METHODOLOGY

America’s Best Physical Rehabilitation Centers 2023
Methodology – America’s Best Physical Rehabilitation Centers 2023

Summary of the project

• The 4th edition of America’s Best Physical Rehabilitation Centers 2023 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.
• 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:
  • National online survey: From April to May 2023, an online survey among experts with knowledge of physical rehabilitation centers (physicians, physiotherapists, doctors, clinic managers and other health care professionals) was conducted in cooperation with Newsweek
  • Quality metrics data for IRFs published by the U.S. Centers for Medicare & Medicaid Services (CMS)
  • Accreditation data on physical rehabilitation centers provided by the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Model Systems Knowledge Translation Center (MSKTC)
• 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, 280 nationwide.

(1) A few facilities which provide inpatient rehabilitation services but are not included in the CMS IRF data were also considered.
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:
  - Alabama
  - Arizona
  - Arkansas
  - California
  - Colorado
  - Florida
  - Georgia
  - Illinois
  - Indiana
  - Kansas
  - Kentucky
  - Louisiana
  - Michigan
  - Missouri
  - New York
  - North Carolina
  - Ohio
  - Oklahoma
  - Pennsylvania
  - South Carolina
  - Tennessee
  - Texas
  - Virginia
  - Washington
  - Wisconsin

- All remaining states were divided into **4 regions** for the survey:
  - **Northeast**: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, Rhode Island, Vermont
  - **Midwest**: Iowa, Minnesota, Nebraska, North Dakota, South Dakota
  - **West**: Alaska, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Wyoming
  - **South**: District of Columbia, Delaware, Maryland, Mississippi, West Virginia

[^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 quality metrics data from CMS the rating is based on the reputation score only. This also applies to CARF accreditation or MSKTC.
Medical experts with knowledge about physical rehabilitation centers were surveyed about the best facilities in their state

National online survey by state

- From April to May 2023, Statista conducted a nationwide online survey among medical professionals (e.g., physicians, therapists, nurses) and managers/administrators who work in physical rehabilitation centers.
- The survey was available to medical experts to participate on Newsweek.com. Additionally, participants were invited via e-mail.

Online survey by state among medical professionals and managers/administrators working in physical rehabilitation centers.

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

Facilities that were recommended as the Top 1 rehabilitation center received a 33% higher weight. Additionally, the professional experience of the participant was taken into account. A score was assigned to each facility based on the number of weighted recommendations.
A quality score was included based on recommendations for each physical rehabilitation center.

Quality assessment as part of the 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)
  - *follow-up care* (e.g., outpatient therapies)
  - *service* (e.g., meals, leisure activities)
  - *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**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of care</td>
<td>60%</td>
</tr>
<tr>
<td>Quality of follow-up care</td>
<td>20%</td>
</tr>
<tr>
<td>Quality of service</td>
<td>10%</td>
</tr>
<tr>
<td>Accommodation &amp; amenities</td>
<td>10%</td>
</tr>
</tbody>
</table>

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

Rehabilitation specific performance indicators

CALCULATION OF QUALITY METRICS SCORE

- Quality metrics data published by CMS (U.S. Centers for Medicare & Medicaid Services)\(^1\) was used to determine the quality metrics score.
- These quality metrics 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 **sixteen quality metrics reported by CMS**, a sub-score was calculated\(^2\). 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 quality metrics 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
6. Percentage of patients who are at or above an expected ability to move around at discharge - Facility rate

QUALITY METRICS SCORE CONTRIBUTES 45% TOWARDS OVERALL SCORE

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\(^1\) [https://www.cms.gov/](https://www.cms.gov/)

\(^2\) If a facility reported the maximum of sixteen quality metrics, each measure makes up 1/16 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 quality metrics score was calculated for each facility (2/2)

Rehabilitation specific performance indicators

**INCLUDED MEASURES**

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 30 days after discharge from an IRF - Risk-standardized potentially preventable readmission Rate (RSRR)
11. Rate of potentially preventable hospital readmissions during the IRF stay - Risk-standardized potentially preventable readmission Rate (RSRR)

**INCLUDED MEASURES**

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
16. Percentage of IRF healthcare personnel who completed COVID-19 primary vaccination series - Rate of COVID-19 vaccination

**KPI DATA SCORE CONTRIBUTES 45% TOWARDS OVERALL SCORE**
Accreditations and Model Systems were used as additional elements of the scoring model.

Accreditation and Model Systems

CARF 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
- 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)\(^{(2)}\)
- 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

**Accreditation and Model Systems Each Contribute 5% Towards Overall Score**

\(^{(1)}\) [https://carf.org/](https://carf.org/)

\(^{(2)}\) [https://msktc.org/](https://msktc.org/)
As a result, the 280 physical rehabilitation centers with the highest total score were awarded

Final physical rehabilitation centers score

<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>93,03%</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>2</td>
<td>Sutter Health - California Pacific Regional Rehabilitation Center</td>
<td>82,99%</td>
<td>San Francisco</td>
</tr>
<tr>
<td>3</td>
<td>California Rehabilitation Institute</td>
<td>82,85%</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>4</td>
<td>PIH Health Good Samaritan Hospital</td>
<td>81,81%</td>
<td>Los Angeles</td>
</tr>
<tr>
<td>5</td>
<td>Loma Linda University Medical Center</td>
<td>81,45%</td>
<td>Loma Linda</td>
</tr>
</tbody>
</table>

<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>Baylor Scott &amp; White Institute for Rehabilitation - Dallas</td>
<td>88,43%</td>
<td>Dallas</td>
</tr>
<tr>
<td>2</td>
<td>Methodist Rehabilitation Hospital</td>
<td>82,91%</td>
<td>Dallas</td>
</tr>
<tr>
<td>3</td>
<td>Houston Methodist Rehabilitation Center</td>
<td>81,34%</td>
<td>Houston</td>
</tr>
<tr>
<td>4</td>
<td>TIRR Memorial Hermann</td>
<td>81,27%</td>
<td>Houston</td>
</tr>
<tr>
<td>5</td>
<td>Baylor Scott &amp; White Institute for Rehabilitation - Irving Rehabilitation Unit</td>
<td>80,74%</td>
<td>Irving</td>
</tr>
</tbody>
</table>

LEADING PHYSICAL REHABILITATION CENTERS WERE AWARDED BY STATE/REGION
Overview of involved parties

America’s Best Physical Rehabilitation Centers partner network

About Newsweek
Newsweek is a premier news magazine and website that has been bringing high-quality journalism to readers around the globe for over 80 years.

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Disclaimer

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 preceding and following the period June 15th, 2022 – June 15th, 2023, and/or pertaining to individual persons affiliated/associated to the facilities 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.