the process of creating the initial pediatric rankings, RTI convened advisory panels to inform the hospital survey. These working groups have been retained to help the survey evolve by providing new findings and perspectives that can be incorporated before the survey is finalized and sent to hospitals.

Panel members who leave the working group are replaced by U.S. News and RTI through a request to the pediatric hospital community for candidates with broad expertise in both general and specialty pediatric medical care and familiarity with current research on hospital quality. The names and institutions of all individual working group members for the 2025 Pediatric Hospital Survey are provided, with their permission, in ***Appendix A***.

Through conference calls, ad hoc phone discussions, and emails during the summer and fall of 2024, working group members proposed, reviewed, and discussed revisions to the previous version of the survey, including potential new measures. Smaller subgroups of members in each

working group were responsible for reviewing the revised ICD-10 and CPT medical codes to ensure that the selected codes were relevant and appropriate. The RTI project team then created a draft set of measures and a survey instrument.

A draft of the survey was provided as a Microsoft Word document to hospitals at the beginning of December 2024 on an FYI basis, to give them as much time as possible to collect and organize data before the official start date. They received the finalized survey in early January 2025 via a dedicated web page. Survey responses were accepted until mid-March. U.S. News relies on hospitals to accurately report their data.

Some measures were ultimately excluded after data were submitted because the results failed to demonstrate meaningful variability. The remaining survey items are described in detail below, with references to the corresponding survey question numbers in parentheses.

IV. Structure

The structural component is represented by volume, technology, clinical services, and other characteristic features of a high-quality pediatric hospital. In the Best Hospitals adult specialty rankings, most structural measures and their associated data are extracted from the American Hospital Association (AHA) annual survey. Because the AHA survey focuses primarily on overall hospital and system measures, the pediatric data from the survey lack specificity. Structural data were therefore collected through the Pediatric Hospital Survey.

All measures used in the rankings are described in the following sections. The print version of the rankings displays a subset of the online measures.

A. Structural Measures

The structural measures used in the rankings represent fundamental elements of high-quality, hospital-based pediatric care. Descriptions of the measures and the specialties to which they are applied are listed alphabetically. Text and table references such as (A4a) indicate the related section and question in the Pediatric Hospital Survey. Each measure's relative weight within a specialty is provided in ***Section IV.C. Weighting***.

Accredited by FACT (Cancer)

Accreditation indicates that as of February 13, 2025, a hospital met standards set by FACT for transplanting cells to treat pediatric cancer, an indication of a high degree of care in handling and using cellular tissue. Programs could be certified as providing adult or pediatric services and as offering two types of transplant services: autologous and allogeneic. For the Cancer specialty, a hospital was awarded 1 point if it was accredited by FACT as a pediatric or adult service provider for

either autologous or allogeneic transplants or for providing Immune Effector Cellular Therapy (B19a). Currently accredited facilities are listed at ***http://accredited.factwebsite.org/***.

Adoption of Health Information Technology (All Specialties)

In each specialty, hospitals received up to 4 points for incorporating and using electronic medical records (EMRs).

Hospitals that have an EMR with certain patient engagement features received up to 4 points, 1 for each of the following: online access to medical notes or records (A23.3a), ability to request a revision to medical notes or records online (A23.3b), ability to schedule visits online (A23.3c), and ability to send and receive electronic messages with medical providers (A23.3d).

Adult Congenital Heart Program (Cardiology & Heart Surgery)

In Cardiology & Heart Surgery, hospitals received up to 10 points for having an adult congenital heart program. Hospitals received 1 point for providing an organized adult congenital heart program (E16). Hospitals received 1 point for having a full accreditation as an Adult Congenital Heart Association Comprehensive Care Center (E20). These programs are often provided by pediatric heart centers, which frequently have the most expertise in inherited and congenital heart disorders.

Up to 6 additional points were awarded if the adult congenital heart program provided the following: a formal program to transition patients from the pediatric to adult congenital heart program (E17a); participation by cardiothoracic surgeons (E17b), cardiothoracic interventionalists (E17c), and cardiothoracic electrophysiologists, who have specialty expertise in the care of adults with congenital heart disease (E17d); specialty care for high-risk obstetrics patients with congenital heart disease (E17e) and a cardiologist board certified in cardiology and in the maintenance of certification (MOC) program for Adult Congenital Heart Disease by the American Board of Internal Medicine (E17f).

Hospitals received 1 point for 1 to 49 cardiac surgical encounters[e] on patients ages 18 and above in the past four calendar years or 2 points for 50 or more surgical encounters in the past four calendar years (E19).

[e] Specific adult cardiac surgical operations included are listed in Table 7 of the STS Congenital Heart Surgery Database for the past four reporting years.

Advanced Clinical Services Offered (All Specialties, Except for Behavioral Health)

Hospitals frequently offer clinical services and organize teams or programs to address special needs of specific groups of patients. These services or programs may be organized around a particular diagnosis, need, or age group. The structure of the services or programs ensures that a range of resources is available. Specialized skills of a multidisciplinary staff improve overall quality of care, and presumably outcomes. The clinical services recognized in each specialty are described in ***Table 2***. Up to eight points were awarded for having a pediatric trauma center in Neurology & Neurosurgery, Orthopedics, and Pulmonology & Lung Surgery. The trauma center measure recognizes the enhanced resources and staff available to hospitals that provide this service, which benefit other inpatient specialty care. One point was awarded for the additional services listed for each specialty.

Advanced Technologies (All Specialties, Except for Behavioral Health)

To receive credit, hospitals must provide access to key diagnostic and treatment technologies. For the technologies listed in question A10 of the Pediatric Hospital Survey, hospitals had to offer services onsite. For other technologies, hospitals could offer the services onsite or through the hospital's health system, a local community network, or indirectly, through a contractual arrangement or joint venture with another community provider. Data are from the Pediatric Hospital Survey. The values for this measure were based on specialty-specific mixes of technology, as listed in ***Table 3***. Definitions can be found in the glossary in ***Appendix B***.

Bone Marrow Transplant Services (Cancer)

In Cancer, hospitals could receive up to 12 points for having a stem cell transplant program. Stem cell transplants are critical in treating a variety of cancers:

- Hospitals received 1 point for having a stem cell transplant unit with pediatric nurses and physicians specially trained in transplant (B17).
- Hospitals received up to 3 points for offering various stem cell transplant services: autologous stem cell transplantation (B18a), allogeneic matched (related or unrelated) transplantation or haploidentical (half-matched) transplantation (B18b), and cellular therapy infusions (B18c).
- Hospitals received up to 6 points based on transplant volume (B18). For each of the three types of transplantation listed above, hospitals received points as follows for all transplants: 1 point for conducting from 2 to 10 transplants in the past 3 years and 2 points for conducting 11 or more transplants in the past 3 years.
- Hospitals received up to 2 points for transplant center recognition by the National Marrow Donor Program (B19b) and for membership in the Pediatric Transplant and Cellular Therapy Consortium (B19c).

Table 2. Advanced Clinical Services Offered by Specialty

Service	Description*	Points
Cancer (26 points)		
ECMO	Extracorporeal membrane oxygenation (ECMO) program designated as center of excellence by the Extracorporeal Life Support Organization (ELSO) (A9)	1
Sedation services	Has the following sedation services: • Designated as a Center of Excellence in Pediatric Sedation by the Society for Pediatric Sedation (A9.1) • Provides sedation/anesthesia by pediatric specialists for radiation therapy, lumbar punctures, and bone marrow biopsies (B7)	2
Support staff/ programs	Offers the following programs and supporting staff (B11, B11.1, B11.2, and B11.4): • Complementary and alternative medicine or holistic health program • Pediatric cancer child life specialists • Psychosocial support program • Social work support • School programs for hospitalized patients • Neuropsychological evaluation focused on school reentry issues • Association of Pediatric Hematology/Oncology Nurses (APHON) chemotherapy/biotherapy course and safe handling procedures • Adolescent and young adult support program • Cancer genetics/hereditary program • Sibling targeted support services • Bereavement services for families • Molecular oncology/targeted therapy program onsite inpatient pediatric rehabilitation unit with individualized dedicated cancer rehabilitation programming • Onsite inpatient pediatric rehabilitation unit with individualized dedicated cancer rehabilitation programming • Having direct clinical care RNs with a national oncology certification (certified pediatric hematology-oncology nurse (CPHON) or certified pediatric oncology nurse (CPON)) or certified bone marrow transplant nurse (BMTCN) o 1 point for 25% or more of direct clinical care RNs with these certificates o 2 points for 50% or more of direct clinical care RNs with these certificates • Having 50% or more of chemotherapy patients with a formal initial psychosocial assessment before or within 4 weeks of therapy • Fertility preservation program that includes sperm banking and oocyte preservation	17

* Parenthetical references indicate related survey questions. (continued)

Table 2. Advanced Clinical Services Offered by Specialty (continued)

Service	Description*	Points
Cancer (26 points) continued		
Chemotherapy support services	Offers the following: • Dedicated pediatric chemotherapy pharmacy (B15a) • Pediatric oncology pharmacist with training and experience in pediatric chemotherapy (B15b) • Pharmacists assigned to participate in daily inpatient rounds with the pediatric cancer treatment team (B15c) • The APHON Chemotherapy/Biotherapy Provider training course for nurses administering chemotherapy (B15d)	4
Chemotherapy orders	1 point for the majority of orders written using word processing or spreadsheet software or using Computerized Provider Order Entry (CPOE); 2 points for CPOE with plan-driven orders and formal multiple co-signatures/review required (B16)	2
Cardiology & Heart Surgery (12 points)		
ECMO	ECMO program designated as center of excellence by ELSO (A9)	1
Sedation services	Designated as a Center of Excellence in Pediatric Sedation by the Society for Pediatric Sedation (A9.1)	1
Echocardiography laboratory	Offers certified echocardiography laboratory certified by Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) or the American Institute of Ultrasound in Medicine (AIUM) (E5) in: • Transthoracic echocardiographic testing • Transesophageal echocardiographic testing • Fetal echocardiographic testing	3
Cardiovascular services	Offers these diagnostic and treatment services (E6a-e): • Dedicated pediatric cardiac surgical operating room • Cardiac intensive care unit • Remote monitoring capability • Ventricular assist program • Cardiovascular genetics clinic	5
Circulatory support	• Provided ventricular assist devices (other than ECMO and transcatheter ventricular assist devices [VADs]) for one or more patients in the past 4 years (E26) • Placed a transcatheter VAD in the last year (E26.1)	2

* Parenthetical references indicate related survey questions. (continued)

Table 2. Advanced Clinical Services Offered by Specialty (continued)

Service	Description*	Points
Diabetes & Endocrinology (16 points)		
Sedation services	Designated as a Center of Excellence in Pediatric Sedation by the Society for Pediatric Sedation (A9.1)	1
Diabetes & Endocrinology support staff	Having at least one of the following staff with Certified Diabetes Care and Education Specialist (CDCES) certification provide diabetes education to patients: • Nurses, pharmacists, social workers, psychologists (C5a and C5c) • Dietitians (C5b) • Certified exercise physiologist or Physical therapist (C5d)	3
	Having at least 1.0 FTE of the following staff dedicated to inpatient or outpatient pediatric endocrinology patients: • Social workers (C6a) • Psychologists (C6b) • Community health workers or patient navigators (C6c) • Genetic counselors (C7a) • Psychiatrists (C7b) • Pharmacists (C7c)	6
Diabetes patient services	Provides the following services onsite (C9): • Certified pump educators who are members of program staff who provide insulin pump training in house to patient families • CGM trainers who are program staff members who provide CGM training to patient families • Formal diabetes educational program for school nurses through a yearly school nurse education conference • A specified RN or CDCES who is responsible for advising and supporting schools in setting up safe programs for managing diabetes	4
Support services	Offered the following programs or services in the last calendar year: • Hosted or was actively involved in organizing diabetes-specific support group for parents and families (C12) • Took a leadership role in organizing or supporting family-support groups for special populations other than diabetes (e.g., Turner syndrome) (C60)	2
Gastroenterology & GI Surgery (8 points)		
Sedation services	Designated as a Center of Excellence in Pediatric Sedation by the Society for Pediatric Sedation (A9.1)	1
Gastrointestinal (GI) specialists	Has pediatric gastroenterology/liver-specialized pathologists available for consultation 7 days a week (D8)	1

* Parenthetical references indicate related survey questions.

(continued)

Table 2. Advanced Clinical Services Offered by Specialty (continued)

Service	Description*	Points
Gastroenterology & GI Surgery (8 points) (continued)		
GI support groups	Provides access to the following support groups (D12): • Inflammatory bowel disease • Celiac disease • Liver disease or transplant • Eosinophilic esophagitis • Chronic intestinal failure • Congenital colorectal malformation	6
Neonatology (6 points)		
NICU support staff	NICU-dedicated staff in these units: • NICU-dedicated respiratory therapy team (F7a) • NICU-dedicated registered dietitians (F7b) • NICU-dedicated social workers (F7c) • NICU-dedicated clinical nurse educators (CNE) (F7d) • NICU-dedicated certified lactation consultants with the following certifications: international board-certified lactation consultant (IBCLC), certified lactation counselor (CLC), breastfeeding counselor certification (CBC) (F7e) • NICU medical director with hospital-provided partial FTE support (F7g)	6
Nephrology (6 points)		
Maintenance dialysis staff	Has at least 1 FTE of clinical nurses dedicated to maintenance dialysis (G5a)	1
	Has at least 0.5 FTE of the following staff dedicated to maintenance dialysis: • Social workers (G5b) • Dietitians (G5c) • Psychologists/Psychiatrists (G5d)	3
Sedation services	Designated as a Center of Excellence in Pediatric Sedation by the Society for Pediatric Sedation (A9.1)	1
Kidney transplant	United Network for Organ Sharing (UNOS)-recognized kidney transplant program (G28)	1
Neurology & Neurosurgery (19 points)		
Sedation services	Designated as a Center of Excellence in Pediatric Sedation by the Society for Pediatric Sedation (A9.1)	1
Pediatric trauma center	8 points for Level 1 pediatric trauma center or 4 points for Level 2 pediatric trauma center certified by American College of Surgeons or state licensing board (A19)	8

* Parenthetical references indicate related survey questions. (continued)

Table 2. Advanced Clinical Services Offered by Specialty (continued)

Service	Description*	Points
Neurology & Neurosurgery, continued (19 points) (continued)		
Neurology & neurosurgery support services and technology	Offers the following onsite: • Ketogenic diet program or modified diet program (including Atkins) and management program (H5b) • An identified multidisciplinary neurocritical care team (H24) • Multidisciplinary neonatal neurocritical care (H24.1) • Inpatient pediatric rehabilitation program with pediatric physiatrist (H13) • Inpatient pediatric rehabilitation program certified by Commission on Accreditation of Rehabilitation Facilities (H13.1) • Inpatient pediatric rehabilitation program that uses a standardized tool to measure and track outcomes (H13.2) • Routine neuropsychological testing by pediatric neuropsychologists (H14)	7
Epilepsy treatment	Offers the following: • Electroencephalography (EEG) lab accredited by American Board of Registration of Electroencephalographic and Evoked Potential Technologists (ABRET) (H7) • In-house ABRET-certified/eligible EEG technologists available to apply/adjust equipment and review EEG continuously 24/7 on 350 or more days per year (H7.2) • Epilepsy monitoring unit (EMU) with a National Association of Epilepsy Centers (NAEC) accreditation with at least 5 unique patients monitored (H30 and H30.1)	3
Orthopedics (16 points)		
Sedation services	Designated as a Center of Excellence in Pediatric Sedation by the Society for Pediatric Sedation (A9.1)	1
Pediatric trauma center	8 points for Level 1 pediatric trauma center or 4 points for Level 2 pediatric trauma center certified by American College of Surgeons or state licensing board (A19)	8
Advanced care services	Comprehensive pediatric orthopedic program with: • Designated inpatient unit for pediatric orthopedic patients (I7) • Dedicated pediatric imaging center located in outpatient clinics (not separate facility) (I8) • Multidisciplinary musculoskeletal oncology program (I16) • Gait laboratory accredited by the Commission for Motion Laboratory Accreditation (CMLA) (I19.1) • Providing seating services or wheelchair clinics for at least one patient with neuromuscular disorders (I43 & I44)	5

* Parenthetical references indicate related survey questions. (continued)

Table 2. Advanced Clinical Services Offered by Specialty (continued)

Service	Description*	Points
Orthopedics, continued (16 points)		
Gait Laboratory	Provides a neuromuscular Advanced Motion Analyses Laboratory to patients (I19): • 2 points if the lab is onsite • 1 point if the lab is available through a formal contractual relationship with another hospital/institution	2
Pulmonology & Lung Surgery (32 points)		
Sedation services	Designated as a Center of Excellence in Pediatric Sedation by the Society for Pediatric Sedation (A9.1)	1
Pediatric trauma center	8 points for Level 1 pediatric trauma center or 4 points for Level 2 pediatric trauma center certified by American College of Surgeons or state licensing board (A19)	8
Asthma care specialists	Access to each of the following clinical staff (J5): • Physical therapists • Child life specialist • Pharmacist • Occupational therapist • Palliative care	5
Dedicated staff	Following cystic fibrosis center staff who attend clinic or participate in patient care conferences (J17): • Gastroenterologist • Endocrinologist • Psychiatrists or psychologists • Otolaryngologist or ear, nose, and throat specialist Following staff who support patients with bronchopulmonary dysplasia (J28): • Dietitian • Cardiologist • Neurologist or neurodevelopmental specialist • Social worker • Physical therapist or occupational therapist • Speech language pathologist Following staff who support patients with neuromuscular weakness disorders (J32): • Physiatrist • Orthopedist • Cardiologist • Psychiatrist or psychologist • Pediatric radiologist	15

* Parenthetical references indicate related survey questions. (continued)

Table 2. Advanced Clinical Services Offered by Specialty (continued)

Pulmonology & Lung Surgery, continued (32 points)		
Service	**Description***	**Points**
Support services	Offers following: • Cystic fibrosis center accredited by Cystic Fibrosis Foundation (J16) • Program accredited by the Primary Ciliary Dyskinesia (PCD) foundation (J29) • Sleep center accredited by American Academy of Sleep Medicine (J35)	3
Urology (4 points)		
Sedation services	Designated as a Center of Excellence in Pediatric Sedation by the Society for Pediatric Sedation (A9.1)	1
Treatment options	Offers the following treatment modalities (K11): • Stone treatment, including shock wave lithotripsy, ureteroscopy, and percutaneous nephrolithotripsy or nephrolithotomy for patients 12 years and under • Laparoscopic surgery, including cyst ablation, pyeloplasty, nephrectomy, partial nephrectomy, heminephrectomy, ureteral reimplantation, or ureteroureterostomy performed on patients 21 years or younger	2
Procedures performed	Performed at least 1 of each of the following procedures in past 5 years: • Retroperitoneal lymph node dissection for cancer diagnoses (K12.2)	1

* Parenthetical references indicate related survey questions.

Table 3. Advanced Technologies by Specialty

Specialty	Technologies*
Cancer (15)	• Positron emission tomography (PET)/magnetic resonance imaging (MRI) or PET/computed tomography (CT) scanning offered onsite (A10a or A10b) • 3-Tesla magnetic resonance imaging (3T MRI) offered onsite (A10c) • Image-guided radiation therapy offered onsite (A10d) • Intensity-modulated radiation therapy offered onsite (A10e) • 24/7 in-house ultrasound for emergency cases (A10f) • Dedicated interventional radiology team offered onsite (A10g) • Nuclear medicine integrated SPECT/CT (A10h) • Contrast-enhanced ultrasound (A10i) • Therapeutic meta-iodo-benzyl-guanidine with I-131 radionuclide (B8a)** • Functional magnetic resonance (B8b)** • Brachytherapy (B8c)** • Stereotactic radiosurgery (B8d)** • Intra-arterial chemotherapy or embolization for solid tumors (B8e)** • Radiofrequency ablation and/or cryoablation (B8f)** • Proton Beam Therapy (B8g)**
Cardiology & Heart Surgery (2)	• Dedicated interventional radiology team offered onsite (A10g) • Nuclear medicine integrated SPECT/CT (A10h)
Diabetes & Endocrinology (9)	• PET/MRI or PET/CT scanning offered onsite (A10a or A10b) • Dedicated interventional radiology team offered onsite (A10g) • Nuclear medicine integrated SPECT/CT (A10h) • Diagnostic radioisotope scan (C51a) • Therapeutic radioiodine treatment for Graves' disease (C51b) • Therapeutic radioiodine treatment for thyroid cancer (C51c) • Thyroidectomy (C51d) • Intraoperative PTH assay (C51e) • Intravenous bisphosphonate therapy (C51f)

* Parenthetical references indicate related survey questions. (continued)

** These technologies in Cancer could be provided at an affiliated center within 25 miles of the hospital.

Table 3. Advanced Technologies by Specialty (continued)

Specialty	Technologies*
Gastroenterology & GI Surgery (17)	• PET/MRI or PET/CT scanning offered onsite (A10a or A10b) • 24/7 in-house availability of ultrasound for emergency cases (A10f) • Dedicated interventional radiology team offered onsite (A10g) • Nuclear medicine integrated SPECT/CT (A10h) • Contrast-enhanced ultrasound (A10i) • Ultrasound elastography (USE) (D7a) or magnetic resonance elastography (MRE) (D7b) • Contrast-enhanced ultrasound for liver lesion characterization (D7c) • Capsule endoscopy (D11a) • Endoscopic band ligation/sclerotherapy (D11b) • Esophageal impedance or resolution esophageal manometry (D11c) • Endoscopic retrograde cholangiopancreatography (D11d) • Antroduodenal and full colonic motility studies (D11e) • Esophageal dilation, either bougie or pneumatic (D11f) • Alternative Hemostasis Therapies (Electrocautery, Hemo-Clip application, and Argon plasma coagulation) (D11g) • Deep enteroscopy-single or double balloon (D11h) • Endoscopic ultrasound (D11i) • Sedation-free transnasal endoscopy (D11j)
Neonatology (13)	• PET/MRI or PET/CT scanning offered onsite (A10a or A10b) • Dedicated interventional radiology team offered onsite (A10g) • Continuous video EEG monitoring and reading with telemetry capability and with interpretation and consult by a pediatric neurologist (F12a) • Less than 24-hour turnaround time for HSV PCR for cerebrospinal fluid (F12b) • Formal mechanism to order and send samples for whole genome or whole exome sequencing and then provide interpretation and counseling of the results within 10-days (F12c) • Less than 24-hour turnaround time for comprehensive respiratory viral molecular testing (F12d) • Less than 24-hour turnaround time for amino acid analysis available (F12e) • Less than 24-hour turnaround time for urine organic acid available (F12f) • Rapid (within 6 hours) identification system for positive blood cultures to enable differentiation of key gram-positive bacterial pathogens by genus and major mechanisms of resistance (F12g) • Rapid (within 6 hours) identification system for positive blood cultures to enable differentiation of key gram-negative bacterial pathogens by genus and major mechanisms of resistance (F12h)

* Parenthetical references indicate related survey questions. (continued)

Table 3. Advanced Technologies by Specialty (continued)

Specialty	Technologies*
Neonatology (13)	• Fluoroscopic procedures (upper GI, contrast enema, esophagram, and contrast voiding studies) conducted or supervised on-site by Pediatric Radiologists (F12i) • Rapid identification system (within 24 hours) for bacterial/viral infection in CSF (Meningitis Encephalitis Panel) (F12j) • Less than 24-hour turnaround time for rapid plasma reagin (RPR) (F12k)
Nephrology (1)	• PET/MRI or PET/CT scanning offered onsite (A10a or A10b)
Neurology & Neurosurgery (13)	• PET/MRI or PET/CT scanning offered onsite (A10a or A10b) • 3T MRI offered onsite (A10c) • Dedicated interventional radiology team offered onsite (A10g) • Nuclear medicine integrated SPECT/CT (A10h) • Source localization using high-density EEG and tailored software program(s) (H5a) • Availability of continuously (24/7/365) observed 10-12 system EEG monitoring by EEG technicians, with 24/7 availability for review by a neurophysiologist (H5c) • Transcranial magnetic stimulation (H5d) • Wada Testing (H5e) • Deep Brain Stimulation (H5f) • Responsive neurostimulation (RNS) for medically intractable epilepsy (H5g) • Gene therapy treatment for spinal muscular atrophy (SMA) (H5h) • Gene therapy treatments for neurological diseases other than spinal muscular atrophy (H5i) • Access to MEG for epilepsy evaluation integrated into the care plan of patients (H5j)
Orthopedics (3)	• PET/MRI or PET/CT scanning offered onsite (A10a or A10b) • Dedicated interventional radiology team offered onsite (A10g) • Nuclear medicine integrated SPECT/CT (A10h)
Pulmonology & Lung Surgery (2)	• PET/MRI or PET/CT scanning offered onsite (A10a or A10b) • Dedicated interventional radiology team offered onsite (A10g)
Urology (6)	• PET/MRI or PET/CT scanning offered onsite (A10a or A10b) • Dedicated interventional radiology team offered onsite (A10g) • Nuclear medicine integrated SPECT/CT (A10h) • Contrast-enhanced ultrasound (A10i) • Video pediatric urodynamic fluoroscopy (K7) • Contrast-enhanced voiding urosonography (ceVUS) (K26)

* Parenthetical references indicate related survey questions.

Clinical Support Services Offered (All Specialties)

Many hospitals provide access to medical and surgical clinical support services through the hospital's health system, a local community network, or a contractual arrangement or joint venture with another provider in the community. On- and offsite services received equal credit. For all specialties, except for Behavioral Health, up to 16 services are included in the clinical support services, depending on specialty. Data came from the Pediatric Hospital Survey. For eligible

hospitals, specialty-specific mixes of medical and surgical services are used in computing the points for this measure. ***Table 4*** presents the complete list of medical and surgical services considered for each specialty, except for Behavioral Health. Definitions can be found in the glossary in ***Appendix B***.

Table 4. Clinical Support Services by Specialty (Except Behavioral Health)

Clinical Support Service*	Cancer	Cardiology & Heart Surgery	Diabetes & Endocrinology	Gastroenterology & GI Surgery	Neonatology	Nephrology	Neurology & Neurosurgery	Orthopedics	Pulmonology & Lung Surgery	Urology
Neonatal intensive care unit (A7a)	●	●	●	●		●	●	●	●	●
Pediatric intensive care unit (A7b)	●	●	●	●		●	●	●	●	●
Patient care rooms with protective environment (A7c)	●									
Genetic testing/counseling (A7d)	●		●	●	●					
Palliative care program (A7e)	●	●	●	●	●	●	●	●	●	●
Rehabilitation program and consultation service (A7f)	●	●	●	●		●	●	●	●	●
Maternal fetal medicine or fetal treatment program (A7g)					●		●			
Sport injury prevention program (A7h)								●		
Pediatric physiatrist or rehabilitation specialist (A7i)	●	●	●	●		●	●	●	●	●
Vascular tumor program (A35)	●	●	●	●	●	●	●	●	●	●
Pediatric pain management program available onsite 24/7 (A8a)	●	●	●	●	●	●	●	●	●	●
Multidisciplinary pediatric acute pain/sedation service available onsite 24/7 hours a day (A8b)	●	●		●	●	●	●	●	●	●
Recognized Tuberous Sclerosis Complex (TSC) Alliance Clinical Center (H21b)							●			
Dedicated FTE support for the medical director of kidney transplantation (G44)						●				
Pediatric orthopedic surgery ACGME fellows (I6.1a)**								●		
Total Elements	**10**	**8**	**8**	**9**	**6**	**9**	**10**	**11**	**8**	**8**

* Parenthetical references indicate related survey questions.
** Hospitals received two points for Pediatric orthopedic surgery ACGME fellows (I6.1a).

For the Behavioral Health specialty, the following medical and surgical services were considered when awarding points, with equal credit for on- and offsite services:

- Provide coordination of care to ensure that the patient has a follow-up plan post-discharge for the identified behavioral health concern(s) (L19a)
- Schedule or offer follow-up appointments within 7 days (inpatient psychiatric unit discharge) with a licensed behavioral health provider in the institution's behavioral health program or within the community (L19b)
- Provide a list of psychiatric medications to the patient's licensed behavioral health provider and their primary care provider within the institution or the community (L19c)
- Provide the family with any psychiatric prescriptions and a list of medications prescribed, at the time of discharge (L19d)
- Provide a discharge summary to the patient's licensed behavioral health provider and their primary care provider within the institution or the community (L19e)
- Communicate with patients' licensed behavioral health provider or primary care provider if there has been stated concern that the patient was a potential danger to self or had significant impairing challenges that impacted functioning (e.g., self-injurious behaviors, aggression) (L19f)
- For patients with concerns of suicidality during hospitalization, evaluate for suicide risk at time of discharge (i.e., determine there is no acute risk of suicidal behavior prior to discharge from hospital) (L19g)
- Make post-discharge follow-up calls for discharged patients to determine whether they have followed through with discharge recommendations and have seen their new licensed behavioral health provider OR reestablished care with their current behavioral health provider (L19h)
- Provide coordination of care to ensure that the patient has a follow-up plan post-discharge for the identified behavioral health concern(s) (L20a)
- Schedule or offer follow-up appointments within 30 days (inpatient medical unit discharge) with a licensed behavioral health provider in the institution's behavioral health program or within the community (L20b)
- Provide a list of psychiatric medications to the patient's licensed behavioral health provider and their primary care provider within the institution or the community (L20c)
- Provide the family with any psychiatric prescriptions and list of medications prescribed, at the time of discharge (L20d)
- Provide a discharge summary to the patient's licensed behavioral health provider and their primary care provider within the institution or the community (L20e)
- Communicate with patient's licensed behavioral health provider or primary care provider if there has been stated concern that the patient was a potential danger to self or had significant impairing challenges that impacted functioning (e.g., self-injurious behaviors, aggression) (L20f)
- For patients with concerns of suicidality during hospitalization, evaluate for suicide risk at time of discharge (i.e., determine there is no acute risk of suicidal behavior prior to discharge from hospital) (L20g)

- Make post-discharge follow-up calls for discharged patients to determine whether they have followed through with discharge recommendations and have seen their new licensed behavioral health provider OR reestablished care with their current behavioral health provider (L20h)

Commitment to Clinical Research (All Specialties)

Networks, clinical trials, and other research activities advance the ability of the field to treat pediatric patients and also enhance care by making new or novel treatments available at centers that participate in such research.

Cancer (15 points). Hospitals received up to 15 total points for participating in clinical research activities such as clinical trials or other translational research activities. Hospitals received up to 3 points for participating in cancer research networks such as the Children's Oncology Group (B24a), National Cancer Institute (NCI) Phase 1/Pilot Consortium (B24b), or another cancer-related organized clinical research network (B24d). Hospitals could receive up to an additional 3 points for NCI designation: 3 points if the hospital is an NCI-designated center (B24c), 2 points if the hospital is an NCI consortium partner (B24.1), or 1 point if the hospital is an affiliate of an NCI-designated cancer center (B24.1). Hospitals received 1 point for having a Phase I clinical trial (translational research) available during the past 2 years (B25a) and 1 point for having a Phase II clinical trial available during the past 2 years (B25b). Hospitals received up to 5 points for engaging in clinical trials in these specific areas: leukemia/lymphoma only (B26a), solid tumors only (B26b), central nervous system (CNS) tumors only (B26c), transplants only (B26d), and trials that are not disease-specific (B26e). Hospitals also received up to 2 points for publishing a peer-reviewed publication (B37); 1 point if the program published at least one peer-reviewed publication and reported having at least one attending/on-staff pediatric hematologist/oncologist (B2a) and 1 point if the program published at least one peer-reviewed publication and reported having at least one attending/on-staff pediatric radiation oncologist (B2c).

Cardiology & Heart Surgery (5 points). Hospitals received points for participating in externally audited, national quality improvement research networks. Hospitals received up to 3 points for participating and contributing data organizations. Hospitals were awarded 1 point for participating in one, two, or three of the following organizations; 2 points for participating in four, five, or six of the following organizations; or 3 points for participating in more than six of the following organizations:

- Society of Thoracic Surgeons (E29a)
- Congenital Heart Surgeons' Society (E29b)
- National Pediatric Cardiology Quality Improvement Collaborative (E29c)
- Congenital Cardiac Anesthesia Society database (E29d)

- ELSO registry (E29e)
- Pediatric Cardiac Critical Care Consortium or Virtual Pediatric Intensive Care Unit (ICU) System (E29f)
- Pediatric Heart Transplant Study (E29g)
- Cardiac Neurodevelopmental Outcome Collaborative (CNOC) (E29h)
- Pediatric Acute Care Cardiology Collaborative (PAC3) (E29i)
- Pedimacs Registry (FDA Database for Ventricular Assist Devices) "and/or" ACTION Learning Network (E29j)
- ACC Adult Congenital and Pediatric Cardiology Quality Network (E29k)
- Fetal Heart Society (E29l)
- Fontan Outcome Network (E29m)
- The Consortium of Congenital Cardiac Care-Measurement of Nursing Practice (C4-MNP) (E29n)
- Other externally audited national quality improvement initiatives (E29o/E29.1)

Hospitals received up to 2 additional points based on the number of types of investigative studies they participate in (E30). Hospitals were awarded 1 point for participating in one or two of the following types of studies or 2 points for participating in three or more of the following types of studies: single institution retrospective studies and multi-institutional retrospective studies; basic science studies with extramural funding; prospective clinical trials or studies with industry funding; or prospective clinical trials or studies with competitive extramural funding.

Diabetes & Endocrinology (3 points). Hospitals received up to 3 points based on the number of active studies or trials that are either physiologic studies or give patients access to novel, unlabeled medications, diagnostic/monitoring devices, or treatment options (C67/C68). Hospitals received 1 point for participating in 1 to 6 studies, 2 points for participating in 7 to 11 studies, or 3 points for participating in 12 or more studies in the past year.

Gastroenterology & GI Surgery (7 points). Hospitals received up to 4 points for participating in externally audited, national quality improvement research networks. Hospitals received 1 point each for participating in prospective research activities: randomized clinical trials (D15a), observational studies (D15b), clinical databases on patient care (D15c), or nonrandomized clinical trials (D15d). Hospitals received up to 3 additional points for having Institutional Review Board (IRB)-approved studies being led by the Pediatric Gastroenterology & GI Surgery or Pediatric Surgery programs (D16): 1 point for 1 to 6 studies, 2 points for 7 to 11 studies, or 3 points for 12 or more studies.

Neonatology (4 points). Hospitals received up to 4 total points for participating in externally audited, national NICU treatment and quality improvement research networks. Hospitals received up to 3 points for participation in the following organizations:

- Vermont Oxford Network, Children's Hospitals Neonatal Consortium or Child Health Corporation of America database (F24a)
- ELSO data exchange network/registry (F24b)
- Other clinical research or data exchange program (F24c/24.1)

Hospitals received 1 additional point for participating in clinical research activities, registered on clinicaltrials.gov, that allow patients access to novel medications or experimental treatment options (F25).

Nephrology (4 points). Hospitals received points for participating in externally audited national quality improvement research networks. Hospitals received 1 point for participating in specialty-specific clinical research activities that allow patients access to novel medications or experimental treatment options in the past 2 years (G39). Hospitals received up to 3 additional points for participation in research and quality improvement collaboratives. Hospitals were awarded 1 point for participating in one to two of the following collaboratives, 2 points for participating in three to five of the following collaboratives, or 3 points for participating in six or more of the following collaboratives:

- Midwest Pediatric Nephrology Consortium or Pediatric Nephrology Research Consortium (G40a)
- International Pediatric Dialysis Network (G40b)
- North American Pediatric Renal Trials and Collaborative Studies (G40c)
- Nephrotic Syndrome Study Network (G40d)
- Cure GN (G40e)
- Chronic Kidney Disease in Children cohort study (G40f)
- Standardizing Care to Improve Outcomes in Pediatric End-stage Renal Disease (SCOPE) collaborative (G40g)
- Neonatal Kidney Collaborative (G40h)
- Improving Renal Outcomes Collaborative (G40i)

Neurology & Neurosurgery (4 points). Hospitals received 1 point for belonging to each of the following networks: Neurofibromatosis Clinic Network (NFCN) (H21a) and Mitochondrial Care Network (H21c). Additionally, hospitals received up to 2 points for actively enrolling or studying patients in unique, IRB-approved pediatric clinical studies, trials, registries, or databases (H6). Hospitals received 1 point for participation in NIH-funded activities and 1 point for non–NIH funded activities.

Orthopedics (1 point). Hospitals received 1 point for participating in one or more IRB-approved trials, studies, or databases, such as prospective randomized clinical trials, prospective observational studies, or prospective clinical database on patient care (I38).

Pulmonology & Lung Surgery (3 points). Hospitals received 1 point for participating in one or more IRB-approved trials, studies, or databases, such as prospective randomized clinical trials, prospective observational studies, or prospective clinical database on patient care (J51). Hospitals received 2 points for being a member of all four of the following research networks, or 1 point for being a member of at least one but fewer than four of the following research networks: Children's Interstitial Lung Disease Foundation (J52a); Therapeutics Development Network of the CF Foundation (J52b); PCD Foundation Clinical and Research Centers Network (J52c); and BPD Collaborative with direct involvement by the Pediatric Pulmonology and Lund Surgery program (J52d).

Urology (4 points). Hospitals received up to 4 total points for participating in the following prospective research activities: randomized clinical trials (K18a), observational studies (K18b), clinical databases on patient care (K18c), or clinical collaboration to track and improve clinical outcomes (K18d).

Behavioral Health (4 points). Hospitals received up to 4 total points for participating in the following prospective research activities: 1 point each for participating in collaborative research networks with a primary focus on behavioral health (L9), or clinical trials or novel treatments for specific behavioral health conditions (L10), and up to 2 points for actively enrolling patients in IRB-approved trials, studies, registries, or databases (L35).

Commitment to Quality Improvement (All Specialties)

Hospitals received points in all specialties for participation in quality improvement activities. Such activities promote internal review and improvement programs and procedures that often lead to improvements in care. The number of points varies by specialty from 10 to 16 points. In all specialties, hospitals could receive up to 5 points for participating in the following quality improvement activities:

- 1 point for publicly reporting performance data on one or more quality metrics (A16 and A16.1);
- up to 2 points for sponsoring quality improvement activities that provide credit to physicians for MOC Part IV (A17):
- 2 points for being approved by the American Board of Medical Specialties (ABMS) as a multispecialty portfolio program (MSPP) sponsor, or for being approved by the American Board of Pediatrics (ABP) as a pediatric portfolio sponsor;
- 1 point for sponsoring one or more projects that are approved by the ABP;
- up to 2 points for having a physician or nurse serve as a designated Chief Quality/Safety Officer (A41):
- 2 points for at least .50 FTE;
- 1 point for at least .25 FTE but less than .50 FTE.

In all specialties (except for Behavioral Health), hospitals received up to 5 points for displaying data on the hospital website for each of the following quality metrics (A52): central line–associated bloodstream infection (CLABSI), hand hygiene compliance, patient experience, surgical site infection after specified procedures, and other quality metrics. Additionally, in all specialties (except for Behavioral Health) hospitals received up to 2 points for participating in national quality and safety collaboratives such as the American College of Surgeons National Surgical Quality Improvement Program, Children's Hospital Solutions for Patient Safety learning network, American College of Surgeons Children's Surgery Program, or Child Health Patient Safety Organization (or other PSO) (A30a-e, A30.1): 2 points for participating in more than one of the collaboratives and 1 point for participating in only one of the collaboratives.

In Cancer, hospitals received up to additional 3 points (15 points total): 1 point for participating in the Solutions for Patient Safety or other formal consortia for pediatric cancer–related organized quality improvement (B23.2), 1 point for having a pediatric cancer quality committee with an identified medical leader/director that meets at least monthly (B23.4), and 1 point for publishing at least one manuscript focused on quality improvement (QI) topics in the last 2 calendar years (B36).

In Gastroenterology & GI Surgery, hospitals received 1 additional point (13 points total) for participating in any formal, multicenter (three or more institutions) initiatives targeted to GI or liver disorders (D14 and D14.1).

In Neonatology, hospitals received up to 4 additional points (16 points total) if the quality initiatives (QI) included having a specified quality improvement or safety leader and including a parent or family member. Hospitals received 1 point for having a safety leader with formal training in QI and less than 0.5 FTE devoted to quality improvement or safety and 2 points for 0.5 FTE or more (F28). Hospitals received 1 point for having a parent/family member of a former NICU patient involved in one or more initiatives as an integral member of the QI/safety team (F28.1). Hospitals received 1 point for offering a structured program for ongoing QI or clinical pathway development at referring hospitals within their region.

In Nephrology, hospitals received an additional 1 point (13 points total) for having a system in place to identify and track the frequency of hospital-acquired acute kidney injury (AKI) and describing how this information is tracked and used to reduce the frequency of hospital-acquired AKI (G42 and G42.1).

In Behavioral Health, hospitals received an additional 5 points (10 points total). Hospitals received 1 point for actively engaging each of the four specialties that comprise Behavioral Health in

QI projects designed to improve care (L11.2). Hospitals received an additional point for having an active QI project designed to reduce staff injuries in the delivery of care to patients (L32d).

Congenital Heart Program (Cardiology & Heart Surgery)

In Cardiology & Heart Surgery, hospitals received up to 23 points for having a congenital heart program. Hospitals were rewarded for tracking and reporting data for their congenital heart surgery program and for the volume and type of congenital heart surgeries offered:

- Hospitals received 1 point for having at least two congenital heart surgeons who actively participated in 75 or more congenital heart procedures as primary or first assistant in the past calendar year (E39).
- Hospitals could receive up to 8 points based on the mechanism for determining and reporting volume and outcomes measures. For each of the past four reporting years, hospitals received 2 points each year for reporting to the Society of Thoracic Surgeons (STS) Congenital Heart Surgery Database or 1 point for reporting to another organization (E18).
- Hospitals received 1 point for treating one to four patients with a Berlin Heart or other ventricular assist device or 2 points for treating five or more patients (E26).
- Hospitals received up to 8 points based on the number of cardiac surgical procedures performed in the operating room in the four reporting years: 1 point for 1-124 surgeries/year or 2 points for 125 or more surgeries/year (E38).
- Hospitals received up to 3 points based on the number of neonatal cardiac operations: 1 point for 1-44 operations, 2 points for 45-89 operations, or 3 points for 90 or more operations (E20.1).
- Hospitals received 1 point if they conduct Transcatheter Aortic Valve Replacement (TAVR) (E13).

ECMO Availability (Neonatology)

In Neonatology, hospitals received up to 2 points for extracorporeal membrane oxygenation (ECMO) services. ECMO technology involves a pump that circulates blood through an artificial lung back into the bloodstream of a very ill neonate, essentially providing heart-lung bypass support outside the child's body.

Hospitals received 1 point for having an ECMO program designated by ELSO as a Center for Excellence (A9).

Hospitals received 1 point for having a specialized multidisciplinary ECMO team with neonatologists managing or co-managing the patient (F14c).

Emergency Department and Urgent Care for Behavioral Health (Behavioral Health)

In Behavioral Health, hospitals received up to 14 points for services that hospitals offer for behavioral health within the Emergency Department (ED) or urgent care.

- Hospitals received 4 points if they have a specialized Psychiatric ED, 3 points if they have a General ED with dedicated behavioral health staff onsite, 2 points if they have a General ED with behavioral health staff on call, and one point if they have a General ED without coverage for behavioral health (L21).
- Hospitals received points for providing the following methods to assess patients in the ED who indicated potential danger to themselves or had significant impairing challenges that impacted functioning (L22):
- 3 points if in-person assessments are used by behavioral health staff
- 2 points if video or televideo conference assessments are used by behavioral health staff
- 1 point if telephone call assessments (without video) are used by behavioral health staff
- Hospitals received 1 point each (for a total of 7 points) for the following discharge practices in their ED (L23):
- Providing coordination of care to ensure follow-up plan for the behavioral health concern
- Scheduling, offering, or confirming a follow-up appointment within 7 days with a licensed behavioral health provider
- Providing a list of medications to the patient's licensed behavioral health provider and primary care provider, if applicable
- Providing a discharge summary to the patient's licensed behavioral health provider and primary care provider
- Communicating with the primary care provider if the patient presented as a potential danger to self
- Performing an assessment of suicidality if risk of suicide was identified as a reason for the visit
- Making post-discharge follow-up calls to determine whether patients had followed through with discharge recommendations and had seen their new licensed behavioral health provider or reestablished care with their current behavioral health provider

Enlists Families in Structuring Care (All Specialties)

This measure reflects the extent to which a hospital involves parents and families in care. It includes a core set of measures that applied to all pediatric specialties and was worth up to 7 points in all specialties except Neonatology, in which 8 points were possible. Hospitals received 1 point for having a parent advisory committee that meets one to three times a year or 2 points for having a committee that meets (either in person or virtually) four or more times a year (A14.1).

Hospitals received up to 4 additional points for meeting the following requirements: At least one parent or family member is an active member of the strategic or facility committee (A15a); at least one parent or family member is an active member of one or more standing committees (e.g., QI, patient safety, ethics) (A15b); parents or family members are regularly involved in clinical decision-making through such ways as family-centered rounds, care conferences, or other participatory programs (A15c); and parents or family members can participate in family-centered rounds (A15d).

Hospitals received 1 additional point for describing the impact of patients' family members on advisory committees (A15.1).

In Neonatology, hospitals could receive 1 additional point (for a total of 8 points) for having a NICU-specific parent advisory committee that meets at least quarterly (F9).

Has Full-time Subspecialists Available (All Specialties)

This measure evaluates the presence of a variety of physician specialists, surgeons, and dedicated full-time medical staff who are critical to the delivery of appropriate care by pediatric hospitals. ***Table 5*** identifies the relevant specialists, surgeons, and other medical staff for each pediatric specialty. Hospitals received 1 point for each appropriate specialist or surgeon relevant to the specialty.

