

Personalized weighting could enhance hospital rating tools

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priorities.

The team created a system that enabled overall performance scores to be modified, in real time, by each user based on individual needs, values, and preferences. Each user can set their own weights (choosing from 100, 50, 22, 4, and 0 points, corresponding to "extremely important," "very important," "quite important," "minimally important," and "unimportant.") The team then recomputed overall [hospital](#) stars for every possible combination of weights to highlight some examples.

"By allowing such personalization, creators of performance reports can enhance the value of their overall ratings and rankings to the consumers who might use them," the authors write.

One author disclosed financial ties to Consumer Reports.

More information: [Abstract/Full Text](#)

(HealthDay)—The weighting systems that underlie hospital performance rating tools should incorporate the needs, values, and preferences of patients, according to a perspective article published in the Aug. 30 issue of the *New England Journal of Medicine*.

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Noting that weighting systems used in [hospital ratings](#) currently reflect the preferences of their creators rather than patients, Juliet Rumball-Smith, M.B.Ch.B., Ph.D., from the Northland District Health Board in Whangarei, New Zealand, and colleagues created a demonstration of an interactive system based on the 2016 version of the Centers for Medicare & Medicaid Services' Overall Hospital Quality Star Rating System, available on Hospital Compare. The original system combined 57 process and outcomes measures into seven domains of quality (mortality, safety of care, readmissions, patients' experience, timeliness of care, effectiveness of care, and efficient use of medical imaging) with weights chosen to align with existing CMS policies and

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