America’s Best Physical Rehabilitation Centers 2022

Methodology
Methodology – America’s Best Physical Rehabilitation Centers 2022

Project Summary

- The America’s Best Physical Rehabilitation Centers 2022 ranking awards the leading inpatient physical rehabilitation facilities in the US.
- The physical rehabilitation centers were identified according to the definition of Inpatient Rehabilitation Facilities (IRFs) by CMS (Centers for Medicare & Medicaid Services). IRFs are free standing rehabilitation hospitals and rehabilitation units in acute care hospitals (1).
- Centers which offer outpatient physical rehabilitation services only were excluded.
- For the first time, Physical Rehabilitation Centers from all US states were included in the survey:
- The 25 states with the most facilities according to CMS were surveyed individually. The remaining states were grouped into 4 regions: Northeast, Midwest, West and South. Physical rehabilitation centers from these states were considered accordingly.
- The list is based on three data sources:
  1. Nationwide online survey: During the survey period from June to July 2022, thousands of experts with knowledge of physical rehabilitation centers (physicians, physiotherapists, doctors, clinic managers & health care professionals) were invited to an online survey in cooperation with Newsweek
  2. KPI data for IRFs published by CMS
  3. Accreditation data on Physical Rehabilitation Centers provided by CARF (Commission on Accreditation of Rehabilitation Facilities) and the MSKTC (Model Systems Knowledge Translation Center)
- Participants were also able to specify a standout program (Amputation, Brain Injury, Cancer Rehabilitation, Spinal Cord Injury, Stroke) for the recommended physical rehabilitation center.
- On average, the top 20% of facilities were awarded per state/region, 255 nationwide.

(1) A few facilities which provide inpatient rehabilitation services but are not included in the CMS IRF data were also considered.
For the first time, Physical rehabilitation centers from all US states were eligible for the ranking

Geographical distribution

- Physical Rehabilitation Centers from the 25 states with the highest number of these centers (1) were included in the survey:
  - AL, AR, AZ, CA, CO, FL, GA, IL, IN, KS, KY, LA, MI, MO, NC, NY, OH, OK, PA, SC, TN, TX, VA, WA, WI

- All remaining states were divided into 4 regions for the survey:
  - Northeast: CT, MA, ME, NH, NJ, RI, VT
  - Midwest: IA, MN, ND, NE, SD
  - West: AK, HI, ID, MT, NM, NV, OR, UT, WY
  - South: DC, DE, MD, MS, WV

(1) Source: https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf
A score was calculated for each physical rehabilitation center

Scoring model

For centers without KPI data from CMS the rating is based on the reputation score only. This also applies to Model Systems or CARF accreditation.
4,400+ medical experts with knowledge about physical rehabilitation centers were invited to the survey

National online survey by state

- From June to July 2022, Statista invited over 4,400 medical professionals (e.g. physicians, therapists, medical doctors) and managers/administrators who work in physical rehabilitation centers to an online survey.

Online survey by state among medical professionals and managers/administrators working in physical rehabilitation centers. Participants were invited via e-mail.

Participants were asked to rank the Top 10 of physical rehabilitation centers from their respective state. Recommendations for own employer were not allowed.

Recommendations that were stated as the best physical rehabilitation center in a state received a 33% higher weight than those recommendations that were stated as the fifth. A score was assigned to each facility based on the number of weighted recommendations.

Recommendations constitute 80% of the reputation score
A quality score was included based on recommendations for each physical rehabilitation center.

Quality assessment as part of reputation score.

**Calculation of Quality Score**

- For each recommended physical rehabilitation facility, participants were asked to assess the quality of:
  - Care (e.g. treatments/therapies, consultation with doctor/therapist)
  - Service (e.g. meals, leisure activities)
  - Follow-up care (e.g. outpatient therapies)
  - Accommodation & Amenities (e.g. size of room, quality of furnishing)
- The quality scale ranged from 1 (“Poor”) to 10 (“Excellent”)
- A quality score was assigned to each facility based on the weighted average of these ratings.

**Weights of Quality Dimensions**

- **Quality of care**: 45%
- **Quality of follow-up care**: 15%
- **Quality of service**: 25%
- **Accommodation & Amenities**: 10%

**Quality Score constitutes 20% of the reputation score**
A KPI score was calculated for each facility (1/2)

Rehabilitation specific performance indicators

**CALCULATION OF KPI DATA SCORE**

- KPI data published by CMS (U.S. Centers for Medicare & Medicaid Services) was used to determine the KPI score
- These KPIs are risk-standardized quality measures, allowing for a comparison of facilities regarding quality of treatment and medical conditions, even if the patient groups are varying
- For each of the fifteen KPIs reported by CMS, a sub-score was calculated(1). The facility which achieved the best result in one individual measure (e.g. lowest infection rate or highest influenza vaccination coverage among healthcare personnel) received 100% for the respective sub-score
- The weighted sub-scores were used to calculate the total KPI data score

**INCLUDED MEASURES**

1. Catheter-associated urinary tract infections (CAUTI) - Standardized infection ratio (SIR) (A/B)
2. Percentage of patients whose functional abilities were assessed, and functional goals were included in their treatment plan – Facility rate
3. Change in patients' ability to care for themselves - Average risk - Adjusted change score
4. Change in patients' ability to move around - Average risk - Adjusted change score
5. Percentage of patients who are at or above an expected ability to care for themselves at discharge - Facility rate