Table 5. Subspecialists by Specialty

Cancer* (22 points)	Points
Having at least one of each of the following physician specialists: • Pediatric anesthesiologist (A4a) • Pediatric critical care specialist (A4b) • Pediatric radiologist (A4c) • Radiologist specializing in pediatric interventional radiology (A4d) • Pediatric infectious disease specialist (A4f) • Radiologist specializing in pediatric neuroradiology (A4g) • Pediatric pathologist (A4h)	7
Having at least one of each of the following pediatric surgeons: • Pediatric otolaryngology surgeon (A5a) • Pediatric cardiothoracic surgeon (A5b) • Pediatric general surgeon (A5c) • Pediatric neurosurgeon (A5d) • Pediatric ophthalmology surgeon (A5e) • Pediatric orthopedic surgeon (A5f) • Pediatric urology surgeon (A5g) • Pediatric plastic surgeon (A5h) • Vascular surgeon with pediatric experience (A5j) • Pediatric critical care surgeon (A5k) • Pediatric and adolescent gynecology (PAG) surgeon (A5m)	11
Having at least one of the following other medical staff: • Pediatric hematologists/oncologists (B2a) • Other attending on-staff physicians with specific involvement in pediatric cancer program (B2b) • Pediatric radiation oncologists (B2c) • Nurse practitioner and/or physician assistant (B3a and B3b)	4

* Parenthetical references indicate related survey questions. (continued)

Table 5. Subspecialists by Specialty (continued)

Cardiology & Heart Surgery* (22 points)	Points
Having at least one of each of the following physician specialists: • Pediatric anesthesiologist (A4a) • Pediatric critical care specialist (A4b) • Pediatric radiologist specializing in diagnostic radiology (A4c) • Radiologist specializing in pediatric interventional radiology (A4d) • Pediatric infectious disease specialist (A4f)	5
Having at least one of each of the following pediatric surgeons: • Vascular surgeon with pediatric experience (A5j) • Pediatric critical care surgeon (A5k)	2
At least two of the following staff: • Pediatric cardiothoracic surgeon (E2a) • Pediatric cardiac intensivists (cardiologists, pediatric critical care or anesthesiologists) or pediatric radiologists (E2b, E2c, E2d, or E2h) • Pediatric cardiac interventionalists (E2e)	3
At least one of the following staff: • Pediatric cardiac electrophysiologist (E2f) • Anesthesiologist with pediatric cardiac anesthesia experience (E2g) • Cardiologist with subspecialty certification in adults with congenital heart disease (E2i)	3
At least 1.0 FTE of clinical nurse, advanced registered nurse practitioner, advanced practice registered nurse, or physician assistant (E4a, E4b, and E4c)	1
Up to 2 points for 24/7 in-house coverage of the cardiac ICU: • 2 points if staffed with pediatric intensivists; pediatric cardiology, pediatric cardiac intensive care or pediatric cardiac surgery trainees; or non-physician advanced practice providers (APPs) dedicated to cardiac intensive care management (E3.1) • 1 point if staffed with other medical staff (E3.1 and E3.2)	2
Up to 3 points for the type of 24-hour in-house coverage provided every day to the cardiac-specific ICU (E3): • 3 points for having a dedicated Cardiac ICU (CICU) • 2 points for having a dedicated section of a Pediatric ICU (PICU) and/or NICU • 1 point for having a PICU and/or NICU without a dedicated CICU section	3
Having eligible RNs working in the CICU (or dedicated beds in the PICU) meet the following thresholds: • Less than 20% with less than 2 years of cardiac critical care experience (E4d) • At least 80% with a Bachelor of Science in Nursing (BSN) or higher degree (E4e) • At least 10% with CCRN certification for critical care nursing from the American Association of Critical Care Nurses (AACN) (E4f)	3
Diabetes & Endocrinology* (14 points)	**Points**
Having at least one of each of the following physician specialists: • Pediatric anesthesiologist (A4a) • Pediatric critical care specialist (A4b) • Pediatric radiologist specializing in diagnostic radiology (A4c) • Radiologist specializing in pediatric interventional radiology (A4d) • Pediatric rheumatologist (A4e) • Pediatric infectious disease specialist (A4f)	6

* Parenthetical references indicate related survey questions. (continued)

Table 5. Subspecialists by Specialty (continued)

Diabetes & Endocrinology* (14 points)	Points
Having at least one of each of the following pediatric surgeons: • Pediatric head and neck surgeon (A5a) • Pediatric general surgeon (A5c) • Pediatric neurosurgeon (A5d) • Pediatric critical care surgeon (A5k) • PAG surgeon (A5m)	5
At least one of the following staff: • Pediatric endocrinologist (C2a) • Nurse practitioner and/or physician assistant (C3)	2
At least 1.0 FTE Registered nurse (C4) spent in outpatient clinical care	1
Gastroenterology & GI Surgery* (13 points)	**Points**
Having at least one of each of the following physician specialists: • Pediatric anesthesiologist (A4a) • Pediatric critical care specialist (A4b) • Pediatric radiologist specializing in diagnostic radiology (A4c) • Radiologist specializing in pediatric interventional radiology (A4d) • Pediatric infectious disease specialist (A4f)	5
Having at least one of each of the following pediatric surgeons: • Pediatric general surgeon (A5c) • Pediatric critical care surgeon (A5k) • Liver transplant surgeon with pediatric experience (A5l) • PAG surgeon (A5m)	4
Having at least one of each of the following other medical staff: • Pediatric gastroenterologist (D2a) • Nurse practitioner and/or physician assistant (D3) • Dedicated social workers (D3.1a), dedicated psychologists (D3.1b), dedicated dietitians (D3.1c), or dedicated patient care coordinators (D3.1d)	3
Having at least 1.0 FTE pediatric surgeon available 7 days a week (D2.2)	1
Neonatology* (18 points)	**Points**
Having at least one of each of the following physician specialists: • Pediatric anesthesiologist (A4a) • Pediatric critical care specialist (A4b) • Pediatric radiologist specializing in diagnostic radiology (A4c) • Radiologist specializing in pediatric interventional radiology (A4d) • Pediatric infectious disease specialist (A4f) • Radiologist specializing in pediatric neuroradiology (A4g)	6

* Parenthetical references indicate related survey questions.

(continued)

Table 5. Subspecialists by Specialty (continued)

Neonatology* (18 points) (continued)	Points
Having at least one of each of the following pediatric surgeons: • Pediatric head and neck surgeon (A5a) • Pediatric cardiothoracic surgeon (A5b) • Pediatric general surgeon (A5c) • Pediatric neurosurgeon (A5d) • Pediatric ophthalmology surgeon (A5e) • Pediatric orthopedic surgeon (A5f) • Pediatric urology surgeon (A5g) • Pediatric plastic surgeon (A5h) • PAG surgeon (A5m)	9
Having at least one pediatric neonatologist (F2a)	1
Having at least one of the following: • Clinical registered nurse (F4a) • Advanced practice provider (F3)	2
Nephrology* (9 points)	**Points**
Having at least one of each of the following physician specialists: • Pediatric anesthesiologist (A4a) • Pediatric critical care specialist (A4b) • Pediatric radiologist specializing in diagnostic radiology (A4c) • Radiologist specializing in pediatric interventional radiology (A4d) • Pediatric infectious disease specialist (A4f)	5
Having at least one of the following pediatric surgeons: • Pediatric general surgeon (A5c) • PAG surgeon (A5m)	2
Having at least one of the following other medical staff: • Pediatric nephrologist (G2a) • Nurse practitioner and/or physician assistant (G3)	2
Neurology & Neurosurgery* (16 points)	**Points**
Having at least one of each of the following physician specialists: • Pediatric anesthesiologist (A4a) • Pediatric critical care specialist (A4b) • Pediatric radiologist specializing in diagnostic radiology (A4c) • Radiologist specializing in pediatric interventional radiology (A4d) • Pediatric infectious disease specialist (A4f) • Radiologist specializing in pediatric neuroradiology (A4g)	6
Having at least one of each of the following pediatric surgeons: • Pediatric general surgeon (A5c) • Pediatric neurosurgeon (A5d) • Pediatric vascular surgeon (A5j)	3

* Parenthetical references indicate related survey questions. (continued)

Table 5. Subspecialists by Specialty (continued)

Neurology & Neurosurgery* (16 points) (continued)	Points
Having at least one of the following other medical staff: • Pediatric neurologist (H2a) • Pediatric neurosurgeon (H2b) • Pediatric epilepsy neurologist (H2c) • Pediatric stroke neurologist (H2d) • Nurse practitioner and/or physician assistant (H3)	5
Having at least 1.0 FTE of nurses with advanced neurologic certification (H4)	1
Having at least 1.0 FTE dietitian dedicated to Ketogenic Diet planning and implementation with patients (H5.1)	1
Orthopedics* (21 points)	**Points**
Having at least one of each of the following physician specialists: • Pediatric anesthesiologist (A4a) • Pediatric critical care specialist (A4b) • Pediatric radiologist specializing in diagnostic radiology (A4c) • Pediatric radiologist specializing in interventional radiology (A4d) • Pediatric rheumatologist (A4e) Pediatric infectious disease specialist (A4f)	6
Having at least one of each of the following pediatric surgeons: • Pediatric general surgeon (A5c) • Pediatric orthopedic surgeon (A5f) • Pediatric plastic surgeon (A5h) • Pediatric hand surgeon (A5i) • Pediatric vascular surgeon (A5j) • Pediatric orthopedic surgery resident (I6.1b)	6
Having at least one of each of the following specialists: • Hand surgery (I6a) • Spinal surgery (I6b) • Musculoskeletal oncologist (I6c) • Orthopedic sports surgeons (I6d) • Hip preservation specialist (I6e) • Musculoskeletal radiologist (I6f)	6
Having at least one of the following other medical staff: • Pediatric orthopedic surgeon (I2a) • Nurse practitioner and/or physician assistant (I3)	2
• Having at least 1.0 FTE dedicated clinical registered nurses or medical assistants (I4)	1
Pulmonology & Lung Surgery* (11 points)	**Points**
Having at least one of each of the following physician specialists: • Pediatric anesthesiologist (A4a) • Pediatric critical care specialist (A4b) • Pediatric radiologist specializing in diagnostic radiology (A4c) • Radiologist specializing in pediatric interventional radiology (A4d) • Pediatric infectious disease specialist (A4f)	5

* Parenthetical references indicate related survey questions.

(continued)

Table 5. Subspecialists by Specialty (continued)

Pulmonology & Lung Surgery* (11 points) (continued)	Points
Having at least one of each of the following pediatric surgeons: • Pediatric general surgeon (A5c) • Pediatric vascular surgeon (A5j)	2
Having at least one of the following other medical staff: • Pediatric pulmonologist (J2a) • Pediatric sleep medicine physician (J2b) • Nurse practitioner and/or physician assistant (J3)	3
Having at least 1.0 FTE clinical registered nurse in the outpatient program (J4)	1
Urology* (12 points)	**Points**
Having at least one of each of the following physician specialists: • Pediatric anesthesiologist (A4a) • Pediatric critical care specialist (A4b) • Pediatric radiologist specializing in diagnostic radiology (A4c) • Pediatric radiologist specializing in interventional radiology (A4d) • Pediatric infectious disease specialist (A4f)	5
Having at least one of each of the following pediatric surgeons: • Pediatric general surgeon (A5c) • Pediatric urology surgeon (A5g) • Pediatric plastic surgeon (A5h) • PAG surgeon (A5m)	4
Having at least one of the following other medical staff: • Pediatric urologist (K2a) and/or other attending pediatric urologists who are not certified/eligible for the CAQ in pediatric urology from the ABU (K2b) • Nurse practitioner and/or physician assistant (K3)	2
Having at least 1.0 FTE clinical registered nurse (K4)	1
Behavioral Health* (10 points)	**Points**
Having at least one of the following physician specialists: • Child and adolescent psychiatrists (L2a) • Pediatric or child and adolescent clinical psychologists or neuropsychologists (L2b) • Developmental-behavioral pediatricians or neurodevelopmental disabilities physician (L2c) • Adolescent medicine physicians (L2d)	4
Having at least one of the following other medical staff: • Nurse practitioner or physician assistant (L3a/L3b) • Clinical registered nurse (L3c)	2
Having at least 1.0 FTE of the following nurse practitioners and clinical nurses (RNs) with the following certifications: • Nurse practitioner with the Psychiatric-Mental Health Nurse Practitioner (PMHNP-BC) certification or board-certified Psychiatric and Mental Health Clinical Nurse Specialists (PMHCNS) (L4a) • Clinical nurses (RN) with the Child/Adolescent Psychiatric-Mental Health Clinical Nurse Specialist certification (PMHCNS-BC), the Pediatric Primary Care Mental Health Specialist (PMHS) certification, Psychiatric-Mental Health-Board Certified (PMH-BC) certification, Certified Pediatric Nurses (CPN) certification, or other equivalent nursing certifications focused on behavioral healthcare (L4b)	2

* Parenthetical references indicate related survey questions.

Table 5. Subspecialists by Specialty (continued)

Behavioral Health* (10 points) (continued)	Points
Having at least one of the following master's degree level staff who are licensed to practice independently: • Licensed marriage, family, and child counselors (MFCC), Licensed Professional Counselors (LPC), Licensed Clinical Professional Counselors (LCPC), or Licensed Mental Health Counselor (LMHC) (L5a) • Licensed Clinical Social Workers (LCSW), Licensed Independent Social Workers (LISW), Licensed Master's Social Workers (LMSW), or other licensed social workers (L5b) • Board-certified behavior analysts (BCBA) (L5c) • Other master's degree level counselors not covered above with state licensing (L5d)	1
Having at least one Child Neurology (L7a) pediatric subspecialist	1

* Parenthetical references indicate related survey questions.

Heart Transplant Program (Cardiology & Heart Surgery)

In Cardiology & Heart Surgery, hospitals received up to 9 points for having a heart transplant program. Hospitals received 1 point for having an onsite heart or heart-lung transplant program recognized by the United Network for Organ Sharing (UNOS) (E21). Hospitals received up to 3 points based on the number of unique patients who received heart transplants in the past 4 years combined (E22): 1 point for 1-7 transplants, 2 points for 8-15 transplants, and 3 points for 16 or more transplants. Three additional points were awarded based on the number of patients < 1 year of age who received heart transplants in the past 4 years (E22.1): 1 point for 1-4 patients, 2 points for 5-9 patients, and 3 points for 10 or more patients. Hospitals also received 1 point for having performed cardiac transplantation in a recipient with high ($\geq$ 10%) panel reactive antibody (PRA) (E25a) and 1 point for having performed an ABO-incompatible heart transplant (E25b).

Help for Families (All Specialties)

The Patient and Family Services measure evaluates access to medical specialists and services. A core set of submeasures for all specialties is worth up to 8 points, which includes providing direct access to certified child life specialists (A12a), family-support specialists (A12b), pediatric behavioral health support (psychologists, psychiatrists, licensed clinical social workers, other licensed counselors, etc.) (A12c), a family resource center (A13a), sleep rooms for family members or guardians (A13b), a school intervention program (A13c), and a Ronald McDonald House (or other residential facility) (A13d). Hospitals could also receive 1 additional point for having direct access to interpreter services[f] either through having access to in-person interpreters, interpreters through electronic means, or both (A12.1).

[f] For in-person interpreter services having at least 50% certified through the National Board of Certification for Medical Interpreters or the Certification Commission for Healthcare Interpreters.

In Neonatology, hospitals could receive up to 7 additional points (for a total of 15 points). Hospitals received points for offering the following patient and family services: NICU-specific family psychosocial support program (F8a), sibling visitation allowed (F8b), NICU-specific parent-to-parent support groups (F8c), dedicated psychologists or psychiatrists available for referrals and consultations with parents (F8d), Child Life support team available to NICU families (F8e), NICU-dedicated multidisciplinary developmental care team (F8f), and complex discharge coordinator (F8g).

In Nephrology, hospitals could receive up to 7 additional points (for a total of 15 points). Hospitals received 1 point for offering summer camp for kidney transplant patients (G33b). Hospitals received 1 point for participating in a paired kidney donation program (G43). Hospitals received up to an additional 5 points for offering the following programs to support patients in a pediatric maintenance dialysis program: teachers dedicated to working with patients (G9a), a standard review of school performance and patient's Individualized Education Program (G9b), summer camp (G9c), quality of life assessment (G9d), and Child Life specialists (G9e).

In Behavioral Health, hospitals could receive up to 6 additional points (for a total of 14 points). Hospitals received 1 point for each of the following patient and family services: online information resources with information about diagnoses, treatments, and medication options (L12a); parenting webinars or educational sessions (L12b); support groups for patients (L12c); support groups for parents or caregivers (L12d); family-centered rounds for inpatient care (L12e); and family navigators (L12f).

Liver Transplant Program (Gastroenterology & GI Surgery)

In Gastroenterology & GI Surgery, hospitals received up to 4 points for having a liver transplant program. Hospitals received 1 point for having a UNOS-recognized liver transplant program (D20) and up to 3 points based on the number of unique patients who received a liver transplant in the past 5 years (D21a and D22a): 1 point for 1-9 patients, 2 points for 10-19 patients, or 3 points for 20 or more patients.

Lung Transplant Program (Pulmonology & Lung Surgery)

In Pulmonology & Lung Surgery, hospitals received up to 5 points for having a lung transplant program. Hospitals received 1 point for offering a UNOS-recognized lung transplant program (J46). Hospitals received 1 point for performing one lung transplant between January 2019 and June 2021 or 2 points for performing two or more lung transplants between January 2019 and June 2021 (J48a). Hospitals received 1 point for performing one lung transplant between July 2021 and December 2024 or 2 points for performing two or more lung transplants between July 2021 and December 2023 (J47a).

Neonatal Transport (Neonatology)

In Neonatology, hospitals received up to 10 points for ensuring the safety of newborns during transport. Hospitals received up to 4 points for providing a neonatal-specific transport team with each of the following:

- At least one member with at least 1 year of NICU Level III or IV experience on every Neonatal transport (F13a)
- Active servo-controlled cooling on transport for term and near-term infants with hypoxic ischemic encephalopathy (F13b)
- Air transport (helicopter or fixed-wing airplane) (F13c)
- High-frequency ventilation through an endotracheal tube (F13d)

Hospitals received 1 point for tracking temperature at admission for infants cooled during transport by the transport team for the management of hypoxic ischemic encephalopathy (F13.1). Hospitals received an additional 1 point if data on cooling were systematically collected and reported to a benchmarking registry (e.g., Children's Hospital's Neonatal Consortium) or for internal process improvement work (F13.3).

Hospitals received 1 point if the NICU has the capability of providing inhaled nitric oxide therapy during transport with high-risk pre-ECMO patients whenever indicated (F13.4).

Hospitals received 1 point for tracking time to vehicular dispatch for neonatal transport (F13.5). Hospitals received 2 additional points for having ≥ 80% of neonatal transports dispatched within 30 minutes of the call being logged as received or 1 point for having ≥ 40% and < 80% dispatched within 30 minutes (F13.6).

Nurse Staffing (All Specialties)

This measure is a relative ratio of the number of nurses to the average daily patient census. The numerator is the number of on-staff registered nurses (RNs), including contract nurses, hospital-wide who are dedicated to inpatient pediatric clinical care, expressed as FTEs (A2).[g] The denominator is the average daily number of pediatric inpatients in 2024 (A1).[h] The source was the Pediatric Hospital Survey. In Neonatology, the numerator included only direct clinical care RNs in the NICU (F4), and the denominator was the average daily census of NICU patients (F6). For scoring purposes, nurse-patient values were capped at 4.0 in all specialties to prevent skewness.

[g] Hospitals are directed to calculate FTEs based on total paid hours for the period of review divided by 2,080.

[h] This includes inpatient days divided by the number of days that the hospital was open (e.g., 365); hospitals are directed to include all patients admitted to the hospital, including short stays and observation stays.

Percentage of Dialysis Patients Who Had Transplants (Nephrology)

Hospitals received up to 6 points in Nephrology based on the percentage of end-stage renal disease (ESRD) patients with a completed CMS-2728 (Medical Evidence) form receiving hemodialysis or peritoneal dialysis who were over 10 kg (G20.1) who received kidney transplants within the past 2 years (G21). Patients were evaluated separately by age group: children under 5 and children aged ≥ 5 and < 18. For each age group, hospitals received up to 3 points for having a higher percentage of patients receiving transplants as follows: 1 point if ≥ 20% and < 40%, 2 points if ≥ 40% and < 60%, or 3 points if ≥ 60%.

Provides Advanced Palliative Care Program (Cancer)

In Cancer, hospitals received up to 5 points for palliative care. Hospitals could receive up to 2 points for offering the following pain control programs: pediatric pain service consults (B29a), and pediatric outpatient pain management services (B29b).

Hospitals received 1 point for offering a qualified palliative care program onsite (B29.1). A qualified program is defined as one that is organized and staffed for children nearing the end of life or living with conditions that limit lifespan or quality of life. It is intended to minimize pain and discomfort, provide emotional and spiritual support for children and their families, assist with financial guidance and social services, and support decision-making. The program must include at least one physician providing direct patient care and a nurse coordinator and either a social worker, certified child life specialist, or pastoral counselor, and all staff must have training in palliative care.

Hospitals received 1 point for having at least one physician board-certified, or board-eligible, in Hospice and Palliative Medicine (B29.2).

Hospitals received 1 point for having a policy of conducting palliative care consultations 30 days or more prior to death (B30).

Recognized as Nurse Magnet Hospital (All Specialties)

The Nurse Magnet status measure is a formal designation by the Magnet Recognition Program®. The program was developed by the American Nurses Credentialing Center to recognize healthcare organizations that meet certain quality indicators on specific standards of nursing excellence. The list of Magnet-recognized facilities is updated throughout the year as organizations apply for designation and redesignation status. Hospitals received credit based on their Magnet Recognition status as of December 2024. The current list of Magnet-recognized organizations is shown at ***https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization/***.

Hospitals received 1 point for being recognized as a Nurse Magnet hospital. For children's hospitals that are part of a special merger[i] or a multiplex healthcare system, the primary hospital is required to have Magnet Recognition status for the combination hospital to receive 1 point. If there is no defined primary hospital, then if either hospital in the special merger has Magnet Recognition status both receive credit.

Specialized Clinics and Programs (Cancer, Diabetes & Endocrinology, Gastroenterology & GI Surgery, Neonatology, Neurology & Neurosurgery, Orthopedics, Urology, Behavioral Health)

Cancer (5 points). Hospitals received 1 point for each of the following specialized treatment programs: clinical brain tumor program (B10a), solid tumor program that includes limb-sparing surgery for bone tumors (B10b), clinical leukemia/lymphoma program (B10c), comprehensive longer term survivors program (B10d), and histiocytosis program (B10e).

Diabetes & Endocrinology (22 points). Hospitals received up to 2 points for specialized treatment programs for endocrine patients. Hospitals received 1 point for having the following onsite programs and an additional point for each program if pediatric endocrinologists regularly attended the program: lipid disorders (C46a), comprehensive weight management (C46b), Turner syndrome (C46c), cystic fibrosis–related diabetes (C46d), disorders of sexual development (C46e), thyroid nodules (C46f), 22q11.2 Deletion Syndrome (C46g), Muscular Dystrophy (C46h), Prader-Willi Syndrome (C46i), Pediatric Hematology or Oncology (C46j), or Metabolic Bone Disease (C46k).

Gastroenterology & GI Surgery (13 points). Hospitals received 1 point for each of the following interdisciplinary treatment programs for gastrointestinal disorders with at least 10 patients in the last calendar year: intestinal rehabilitation or outpatient Total Parenteral Nutrition (TPN) support (D10a), cystic fibrosis treatment (D10b), aerodigestive (D10i), pancreatic disease (D10j), and anorectal or colorectal program (D10k). Hospitals received 1 point for each of the following interdisciplinary treatment programs for gastrointestinal disorders with at least 20 patients in the last calendar year: pediatric intensive feeding (D10c), multidisciplinary childhood obesity management (D10d), inflammatory bowel disease (D10e), multidisciplinary allergic gastrointestinal disease (D10f), chronic liver disease (D10g), neurogastrointestinal (D10h), celiac disease (D10l), and functional abdominal pain (D10m).

[i] In a special merger, two separate hospitals operate as one and their data are combined for analysis. Boston Children's Hospital and Dana-Farber Cancer Center are an example in pediatric Cancer. Specialty or secondary hospitals that are combined with the primary hospital are noted on the U.S. News website for that hospital.

Neonatology (16 points). Hospitals received up to 16 additional points for providing specialized treatment teams or clinics to deal with particularly challenging conditions. Hospitals received 1 point for each of the following: spina bifida team (F14a), comprehensive retinopathy of prematurity program (F14b), neonatal-neurointensive care program (F14d), palliative care program (F14e), micrognathia team (F14f), chronic lung disease team (F14g), congenital diaphragmatic hernia team (F14h), chronic pulmonary hypertension team (F14i), neonatal dialysis team (F14j), multidisciplinary team for follow-up with congenital diaphragmatic hernia patients after discharge (F14k), intestinal rehabilitation team regularly rounds with clinical team (F14l), neonatal point of care ultrasound program (F14m), metabolic team (F15a), bowel rehabilitation team (F15b), home ventilator management team (F15c), and neurodevelopmental clinic for high-risk congenital heart neonatal patients (F15d).

Neurology & Neurosurgery (19 points). Hospitals received up to 19 points for access to specialized treatment clinics or programs for pediatric neurological disorders. To receive credit, a hospital had to have an organized program (i.e., physicians in the program regularly attend and participate in the care of these special patient populations). One point was awarded for each of the following multidisciplinary program: cerebral palsy/spasticity (H12a), cerebrovascular/stroke multidisciplinary (H12b), craniofacial surgical (H12c), surgical movement disorders (H12d), neurofibromatosis (H12e), neuromuscular (H12f), neuro-oncology (H12g), spina bifida (H12h), tuberous sclerosis (H12i), brachial plexus (H12j), genetic metabolic (H12k), neonatal neurology (H12l), head trauma/post-concussion (H12m), new-onset seizures (H12n), diagnostic neuro-fetal (H12o), headache (H12p), pain (H12q), demyelinating disorders (H12r), and autism/neurodevelopmental disorders (H12s).

Orthopedics (11 points). Hospitals received up to 11 points for providing specialized treatment clinics or programs to treat significant conditions. To receive credit, the clinic had to be attended regularly by the pediatric orthopedic service and see a minimum of 25 patients in the last calendar year. Hospitals received 1 point for each of the following clinics or programs: spina bifida (I15a), spasticity (I15b), skeletal dysplasia (I15c), brachial plexus (I15d), neurofibromatosis (I15e), muscle disease (I15f), sports concussion program (I15g), arthrogryposis (I15h), limb deficiency/limb reconstruction/prosthetics (I15i), skeletal health/metabolic bone health (I15j), and vascular malformation clinic (I15k).

Urology (7 points). Hospitals received 1 point for each of the following specialized treatment clinics or programs to treat significant urological conditions or issues: spina bifida (K10a), comprehensive stone program (K10b), and differences in sex development program (K10c). Hospitals received an additional point for offering a Transitional Care Program and assisting patients with congenital conditions affecting the genitourinary (GU) system to transition to adult urology in

the last calendar year (K10.1). Hospitals received up to 2 additional points for providing care to patients as an integrated member of the pediatric oncology treatment program in the last calendar year: 1 point for providing care to 1-9 patients or 2 points for providing care to 10 or more patients (K10.3). Hospitals received an additional 1 point for providing a voiding dysfunction program that treated at least 120 patients in the last calendar year (K17).

Behavioral Health (72 points). Hospitals could receive up to 72 points for providing specialized behavioral healthcare. Hospitals received 2 points for providing diagnostic assessments either via inpatient or outpatient care or could receive 1 point for providing diagnostic assessments via a community partner for the following (for a total of 36 points):

- Attention-deficit/hyperactivity disorder (ADHD) (L13a);
- Autism spectrum disorders (L13b);
- Global developmental delays and intellectual disabilities (L13c);
- Language and learning disorders (L13d);
- Motor disorders (L13e);
- Disruptive, impulse-control, and conduct disorders (L13f);
- Schizophrenia spectrum and other psychotic disorders (L13g);
- Bipolar and related disorders (L13h);
- Depressive disorders (L13i);
- Anxiety disorders (L13j);
- Trauma- and stressor-related disorders (L13k);
- Substance-related and addictive disorders (L13l);
- Feeding or eating disorders (L13m);
- Elimination disorders (L13n);
- Sleep-wake disorders (L13o);
- Somatic symptom and related disorders (L13p);
- Neurocognitive disorders (L13q); and
- Other behavioral health conditions (L13r).

Hospitals received 2 points for providing treatment for a condition via at least two of the following types of care: inpatient care, outpatient care, or a community partner. Hospitals received 1 point if treatment was provided via one care type only (for a total of 36 points):

- ADHD (L17a);
- Autism spectrum disorders (L17b);
- Global developmental delays and intellectual disabilities (L17c);
- Language and learning disorders (L17d);
- Motor disorders (L17e);
- Disruptive, impulse-control, and conduct disorders (L17f);
- Schizophrenia spectrum and other psychotic disorders (L17g);
- Bipolar and related disorders (L17h);

- Depressive disorders (L17i);
- Anxiety disorders (L17j);
- Trauma- and stressor-related disorders (L17k);
- Substance-related and addictive disorders (L17l);
- Feeding or eating disorders (L17m);
- Elimination disorders (L17n);
- Sleep-wake disorders (L17o);
- Somatic symptom and related disorders (L17p);
- Neurocognitive disorders (L17q); and
- Other behavioral health conditions (L17r).

Success in Helping Patients Manage Their Asthma (Pulmonology & Lung Surgery)

In Pulmonology & Lung Surgery, hospitals received up to 13 points for management of asthma patients. Hospitals received up to 4 points for their treatment of severe asthma patients: 1 point for having a written protocol for evaluation of patients with severe asthma (J8), and 1 point for having access to at least 1.0 FTE of Certified Asthma Educators in the last calendar year (J8.2). Hospitals received 1 point for having a multidisciplinary Severe Asthma Clinic (J15.1) and an additional 1 point if this clinic prescribes and administers injectable biologic therapies (J15.2).

Hospitals received up to 9 additional points based on the percentage of patients with a primary diagnosis of asthma following three specific protocols. The protocols evaluated were as follows: providing eligible outpatients in subspecialty care clinics with a documented assessment of asthma control (e.g., ACT, ATAQ) (J10e/J10d), completing an outpatient follow-up visit within 90 days of discharge (J10c/J10b), and successfully managing outpatients so that they were not admitted for care related to their asthma (J10b/J10a[j]). For the first two protocols, up to 3 points were awarded for the percentage of patients following the protocol: 1 point for ≥ 50% and < 75%, 2 points for ≥ 75% and < 90%, or 3 points for ≥ 90%. For the last protocol, points were awarded for a *lower* percentage of patients being admitted for care related to their asthma: 3 points for ≤ 10% of patients admitted, 2 points for >10% and ≤ 25%, or 1 point for >25% and ≤50%.

Success in Managing Neuromuscular Weakness Disorder (Pulmonology & Lung Surgery)

In Pulmonology & Lung Surgery, hospitals received up to 3 points for the percentage of muscular dystrophy patients who had pulmonary function testing in the past calendar year (J31).

[j] This survey item was reverse scored to reward hospitals for having *fewer* outpatients admitted for asthma-related care.

Points were based on the percentage of patients as follows: 1 point for ≥ 50% and < 75%, 2 points for ≥ 75% or < 90%, and 3 points for ≥ 90%.

Tracking Growth Metrics for Treated Patients (Neonatology)

Hospitals received up to 6 points in Neonatology for recording growth metrics on infants within 7 days prior to discharge or transfer, including weight (F40a), length (F40b), and head circumference (F40c). For each of the three growth metrics, points were awarded as follows: 1 point for recording metrics on ≥ 60% and < 90% of infants; or 2 points for recording metrics on ≥ 90% of infants.

Volume of Patients (All Specialties)

Unless noted otherwise, volume measures indicate the number of unique patients in the past calendar year who had the specified diagnoses or conditions or who received the specified procedures or treatments. If data were unavailable for the most recent calendar year, hospitals were instructed to use data from the most recent 12 months that data were available.

Low-, medium-, and high-volume categories were created for most measures, based on the distribution of volume across all hospitals. For other measures, categories were based on conceptual thresholds for the number of patients or procedures needed to indicate a sufficient level of experience. We assigned points based on categories rather than on continuous values to ensure that one or two hospitals with extremely high volumes did not skew scoring. Hospitals that had zero volume or that did not respond received 0 points. For almost all measures, hospitals in the lowest volume category received 1 point, medium-volume hospitals received 2 points, and high-volume hospitals received 3 points. An exception is two of the items in the Number of Patients in Orthopedics, which received 2, 4, or 6 points respectively for low, medium, or high volume. The increased points reflect these items' increased importance relative to other items in the measure.

In addition, for items with extremely low volume, such as GI and urological surgical procedures, the measure was divided only into low and medium volumes, with a maximum of 2 points. ***Table 6*** identifies the volume measures used by specialty and the points assigned to volume scores within a certain range.

Table 6. Volume Measures by Specialty

Volume Measures*	Low Volume (1 point)	Medium Volume (2 points)	High Volume (3 points)
Cancer (49 points)			
Number of new patients, 2 years (B6) (max points = 3)	1-99	100-399	400+
Number of patients (max points = 12)			
• Leukemia (B27a1)	1-149	150-299	300+
• Brain tumors/Central Nervous System (B27b1)	1-99	100-199	200+
• Neuroblastoma (B27c1)	1-24	25-49	50+
• Bone tumors (B27d1)	1-19	20-39	40+
Number of patients (max points = 18)			
• Soft tissue sarcomas (B27e1)	1-19	20-39	40+
• Wilms tumor (B27f1)	1-14	15-29	30+
• Liver tumors (B27g1)	1-5	6-11	12+
• Retinoblastoma (B27h1)	1-5	6-11	12+
• Extracranial germ cell tumors (B27i1)	1-7	8-15	16+
• Lymphoma (B27j1)	1-29	30-59	60+
***Number of surgeries** (B27),* (max points = 16)			
• Brain tumors (B27b2)	1-29	30+	NA
• Neuroblastoma (B27c2)	1-4	5+	NA
• Bone tumors (B27d2)	1-9	10+	NA
• Soft tissue sarcomas (B27e2)	1-9	10+	NA
• Wilms tumor (B27f2)	1-4	5+	NA
• Liver tumors (B27g2)	1-3	4+	NA
• Retinoblastoma (B27h2)	1-2	3+	NA
• Extracranial germ cell tumors (B27i2)	1-3	4+	NA

* Parenthetical references indicate related survey questions. (continued)

** Volume represents procedures, not patients. For the first five metrics (E12a-f), volumes from the National Cardiovascular Data Registry (NCDR)report are used if available for all quarters in the most recent year.

Table 6. Volume Measures by Specialty (continued)

Volume Measures*	Low Volume (1 point)	Medium Volume (2 points)	High Volume (3 points)
Cardiology & Heart Surgery (42 points)			
Number of catheter procedures (max points = 18)			
• Diagnostic catheterization only (hemodynamic and/or angiographic evaluation) (E12b)	1-99	100-199	200+
• Electrophysiology procedures (E12d)	1-4	5-9	10+
• Interventional procedure (with or without a diagnostic procedure or biopsy) (E12e)	1-199	200-399	400+
• Transcatheter pulmonary valve replacements (E12f)	1-4	5-9	10+
• Procedures for implantation, removal, extraction, repair or replacement of a permanent transvenous device used for pacing (E15)	1-19	20-39	40+
• Catheter ablations (cryoablation and radiofrequency) (E14.1)	1-39	40-79	80+
Number of Norwood or hybrid surgeries (max points = 12)			
• Patients with hypoplastic left heart syndrome (HLHS) receiving hybrid (Stage 1) as a planned bridge to transplant, hybrid (Stage 1) NOT as a planned bridge to transplant, or Norwood (Stage 1), year 1 (E40b)	1-6	7-13	14+
• Patients with HLHS receiving hybrid (Stage 1) as a planned bridge to transplant, hybrid (Stage 1) NOT as a planned bridge to transplant, or Norwood (Stage 1), year 2 (E40c)	1-6	7-13	14+
• Patients with HLHS receiving hybrid (Stage 1) as a planned bridge to transplant, hybrid (Stage 1) NOT as a planned bridge to transplant, or Norwood (Stage 1), year 3 (E40d)	1-6	7-13	14+
• Patients with HLHS receiving hybrid (Stage 1) as a planned bridge to transplant, hybrid (Stage 1) NOT as a planned bridge to transplant, or Norwood (Stage 1), year 4 (E40e)	1-6	7-13	14+
Number of surgeries* (max points = 12)			
• STAT**** Level 2: Years 1-4 (E42)	1-299	300-599	600+
• STAT Level 3: Years 1-4 (E42)	1-149	150-299	300+
• STAT Level 4: Years 1-4 (E42)	1-149	150-299	300+
• STAT Level 5: Years 1-4 (E42)	1-59	60-119	120+

* Parenthetical references indicate related survey questions. (continued)

** Volume represents procedures, not patients. For the first five metrics (E12a-f), volumes from the National Cardiovascular Data Registry (NCDR)report are used if available for all quarters in the most recent year.

*** Volume represents procedures, not patients.

**** Society of Thoracic Surgery & European Association for Cardio-Thoracic Surgery Congenital Heart Surgery Mortality Categories (STAT)

Table 6. Volume Measures by Specialty (continued)

Volume Measures*	Low Volume (1 point)	Medium Volume (2 points)	High Volume (3 points)
Diabetes & Endocrinology (38 points)			
Number of patients (max points = 32)			
• Type 1 diabetes outpatient visits (in-person and virtual telehealth visits) (C28.1a)	1-499	500+	NA
• Type 2 diabetes outpatient visits (in-person and virtual telehealth visits) (C28.1b)	1-249	250+	NA
• Diabetes-related care admissions for Type 1 patients (C28.1c)	1+	NA	NA
• Diabetes-related care admissions for Type 2 patients (C28.1d)	1+	NA	NA
• Patients with a genetically confirmed form of genetic diabetes Maturity Onset Diabetes in the Young (MODY) or NDM (C28.2)	1-9	10+	NA
• Congenital adrenal hyperplasia (C47a)	1-39	40+	NA
• CNS and endocrine tumors (C47b)	1-99	100+	NA
• Diabetes insipidus (C47c)	1-24	25+	NA
• Hypopituitarism (C47d)	1-99	100+	NA
• Turner Syndrome (C47e)	1-24	25+	NA
• Noonan Syndrome (C47f)	1-24	25+	NA
• Disorders of sexual development (C47g)	1-24	25+	NA
• Bone disease (including metabolic and genetic conditions) (C47h)	1-24	25+	NA
• Non–diabetes related hypoglycemia (C47i)	1-99	100+	NA
• Polycystic ovarian syndrome (C47k)	1-79	80+	NA
• Nondiabetes endocrine disorders outpatients (C57a1)	1-1,999	2,000+	NA
• Nondiabetes endocrine disorders inpatients (C57b1)	1-124	125+	NA
Number of patients undergoing procedures ** (max points = 6)			
• Ratio of patients with growth hormone deficiency who received a brain or pituitary MRI (2 years) (excluding patients with brain tumors) (C49a/C48)	50%-74.9%	75%+	NA
• Ratio of patients with growth hormone deficiency who received a prescribed growth hormone therapy (excluding patients with brain tumors) (C49b/C48)	50%-74.9%	75%+	NA
• Ratio of patients with growth hormone deficiency who received a serum IGF-1 measurement (excluding patients with brain tumors) (C49c/C48)	50%-74.9%	75%+	NA

* Parenthetical references indicate related survey questions. (continued)
** Volume represents procedures, not patients. For the first five metrics (E12a-f), volumes from NCDR report are used if available for all quarters in the most recent year.

Table 6. Volume Measures by Specialty (continued)

Volume Measures*	Low Volume (1 point)	Medium Volume (2 points)	High Volume (3 points)
Gastroenterology & GI Surgery (61 points)			
Number of noninvasive procedures ** (max points = 22)			
• Capsule endoscopy (D11a)	1-19	20+	NA
• Endoscopic band ligation/sclerotherapy (D11b)	1-4	5+	NA
• Esophageal impedance or high-resolution esophageal manometry (D11c)	1-49	50+	NA
• Endoscopic retrograde cholangiopancreatography (D11d)	1-14	15+	NA
• Antroduodenal and full colonic motility studies (D11e)	1-3	4+	NA
• Esophageal dilation (D11f)	1-29	30+	NA
• Alternative hemostasis therapies (D11g)	1-8	9+	NA
• Deep enteroscopy-single or double balloon (D11h)	1-3	4+	NA
• Endoscopic ultrasound (D11i)	1-3	4+	NA
• Sedation-free transnasal endoscopy (D11j)	1-3	4+	NA
• Pharmacotherapy (D39)	1-49	50+	NA
Number of patients (max points = 27)			
• Pseudo-obstruction (D13a)	1-12	13-24	25+
• Chronic intestinal failure patients who require TPN for 2 months or more (D13b)	1-39	40-79	80+
• Chronic liver disease (D13c)	1-99	100-199	200+
• Acute recurring or chronic pancreatitis (D13d)	1-49	50-99	100+
• Biliary atresia (D13e)	1-14	15-29	30+
• Portal hypertension (D13f)	1-19	20-39	40+
• Celiac disease (D13g)	1-99	100-199	200+
• Eosinophilic esophagitis (D13h)	1-99	100-199	200+
• Congenital anorectal or colorectal disorders (such as Hirschsprung disease, Imperforate anus, and Cloaca) (D13i)	1-49	50-99	100+
Number of patients undergoing surgeries (max points = 12)			
• Surgical intervention to improve biliary drainage in a patient with biliary atresia or a choledochal cyst (D17a)	1	2+	NA
• Laparoscopic gastrointestinal, hepatic, and pancreatic surgery (D17b)	1-24	25+	NA
• Bariatric surgery (D17c)	1-4	5+	NA
• Anorectoplasties (D17d)	1-9	10+	NA
• Open and minimally invasive abdominal surgeries for inflammatory bowel disease (IBD) (D17e and D17f)	1-4	5+	NA

* Parenthetical references indicate related survey questions. (continued)

** Volume represents procedures, not patients. For the first five metrics (E12a-f), volumes from NCDR report are used if available for all quarters in the most recent year.

Table 6. Volume Measures by Specialty (continued)

Volume Measures*	Low Volume (1 point)	Medium Volume (2 points)	High Volume (3 points)
Gastroenterology & GI Surgery (61 points) (continued)			
• Congenital esophageal atresia with or without tracheoesophageal fistula and congenital esophageal stenosis or stricture repair (D17g)	1-7	8+	NA
Neonatology (36 points)			
Number of patients (max points = 36)			
• Congenital diaphragmatic hernia (F16a)	1-14	15-29	30+
• Hirschsprung's disease (F16b)	1-11	12-23	24+
• Therapeutic hypothermia treatment for hypoxic ischemic encephalopathy (F16c)	1-49	50-99	100+
• Open neural tube defect treatment (F16d)	1-14	15-29	30+
• Gastroschisis (F16e)	1-17	18-35	36+
• Tracheoesophageal fistula (F16f)	1-15	16-31	32+
• Omphalocele (F16g)	1-9	10-19	20+
• Duodenal, jejunal, or ileal atresia (F16h)	1-11	12-23	24+
• Anorectal malformation (F16i)	1-19	20-39	40+
• Extracorporeal life support therapy (F16j)	1-14	15-29	30+
• Transcatheter PDA closure (F16k)	1-9	10-19	20+
• Hemodialysis, non-ECMO CRRT, peritoneal dialysis in your NICU (F16l)	1-9	10-19	20+
Nephrology (33 points)			
Number of dialysis patients (max points = 12)			
• ESRD patients < 5 years of age on hemodialysis or peritoneal dialysis (G20a)	1-4	5-9	10+
• ESRD patients ≥ 5 and < 18 years of age on hemodialysis or peritoneal dialysis (G20b)	1-14	15-29	30+
• Dialysis treatment volume in days (previous year) (G8a)	1-249	250-499	500+
• Dialysis treatment volume in days (current year) (G8b)	1-249	250-499	500+
Number of kidney biopsies, 2 years (max points = 6)			
• Native kidney percutaneous biopsies (G14)	1-25	26-75	76+
• Percutaneous kidney transplant biopsies (G27)	1-10	11-25	26+
Number of kidney transplants (max points = 6)			
• Deceased-donor kidney transplant patients (G32.1a1 and G32.2a1)	1-8	9-17	18+
• Living donor kidney transplant patients (G32.1a2 and G32.2a2)	1-7	8-16	17+
Number of patients, 2 years (max points = 9)			
• Inpatient admissions and consultations (G18.1)	1-200	201-400	401+
• Inpatient admissions and consultations with acute kidney injury (G18.2)	1-50	51-150	151+
• New outpatient evaluations/consultations (G18.3)	1-499	500-999	1,000+

* Parenthetical references indicate related survey questions. (continued)

Table 6. Volume Measures by Specialty (continued)

Volume Measures*	Low Volume (1 point)	Medium Volume (2 points)	High Volume (3 points)
Neurology and Neurosurgery (52 points)			
Number of patients undergoing epilepsy workups and treatments ** (max points = 15)			
• Initial medical evaluations with patients newly diagnosed with epilepsy (H9a)	1-599	600-1,199	1,200+
• Standard EEG evaluations (H9b)	1-999	1,000-1,999	2,000+
• Long-term EEG evaluations for inpatients (H9c)	1-449	450-899	900+
• Long-term EEG monitoring with the apparatus applied in the hospital for outpatients (H9d)	1-449	450-899	900+
• Number of first-time surgical procedures for epilepsy (H9e)	1-9	10-19	20+
Number of patients undergoing surgeries (max points = 37)			
• Surgical resection or laser ablation for patients with epilepsy (H8)	1-7	8-15	16+
• Brain tumors (benign/malignant) (H16a)	1-24	25-49	50+
• Craniosynostosis (H16b)	1-19	20-39	40+
• Hydrocephalus shunt procedures (H16c)	1-74	75+	NA
• Medically intractable epilepsy (H16d)	1-11	12-23	24+
• Spina bifida, excluding in utero and immediate postnatal repair of myelomeningocele (H16e)	1-19	20-39	40+
• Chiari I malformation (H16f)	1-29	30+	NA
• Endoscopic treatment of hydrocephalus (H16g)	1-24	25-39	40+
• Brachial plexus exploration/reconstruction (H16h)	1-2	3-5	6+
• Spasticity (H16i)	1-11	12-23	24+
• Vascular cases excluding angiograms with pediatric anesthesia assisting with the case (H16j)	1-9	10-19	20+
• Craniotomies for trauma (H16k)	1-11	12-19	20+
• Postnatal and in utero repair of myelomeningocele (H16l)	**1-11**	**12-19**	**20+**
Orthopedics (51 points)			
Volume Measures*	**Low Volume (2 point)**	**Medium Volume (4 points)**	**High Volume (6 points)**
Number of patients (max points = 24)			
• Patients transferred from another hospital for inpatient care (I14.1a)	50-149	150-299	300+
• Pediatric trauma patients who received pediatric orthopedic trauma surgery within 72 hours of admission (I14.1b)	1-299	300-599	600+

* Parenthetical references indicate related survey questions.

(continued)

Table 6. Volume Measures by Specialty (continued)

Volume Measures*	Low Volume (1 point)	Medium Volume (2 points)	High Volume (3 points)
Orthopedics (51 points) (continued)			
• Inpatients or observation patients with fractures or musculoskeletal injuries (I14a)	1-299	300-599	600+
• Outpatients including those seen in the ED with fractures or musculoskeletal injuries (I14b)	1-1,999	2,000-3,999	4,000+
• Scoliosis correction patients (I31a-b)	1-149	150-299	300+
• Single event multilevel surgery (I45)	1-19	20-39	40+
Number of procedures and surgeries ** (max points = 27)			
• Motion laboratory diagnostic clinical evaluations of neuromuscular pediatric patients (I20a)	1-24	25-49	50+
• Motion laboratory diagnostic research evaluations of neuromuscular pediatric patients (I20b)	1-24	25-49	50+
• Open reduction developmental dysplasia of the hip (I24a)	1-7	8-15	16+
• Ponsetti treatment for clubfoot in patients ≤ 1 years old (I24b)	1-99	100-199	200+
• Bernese pelvic osteotomy in patients ≤ 18 years old (I24c)	1-6	7-13	14+
• Cast treatment for infantile scoliosis < 5 years old (I24d)	1-7	8-15	16+
• ACL reconstruction (males < 14 years old or females < 12 years old) (I24e)	1-9	10-19	20+
• Femoral and tibial leg lengthening surgery (I24f)	1-3	4-7	8+
• Oncologic surgery (I24g)	1-3	4-7	8+
Pulmonology & Lung Surgery (29 points)			
Number of tests and noninvasive procedures ** (max points = 12)			
• 12- or 32-channel polysomnographic studies (J36)	1-999	1,000-1,999	2,000+
• Patients receiving home CPAP therapy (J37)	1-89	90-179	180+
• Patients with chronic respiratory failure receiving BiLevel therapy, noninvasive positive pressure ventilation support, or diaphragm pacing (J39)	1-49	50-99	100+
• Bronchoscopy and laryngoscopy (J49)	1-199	200-399	400+
Number of patients (max points = 17)			
• Cystic Fibrosis (CF) patients (J24a)	1-124	125-249	250+
• Neuromuscular weakness disorders (J30)	1-49	50-99	100+
• Ventilator-dependent patients, 3 years (J40)	1-69	70-139	140+
• Rare lung disease (J26)	1-39	40-79	80+
• Lung disease of prematurity (J27)	1-59	60-119	120+
• Lung transplants, 3 years (J46.1)	1-3	4+	NA

* Parenthetical references indicate related survey questions. (continued)

** Volume represents procedures, not patients. For the first five metrics (E12a-f), volumes from NCDR report are used if available for all quarters in the most recent year.

Table 6. Volume Measures by Specialty (continued)

Volume Measures*	Low Volume (1 point)	Medium Volume (2 points)	High Volume (3 points)
Urology (42 points)			
Number of minimally invasive procedures for patients ≤ 12 (max points = 6)			
• Stone treatment/shock wave lithotripsy, ureteroscopy, and percutaneous nephrolitho-tripsy or nephrolithotomy (K11a)	1-14	15-29	30+
• Laparoscopic surgery (pure laparoscopic or robotic-assisted laparoscopic) including cyst ablation, pyeloplasty, nephrectomy, partial nephrectomy, heminephrectomy, ureteral reimplantation, or ureteroureterostomy (K11b)	1-13	14-27	28+
Number of patients (max points = 12)			
• Pediatric urology outpatients (2 years), (K8b)	1-4,999	5,000-9,999	10,000+
• Pediatric urology surgical cases** (2 years) (K9)	1-999	1,000-1,999	2,000+
• Spina bifida program (K10a)	1-74	75-149	150+
• Comprehensive stone program (K10b)	1-74	75-149	150+
Number of unique patients who received the following surgeries (max points = 24)			
• Radical or partial nephrectomy for malignancies (K12a)	1-2	3+	NA
• Nephrectomy or partial nephrectomy for benign disease (K12b)	1-39	40+	NA
• Ureteral reimplantation (K12c)	1-4	5+	NA
• Ureteroureterostomy (K12d)	1-4	5+	NA
• Exstrophy closures (K13a)	1-2	3+	NA
• Reconstructive open procedures for incontinence or hostile bladder (K13b)	1-19	20+	NA
• Posterior urethral valve ablation in infants <3 months old (K13c)	1-5	6+	NA
• Complex urethroplasty for urethral injury or stricture disease (K13d)	1-44	45+	NA
• Complex re-operative hypospadias repair (K13e)	1-24	25+	NA
• Distal hypospadias – primary repairs and not re-operative cases** (K14a)	1-59	60-119	120+
• Pyeloplasty** (K14b)	1-14	15-29	30+
Behavioral Health (111 points)			
Number of patients (max points = 111)			
• Inpatient ADHD (L18a)	1-199	200-299	300+
• Outpatient ADHD (L18a)	1-1,999	2,000-2,999	3,000+
• Inpatient autism spectrum disorders (L18b)	1-149	150-299	300+
• Outpatient autism spectrum disorders (L18b)	1-1,999	2,000-2,999	3,000+

* Parenthetical references indicate related survey questions. (continued)
** Volume represents procedures, not patients. For the first five metrics (E12a-f), volumes from NCDR report are used if available for all quarters in the most recent year.

Table 6. Volume Measures by Specialty (continued)

Volume Measures*	Low Volume (1 point)	Medium Volume (2 points)	High Volume (3 points)
Behavioral Health (111 points) (continued)			
• Inpatient global developmental delays and intellectual disabilities (L18c)	1-49	50-199	200+
• Outpatient global developmental delays and intellectual disabilities (L18c)	1-1,999	2,000-2,999	3000+
• Inpatient language and learning disorders (L18d)	1-29	30-59	60+
• Outpatient language and learning disorders (L18d)	1-1,999	2,000-2,999	3,000+
• Inpatient motor disorders (L18e)	1-149	150-299	300+
• Outpatient motor disorders (L18e)	1-499	500-999	1,000+
• Inpatient disruptive, impulse-control, and conduct disorders (L18f)	1-49	50-99	100+
• Outpatient disruptive, impulse-control, and conduct disorders (L18f)	1-299	300-599	600+
• Inpatient schizophrenia spectrum and other psychotic disorders (L18g)	1-49	50-99	100+
• Outpatient schizophrenia spectrum and other psychotic disorders (L18g)	1-49	50-99	100+
• Inpatient bipolar and related disorders (L18h)	1-29	30-59	60+
• Outpatient bipolar and related disorders (L18h)	1-49	50-99	100+
• Inpatient depressive disorders (L18i)	1-399	400-799	800+
• Outpatient depressive disorders (L18i)	1-999	1,000-1,999	2,000+
• Inpatient anxiety disorders (including OCD) (L18j)	1-349	350-699	700+
• Outpatient anxiety disorders (including OCD) (L18j)	1-1,999	2,000-3,999	4,000+
• Inpatient trauma- and stressor-related disorders (L18k)	1-149	150-299	300+
• Outpatient trauma- and stressor-related disorders (L18k)	1-799	800-1,599	1,600+
• Inpatient substance-related and addictive disorders (L18l)	1-89	90-179	180+
• Outpatient substance-related and addictive disorders (L18l)	1-89	90-179	180+
• Inpatient feeding or eating disorders (L18m)	1-99	100-199	200+
• Outpatient feeding or eating disorders (L18m)	1-499	500-999	1,000+
• Inpatient elimination disorders (L18n)	1-89	90-179	180+
• Outpatient elimination disorders (L18n)	1-199	200-399	400+
• Inpatient sleep-wake disorders (L18o)	1-49	50-99	100+
• Outpatient sleep-wake disorders (L18o)	1-499	500-999	1,000+

* Parenthetical references indicate related survey questions. (continued)

Table 6. Volume Measures by Specialty (continued)

Volume Measures*	Low Volume (1 point)	Medium Volume (2 points)	High Volume (3 points)
Behavioral Health (111 points) (continued)			
• Inpatient somatic symptom and related disorders (L18p)	1-14	15-29	30+
• Outpatient somatic symptom and related disorders (L18p)	1-49	50-99	100+
• Inpatient neurocognitive disorders (L18q)	1-14	15-29	30+
• Outpatient neurocognitive disorders (L18q)	1-24	25-49	50+
• Inpatient other behavioral health conditions (L18r)	1-299	300-599	600+
• Outpatient other behavioral health conditions (L18r)	1-899	900-1,799	1,800+
• ED or other behavioral health emergency services (L23.1)	1-1,499	1,500-2,999	3,000+

* Parenthetical references indicate related survey questions. (continued)

B. Normalization

Structural measures are normalized prior to weighting. Normalization transforms index values into a distribution between 0 and 1 based on the range of possible values for a given measure. The formula for normalization is provided in Equation (1):

Equation (1) $\text{Normalized Value} = X_i / (\text{Maximum}_i - \text{Minimum}_i)$

where

X_i = the value for measure *i* and

$\textit{Maximum}_i$ = the highest *possible* value for measure *i*.

$\textit{Minimum}_i$ = the lowest *possible* value for measure *i*.

For example, the Urology patient volume measure is worth a maximum of 12 points. If a hospital received 8 of 12 points, its normalized value for Urology patient volume would be 8/(12-0) = 0.66. For nurse staffing, which does not have an absolute maximum, we cap the maximum value at 4.0 to reduce skewness in the data.

C. Weighting

For the 2012-2013 rankings, we convened a special panel to provide feedback on the weighting of each measure within the three major rankings components. This evaluation was conducted both across specialties to build in a degree of consistency in weighting and within specialties to identify keys to quality in a particular specialty. Overall, the weights were determined

using input from the project team and working groups based on how important each measure was in defining the Donabedian components of quality of care within hospitals.

Table 7 shows the relative weight, by specialty, for each measure that makes up the structural component of the specialty rankings. The combined structural components comprise 33.3% of the overall score in each specialty, except for Behavioral Health. To determine the total structural points for a hospital, multiply the normalized value of each measure by the measure weight. In the example provided under normalization (***Section IV.B***), a hospital that received 8 of 12 points for Urology patient volume would have a normalized score of 0.66. The relative weight for patient volume in Urology is 1. Therefore, the hospital would have a total of 0.66 for patient volume. Do this for all measures in a specialty, and then sum the values to determine the total points received. To determine the percentage of the overall score for a given measure, divide the individual measure relative weight by the total weight for that specialty and multiply by 33.3 (since the combined structural components comprise 33.3% of the overall score in each specialty, except for Behavioral Health).

For Behavioral Health, Table 7 also shows the relative weight for each measure that makes up the structural component of the specialty rankings. However, for this specialty, the combined structural components comprise 40% of the overall score in this specialty. Calculation of points follows the same pattern as in other specialties; however, the maximum possible points are equal to 40% of the final overall score.

Table 7. Relative Weights of Individual Structural Measures by Specialty

Measure	Cancer	Cardiology & Heart Surgery	Diabetes & Endocrinology	Gastroenterology & GI Surgery	Neonatology	Nephrology	Neurology & Neurosurgery	Orthopedics	Pulmonology & Lung Surgery	Urology	Behavioral Health
Accredited by FACT	1.5										
Adoption of health information technology	1	1	1	1	1	1	1	1	1	1	0.5
Adult congenital heart program		1.25									
Advanced clinical services offered	1	1	1	1	1	1	1	1	1	1	
Advanced technologies available	1	1	1	1	1	1	1	1	1	1	
Bone marrow transplant services	1										

(continued)

Table 7. Relative Weights of Individual Structural Measures by Specialty (continued)

Measure	Cancer	Cardiology & Heart Surgery	Diabetes & Endocrinology	Gastroenterology & GI Surgery	Neonatology	Nephrology	Neurology & Neurosurgery	Orthopedics	Pulmonology & Lung Surgery	Urology	Behavioral Health
Clinical support services offered	1	1	1	1	1	1	1	1	1	1	2.5
Commitment to clinical research	1.5	1.25	1.25	1.25	1.25	1	1.25	1.25	1.5	1.5	1
Commitment to quality improvement	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	2
Congenital heart program		1.25									
ECMO availability					1						
Emergency Department and Urgent Care for Behavioral Health											1.5
Enlists families in structuring care	1.5	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1
Has full-time subspecialists available	1	1	1	1	1	1	1	1	1	1	2.5
Help for families	1	1	1	1	1	1	1	1	1	1	1
Neonatal Transport					1						
Nurse staffing	2	2	2	2	2	2	2	2	2	2	1.5
Percentage of dialysis patients who had transplants						1.25					
Provides advanced palliative care	1.5										
Recognized as a Nurse Magnet hospital	2	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1
Specialized clinics and programs	1.25		1	1	1		1	1		1	2.5
Success in helping patients manage their asthma									1.25		
Success in managing neuro-muscular weakness disorder									1.25		
Tracking growth metrics for treated patients					1						

(continued)

Table 7. Relative Weights of Individual Structural Measures by Specialty (continued)

Measure	Cancer	Cardiology & Heart Surgery	Diabetes & Endocrinology	Gastroenterology & GI Surgery	Neonatology	Nephrology	Neurology & Neurosurgery	Orthopedics	Pulmonology & Lung Surgery	Urology	Behavioral Health
Transplant program (heart, liver, lung)		0.33		0.28					0.30		
Volume: Number of catheter procedures		1									
Volume: Number of dialysis patients						0.67					
Volume: Number of epilepsy workups and treatment							1				
Volume: Number of kidney biopsies						0.67					
Volume: Number of kidney transplants						0.27					
Volume: Number of minimally invasive procedures										1	
Volume: Number of new patients	1										
Volume: Number of Norwood or hybrid surgeries		1									
Volume: Number of patients	1		1	1	1.5	0.67		1.5	1	1	2
Volume: Number of procedures			1								
Volume: Number of procedures and surgeries								1.5			
Volume: Number of surgeries	1	1.5		1			1			1	
Volume: Number of tests and noninvasive procedures				1					1		
Total	**22.75**	**19.83**	**16.50**	**17.78**	**19.00**	**16.78**	**16.50**	**17.50**	**18.55**	**17.75**	**19.00**

V. Process

The process component in Best Children's Hospitals is represented by three measures—commitment to best practices; ability to prevent infections; and expert opinion of pediatric specialists. The combined process measures are worth 33.3% of the overall score in all specialties except for pediatric cardiology and behavioral health. In pediatric cardiology, the process component is worth 28.3% of the total score and in behavioral health, the process component is worth 40.0% of the total score.

A. Commitment to Best Practices

This measure evaluates hospitals' commitment to following and implementing best practices. Best practices were identified for all specialties. ***Table 8*** identifies the best practices identified for each specialty and the number of points awarded.

Table 8. Commitment to Best Practices by Specialty

Cancer* (27 points)	Points
Offering the following to reduce radiation exposure to patients and staff (A10.1): • MRI safety program compliant with American College of Radiology (ACR) guidelines • Participation in the ACR CT dose index registry OR use of dose monitoring software for tracking pediatric patients undergoing CT scans • Dedicated MRI Safety Officer	3
Having at least 0.5 FTE nurse practitioners, physician assistants, or clinical nurses (including contract nurses) devoted to case management for each of the following patient populations (B4): • Hematologic malignancies • Solid tumors • Brain tumors • Stem cell transplants	4
Offering an institutional code team to immediately address emergencies in outpatient cancer treatment clinics (B5)	1
Offering a parent advisory committee that meets at least twice a year (B11.3)	2
Having a PAG specialist consulted on an ongoing basis for the fertility preservation program (B11.5)	1
Participating in morbidity and mortality conferences at least quarterly (B12)	1
Promoting ease of access through the following mechanisms (B14): • Offering onsite direct oncology-specific patient care (not just emergency care) from hematology/oncology providers during nights and weekends • A coordinated outreach program that enables cancer patients to receive community-based follow-up care or treatment • Multidisciplinary clinics allowing patients to see multiple care providers in a single visit	3
Submitting data to the Center for International Blood & Marrow Transplant Research(CIBMTR) or the Stem Cell Therapeutic Outcome Database (SCTOD) (B20)	1

* Parenthetical references indicate related survey questions. (continued)

Table 8. Commitment to Best Practices by Specialty (continued)

Cancer* (27 points) continued	Points
Patients have thyroidectomies performed by a high-volume thyroid surgeon (>25 thyroid resections per year) (B27.1)	1
Percentage of patients receiving radical nephrectomy for Wilms tumor underwent lymph node sampling during the procedure (B27.2): • 1 point for ≥ 50% & < 80% • 2 points for ≥ 80%	2
Percentage of patients who completed cancer treatment in 2019-2021 and received care through a formal long-term survivor program (B28): • 1 point for ≥ 25% & < 50% • 2 points for ≥ 50% & < 75% • 3 points for ≥ 75%	3
Percentage of living patients 1-3 years post-treatment with certain cancer diagnoses and who received cranial radiation, total body irradiation, or intracranial surgery had documentation of a formal neuropsychological evaluation conducted since the completion of therapy (B28.1): • 1 point for ≥ 25% & < 75% • 2 points for ≥ 75%	2
Percentage of school-age patients with certain cancer diagnoses were formally assessed for school intervention services since diagnosis and before the end of the last calendar year (B28.2): • 1 point for ≥ 25% & < 75% • 2 points for ≥ 75%	2
≥ 75% of pediatric brain tumor patients (from B27b) were enrolled in a formal, comprehensive neuro-oncology clinic for their care coordination (B28.3)	1
Cardiology & Heart Surgery* (32 points)	**Points**
Offering the following to reduce radiation exposure to patients and staff (A10.1): • MRI safety program compliant with ACR guidelines • Participation in the ACR CT dose index registry OR use of dose monitoring software for tracking pediatric patients undergoing CT scans • Dedicated MRI Safety Officer	3
Number of pediatric cardiothoracic surgeons with subspecialty certification in congenital heart surgery from the American Board of Thoracic Surgery (E2a) or certification from foreign organizations (e.g., the Fellowship of the Royal Colleges of Surgeons (FRCS)), practice exclusively or primarily (greater than 90%) in congenital heart surgery and are not eligible for Subspecialty Certification in Congenital Heart Surgery from the ABTS (E2.2): • 1 point for 1 surgeon • 2 points for 2+ surgeons	2
Routinely tracking data about cardiac catheterization and submitting data to a national registry (E8)	1
Performing lead extraction for pacemaker or automatic implantable cardioverter defibrillator (ICD/AICD) leads either onsite at the hospital or offsite at a SINGLE hospital (or both onsite at the hospital and off site at a SINGLE affiliated hospital) (E15.1)	1
Having data from operations performed at your institution in 2020 to 2023 appear on the STS Public Reporting On-Line Program (E18.3)	2

* Parenthetical references indicate related survey questions.

(continued)

Table 8. Commitment to Best Practices by Specialty (continued)

Cardiology & Heart Surgery* (32 points) continued	Points
Offering the following pediatric cardiology programs with a nursing and/or administrative coordinator (E27.1) • Active home surveillance program • Neurodevelopmental follow-up program • Fontan follow-up program • Fetal cardiology program • Pulmonary hypertension program • Neuromuscular program • Aortopathy program • Preventive cardiology program • Heart failure/transplant clinic	9
Using clinical practice guidelines to manage perioperative and postoperative care for the following patient populations (E36): • Single ventricle/shunt management • Two-ventricle repairs • Infant feeding • Anticoagulation with Coumadin • Sedation and pain management	5
Routinely tracking and reporting every occurrence of the following surgical complications to the STS database (E37): • Unplanned reoperation or intervention during the same hospital admission • Re-exploration for bleeding • Deep sternal wound infection/mediastinitis • Arrhythmia necessitating temporary and permanent pacemakers • Postop mechanical circulatory support • Postop renal failure • Stroke	7
Percentage of hybrid and Norwood Stage 1 surgery patients alive 1 year after surgery who had a neurodevelopment evaluation prior to 24 months of age (E41): • At least 75% of patients in evaluation (Year 1) • At least 75% of patients in evaluation (Year 2)	2
Diabetes & Endocrinology* (100 points)	**Points**
Offering the following to reduce radiation exposure to patients and staff (A10.1): • MRI safety program compliant with ACR guidelines • Participation in the ACR CT dose index registry OR use of dose monitoring software for tracking pediatric patients undergoing CT scans • Dedicated MRI Safety Officer	3
Diabetes staff taking a leadership role in organizing and running a diabetes camp (C10)	1
Having pediatric diabetes staff take a leadership role in a formal advocacy effort supporting the rights of patients (C11)	1
Hosting or actively involved in organizing a diabetes-specific technology education program to increase awareness and access to new technology to decrease health disparity (C13)	1

* Parenthetical references indicate related survey questions. (continued)

Table 8. Commitment to Best Practices by Specialty (continued)

Diabetes & Endocrinology* (100 points) continued	Points
Diabetes education program recognized by American Diabetes Association or American Association of Diabetes Educators (C14)	1
Having a formal, written assessment of diabetes management knowledge that is: • Administered after initial education and yearly thereafter (C15) • Recorded in electronic health records (C15.1)	2
Percentage of diabetes patients on insulin therapy admitted as inpatients to other services, were seen by providers in the pediatric diabetes program (C16 and C16.1): • 1 point for ≥ 50% & < 75% • 2 points for ≥ 75% & < 90% • 3 points for ≥ 90%	3
Having a formal written transition program to prepare pediatric patients for the transition to an adult diabetes program (C17)	1
Steps for transition of patients recorded in electronic health records (C17.1)	1
Always including the following elements in summaries available to patients after outpatient visits, including telemedicine visits (C19): • Complete insulin dosages • MDI dosages for pump failure, for those on insulin pumps • Glucose monitoring recommendations including periodic self-assessment of glycemia patterns • A1c values from within 2 weeks of visit date and/or percentage of time "in range" (70–180 mg/dl) or Glucose Management Indicator (GMI) from at least 2 weeks of CGM data • Follow-up visit instructions • Information on when and how to contact the Diabetes Center • Referrals made for laboratory, ophthalmological, dental, and mental health before next visit • Behavioral goals	8
Having a clinical database of attributes of current, active diabetes patients that is used for quality assessment and improvement (C20)	1
Having written consensus protocols or guidelines for management of the following patient populations (C22): • Glucagon mini-dose for families • Periodic screening for complications of diabetes in the outpatient clinic • Evaluation of hyperglycemia in critically ill inpatients • Outpatient management of Type 2 diabetes patients • Outpatient management of pre-diabetes patients who typically have obesity and insulin resistance • Inpatient management of Hyperglycemic Hyperosmolar Syndrome • Guidelines for outside physicians and EDs for recognition and initial management of diabetes and diabetes ketoacidosis (DKA) • Inpatient management of patients using insulin pumps • Inpatient glucose assessments for patients using CGM • Education on islet cell antibody testing for first degree relatives of patients with type 1 diabetes	10

* Parenthetical references indicate related survey questions. (continued)

Table 8. Commitment to Best Practices by Specialty (continued)

Diabetes & Endocrinology* (100 points) continued	Points
Having regularly scheduled interdisciplinary care conferences to discuss diabetes patients with elevated A1c, recurrent DKA, frequent severe hypoglycemia, or significant psychosocial challenges (C25 and C26): • 1 point for 1-11 times/year • 2 points for 12+ times/year	2
Having an EMR dashboard or reporting mechanism to identify which patients should get intensified diabetes management (C27)	1
Having a formal intensified diabetes management protocol for patients who need it (C27.1)	1
Interacting with clinical laboratory or pathology service to review lab findings, problems and updates (C28)	1
Asking about the number of hospital admissions, emergency visits or urgent care visits since the last diabetes outpatient visit (C29)	1
Tracking the number of hospital admissions, emergency visits or urgent care visits since the last diabetes outpatient visit in EMR (C29.1)	1
Percentage of primary care diabetes patients with face-to-face or telehealth visit with a registered dietitian for medical nutrition therapy (C30a): • 1 point for ≥ 50% & < 70% • 2 points for ≥ 70% & < 85% • 3 points for ≥ 85%	3
Percentage of primary care diabetes patients with face-to-face or telehealth visit with a CDCES for diabetes education (C30b): • 1 point for ≥ 50% & < 70% • 2 points for ≥ 70% & < 85% • 3 points for ≥ 85%	3
Percentage of primary care diabetes patients with face-to-face or telehealth visit with a social worker, psychologist, or mental health professional for an assessment (C30c): • 1 point for ≥ 50% & < 70% • 2 points for ≥ 70% & < 85% • 3 points for ≥ 85%	3
Percentage of Type 1 primary care diabetes patients with a thyroid stimulating hormone (TSH) documented in their medical chart in past 2 years (C31a): • 1 point for ≥ 50% & < 75% • 2 points for ≥ 75% & < 90% • 3 points for ≥ 90%	3
Percentage of Type 1 primary care diabetes patients ≥ 11 and < 19 years of age who had a lipid profile within the past 3 years (C31b): • 1 point for ≥ 50% & < 75% • 2 points for ≥ 75% & < 90% • 3 points for ≥ 90%	3

* Parenthetical references indicate related survey questions. (continued)

Table 8. Commitment to Best Practices by Specialty (continued)

Diabetes & Endocrinology* (100 points) continued	Points
Percentage of Type 1 primary care diabetes patients ≥ 11 and < 19 years of age (with diabetes for at least 5 years) who received a microalbuminuria screening in the past year (C31c): • 1 point for ≥ 40% & < 65% • 2 points for ≥ 65% & < 80% • 3 points for ≥ 80%	3
Percentage of Type 1 primary care diabetes patients ≥ 11 and < 19 years of age (with diabetes for at least 5 years) who received a dilated retinal or non-mydriatic camera examination in the last two calendar years (C31d): • 1 point for ≥ 40% & < 65% • 2 points for ≥ 65% & < 80% • 3 points for ≥ 80%	3
Percentage of Type 2 primary care diabetes patients who had a lipid profile performed in the past year (C31e): • 1 point for ≥ 50% & < 75% • 2 points for ≥ 75% & < 90% • 3 points for ≥ 90%	3
Percentage of Type 2 primary care diabetes patients who received a microalbuminuria screening in the past year (C31f): • 1 point for ≥ 40% & < 60% • 2 points for ≥ 60% & < 80% • 3 points for ≥ 80%	3
Percentage of Type 2 primary care diabetes patients who received a dilated retinal or non-mydriatic camera examination in the past 2 calendar years (C31g): • 1 point for ≥ 40% & < 60% • 2 points for ≥ 60% & < 80% • 3 points for ≥ 80%	3
Percentage of primary care Type 1 diabetes pediatric patients (not all Type 1 diabetes patients) that are < 19 years of age who were treated in the past 12 months or longer, and who have not met the criteria for adequate diabetes management, who scheduled for 4 or more outpatient clinic visits in past 12 months (C32a): • 1 point for ≥ 40% & < 65% • 2 points for ≥ 65% & < 80% • 3 points for ≥ 80%	3
Percentage of primary care Type 1 diabetes pediatric patients that are < 19 years of age who were treated in the past 12 months or longer, and who have not met the criteria for adequate diabetes management, who attended 4 or more outpatient clinic visits in past 12 months (C32b): • 1 point for ≥ 40% & < 65% • 2 points for ≥ 65% & < 80% • 3 points for ≥ 80%	3

* Parenthetical references indicate related survey questions. (continued)

Table 8. Commitment to Best Practices by Specialty (continued)

Diabetes & Endocrinology* (100 points) continued	Points
Percentage of Type 1 primary care diabetes pediatric patients who are < 19 years of age and used an insulin pump in the past calendar year for private and Medicaid insurance (C33): Private insurance • 1 point ≥ 30% & < 60% • 2 points ≥ 60% Medicaid insurance • 1 point ≥ 20% & < 40% • 2 points ≥ 40%	4
Percentage of Type 1 primary care diabetes pediatric patients who are < 19 years of age and used a hybrid closed-loop pump or closed-loop pump in the past calendar year for private and Medicaid insurance (C33.1): Private insurance • 1 point ≥ 20% & < 40% • 2 points ≥ 40% Medicaid insurance • 1 point ≥ 20% & < 40% • 2 points ≥ 40%	4
Percentage of Type 1 and Type 2 primary diabetes care patients aged 13 to < 19 screened for depression in the past calendar year (C34): • 1 point for ≥ 50% & < 70% • 2 points for ≥ 70% & < 85% • 3 points for ≥ 85%	3
Percentage of Type 1 and Type 2 primary diabetes care patients who had an a score indicative of moderate or severe depressive symptoms or endorsed self-harm on their depression screen (see C34) were either referred for assessment by a mental health professional (social worker, licensed counselor, psychologist, or psychiatrist) or are already under the care of a mental health professional (C34.1): • 1 point for ≥ 50% & < 70% • 2 points for ≥ 70% & < 85% • 3 points for ≥ 85%	3
Tracking the number of school days missed for a diabetes-related problem (not including school missed for routine medical appointments) (C38)	1
Providing a program for Type 2 diabetes patients such that they see, at least twice per year, each of at least four diabetes providers (endocrinology physician or advanced practice provider (APP), diabetes RN educator, dietitian, social worker, psychologist, exercise physiologist, physical therapist, or pharmacist) (C40)	1
Using a clinical database used by the program to evaluate performance (C54 and C54.1)	1
Discussing thyroid cancer patient cases in active treatment at a multidisciplinary conference (including a tumor board or other review processes) (C56)	1
Percentage of patients admitted to the hospital in the past year with a potentially severe endocrine disorder that have an admission or consultation note written by a physician in the pediatric endocrinology program (C58): • 1 point for ≥ 50% & < 75% • 2 points for ≥ 75%	2

* Parenthetical references indicate related survey questions. (continued)

Table 8. Commitment to Best Practices by Specialty (continued)

Diabetes & Endocrinology* (100 points) continued	Points
Having a system in place to alert providers that the following types of patients have not returned for care (C63): • Type 1 and Type 2 diabetes • Congenital hypothyroidism • Congenital adrenal hyperplasia • Growth hormone therapy • Precocious puberty on therapy • Hyperthyroidism on antithyroid medication Hospitals received 1 point for 1-3 types and 2 points for 4-6 types.	2
Hosting or conducting the following conferences or educational programs in the last year (C65): • Joint case conferences with Internal Medicine • Joint case conferences with genetics program • Pediatric endocrinology case conference • Pediatric endocrinology journal club • CME-granting education activity conferences • Morbidity and Mortality or Review of Safety Issues conference Hospitals received 1 point for 1-34 conferences and 2 points for 35 or more conferences.	2
Gastroenterology & GI Surgery* (20 points)	**Points**
Offering the following to reduce radiation exposure to patients and staff (A10.1): • MRI safety program compliant ACR guidelines • Participation in the ACR CT dose index registry or use of dose monitoring software for tracking pediatric patients undergoing CT scans • Dedicated MRI Safety Officer	3
Providing educational programs for the following disease-specific GI conditions (D9): • Inflammatory bowel disease, Crohn's disease, or colitis • Celiac disease • Liver disease • Eosinophilic esophagitis • Chronic intestinal failure	5
Providing the following diagnostic and therapeutic procedures (D11.1) • Interventional radiology embolization for gastrointestinal bleeding • Interventional radiology performance of transjugular intrahepatic portosystemic shunt (TIPS) • Interventional radiology performance of transjugular (TJ) liver biopsies • Interventional radiology performance of hepatic vein wedge pressure measurement • Interventional radiology placed de novo G or GJ tubes • Endoflip • On-site treatment of advanced esophageal strictures (interventions other than dilation) • Percutaneous transhepatic cholangiography	8
Having regular, multidisciplinary morbidity and mortality conferences for pediatric GI patients (D26)	1
Having a standard mechanism to determine whether complications have occurred in patients who underwent outpatient GI procedures (D27)	1

* Parenthetical references indicate related survey questions. (continued)

Table 8. Commitment to Best Practices by Specialty (continued)

Gastroenterology & GI Surgery* (20 points) (continued)	Points
Having 1 or more IRB-approved protocols that provide GI patients access to drugs, biologics, or devices through compassionate use (D28)	1
Using nonsurgical approaches as an intervention for obesity in pediatric patients (D38)	1
Neonatology* (52 points)	**Points**
Offering the following to reduce radiation exposure to patients and staff (A10.1): • MRI safety program compliant with ACR guidelines • Participation in the ACR CT dose index registry OR use of dose monitoring software for tracking pediatric patients undergoing CT scans • Dedicated MRI Safety Officer	3
Having in-house 24x7 coverage provided by board-certified or board-eligible neonatologists (F2.1)	1
Patient load per nurse practitioner or physician assistant (F3): • 1 point for ≥ 9 patients • 2 points for < 9 patients	2
Having at least 50% of direct clinical care RNs who have at least one of the following formal advanced training certifications: Neonatal intensive care (RNC-NIC, CCRN), Lactation (IBCLC, CLC, or CBC), Care of Extremely Low Birth Weight Neonate (C-ELBW), or Neonatal Neuro-Intensive Care (C-NNIC) (F4c)	1
Offering lactation support by a IBCLC, CLC, or CBC certified individual 7 days a week (in person or via telemedicine) (F4.1)	1
Patient load per neonatologist (F5): • 1 point for ≥ 18 • 2 points for < 18	2
Patient load per Licensed independent contractor (in-house attending, fellow, resident or advanced practice provider) on the night shift (F5.1): • 1 point for ≥ 15 • 2 points for < 15	2
Providing the following elements of a "Safe Sleep" program (F8.1): • Mandatory Safe Sleep Education for NICU staff • Policy in place to prohibit use of devices while sleeping (swings, infant seats, etc.) • Safe Sleep policy includes a minimum length of time prior to discharge to implement safe sleep practices if no contraindications exist	3
Monitoring compliance with NICU-based Safe Sleep policy at least weekly or at least biweekly (F8.3)	1
Offering a dedicated area within the facility for milk and formula preparation (F10.2)	1
Offering the following for nutrition and breastfeeding (F10.3): • NICU-specific breast milk committee that meets at least 11 times per calendar year • Process to facilitate obtaining a breast pump (within 48 hours of identified need) for home use • Donor breast milk program with written institution-specific criteria for the initiation and discontinuation of donor breast milk • Formal process for teaching feeding preparation upon discharge	4
Employing the following risk-reduction practices (F10.4): • Bar coding system for correct breast milk identification • Dedicated breast milk technician who prepares milk for proper identification and distribution	2

* Parenthetical references indicate related survey questions. (continued)

Table 8. Commitment to Best Practices by Specialty (continued)

Neonatology* (52 points) continued	Points
Tracking breast milk administration error rate (F10.5)	1
Having at least 75% of anesthesiologists with board-certification or are board-eligible in pediatric anesthesia (F16.2)	1
Providing a percutaneous intravenous central catheter (PICC) team with specialized training to place and maintain PICC lines in NICU patients (F20)	1
Availability of PICC line placement services (F20.1): • 1 point for day shift • 2 points for 24/7 coverage	2
Having at least 75% of neonatal fellows and advanced practice providers complete training in the following procedure protocols (F23.1): • Chest tube placement • Intubation	2
Having at least 75% of current attending physicians in the Level IV NICU who have completed simulation training to refresh their skills with each of the following procedures (F23.2): • Chest tube placement • Pericardiocentesis • Abdominal paracentesis • Double volume exchange transfusion • Cardioversion • Intraosseous line placement	6
Tracking patients' first postoperative temperatures and using it as a quality metric (F31)	1
Tracking unintended extubation of NICU patients (F32)	1
Frequency of quality review process (F32.2): • 1 point for a retrospective multidisciplinary review weekly or monthly • 1 point for a Standardized mini-root cause analysis review within 12 hours	2
Conducting multidisciplinary review of all unplanned readmissions to determine whether preventable (F33)	1
Having a formal program for reviewing neonatal transfer cases received from other hospitals that includes a formal feedback mechanism (e.g., an after-action report or conference) to the referring facility (F33.2)	1
Providing the following for very low birthweight and low gestational age infants (F34): • Dedicated team of bedside RNs with additional training in the care of preterm infants that care for VLBW infants in your NICU • Respiratory support weaning protocol	2
Having or being associated with a fetal diagnosis and counseling program either onsite or at another facility (F34.1)	1
Holding multidisciplinary patient management conferences to discuss plans for the delivery and early NICU management of fetuses with congenital abnormalities (F34.3): • 2 points for meeting at least weekly or at least monthly • 1 point for meeting less frequently than monthly	2
Offering fetal MRI for assessment of fetal anomalies (F34.5)	1
Having a medication error reporting system/database (F35)	1

* Parenthetical references indicate related survey questions. (continued)

Table 8. Commitment to Best Practices by Specialty (continued)

Neonatology* (52 points) continued	Points
Offering the following to evaluate and reduce medication errors (F35.1): • NICU-specific multidisciplinary committee, including a residency trained NICU-dedicated clinical pharmacist available for consultation 24 hours a day/7 days a week • Access to an up-to-date electronic version of a neonatal-specific drug information reference, which includes the ability to check IV compatibility • Utilize medication administration technology including barcode administration and smart pumps with a dedicated neonatal drug library or pump integration (interoperability between epic and the CareFusion pumps)	3
Nephrology* (42 points)	**Points**
Offering the following to reduce radiation exposure to patients and staff (A10.1): • MRI safety program compliant with ACR guidelines • Participation in the ACR CT dose index registry OR use of dose monitoring software for tracking pediatric patients undergoing CT scans • Dedicated MRI Safety Officer	3
Percentage of school-age pediatric dialysis patients enrolled in a school or vocational rehabilitation program (G10): • 1 point for ≥ 50% & < 75% • 2 points for ≥ 75%	2
Implement the following bundles from the SCOPE collaborative • HD patient management (G36a) • PD patient management (G36b)	2
Participating in regular interdisciplinary clinical conferences to review and coordinate the care of patients in the following specialties (G17): • Urology/uroradiology • Renal pathology • Rheumatology • Fetal health	4
Providing the following services in support of the pediatric dialysis unit (G19): • Designated medical director board-certified in pediatric nephrology with a dedicated 0.25 or more FTE support for this position • Quality Assurance Performance Improvement activities reviewed independently from the adult dialysis service • Pediatric maintenance dialysis patients receive treatment in a unit independent from adult patients • Dedicated nursing staff with formal training in pediatric dialysis • At-home maintenance hemodialysis program for adolescents (maintained more than 3 months consecutively at home) that is either standalone or conducted in conjunction with an adult program • At-home maintenance peritoneal dialysis program	6
Availability and prescription of therapeutic plasma exchange to patients (G19.1): • Available and managed by a team that includes Pediatric Nephrology (2 points) • Available but NOT managed by a team that includes Pediatric Nephrology (1 point)	2
Ratio of accesses received in the last 2 years per patient for permanent hemodialysis vascular central venous catheters placed in children < 5 years of age (G22a): • 1 point for > 1.5 & ≤ 4 accesses per patient • 2 points ≥ 1 & ≤ 1.5 accesses per patient	2

* Parenthetical references indicate related survey questions. (continued)

Table 8. Commitment to Best Practices by Specialty (continued)

Nephrology* (42 points) continued	Points
Ratio of accesses received in the last 2 years per patient for permanent hemodialysis vascular central venous catheters placed in children, 5-17 years of age (G22b): • 1 point for > 1.5 & ≤ 4 accesses per patient • 2 points ≥ 1 & ≤ 1.5 accesses per patient	2
Ratio of accesses received in the last 2 years per patient for hemodialysis AV fistula/graft access placements in children, 10-17 years of age on maintenance dialysis (G22c): • 1 point for > 1.25 & ≤ 4 accesses per patient • 2 points for ≥ 1 & ≤ 1.25 accesses per patient	2
Ratio of accesses received in the last 2 years per patient for peritoneal dialysis catheters placed in children < 5 (G22d): • 1 point for > 1.25 & ≤ 4 accesses per patient • 2 points for ≥ 1 & ≤ 1.25 accesses per patient	2
Ratio of catheters placed in the last 2 years per patient for peritoneal dialysis catheters placed in children and adolescents, 5-17 (G22e): • 1 point for > 1.25 & ≤ 4 catheters per patient • 2 points for ≥ 1 & ≤ 1.25 catheters per patient	2
Offering a formal transition program for kidney transplant patients from pediatric to adult care when needed (G25)	1
Offering a formal transition program for dialysis patients into adult care when needed (G26)	1
Percentage of living donor nephrectomies conducted via laparoscopic procedure (G29): • 1 point for 70-79% • 2 points for 80-89% • 3 points for ≥ 90%	3
Percentage of kidney transplant patients <18 years of age that were preemptive (G31): • 1 point for 10-20% • 2 points for 21-30% • 3 points for >30%	3
Offering the following programs to support pediatric patients undergoing kidney transplant (G33): • Quality of life assessment • Child life program for kidney transplant patients • Transplant pharmacist	3
Maintaining a database of current kidney transplant patients with clinical data to allow for quality assessment and improvement of care (G38)	1
More than 50% of patients with primary hypertension first seen in the last 2 calendar years that receive nutritional counseling from a dietitian (G41)	1

* Parenthetical references indicate related survey questions. (continued)

Table 8. Commitment to Best Practices by Specialty (continued)

Neurology & Neurosurgery* (24 points)	Points
Offering the following to reduce radiation exposure to patients and staff (A10.1): • MRI safety program compliant with ACR guidelines • Participation in the ACR CT dose index registry OR use of dose monitoring software for tracking pediatric patients undergoing CT scans • Dedicated MRI Safety Officer	3
Having at least 50% of patients with epilepsy who received a surgical resection or laser ablation have intraoperative electrocorticography and/or extraoperative monitoring (H8 and H8.1)	1
Having $\geq$ 75% of EEG tests incorporated into the patient's medical chart within designated timeframes (H10): • Standard EEG medical evaluations interpreted and recorded within 24 hours of being conducted • Long-term video EEG (vEEG) evaluations interpreted and recorded within 24 hours from completion of the study	2
Having neuropsychological evaluations performed by a neuropsychologist at the center in the last calendar year for surgical patients with the following diagnoses (H15a-h): • Brain tumors • Traumatic brain injury/concussion postoperative • Medically intractable epilepsy postoperative • Craniofacial disorders postoperative • Congenital heart disease postoperative • Stroke • Demyelinating diseases • Headache and pain management	8
Participating in at least one national or international program that include a focus on outcome measures specific to neurology and neurosurgery (H19): • Pediatric Cerebrovascular Disease and Neurocritical Care • Pediatric Epilepsy • Pediatric Neuro-Oncology • Neuromuscular and Movement Disorders • Congenital and Developmental Disorders • Neuroimmunology and Neuroinflammatory Disorders • Narcolepsy and Rare Pediatric Neurological Disorders	7
Participating in community outreach programs to improve health in the community (H20.1)	1
Having a formal plan to transition patients from pediatric to adult care that is: • Routinely established and communicated (H36) • Tracked for compliance for every patient over age 14 and document the plan in the medical record (H37)	2
Orthopedics* (47 points)	**Points**
Having at least 50% of the following staff who work in or directly support the Pediatric Orthopedic program be members of the Pediatric Orthopedic program or the Pediatric Orthopedic Society of North America (POSNA) (I3.2) • Nurse practitioners • Physicians assistants	2

* Parenthetical references indicate related survey questions. (continued)

Table 8. Commitment to Best Practices by Specialty (continued)

Orthopedics* (47 points) continued	Points
Offering the following to reduce radiation exposure to patients and staff (A10.1): • MRI safety program compliant with ACR guidelines • Participation in the ACR CT dose index registry OR use of dose monitoring software for tracking pediatric patients undergoing CT scans • Dedicated MRI Safety Officer	3
Being an active participant in the POSNA Safe Surgery Program (PSSP) (I5.1)	1
Percentage of nurse practitioners and physician assistants receiving pediatric orthopedic surgery-related continuing education credit or continuing medical credit (I3.1): • 1 point for ≥50% & <75% • 2 points for ≥75%	2
Percentage of RNs receiving pediatric orthopedic surgery-related continuing education credit or continuing medical credit (I4.1a): • 1 point for ≥50% & <75% • 2 points for ≥75%	2
Percentage of medical assistants receiving pediatric orthopedic surgery-related continuing education credit or continuing medical credit (I4.1b): • 1 point for ≥50% & <75% • 2 points for ≥75%	2
Number of pediatric orthopedic surgeons who are active or candidate members of the Pediatric Orthopedic Society of North America (I5): • 1 point for 1-2 • 2 points for 3+	2
Providing pediatric imaging center with the following services (I10): • Intraoperative navigation system • Low-dose, three-dimensional upright body imaging for evaluating idiopathic scoliosis • Pediatric anesthesia services to support sedation and general anesthesia for imaging in very young children • Image-guided thermal ablation of bone tumors	4
Having a designated inpatient trauma operating room that 100% guarantees orthopedics a "first case of the day start" (I28)	1
Having a policy in place that provides even greater operating room access based on periodic demand (I29)	1
Having a preoperative coordinated care review process led by a nursing coordinator that meets at least monthly to evaluate high-risk patients and prepare them for surgery and hospitalization (I30)	1
Having surgeons who treat sports injuries participate in a multicenter surgical performance programs (I33/I33.1)	1
• Having access to at least 1 of the following types of anesthesiologists (I34): • Pediatric anesthesiologist • Pediatric spine anesthesiologist	1
Having at least 1 surgical correction for scoliosis case that was staffed by either a pediatric anesthesiologist or a pediatric spine anesthesiologist (I35)	1
Having at least 50% of pediatric spine anesthesiologists who were the anesthesiologist of record for 40 or more surgical corrections for scoliosis cases in the past 3 years (I35.1)	1

* Parenthetical references indicate related survey questions. (continued)

Table 8. Commitment to Best Practices by Specialty (continued)