**KPI DATA SCORE CONTRIBUTES 45% TOWARDS OVERALL SCORE**

(1) If a facility reported the maximum of fifteen KPIs, each measure makes up 1/15 of the total score. For a facility with the minimum amount of four measures available, each of them accounts for 25% of the total score.
A KPI score was calculated for each facility (2/2)
Rehabilitation specific performance indicators

**INCLUDED MEASURES**

6. Percentage of patients who are at or above an expected ability to move around at discharge - Facility rate
7. Percentage of IRF patients who experience one or more falls with major injury during their IRF stay - Facility rate
8. Clostridium difficile Infection (CDI) - Standardized infection ratio (SIR) (A/B)
9. Influenza vaccination coverage among healthcare personnel - Rate of flu vaccination
10. Rate of potentially preventable hospital readmissions during the IRF stay - Risk-standardized potentially preventable readmission Rate (RSRR)

**INCLUDED MEASURES**

11. Rate of potentially preventable hospital readmissions 30 days after discharge from an IRF - Risk-standardized potentially preventable readmission Rate (RSRR)
12. Rate of successful return to home and community from an IRF - Risk-Standardized discharge to community rate
13. Medicare Spending Per Beneficiary (MSPB) in IRFs - MSPB Score
14. Percentage of patients whose medications were reviewed and who received follow-up care when medication issues were identified - Facility rate
15. Percentage of patients with pressure ulcers/injuries that are new or worsened - Facility risk-adjusted rate
Accreditations and Model Systems were used as additional elements of the scoring model

**ACCREDITATION**

- CARF International(1) (Commission on Accreditation of Rehabilitation Facilities) is a nonprofit organization assigning voluntary accreditation for US inpatient rehabilitation facilities
- To receive accreditation, facilities must
  - commit to quality improvement,
  - focus on the unique needs of each person the provider serves
  - monitor service outcomes
- For the first time, the following specialty programs were included in the scoring model: Amputation, Brain Injury, Cancer Rehabilitation, Spinal Cord Injury, Stroke
- Facilities receive a 2.5% bonus to their score if they have CARF accreditation and 0.5% for each specialty program (max. 2.5%)

**MODEL SYSTEMS**

- The Model Systems are funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)
- These specialized programs of care are available in the areas of Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI) and Burn Injury (Burn)
- The aim is to provide high quality research and patient care to improve the health and overall quality of life of people with TBI, SCI and burn injuries
- Facilities receive a 5% bonus if they have one or more model system designations awarded by NIDILRR

**ACCRREDITATION AND MODEL SYSTEMS EACH CONTRIBUTE 5% TOWARDS OVERALL SCORE**

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(1) https://carf.org/
(2) https://msktc.org/
As a result, the 255 physical rehabilitation centers with the highest total score were awarded.

Final physical rehabilitation centers score

### California

<table>
<thead>
<tr>
<th>Rank</th>
<th>Physical Rehabilitation Center</th>
<th>Score</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ronald Reagan UCLA Medical Center</td>
<td>84.63%</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>2</td>
<td>Sutter Health - California Pacific Regional Rehabilitation Center</td>
<td>83.07%</td>
<td>San Francisco</td>
</tr>
<tr>
<td>3</td>
<td>Good Samaritan Hospital - Acute Rehabilitation Unit</td>
<td>79.72%</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>4</td>
<td>Sutter Health - Alta Bates Summit Medical Center</td>
<td>78.82%</td>
<td>Oakland</td>
</tr>
<tr>
<td>5</td>
<td>Loma Linda University Medical Center</td>
<td>78.52%</td>
<td>Loma Linda</td>
</tr>
</tbody>
</table>

### Texas

<table>
<thead>
<tr>
<th>Rank</th>
<th>Physical Rehabilitation Center</th>
<th>Score</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BaylorScott &amp; White - Institute for Rehabilitation Hospital</td>
<td>84.35%</td>
<td>Dallas</td>
</tr>
<tr>
<td>2</td>
<td>Houston Methodist Rehabilitation Center</td>
<td>82.63%</td>
<td>Houston</td>
</tr>
<tr>
<td>3</td>
<td>Methodist Rehabilitation Hospital</td>
<td>82.19%</td>
<td>Dallas</td>
</tr>
<tr>
<td>4</td>
<td>BaylorScott &amp; White - Irving Rehabilitation Unit</td>
<td>82.05%</td>
<td>Irving</td>
</tr>
<tr>
<td>5</td>
<td>Central Texas Rehabilitation Hospital</td>
<td>81.44%</td>
<td>Austin</td>
</tr>
</tbody>
</table>

[...]

**Leading Physical Rehabilitation Centers Were Awarded by State/Region**
Partner network
Overview of involved parties

About Newsweek

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The rankings are comprised exclusively of Physical Rehabilitation centers that are eligible regarding the scope described in this document. A mention in the ranking is a positive recognition based on peer recommendations. The ranking is the result of an elaborate process which, due to the interval of data-collection and analysis, reflects the last 12 months only. Furthermore, any events following July 26, 2022, were not considered in the metrics. As such, the results of this ranking should not be used as the sole source of information for future deliberations. The information provided in this ranking should be considered in conjunction with other available information about physical rehabilitation centers or, if possible, accompanied by a visit to the facility. The quality of Physical Rehabilitation Centers that are not included in the rankings is not disputed.