Orthopedics* (47 points) continued	Points
Percentage of surgical spine patients 8 or older completing a patient reported outcomes questionnaire (I36/I36.1): • 1 point for ≥50% & <75% • 2 points for ≥75%	2
Percentage compliance with written checklists/guidelines for patients with prevention or treatment of neurological injury associated with surgery for idiopathic scoliosis (I37a): • 1 point for ≥70 & <85% • 2 points for ≥ 85%	2
Percentage compliance with written checklists/guidelines for patients with neurovascular injuries associated with supracondylar fractures or dislocation of the knee (I37b): • 1 point for ≥70 & <85% • 2 points for ≥ 85%	2
Percentage compliance with written checklists/guidelines for patients with spinal trauma resulting in acute spinal cord injury (I37c): • 1 point for ≥70 & <85% • 2 points for ≥ 85%	2
Having at least 1 in-service presentation or formal lecture to an RN audience (I39)	1
Establishing a professional relationship with one or more prosthetic/orthotics providers such that they attend clinic on a regular basis (I40)	1
Having a fixed surgery support team that are dedicated to working with pediatric orthopedic surgeons (I41)	1
Providing afterhours or weekend "on call" service for a fixed surgery support team (I42)	1
Rate of single event multilevel surgery patients who received a multimodal pain management (I46a/I45): • 1 point for ≥ 75% & < 90% • 2 points for ≥ 90%	2
Rate of single event multilevel surgery patients who received a postoperative assessment by anesthetic/pain team (I46b/I45): • 1 point for ≥ 75% & < 90% • 2 points for ≥ 90%	2
Hosting or being actively involved in organizing a cerebral palsy support group (I47)	1
Having the following elements of a Narcotic Stewardship program (I48): • A non-narcotic pathway in place for patients being admitted for orthopedic surgery • "Right Size" opioid prescribing recommendations based on patient age and procedure for orthopedic surgical patients • Narcotic safety education provided to families of orthopedic surgical patients with instructions on how to safely dispose of unused narcotics • Plan to ensure tracking of potential pain medication seeking or opioid addition in orthopedic surgical patients • A system to automatically limit the number of narcotic tablets prescribed to orthopedic surgical patients following treatment for supracondylar fracture of the humerus or isolated femoral shaft fractures	5

* Parenthetical references indicate related survey questions. (continued)

Table 8. Commitment to Best Practices by Specialty (continued)

Pulmonology & Lung Surgery* (31 points)	Points
Offering the following to reduce radiation exposure to patients and staff (A10.1): • MRI safety program compliant with ACR guidelines • Participation in the ACR CT dose index registry OR use of dose monitoring software for tracking pediatric patients undergoing CT scans • Dedicated MRI Safety Officer	3
Screening all pulmonology patients for tobacco smoke exposure and/or nicotine use and actively counsel or refer family members who use tobacco products, including e-cigarettes or vaporizers (J6)	1
Having access to a thorough onsite assessment of patients' home environment and offer guidance for reducing exposures that contribute to asthma (J9)	1
Participating in the creation, maintenance, or implementation of care pathways for the following conditions (J6.1): • Bronchiolitis • Croup • Cystic fibrosis • Uncomplicated pneumonia • Complicated pneumonia • Initiation of tracheostomy of home ventilator support • Tracheostomy or ventilator-dependent patients • Pneumothorax care pathway • Acute chest syndrome • Spinal fusion care pathways, including evaluation and management of potential pulmonary risks • High flow nasal cannula therapy • Brief resolved unexplained event (BRUE, formerly apparent life-threatening event or ALTE) • Other care pathways including airway emergencies such as foreign body, epiglottitis/tracheitis, or inhalation injury	13
Provide onsite access to bronchial artery embolization for CF patients provided by pediatric specialists (J25.1)	1
Having a pediatric sleep disorders clinic that addresses the needs of patients with ventilation or other sleep disorders and manages the patient's positive airway pressure (J38)	1
Having multidisciplinary care team to coordinate the care of long-term ventilator-dependent patients with the following members (J42): • Physiatrist • Respiratory therapist • Social worker • Dietitian	4
Participating in formal programs for the outpatient management of pediatric patients with the following conditions (J50): • Sickle cell anemia • Aerodigestive disorders • Craniofacial disorders • Pulmonary hypertension • Connective tissue diseases	5
Being accredited by the Pulmonary Hypertension Association as a Pediatric Center of Comprehensive Care (CCC) (J50.1)	1
Having a protocol for preparing and assisting in the transition of patients from pediatric to adult pulmonology (J53)	1

* Parenthetical references indicate related survey questions. (continued)

Table 8. Commitment to Best Practices by Specialty (continued)

Urology* (8 points)	Points
Offering the following to reduce radiation exposure to patients and staff (A10.1): • MRI safety program compliant with ACR • Participation in the ACR CT dose index registry OR use of dose monitoring software for tracking pediatric patients undergoing CT scans • Dedicated MRI Safety Officer	3
Offering satellite outpatient clinics for elective care (K21): • 1 point for 1-3 days a month • 2 points for 4 days a month or more	2
Having the following protocols in place (K22): • Standardized clinical pathway for children presenting with acute stone pain to the ED • Educational materials for patients and families on urological conditions that are updated on a regular basis	2
Following an Enhanced Recovery After Surgery (ERAS) protocol which includes anesthesia and pain management protocols for complex reconstructive procedures (K25)	1
Behavioral Health* (84 points)	**Points**
Having access to the following either onsite or via a partnership (1 point) L6: • Behavioral health consultation assessment or treatment available in the ED 24/7 • Consultative liaison service providing assessment and treatment to patients being treated in inpatient programs outside of behavioral health • Consultative liaison service providing assessment and treatment to patients being treated in outpatient programs outside of behavioral health • Evidence-based psychotherapy or behavior therapy treatment behavioral health conditions • Medication management for behavioral health conditions • Designated inpatient psychiatric unit • Care coordinators/case managers (RNs, social workers, etc.) for patients receiving behavioral healthcare • Satellite and/or community clinics to improve access to behavioral healthcare • School intervention program with providers embedded in one or more school(s) or available at least weekly for consultation/training with patients, families, and teachers • Partial day hospitalization and/or intensive outpatient program • Residential program for patients requiring long-term care • Multilingual behavioral health providers who can provide diagnostic and treatment services to those whose first language is not English • Access to behavioral health provider consultation support for primary care providers • Behavioral health urgent care • Evening/weekend hours for behavioral health services • Intensive community and Home-based therapy or ABA/Intensive Behavioral Intervention for Autism Spectrum Disorders • Crisis stabilization services in subspecialty or primary care • Wrap-around services in subspecialty or primary care • Respite care	19

* Parenthetical references indicate related survey questions. (continued)

Table 8. Commitment to Best Practices by Specialty (continued)

Behavioral Health* (84 points) continued	Points
Subspecialties available from the hospital's Pediatric and Adolescent Behavioral Health Program to support emergent care needs within inpatient (1 point) and outpatient (1 point) programs (L8): • Psychiatrist • Clinical psychologist • Developmental-behavioral pediatrician or neurodevelopmental disabilities physician • Adolescent medicine physician	8
Routine practices or workflows to address the risk of suicide in patients receiving care. Hospitals received 2 points for providing for most patients (>75%) or 1 point for providing for some patients (50%-75%) in the following areas (L15): • In the ED (not a psychiatric ED), utilize a standardized tool to screen for risk of suicide as part of suicide prevention (e.g., ASQ, Columbia, or other) • In inpatient behavioral healthcare, utilize a standardized tool to screen for risk of suicide as part of suicide prevention (e.g., ASQ, Columbia, or other) • In inpatient medical care (not behavioral health), utilize a standardized tool to screen for risk of suicide as part of suicide prevention (e.g., ASQ, Columbia, or other) • In outpatient (ambulatory) behavioral healthcare, utilize a standardized tool to screen for risk of suicide as part of suicide prevention (e.g., ASQ, Columbia, or other) • In outpatient (ambulatory primary and specialty) medical care (not behavioral health), utilize a standardized tool to screen for risk of suicide as part of suicide prevention (e.g., ASQ, Columbia, or other) • In inpatient behavioral healthcare, a structured safety plan is routinely developed by providers with patients identified as having a significant risk of suicide • In inpatient medical care (not behavioral health), a structured safety plan is routinely developed by providers with patients identified as having a significant risk of suicide • In outpatient (ambulatory) behavioral healthcare, a structured safety plan is routinely developed by providers with patients identified as having a significant risk of suicide • In outpatient (ambulatory) medical care (not behavioral health), a structured safety plan is routinely developed by providers with patients identified as having a significant risk of suicide	18
Prevention screening using standardized instruments and/or clinical interviews in inpatient care (1 point) and outpatient care (1 point) for the following behavioral health concerns (L16): • Parental depression or history of behavioral health conditions • Depression in all patients 12 years and older • Autism spectrum disorders in children • Developmental delay in children • Substance use in patients >12 years of age • General screening for behavioral health problems yearly • Anxiety disorders • Firearm safety and gun violence screening • Trauma/Adverse childhood experiences (ACEs)	18

* Parenthetical references indicate related survey questions. (continued)

Table 8. Commitment to Best Practices by Specialty

Behavioral Health* (84 points) continued	Points
Location and time limits for Psychiatric Boarders (L23.4): • In the ED, with specific time limits • In the ED, without specific time limits • Moved to an inpatient medical unit	1
At least quarterly mortality and morbidity review, including safety rounds, systems error meetings, clinical competence conferences or some other equivalent meetings in the following areas (L24): • Child and Adolescent Psychiatry • Child and Adolescent Psychology or Neuropsychology • Developmental-Behavioral Pediatrics or Neurodevelopmental Disabilities • Adolescent Medicine	4
Behavioral interventions as treatment prior to prescribing antipsychotic medications (L28): • A policy of reviewing possible behavioral interventions prior to prescribing antipsychotics (2pts) • No policy, but frequently review possible behavioral interventions prior to prescribing antipsychotics (1pt)	2
Measurement-based care practices followed by the program (L30): • Using standardized patient- or parent-reported outcomes evaluate patients in treatment (e.g., ABAS, BDI, BYI, BASC, BERS, CDI, CBCL, CHQ, CSI, GAD-7, PedsQL, PHQ-9, PSC, SDQ, Vanderbilt, YOQ) • One or more of the standardized patient- or parent-reported outcomes described above are available for online completion and submission • Set benchmarks for progress across key patient- or parent-reported outcomes • Utilizing scores from standardized patient- or parent-reported outcomes to evaluate progress in treatment • Displaying summary scores from standardized patient- or parent-reported outcomes to evaluate progress in treatment • Ongoing quality improvement efforts to evaluation the program and providers using standardized patient- or parent-reported outcomes	6
Engaging in activities to evaluate and mitigate staff injuries (L32): • Setting targets for reducing staff injuries • Tracking injuries experienced by staff in the delivery of care to patients • Reviewing performance on set targets for reducing staff injuries with hospital leadership	3
Having a plan to reduce the time to assessment from the presentation to the ED, including a tracking mechanism for evaluation and a set target or goal for improvement (L37)	1
Having or participating in an organized collaborative and/or Integrated behavioral health services in primary care (L39): • In all primary care settings (2 points) • In some primary care settings (1 point)	2
Having or participating in an integrated behavioral health services in medical subspecialty care (L40): • In all medical specialties/subspecialties (2 points) • In some medical specialties/subspecialties (1 point)	2

* Parenthetical references indicate related survey questions.

B. Ability to Prevent Infections

Incorporating infection-preventing measures captures the commitment of a hospital to identifying and implementing proven means of reducing the risk of various infections.

All-Specialty Infection-Preventing Measures

A core set of submeasures for all specialties was worth up to 27 points, as shown in ***Table 9***. Specialty-specific measures in all specialties allowed for up to an additional 15 points, depending on the specialty. Note that this measure was not used in Behavioral Health because it does not impact the care for that specialty.

Table 9. Core Infection-Preventing Measures, All Specialties (Except for Behavioral Health)

All Specialties (Except for Behavioral Health)* (27 points)	Points
Providing at least 0.25 cumulative FTE financial support per 100 licensed beds for a pediatric infectious disease specialist to serve as dedicated physician leaders of the infection-prevention program (A26.1, A1.2)	1
Number of FTE infection preventionists per 100 licensed beds (A27, A1.2): • 2 points for ≥ 1.5 FTE per 100 licensed beds • 1 point for ≥ 0.5 FTE per 100 licensed beds and < 1.5 FTE per licensed 100 beds	2
Having eligible infection preventionists certified by the Certification Board in Infection Control (A27.1): • 2 points for having at least 1 eligible infection preventionist who is certified and at least 50% of eligible infection preventionists certified • 1 point for having at least 1 eligible infection preventionist who is certified	2
Ensuring that healthcare personnel received influenza vaccination (A28a): • 2 points for ≥ 95% of healthcare personnel • 1 point for ≥ 90% of healthcare personnel	2
Ensuring that licensed independent practitioners (physicians and advanced practice providers) received influenza vaccination (A28b): • 2 points for ≥ 95% of licensed independent practitioners • 1 point for ≥ 90% of licensed independent practitioners	2
Ensuring students, trainees, and volunteers received influenza vaccination (A28c): • 2 points for ≥ 95% of students, trainees, and volunteers • 1 point for ≥ 90% of students, trainees, and volunteers	2
Ensuring that at least 95% of the following staff received Tdap vaccination (A29): • Employee healthcare personnel • Licensed independent practitioners (physicians and advanced practice providers) • Students, trainees, and volunteers	3
Requiring all volunteers to receive or provide documentation of: • Influenza vaccination (A29.1) • Tdap vaccination (A29.2)	2
Offering an influenza vaccination program for families and primary caregivers (A29.3)	1
Offering an adult Tdap booster program for families and caregivers (A29.4)	1

* Parenthetical references indicate related survey questions. (continued)

Table 9. Core Infection-Preventing Measures, All Specialties (Except for Behavioral Health)*, continued

All Specialties (Except for Behavioral Health)* (27 points) (continued)	Points
Having the following elements of antimicrobial stewardship program: • Actively monitoring internal days of therapy (DOT) of antibiotic use per 1,000 patients (A31a) • Restriction or pre-authorization of selected antimicrobial agents to prevent potential resistance from overuse (A31b) • Implementing prospective review and real-time intervention regarding antimicrobial use or "handshake stewardship" (A31c) • Use of clinical guidelines in prescribing antimicrobials for community-acquired pneumonia (A31d) • IV to PO conversion program available to ensure correct dosage (A31e) • Dedicated pharmacist to antimicrobial stewardship program (ASP) with at least 1.0 FTE support for hospitals with at least 250 beds or at least 0.5 FTE support for hospitals with less than 250 beds (A31.2a) • At least 0.3 FTE support for the role of medical director of the pediatric ASP program (A31.2b) • At least 0.2 FTE support for a dedicated analyst to support ASP program (A31.2c)	8
Providing financial support for 1 or more physicians with 50% or more FTE to serve as dedicated physician leaders of the hospital's outbreak response/incident management/emergency preparedness program (A53 and A53.1)	1

* Parenthetical references indicate related survey questions.

Specialty-Specific Infection-Preventing Measures

Cancer (6 additional points). Hospitals received up to 2 points for auditing hand hygiene compliance rates (A24): 2 points if audit via direct observation or a hybrid of direct observation and electronic monitoring, or 1 point if audit via electronic monitoring. Hospitals received up to 2 points for having rapid (within 6 hours) identification systems available for blood culture isolates to enable differentiation of key gram-positive bacterial pathogens by genus and major mechanisms of resistance (A32a) and key gram-negative bacterial pathogens by genus and major mechanisms of resistance (A32b). Hospitals received 1 point for having a formal program to prevent hospital-acquired pressure injuries (A36). Hospitals received 1 point for actively tracking seasonal influenza vaccinations in cancer patients on active chemotherapy, meaning currently receiving chemotherapy or having completed chemotherapy within the last 180 days (B32).

Cardiology & Heart Surgery (14 additional points). Hospitals received up to 2 points for auditing hand hygiene compliance rates (A24): 2 points if audit via direct observation or a hybrid of direct observation and electronic monitoring, or 1 point if audit via electronic monitoring. Hospitals received up to 2 points for having rapid (within 6 hours) identification systems available for blood culture isolates to enable differentiation of key gram-positive bacterial pathogens by genus and major mechanisms of resistance (A32a) and key gram-negative bacterial pathogens by genus and major mechanisms of resistance (A32b). Hospitals received 1 point for having a formal program to prevent hospital-acquired pressure injuries (A36).

Hospitals received up to 4 additional points for engaging in the following surgical site infection-prevention procedures: preoperative bath (E31a), no use of razor for hair removal (E31b), preparation of skin at surgical site with alcohol-containing agent (E31c), and screening for and appropriately decolonizing *Staphylococcus aureus* utilizing a nasal antiseptic (E31d).

Hospitals received up to 3 additional points for limiting cardiac cases developing surgical site infections (SSIs) after cardiac surgery: 3 points for ≤ 2% of cases, 2 points for > 2% to ≤ 3% of cases, and 1 point for > 3% to ≤ 4% cases (E34).

Hospitals received 1 point for using National Healthcare Safety Network (NHSN)/CDC standards or STS standards to determine the number of cases developing SSIs (E34.1). Hospitals received 1 point for using NHSN/CDC standards or STS standards to determine the number of eligible cardiac surgeries for their SSI rate (E34.3).

Diabetes & Endocrinology (4 additional points). Hospitals received up to 2 points for auditing hand hygiene compliance rates (A24): 2 points if audit via direct observation or a hybrid of direct observation and electronic monitoring, or 1 point if audit via electronic monitoring. Hospitals received 1 point for having a formal program to prevent hospital-acquired pressure injuries (A36). Hospitals received 1 point for actively tracking seasonal influenza vaccinations in primary care diabetes pediatric outpatients (C42).

Gastroenterology & GI Surgery (9 additional points). Hospitals received up to 2 points for auditing hand hygiene compliance rates (A24): 2 points if audit via direct observation or a hybrid of direct observation and electronic monitoring, or 1 point if audit via electronic monitoring. Hospitals received up to 2 points for having rapid (within 6 hours) identification systems available for blood culture isolates to enable differentiation of key gram-positive bacterial pathogens by genus and major mechanisms of resistance (A32a) and key gram-negative bacterial pathogens by genus and major mechanisms of resistance (A32b). Hospitals received 1 point for having a formal program to prevent hospital-acquired pressure injuries (A36). Hospitals received up to 2 points for actively tracking seasonal influenza vaccinations for chronic intestinal failure patients (D18) and post-liver transplant patients (D23). Hospitals received up to 2 additional points for implementing strategies for preventing central line–associated bloodstream infections for TPN patients (D37): 1 point for implementing one or two strategies, or 2 points for implementing 3 or more strategies.

Neonatology (15 additional points). Hospitals received up to 2 points for having rapid (within 6 hours) identification systems available for blood culture isolates to enable differentiation of key gram-positive bacterial pathogens by genus and major mechanisms of resistance (A32a) and key gram-negative bacterial pathogens by genus and major mechanisms of resistance (A32b). Hospitals received 1 point for having a formal program to prevent hospital-acquired pressure injuries (A36).

Hospitals received 1 point for having written standardized clinical decision support tools (such as guidelines, order sets, treatment algorithm) and 1 point for monitoring compliance with clinical decision support tools for antibiotic use in each the following situations (up to 10 additional points): surgical necrotizing enterocolitis (NEC) repair or drain placement (F38a), gastroschisis abdominal closure (F38b), medical necrotizing enterocolitis (F38c), early-onset sepsis (F38d) and late-onset sepsis (F38e). Hospitals received up to 2 points for percentage of compliant hand hygiene observations for inpatient care areas in the past 12 months (F37.1): 1 point for ≥ 80% and < 90% compliance, 2 points for ≥ 90% compliance.

Nephrology (11 additional points). Hospitals received up to 2 points for auditing hand hygiene compliance rates (A24): 2 points if audit via direct observation or a hybrid of direct observation and electronic monitoring, or 1 point if audit via electronic monitoring. Hospitals received up to 2 points for having rapid (within 6 hours) identification systems available for blood culture isolates to enable differentiation of key gram-positive bacterial pathogens by genus and major mechanisms of resistance (A32a) and key gram-negative bacterial pathogens by genus and major mechanisms of resistance (A32b). Hospitals received 1 point for having a formal program to prevent hospital-acquired pressure injuries (A36). Hospitals received 1 point each (up to 6 points) for actively tracking seasonal influenza and pneumococcal vaccinations for hemodialysis patients (G12a, G13a), peritoneal dialysis patients (G12b, G13b), and kidney transplant patients (G34, G35).

Neurology & Neurosurgery (11 additional points). Hospitals received up to 2 points for auditing hand hygiene compliance rates (A24): 2 points if audit via direct observation or a hybrid of direct observation and electronic monitoring, or 1 point if audit via electronic monitoring. Hospitals received 1 point for having a formal program to prevent hospital-acquired pressure injuries (A36). Hospitals received 1 point for monitoring compliance with preoperative antibiotic prophylaxis for a sample of cases or 2 points for monitoring compliance for all ventricular surgeries (H25). Up to 2 additional points were awarded based on the percentage of compliance (H26): 1 point if ≥ 75% and < 90%, or 2 points if ≥ 90%. Hospitals received 1 point for actively tracking SSIs for ventricular shunt surgeries (H27). Up to 3 points were awarded for the rate of SSIs per 100 ventricular shunt surgeries performed in the prior year (H28). Points were awarded as follows: 1 point if > 6% and ≤ 10%, 2 points if > 3% and ≤ 6%, or 3 points if ≤ 3%.

Orthopedics (8 additional points). Hospitals received up to 2 points for auditing hand hygiene compliance rates (A24): 2 points if audit via direct observation or a hybrid of direct observation and electronic monitoring, or 1 point if audit via electronic monitoring. Hospitals received 1 point for having a formal program to prevent hospital-acquired pressure injuries (A36). Hospitals received 1 point for monitoring compliance with preoperative antibiotic prophylaxis for a sample of cases or 2 points for monitoring compliance for all spinal fusion surgeries (I21). Up to 2

additional points were awarded according to the percentage of compliance (I22): 1 point if ≥ 75% and < 90%, or 2 points if ≥ 90%. Hospitals received 1 point for monitoring SSIs for spinal fusion surgeries using an established standard program (I23 and I23.1).

Pulmonology & Lung Surgery (11 additional points). Hospitals received up to 2 points for auditing hand hygiene compliance rates (A24): 2 points if audit via direct observation or a hybrid of direct observation and electronic monitoring, or 1 point if audit via electronic monitoring. Hospitals received 1 point for having a formal program to prevent hospital-acquired pressure injuries (A36). Hospitals received 1 point each (up to 5 points) for actively tracking seasonal influenza vaccinations for asthma patients (J14), cystic fibrosis patients (J18), lung disease (J27.1), neuromuscular weakness disorder patients (J33) or ventilator-dependent patients (J43). Up to 3 additional points were awarded according to the percentage vaccinated (J19): 1 point for ≥ 50% and < 75%, 2 points for ≥ 75% and < 90%, or 3 points for ≥ 90%.

Urology (2 additional points). Hospitals received up to 2 points for auditing hand hygiene compliance rates (A24): 2 points if audit via direct observation or a hybrid of direct observation and electronic monitoring, or 1 point if audit via electronic monitoring.

C. Prevention/Reduction of Side Effects of Care

For the pediatric and adolescent behavioral health specialty, an additional process measure was included that focused on the prevention or reduction of side effects of care. This measure was made up of items from the survey that evaluated whether hospitals measured the iatrogenic effects of behavioral healthcare. Hospitals received up to 16 points for the following (***Table 10***):

Table 10. Prevention/Reduction of Side Effects of Care

Behavioral Health* (16 points)	Points
A policy designed to reduce the use of mechanical, physical, and pharmacologic restraints and seclusions/exclusions (L31a) • In general medical inpatient care OR behavioral health inpatient care • In the ED	2
A tracking mechanism that records the use of restraints and seclusions/exclusions (L31b) • In general medical inpatient care OR behavioral health inpatient care • In the ED	2
A set target for reducing the time spent in or the number of restraints and seclusions/exclusions (L31c) • In general medical inpatient care OR behavioral health inpatient care • In the ED	2

(continued)

Table 10. Prevention/Reduction of Side Effects of Care (continued)

Behavioral Health* (16 points) (continued)	Points
Reporting and discussing the amount of time in and rate of mechanical, physical, and pharmacologic restraints and seclusions/exclusions (L31d) • In general medical inpatient care OR behavioral health inpatient care • In the ED	2
A standing committee charged with quality improvement efforts reviewing and reducing the use of mechanical, physical, and pharmacologic restraints and seclusion (L31e) • In general medical inpatient care OR behavioral health inpatient care • In the ED	2
Employs preventive strategies designed to proactively reduce the use of mechanical, physical, and pharmacologic restraints (L31f) • In general medical inpatient care OR behavioral health inpatient care • In the ED	2
A mechanism for parents/caregivers to develop a behavior support plan with providers to identify triggers for behavioral escalation and accommodations that can be helpful to address treatment needs (L33) • In inpatient behavioral healthcare • In other inpatient (not behavioral health) care • In outpatient care • Documented in Electronic Health Records (EHR)(L34)	4

D. Expert Opinion with Pediatric Specialists

Expert opinion can be viewed as a form of peer review of the hospital's capabilities across a wide variety of processes related to quality of care. For all specialties, expert opinion scores were based on responses to the physician surveys conducted in 2023, 2024, and 2025. Scores were calculated separately in each year and averaged such that each year's scores are given equal weighting in the final expert opinion score, as shown in ***Table 11***.

Table 11. Expert Opinion Weight by Survey Year

Sample Source	Expert Opinion Weight	Overall Weight
2025 Physician Survey	33.3%	3.3%
2024 Physician Survey	33.3%	3.3%
2023 Physician Survey	33.3%	3.3%
Total	100.0%	10.0%*

* In Cardiology & Heart Surgery, the overall weight for expert opinion is 5%.

The sections below describe the approach used for the 2025 survey, which was similar to the 2024 and 2023 surveys. The approaches used for the 2023 and 2024 surveys are provided in the corresponding methodology reports for those years, available at ***www.rti.org/besthospitals***.

2025 Survey Approach

Sample Selection

The sample was drawn from a database of U.S. physicians compiled by Doximity. Similar to the AMA Physician Masterfile, which was used as the sampling frame prior to 2015, Doximity's comprehensive Physician Database includes every practicing U.S. physician, identified by National Provider Identifier (NPI) number. Its sources include the U.S. Department of Health and Human Services NPI Registry, specialty boards (e.g., the ABMS, the American Board of Surgery, and the American Osteopathic Association) and state medical boards. Doximity's proprietary database is augmented by more than 750,000 registered and verified physician members who review and update their profiles to provide another set of primary data. U.S. News & World Report holds an equity interest in Doximity.

Table 12 lists all eligible board certifications and provides the population counts of Doximity member pediatric specialists eligible in each specialty.

Table 12. Population Counts by Best Hospitals Specialty, Doximity Members

Best Children's Hospitals Specialty	Subspecialties	Doximity Members
Cancer	Pediatric Hematology-Oncology and Pediatric Surgery (ABMS)	3,152
Cardiology & Heart Surgery	Pediatric Cardiology, Pediatric Cardiac Surgery, Pediatric Thoracic Surgery, Pediatric Surgery (ABMS), and Congenital Cardiac Surgery (AOA)	3,494
Diabetes & Endocrinology	Pediatric Endocrinology (ABMS and AOA) and Pediatric Surgery (ABMS)	1,767
Gastroenterology & GI Surgery	Pediatric Gastroenterology, Pediatric Transplant Hepatology, and Pediatric Surgery (ABMS)	3,195
Neonatology	Neonatal-Perinatal Medicine and Pediatric Surgery (ABMS) Neonatology (AOA)	5,698
Nephrology	Pediatric Nephrology (ABMS)	813
Neurology & Neurosurgery	Child and Adolescent Neurology (AOA), Pediatric Neurosurgery (ABPNS), and Neurology with Special Qualification in Child Neurology (ABMS)	3,128
Orthopedics	Pediatric Orthopedic Surgery and Pediatric Sports Medicine (ABMS and AOA)	1,729
Pulmonology & Lung Surgery	Pediatric Pulmonary and Pediatric Sleep Medicine (ABMS and AOA)	1,425
Urology	Pediatric Urology and Pediatric Surgery (ABMS)	465
Behavioral Health	Adolescent Medicine, Developmental-Behavioral Pediatrics, Neurodevelopmental Disabilities, Child and Adolescent Psychiatry, Neurodevelopment Disabilities (ABMS), Child/Adolescent Psychiatry (AOA), and Child and Adolescent Psychology	12,400

Data Collection Procedures

The Doximity member survey identified a total of 37,266 physicians eligible in one of the 11 pediatric specialties as of February 1, 2025. In February, physicians received an initial email invitation with a link to the survey. The survey asked for names of up to 10 hospitals in the physician's specialty that provide the best care to patients with serious conditions, without considering location or expense. Nonresponding physicians received up to two follow-up email reminders with a link to the survey. In addition, physicians received alerts upon login to Doximity.com or use of the Doximity app inviting them to participate.

Response Rates

The overall response rate for the 2023, 2024, and 2025 surveys was 19.6% using the American Association of Public Opinion Research (AAPOR) standard response rate 5.[k]

Of 37,266 Doximity members, 6,498 completed the web survey by March 27, 2025. The final response rate for the 2025 survey was 17.4% using AAPOR standard response rate 5. ***Table 13*** shows response rates by region and specialty.

Table 13. Member Survey Response Rates (%) by Region and Specialty, 2025

Specialty	Midwest	Northeast	South	West	Total
Cancer	27.4	19.4	28.7	18.8	24.3
Cardiology & Heart Surgery	23.6	23.6	32.3	21.2	26.4
Diabetes & Endocrinology	28.2	20.9	29.4	24.9	26.0
Gastroenterology & GI Surgery	25.0	16.4	24.0	18.2	21.2
Neonatology	14.1	12.2	19.1	12.1	15.0
Nephrology	38.5	19.9	32.3	17.8	27.8
Neurology & Neurosurgery	24.3	21.0	22.9	23.4	22.8
Orthopedics	20.1	25.9	25.8	22.6	23.8
Pulmonology & Lung Surgery	24.7	20.5	24.6	21.5	23.0
Urology	45.2	35.1	34.9	36.6	37.6
Behavioral Health	8.0	7.7	8.3	7.0	7.8
Total	18.8	14.6	20.4	14.8	17.4

[k] Definitions are available online at ***https://aapor.org/wp-content/uploads/2023/05/Standards-Definitions-10th-edition.pdf***.

Survey Response Weighting

We used post-stratification weights for age by sex (55+ male, <55 male, and female[1]) and census region. Weights were constructed and applied to each physician's survey response to make nominations representative of Doximity members at the national level. Because all Doximity members were surveyed, weights were used only to adjust for differences in nonresponse by region and demographics. Additionally, scores were adjusted based on a physician's current affiliation. Data from multiple sources were used to determine whether a physician is currently affiliated with each hospital they nominated. Then certain adjustments were performed that result in nominations from unaffiliated physicians being weighted higher than those from physicians who have a current relationship with the hospital they nominated. The effect of these adjustments is to give higher weight to the opinions of unaffiliated physicians than to those of affiliated physicians, particularly in cases where a hospital received a relatively large proportion of its nominations from affiliated physicians. To ensure the integrity of the Physician Survey and weighting procedures for the Expert Opinion score, no additional methodological detail about this adjustment will be made public.

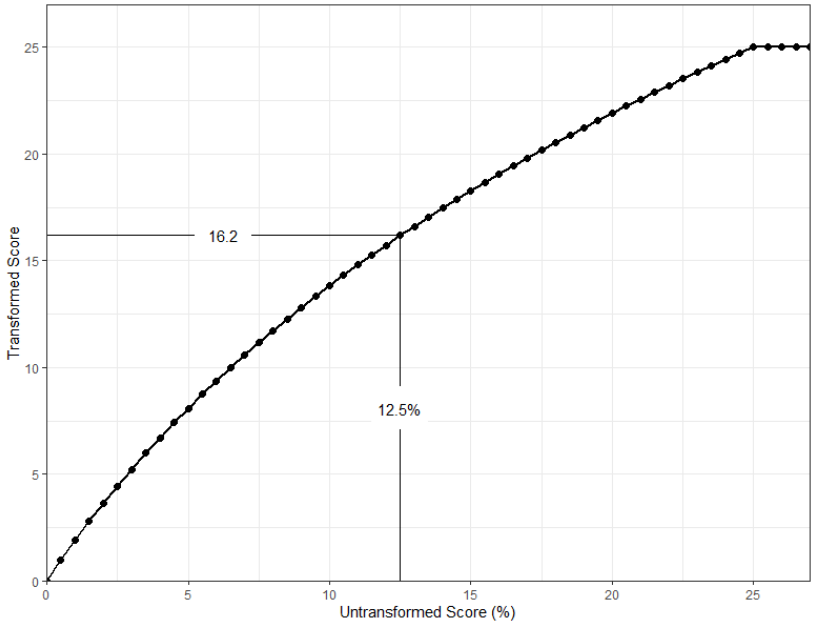
Transformation

Weighted 3-year expert opinion values are displayed in the ranking tables. Before the expert opinion data were combined into the Index of Hospital Quality (IHQ), the values were first capped at 25% (i.e., values exceeding 25% were set to 25%) and then log transformation was implemented to adjust for the skewed distribution of values. By its nature, a survey that solicits recommendations for "best hospitals" will result in data that do not follow a normal distribution. Relatively few hospitals will receive even one recommendation, and of the hospitals recommended, even fewer will receive a substantial number of nominations. Because other ranking components such as structural measures and mortality are not similarly skewed, expert opinion would have a greater impact on the final rankings than is warranted if left unadjusted.

Log transformation reshapes the distribution to more closely match expert opinion data to those of other components. The transformation is applied to the weighted expert opinion data using the formula $\log(RX + 10) - 1$, where RX is the weighted expert opinion score for hospital X. Adding a constant of 10 moderates the effect of the transformation. The transformed data are then normalized. ***Figure 1*** demonstrates the effect of the transformation.

[1] Age categories were collapsed for females because there were too few female physicians over 55 in the sample.

Figure 1. Impact of Transformation on Expert Opinion



The transformed expert opinion scores are mostly higher than the untransformed scores, but the relative increases are larger for low scores than for high ones. For example, an untransformed expert opinion value of 1% has a transformed score of 1.9, an untransformed value of 12.5% has a transformed score of 16.2 (as shown in ***Figure 1***), and an untransformed value of 20% has a transformed score of 21.9. Skewness is thus reduced, and the impact of expert opinion on final standing in the rankings is slightly diminished.

E. Normalization and Weighting

The process component, which consists of commitment to best practices, infection-prevention program, and expert opinion, is worth one-third (33.3%) of the overall score in each specialty except for Pediatric Cardiology & Heart Surgery and Behavioral Health. The overall measure weight and the process component weight for all other specialties is provided in ***Table 14.***

Table 14. Weight of Individual Process Measures (All Specialties Except Pediatric Cardiology & Heart Surgery and Behavioral Health)

Process Measure	Overall Weight	Process Component Weight
Commitment to Best Practices	13.33%	40.0%
Ability to Prevent Infections	10.0%	30.0%
Expert Opinion with Pediatric Specialists	10.0%	30.0%
Total	33.33%	100.0%

In pediatric Cardiology and Heart Surgery only, the overall weight for expert opinion was 5.0% and the other two measures included in process (Commitment to Best Practices and Ability to Prevent Infections Throughout Hospital) are worth 13.33% and 10.0%, respectively. The total weight given to the process component is 28.3%. The other 5 percentage points were added to the outcomes component (worth 38.3% in this specialty only).

In pediatric and adolescent Behavioral Health, the overall weight for expert opinion was 10%, while Commitment to Best Practices was 25%. Because of the nature of behavioral healthcare, infection prevention does not play a significant role in the care so it was not factored into this specialty. However, an additional measure focused on the "Prevention/reduction of side effects of care" was included at a weight of 5%. The total weight given to the process component is 40%.

As with the other components, individual process measures were normalized before being combined in the IHQ. Normalization, as described in ***Section IV.B***, transforms a measure's index values into a distribution between 0 and 1 based on the range of possible values.

VI. Outcomes

For the Best Hospitals adult specialty rankings, risk-adjusted mortality 30 days after admission is a key outcome measure. Other measures now used by healthcare researchers as quality indicators include readmissions following surgical or hospital discharge, patient functional status (or improvement), infection rates, and medical complications.

Because of the absence of comprehensive national sources of pediatric outcomes data comparable to the Medicare Standard Analytical File data used in the adult rankings, outcomes-related data are obtained directly from pediatric hospitals through the Pediatric Hospital Survey. Such data include bloodstream infection (BSI) rates, transplant survival rates, mitigation of adverse events, and surgical outcomes. Other data will be added over time to address the need for relevant outcomes measures and to provide a more complete picture of pediatric hospital care. Measures for the 2025-2026 rankings were developed from recommendations by expert advisory panels, as previously described. Details on specific outcomes measures, how they were calculated, and how they were scored are provided below.

A. Outcome Measures

Outcome measures are listed below, by specialty. Scoring rules used to assign points to hospitals for these outcomes are also described below. For all outcomes measures, a higher number of points indicates better outcomes (e.g., higher survival, lower mortality, fewer complications).

Cancer

Ability to Prevent Infections in Intensive Care Units (15 points). The rate of infections in ICUs is considered a good benchmark of patient safety and outcome because such infections in hospital-based care should be minimal. CLABSI rates were calculated as the number of BSIs per 1,000 central-line days during the previous 12 months.

CLABSI (A33) rates were tracked for all pediatric ICUSs and all oncology/stem cell transplant patients (B22). Hospitals were rewarded for lower rates of infections.

For pediatric ICU CLABSI rates, hospitals received up to 5 points. Hospitals received points based on the better score between the NHSN Standardized Infection Ratio (SIR) for their pediatric ICU and the unadjusted CLABSI rate provided by the hospital as follows: 5 points if SIR value is ≤ 0.75 or unadjusted CLABSI rate is ≤ 0.5 infections per 1,000 patient days, 4 points if the SIR value is ≤ 1.0 or unadjusted CLABSI rate is > 0.5 and ≤ 1.0 infections per 1,000 patient days, 3 points if the SIR value is ≤ 1.25 or unadjusted CLABSI rate is > 1.0 and ≤ 1.5 infections per 1,000 patient days, 2 points if the SIR value is ≤ 1.5 or unadjusted CLABSI rate is > 1.5 and ≤ 2.0 infections per 1,000 patient days, or 1 point if the SIR value is > 1.5 or unadjusted CLABSI rate is > 2.0 and ≤ 3.0 infections per 1,000 patient days.

For oncology/stem cell transplant patients CLABSI rates, hospitals received up to 10 points per group. Hospitals received points based on the better score between the NHSN SIR for their oncology/stem cell transplant unit and the unadjusted CLABSI rate provided by the hospital as follows: 10 points if SIR value is ≤ 0.75 or unadjusted CLABSI rate is ≤ 0.5 infections per 1,000 patient days, 8 points if the SIR value is ≤ 1.0 or unadjusted CLABSI rate is > 0.5 and ≤ 1.0 infections per 1,000 patient days, 6 points if the SIR value is ≤ 1.25 or unadjusted CLABSI rate is > 1.0 and ≤ 2.0 infections per 1,000 patient days, 4 points if the SIR value is ≤ 1.5 or unadjusted CLABSI rate is > 2.0 and ≤ 4.0 infections per 1,000 patient days, or 1 point if the SIR value is > 1.5 or unadjusted CLABSI rate is > 4.0 and ≤ 6.0 infections per 1,000 patient days.

Ability to Prevent Pressure Injuries (1 point). Hospitals received 1 point for tracking the rate of hospital-acquired pressure injuries for patients seen on an inpatient basis (A37).

Five-Year Cancer Survival (15 points). This measure evaluated the percentage of pediatric patients at least 18 months old with all subtypes and risk levels of acute lymphoblastic leukemia (ALL) (B35a), acute myeloid leukemia (AML) (B35b), Stage L1 neuroblastoma (B35c), NMYC amplified INR L2 or COG Stage 3 and INR stage M and COG Stage 4 neuroblastoma (B35d), and medulloblastoma (B35e) who were alive after 5 years of treatment in the pediatric cancer program. For each of the five measures, hospitals could receive up to 3 points for having a high percentage of

5-year survivors. For ALL, points were awarded as follows: 1 point for ≥ 70% and < 85% survival, 2 points for ≥ 85% and < 95% survival, or 3 points for ≥ 95% survival. For AML and Stage L2/M neuroblastoma, points were awarded as follows: 1 point for ≥ 35% and < 50% survival, 2 points for ≥ 50% and < 60% survival, or 3 points for ≥ 60% survival. For Stage L1 neuroblastoma, points were awarded as follows: 1 point for ≥ 60% and < 85% survival, 2 points for ≥ 85% and < 95% survival, or 3 points for ≥ 95% survival. For medulloblastoma, points were awarded as follows: 1 point for ≥ 70% and < 80% survival, 2 points for ≥ 80% and < 90% survival, or 3 points for ≥ 90% survival.

Survival after Bone Marrow Transplant (6 points). This measure assessed the percentage of pediatric patients aged 20 years or younger who received allogeneic bone marrow (including cord blood, bone marrow, peripheral, and stem cell) transplants for malignant disease in the past 5 years who died within 100 days following transplant, of all causes other than disease progression (B20.1). Hospitals could receive up to 3 points for survival rates for sibling-matched (HLA-identical) allogeneic transplants (B20.1a, B20.1b): 1 point if > 10% and ≤ 25% of patients died within 100 days, 2 points if > 5% and ≤ 10% of patients died within 100 days, or 3 points if ≤ 5% of patients died within 100 days. Hospitals could receive up to 3 points for matched unrelated allogeneic transplants (B20.1c, B20.1d): 1 point if > 15% and ≤ 30% of patients died within 100 days, 2 points if > 5% and ≤ 15% of patients died within 100 days, or 3 points if ≤ 5% of patients died within 100 days.

Cardiology & Heart Surgery

Ability to Prevent Infections in Intensive Care Units (5 points). The rate was calculated as the number of CLABSI (A33) per 1,000 central-line days in pediatric ICUs during the previous 12 months. Hospitals were rewarded for lower rates of infections. Hospitals received up to 5 points. Hospitals received points based on the better score between the NHSN SIR for their pediatric ICU and the unadjusted CLABSI rate provided by the hospital as follows: 5 points if SIR value is ≤ 0.75 or unadjusted CLABSI rate is ≤ 0.5 infections per 1,000 patient days, 4 points if the SIR value is ≤ 1.0 or unadjusted CLABSI rate is > 0.5 and ≤ 1.0 infections per 1,000 patient days, 3 points if the SIR value is ≤ 1.25 or unadjusted CLABSI rate is > 1.0 and ≤ 1.5 infections per 1,000 patient days, 2 points if the SIR value is ≤ 1.5 or unadjusted CLABSI rate is > 1.5 and ≤ 2.0 infections per 1,000 patient days, or 1 point if the SIR value is > 1.5 or unadjusted CLABSI rate is > 2.0 and ≤ 3 infections per 1,000 patient days.

Ability to Prevent Pressure Injuries (1 point). Hospitals received 1 point for tracking the rate of hospital-acquired pressure injuries for patients seen on an inpatient basis (A37).

Median Postoperative Length of Stay (9 points). Hospitals can receive up to 9 points for success in reducing the time that congenital heart patients spend in the hospital related to their heart condition for simple to moderately complex cases. For STAT Level 1 (E45a), hospitals received 3 points for having a median postoperative length of stay of ≤ 3 days, 2 points for a median postoperative length of stay > 3 and ≤ 5 days, and 1 point for a median postoperative length of stay > 5 and ≤ 8 days. For STAT Level 2 (E45b), hospitals received 3 points for a median postoperative length of stay of ≤ 7 days, 2 points for a median postoperative length of stay > 7 and ≤ 14 days, and 1 point for a median postoperative length of stay > 14 and ≤ 21 days. For STAT Level 3 (E45c), hospitals received 3 points for a median postoperative length of stay of ≤ 7 days, 2 points for a median postoperative length of stay > 7 and ≤ 16 days, and 1 point for a median postoperative length of stay > 16 and ≤ 24 days.

Survival after Congenital Heart Surgery (5 points). Starting with the 2017-18 rankings, hospitals received points for risk-adjusted survival after heart surgery. The STS Congenital Heart Surgery Database (CHSD) provides an adjusted mortality rate (AMR) using a mortality risk model that incorporates a hospital's patient mix to adjust scores based on known risk factors such as the patient's age, weight, procedure type, prior cardiothoracic operations, non-cardiac congenital anatomic abnormalities, chromosomal abnormalities, syndromes, and preoperative risk factors.[m]

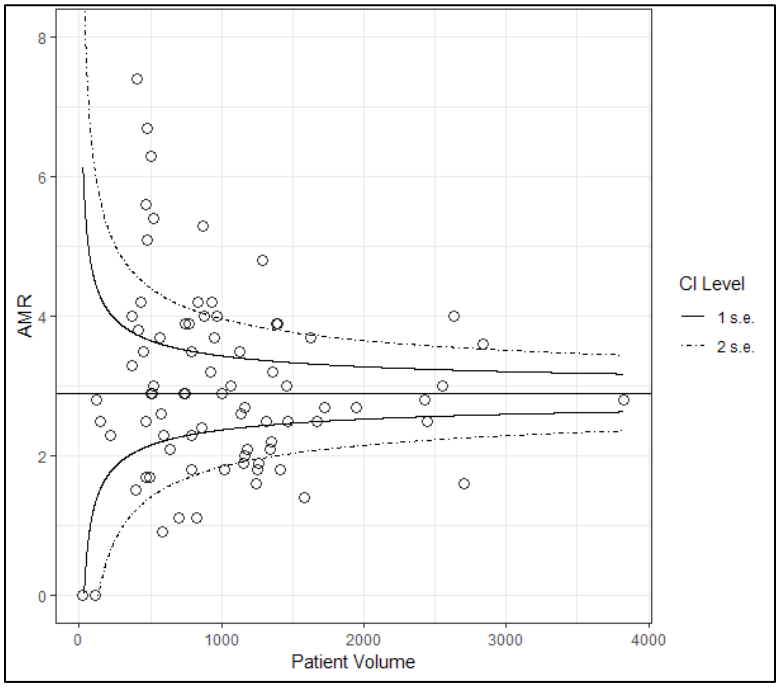
The AMR produced for each hospital estimates what the hospital's mortality rate would be if that hospital's case mix was the same as the overall case mix (across all hospitals). The AMR is calculated as the observed mortality rate divided by the expected mortality rate for that case mix, multiplied by the overall STS mortality rate for all hospitals. Operative mortality is defined in all STS databases as (a) all deaths occurring during the hospitalization in which the operation was performed, plus (b) all deaths, occurring after discharge from the hospital but before the end of the 30th postoperative day.[8,9] Lower scores indicate lower than expected mortality rates. The STS reports also include confidence intervals surrounding the AMR scores.

In an effort to account for the uncertainty in the AMR measure, starting with the 2019-20 rankings, a new method of handling the data was utilized. To accomplish this, we calculated values of 1 and 2 standard errors from the national average dependent on total patient volume across the 4 years using a funnel plot methodology. A conceptual depiction of the funnel plot can be seen in

[m] For more information, please see ***https://publicreporting.sts.org/chsd-risk-model***. ***This measure utilized results from the STS Congenital Heart Surgery Database Feedback Report covering surgeries performed from July 1, 2020, to June 30, 2024. This report includes a significant update to the risk-adjustment related to heart surgery outcomes.***

Figure 2. The standard errors were calculated using the standard statistical formula of $\sqrt{\frac{p*(1-p)}{n}}$, where n represents total patient volume, and p represents the national average AMR value (2.65%).

Figure 2. Example Funnel Plot of AMR and Patient Volume with 1 and 2 Standard Error Lines Used for Point Boundaries



After establishing the ranges for scoring of the AMR using the funnel plot methodology, points were awarded based on the comparison of the hospital's 4-year combined AMR and CI bounds (E43) in the following manner:

- 5 points were awarded to hospitals that had a 4-year combined AMR equal to or less than the national average minus 2 standard errors, or an upper CI bound less than the national average;
- else, 4 points were awarded to hospitals that had a 4-year combined AMR equal to or less than the national average minus 1 standard error;
- else, 3 points were awarded to hospitals that had a 4-year combined AMR equal to or less than the national average plus 1 standard error;
- else, 2 points were awarded to hospitals that had a 4-year combined AMR equal to or less than the national average plus 2 standard errors, or a lower CI bound less than the national average;
- else, 1 point was awarded to hospitals that had a 4-year combined AMR greater than the national average plus 2 standard errors.

Hospitals that do not receive a risk-adjusted mortality rate from the STS can receive up to 2.5 points for the measures of patient survival after complex heart procedures. These measures represent the rate of operative mortality (patient deaths) following moderately complex to very difficult heart surgery procedures at pediatric hospitals in the four most recent reporting periods (E42). An overall survival rate was computed based on data from STAT levels 1-5 for the past 4 years. Points were assigned as follows:

- 2.5 points were awarded to hospitals that had an operative mortality rate less than or equal to 1.0%;
- else, 2 points were awarded to hospitals that had an operative mortality rate less than or equal to 2.0%;
- else, 1.5 points were awarded to hospitals that had an operative mortality rate less than or equal to 3.0%;
- else, 1 point was awarded to hospitals that had an operative mortality rate less than or equal to 4.0%;
- else, 0.5 points were awarded to hospitals that had an operative mortality rate less than or equal to 5.0%.

Survival and Prevention of Complications after Certain Complex Heart Procedures (18 points). Hospitals received 9 points for lower rates of reoperation and support after initial surgeries for each of three types of surgeries: Complete AV Canal repair (E37.1), Arterial Switch Operations for Transposition of the Great Arteries with intact ventricular septum (TGA, IVS) in the last 4 reporting years (E37.3), and Ventricular Septal Defect repair surgery in the last 4 reporting years (E37.4). For each type, hospitals received 1 point for > 6% and ≤ 10% reoperation or support after the initial surgery, 2 points for > 3% and ≤ 6% reoperation or support, or 3 points for ≤ 3% reoperation or support.

Hospitals received up to an additional 9 points for neonates and infants with congenital heart disease (CHD) who had surgery prior to 1 year of age for their CHD. Hospitals received points for risk-adjusted survival of neonates and infants following congenital heart surgery. The STS CHSD provides an AMR for each STAT level in the neonate and infant population using a mortality risk model that incorporates a hospital's patient mix to adjust scores based on known risk factors.[n]

For each STAT level in the neonate and infant patient population, the AMR provides an estimate of what the hospital's mortality rate would be if that hospital's case mix was the same as the overall case mix (across all hospitals). The AMR is calculated as the observed mortality rate divided by the expected mortality rate for that case mix, multiplied by the overall STS mortality rate for all

[n] For more information, please see ***https://publicreporting.sts.org/chsd-risk-model. This measure utilized results from the STS Congenital Heart Surgery Database Feedback Report covering surgeries performed from July 1, 2020, to June 30, 2024. This report includes a significant update to the risk-adjustment related to heart surgery outcomes.***

hospitals. Lower scores indicate lower than expected mortality rates. The STS reports also include confidence intervals surrounding the AMR scores.

For the 2025-2026 rankings, a funnel plot of AMR and patient volume was implemented for risk-adjusted survival of neonates and infants following congenital heart surgery in an effort to account for the uncertainty in the AMR measure. Hospitals that received risk-adjusted mortality rates from the STS report could receive up to 9 points for reporting their hospital's 4-year combined AMRs for neonate and infant patients with CHD in STAT levels 3, 4, and 5. For each STAT level, we calculated values of 1 standard error from the national average dependent on patient volume across the 4 years using a funnel plot methodology (see ***Figure 2***). The standard error was calculated using the standard statistical formula of $\sqrt{\frac{p*(1-p)}{n}}$, where n represents total patient volume, and p represents the national average AMR value for the given STAT level (3.78% for level 3, 8.50% for level 4, and 15.72% for level 5).

After establishing the ranges for scoring of the AMR using the funnel plot methodology, points were awarded based on the comparison of the hospital's 4-year combined AMR for each of the STAT levels 3-5 (E37.5) in the following manner:

- 3 points were awarded to hospitals that had a 4-year combined AMR equal to or less than the national average minus 1 standard error;
- else, 2 points were awarded to hospitals that had a 4-year combined AMR equal to or less than the national average plus 1 standard error;
- else, 1 point was awarded to hospitals that had a 4-year combined AMR greater than the national average plus 1 standard error.

Hospitals that did not receive a risk-adjusted mortality rate from the STS received up to 6 points for the measures of patient survival after congenital heart surgery for neonate and infant patients with CHD in STAT levels 3, 4, and 5. These measures represent the rate of operative mortality (patient deaths) following the patient's first index cardiac operation in the four most recent reporting periods (E37.6). For each of STAT levels 3, 4, and 5, an overall patient survival rate was computed based on data for the past 4 years. Points were assigned as follows:

- 2 points were awarded to hospitals that had an operative mortality rate less than or equal to 6.0%;
- else, 1 point was awarded to hospitals that had an operative mortality rate less than or equal to 12.0%.

Survival after Heart Transplant (6 points). Hospitals received up to 3 points based on a combination of the ratio of observed[o] to expected (O/E) survival rates and the hazard ratio

[o] The SRTR now uses "estimated" rather than "observed" survival in its public reports. This report uses "observed" for consistency with other Best Children's Hospitals measures.

calculated by Scientific Registry of Transplant Recipients (SRTR) for pediatric patients at 1 and 3 years following heart transplant (6 points total) (E23 and E24/E24.1). The expected survival rate is calculated from statistical models that take into account various factors of both recipients and donors that affect success. A ratio of observed (unadjusted probability of survival) to expected (adjusted probability of survival) survival rates greater than 1.0 indicates that more patients survived than expected, and a ratio of less than 1.0 indicates that fewer patients survived than expected. For hazard ratios, a ratio of less than 1.0 indicates that more patients survived than expected, and a ratio of more than 1.0 indicates that fewer patients survived than expected. Points were awarded for both 1- and 3-year ratios as follows: 1 point for O/E ratios ≥ 0.80 and < 0.90 or hazard ratios > 1.1 and ≤ 1.25, 2 points for O/E ratios ≥ 0.90 and < 1 or hazard ratios > 1 and ≤ 1.1, or 3 points for O/E ratios ≥ 1 or hazard ratios ≤ 1.

Survival after Norwood/Hybrid Surgery (18 points). Hospitals received up to 9 points based on the percentage of patients who received the Norwood (Stage 1) operation or Hybrid (Stage 1) operation NOT as a planned bridge to transplant in the last 3 years and were alive without a heart transplant at 1 year of age (E40.1); the denominator for this calculation includes all patients who received any of these two procedures, and a Hybrid (Stage 1) operation as a planned bridge to transplant, at each heart center and patients who were in the program but died prior to surgical intervention. Up to 3 points were awarded for each of the three reporting years for 1-year survival rates. Points were awarded as follows: 1 point for survival rates ≥ 25% and < 50%, 2 points for survival rates ≥ 50% and < 75%, or 3 points for survival rates ≥ 75%.

Hospitals received up to 9 points based on the percentage of patients who received the Norwood (Stage 1) operation, Hybrid (Stage 1) operation as a planned bridge to transplant, or Hybrid (Stage 1) operation NOT as a planned bridge to transplant in the last 4 years and were alive regardless of whether they had a heart transplant at 1 year of age (E40.2); the denominator for this calculation includes all patients who received any of these three procedures at each heart center and patients who were in the program but died prior to surgical intervention. Up to 3 points were awarded for each of the three reporting years for 1-year survival rates. Points were awarded as follows: 1 point for survival rates ≥ 25% and < 50%, 2 points for survival rates ≥ 50% and < 75%, or 3 points for survival rates ≥ 75%.

Diabetes & Endocrinology

Success in Hypo- and Hyperthyroid Management (9 points). Hospitals received up to 9 points for hypo- and hyperthyroid management (C59, C59.1, C59.2). Hospitals received points for having a higher percentage of new congenital hypothyroid patients referred to Pediatric Endocrinology at < 21 days of age who received a confirmatory serum TSH > 50uIU/ml and began thyroid hormone therapy also before 21 days of age (C59). Points were awarded as follows: 1 point

for ≥ 90% and < 95% of patients beginning therapy, 2 points for ≥ 95% and < 99% of patients beginning therapy, or 3 points for ≥ 99% patients beginning therapy.

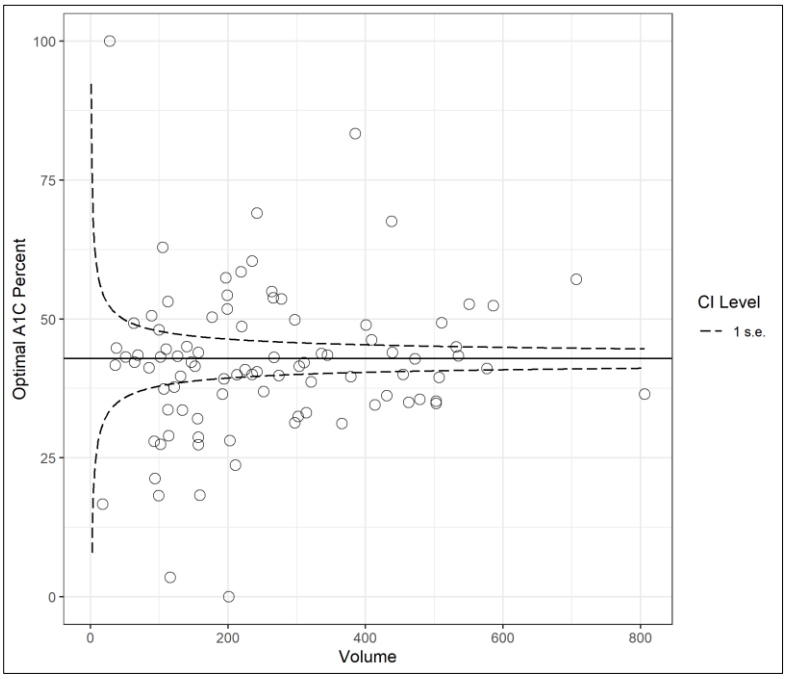
Hospitals received up to 3 additional points for having a higher percentage of congenital hypothyroidism patients <3 years of age at the time of their last visit in 2024 with at least 2 TSH values within normal ranges (C59.1). Points were awarded as follows: 1 point for ≥ 75% and < 90% of patients with at least 2 TSH values in normal ranges, 2 points for ≥ 90% and < 95% of patients with at least 2 TSH values in normal ranges, or 3 points for ≥ 95% of patients with at least 2 TSH values in normal ranges.

Hospitals received up to 3 additional points for having a higher percentage of patients newly diagnosed with Grave's Disease with at least 1 Free T4 value within normal ranges (C59.2). Points were awarded as follows: 1 point for ≥ 70% and < 80% of patients with at least 1 Free T4 value within normal ranges, 2 points for ≥ 80% and < 90% of patients with at least 1 Free T4 value within normal ranges, or 3 points for ≥ 90% of patients with at least 1 Free T4 value within normal ranges.

Success in Managing Diabetes (60 points). This measure evaluated adverse events in Type 1 and Type 2 diabetes outpatients, rate of optimal hemoglobin A1c levels in primary care Type 1 diabetes outpatients, and inpatient admissions for Type 1 and Type 2 primary care diabetes patients.

To increase the statistical reliability of hospitals' scores on this measure, a funnel plot methodology was first implemented in the 2020-21 rankings to assign points to hospitals for each element of the Success in Managing Diabetes measure. To accomplish this, we calculated the value of 1 standard error from the national average dependent on patient volume across the 4 years (see ***Figure 3***). The national average is the average rate of all hospitals that submitted the endocrinology section of the survey. The standard errors were calculated using the standard statistical formula of $\sqrt{\frac{p*(1-p)}{n}}$, where n represents patient volume, and p represents the national ratio value of each metric. After establishing the ranges for scoring of using the funnel plot methodology, points were awarded based on the comparison of the hospital's metric to the national average.

Figure 3. Example Funnel Plot of Optimal A1C Values for Patients 13-17 Years of Age on Private Insurance with Type 1 Diabetes and Patient Volume with 1 Standard Error Lines Used for Point Boundaries



Type 1 diabetes patients < 19 years of age, were evaluated to determine the percentage that achieved optimal control (i.e., at or below 7.5%) for two types of payers (private insurance and Medicaid) and three age groups (0-7 years of age—National average: private insurance = 64.0%, Medicaid = 38.5%; 8-13 years of age—National average: private insurance = 64.9%, Medicaid = 41.1%; and 14-18 years of age—National average: private insurance = 59.1%, Medicaid = 38.7%) in the last calendar year. Increases in A1c values increase the risk of microvascular complications in patients. Hospitals received up to 3 points in each of the six groups (18 points total) for higher percentages of patients with optimal A1c values (C35.1). Points were awarded as follows:

- 3 points were awarded to hospitals that had a percentage of patients with optimal A1c values greater than or equal to the 1 standard error upper bound from the national average;
- 2 points were awarded to hospitals that had a percentage of patients with optimal A1c values greater than or equal to the 1 standard error lower bound and less than the 1 standard error upper bound from the national average;
- 1 point was awarded to hospitals that had a percentage of patients with optimal A1c values less than the 1 standard error lower bound from the national average.

Hospitals that had missing data in one of the six populations, but otherwise had data for all other elements, received a score based on their overall average for that population. For example, if a hospital did not have any patients 0-7 years of age in the private insurance group, their score for that

population is based on their overall percentage of patients with optimal A1c values across the other five populations. Hospitals that did not have any patients in two or more of the six populations received 0 points for that population.

Successful management of Type 1 and Type 2 diabetes patients is reflected by the type of primary care these patients receive. Hospitals were rewarded for lower incidence of inpatient admissions and visits to the ED/urgent care for diabetes-related causes for two types of payers (private insurance and Medicaid) (C29.2). For inpatient admissions for Type 1 (C29.2c—National average: private insurance = 3.0%, Medicaid = 8.9%) and Type 2 (C29.2d—National average: private insurance = 2.2%, Medicaid = 2.7%) primary care diabetes patients for each insured group, and for ED/urgent care visits for Type 1 (C29.2e—National average: private insurance = 2.6%, Medicaid = 5.4%) and Type 2 (C29.2f—National average: private insurance = 2.1%, Medicaid = 3.1%) primary care diabetes patients, hospitals were awarded up to 3 points for each insured group (private insurance and Medicaid) for up to a total of 24 points. Points were awarded as follows:

- 3 points were awarded to hospitals that had a ratio of inpatient admissions or ED/urgent care visits less than or equal to the 1 standard error lower bound from the national average;
- 2 points were awarded to hospitals that had a ratio of inpatient admissions or ED/urgent care visits greater than the 1 standard error lower bound and less than or equal to the 1 standard error upper bound from the national average;
- 1 point was awarded to hospitals that had a ratio of inpatient admissions or ED/urgent care visits greater than the 1 standard error upper bound from the national average.

Hospitals received up to 3 points for cholesterol management through a lipid panel for primary care Type 1 and Type 2 diabetes patients (C41a, C41.1a) for each insured group (Type 1: private/commercial insurance—National average = 89.8% and Medicaid—National average = 85.0%; Type 2: private/commercial insurance—National average = 83.0% and Medicaid—National average = 79.6%) for up to a total of 12 additional points. Hospitals were rewarded according to the percentage of primary care Type 1 and Type 2 patients with LDL cholesterol values less than 130 at the most recent measurement, with Type 1 patients measured in the last 3 years and Type 2 patients measured in the last year (C41b, C41.1b). Points were awarded as follows:

- 3 points were awarded to hospitals that had a percentage of primary care patients with LDL cholesterol values less than 130 at the most recent measurement greater than or equal to the 1 standard error upper bound from the national average;
- 2 points were awarded to hospitals that had a percentage of primary care patients with LDL cholesterol values less than 130 at the most recent measurement greater than or equal to the 1 standard error lower bound and less than the 1 standard error upper bound from the national average;

- 1 point was awarded to hospitals that had a percentage of primary care patients with LDL cholesterol values less than 130 at the most recent measurement less than the 1 standard error lower bound from the national average.

Hospitals received up to 6 points for triglyceride management through lipid measurement for primary care Type 2 patients (C41.2) for each insured group (private/commercial insurance—National average = 49.8% and Medicaid—National average = 57.5%). Hospitals were rewarded according to the percentage of primary care Type 2 patients with triglyceride values less than 150 at the most recent measurement. Points were awarded as follows:

- 3 points were awarded to hospitals that had a percentage of primary care patients with triglyceride values less than 150 at the most recent measurement greater than or equal to the 1 standard error upper bound from the national average;
- 2 points were awarded to hospitals that had a percentage of primary care patients with triglyceride values less than 150 at the most recent measurement greater than or equal to the 1 standard error lower bound and less than the 1 standard error upper bound from the national average;
- 1 point was awarded to hospitals that had a percentage of primary care patients with triglyceride values less than 150 at the most recent measurement less than the 1 standard error lower bound from the national average.

Gastroenterology & GI Surgery

Ability to Prevent Infections in Intensive Care Units (5 points). The rate was calculated as the number of CLABSI (A33) per 1,000 central-line days in pediatric ICUs during the previous 12 months. Hospitals were rewarded for lower rates of infections. Hospitals received up to 5 points. Hospitals received points based on the better score between the NHSN SIR for their pediatric ICU and the unadjusted CLABSI rate provided by the hospital as follows: 5 points if SIR value is ≤ 0.75 or unadjusted CLABSI rate is ≤ 0.5 infections per 1,000 patient days, 4 points if the SIR value is ≤ 1.0 or unadjusted CLABSI rate is > 0.5 and ≤ 1.0 infections per 1,000 patient days, 3 points if the SIR value is ≤ 1.25 or unadjusted CLABSI rate is > 1.0 and ≤ 1.5 infections per 1,000 patient days, 2 points if the SIR value is ≤ 1.5 or unadjusted CLABSI rate is > 1.5 and ≤ 2.0 infections per 1,000 patient days, or 1 point if the SIR value is > 1.5 or unadjusted CLABSI rate is > 2.0 and ≤ 3.0 infections per 1,000 patient days.

Ability to Prevent Pressure Injuries (1 point). Hospitals received 1 point for tracking the rate of hospital-acquired pressure injuries for patients seen on an inpatient basis (A37).

Success of Certain GI-Related Treatments (6 points). This measure comprises two items: percentage of patients receiving endoscopic procedures with severe complications (D29) and percentage of patients treated for inflammatory bowel disease (IBD) experiencing prednisone-free remission (D32 and D33). Up to 3 points were awarded for each type of procedure. For endoscopic

procedures, points were awarded for fewer complications as follows: 1 point for > 3% and ≤ 5% complications, 2 points for > 1% and ≤ 3% complications, or 3 points for ≤ 1% complications. For IBD prednisone-free remission at the most recent visit, points were awarded as follows: 1 point for ≥ 55% and < 70% success, 2 points for ≥ 70% and < 80% success, or 3 points for ≥ 80% success.

Survival after Liver Transplant (6 points). Hospitals received up to 3 points based on a combination of the ratio of observed[p] to expected survival rates and the hazard ratio calculated by SRTR for pediatric patients at 1 and 3 years after isolated liver transplant (6 points total) (D21 and D22/D22.1). The expected survival rate is calculated from statistical models that take into account various factors of both recipients and donors that affect success. A ratio of observed (unadjusted probability of survival) to expected (adjusted probability of survival) survival rates greater than 1.0 indicates more patients survived than expected, and a ratio of less than 1.0 indicates that fewer patients survived than expected. For hazard ratios, a ratio of less than 1.0 indicates that more patients survived than expected, and a ratio of more than 1.0 indicates that fewer patients survived than expected. Points were awarded as follows: 1 point for O/E ratios ≥ 0.80 and < 0.90 or hazard ratios > 1.1 and ≤ 1.25, 2 points for O/E ratios ≥ 0.90 and < 1 or hazard ratios > 1 and ≤ 1.1, or 3 points for O/E ratios ≥ 1 or hazard ratios ≤ 1.

Neonatology

Ability to Prevent Infections in Neonatal Intensive Care Unit (5 points).[q] The rate was calculated as the number of BSIs per 1,000 central-line days during the previous 12 months (F26.1). Hospitals were rewarded for lower CLABSI rates, which is calculated as the number of BSI events divided by the number of central line days and multiplied by 1,000. Hospitals received up to 5 points. Hospitals received points based on the better score between the NHSN SIR for their NICU and the unadjusted CLABSI rate provided by the hospital as follows: 5 points if SIR value is ≤ 0.75 or unadjusted CLABSI rate is ≤ 0.5 infections per 1,000 patient days, 4 points if the SIR value is ≤ 1.0 or unadjusted CLABSI rate is > 0.5 and ≤ 1.0 infections per 1,000 patient days, 3 points if the SIR value is ≤ 1.25 or unadjusted CLABSI rate is > 1.0 and ≤ 1.5 infections per 1,000 patient days, 2 points if the SIR value is ≤ 1.5 or unadjusted CLABSI rate is > 1.5 and ≤ 2.0 infections per 1,000 patient days, or 1 point if the SIR value is > 1.5 or unadjusted CLABSI rate is > 2.0 and ≤ 3.0 infections per 1,000 patient days.

Keeping Breathing Tube in Place (5 points). Hospitals were rewarded for having a lower rate of unintended extubations in infants without tracheostomy. The rate was calculated as the

[p] The SRTR now uses "estimated" rather than "observed" survival in its public reports. This report uses "observed" for consistency with other Best Children's Hospitals measures.

[q] In the 2017-18 rankings we attempted to address year-to-year variability in the measurement of BSIs by incorporating data from the last 3 years of reporting in the Pediatric Hospital Survey. After discussions with hospitals and the working groups, we have returned to awarding points based on only the most recent year of data.

number of unintended extubations per 100 patient ventilator days (F32.1). Hospitals received up to 5 points as follows: 1 point for > 3.0 and ≤ 5.0 extubations per 100 days, 2 points for > 2.0 and ≤ 3.0 extubations, 3 points for > 1.0 and ≤ 2.0 extubations, 4 points for > 0.5 and ≤ 1.0 extubations, or 5 points for ≤ 0.5 extubations.

Matching Breast Milk with Correct Infants (4 points). Hospitals were rewarded for having a lower rate of breast milk administration errors, such as a newborn receiving the wrong breast milk. The rate was calculated as the number of breast milk administration errors per 1,000 breast feeding patient days (F10.6). Hospitals received up to 4 points as follows: 1 point for > 1.0 and ≤ 3.0 errors per 1,000 breast milk feeding patient days, 2 points for > 0.5 and ≤ 1.0 errors, 3 points for > 0.25 and ≤ 0.5 errors, or 4 points for ≤ 0.25 errors.

NICU Temperature Management (12 points). Hospitals were rewarded for having success in managing temperature at the time of admission and post-operatively for patients in the NICU. Hospitals received up to 3 points for having a lower percentage of patients with a first recorded NICU temperature of < 36.0 degrees Celsius (F13.8) in two patient populations: infants with an admission weight of ≤ 1500 grams; and infants with an admission weight of > 1500 (6 points total). For each of these two categories, hospitals were awarded 3 points for having ≤ 10% of infants with a temperature of < 36.0 degrees Celsius, 2 points for > 10% and ≤ 20% of infants with a temperature of < 36.0 degrees Celsius, or 1 point for > 20% and ≤ 40% of infants with a temperature of < 36.0 degrees Celsius. Because temperature management success rates did not differ significantly between inborn infants (i.e., infants delivered in the hospital where the Level IV NICU is located or at a hospital physically connected to it) and outborn infants (i.e., infants born at another facility and requiring vehicle transfer to hospital or infants previously at home), these populations were pooled within each weight category.

Hospitals could receive an additional 3 points based on the admission temperature of infants who were cooled during transport for the management of hypoxic ischemic encephalopathy in the past 3 years (F13.2). Hospitals received 3 points if ≤10% of infants had an admission temperature < 33.0 degrees Celsius, 2 points if > 10% and ≤ 20% of infants had an admission temperature < 33.0 degrees Celsius, or 1 point if > 20% and ≤ 30% of infants had that temperature upon admission. Because this temperature represents overcooling, the goal is to reduce the percentage of patients with admission temperatures of 33.0 degrees Celsius or less.

Hospitals received up to 3 points based the first postoperative temperature within 30 minutes of return to the NICU after surgery (F31.1). Hospitals received points based on the percentage of infants with the first postoperative temperature < 36.0 degrees Celsius. Points were awarded as follows: 3 points if ≤ 5% of infants had the first postoperative temperature < 36.0 degrees Celsius, 2 points if > 5% and ≤ 10% of infants had the first postoperative temperature

< 36.0 degrees Celsius, or 1 point if > 10% and ≤ 15% of infants had the first postoperative temperature < 36.0 degrees Celsius.

Taking Breast Milk When Discharged (3 points). Hospitals were rewarded for having higher rates of infants on partial or full mother's own milk admitted at less than 7 days of age being discharged (F10.1). Points were awarded as follows: 1 point for > 0% and < 60%, 2 points for ≥ 60% and < 80%, or 3 points for ≥ 80%.

Nephrology

Ability to Prevent Biopsy-Related Complications (6 points). This item measures the number of native kidney percutaneous biopsy procedures (G14) and percutaneous kidney transplant biopsies (G27) that resulted in a biopsy complication requiring admission, readmission or a lengthened stay (G15 and G27.2). For both rates, hospitals received more points for having lower complication rates, as follows: 1 point for complication rates > 5% and ≤ 10%, 2 points for complication rates > 2% and ≤ 5%, or 3 points for complication rates ≤ 2%.

Ability to Prevent Dialysis-Related Infections (9 points). Hospitals received 6 points based on a lower peritonitis rate (months of dialysis/cases of peritonitis) for pediatric outpatients on maintenance peritoneal dialysis (G24.1). For each of the past 2 years, up to 3 points were awarded: 1 point for a peritonitis rate of ≥ 1 and < 10 months between peritonitis cases, 2 points for a rate of ≥ 10 and < 20 months between cases, or 3 points for a rate of ≥ 20 months between cases[r].

Hospitals could receive an additional 3 points for having lower hemodialysis catheter-associated BSIs for outpatients on maintenance hemodialysis in the last 2 years (G37). Hospitals received points for each year as follows: 1 point for ≥ 4.0 and < 8.0 infections per 100 patient months, and 2 points for ≥ 2.0 and < 4.0 infections, or 3 points for < 2.0 infections.

Ability to Prevent Infections in Intensive Care Units (5 points). The rate was calculated as the number of CLABSI (A33) per 1,000 central-line days in pediatric ICUs during the previous 12 months. Hospitals were rewarded for lower rates of infections. Hospitals received up to 5 points. Hospitals received points based on the better score between the NHSN SIR for their pediatric ICU and the unadjusted CLABSI rate provided by the hospital as follows: 5 points if SIR value is ≤ 0.75 or unadjusted CLABSI rate is ≤ 0.5 infections per 1,000 patient days, 4 points if the SIR value is ≤ 1.0 or unadjusted CLABSI rate is > 0.5 and ≤ 1.0 infections per 1,000 patient days, 3 points if the SIR value is ≤ 1.25 or unadjusted CLABSI rate is > 1.0 and ≤ 1.5 infections per 1,000 patient days,

[r] In cases when a hospital has 0 cases of peritonitis, the scoring calculation in these cases is based on the number of patient months since the last peritonitis event. The criterion for this scoring is 1 point for 1 to <10 months, 2 points for ≥10 to <20 months, and 3 points for ≥20 months.

2 points if the SIR value is ≤ 1.5 or unadjusted CLABSI rate is > 1.5 and ≤ 2.0 infections per 1,000 patient days, or 1 point if the SIR value is > 1.5 or unadjusted CLABSI rate is > 2.0 and ≤ 3.0 infections per 1,000 patient days. Hospitals that do not participate in the NHSN SIR program receive points based on their unadjusted CLABSI rates as follows: 1 point for > 2.0 and ≤ 3.0 infections per 1,000 patient days, 2 points for > 1.5 and ≤ 2.0 infections, 3 points for > 1.0 and ≤ 1.5 infections, 4 points for > 0.5 and ≤ 1.0 infections, or 5 points for ≤ 0.5 infections.

Ability to Prevent Pressure Injuries (1 point). Hospitals received 1 point for tracking the rate of hospital-acquired pressure injuries for patients seen on an inpatient basis (A37).

Success in Managing Dialysis Patients (12 points). This measure evaluates outcomes for patients on maintenance dialysis during the past 2 calendar years using Kt/V values, a measure of hemodialysis efficacy (G23). Hospitals received up to 8 points for higher percentage of patients with these favorable outcomes: percentage of monthly Kt/V values of ≥ 1.2 for patients who received hemodialysis three times a week, and percentage of total Kt/V values of ≥ 1.8 for patients receiving peritoneal dialysis. For each outcome in each of the past 2 years points were awarded as follows: 1 point for desirable outcome rates ≥ 80% and < 90% or 2 points for desirable outcome rates ≥ 90%.

Hospitals received up to an additional 4 points based on the percentage of ESRD patients receiving hemodialysis or peritoneal dialysis for at least 3 consecutive months who survived (G20). Rates were divided into two submeasures based on age: infants and children under 5 years of age and children and adolescents aged 5-17. For children under 5 years of age, up to 2 points per item were awarded: 1 point for survival rates ≥ 80% and < 90% or 2 points for survival rates ≥ 90%. For children and adolescents aged 5-17, points were awarded as follows: 1 point for survival rates ≥ 85% and < 95% or 2 points for survival rates ≥ 95%.

Survival after Kidney Transplant (24 points). Hospitals received up to 24 points based on observed[s] survival rates at 1 and 3 years of the kidney and of the patient for deceased-donor and living donor kidney transplants (24 points total) (G32.1b, G32.2b, G32.3b, and G32.4b). A total of eight observed survival rates, each worth up to 3 points were included: 1- and 3-year graft survival rates (deceased donor), 1- and 3-year graft survival rates (living donor), 1- and 3-year patient survival rates (deceased donor), and 1- and 3-year patient survival rates (living donor). Points were awarded in each of the eight groups based on the observed probability of survival (unadjusted probability of survival) as follows: 1 point for rates ≥ 0.50 and < 0.80, 2 points for rates ≥ 0.80 and < 0.90, or 3 points for rates ≥ 0.90.

[s] The SRTR now uses "estimated" rather than "observed" survival in its public reports. This report uses "observed" for consistency with other Best Children's Hospitals measures.

Neurology & Neurosurgery

Ability to Prevent Surgical Complications (12 points). This measure rewards hospitals for having lower readmission rates. Hospitals received up to 6 points total for having a lower percentage of patients readmitted for any cause within 30 days of the following four surgical procedures: craniotomy (H17a), spinal surgery for dysraphism (H17b), and Chiari decompression (H17c). Points were awarded in each group as follows: 1 point for > 5% and ≤ 15% readmission rate or 2 points for ≤ 5% readmission rate.

Hospitals received up to 3 points for having a lower percentage of unplanned returns to the operating room within 30 days of receiving a craniotomy (H17.1). Points were awarded as follows: 1 point for > 5% and ≤ 15% readmission rate, 2 points for > 3% and ≤ 5% readmission rate, or 3 points for ≤ 3% readmission rate.

Hospitals received up to 3 points for having lower 30-day complication rates for surgical resection or laser ablation in patients with epilepsy (H8 and H8.2). Points were awarded as follows: 1 point for > 5% and ≤ 10% complication rate, 2 points for > 3% and ≤ 5% complication rate, or 3 points for ≤ 3% complication rate.

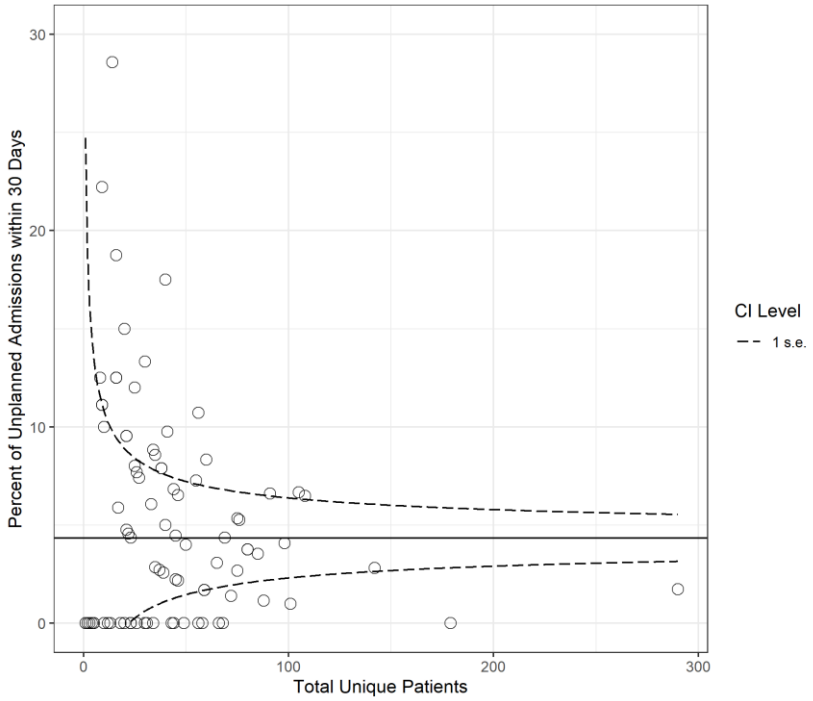
Success in Controlling Epilepsy (5 points). Hospitals received up to 4 points for the percentage of patients receiving two specific treatments for epilepsy (temporal lobe epilepsy surgery and extra-temporal lobe epilepsy surgery) who achieved Engel Class 1-2 after 12 months. Hospitals were rewarded for higher rates of success. For temporal lobe epilepsy surgery including laser ablation (H31.1): 1 point for seizure-free rates ≥ 50% and < 80% or 2 points for seizure-free rates ≥ 80%. For extra-temporal lobe epilepsy surgery including laser ablation (H31.2): 1 point for seizure-free rates ≥ 30% and < 60% or 2 points for seizure-free rates ≥ 60%. Hospitals received an additional point for tracking patients receiving hemispherectomy or hemispherotomy who achieved Engel Class 1-2 after 12 months (H31.3).

Survival after Surgery (16 points). Hospitals received up to 16 points for surgical survival rates for eight significant neurological disorders or procedures, including brain tumors (H16a), craniosynostosis (H16b), hydrocephalus patient shunts (H16c), medically intractable epilepsy (H16d), spina bifida, excluding in utero and immediate postnatal repair of myelomeningocele (H16e), Chiari I malformation (H16f), craniotomies for trauma (H16k), and postnatal and in utero repair of myelomeningocele (H16l). Lower mortality rates indicate better performance (i.e., a lower rate of death following surgery). Points were awarded as follows: 1 point for survival rates ≥ 95% and <99% or 2 points for survival rates ≥ 99%.

Orthopedics

Ability to Prevent Surgical Complications (13 points). In an effort to create more statistically reliable scores, a funnel plot scoring methodology was used to assign points to hospitals for each element of the Ability to Prevent Surgical Complications score. To accomplish this, we calculated a value of 1 standard error from the national average dependent on patient volume across the 4-years (see ***Figure 4***). The national average is the average rate of all hospitals that submitted the orthopedic section of the survey. The standard errors were calculated using the standard statistical formula of $\sqrt{\frac{p*(1-p)}{n}}$, where n represents patient volume and p represents the national ratio value of each metric. After establishing the ranges for scoring using the funnel plot methodology, points were awarded based on the comparison of the hospital's metric to the national average. Some metrics are assessed with a 3-point scale and some are assessed with a 2-point scale (see below). The decision for choosing a maximum of 2 points for some metrics is based on the rarity of outcome rates and overall distribution of hospital volume and outcomes. Metrics where a 2-point maximum is used combine two sections of the funnel plot (e.g., between the standard error bounds and below the lower standard error bound).

Figure 4. Example Funnel Plot of Unplanned Hospital Admissions (for any Reason) within 30 Days for Patients with Neuromuscular Scoliosis with 1 Standard Error Lines Used for Point Boundaries



For surgical correction of idiopathic scoliosis (I31a), hospitals could receive up to 2 points for each of two adverse outcomes (4 points total): unplanned admissions (for any reason) within 30

days of procedure (I32a—National average: 1.1%) and reoperation (for any cause) within 90 days (I32a—National average: 1.2%). More points were awarded for better performance (i.e., lower adverse event rates) as follows:

- 2 points were awarded to hospitals that had an adverse event rate less than or equal to the 1 standard error upper bound from the national average; and
- 1 point was awarded to hospitals that had an adverse event rate greater than 1 standard error upper bound from the national average.

For surgical correction of neuromuscular scoliosis in patients with cerebral palsy who have a Gross Motor Function Classification System function Level IV or V (I31b), hospitals could receive up to 3 points for each of two adverse outcomes (6 points total): unplanned admissions (for any reason) within 30 days of procedure (I32b—National average: 4.9%) and reoperation (for any cause) within 90 days (I32b—National average: 4.4%). More points were awarded for better performance (i.e., lower adverse event rates) as follows:

- 3 points were awarded to hospitals that had an adverse event rate less than or equal to the 1 standard error lower bound from the national average;
- 2 points were awarded to hospitals that had an adverse event rate less than or equal to the 1 standard error upper bound from the national average and greater than the 1 standard error lower bound; and
- 1 point was awarded to hospitals that had an adverse event rate greater than the 1 standard error upper bound from the national average.

Hospitals received an additional 3 points for rates of allogenic blood transfusions for adolescent patients with idiopathic scoliosis with major Cobb angle of 45-70 degrees who received posterior spinal fusion and instrumentation (I32.3—National average: 3.4%). More points were awarded for fewer patients who received allogenic blood transfusions as follows:

- 3 points were awarded to hospitals that had a rate of allogenic blood transfusions less than or equal to the 1 standard error lower bound from the national average;
- 2 points were awarded to hospitals that had a rate of allogenic blood transfusions less than or equal to the 1 standard error upper bound from the national average; and
- 1 point was awarded to hospitals that had a rate of allogenic blood transfusions greater than the 1 standard error upper bound from the national average.

Speed and Success in Treating Complex Fractures (11 points). Hospitals received up to 6 points for having a higher percentage of patients with an operating room start time within 18 hours of check-in with the ED for two conditions: operative reduction and fixation of supracondylar fracture (I25) of the humerus and femoral shaft fracture (I26). Hospitals received points for supracondylar fractures as follows: 1 point for ≥ 60% and < 80% of patients with

operating room start times within 18 hours, 2 points for ≥ 80% and < 90%, or 3 points for ≥ 90%. Hospitals received points for femoral shaft fractures as follows: 1 point for ≥ 60% and < 80% of patients with operating room start times within 18 hours, 2 points for ≥ 80% and <90%, or 3 points for ≥ 90%. Hospitals received an additional 2 points for fewer procedures performed on patients with supracondylar fractures using a formal open procedure (I25.1/I25): 2 points for ≤ 5%, or 1 point for > 5% and ≤ 10%.

Hospitals received up to 3 additional points for conducting radiographically assisted reductions (without requiring hospital admission) of displaced forearm fractures in patients under 14 years of age (I27). Hospitals received points as follows: 1 point for ≥ 60% and < 80% of patients without requiring hospital admission, 2 points for ≥ 80% and < 90%, or 3 points for ≥ 90%.

Pulmonology & Lung Surgery

Ability to Prevent Infections in Intensive Care Units (5 points). The rate was calculated as the number of CLABSI (A33) per 1,000 central-line days in pediatric ICUs during the previous 12 months. Hospitals were rewarded for lower rates of infections. Hospitals received up to 5 points. Hospitals received points based on the better score between the SIR for their pediatric ICU and the unadjusted CLABSI rate provided by the hospital as follows: 5 points if SIR value is ≤ 0.75 or unadjusted CLABSI rate is ≤ 0.5 infections per 1,000 patient days, 4 points if the SIR value is ≤ 1.0 or unadjusted CLABSI rate is > 0.5 and ≤ 1.0 infections per 1,000 patient days, 3 points if the SIR value is ≤ 1.25 or unadjusted CLABSI rate is > 1.0 and ≤ 1.5 infections per 1,000 patient days, 2 points if the SIR value is ≤ 1.5 or unadjusted CLABSI rate is > 1.5 and ≤ 2.0 infections per 1,000 patient days, or 1 point if the SIR value is > 1.5 or unadjusted CLABSI rate is > 2.0 and ≤ 3.0 infections per 1,000 patient days.

Ability to Prevent Pressure Injuries (1 point). Hospitals received 1 point for tracking the rate of hospital-acquired pressure injuries for patients seen on an inpatient basis (A37).

Success in Managing Cystic Fibrosis (CF) Patients (17 points). Hospitals received up to 19 points for representing better outcomes for patients with cystic fibrosis. Hospitals received up to 15 points (3 points for each item) for improving the functional status of cystic fibrosis patients' median body mass index (BMI) for patients 2-19 (J24b), median forced expiratory volume (FEV_1) for patients 6-12 (J24c), median forced expiratory volume for patients 13-17(J24d), the percentage of children ≥ 7 who met treatment guidelines for established CF patients (at least one outpatient visit, one culture, and one pulmonary function test (PFT)) (J24e), and median weight-for-length percentile for CF patients 24 months of age or less (J24f). More points indicate better outcomes or better functional status. For BMI, points were awarded as follows: 1 point for median BMI percentile ≥ 40% and < 45%, 2 points for median BMI percentile ≥ 45% and < 50%, or 3 points for median

BMI percentile ≥ 50%. For the FEV_1 measure, points were awarded as follows: 1 point for median FEV_1 ≥ 80% and < 90%, 2 points for median FEV_1 ≥ 90% and < 100%, or 3 points for median FEV_1 ≥ 100%. For the percentage of children meeting treatment guidelines, points were awarded as follows: 1 point for ≥ 50% and < 75%, 2 points for ≥ 75% and < 90%, or 3 points for median FEV_1 ≥ 90%. For median weight-for-length percentile for CF patients 24 months of age or less, points were awarded as follows: 1 point for ≥ 10% and < 25%, 2 points for ≥ 25% and < 50%, or 3 points for median ≥ 50%.

Hospitals received up to 2 points for having higher rates of patients over age 10 with cystic fibrosis (not already taking insulin) who completed an oral glucose tolerance test in the previous 12 months (J23). One point was awarded for ≥ 50% and < 75% of patients completing the test or 2 points were awarded for ≥ 75% of patients completing the test.

Success with Asthma Inpatients (8 points). Success with asthma patients was measured by two factors: shorter inpatient stays and lower readmission rates for asthma-related symptoms. Hospitals were awarded up to 6 points total based on the percentage of asthma inpatients readmitted within 7 days and 30 days for exacerbation of asthma-related symptoms (J13). Hospitals were rewarded for lower percentages of inpatient readmissions: 1 point each for readmission rates > 3% and ≤ 5%, 2 points each for rates > 1.5% and ≤ 3%, or 3 points each for rates ≤ 1.5%. Up to 2 additional points are awarded for shorter lengths of stay for asthma inpatients (J12): 1 point for an average stay > 2 days and ≤ 4 days or 2 points for a stay ≤ 2 days.

Survival after Lung Transplant (5 points). Hospitals received up to 5 points based on the observed[t] survival rates at 1 year and 3 years for pediatric lung transplant patients (J47 and J48). Points were awarded in each group based on the observed probability of survival (unadjusted probability of survival). For 1-year survival rates, hospitals received 1 point for rates ≥ 50% and < 65%, 2 points for rates ≥ 65% and < 80%, or 3 points for rates ≥ 80%. For 3-year survival rates, hospitals received 1 point for rates ≥ 50% and < 60%, or 2 points for rates ≥ 60%.

Urology

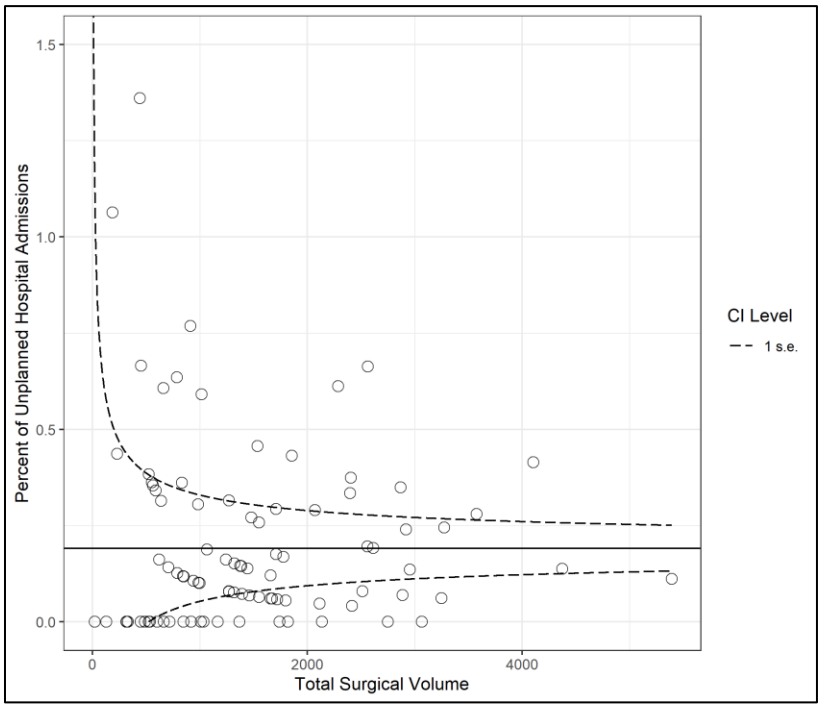
Ability to Prevent Surgical Complications (13 points). This measure evaluated a number of complications and adverse outcomes in patients who received urologic surgical procedures in the last 3 years.

In an effort to create more statistically reliable scores, a funnel plot scoring methodology was first implemented in the 2020-21 rankings to assign points to hospitals for each element of the

[t] The SRTR now uses "estimated" rather than "observed" survival in its public reports. This report uses "observed" for consistency with other Best Children's Hospitals measures.

Ability to Prevent Surgical Complications score. To accomplish this, we calculated a value of 1 standard error from the national average dependent on surgical volume across the 4 years (see ***Figure 5***). The national average is the average rate of all hospitals that submitted the urology section of the survey. The standard errors were calculated using the standard statistical formula of $\sqrt{\frac{p*(1-p)}{n}}$, where n represents surgical volume, and p represents the national ratio value of each metric. After establishing the ranges for scoring of using the funnel plot methodology, points were awarded based on the comparison of the hospital's metric to the national average. Some metrics are assessed with a 3-point scale and some are assessed with a 2-point scale (see below). The decision for choosing a maximum of 2 points for some metrics is based on the rarity of outcome rates and overall distribution of hospital volume and outcomes. Metrics where a 2-point maximum is used combine two sections of the funnel plot (e.g., between the standard error bounds and below the lower standard error bound).

Figure 5. Example Funnel Plot Unplanned Hospital Admissions for Urologic Issue within 30 Days of Inpatient Urological Surgery and Surgical Volume with 1 Standard Error Lines Used for Point Boundaries



Hospitals received up to 3 points for complications for distal hypospadias (K15a—National average: 3.8%) surgical procedures. More points were awarded for better performance (i.e., lower complication rates), as follows:

- 3 points were awarded to hospitals that had a complication rate less than or equal to the 1 standard error lower bound from the national average;

- 2 points were awarded to hospitals that had a complication rate greater than the 1 standard error lower bound and less than or equal to the 1 standard error upper bound from the national average; and
- 1 point was awarded to hospitals that had a complication rate greater than 1 standard error upper bound from the national average.

Hospitals received up to 2 points for the rate of complications for pyeloplasty (K15b—National average: 3.2%). More points were awarded for better performance (i.e., lower complication rates), as follows:

- 2 points were awarded to hospitals that had a complication rate less than or equal to the 1 standard error upper bound from the national average; and
- 1 point was awarded to hospitals that had a complication rate greater than 1 standard error upper bound from the national average.

For adverse events of unplanned hospital admissions for indication related to the original urological procedure within 30 days of inpatient urological surgery (K16.1a—National average: 1.23%) following a scheduled ambulatory urological surgical procedure (K16.1b—National average: 0.13%), hospitals received up to 3 points for each of the two measures (6 points total), with more points awarded for better performance (i.e., lower adverse event rates) as follows:

- 3 points were awarded to hospitals that had an adverse event rate less than or equal to the 1 standard error lower bound from the national average;
- 2 points were awarded to hospitals that had an adverse event rate greater than the 1 standard error lower bound and less than or equal to the 1 standard error upper bound from the national average; and
- 1 point was awarded to hospitals that had an adverse event rate greater than 1 standard error upper bound from the national average.

For adverse events of unplanned reoperation for indication(s) directly related to the original urological procedure within 48 days of urological surgery (K16.1c—National average: 0.035%), hospitals received up to 2 points with more points awarded for better performance (i.e., lower adverse event rates) as follows:

- 2 points were awarded to hospitals that had an adverse event rate less than or equal to the 1 standard error upper bound from the national average;
- 1 point was awarded to hospitals that had an adverse event rate greater than the 1 standard error upper bound from the national average.

Speed in Treating Testicular Torsion (2 points). This measure evaluates how quickly patients who presented with torsion of the testis received care following their registration for care in the ED or outpatient clinic (K19). Hospitals received 1 point for ≥ 50% and < 90% of patients who

spent < 4 hours in the OR following their registration for care in the ED or outpatient clinic or 2 points for ≥ 90% of patients who spent < 4 hours in the OR before surgery.

Behavioral Health

Medication Safety Screening (6 points). This measure evaluated the rate at which hospitals screened patients for medication side effects to ensure patient safety (L27, L29). Two conditions were considered—antipsychotic medications and ADHD medications. Hospitals reported how many pediatric and adolescent patients were prescribed antipsychotic medications and of this group how many had a metabolic screening completed/documented in the medical chart. For patients on ADHD medications, hospitals reported on the number of patients prescribed these medications and the number that had two or more follow-up visits with a provider to assess side effects of the medication that could further create problems for patients and their families.

- Up to 3 points were awarded for screening for side effects of antipsychotic medication (L27):
  - Hospitals received 3 points if 75% or more of patients who were prescribed antipsychotic medications had a complete metabolic screening documented in their chart in the last calendar year.
  - Hospitals received 2 points if 50%-74% of patients who were prescribed antipsychotic medications had a complete metabolic screening documented in their chart in the last calendar year.
  - Hospitals received 1 point if 25%-49% of patients who were prescribed antipsychotic medications had a complete metabolic screening documented in their chart in the last calendar year.
- Up to 3 points were awarded for screening for side effects of medications used to treat ADHD (L29):
  - Hospitals received 3 points if 75% or more of patients who were prescribed ADHD medication had at least two follow-up visits in the 12 months following prescription.
  - Hospitals received 2 points if 50%-74% of patients who were prescribed ADHD medication had at least two follow-up visits in the 12 months following prescription.
  - Hospitals received 1 point if 25%-49% of patients who were prescribed ADHD medication had at least two follow-up visits in the 12 months following prescription.

Speed/Efficiency of Behavioral Health Assessment in the ED (3 points). This measure evaluated the relative speed of completing behavioral health assessments in the ED (L36). Hospitals

reported on the number of patients treated and the number that received a behavioral health assessment in the ED after being medically cleared and the order had been entered into the chart. The measure evaluates how quickly hospitals are able to provide these assessments, which are critical to provide care to patients with behavioral health needs.

- Three points were awarded if more than 90% of unique patients seen in the ED received consult in less than 2 hours following the entry of the order for an evaluation.
- Two points were awarded if 75%-89% of unique patients seen in the ED received consult in less than 2 hours following the entry of the order for an evaluation.
- One point was awarded if 25%-74% of unique patients seen in the ED received consult in less than 2 hours following the entry of the order for an evaluation.

Behavioral Health Boarder Rate (5 points). This measure evaluates hospitals' need to keep patients in the ED or Medical Inpatient unit as psychiatric boarders and their efficiency in moving boarders on to appropriate care. Two rates, a boarder rate and a boarder efficiency rate, are calculated to evaluate hospitals' performance:

- The boarder rate is a simple ratio of the number of psychiatric boarders (L23.2) to the number of patients who received emergency behavioral health services (L23.1). Hospitals received 2 points for having a boarder rate ≤ 10%. Hospitals received 1 point for having a boarder rate > 10% and ≤ 25%.
- The boarder efficiency rate measures how efficiently a hospital clears patients who are identified as psychiatric boarders (i.e., how quickly they are able to transfer patients to appropriate psychiatric inpatient care). The rate is the average number of boarding days (L23.3) per psychiatric boarder (L23.2). Hospitals received 3 points for averaging ≤ 2 days per psychiatric boarder, 2 points for averaging > 2 days and ≤ 4 days per boarder, and 1 point for averaging > 4 days and ≤ 7 days per boarder. Hospitals that reported 0 psychiatric boarders despite having at least one patient who received emergency services (i.e., hospitals that had a boarder rate of 0%) also received the full 3 points.

B. Normalization and Weighting

As with structural and process measures, individual outcomes measures were normalized to have a distribution between 0 and 1. ***Table 15*** shows the relative weight of each measure on the total outcomes score for that specialty. The outcome measures combined are worth 33.3% of the overall score in all specialties except for two specialties, Pediatric Cardiology & Heart Surgery and Behavioral Health. In Cardiology & Heart Surgery outcomes are worth 38.3% and in Behavioral Health outcomes are worth 20%. To determine the percentage of the overall score for a given measure, divide the individual measure relative weight by the total weight for that specialty and multiply by 33.3 (38.3 in Cardiology & Heart Surgery or 20 in Behavioral Health).

Table 15. Relative Weights of Outcomes Measures by Specialty

Measure	Cancer	Cardiology & Heart Surgery	Diabetes & Endocrinology	Gastroenterology & GI Surgery	Neonatology	Nephrology	Neurology & Neurosurgery	Orthopedics	Pulmonology & Lung Surgery	Urology	Behavioral Health
Ability to prevent biopsy-related complications						1					
Ability to prevent dialysis-related infections						1					
Ability to prevent infections in intensive care units	0.38	0.98		0.56	2	0.74			1		
Ability to prevent pressure injuries	0.11	0.29		0.17		0.22			0.30		
Ability to prevent surgical complications							1.25	1		1.75	
Behavioral Health boarder rate											1
Five-year cancer survival	1										
Keeping breathing tube in place					1						
Matching breast milk with correct infants					1						
Median postoperative length of stay		1									
Medication safety screening											1.6
NICU temperature management					1						
Speed and success in treating complex fractures								1			
Speed/efficiency of assessment in the ED											1.4
Speed in treating testicular torsion										1	
Success in controlling epilepsy							1				

(continued)

Table 15. Relative Weights of Outcomes Measures by Specialty (continued)

Measure	Cancer	Cardiology & Heart Surgery	Diabetes & Endocrinology	Gastroenterology & GI Surgery	Neonatology	Nephrology	Neurology & Neurosurgery	Orthopedics	Pulmonology & Lung Surgery	Urology	Behavioral Health
Success in hypothyroid management			1								
Success in managing cystic fibrosis patients									2		
Success in managing diabetes			2								
Success in managing dialysis patients						1					
Success of certain GI-related treatments				2							
Success with asthma inpatients									1.5		
Survival after (bone marrow/heart/kidney/ liver/lung) transplant	1	1		1		1			0.5		
Survival after certain complex heart procedures		2									
Survival after congenital heart surgery		5									
Survival after Norwood/hybrid surgery		1									
Survival after surgery							1				
Taking breast milk when discharged					1						
Total	**2.49**	**11.27**	**3.00**	**3.73**	**6.00**	**4.96**	**3.25**	**2.00**	**5.30**	**2.75**	**4.00**

VII. Calculation of the U.S. News Score

The U.S. News ranking score reflects the following weights for each of the major components and the individual process measures as shown in ***Table 16***. Individual component weights differ for Cardiology & Heart Surgery when compared with the other specialties. The differences can be seen in ***Table 16***. This shift in scoring is the result of the inclusion of risk-

adjusted mortality measures, which are more reliable than the observed outcome measures used in the other specialties.

Relative structural measure weights can be found in Table 7, and the relative outcomes measure weights are shown in Table 16.

Table 16. Component Weighting

Component	All Specialties Except Pediatric Cardiology & Heart Surgery and Pediatric & Adolescent Behavioral Health	Pediatric Cardiology & Heart Surgery	Pediatric & Adolescent Behavioral Health
Structure	33.3%	33.3%	40.0%
Process: Commitment to Best Practices	13.3%	13.3%	25.0%
Process: Infection-Preventing Measures	10.0%	10.0%	n/a
Process: Prevention/ Reduction of Side Effects of Care*	n/a	n/a	5.0%
Process: Expert Opinion	10.0%	5.0%	10.0%
Outcomes**	33.3%	38.3%	20.0%

*This process measure is unique to the Behavioral Health specialty.
**Percentages may not add up to 100% because of rounding.

Although each measure represents a specific aspect of quality, a single score provides a result that is easy to use and understand and that portrays overall quality more accurately than any of the three components would individually. The rankings for the top 50 hospitals in each of the pediatric specialties, by U.S. News score, are shown in ***Appendix C***. Hospitals with the same U.S. News rounded score have been considered to be tied. For the Pediatric & Adolescent Behavioral Health specialty, the top 50 hospitals are listed alphabetically.

The formula for calculating the U.S. News score for a given hospital is shown in Equation (2). The score can be thought of as a simple weighted sum of structural, process, and outcome measures as shown below:

Equation (2) $Score = \left(\sum_{i=1}^{n_s} wts_i * s_i\right) + \left(\sum_{i=1}^{n_p} wtp_i * p_i\right) + \left(\sum_{i=1}^{n_o} wto_i * o_p\right)$,

where

Score = raw hospital score in a given specialty,
wts_i = weight assigned to structure measure *i*,
wtp_i = weight assigned to process (expert opinion) measure *i*,
wto_i = weight assigned to outcomes measure *i*,
s_i = normalized value for structural measure *i,*
p_i = normalized value for process measure *i*,
o_i = normalized value for outcomes measure *i.*

Please note that the formula is meant for illustrative purposes only; it *cannot* be used to directly calculate a score for an individual hospital. For presentation purposes, raw scores are transformed to a scale that assigns a U.S. News score of 100 to the top hospital. The formula for the transformation is shown in Equation (3):

Equation (3) U.S. News *Score* = *(score - minimum)/range*

VIII. Pediatric Honor Roll and State and Regional Rankings

In all, 85 hospitals were ranked in at least one pediatric specialty in the 2025-2026 rankings. The Best Children's Hospitals Honor Roll, established in 2009, recognizes excellence across a broad range of pediatric specialties.

In Behavioral Health, each hospital that ranked among the top 50 hospitals received 5 points.

In each other specialty, the No. 1-ranked hospital received 25 Honor Roll points and lower ranked hospitals received progressively fewer points—the No. 2 hospital receiving 24 points, the No. 3 hospital 23 points, and so on—with all hospitals ranked 21-50 receiving 5 points. A hospital ranked No. 1 in all 11 specialties would therefore have received 255 points. The 2025-2026 Honor Roll recognizes the 10 hospitals that earned the most points out of 255 across the 11 specialties. The top 10 hospitals based on total points are listed alphabetically in the Honor Roll in ***Appendix D***.

State and regional rankings. Beginning with the 2021-2022 Best Children's Hospitals rankings, each hospital offering general pediatric services that earned a national ranking in at least one pediatric specialty also received a state ranking in its state and a regional ranking in one of seven

multi-state regions defined by U.S. News.[u] Specialty hospitals were not assigned state or regional rankings. State and regional rankings were determined as follows:

- Honor Roll hospitals were ranked above all other hospitals in their respective state and regional lists. In states and regions with more than one Honor Roll hospital, those hospitals tied for No. 1.
- In each state and region, other hospitals were then rank-ordered according to the total number of pediatric specialties in which they ranked among the top 50 nationally, with better state and regional rankings awarded to hospitals with more national rankings in the 11 pediatric specialties. No distinction was made between a national ranking of No. 1 and No. 50. Ties could occur if two or more hospitals in the same state (or same region) were nationally ranked in the same number of pediatric specialties.

IX. 2025-2026 Changes

- The primary focus of the changes implemented in 2025-2026 was to **reduce burden for reporting**. As such, many changes were implemented by either removing items from the U.S. News Pediatric Hospital Survey or updating the questions to reduce time and effort involved in answering questions about programs, services, staffing, outcomes, and other related topics. These efforts have helped to reduce the length of the survey and the amount of time that hospitals have to engage in collecting and responding to the survey. In future years, the project team and working groups will consider additional cuts to the survey and other ways to reduce reporting burden to hospitals.
- In addition to changes to the survey designed to reduce burden, the pediatric and adolescent Behavioral Health specialty introduced a new set of metrics focused on **psychiatric boarders**. Patients are defined as psychiatric boarders when they are identified for inpatient psychiatric services, but no bed is available either within the hospital or at another facility. In these cases, patients are maintained in the ED or an inpatient unit on a temporary basis that may last from hours to weeks while they wait for care. Hospitals were recognized for their efforts to have a low rate of psychiatric boarders and for efficiently moving these patients from a temporary holding status on to the appropriate inpatient psychiatric care at their own hospital or another institution.

X. Future Improvements

Continued refinements are anticipated during the next few years. They are likely to include the following:

[u] States were grouped into the following multi-state regions, and each hospital was assigned to the region corresponding to its location. **Pacific:** Alaska, California, Hawaii, Oregon, and Washington. **Rocky Mountains:** Colorado, Idaho, Montana, Nevada, Utah and Wyoming. **Southwest:** Arizona, New Mexico, Oklahoma and Texas. **Midwest:** Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. **Southeast:** Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee. **Mid-Atlantic:** Delaware, Maryland, New Jersey, New York, Pennsylvania, Virginia, Washington, D.C., and West Virginia. **New England:** Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

- **Reduce survey burden.** Priority will be placed on removing or simplifying data elements that hospitals are required to submit via the Pediatric Hospital Survey, to reduce the resources hospitals devote to participating.
- **Further refine Pediatric & Adolescent Behavioral Health rankings and questions.** After testing the questions in the Behavioral Health section in 2021, 2022, and 2023, this specialty was scored for the first time in 2024. We plan to continue to refine these questions and their scoring in future years.
- **Consider further weighting changes.** We plan to review the survey with the working groups to consider additional changes to the weights used in the rankings to assess hospitals.
- **Refine outcome measures.** We plan, for example, to explore alternatives for collecting additional mortality data, infection rates, patient functional measures, and complication rates.
- **Explore risk adjustment.** We will continue to investigate methods for risk-adjusting pediatric mortality data to better reflect hospital-to-hospital differences in patient mix, severity, and comorbidities. As more pediatric-specific databases are developed or further expanded to include more pediatric facilities, we will explore their possible use in creating risk-adjusted outcomes and performance measures of healthcare.
- **Identify opportunities for data validation and auditing.** To ensure the integrity of the data used, the project team plans to continue to explore opportunities for employ data validation and possible auditing techniques to evaluate data submitted by hospitals for consideration in the rankings.

The project team will continue to work with advisory panels of physicians, nurses, hospital quality specialists, and other healthcare professionals. RTI and U.S. News are grateful to these expert volunteers. Their recommendations and advice have been invaluable.

XI. Contact Information

We welcome suggestions and questions. Readers and users of the rankings are encouraged to contact the Best Children's Hospitals research team at ***BestHospitals@rti.org***. This report and methodology reports for the adult rankings can be viewed or downloaded online in their entirety from the RTI International website at ***http://www.rti.org/besthospitals***.

XII. References

1. Donabedian A. Evaluating the quality of medical care. *Milbank Memorial Fund Quarterly.* 1966; 44:166-203.

2. Donabedian A. Promoting quality through evaluating the process of patient care. *Medical Care.* 1968; 6:181.

3. Donabedian A. The quality of care: How can it be assessed? *Journal of the American Medical Association.* 1988; 260:1743-1748.

4. Donabedian A. The seven pillars of quality. *Archives of Pathology and Laboratory Medicine.* 1990; 114:1115-1118.

5. Donabedian A. The role of outcomes in quality assessment and assurance. *Quality Review Bulletin*. 1992; 18(11):356-360.

6. AAP guidelines, Pediatrics, 2012, 130:587-597

7. National Center for Health Statistics. *The international classification of diseases, ninth revision, clinical modification (ICD-9-CM*). Hyattsville, MD: National Center for Health Statistics. Available at http://www.cdc.gov/nchs/icd/icd9.htm. Accessed on April 21, 2006.

8. Jacobs JP, Mavroudis C, Jacobs ML, et al. What is operative mortality? Defining death in a surgical registry database: a report from the STS Congenital Database Task Force and the Joint EACTS-STS Congenital Database Committee. *Annals of Thoracic Surgery.* 2006;81:1937–41.

9. Overman D, Jacobs JP, Prager RL, et al. Report from The Society of Thoracic Surgeons National Database Work Force: clarifying the definition of operative mortality. *World Journal of Pediatric Congenital Heart Surgery.* 2013;4:10–2.

Appendix A

2025-2026 Best Children's Hospitals

Working Groups and Members

The Pediatric Hospital Survey is informed, updated, and enhanced every year with the help of more than 140 volunteer advisers in 13 working groups—one group for each of the 11 Best Children's Hospitals specialties, plus infection control and radiology. Three senior advisers provide overarching expertise.

The working groups' input is invaluable. However, U.S. News and RTI International make all final decisions concerning the content and wording of the survey and the analysis of the data it generates. Working group members do not have access to the data provided by participating hospitals and are not asked to endorse the decisions made by U.S. News.

The working group members and their institutions are listed below.

2025-2026 Best Children's Hospitals Working Groups and Advisers

Behavioral Health
Dr. David Axelson, Nationwide Children's Hospital
Dr. Barbara Felt, C.S. Mott Children's Hospital
Dr. Lisa Giles, Primary Children's Hospital
Dr. Cori Green, New York Presbyterian, Phyllis and David Komansky Center for Children's Health
Dr. Heather Huszti, CHOC Children's Hospital
Dr. Jennifer Katzenstein, Johns Hopkins All Children's Hospital
Dr. Elizabeth McCauley, Seattle Children's Hospital
Dr. Andres Pumariega, UF Health Shands Children's Hospital
Dr. Mandakini Sadhir, Kentucky Children's Hospital
Dr. Michael Sorter, Cincinnati Children's Hospital Medical Center
Dr. Robert Voigt, Ochsner Hospital for Children
Dr. John Walkup, Ann & Robert H. Lurie Children's Hospital of Chicago
Dr. Carol Weitzman, Boston Children's Hospital

Cancer
Dr. Tim Cripe, Nationwide Children's Hospital
Dr. Christopher Dandoy, Cincinnati Children's Hospital Medical Center
Dr. Jeffrey Dome, Children's National Medical Center
Ms. Kristen Johnston, Cook Children's Medical Center
Dr. Jessica Kandel, University of Chicago, Comer Children's Hospital
Dr. Eugenie Kleinerman, M.D. Anderson Children's Cancer Center
Dr. Andrew Kung, Memorial Sloan Kettering Cancer Center
Ms. Elizabeth Rankin, Loma Linda University Children's Hospital
Dr. Rita Secola, Children's Hospital Los Angeles

Cardiology & Heart Surgery
Dr. John Breinholt III, Penn State Health Children's Hospital
Dr. Catherine Collins, Ann & Robert H. Lurie Children's Hospital of Chicago
Dr. Charles Fraser, Jr., Dell Children's Medical Center
Dr. Jeffrey Jacobs, University of Florida, Gainesville
Dr. Kathy Jenkins, Boston Children's Hospital
Dr. Jennifer Li, Duke Children's Hospital and Health Center
Dr. Bradley Marino, Cleveland Clinic Children's Hospital
Dr. Doff McElhinney, Lucile Packard Children's Hospital at Stanford University
Dr. Sara Pasquali, C.S. Mott Children's Hospital
Dr. Christian Pizarro, Nemours Children's hospital Delaware
Dr. David Vener, Texas Children's Hospital
Dr. Karl F. Welke, Levine Children's Hospital
Ms. Kathleen Whalen, Stanford Medicine Children's Health

Diabetes & Endocrinology
Dr. Fran Cogen, Children's National Medical Center
Dr. Carla Demeterco-Berggren, Rady Children's Hospital - San Diego
Dr. Larry Fox, Wolfson Children's Hospital/Nemours Children's Health - Jacksonville
Dr. Genna Klein, Hackensack Meridian Health JM Sanzari and K Hovnanian Children's Hospitals
Dr. David Repaske, University of Virginia Children's Hospital
Ms. Lydia Smith, Le Bonheur Children's Hospital
Dr. Steven Willi, Children's Hospital of Philadelphia
Dr. Jamie Wood, Rainbow Babies & Children's Hospital

Gastroenterology & GI Surgery
Dr. Bradley Barth, University of Texas Southwestern Medical Center/Children's Health
Dr. Michael Bates, Dayton Children's Hospital
Dr. Adela Casas-Melley, Nemours Children's hospital Florida
Dr. Ryan Himes, Ochsner Hospital for Children
Dr. Eunice Huang, Monroe Carell Jr. Children's Hospital
Dr. Thomas Sferra, Rainbow Babies & Children's Hospital
Dr. Robbyn Sockolow, New York Presbyterian, Phyllis and David Komansky Center for Children's Health
Dr. Daniel von Allmen, Cincinnati Children's Hospital Medical Center
Ms. Jacque Moeller, University of Iowa Health Care

Infection Control
Dr. Margaret Aldrich , NYU Langone Health System
Dr. Allison Bartlett, University of Chicago, Comer Children's Hospital
Ms. Wendi Gornick, CHOC Children's Hospital
Dr. Sarmistha Hauger, Dell Children's Medical Center
Ms. Michele Honeycutt, Arkansas Children's Hospital
Mr. Raed Khoury, Valley Children's Healthcare
Dr. Aaron Milstone, Johns Hopkins Children's Center
Ms. Melissa Royer, Nemours Children's Health
Dr. Melanie Wellington, University of Iowa Stead Family Children's Hospital
Ms. Jane Zbinden, St. Louis Children's Hospital

Neonatology
Dr. Rishi Bakshi, C.S. Mott Children's Hospital
Dr. Beverly Brozanski, St. Louis Children's Hospital
Dr. Dmitry Dukhovny, Doernbecher Children's Hospital at OHSU
Dr. Michael Gomez, Orlando Health Winnie Palmer Hospital for Women & Babies
Dr. Theresa Grover, Children's Hospital Colorado
Dr. Mina Hanna, Kentucky Children's Hospital
Dr. Andrew Herman, Levine Children's Hospital
Dr. Kris Reber, Texas Children's Hospital
Dr. Jonathan Swanson, University of Virginia Children's Hospital
Dr. Barry Weinberger, Cohen Children's Medical Center

Nephrology
Dr. Steve Alexander, Lucile Packard Children's Hospital at Stanford University
Dr. Paul Brakeman, UCSF Benioff Children's Hospital
Dr. Michael Braun, Texas Children's Hospital
Dr. Katherine Dell, Cleveland Clinic Children's Hospital
Dr. Joseph Flynn, Seattle Children's Hospital
Dr. Jens Goebel, Helen DeVos Children's Hospital at Spectrum Health
Dr. Stuart Goldstein, Cincinnati Children's Hospital Medical Center
Dr. Chryso Katsoufis, Holtz Children's Hospital
Dr. Alicia Neu, Johns Hopkins Children's Center
Dr. Jeffrey M. Saland, Mount Sinai Kravis Children's Hospital
Dr. Michael Somers, Boston Children's Hospital
Ms. Colleen Tipping, Children's Hospital of Pittsburgh, UPMC
Dr. Katherine Twombley, Medical University of South Carolina
Dr. Brad Warady, Children's Mercy Hospitals and Clinics

Neurology & Neurosurgery
Dr. Joshua Chern, Children's Healthcare of Atlanta
Dr. Bruce Cohen, Akron Children's Hospital
Dr. Howard Goodkin, University of Virginia Children's Hospital
Dr. Mark D. Krieger, Children's Hospital Los Angeles
Dr. David Limbrick, St. Louis Children's Hospital
Dr. Tobias Loddenkemper, Boston Children's Hospital
Dr. Mohamad Mikati, Duke Children's Hospital and Health Center
Dr. Carrie Muh, Maria Fareri Children's Hospital and Westchester Medical Center
Dr. Karin Muraszko, C.S. Mott Children's Hospital
Dr. Joseph Piatt, Nemours Children's hospital Delaware
Dr. Bradley Weprin, Children's Medical Center Dallas
Dr. Angus Wilfong, Phoenix Children's Hospital
Ms. Shelly Halstead, Children's Nebraska

Orthopedics
Dr. Michael Albert, Dayton Children's Hospital
Dr. Laurel Blakemore, Pediatric Specialists of Virginia
Dr. Sumeet Garg, Children's Hospital Colorado
Dr. Ryan Goodwin, Cleveland Clinic Children's Hospital
Dr. J Eric Gordon, St. Louis Children's Hospital
Ms. Patricia Gust, St. Jude Children's Research Hospital
Dr. Gregory Hahn, Johns Hopkins All Children's Hospital
Dr. Lisa Ipp, Hospital for Special Surgery
Dr. Jennifer Laine, Gillette Children's Specialty Healthcare
Dr. Charles Mehlman, Cincinnati Children's Hospital Medical Center
Dr. Greg Mencio, Monroe Carell Jr. Children's Hospital
Dr. Karl Rathjen, Texas Scottish Rite Hospital for Children-Children's Medical Center Dallas
Dr. Greg Schmale, Seattle Children's Hospital
Dr. David Skaggs , Cedars Sinai Guerin Children's

Pulmonology & Lung Surgery
Dr. Scott Bickel, Norton Children's Hospital
Dr. Casey Burg, Children's Hospital & Medical Center, Omaha
Dr. John Carl, Cleveland Clinic Children's Hospital
Dr. Ashley Chadha, Atrium Health Levine Children's Hospital
Dr. Shailendra Das, Texas Children's Hospital
Dr. Charles Esther, North Carolina Children's Hospital at UNC
Dr. Thomas Lahiri, University of Vermont Children's Hospital
Dr. Brian McGinley, Primary Children's Hospital
Dr. Christopher Oermann, Children's Mercy Hospitals and Clinics
Dr. Jonathan Popler, Children's Healthcare of Atlanta
Dr. Kristie Ross, Rainbow Babies & Children's Hospital
Dr. Julie Ryu, Rady Children's Hospital-San Diego
Dr. Gregory S. Sawicki, Boston Children's Hospital
Dr. Pornchai Tirakitsoontorn, CHOC Children's Hospital

Radiology
Dr. Brian Coley, Cincinnati Children's Hospital Medical Center
Dr. Kassa Darge, Children's Hospital of Philadelphia
Dr. Jeffrey Miller, Phoenix Children hospital
Dr. Cynthia Rigsby, Ann & Robert H. Lurie Children's Hospital of Chicago
Dr. Victor Seghers, Texas Children's Hospital
Dr. Stephen Simoneaux, Children's Healthcare of Atlanta

Urology
Dr. David Chamberlin, Loma Linda University Children's Hospital
Dr. Pamela Ellsworth, Nemours Children's hospital Florida
Ms. Kimberley Giles, Le Bonheur Children's Hospital
Dr. Alison Keenan, Atrium Health Levine Children's Hospital
Dr. Paul Merguerian, Seattle Children's Hospital
Ms. Natalie Plachter, Children's Hospital of Philadelphia
Dr. Thomas Vates, K. Hovnanian Children's Hospital at Jersey Shore University Hospital

Senior Advisers
Dr. F. Sessions Cole, St. Louis Children's Hospital
Dr. Elaine Cox, Riley Hospital for Children at IU Health
Dr. Jeffrey Linzer Sr., Children's Healthcare of Atlanta

Appendix B

Glossary of Terms

3-Tesla magnetic resonance imaging (3T MRI) (A10c). 3T MRI is a higher-powered version of MRI that offers improved morphological and functional studies of the brain compared with the more common field strength of 1.5T.

Continuous video EEG monitoring with pediatric neurology support (F12a). EEG (electroencephalography) is a technology for measuring electrical activity produced by the brain, as recorded from electrodes placed on the scalp. EEG monitoring provides the ability to collect the brain's electrical activity continuously to help detect and diagnose neurological problems.

Cryoablation (B8f). This process uses cooled, thermally conductive gases and fluids circulated through hollow needles (cryoprobes) that are placed in contact with or inserted into diseased tissue to kill it.

Functional magnetic resonance (fMR) (B8b). fMR is a specialized type of MRI scan that measures changes in blood flow related to neural activity.

Genetic testing/counseling (A7d). A genetic testing/counseling service is equipped with the appropriate laboratory facilities and is directed by a physician qualified to advise parents and prospective parents on potential problems in cases of genetic defects. A genetic test is the analysis of human DNA, RNA, chromosomes, proteins, and certain metabolites to detect heritable disease-related genotypes, mutations, phenotypes, or karyotypes for clinical purposes. Genetic tests can have diverse purposes, including the diagnosis of genetic diseases in newborns, children, and adults; the identification of future health risks; the prediction of drug responses; and the assessment of risks to future children.

Hypoplastic Left Heart Syndrome (HLHS) (E40). "A spectrum of congenital cardiovascular malformations with normally aligned great arteries without a common atrioventricular junction, characterized by underdevelopment of the left heart with significant hypoplasia of the left ventricle including atresia, stenosis, or hypoplasia of the aortic or mitral valve, or both valves, and hypoplasia of the ascending aorta and aortic arch." (See: Jacobs, et al. Nomenclature for Pediatric and Congenital Cardiac Care: Unification of Clinical and Administrative Nomenclature - The 2021 International Paediatric and Congenital Cardiac Code (IPCCC) and the Eleventh Revision of the International Classification of Diseases (ICD-11). Cardiology in the Young. 2021 Jul;31(7):1057-1188. doi: 10.1017/S104795112100281X. PMID: 34323211).

Image-guided radiation therapy (IGRT) (A10d). IGRT is an automated system that produces high-resolution x-ray images to pinpoint tumor sites, adjust patient positioning, and generally make treatment more effective and efficient.

Intensity-modulated radiation therapy (IMRT) (A10e). IMRT is a three-dimensional radiation therapy that improves the targeting of treatment delivery in a way that is likely to decrease damage to normal tissues and allows for varying intensities.

Multidisciplinary pediatric acute pain/sedation service available onsite 24 hours a day (A8b). This service provides monitored anesthesia care and sedation within the hospital (but not within an operating room or PICU), and emergency airway management and acute and chronic pain management for neonates and pediatric patients on a 24-hour basis. A qualified program must have at least an identified medical director (e.g., general pediatrician, pediatric subspecialist, or anesthesiologist) with documented education in conscious sedation and a registered nurse coordinator (or pain management clinical nurse specialist).

Neonatal intensive care unit (NICU) (A7a). A NICU provides mechanical ventilation, neonatal surgery, and special care for the sickest infants, including those with the lowest birth weights (below 1,500 grams), who are born in the hospital or transferred from another institution. The NICU is separate from the newborn nursery. A full-time neonatologist serves as director.

Palliative care program (A7e). A palliative care program is organized and staffed for children nearing the end of life or living with lifespan-limiting conditions. The program's purpose is to minimize pain and discomfort, provide emotional and spiritual support for children and their families, assist with financial guidance and social services, and support decision making. Programs must include at least one physician providing direct patient care; a nurse coordinator; and a social worker, certified child life specialist, or pastoral counselor. All program staff must have training in palliative care.

Patient care rooms with protective environment (A7c). The protective environment incorporates the following: air exchanges $\geq$ 12 per hour; central or point-of-use high-efficiency particulate filters, consistent positive air pressure differentials between the patient's room and hallway and continuous monitoring of pressure differentials.

Pediatric intensive care unit (PICU) (A7b). A PICU is staffed with specially trained personnel and has monitoring and specialized support equipment for treating pediatric patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care.

Pediatric pain management program available onsite 24 hours a day (A8a). Administered by specially trained physicians and other clinicians, this is a recognized clinical service or program providing specialized medical care, drugs, or therapies for the management of acute or chronic pain and other distressing symptoms among children with an acute illness of diverse causes.

PET/computed tomography (PET/CT) scanning (A10b). PET/CT combines the capabilities of PET and CT scanning into a single, integrated device that provides metabolic functional information for monitoring chemotherapy, radiotherapy, and surgical planning.

Portable CT scanning unit (A10f). A CT scanning unit that can be moved to where patient care is being provided rather than having a fixed unit in a single location. The portable unit is particularly helpful in delivering care in the ICU, ED, and in operating room environments.

Positron emission tomography (PET) (A10a). PET scanning is a computerized nuclear medicine imaging technology that uses radioactive (positron-emitting) isotopes created in a cyclotron or generator to produce composite images of the brain and heart activity. The scans are sectional images depicting metabolic activity or blood flow rather than anatomy.

Radio frequency ablation (B8f). This procedure involves placing probes that emit radiofrequency energy into the heart using a catheter. The radiofrequency energy is then used to destroy abnormal electrical activity in the heart tissue.

Rehabilitation program and consultation service (A7f). This program provides either a rehabilitation unit and/or a consultation service within the pediatric program for patients requiring rehabilitation. The program must include a pediatric physiatrist (board certified/board eligible pediatric rehabilitation physician) as the director.

Source localization using high-density EEG and tailored software program/s (H5a). Source localization is the process of identifying the origin or site of seizure activity within the brain. For this item, only EEG testing was included.

Therapeutic meta-iodine-benzyl-guanidine with I-131 radionuclide (I-131 MIBG) (B8a). I-131MIBG is a functional imaging and treatment agent used to help locate, diagnose, and treat tumors of adrenergic tissues, such as neuroblastoma and pheochromocytoma. For this question, we are only interested in therapeutic use of I-131 MIBG to treat cancer.

Underrepresented in medicine (A49). Underrepresented in medicine refers to "those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population" (Association of American Medical Colleges Executive Council on June 26, 2003). This definition is used to guide work by medical schools and healthcare organizations in their efforts to identify and address equity, diversity and inclusion concerns with providers, leaders, patients, and their families to ultimately improve patient care.

Vascular tumor program (A35). This program brings together a multidisciplinary team of specialists to diagnose and ensure the most effective treatment for optimal functioning and quality of life for children with vascular anomalies (tumors or malformations). To be eligible, a program must have at least three of the following: pediatric physicians in Dermatology, Hematology, Diagnostic Radiology, Interventional Radiology, Pediatric Surgery, Pediatric Neuro-interventional Radiology and Pediatric Orthopedics. The program must also include a nursing clinical coordinator and a medical director.

Appendix C

2025-2026 Best Children's Hospitals Rankings by Specialty

	Best Children's Hospital 2025-26: Cancer **Hospital**	**Overall Score**	**Cancer survival**	**Survival after bone marrow transplant**	**Infection prevention throughout hospital**	**Infection prevention in intensive-care units**	**Pressure injury prevention**	**Number of patients**	**Number of new patients**	**Number of surgeries**	**Nurse staffing**	**Bone marrow transplant services**	**Advanced clinical services**	**Clinical support services**	**Advanced technologies**	**Specialized clinics and programs**	**Fulltime subspecialists**	**A Nurse Magnet hospital**	**Recognized cellular therapy program**	**Expert opinion**	**Commitment to best practices**	**Commitment to quality improvement**	**Adoption of health information technology**	**Commitment to clinical research**	**Family support**	**Involves families in designing hospital practices.**	**Provides advanced palliative care**
1	Cincinnati Children's	100	15	6	33	15	1	30	3	16	4.6	12	26	10	15	5	22	1	1	33.8	27	15	4	15	8	7	5
2	Children's Hospital of Philadelphia	98.7	15	6	33	13	1	30	3	16	3.8	12	26	10	15	5	22	1	1	45.2	27	15	4	15	8	7	5
3	Dana-Farber/Boston Children's Cancer and Blood Disorders Center	97.2	15	6	33	13	1	30	3	16	4.3	12	24	10	15	5	22	1	1	41.9	25	15	4	15	8	7	5
4	Children's Hospital Colorado	95.0	15	6	32	13	1	30	3	16	4.4	12	25	10	14	5	22	1	1	19.4	26	15	4	14	8	7	5
5	Nationwide Children's Hospital	94.4	15	6	33	15	1	30	3	16	3.4	12	24	10	15	5	22	1	1	13.9	27	15	4	15	8	7	5
6	Children's Hospital Los Angeles	93.9	14	6	32	15	1	29	3	16	4.0	12	26	10	14	5	21	1	1	21.0	24	15	4	15	8	7	5
7	St. Jude Children's Research Hospital	93.8	15	6	29	9	1	30	3	16	6.6	12	25	10	14	5	22	1	1	24.9	26	15	4	15	8	7	5
8	Children's National Hospital	91.4	15	6	33	10	1	29	3	16	3.6	12	25	10	14	5	22	1	1	14.2	27	15	4	13	8	7	5
9	Texas Children's Hospital	90.5	15	4	33	11	1	29	3	16	4.8	12	24	10	15	5	22	1	1	33.1	27	15	4	15	8	7	5
10	UCSF Benioff Children's Hospitals, San Francisco and Oakland	90.4	15	6	33	15	1	27	3	12	4.4	12	24	10	14	5	22	1	1	11.5	24	15	4	15	8	7	5
11	MSK Kids at Memorial Sloan Kettering Cancer Center	89.6	15	6	31	11	1	29	3	15	5.7	12	24	9	15	5	22	1	1	11.0	27	14	4	15	8	7	5
12	Seattle Children's Hospital	89.3	11	6	31	11	1	24	3	16	3.8	12	24	10	15	5	22	1	1	24.0	26	15	4	15	8	7	5
13	Children's Healthcare of Atlanta	87.2	15	4	31	10	1	30	3	16	4.2	12	26	10	15	5	22	1	1	21.5	26	15	4	15	8	7	5
14	UPMC Children's Hospital of Pittsburgh	87.1	15	6	33	14	1	30	3	14	3.7	11	25	10	14	5	22	1	1	4.3	27	15	4	15	8	7	5
15	Children's Medical Center Dallas	86.5	15	6	33	14	1	30	3	14	4.6	12	24	10	15	5	22	1	1	3.0	27	15	4	15	8	7	5
16	Rady Children's Hospital	86.1	15	6	33	15	1	27	3	15	4.1	12	25	10	14	5	22	1	1	2.2	27	15	4	15	8	7	5
17	Johns Hopkins Children's Center	85.9	15	6	30	7	1	28	3	15	3.7	12	25	10	15	5	21	1	1	9.2	27	15	4	15	8	7	5
18	St. Louis Children's Hospital-Washington University	84.5	15	6	32	15	1	14	3	13	3.6	12	24	10	15	5	22	1	1	3.6	26	15	4	15	8	7	5
19	Ann & Robert H. Lurie Children's Hospital of Chicago	84.4	14	5	31	15	1	30	3	16	3.9	12	24	10	15	5	22	1	1	8.1	26	15	4	14	8	7	5
20	Lucile Packard Children's Hospital Stanford	83.3	13	6	32	15	1	22	3	11	4.4	12	23	10	14	5	21	1	1	9.4	23	15	4	14	8	7	4
21	University of Michigan Health C.S. Mott Children's Hospital	81.7	13	6	32	14	1	28	3	10	5.7	12	25	10	15	5	22	1	1	3.8	25	15	4	15	8	7	5
22	Cleveland Clinic Children's Hospital	81.4	14	6	29	15	1	26	3	16	5.8	9	25	10	15	5	22	1	1	1.3	27	15	4	15	8	7	5
23	Cohen Children's Medical Center	79.6	14	6	32	15	1	15	3	10	4.3	12	23	10	15	5	22	1	1	1.0	27	15	4	8	8	7	5
24	Children's Cancer Hosp.-U. of Texas M.D. Anderson Cancer Center	79.2	15	5	26	15	1	24	3	11	4.1	12	22	10	15	5	22	1	1	3.3	27	15	4	14	8	7	5
24	Duke Children's Hospital and Health Center	79.2	14	6	29	15	1	19	2	14	3.4	11	23	10	14	5	20	1	1	3.3	25	15	4	14	8	7	5
26	Nemours Children's Hospital-Delaware	79.1	15	6	33	11	1	10	2	7	4.2	12	26	10	15	5	22	1	1	1.0	27	15	4	13	8	7	5
27	University of Chicago Comer Children's Hospital	78.5	15	6	28	12	1	15	3	7	4.8	11	25	10	15	5	21	1	1	2.0	27	12	4	13	8	7	5
28	Children's Wisconsin	77.0	15	6	27	13	1	17	3	10	3.6	11	23	10	13	5	22	1	1	2.7	25	12	4	11	8	7	5
29	Rainbow Babies and Children's Hospital	75.6	10	6	32	15	1	20	2	13	3.7	10	26	10	15	5	22	1	1	1.4	27	15	4	15	8	7	5
30	Children's Hospital of Alabama at UAB	75.5	15	5	25	14	1	28	3	11	5.5	12	23	10	14	5	22	1	1	1.7	27	10	4	15	7	7	5
30	Monroe Carell Jr. Children's Hospital at Vanderbilt	75.5	15	4	30	15	1	30	3	16	4.1	11	22	10	14	5	22	1	1	2.0	25	15	4	14	8	7	5
32	Norton Children's Hospital	74.7	15	6	33	15	1	23	2	8	4.0	11	24	10	14	5	22	0	1	0.3	26	14	4	10	8	7	5
33	MUSC Shawn Jenkins Children's Hospital	74.2	15	5	32	14	1	17	2	6	4.1	11	23	10	13	5	21	1	1	0.5	26	15	4	10	8	7	5
34	Riley Hospital for Children at IU Health	73.6	13	5	30	11	1	28	3	13	3.4	12	26	10	13	5	21	1	1	1.7	27	15	4	11	8	7	5
35	Levine Children's Hospital	73.5	11	6	31	15	1	15	3	10	3.5	12	24	10	15	5	22	1	1	0.4	27	14	4	8	8	7	5
36	UF Health Shands Children's Hospital	72.2	13	6	29	15	1	17	2	4	3.3	11	22	10	13	5	22	1	1	0.4	27	10	4	12	8	7	4
37	Intermountain Primary Children's Hospital-University of Utah	71.8	15	3	27	15	1	30	3	16	6.2	12	23	10	14	5	21	1	1	1.8	27	15	3	15	8	7	5
37	Johns Hopkins All Children's Hospital	71.8	14	4	33	13	1	20	3	10	4.1	12	24	10	13	5	22	1	1	0.6	26	15	4	12	8	7	5
39	Children's Hospital of Richmond at VCU	71.1	14	5	29	11	1	12	2	7	4.0	11	23	10	13	5	21	1	1	0.4	27	15	4	14	8	7	5
40	CHOC Children's Hospital	70.2	10	6	28	12	1	20	3	9	3.2	12	24	10	13	5	22	1	1	1.6	25	15	4	15	8	7	5
41	Cook Children's Medical Center	69.7	14	4	27	15	1	27	3	12	3.7	12	22	10	15	5	21	1	1	0.6	26	15	4	12	8	7	4
42	University of Rochester-Golisano Children's Hospital	69.2	15	6	24	12	1	10	2	8	3.6	10	21	8	13	4	21	1	1	0.5	24	14	4	11	8	7	5
43	Arkansas Children's Hospital	68.7	10	6	33	11	1	11	3	10	2.9	12	26	10	14	5	22	1	1	0.6	25	14	4	9	8	7	5
44	Corewell Health Helen DeVos Children's Hospital	68.4	12	6	23	15	1	11	3	9	3.2	12	23	10	13	5	20	1	1	0.1	26	14	4	11	8	7	4
45	Maria Fareri Children's Hospital at Westchester Medical Center	68.2	15	6	24	14	1	9	2	7	2.8	12	23	10	15	5	19	0	1	0.1	27	14	4	12	8	7	5
46	M Health Fairview Masonic Children's Hospital	67.8	12	6	25	15	1	22	2	5	4.1	12	23	10	14	5	22	0	1	1.3	27	10	4	15	8	7	4
46	UCLA Mattel Children's Hospital	67.8	12	5	23	13	1	17	2	9	4.2	10	22	9	14	5	20	1	1	1.6	27	14	4	14	8	7	5
48	University of Iowa Stead Family Children's Hospital	66.9	11	6	25	11	1	26	2	10	3.6	8	24	10	14	5	20	1	1	0.3	25	14	4	13	8	7	5
49	Children's Hospital at Montefiore	66.2	14	3	29	13	1	9	2	7	5.3	10	24	10	15	5	22	1	1	1.2	27	15	4	14	8	7	5
50	Mayo Clinic Children's Center	65.0	10	4	29	15	1	13	3	12	4.0	11	23	10	14	5	20	1	1	0.8	27	15	4	9	8	7	5

Rankings are based on all of the above measures.

NA: Service not provided by hospital. NR: Data not reported or unavailable.

Rank	Best Children's Hospital 2025-26: Cardiology & Heart Surgery	Overall Score	Survival after congenital heart surgery	Survival and prevention of complications after certain complex heart procedures	Survival after Norwood/hybrid surgery	Survival after heart transplant	Length of post-operative stay for congenital heart patients	Infection prevention throughout hospital	Infection prevention in intensive-care units	Pressure injury prevention	Number of surgeries	Number of high complexity heart surgeries	Number of catheter procedures	Number of Norwood or hybrid surgeries	Nurse staffing	Congenital heart program	Adult congenital heart program	Heart transplant program	Advanced clinical services	Clinical support services	Advanced technologies	Fulltime subspecialists	A Nurse Magnet hospital	Expert opinion	Commitment to best practices	Commitment to quality improvement	Adoption of health information technology	Commitment to clinical research	Family support	Involves families in care planning
1	Texas Children's Hospital	100	5	14	18	6	6	41	5	1	10	428	18	12	4.8	23	10	9	11	8	2	22	1	44.8	32	12	4	5	8	7
2	Children's Hospital Colorado	95.8	5	14	18	6	7	40	3	1	8	277	18	12	4.4	23	10	9	11	8	2	21	1	15.3	32	12	4	5	8	7
3	Duke Children's Hospital and Health Center	94.0	5	18	16	5	7	37	5	1	8	267	16	12	3.4	23	10	9	12	8	2	21	1	5.7	32	12	4	5	8	7
4	MUSC Children's Heart Program of South Carolina	93.7	5	18	18	5	7	39	4	1	6	212	15	7	4.1	23	10	8	11	8	2	22	1	7.6	32	12	4	5	8	7
5	Children's Hospital of Philadelphia	91.0	4	13	18	4	6	41	3	1	10	406	18	12	3.8	23	10	8	12	8	2	21	1	40.8	32	12	4	5	8	7
6	Rady Children's Hospital	90.8	5	14	17	6	7	41	5	1	4	112	14	4	4.1	23	10	9	10	8	2	22	1	5.1	31	12	4	5	8	7
7	Boston Children's Hospital	90.1	3	16	15	5	6	41	5	1	12	601	18	11	4.3	23	10	7	11	8	2	22	1	53.1	32	12	4	5	8	7
8	Levine Children's Hospital	89.8	5	16	16	6	6	39	5	1	4	153	16	7	3.5	23	10	8	11	8	2	21	1	1.6	32	12	4	5	8	7
9	Children's Medical Center Dallas	89.4	5	15	11	5	6	41	4	1	7	226	14	8	4.6	23	10	9	11	8	2	21	1	3.8	32	12	4	5	8	7
10	Dell Children's Medical Center	89.1	5	16	14	5	6	39	5	1	6	191	14	5	4.2	23	10	8	12	8	2	21	1	1.4	32	12	4	5	8	7
11	Cincinnati Children's & Kentucky Children's Hospital Joint Heart Program	88.5	3	14	18	6	6	41	5	1	8	264	18	9	4.6	23	10	8	12	8	2	22	1	20.4	32	12	4	5	8	7
12	Intermountain Primary Children's Hospital-University of Utah	87.2	4	15	18	6	7	35	5	1	8	271	18	9	6.2	23	9	8	11	8	2	20	1	5.3	32	12	3	5	8	7
13	University of Michigan Health C.S. Mott Children's Hospital	85.7	3	10	18	5	6	40	4	1	9	341	18	12	5.7	23	10	9	11	8	2	21	1	24.6	32	12	4	5	8	7
14	Children's Healthcare of Atlanta	85.3	3	14	15	5	7	39	4	1	8	351	18	11	4.2	23	10	8	11	8	2	21	1	17.4	32	12	4	5	8	7
15	UF Health Shands Children's Hospital	85.2	5	16	18	5	5	37	5	1	5	124	13	9	3.3	23	9	9	11	8	2	20	1	2.6	30	7	4	4	8	7
16	Cleveland Clinic Children's Hospital	84.8	4	16	12	5	7	37	5	1	8	183	17	5	5.8	23	10	7	11	8	2	21	1	2.4	32	12	4	5	8	7
17	Ann & Robert H. Lurie Children's Hospital of Chicago	83.5	3	15	16	5	8	38	5	1	5	169	16	5	3.9	23	9	9	11	8	2	20	1	12.9	32	12	4	5	8	7
18	Loma Linda University Children's Hospital	83.3	5	13	12	6	9	30	5	1	4	117	12	4	3.7	23	10	8	11	8	2	20	1	1.3	30	12	4	5	8	7
19	Children's Memorial Hermann Hospital	82.9	5	12	16	3	5	39	4	1	8	291	14	8	3.4	23	10	3	9	8	2	21	1	1.8	30	12	4	5	8	7
20	Children's Hospital Los Angeles	82.5	3	13	14	4	7	39	5	1	9	365	15	10	4.0	23	9	8	11	8	2	22	1	12.5	31	12	4	5	8	7
21	UPMC Children's Hospital of Pittsburgh	81.7	3	9	16	5	7	41	4	1	7	161	17	8	3.7	23	10	8	11	8	2	21	1	14.9	32	12	4	5	8	7
22	Children's Hospital of Alabama at UAB	80.8	5	14	15	6	7	31	4	1	5	214	15	12	5.5	23	7	7	8	8	2	21	1	1.7	27	7	4	5	7	7
22	Rainbow Babies and Children's Hospital	80.8	5	17	16	NA	4	39	5	1	4	32	12	4	3.7	16	9	NA	9	8	2	21	1	0.5	32	12	4	5	8	7
24	New York-Presbyterian Children's Hospital-Columbia and Cornell	80.7	3	13	18	6	6	35	2	1	9	356	17	8	3.9	23	10	9	11	8	2	21	1	17.6	30	11	4	5	8	7
25	Nationwide Children's Hospital	80.5	3	12	17	3	8	41	5	1	5	190	15	6	3.4	23	10	8	10	8	2	21	1	10.1	32	12	4	5	8	7
26	Riley Hospital for Children at IU Health	78.5	3	11	12	6	7	38	5	1	7	302	15	8	3.4	23	10	6	11	8	2	21	1	4.1	32	12	4	5	8	7
27	Arkansas Children's Hospital	78.2	3	14	15	6	5	41	5	1	4	100	16	7	2.9	23	9	9	12	8	2	22	1	1.3	32	12	4	5	8	7
27	Children's National Hospital	78.2	3	14	11	4	6	39	4	1	7	188	16	5	3.6	23	10	8	10	8	2	22	1	7.8	32	12	4	5	8	7
29	Nemours Children's Hospital-Delaware	77.3	4	15	16	4	6	39	1	1	4	107	9	5	4.2	22	8	3	12	8	2	22	1	1.1	32	12	4	5	8	7
30	Children's Mercy Kansas City Hospital	77.1	3	13	18	6	7	33	4	1	4	190	16	8	4.3	22	9	8	10	8	2	21	1	2.3	32	12	4	5	8	7
30	Mayo Clinic-Children's Minnesota Cardiovascular Collaborative	77.1	3	11	12	5	7	36	5	1	10	232	17	7	4.0	23	10	7	11	8	2	21	1	3.0	30	12	4	5	8	7
32	Seattle Children's Hospital	75.8	2	13	18	6	6	38	3	1	6	157	16	7	3.8	23	10	9	11	8	2	21	1	8.3	32	12	4	5	8	7
33	UCSF Benioff Children's Hospitals, San Francisco and Oakland	75.3	2	13	18	5	5	41	5	1	8	232	15	8	4.4	22	9	6	11	8	2	22	1	5.1	30	12	4	5	8	7
34	Virginia Congenital Cardiac Collaborative	75.1	2	13	16	5	6	41	5	1	7	136	16	11	3.6	23	9	9	11	8	2	20	1	1.4	32	12	4	5	8	7
35	Lucile Packard Children's Hospital Stanford	74.7	1	9	10	6	6	40	5	1	10	363	17	8	4.4	23	10	8	11	8	2	22	1	29.8	32	12	4	5	8	7
36	Ochsner Children's Hospital	74.4	4	14	18	5	5	33	4	1	4	81	11	4	3.1	23	10	7	10	6	2	19	1	0.7	29	12	4	5	7	6
37	Hassenfeld Children's Hospital at NYU Langone	73.6	4	13	16	1	5	38	4	1	4	123	15	5	3.7	22	10	6	9	8	2	21	1	1.5	30	6	4	5	8	7
38	Oklahoma Children's Hospital OU Health	73.4	5	14	16	NR	6	35	4	1	5	180	14	8	2.7	23	8	1	10	8	2	19	0	0.2	31	12	4	4	8	6
39	Johns Hopkins All Children's Hospital	73.3	3	14	12	5	5	41	5	1	4	71	9	3	4.1	20	8	6	10	8	2	21	1	0.7	30	12	4	5	8	7
40	Johns Hopkins Children's Center	71.9	2	13	18	6	7	38	3	1	4	74	14	4	3.7	23	10	5	11	8	2	20	1	2.0	32	12	4	5	8	7
40	UCLA Mattel Children's Hospital and CHOC Joint Heart Program	71.9	2	15	16	5	6	31	5	1	7	224	17	8	4.2	23	10	8	11	7	2	21	1	4.5	31	10	4	4	8	6
42	Advocate Children's Heart Institute	71.7	4	13	16	NR	7	33	2	1	6	183	15	7	3.2	22	9	1	10	7	2	20	1	1.5	31	11	4	5	8	7
42	Norton Children's Hospital	71.7	3	14	14	2	7	41	5	1	4	138	14	5	4.0	23	10	7	11	8	2	21	0	0.3	31	12	4	5	8	7
44	Le Bonheur Children's Hospital	71.3	3	10	13	4	7	37	5	1	4	123	11	6	2.6	23	10	9	11	5	2	21	1	2.0	31	12	4	5	8	7
44	Phoenix Children's Hospital	71.3	3	11	10	5	6	39	5	1	8	231	16	6	3.2	23	10	8	10	8	2	21	0	1.9	31	12	4	5	7	7
46	SSM Health Cardinal Glennon Children's Hospital-St. Louis University	70.1	3	12	14	6	7	33	5	1	5	161	12	7	3.8	21	9	4	12	8	2	20	1	0.5	25	12	4	4	8	7
47	Nicklaus Children's Hospital	69.9	4	12	18	NA	6	36	5	1	4	110	13	5	3.3	19	7	NA	8	7	1	21	1	0.8	29	12	4	5	7	7
48	St. Louis Children's Hospital-Washington University	69.7	2	11	14	3	6	40	5	1	4	175	17	6	3.6	23	9	9	11	8	2	21	1	3.5	30	12	4	5	8	7
49	American Family Children's Hospital	68.7	3	13	10	3	6	32	5	1	4	75	10	5	3.5	23	10	4	10	7	2	19	1	1.2	31	12	4	5	8	6
50	Monroe Carell Jr. Children's Hospital at Vanderbilt	68.6	1	11	14	5	6	38	5	1	7	209	17	10	4.1	23	10	9	11	8	2	21	1	4.4	30	12	4	5	8	7

Rankings are based on all of the above measures.

NA: Service not provided by hospital. NR: Data not reported or unavailable.

Rank	Best Children's Hospital 2025-26: Diabetes & Endocrinology Hospital	Overall Score	Diabetes management	Hypo and hyper-thyroid management	Infection prevention	Number of patients	Number of procedures	Nurse staffing	Advanced clinical services	Clinical support services	Advanced technologies	Specialized clinics and programs	Fulltime subspecialists	A Nurse Magnet hospital	Expert opinion	Commitment to best practices	Commitment to quality improvement	Adoption of health information technology	Commitment to clinical research	Family support	Involves families in care planning
1	Cincinnati Children's	100	57	9	31	32	6	5	16	8	9	22	14	1	20.4	98	12	4	3	8	7
2	UPMC Children's Hospital of Pittsburgh	93.0	53	9	31	32	6	4	15	8	9	22	14	1	12.6	100	12	4	3	8	7
3	Children's Hospital Colorado	91.5	51	8	30	32	6	4	14	8	9	22	14	1	24.4	84	12	4	3	8	7
4	Children's Hospital of Philadelphia	90.8	58	4	31	32	6	4	16	8	9	22	14	1	40.4	95	12	4	3	8	7
5	Texas Children's Hospital	90.5	46	9	31	32	6	5	15	8	8	22	14	1	16.2	99	12	4	3	8	7
6	Children's National Hospital	87.4	51	8	31	32	6	4	14	8	8	22	14	1	12.7	94	12	4	3	8	7
7	Boston Children's Hospital	86.5	46	7	31	32	6	4	14	8	8	22	14	1	31.2	84	12	4	3	8	7
8	Children's Hospital Los Angeles	81.2	49	6	30	32	6	4	15	8	9	22	13	1	12.3	90	12	4	3	8	7
9	Seattle Children's Hospital	81.0	43	9	29	32	6	4	15	8	9	22	14	1	7.1	96	12	4	3	8	7
10	Rady Children's Hospital	79.4	49	7	31	32	6	4	14	8	9	22	14	1	5.3	93	12	4	3	8	7
11	Ann & Robert H. Lurie Children's Hospital of Chicago	79.0	49	7	29	32	6	4	14	8	9	19	14	1	9.0	86	12	4	3	8	7
12	Children's Medical Center Dallas	77.6	41	9	31	32	6	5	14	8	9	22	14	1	4.8	91	12	4	3	8	7
13	Rainbow Babies and Children's Hospital	76.9	44	9	30	26	6	4	15	8	9	22	14	1	3.6	91	12	4	3	8	7
14	Nemours Children's Hospital-Delaware	74.4	53	8	31	31	6	4	14	8	7	22	14	1	1.3	73	12	4	3	8	7
15	New York-Presbyterian Children's Hospital-Columbia and Cornell	73.9	52	7	27	28	6	4	11	8	9	22	14	1	5.9	76	11	4	3	8	7
15	Riley Hospital for Children at IU Health	73.9	37	9	28	31	5	3	15	8	9	22	13	1	7.3	91	12	4	3	8	7
17	Johns Hopkins All Children's Hospital	72.8	41	9	31	30	6	4	14	8	9	20	14	1	0.7	92	12	4	3	8	7
18	Norton Children's Hospital	72.7	51	8	31	31	6	4	14	8	9	21	14	0	0.6	95	12	4	3	8	7
19	CHOC Children's Hospital	72.5	50	8	26	32	6	3	14	8	9	19	14	1	2.4	84	12	4	3	8	7
20	University of Michigan Health C.S. Mott Children's Hospital	72.4	39	9	30	30	6	6	12	8	9	18	13	1	2.5	93	12	4	3	8	7
21	Holtz Children's Hospital at UM-Jackson Memorial Medical Center	72.0	55	9	26	26	6	3	14	8	9	22	13	0	1.2	90	12	4	3	8	7
22	Nemours Children's Hospital-Florida	71.9	43	9	31	32	6	5	15	8	9	22	14	0	1.1	100	12	4	3	8	7
23	Nationwide Children's Hospital	71.5	36	7	31	32	6	3	14	8	9	22	14	1	6.4	95	12	4	3	8	7
24	Arnold Palmer Hospital for Children	71.2	49	9	23	30	6	4	15	8	9	22	13	1	0.3	96	12	4	1	8	7
25	Mayo Clinic Children's Center	71.1	46	9	27	25	5	4	12	8	9	22	13	1	1.1	91	12	4	2	8	7
26	Johns Hopkins Children's Center	70.5	40	7	28	27	6	4	11	8	9	18	14	1	6.6	92	12	4	3	8	7
27	Lucile Packard Children's Hospital Stanford	70.3	47	4	30	31	6	4	16	8	9	21	14	1	10.2	72	12	4	3	8	7
28	Hassenfeld Children's Hospital at NYU Langone	69.9	53	7	28	31	6	4	13	8	9	19	13	1	2.1	81	6	4	3	8	7
29	Cohen Children's Medical Center	69.8	39	9	30	32	6	4	14	8	9	22	14	1	1.6	92	12	4	1	8	7
30	North Carolina Children's Hospital at UNC	69.6	43	8	30	27	6	3	14	8	9	17	14	1	2.1	86	12	4	3	8	7
31	UCSF Benioff Children's Hospitals, San Francisco and Oakland	67.6	34	7	31	32	2	4	15	8	9	16	14	1	10.6	79	12	4	3	8	7
32	Mount Sinai Kravis Children's Hospital	67.3	43	9	21	25	6	4	12	7	9	22	14	1	2.3	85	11	4	3	8	7
33	University of Iowa Stead Family Children's Hospital	66.8	43	8	23	32	6	4	12	8	9	22	12	1	1.5	90	12	4	3	8	7
34	Children's Healthcare of Atlanta	66.3	40	6	29	32	6	4	15	8	9	18	14	1	1.6	94	12	4	3	8	7
35	Cook Children's Medical Center	66.0	41	7	25	32	6	4	13	8	9	21	14	1	2.0	90	12	4	3	8	7
36	Children's Mercy Kansas City Hospital	65.8	46	7	23	32	5	4	14	8	9	22	14	1	2.6	76	12	4	3	8	7
37	Intermountain Primary Children's Hospital-University of Utah	65.6	44	8	25	31	6	6	12	8	9	20	13	1	1.1	93	12	3	1	8	7
38	St. Louis Children's Hospital-Washington University	65.4	37	7	30	32	6	4	14	8	9	20	14	1	3.5	80	12	4	3	8	7
39	Hackensack Meridian Health Sanzari & Hovnanian Children's Hosps.	65.3	44	9	31	26	6	3	11	8	8	14	14	1	0.6	84	12	4	1	8	7
40	Yale New Haven Children's Hospital	64.7	39	6	25	27	4	3	14	8	9	22	13	1	7.3	89	12	4	3	8	7
41	Cleveland Clinic Children's Hospital	64.1	38	9	27	29	6	6	12	8	9	19	14	1	0.8	81	12	4	2	8	7
42	UF Health Shands Children's Hospital	63.5	38	6	27	26	6	3	14	8	9	22	14	1	4.4	95	7	4	3	8	7
43	University of Chicago Comer Children's Hospital	62.8	35	9	26	20	6	5	14	8	7	21	13	1	1.2	87	10	4	3	8	7
44	Monroe Carell Jr. Children's Hospital at Vanderbilt	61.6	52	2	28	31	5	4	13	8	9	22	14	1	2.8	76	12	4	3	8	7
45	Children's Hospital of Richmond at VCU	60.8	43	6	27	26	6	4	13	8	9	16	13	1	0.3	81	12	4	3	8	7
46	Children's Hospital of Alabama at UAB	59.4	29	9	23	31	6	6	12	8	9	22	14	1	2.1	91	7	4	3	7	7
46	UCLA Mattel Children's Hospital	59.4	42	8	21	21	6	4	10	8	6	15	11	1	5.6	74	11	4	2	8	7
47	Phoenix Children's Hospital	59.3	33	8	29	32	6	3	15	8	9	22	14	0	0.9	96	12	4	3	7	7
49	University of Virginia Children's Hospital	58.8	38	4	31	26	6	4	13	8	9	22	13	1	1.3	88	12	4	3	8	7
50	Nicklaus Children's Hospital	58.3	46	6	27	32	5	3	13	7	7	19	12	1	0.6	84	12	4	1	7	7

Rankings are based on all of the above measures.

NA: Service not provided by hospital. NR: Data not reported or unavailable.

Best Children's Hospital 2025-26: Gastroenterology & GI Surgery

Rank	Hospital	Overall Score	Success of certain GI-related treatments	Survival after liver transplant	Pressure injury prevention	Infection prevention throughout hospital	Infection prevention in intensive-care units	Number of patients	Number of surgeries	Number of procedures	Nurse staffing	Liver transplant program	Advanced clinical services	Clinical support services	Advanced technologies	Specialized clinics and programs	Fulltime subspecialists	A Nurse Magnet hospital	Expert opinion	Commitment to best practices	Commitment to quality improvement	Adoption of health information technology	Commitment to clinical research	Family support	Involves families in care planning
1	Cincinnati Children's	100	6	6	1	36	5	27	12	22	4.6	4	8	9	17	13	13	1	38.4	19	13	4	7	8	7
2	Boston Children's Hospital	98.0	6	5	1	36	5	27	12	22	4.3	4	7	9	17	13	13	1	38.5	20	13	4	7	8	7
3	Children's Hospital of Philadelphia	97.2	6	6	1	36	3	27	12	22	3.8	4	8	9	17	13	13	1	35.1	20	13	4	7	8	7
4	Nationwide Children's Hospital	96.8	6	5	1	36	5	27	12	22	3.4	3	7	9	17	13	13	1	26.2	20	13	4	7	8	7
5	Texas Children's Hospital	96.1	6	5	1	36	5	27	12	21	4.8	4	7	9	17	13	13	1	21.1	20	13	4	7	8	7
6	Children's Hospital Los Angeles	95.1	6	6	1	35	5	27	12	22	4.0	4	8	9	17	13	12	1	14.5	20	13	4	7	8	7
7	Children's Hospital Colorado	93.6	6	5	1	35	3	27	12	21	4.4	4	7	9	17	13	13	1	26.7	20	13	4	7	8	7
8	Lucile Packard Children's Hospital Stanford	88.4	6	5	1	35	5	26	12	20	4.4	4	8	9	16	13	13	1	9.3	20	13	4	7	8	7
9	UPMC Children's Hospital of Pittsburgh	88.0	6	6	1	36	4	27	10	20	3.7	4	8	9	16	13	13	1	9.8	19	13	4	7	8	7
10	UCSF Benioff Children's Hospitals, San Francisco and Oakland	87.8	6	6	1	36	5	27	11	18	4.4	4	8	9	16	13	13	1	5.4	20	13	4	7	8	7
11	Ann & Robert H. Lurie Children's Hospital of Chicago	86.6	6	4	1	34	5	27	12	19	3.9	4	7	9	17	13	13	1	12.1	20	13	4	7	8	7
11	Seattle Children's Hospital	86.6	6	6	1	34	3	25	10	18	3.8	4	7	9	16	13	13	1	11.3	20	13	4	7	8	7
13	Children's Medical Center Dallas	84.5	6	5	1	36	4	27	11	21	4.6	4	7	9	17	13	13	1	6.6	20	13	4	7	8	7
14	Children's National Hospital	84.4	6	5	1	36	4	27	12	16	3.6	4	7	9	14	13	13	1	8.7	20	13	4	7	8	7
15	Children's Healthcare of Atlanta	83.1	6	5	1	34	4	27	12	20	4.2	4	6	9	16	12	13	1	8.5	19	13	4	7	8	7
16	Cleveland Clinic Children's Hospital	81.3	6	6	1	32	5	24	8	22	5.8	4	7	9	17	13	13	1	2.7	20	13	4	6	8	7
16	St. Louis Children's Hospital-Washington University	81.3	6	5	1	35	5	24	9	18	3.6	4	7	9	15	13	13	1	4.4	20	13	4	7	8	7
18	New York-Presbyterian Children's Hospital-Columbia and Cornell	80.0	6	6	1	32	2	25	11	22	3.9	4	7	9	17	13	13	1	5.8	20	12	4	7	8	7
19	Children's Wisconsin	77.8	6	6	1	30	3	25	11	22	3.6	3	7	9	17	13	13	1	4.3	20	10	4	7	8	7
20	Intermountain Primary Children's Hospital-University of Utah	77.5	6	5	1	30	5	25	11	21	6.2	4	7	9	14	13	12	1	2.9	20	13	3	7	8	7
20	UCLA Mattel Children's Hospital	77.5	6	6	1	26	5	20	9	15	4.2	4	7	8	17	13	11	1	4.0	20	12	4	7	8	7
21	SSM Health Cardinal Glennon Children's Hospital-St. Louis University	77.4	6	6	1	28	5	24	10	17	3.8	2	8	9	17	13	13	1	1.1	20	13	4	7	8	7
22	Levine Children's Hospital	77.1	6	6	1	34	5	24	9	18	3.5	3	7	9	15	13	13	1	0.5	19	13	4	7	8	7
23	Riley Hospital for Children at IU Health	76.9	6	3	1	33	5	27	11	22	3.4	4	8	9	17	13	12	1	4.9	20	13	4	7	8	7
24	Duke Children's Hospital and Health Center	76.4	6	5	1	32	5	26	10	18	3.4	4	8	9	17	13	12	1	0.9	20	13	4	7	8	7
24	Johns Hopkins Children's Center	76.4	6	4	1	33	3	27	11	20	3.7	4	7	9	17	13	13	1	5.2	20	13	4	7	8	7
26	Monroe Carell Jr. Children's Hospital at Vanderbilt	76.1	5	5	1	33	5	27	12	21	4.1	4	7	9	17	13	13	1	3.2	20	13	4	7	8	7
28	Phoenix Children's Hospital	75.7	6	6	1	34	5	26	9	19	3.2	4	7	9	16	13	13	0	2.6	20	13	4	7	7	7
29	Children's Memorial Hermann Hospital	75.3	6	6	1	34	4	17	10	16	3.4	3	7	9	15	12	13	1	1.6	19	13	4	7	8	7
30	University of Virginia Children's Hospital	74.9	6	5	1	36	5	19	8	18	3.6	4	7	9	16	13	12	1	1.1	20	13	4	4	8	7
31	Mayo Clinic Children's Center	74.1	5	6	1	32	5	21	10	21	4.0	3	6	9	17	13	12	1	1.6	20	13	4	7	8	7
32	University of Michigan Health C.S. Mott Children's Hospital	74.0	5	5	1	35	4	27	9	19	5.7	4	6	9	16	13	13	1	3.7	20	13	4	7	8	7
33	Children's Mercy Kansas City Hospital	70.3	6	2	1	28	4	25	12	22	4.3	4	7	9	17	13	13	1	4.6	20	13	4	7	8	7
34	Children's Hospital of Alabama at UAB	69.8	6	4	1	28	4	25	9	18	5.5	3	7	9	17	13	13	1	2.9	20	8	4	7	7	7
35	Le Bonheur Children's Hospital	68.6	6	5	1	32	5	19	10	13	2.6	3	7	6	15	12	13	1	1.1	18	13	4	7	8	7
36	Children's Hospital at Montefiore	66.9	5	5	1	32	5	15	9	12	5.3	4	7	9	15	12	13	1	0.9	19	13	4	7	8	7
37	Rady Children's Hospital	66.5	6	0	1	36	5	26	11	17	4.1	2	7	9	15	13	13	1	2.5	20	13	4	7	8	7
38	Hassenfeld Children's Hospital at NYU Langone	65.9	6	3	1	33	4	22	10	16	3.7	2	7	9	15	13	12	1	1.5	20	7	4	7	8	7
39	American Family Children's Hospital	64.7	6	6	1	28	5	16	7	11	3.5	2	4	8	16	7	12	1	0.3	18	13	4	6	8	6
40	Mount Sinai Kravis Children's Hospital	64.2	6	5	1	26	1	22	10	16	4.4	4	7	8	16	10	13	1	2.2	19	12	4	7	8	7
41	Holtz Children's Hospital at UM-Jackson Memorial Medical Center	64.0	6	4	1	31	5	19	9	11	3.1	4	7	9	15	13	12	0	1.9	19	13	4	7	8	7
42	MUSC Shawn Jenkins Children's Hospital	63.9	4	5	1	35	4	21	9	15	4.1	4	7	9	16	13	13	1	0.8	20	13	4	7	8	7
43	Nemours Children's Hospital-Delaware	63.8	5	5	1	36	1	22	11	10	4.2	4	8	9	12	13	13	1	1.7	19	13	4	7	8	7
44	AdventHealth for Children	63.5	6	5	1	26	3	19	10	13	2.6	4	7	8	17	11	13	1	0.2	20	13	4	6	8	7
44	Cohen Children's Medical Center	63.5	6	NA	1	35	5	21	11	18	4.3	NA	7	9	17	13	13	1	1.0	20	13	4	7	8	7
46	Children's Hospital of Michigan	62.6	6	6	1	27	5	24	6	12	2.8	3	7	8	14	13	13	0	0.4	18	12	4	7	8	7
47	Rainbow Babies and Children's Hospital	62.2	6	NA	1	35	5	19	9	16	3.7	NA	7	9	16	13	13	1	1.4	20	13	4	7	8	7
48	Yale New Haven Children's Hospital	61.3	6	3	1	30	1	23	10	17	3.1	3	8	9	17	13	12	1	1.3	20	13	4	7	8	7
49	Ochsner Children's Hospital	60.6	6	4	1	28	4	21	7	15	3.1	3	7	7	16	12	11	1	0.5	19	13	4	5	7	6
50	Children's Hospital of Richmond at VCU	60.3	5	3	1	32	5	11	10	12	4.0	2	6	9	15	13	12	1	0.5	20	13	4	6	8	7

Rankings are based on all of the above measures.

NA: Service not provided by hospital. NR: Data not reported or unavailable.

Best Children's Hospital 2025-26: Neonatology

Rank	Hospital	Overall Score	Taking breast milk when discharged	Infection prevention throughout hospital	Infection prevention in neonatal intensive-care unit	Keeping breathing tube in place	NICU temperature management	Matching breast milk with correct infants	Tracking of growth metrics	Number of patients	Nurse staffing	ECMO availability	Neonatal transport	Advanced clinical services	Clinical support services	Advanced technologies	Specialized clinics and programs	Fulltime subspecialists	A Nurse Magnet hospital	Expert opinion	Commitment to best practices	Commitment to quality improvement	Adoption of health information technology	Commitment to clinical research	Family support	Involves families in care planning
1	Boston Children's Hospital	100	3	42	5	4	12	4	6	35	4.3	2	9	6	6	13	16	18	1	22.8	52	16	4	4	15	8
2	Texas Children's Hospital	94.5	3	42	5	4	12	4	6	35	3.8	2	9	6	6	13	16	18	1	14.7	51	16	4	4	15	8
3	Lucile Packard Children's Hospital Stanford	93.5	3	40	5	5	12	4	6	26	5.0	2	10	6	6	13	16	17	1	12.0	52	16	4	4	15	8
4	Cincinnati Children's	92.7	2	42	5	4	12	4	6	35	3.9	2	8	6	6	13	16	18	1	17.5	52	16	4	4	15	8
5	Children's Hospital of Philadelphia	92.1	3	42	3	5	11	4	6	35	4.3	2	9	6	6	13	16	18	1	30.7	50	16	4	4	15	8
6	UCSF Benioff Children's Hospitals, San Francisco and Oakland	89.3	3	42	5	5	11	4	6	30	3.5	2	9	6	6	13	16	18	1	8.5	51	15	4	4	15	8
7	Nationwide Children's Hospital	88.6	2	42	5	4	12	4	6	29	3.0	2	9	6	6	13	16	18	1	15.4	51	16	4	4	15	8
8	Rady Children's Hospital	88.4	3	41	5	5	12	4	6	28	4.0	2	10	6	6	13	16	18	1	5.3	52	16	4	4	15	8
9	Seattle Children's Hospital	86.8	3	35	5	5	12	4	6	32	5.0	2	9	6	6	13	16	18	1	7.7	50	16	4	4	14	8
10	Rainbow Babies and Children's Hospital	86.4	3	41	5	5	12	4	6	15	3.9	2	9	6	6	13	16	18	1	5.9	52	16	4	4	15	8
11	UPMC Children's Hospital of Pittsburgh	85.9	3	42	5	5	12	4	6	28	3.1	2	10	6	6	13	16	18	1	4.1	52	16	4	4	15	8
12	Children's National Hospital	85.4	3	42	3	5	12	4	6	30	4.1	2	9	6	6	13	16	18	1	12.4	51	16	4	4	15	8
13	Children's Medical Center Dallas	85.3	3	42	5	5	11	4	6	26	4.5	2	10	6	6	12	16	18	1	3.5	52	16	4	4	15	8
14	Children's Hospital Colorado	85.0	3	41	4	5	11	4	6	33	3.1	2	8	6	6	13	16	18	1	9.3	52	16	4	4	15	8
15	New York-Presbyterian Children's Hospital-Columbia and Cornell	84.3	3	38	5	5	10	4	6	28	3.1	2	9	6	6	13	16	18	1	9.0	49	14	4	4	15	8
16	CHOC Children's Hospital	82.5	3	37	5	5	12	4	6	30	3.8	2	9	6	6	13	16	18	1	2.7	52	16	4	4	13	8
17	St. Louis Children's Hospital-Washington University	82.4	2	41	5	5	11	4	6	29	3.0	2	10	6	6	13	16	18	1	6.3	51	16	4	4	15	8
18	Cohen Children's Medical Center	81.5	3	41	5	5	12	4	6	20	3.6	2	10	6	6	13	16	18	1	1.7	51	16	4	4	15	8
19	Cleveland Clinic Children's Hospital	81.2	3	38	5	5	12	4	6	25	3.6	2	10	6	6	13	16	18	1	2.0	51	16	4	4	15	8
19	University of Iowa Stead Family Children's Hospital	81.2	3	34	5	5	12	4	6	23	2.6	2	10	6	6	13	16	17	1	7.7	47	16	4	4	15	8
21	Riley Hospital for Children at IU Health	80.6	2	39	5	5	12	4	6	33	3.2	2	8	6	6	13	16	17	1	4.6	51	16	4	4	15	8
22	Children's Hospital Los Angeles	79.7	2	41	4	5	12	4	6	30	3.9	2	10	6	6	13	16	17	1	5.6	51	16	4	4	15	8
23	Ann and Robert H. Lurie Children's Hospital-Prentice Women's Hospital	79.0	2	39	4	5	12	4	6	28	3.2	2	8	6	6	13	16	18	1	8.2	51	16	4	4	15	8
24	Nemours Children's Hospital-Delaware	78.9	3	42	5	5	12	4	6	21	3.3	2	8	6	6	11	15	18	1	1.7	49	16	4	4	15	8
25	Johns Hopkins Children's Center	78.0	2	39	5	5	12	4	6	27	3.2	2	10	6	6	13	16	18	1	4.5	48	16	4	4	14	7
26	Children's Healthcare of Atlanta	77.1	3	40	4	4	10	4	6	32	4.8	2	9	6	6	12	16	18	1	5.1	49	16	4	4	15	8
27	Joe DiMaggio Children's Hospital at Memorial	77.0	3	38	5	5	12	4	6	14	2.9	2	10	6	6	13	15	17	1	1.8	50	16	4	4	15	8
28	University of Virginia Children's Hospital	76.4	2	42	5	5	12	4	6	21	2.9	2	10	6	6	12	16	17	1	1.3	52	16	4	4	15	8
29	Arnold Palmer Hospital for Children	76.1	2	34	5	5	11	4	6	29	4.9	2	10	6	6	11	16	18	1	2.8	51	16	4	4	15	8
30	Duke Children's Hospital and Health Center	76.0	2	38	5	5	12	4	6	22	3.0	2	9	6	6	13	16	18	1	2.8	50	16	4	4	15	8
31	University of Michigan Health C.S. Mott Children's Hospital	74.6	2	41	5	4	11	4	6	29	3.6	2	8	6	6	13	15	18	1	2.2	50	16	4	4	14	8
32	Children's Memorial Hermann Hospital	74.5	3	40	5	5	9	4	6	30	2.9	2	8	6	6	11	15	17	1	1.9	47	16	4	4	14	8
33	North Carolina Children's Hospital at UNC	74.4	2	40	5	4	12	4	6	27	2.8	2	10	6	6	11	16	18	1	2.6	50	16	4	4	15	8
34	AdventHealth for Children	74.1	3	32	5	5	12	4	6	22	2.9	2	10	6	6	13	16	18	1	0.8	50	16	4	4	15	8
35	Mayo Clinic Children's Center	73.7	3	38	5	4	12	4	6	14	3.6	2	9	6	6	13	16	17	1	0.4	50	16	4	4	15	8
36	Dell Children's Medical Center	72.8	3	39	4	5	12	3	6	16	4.2	2	10	6	6	11	16	18	1	2.0	51	16	4	4	15	8
37	Inova L.J. Murphy Children's Hospital	72.7	3	40	5	4	11	4	6	17	3.0	2	7	6	6	13	16	16	1	0.7	51	15	4	4	15	8
38	UF Health Shands Children's Hospital	72.5	2	38	5	5	12	4	6	21	2.9	2	10	6	6	11	16	18	1	1.6	51	11	4	4	15	8
39	Intermountain Primary Children's Hospital-University of Utah	71.5	3	36	4	5	11	4	6	29	3.6	2	10	6	6	11	16	18	1	3.0	45	16	3	4	14	8
39	UCLA Mattel Children's Hospital	71.5	3	31	4	5	11	4	6	19	4.4	2	8	4	5	13	16	17	1	4.8	51	15	4	4	15	8
40	Children's Mercy Kansas City Hospital	71.2	2	29	4	5	12	4	6	33	4.3	2	8	6	6	11	15	18	1	3.6	52	16	4	4	15	8
41	Monroe Carell Jr. Children's Hospital at Vanderbilt	71.0	2	34	5	4	9	4	6	34	3.0	2	9	6	6	12	13	18	1	4.3	50	16	4	4	13	8
42	American Family Children's Hospital	70.8	3	31	5	5	12	4	6	18	3.1	2	10	6	5	13	16	17	1	0.4	49	16	4	4	15	7
43	Children's Hospital of Richmond at VCU	70.5	3	37	5	4	10	4	6	16	3.0	2	10	6	6	13	16	17	1	0.6	49	16	4	4	15	8
45	University of Rochester-Golisano Children's Hospital	70.0	3	33	5	3	11	4	6	16	3.2	2	10	6	6	13	16	17	1	2.1	50	15	4	4	15	8
45	Yale New Haven Children's Hospital	70.0	3	36	4	5	11	4	6	14	2.4	2	9	6	6	13	14	17	1	2.9	50	16	4	4	14	8
47	Dayton Children's Hospital	69.8	3	36	5	5	11	4	6	12	3.5	1	10	6	6	11	15	15	1	0.4	48	16	4	4	15	8
48	Hassenfeld Children's Hospital at NYU Langone	69.3	3	39	5	4	11	4	6	17	2.8	2	7	6	6	10	15	17	1	1.2	50	9	4	4	15	8
49	MUSC Shawn Jenkins Children's Hospital	69.0	2	41	5	4	12	4	6	20	2.6	2	10	6	6	10	13	18	1	0.9	48	16	4	4	15	8
50	Nicklaus Children's Hospital	68.4	3	38	5	5	12	4	6	15	2.5	2	10	6	5	10	13	17	1	1.9	44	14	4	3	13	7

Rankings are based on all of the above measures.

NA: Service not provided by hospital. NR: Data not reported or unavailable.

Rank	Best Children's Hospital 2025-26: Nephrology Hospital	Overall Score	Survival after kidney transplant	Dialysis management	Prevention of biopsy complications	Infection prevention throughout hospital	Infection prevention in intensive-care units	Dialysis infection prevention	Pressure injury prevention	Number of patients	Number of dialysis patients	Number of kidney biopsies	Number of kidney transplants	Transplants in dialysis patients	Nurse staffing	Advanced clinical services	Clinical support services	Advanced technologies	Fulltime subspecialists	A Nurse Magnet hospital	Expert opinion	Commitment to best practices	Commitment to quality improvement	Adoption of health information technology	Commitment to clinical research	Family support	Involves families in care planning
1	Boston Children's Hospital	100	23	12	6	38	5	9	1	9	12	5	6	5	4.3	5	9	1	9	1	38.0	42	13	4	4	15	7
2	Texas Children's Hospital	96.6	23	12	6	38	5	9	1	9	12	6	6	3	4.8	5	9	1	9	1	28.5	38	13	4	4	15	7
3	Lucile Packard Children's Hospital Stanford	95.9	24	11	6	37	5	9	1	9	11	6	6	4	4.4	6	9	1	9	1	22.5	37	13	4	4	15	7
4	Nationwide Children's Hospital	95.8	24	12	6	38	5	9	1	9	10	5	5	5	3.4	5	9	1	9	1	19.0	40	13	4	4	15	7
5	Children's Hospital of Philadelphia	95.1	24	11	6	38	3	8	1	9	11	6	6	4	3.8	6	9	1	9	1	32.6	42	13	4	4	15	7
6	Cincinnati Children's	92.2	23	12	6	38	5	4	1	9	11	6	6	3	4.6	6	9	1	9	1	37.0	39	13	4	4	15	7
7	Ann & Robert H. Lurie Children's Hospital of Chicago	91.7	24	11	6	36	5	7	1	9	12	6	6	6	3.9	5	9	1	9	1	16.0	38	13	4	4	15	7
8	Seattle Children's Hospital	90.1	24	10	6	36	3	9	1	9	12	6	6	2	3.8	5	9	1	9	1	33.7	36	13	4	4	15	7
9	Riley Hospital for Children at IU Health	88.9	23	12	6	35	5	9	1	9	12	6	4	1	3.4	6	9	1	8	1	12.0	40	13	4	4	15	7
10	Children's National Hospital	88.7	24	11	6	38	4	9	1	9	10	6	6	4	3.6	5	9	1	9	1	13.1	36	13	4	4	15	7
11	UCSF Benioff Children's Hospitals, San Francisco and Oakland	86.9	23	11	6	38	5	9	1	9	8	5	6	4	4.4	6	9	1	9	1	4.9	40	13	4	4	15	7
12	Johns Hopkins Children's Center	86.7	24	12	6	35	3	9	1	8	10	4	5	4	3.7	5	9	1	9	1	9.2	42	13	4	4	15	7
12	UPMC Children's Hospital of Pittsburgh	86.7	24	12	5	38	4	9	1	9	10	5	6	3	3.7	6	9	1	9	1	8.2	40	13	4	4	15	7
14	Children's Hospital Los Angeles	86.4	24	12	6	37	5	9	1	9	12	6	5	2	4.0	6	9	1	8	1	4.7	39	13	4	4	15	7
14	Children's Mercy Kansas City Hospital	86.4	24	11	6	30	4	9	1	9	11	6	6	3	4.3	5	9	1	9	1	10.9	40	13	4	4	15	7
16	Rady Children's Hospital	85.2	24	12	6	38	5	9	1	9	10	6	5	5	4.1	5	9	1	9	1	3.6	35	13	4	4	15	7
17	Children's Healthcare of Atlanta	84.9	24	7	6	36	4	8	1	9	12	6	6	2	4.2	5	9	1	9	1	20.8	33	13	4	4	14	7
18	Intermountain Primary Children's Hospital-University of Utah	82.3	23	11	6	32	5	9	1	9	10	6	6	4	6.2	5	9	1	9	1	2.6	41	13	3	4	15	7
19	University of Michigan Health C.S. Mott Children's Hospital	81.7	22	12	6	37	4	7	1	9	10	5	6	4	5.7	4	9	1	9	1	5.7	38	12	4	4	15	7
20	Cohen Children's Medical Center	81.6	20	12	6	37	5	8	1	9	5	5	5	5	4.3	5	9	1	9	1	1.9	40	13	4	4	15	7
21	M Health Fairview Masonic Children's Hospital-Children's Minnesota	80.8	22	12	6	30	5	9	1	9	11	6	6	5	4.1	4	9	1	9	1	4.9	36	8	4	4	15	7
21	University of Virginia Children's Hospital	80.8	22	10	6	38	5	9	1	9	6	5	5	4	3.6	5	9	1	8	1	2.8	38	13	4	4	15	7
23	Levine Children's Hospital	80.2	19	12	6	36	5	9	1	9	12	5	4	5	3.5	5	9	1	9	1	0.9	38	13	4	4	15	7
23	St. Louis Children's Hospital-Washington University	80.2	21	12	5	37	5	7	1	9	10	6	5	4	3.6	5	9	1	9	1	3.8	39	12	4	4	15	7
25	Children's Hospital Colorado	79.3	24	8	6	37	3	8	1	9	12	6	6	4	4.4	5	9	1	9	1	5.7	36	13	4	4	15	7
25	UCLA Mattel Children's Hospital	79.3	24	10	6	28	5	8	1	9	10	6	5	3	4.2	5	8	1	7	1	7.6	37	12	4	4	15	7
26	MUSC Shawn Jenkins Children's Hospital	79.1	20	12	6	37	4	9	1	9	10	5	4	2	4.1	5	9	1	9	1	1.5	39	13	4	4	15	7
28	Children's Hospital of Richmond at VCU	78.3	23	11	6	34	5	9	1	9	7	4	4	4	4.0	5	9	1	8	1	0.5	38	13	4	4	15	7
28	Children's Medical Center Dallas	78.3	24	10	6	38	4	7	1	9	12	6	6	3	4.6	5	9	1	9	1	3.1	36	13	4	4	15	7
29	Rainbow Babies and Children's Hospital	78.1	24	10	6	37	5	8	1	8	4	4	3	5	3.7	6	9	1	9	1	1.5	37	13	4	3	15	7
31	Children's Hospital at Montefiore	77.3	24	12	5	34	5	5	1	9	4	4	4	5	5.3	5	9	1	9	1	5.7	35	13	4	4	15	7
31	Children's Hospital of Alabama at UAB	77.3	24	10	6	30	4	7	1	7	12	6	5	4	5.5	5	9	1	9	1	6.4	39	8	4	4	14	7
32	Duke Children's Hospital and Health Center	77.2	22	12	6	34	5	9	1	9	8	5	4	1	3.4	6	9	1	9	1	2.1	34	13	4	4	15	7
33	UC Davis Children's Hospital	76.0	24	11	6	36	3	6	1	9	9	5	6	5	7.4	6	9	1	8	1	0.7	40	12	4	4	15	7
34	Arkansas Children's Hospital	75.8	24	12	6	38	5	8	1	8	8	6	4	2	2.9	6	9	1	8	1	0.6	34	12	4	4	14	7
35	North Carolina Children's Hospital at UNC	75.7	20	12	6	36	4	7	1	8	5	6	5	5	3.3	6	9	1	9	1	1.5	36	13	4	4	15	7
36	Le Bonheur Children's Hospital	75.6	24	9	6	34	5	7	1	8	7	5	4	4	2.6	5	6	1	9	1	3.2	40	13	4	4	14	7
37	SSM Health Cardinal Glennon Children's Hospital-St. Louis University	75.5	24	12	6	30	5	8	1	9	8	5	4	4	3.8	6	8	1	9	1	0.3	34	13	4	4	15	7
38	University of Iowa Stead Family Children's Hospital	75.0	24	12	6	30	1	9	1	9	8	5	5	4	3.6	5	9	1	8	1	4.1	37	13	4	4	15	7
39	Phoenix Children's Hospital	74.2	24	12	6	36	5	8	1	9	12	6	6	2	3.2	4	9	1	9	0	2.0	36	13	4	4	13	7
40	Hackensack Meridian Health Sanzari & Hovnanian Children's Hosps.	73.8	20	9	6	38	5	7	1	9	4	4	5	4	2.8	5	9	1	9	1	0.6	40	13	4	4	15	7
41	Holtz Children's Hospital at UM-Jackson Memorial Medical Center	73.2	23	12	6	33	5	9	1	8	9	5	6	1	3.1	5	9	1	8	0	1.9	38	13	4	4	15	7
42	Children's Wisconsin	72.7	22	11	6	32	3	8	1	9	8	6	5	5	3.6	5	9	1	9	1	1.2	36	9	4	4	15	7
43	Children's Nebraska	72.6	24	12	6	34	3	8	1	9	11	4	5	4	3.4	3	9	0	9	1	0.5	40	13	4	4	15	7
44	Arnold Palmer Hospital for Children	72.2	24	12	6	30	3	8	1	9	8	3	5	4	4.3	6	8	1	9	1	0.0	35	13	4	4	15	7
45	Mayo Clinic Children's Center	72.1	21	10	6	34	5	5	1	8	6	6	5	5	4.0	2	9	1	8	1	2.9	34	13	4	4	15	7
46	New York-Presbyterian Children's Hospital-Columbia and Cornell	71.4	24	9	6	34	2	4	1	9	6	5	6	6	3.9	5	9	1	9	1	3.0	39	12	4	4	15	7
47	Joe DiMaggio Children's Hospital at Memorial	71.3	22	10	6	34	5	9	1	9	4	2	2	2	3.5	5	9	1	9	1	0.3	34	13	4	4	13	7
48	Cleveland Clinic Children's Hospital	71.1	20	5	6	34	5	9	1	9	6	5	3	1	5.8	5	9	1	9	1	1.7	37	13	4	4	15	7
49	Johns Hopkins All Children's Hospital	70.1	24	9	4	38	5	9	1	8	10	4	5	0	4.1	4	9	1	9	1	0.6	32	13	4	4	15	7
50	Monroe Carell Jr. Children's Hospital at Vanderbilt	70.0	22	10	3	35	5	7	1	7	11	4	6	4	4.1	5	9	1	9	1	0.9	36	12	4	4	15	7
50	Mount Sinai Kravis Children's Hospital	70.0	22	12	6	28	1	8	1	8	4	2	6	6	4.4	5	8	1	9	1	1.4	39	11	4	4	15	7

Rankings are based on all of the above measures.

NA: Service not provided by hospital. NR: Data not reported or unavailable.

Best Children's Hospital 2025-26: Neurology & Neurosurgery

Rank	Hospital	Overall Score	Infection prevention	Survival after surgery	Prevention of surgical complications	Success in controlling epilepsy	Number of surgeries	Number of epilepsy workups and treatments	Nurse staffing	Advanced clinical services	Clinical support services	Advanced technologies	Specialized clinics and programs	Fulltime subspecialists	A Nurse Magnet hospital	Expert opinion	Commitment to best practices	Commitment to quality improvement	Adoption of health information technology	Commitment to clinical research	Family support	Involves families in care planning
1	Texas Children's Hospital	100	38	16	12	5	37	13	4.8	18	10	13	19	16	1	25.7	24	12	4	4	8	7
2	Boston Children's Hospital	99.9	37	16	12	5	36	15	4.3	18	10	13	19	16	1	38.6	24	12	4	4	8	7
3	Children's Hospital of Philadelphia	98.9	37	16	12	5	34	15	3.8	19	10	13	19	16	1	33.8	23	12	4	4	8	7
4	Children's National Hospital	95.4	38	16	12	5	32	15	3.6	18	10	13	19	16	1	14.4	24	12	4	4	8	7
5	Cincinnati Children's	93.9	38	16	10	5	36	12	4.6	19	10	13	19	16	1	18.7	24	12	4	3	8	7
6	Lucile Packard Children's Hospital Stanford	92.8	37	16	12	5	25	13	4.4	17	10	13	19	15	1	11.0	24	12	4	4	8	7
7	Ann & Robert H. Lurie Children's Hospital of Chicago	92.1	36	16	11	5	34	14	3.9	17	10	12	19	16	1	13.5	23	12	4	4	8	7
8	Nationwide Children's Hospital	92.0	38	16	11	5	29	14	3.4	18	10	12	19	16	1	13.8	24	12	4	3	8	7
9	Seattle Children's Hospital	90.7	34	16	11	5	29	12	3.8	10	10	12	19	16	1	14.4	24	12	4	4	8	7
10	Children's Hospital Los Angeles	89.8	37	15	12	5	34	14	4.0	19	10	13	19	16	1	6.7	24	12	4	3	8	7
11	Johns Hopkins Children's Center	89.1	35	14	12	5	23	10	3.7	18	10	13	19	16	1	10.2	24	12	4	4	8	7
12	Rady Children's Hospital	88.9	38	16	12	5	35	13	4.1	17	10	13	19	16	1	3.1	24	12	4	4	8	7
13	Children's Hospital Colorado	88.5	36	15	9	5	33	14	4.4	18	10	13	18	16	1	13.3	23	12	4	4	8	7
14	Children's Medical Center Dallas	88.4	38	16	12	5	33	15	4.6	17	10	13	19	16	1	3.2	24	12	4	3	8	7
15	UPMC Children's Hospital of Pittsburgh	88.3	38	14	11	5	33	15	3.7	19	10	13	19	16	1	6.4	24	12	4	4	8	7
16	Intermountain Primary Children's Hospital-University of Utah	87.0	32	15	12	5	37	15	6.2	18	10	12	19	16	1	6.2	24	12	3	3	8	7
17	St. Louis Children's Hospital-Washington University	86.1	36	16	11	3	32	12	3.6	18	10	13	19	16	1	15.7	23	12	4	3	8	7
18	UCSF Benioff Children's Hospitals, San Francisco and Oakland	85.0	36	16	12	2	31	12	4.4	18	10	13	19	16	1	11.9	24	12	4	4	8	7
19	Children's Healthcare of Atlanta	84.5	36	16	12	4	34	13	4.2	19	10	11	19	16	1	3.4	24	12	4	3	8	7
20	New York-Presbyterian Children's Hospital-Columbia and Cornell	83.7	34	16	12	5	25	14	3.9	15	10	12	16	15	1	5.0	20	11	4	4	8	7
21	Rainbow Babies and Children's Hospital	81.8	37	16	12	5	12	6	3.7	19	10	13	19	16	1	2.6	21	12	4	3	8	7
22	Johns Hopkins All Children's Hospital	81.5	37	16	11	5	23	12	4.1	15	10	13	17	16	1	2.2	21	12	4	3	8	7
23	Children's Mercy Kansas City Hospital	81.2	30	16	12	5	27	9	4.3	18	10	13	19	15	1	1.9	21	12	4	4	8	7
24	Cohen Children's Medical Center	80.6	37	16	12	4	29	9	4.3	16	10	13	19	16	1	0.9	24	12	4	2	8	7
25	Dell Children's Medical Center	80.2	36	14	11	5	20	10	4.2	18	10	13	19	16	1	2.2	22	12	4	3	8	7
26	Monroe Carell Jr. Children's Hospital at Vanderbilt	79.5	35	14	9	5	32	12	4.1	16	10	11	19	16	1	3.7	23	12	4	3	8	7
27	Children's Hospital of Alabama at UAB	79.3	29	13	12	5	27	12	5.5	16	10	12	19	15	1	4.6	22	7	4	4	7	7
28	Cleveland Clinic Children's Hospital	79.2	34	14	11	5	14	11	5.8	10	10	13	16	15	1	3.3	22	12	4	4	8	7
29	Nicklaus Children's Hospital	78.9	34	16	12	4	22	14	3.3	15	8	11	16	16	1	3.7	22	12	4	3	7	7
30	Children's Memorial Hermann Hospital	78.1	35	14	11	5	25	9	3.4	18	10	11	18	15	1	1.7	21	12	4	4	8	7
31	North Carolina Children's Hospital at UNC	77.8	37	14	12	4	13	7	3.3	19	10	12	17	15	1	1.0	24	12	4	4	8	7
32	Arkansas Children's Hospital	77.5	38	14	12	4	23	7	2.9	19	10	13	15	15	1	1.1	24	12	4	3	8	7
33	Cook Children's Medical Center	76.8	32	15	12	4	26	12	3.7	12	10	13	19	15	1	1.4	23	12	4	2	8	7
34	Mayo Clinic Children's Center	76.7	34	16	7	5	17	9	4.0	18	9	13	19	14	1	4.2	23	12	4	3	8	7
35	Riley Hospital for Children at IU Health	76.6	35	13	10	5	21	11	3.4	19	9	13	17	15	1	1.5	22	12	4	4	8	7
36	CHOC Children's Hospital	76.4	33	14	10	5	19	10	3.2	15	10	12	18	16	1	2.3	23	12	4	3	8	7
37	Duke Children's Hospital and Health Center	76.0	32	16	8	5	26	11	3.4	8	10	13	16	16	1	2.7	24	12	4	3	8	7
38	Phoenix Children's Hospital	75.3	36	13	10	5	33	12	3.2	18	10	13	19	16	0	3.3	23	12	4	3	7	7
39	Le Bonheur Children's Hospital	74.6	34	14	10	5	24	10	2.6	15	7	13	17	16	1	2.9	21	12	4	3	8	7
39	UCLA Mattel Children's Hospital	74.6	28	14	10	5	14	7	4.2	15	9	12	13	16	1	4.7	22	11	4	3	8	7
40	Children's Hospital of Richmond at VCU	73.9	32	16	11	4	16	7	4.0	17	10	12	15	15	1	0.3	22	12	4	3	8	7
41	University of Rochester-Golisano Children's Hospital	73.1	28	16	9	5	14	7	3.6	14	8	12	19	14	1	2.0	23	11	4	3	8	7
43	Akron Children's Hospital	72.8	35	16	12	2	18	7	3.8	19	10	10	17	15	1	0.6	23	12	4	4	8	7
44	Norton Children's Hospital	72.4	38	15	7	5	20	12	4.0	18	10	12	19	16	0	0.3	24	12	4	4	8	7
45	University of Chicago Comer Children's Hospital	72.1	33	12	12	4	13	6	4.8	15	10	11	19	15	1	0.4	23	10	4	3	8	7
46	Arnold Palmer Hospital for Children	72.0	30	13	11	5	25	9	4.3	18	10	8	16	15	1	0.8	19	12	4	3	8	7
47	Hackensack Meridian Health Sanzari & Hovnanian Children's Hosps.	71.9	38	16	8	4	18	13	2.8	15	10	13	19	16	1	0.5	24	12	4	1	8	7
48	Children's Nebraska	71.7	34	16	10	5	18	8	3.4	13	9	11	14	14	1	0.5	21	12	4	1	8	7
49	Corewell Health Helen DeVos Children's Hospital	71.5	26	14	11	4	21	11	3.2	18	10	13	19	16	1	0.2	24	12	4	2	8	7
50	Wolfson Children's Hospital	71.2	29	16	10	4	18	10	2.7	18	9	11	18	15	1	0.8	24	9	4	3	8	7

Rankings are based on all of the above measures.

NA: Service not provided by hospital. NR: Data not reported or unavailable.

Best Children's Hospital 2025-26: Orthopedics

Rank	Hospital	Overall Score	Speed and success in treating complex fractures	Prevention of surgical complications	Infection prevention	Number of patients	Number of procedures and surgeries	Nurse staffing	Advanced clinical services	Clinical support services	Advanced technologies	Specialized clinics and programs	Fulltime subspecialists	A Nurse Magnet hospital	Expert opinion	Commitment to best practices	Commitment to quality improvement	Adoption of health information technology	Commitment to clinical research	Family support	Involves families in care planning
1	Children's Medical Center Dallas-Scottish Rite for Children	100	11	11	35	23	27	4.6	15	11	3	11	21	1	29.6	47	12	4	1	8	7
2	Children's Hospital of Philadelphia	99.9	11	11	35	24	27	3.8	15	11	3	11	21	1	32.5	47	12	4	1	8	7
3	Cincinnati Children's	98.8	11	13	35	23	27	4.6	16	11	3	11	21	1	13.5	46	12	4	1	8	7
4	Children's Hospital Los Angeles	97.8	11	13	34	24	27	4.0	16	11	3	11	21	1	11.5	47	12	4	1	8	7
5	Boston Children's Hospital	96.8	10	11	35	24	27	4.3	14	11	3	11	21	1	36.8	45	12	4	1	8	7
5	Texas Children's Hospital	96.8	11	13	35	24	27	4.8	15	11	3	11	21	1	9.2	47	12	4	1	8	7
7	Rady Children's Hospital	95.7	11	9	35	23	27	4.1	14	11	3	11	21	1	24.4	47	12	4	1	8	7
8	Nemours Children's Hospital-Delaware	94.7	11	11	35	22	24	4.2	16	11	3	11	21	1	13.5	47	12	4	1	8	7
9	Children's Healthcare of Atlanta	91.7	11	11	33	24	24	4.2	14	11	3	10	21	1	12.4	44	12	4	1	8	7
10	Children's National Hospital	89.9	11	12	35	23	23	3.6	14	11	3	11	21	1	4.6	47	12	4	1	8	7
11	Children's Hospital Colorado	87.1	10	9	34	24	26	4.4	15	11	3	10	21	1	12.1	46	12	4	1	8	7
12	Nationwide Children's Hospital	86.0	11	9	35	22	27	3.4	14	11	3	11	21	1	8.7	44	12	4	1	8	7
13	Seattle Children's Hospital	85.5	11	12	33	17	21	3.8	4	11	3	10	21	1	5.6	44	12	4	1	8	7
14	Rainbow Babies and Children's Hospital	84.7	11	10	34	21	21	3.7	14	9	3	11	21	1	5.2	46	12	4	1	8	7
15	Monroe Carell Jr. Children's Hospital at Vanderbilt	83.4	11	10	32	23	21	4.1	12	11	3	11	21	1	6.3	41	12	4	1	8	7
16	Akron Children's Hospital	83.2	11	12	32	20	23	3.8	15	9	3	10	20	1	1.2	44	12	4	1	8	7
17	Joe DiMaggio Children's Hospital at Memorial	82.7	11	12	31	21	23	3.5	13	9	3	10	20	1	0.9	46	12	4	1	8	7
18	Nemours Children's Hospital-Florida	82.4	11	13	35	16	19	4.7	6	11	3	11	21	0	2.5	46	12	4	1	8	7
19	Lerner Children's Pavilion-Hospital for Special Surgery	82.1	11	10	35	12	26	7.6	11	11	3	11	20	1	2.5	46	12	4	1	8	7
20	Ann & Robert H. Lurie Children's Hospital of Chicago	82.0	10	10	33	14	25	3.9	13	11	3	10	21	1	5.7	46	12	4	1	8	7
21	St. Louis Children's Hosp.-Washington U./Shriners Children's St. Louis	81.7	10	9	34	24	25	3.6	14	11	3	11	21	1	6.0	44	12	4	1	8	7
22	Intermountain Primary Children's-Shriners Hosps. for Children-U. of Utah	81.5	11	10	29	24	24	6.2	15	11	3	11	21	1	3.5	44	12	3	1	8	7
23	UC Davis Children's Hospital/Shriners Children's Northern California	81.4	11	9	32	18	25	7.4	16	11	3	9	21	1	4.7	44	12	4	1	8	7
24	Riley Hospital for Children at IU Health	80.4	10	12	32	23	22	3.4	15	11	3	10	21	1	1.5	41	12	4	1	8	7
25	Johns Hopkins All Children's Hospital	80.0	11	10	35	18	19	4.1	12	9	3	11	21	1	0.7	46	12	4	1	8	7
26	Norton Children's Hospital	78.7	11	12	35	18	20	4.0	14	9	3	11	21	0	0.3	44	12	4	1	8	7
27	Cohen Children's Medical Center	78.4	10	10	34	22	21	4.3	14	9	3	11	21	1	0.5	46	12	4	1	8	7
27	UCLA Mattel Children's Hospital	78.4	11	10	25	19	25	4.2	15	10	3	10	21	1	2.3	46	11	4	1	8	7
28	Lucile Packard Children's Hospital Stanford	77.6	10	9	34	12	25	4.4	16	11	3	11	21	1	2.6	44	12	4	1	8	7
29	MUSC Shawn Jenkins Children's Hospital	77.5	11	10	34	11	21	4.1	14	9	3	6	21	1	1.0	45	12	4	1	8	7
31	Dell Children's Medical Center	77.0	11	10	33	17	22	4.2	14	9	3	11	21	1	0.9	39	12	4	1	8	7
32	New York-Presbyterian Children's Hospital-Columbia and Cornell	76.7	10	10	31	10	17	3.9	14	11	3	4	21	1	4.4	47	11	4	1	8	7
32	Nicklaus Children's Hospital	76.7	11	9	31	23	21	3.3	15	8	2	11	21	1	1.5	47	12	4	1	7	7
34	Dayton Children's Hospital	76.6	11	11	29	17	26	3.0	14	9	2	11	19	1	0.3	44	12	4	1	8	7
35	UPMC Children's Hosp. of Pittsburgh-Shriners Hospitals for Children Erie	75.9	11	7	35	22	20	3.7	15	11	3	11	21	1	1.7	44	12	4	1	8	7
36	University of Michigan Health C.S. Mott Children's Hospital	75.7	10	10	34	9	20	5.7	13	9	3	11	21	1	2.0	42	12	4	1	8	7
37	Mayo Clinic Children's Center	75.3	10	10	31	8	21	4.0	14	9	3	11	21	1	2.4	43	12	4	1	8	7
38	UCSF Benioff Children's Hospitals, San Francisco and Oakland	75.1	11	6	35	16	21	4.4	15	11	3	9	21	1	3.0	46	12	4	1	8	7
39	Children's Memorial Hermann Hospital	74.9	11	10	33	14	16	3.4	12	9	3	4	21	1	0.4	46	12	4	1	8	7
40	Children's Hospital of Alabama at UAB	74.7	11	11	27	17	20	5.5	14	9	3	10	20	1	0.5	43	7	4	1	7	7
41	Levine Children's Hospital	72.5	10	10	33	11	17	3.5	12	9	3	9	21	1	0.5	43	12	4	1	8	7
42	University of Virginia Children's Hospital	72.2	11	9	35	6	16	3.6	5	9	3	11	20	1	0.4	44	12	4	1	8	7
43	Duke Children's Hospital and Health Center	71.9	11	8	31	10	19	3.4	7	11	3	11	21	1	0.9	46	12	4	1	8	7
44	Cleveland Clinic Children's Hospital	71.8	10	10	31	15	13	5.8	6	9	3	8	21	1	0.8	44	12	4	1	8	7
45	Kentucky Children's Hospital-Shriners Hospitals for Children	71.3	9	10	31	10	18	2.9	16	9	3	6	20	1	3.1	44	12	4	1	8	7
46	CHOC Children's Hospital	71.1	10	9	30	15	16	3.2	14	9	3	11	21	1	0.6	45	12	4	1	8	7
46	North Carolina Children's Hospital at UNC	71.1	9	11	34	13	15	3.3	15	11	3	7	21	1	0.9	38	12	4	1	8	7
48	Arnold Palmer Hospital for Children	71.0	10	10	27	10	13	4.3	12	11	3	10	20	1	1.5	42	12	4	1	8	7
49	Cook Children's Medical Center	70.3	10	10	29	17	15	3.7	10	11	3	7	21	1	0.7	40	12	4	1	8	7
50	Arkansas Children's Hospital	69.9	8	9	35	17	22	2.9	14	9	3	10	21	1	1.1	45	12	4	1	8	7

Rankings are based on all of the above measures.

NA: Service not provided by hospital. NR: Data not reported or unavailable.

Rank	Best Children's Hospital 2025-26: Pulmonology & Lung Surgery	Overall Score	Success with asthma inpatients	Asthma management	Cystic fibrosis management	Neuromuscular weakness disorder management	Infection prevention throughout hospital	Infection prevention in intensive-care units	Pressure injury prevention	Survival after lung transplant	Number of patients	Number of tests and noninvasive procedures	Nurse staffing	Lung transplant program	Advanced clinical services	Clinical support services	Advanced technologies	Fulltime subspecialists	A Nurse Magnet hospital	Expert opinion	Commitment to best practices	Commitment to quality improvement	Adoption of health information technology	Commitment to clinical research	Family support	Involves families in care planning
1	Texas Children's Hospital	100	8	13	16	3	37	5	1	5	17	12	4.8	5	31	8	2	11	1	31.0	31	12	4	3	8	7
2	Cincinnati Children's	98.1	7	13	17	3	37	5	1	4	16	12	4.6	5	32	8	2	11	1	37.6	31	12	4	3	8	7
3	Boston Children's Hospital	97.6	8	11	16	3	37	5	1	4	17	12	4.3	5	31	8	2	11	1	39.6	30	12	4	3	8	7
4	Children's Hospital Colorado	92.4	8	13	16	3	36	3	1	3	16	12	4.4	2	31	8	2	11	1	37.3	31	12	4	3	8	7
5	Children's Hospital of Philadelphia	90.8	7	13	17	3	37	3	1	2	17	12	3.8	5	32	8	2	11	1	42.9	30	12	4	3	8	7
5	UPMC Children's Hospital of Pittsburgh	90.8	8	13	17	3	37	4	1	4	16	9	3.7	5	31	8	2	11	1	12.7	31	12	4	3	8	7
7	Nationwide Children's Hospital	89.0	8	13	15	3	37	5	1	3	17	12	3.4	4	31	8	2	11	1	12.8	30	12	4	3	8	7
8	Lucile Packard Children's Hospital Stanford	88.9	8	13	16	3	37	5	1	2	16	12	4.4	5	32	8	2	11	1	9.7	31	12	4	3	8	7
9	Riley Hospital for Children at IU Health	87.8	7	13	17	3	33	5	1	2	15	12	3.4	2	32	8	2	11	1	14.5	31	12	4	3	8	7
10	Seattle Children's Hospital	86.5	8	13	16	3	36	3	1	NA	14	12	3.8	NA	23	8	2	11	1	22.7	31	12	4	3	8	7
11	Monroe Carell Jr. Children's Hospital at Vanderbilt	81.9	8	11	17	3	33	5	1	0	14	12	4.1	1	31	8	2	11	1	6.4	31	12	4	3	8	7
12	Children's Hospital Los Angeles	80.6	8	11	17	0	36	5	1	NA	14	12	4.0	NA	31	8	2	11	1	11.4	30	12	4	2	8	7
13	Children's National Hospital	80.0	8	13	14	3	37	4	1	NR	13	12	3.6	1	31	8	2	11	1	9.6	31	12	4	3	8	7
14	Rady Children's Hospital	79.1	7	12	17	3	36	5	1	3	13	10	4.1	2	31	8	2	11	1	3.2	30	12	4	2	8	7
15	Rainbow Babies and Children's Hospital	79.0	8	13	17	3	36	5	1	NA	13	9	3.7	NA	32	8	2	11	1	3.4	30	12	4	3	8	7
16	Johns Hopkins Children's Center	78.8	8	13	16	3	35	3	1	0	15	10	3.7	1	31	8	2	11	1	8.5	31	12	4	3	8	7
17	Ann & Robert H. Lurie Children's Hospital of Chicago	78.5	8	11	16	3	34	5	1	NA	13	12	3.9	NA	31	8	2	11	1	6.4	28	12	4	3	8	7
18	St. Louis Children's Hospital-Washington University	78.0	6	13	16	3	35	5	1	1	16	12	3.6	5	31	8	2	11	1	7.0	30	12	4	2	8	7
19	North Carolina Children's Hospital at UNC	77.8	7	12	16	3	35	4	1	0	10	8	3.3	3	32	8	2	11	1	10.7	30	12	4	3	8	7
20	Children's Healthcare of Atlanta	76.4	8	12	16	3	34	4	1	NA	15	12	4.2	NA	32	8	2	11	1	3.9	30	12	4	3	8	7
21	UCSF Benioff Children's Hospitals, San Francisco and Oakland	76.3	8	12	15	3	37	5	1	NA	12	11	4.4	NA	32	8	2	11	1	1.8	31	12	4	3	8	7
22	UF Health Shands Children's Hospital	75.1	8	13	16	3	32	5	1	5	14	6	3.3	4	30	8	2	11	1	1.6	30	7	4	2	8	7
23	Cohen Children's Medical Center	74.7	8	12	17	3	37	5	1	NA	11	7	4.3	NA	30	8	2	11	1	1.4	30	12	4	2	8	7
24	Levine Children's Hospital	72.8	8	13	17	3	35	5	1	NA	12	10	3.5	NA	30	8	2	11	1	0.1	30	12	4	2	8	7
25	Duke Children's Hospital and Health Center	72.6	8	12	17	3	34	5	1	2	10	6	3.4	2	23	8	2	11	1	0.9	31	12	4	1	8	7
26	Children's Medical Center Dallas	72.1	8	12	16	3	36	4	1	NA	15	12	4.6	NA	31	8	2	11	1	1.9	28	12	4	2	8	7
27	Arkansas Children's Hospital	72.0	7	13	17	3	36	5	1	NA	13	10	2.9	NA	32	8	2	11	1	1.2	30	12	4	2	8	7
27	Dell Children's Medical Center	72.0	8	12	17	3	34	5	1	NA	11	9	4.2	NA	31	8	2	11	1	0.4	29	12	4	2	8	7
29	University of Virginia Children's Hospital	71.9	8	13	17	3	36	5	1	NR	10	5	3.6	1	23	8	2	10	1	0.8	30	12	4	2	8	7
30	CHOC Children's Hospital	70.9	8	12	17	3	33	4	1	NA	13	11	3.2	NA	31	8	2	11	1	0.6	29	12	4	3	8	7
30	Cleveland Clinic Children's Hospital	70.9	8	13	17	2	33	5	1	NA	10	11	5.8	NA	22	8	2	11	1	0.4	30	12	4	2	8	7
32	University of Michigan Health C.S. Mott Children's Hospital	70.6	7	11	15	3	35	4	1	NA	15	11	5.7	NA	31	8	2	11	1	2.3	29	12	4	3	8	7
33	Johns Hopkins All Children's Hospital	70.4	7	10	17	2	38	5	1	NA	12	9	4.1	NA	29	8	2	11	1	0.7	29	12	4	2	8	7
34	New York-Presbyterian Children's Hospital-Columbia and Cornell	69.2	8	8	11	2	33	2	1	5	13	8	3.9	4	31	8	2	11	1	5.5	31	11	4	3	8	7
35	Norton Children's Hospital	68.2	8	13	16	3	36	5	1	NA	13	9	4.0	NA	30	8	2	11	0	0.3	30	12	4	2	8	7
36	Children's Hospital of Richmond at VCU	67.9	7	13	16	3	32	5	1	NA	9	7	4.0	NA	30	8	2	10	1	0.6	30	12	4	2	8	7
37	Mayo Clinic Children's Center	67.5	8	9	15	3	33	5	1	NA	10	8	4.0	NA	31	8	2	11	1	0.8	30	12	4	1	8	7
37	SSM Health Cardinal Glennon Children's Hospital-St. Louis U.	67.5	8	10	17	3	28	5	1	NA	8	9	3.8	NA	31	8	2	11	1	0.6	28	12	4	2	8	7
39	Children's Nebraska	66.8	8	13	17	3	32	3	1	NA	14	12	3.4	NA	27	8	1	11	1	0.2	31	12	4	2	8	7
40	Akron Children's Hospital	66.6	7	12	16	3	33	5	1	NA	11	8	3.8	NA	31	8	2	11	1	0.1	28	12	4	2	8	7
41	UC Davis Children's Hospital	66.3	8	10	16	3	33	3	1	NA	11	9	7.4	NA	31	8	2	11	1	0.4	30	12	4	2	8	7
42	Intermountain Primary Children's Hospital-University of Utah	65.8	6	12	16	2	31	5	1	NA	15	12	6.2	NA	30	8	2	11	1	0.6	30	12	3	2	8	7
43	Hassenfeld Children's Hospital at NYU Langone	65.4	8	8	13	3	35	4	1	3	11	10	3.7	3	23	8	2	11	1	1.0	29	6	4	2	8	7
43	Valley Children's Healthcare and Hospital	65.4	7	9	14	3	38	5	1	NA	13	9	3.2	NA	25	8	2	11	1	0.1	30	10	4	2	8	7
45	Nemours Children's Hospital-Florida	65.3	8	11	15	3	36	5	1	NA	12	10	4.7	NA	22	8	2	11	0	0.0	30	12	4	2	8	7
46	Children's Mercy Kansas City Hospital	64.9	7	9	17	3	29	4	1	NA	11	9	4.3	NA	30	8	2	11	1	2.3	24	12	4	3	8	7
47	Children's Wisconsin	64.8	7	12	17	3	31	3	1	NA	14	10	3.6	NA	30	8	2	11	1	0.3	31	9	4	2	8	7
48	Cook Children's Medical Center	64.6	6	12	15	3	32	5	1	NA	14	12	3.7	NA	26	8	2	11	1	0.1	29	12	4	2	8	7
49	Joe DiMaggio Children's Hospital at Memorial	63.8	7	11	14	3	32	5	1	NA	8	6	3.5	NA	30	8	2	11	1	0.5	30	12	4	2	8	7
50	Children's Hospital of Alabama at UAB	63.7	5	13	16	3	28	4	1	NA	13	10	5.5	NA	31	8	2	11	1	5.1	29	7	4	2	7	7

Rankings are based on all of the above measures.

NA: Service not provided by hospital. NR: Data not reported or unavailable.

Best Children's Hospital 2025-26: Urology

Rank	Hospital	Overall Score	Prevention of surgical complications	Speed in treating testicular torsion	Infection prevention	Number of patients	Number of surgeries	Number of minimally invasive procedures	Nurse staffing	Advanced clinical services	Clinical support services	Advanced technologies	Specialized clinics and programs	Fulltime subspecialists	A Nurse Magnet hospital	Expert opinion	Commitment to best practices	Commitment to quality improvement	Adoption of health information technology	Commitment to clinical research	Family support	Involves families in care planning
1	Boston Children's Hospital	100	12	2	29	12	24	6	4.3	3	8	6	7	12	1	46.5	8	12	4	4	8	7
2	Texas Children's Hospital	96.0	11	2	29	10	22	5	4.8	3	8	6	7	12	1	27.5	8	12	4	4	8	7
3	Children's Hospital of Philadelphia	94.3	10	2	29	10	22	6	3.8	4	8	6	7	12	1	50.4	8	12	4	4	8	7
4	Cincinnati Children's	93.9	10	2	29	10	20	5	4.6	4	8	6	7	12	1	27.4	8	12	4	4	8	7
5	Nationwide Children's Hospital	92.6	10	2	29	10	23	5	3.4	3	8	6	7	12	1	25.3	8	12	4	4	8	7
6	Ann & Robert H. Lurie Children's Hospital of Chicago	91.4	10	2	27	8	21	5	3.9	3	8	6	7	12	1	37.0	8	12	4	4	8	7
7	Children's Hospital Los Angeles	91.1	12	2	28	12	21	3	4.0	4	8	6	7	11	1	10.8	8	12	4	4	8	7
8	Riley Hospital for Children at IU Health	89.0	9	2	26	9	23	6	3.4	4	8	6	7	11	1	33.8	8	12	4	4	8	7
9	Monroe Carell Jr. Children's Hospital at Vanderbilt	86.6	8	2	26	11	23	6	4.1	3	8	5	7	12	1	25.5	8	12	4	4	8	7
10	Children's Medical Center Dallas	85.6	10	2	29	9	22	5	4.6	3	8	6	7	12	1	11.6	8	12	4	3	8	7
10	Seattle Children's Hospital	85.6	9	2	27	8	21	5	3.8	3	8	6	6	12	1	21.3	8	12	4	3	8	7
12	Johns Hopkins Children's Center	84.4	12	2	26	7	14	2	3.7	3	8	4	6	12	1	10.0	8	12	4	4	8	7
13	Children's Hospital Colorado	83.9	8	2	28	10	22	5	4.4	3	8	6	7	12	1	16.7	8	12	4	4	8	7
14	Rady Children's Hospital	82.7	11	2	29	8	18	3	4.1	2	8	5	7	12	1	6.4	8	12	4	4	8	7
15	Children's National Hospital	82.0	8	2	29	9	21	5	3.6	3	8	6	7	12	1	14.0	8	12	4	4	8	7
16	UPMC Children's Hospital of Pittsburgh	81.3	9	2	29	11	21	5	3.7	4	8	6	7	12	1	8.1	8	12	4	3	8	7
17	Duke Children's Hospital and Health Center	81.0	11	2	25	7	17	2	3.4	4	8	6	7	12	1	6.7	8	12	4	4	8	7
18	Cohen Children's Medical Center	80.9	13	2	28	8	19	2	4.3	3	8	6	6	12	1	0.5	8	12	4	3	8	7
19	UCSF Benioff Children's Hospitals, San Francisco and Oakland	80.1	8	2	29	9	20	4	4.4	4	8	6	7	12	1	9.6	8	12	4	4	8	7
20	Children's Healthcare of Atlanta	79.9	9	2	27	7	22	6	4.2	4	8	6	5	12	1	7.4	8	12	4	4	8	7
21	St. Louis Children's Hospital-Washington University	79.3	11	2	28	7	17	3	3.6	3	8	6	7	12	1	2.8	8	12	4	4	8	7
22	Intermountain Primary Children's Hospital-University of Utah	78.5	10	2	23	11	22	5	6.2	3	8	6	7	12	1	5.2	8	12	3	4	8	7
23	Rainbow Babies and Children's Hospital	76.1	11	2	28	5	13	3	3.7	3	8	6	6	11	1	1.4	8	12	4	4	8	7
24	Cleveland Clinic Children's Hospital	76.0	11	2	25	6	14	2	5.8	3	8	6	7	12	1	1.9	8	12	4	4	8	7
25	Levine Children's Hospital	75.9	12	2	27	8	17	2	3.5	2	8	5	7	12	1	0.5	8	12	4	3	8	7
26	Children's Mercy Kansas City Hospital	75.4	12	2	21	6	18	3	4.3	2	8	6	7	12	1	1.8	8	12	4	3	8	7
27	North Carolina Children's Hospital at UNC	74.0	11	2	28	7	17	3	3.3	4	8	6	7	12	1	0.4	7	12	4	4	8	7
27	UCLA Mattel Children's Hospital	74.0	12	2	19	5	12	3	4.2	3	7	6	6	11	1	2.7	8	11	4	4	8	7
28	West Virginia University Children's Hospital	73.8	12	2	26	7	15	4	2.9	2	8	6	7	10	1	0.6	8	6	4	4	8	7
30	Arkansas Children's Hospital	73.5	10	2	29	8	16	3	2.9	3	8	6	7	12	1	0.5	8	12	4	4	8	7
30	University of Michigan Health C.S. Mott Children's Hospital	73.5	11	2	28	6	14	2	5.7	2	8	5	6	12	1	3.3	7	12	4	3	8	7
32	Nicklaus Children's Hospital	73.1	11	2	25	8	19	5	3.3	3	7	5	6	11	1	0.8	8	12	4	3	7	7
33	Yale New Haven Children's Hospital	72.5	10	2	23	7	15	2	3.1	4	8	6	6	12	1	2.9	8	12	4	4	8	7
34	CHOC Children's Hospital	72.3	9	2	24	7	16	2	3.2	3	8	6	7	12	1	5.0	8	12	4	4	8	7
34	Lucile Packard Children's Hospital Stanford	72.3	8	2	28	7	16	3	4.4	4	8	6	7	12	1	2.7	8	12	4	4	8	7
36	Arnold Palmer Hospital for Children	72.1	12	2	21	6	18	2	4.3	4	8	6	6	12	1	0.5	8	12	4	1	8	7
36	Children's Hospital of Richmond at VCU	72.1	10	2	25	6	16	4	4.0	3	8	5	7	11	1	1.4	8	12	4	3	8	7
36	University of Iowa Stead Family Children's Hospital	72.1	10	2	21	6	18	2	3.6	3	8	5	6	11	1	4.3	8	12	4	4	8	7
39	University of Virginia Children's Hospital	71.7	8	2	29	8	16	6	3.6	3	8	6	6	11	1	3.0	8	12	4	3	8	7
40	Mayo Clinic Children's Center	71.1	8	2	25	4	15	3	4.0	3	8	6	7	11	1	5.3	8	12	4	4	8	7
41	Hackensack Meridian Health Sanzari & Hovnanian Children's Hosps.	70.8	11	2	29	7	13	2	2.8	2	8	5	7	12	1	0.2	8	12	4	2	8	7
42	Loma Linda University Children's Hospital	70.4	11	2	18	7	17	3	3.7	3	8	6	7	12	1	0.0	8	12	4	4	8	7
43	Johns Hopkins All Children's Hospital	70.1	10	2	29	9	13	1	4.1	2	8	5	7	12	1	0.2	8	12	4	2	8	7
43	Norton Children's Hospital	70.1	10	2	29	10	19	5	4.0	3	8	5	7	12	0	0.8	8	12	4	2	8	7
45	Nemours Children's Hospital-Delaware	69.8	8	2	29	7	15	3	4.2	4	8	6	7	12	1	1.2	8	12	4	3	8	7
46	Akron Children's Hospital	69.3	10	2	26	8	14	2	3.8	4	8	6	6	12	1	0.9	7	12	4	3	8	7
46	New York-Presbyterian Children's Hospital-Columbia and Cornell	69.3	9	2	25	8	13	4	3.9	2	8	6	6	12	1	1.1	8	11	4	4	8	7
48	Joe DiMaggio Children's Hospital at Memorial	68.8	10	2	25	7	13	2	3.5	3	8	6	6	12	1	0.0	8	12	4	3	8	7
48	RWJBarnabas Children's Health	68.8	9	2	26	7	15	5	3.2	3	8	5	7	10	1	0.3	8	12	4	4	8	7
49	Children's Wisconsin	68.4	9	2	23	8	20	3	3.6	3	8	5	6	12	1	2.8	8	9	4	3	8	7
49	Dell Children's Medical Center	68.4	9	2	27	9	17	2	4.2	4	8	5	4	12	1	0.0	8	12	4	3	8	7

Rankings are based on all of the above measures.

NA: Service not provided by hospital. NR: Data not reported or unavailable.

Best Children's Hospital 2025-26: Behavioral & Mental Health

Hospital (listed alphabetically)	Behavioral health boarder rate	Medication safety screening	Speed/efficiency of assessment in the ED	Number of patients	Nurse staffing	Clinical support services	Specialized clinics and programs	Emergency and urgent are for behavioral health	Fulltime subspecialists	A Nurse Magnet hospital	Expert opinion	Commitment to best practices	Prevention/reduction of side effects	Commitment to quality improvement	Adoption of health information technology	Commitment to clinical research	Family support	Involves families in care planning
Akron Children's Hospital	5	5	1	96	3.8	16	69	14	10	1	0.8	81	14	10	4	4	14	7
Ann & Robert H. Lurie Children's Hospital of Chicago	5	6	3	58	3.9	16	72	14	10	1	7.1	81	16	10	4	4	14	7
Arnold Palmer Hospital for Children	4	6	2	72	4.3	16	72	13	10	1	0.1	77	15	10	4	4	14	7
Boston Children's Hospital	3	5	2	96	4.3	16	72	13	10	1	18.9	80	16	10	4	4	14	7
Children's Hospital Colorado	4	6	2	109	4.4	16	72	14	10	1	7.7	81	16	10	4	4	14	7
Children's Hospital Los Angeles	4	6	3	107	4	8	72	14	10	1	4	83	16	10	4	4	14	7
Children's Hospital of Philadelphia	2	6	2	106	3.8	16	72	14	10	1	17.7	75	16	10	4	4	14	7
Children's Medical Center Dallas	5	4	3	94	4.6	15	71	13	9	1	1.4	80	16	10	4	4	14	7
Children's Mercy Kansas City Hospital	5	4	3	92	4.3	8	59	11	10	1	2.4	65	16	10	4	4	12	7
Children's National Hospital	2	6	3	110	3.6	16	72	14	10	1	7.7	84	16	10	4	4	14	7
CHOC Children's Hospital	3	6	3	81	3.2	13	61	12	10	1	2.2	77	15	10	4	4	13	7
Cincinnati Children's	5	4	1	110	4.6	15	72	13	10	1	14.5	84	16	10	4	4	14	7
Cleveland Clinic Children's Hospital	4	5	3	97	5.8	16	72	13	10	1	1.4	82	16	10	4	4	14	7
Cohen Children's Medical Center	5	6	2	73	4.3	16	72	13	10	1	2.8	81	16	10	4	4	14	7
Cook Children's Medical Center	5	4	3	83	3.7	16	65	12	9	1	0.1	77	14	10	4	4	14	7
Corewell Health Helen DeVos Children's Hospital	3	4	3	61	3.2	14	72	13	10	1	0.2	79	16	10	4	4	13	7
Dayton Children's Hospital	3	4	2	51	3	16	72	14	9	1	0.4	76	16	9	4	4	14	7
Dell Children's Medical Center	3	6	3	51	4.2	15	72	13	10	1	1	74	16	10	4	4	14	7
Duke Children's Hospital and Health Center	4	5	1	86	3.4	15	72	12	10	1	1.6	68	15	10	4	4	14	7
Hackensack Meridian Health Sanzari & Hovnanian Children's Hosps.	2	6	3	88	2.8	15	72	14	10	1	0	84	16	10	4	4	14	7
Intermountain Primary Children's Hospital-University of Utah	4	6	3	99	6.2	15	72	13	10	1	1.7	75	16	10	3	4	14	7
Joe DiMaggio Children's Hospital at Memorial	5	4	3	66	3.5	14	71	13	10	1	0.1	72	16	9	4	1	14	7
Johns Hopkins Children's Center-Kennedy Krieger Institute	2	4	0	93	3.7	16	72	13	10	1	10.7	80	16	10	4	4	14	7
Lucile Packard Children's Hospital Stanford	3	5	1	56	4.4	15	72	7	10	1	7	77	16	10	4	4	14	7
Mayo Clinic Children's Center	5	6	1	50	4	15	72	12	9	1	1.8	78	16	10	4	4	14	7
Nationwide Children's Hospital	5	5	2	111	3.4	16	72	14	10	1	13.7	80	16	10	4	4	14	7
Nemours Children's Hospital-Delaware	4	5	3	69	4.2	8	72	13	10	1	2.4	76	15	10	4	4	14	7
Nemours Children's Hospital-Florida	5	5	3	39	4.7	8	72	13	8	0	0.1	81	16	10	4	4	14	7
New York-Presbyterian Children's Hospital-Columbia and Cornell	3	4	1	76	4	16	72	13	10	1	11	80	16	10	4	4	14	7
Nicklaus Children's Hospital	5	6	2	99	3.3	15	72	9	10	1	0.4	78	16	9	4	4	13	7
North Carolina Children's Hospital at UNC	4	6	0	74	3.3	14	72	13	10	1	2.1	74	15	10	4	4	14	7
Norton Children's Hospital	5	6	3	93	4	14	72	13	10	0	0.4	80	16	10	4	4	14	7
Phoenix Children's Hospital	3	6	3	103	3.2	16	72	13	10	0	0.2	80	16	10	4	4	13	7
Rady Children's Hospital	5	5	3	111	4.1	16	72	14	8	1	3.9	83	15	10	4	4	14	7
Rainbow Babies and Children's Hospital	4	5	1	67	3.7	16	71	13	10	1	1.6	81	15	10	4	4	14	7
Riley Hospital for Children at IU Health	5	5	1	99	3.4	16	71	12	9	1	1.4	83	16	10	4	4	14	7
Seattle Children's Hospital	3	5	2	94	3.8	16	71	13	10	1	6.9	83	15	10	4	4	14	7
St. Louis Children's Hospital-Washington University	2	6	2	79	3.6	14	72	12	10	1	2.1	71	16	10	4	4	14	7
Texas Children's Hospital	3	4	3	101	4.8	16	67	13	10	1	5.6	75	16	10	4	4	14	7
UCLA Mattel Children's Hospital	5	3	3	45	4.2	16	72	8	8	1	6.7	73	16	9	4	4	14	7
UCSF Benioff Children's Hospitals, San Francisco and Oakland	5	6	3	74	4.4	16	68	13	10	1	5.9	78	16	10	4	4	14	7
UF Health Shands Children's Hospital	5	6	1	69	3.3	16	72	13	8	1	0.7	80	16	9	4	4	14	7
University of Iowa Stead Family Children's Hospital	5	5	1	91	3.6	16	72	13	10	1	0.1	72	15	10	4	4	14	7
University of Michigan Health C.S. Mott Children's Hospital	4	6	1	92	5.7	13	72	11	10	1	2.1	65	16	10	4	4	14	7
University of Rochester-Golisano Children's Hospital	5	4	0	52	3.6	14	72	13	10	1	1.3	81	16	10	4	4	14	7
University of Virginia Children's Hospital	4	4	2	50	3.6	16	71	14	9	1	0.5	80	16	10	4	4	14	7
UPMC Children's Hospital of Pittsburgh	5	6	3	97	3.7	16	72	14	10	1	7.7	76	16	10	4	4	14	7
West Virginia University Children's Hospital	5	6	2	103	2.9	14	70	12	9	1	0.3	71	16	7	4	4	12	7
Wolfson Children's Hospital	5	5	1	77	2.7	14	72	12	10	1	0.2	75	16	8	4	4	13	7
Yale New Haven Children's Hospital	3	4	1	51	3.1	15	72	12	10	1	8.6	81	16	10	4	4	14	7

Rankings are based on all of the above measures.

NA: Service not provided by hospital. NR: Data not reported or unavailable.

Appendix D

2025-2026 Best Children's Hospitals Honor Roll

2025-2026 Best Children’s Hospitals Honor Roll

Hospital (listed alphabetically)
Boston Children's Hospital, Boston
Children's Hospital Colorado, Aurora, Colo.
Children's Hospital Los Angeles, Los Angeles
Children's Hospital of Philadelphia, Philadelphia
Children's National Hospital, Washington, D.C.
Cincinnati Children's, Cincinnati
Nationwide Children's Hospital, Columbus, Ohio
Rady Children’s Hospital, San Diego
Seattle Children's Hospital, Seattle
Texas Children's Hospital, Houston