Newsweek

statista

July 30, 2025

World's Best Specialized Hospitals 2026 – Methodology

Newsweek

statista

Table of contents

1 Introduction

Hospitals are the cornerstone of modern healthcare systems, providing essential medical services for acute and complex conditions, and ensuring adequate medical care for the population in the surrounding area (WHO, 2025). While general hospitals are well-equipped to manage common diagnoses and routine care, specialized hospitals are designed to treat rarer, more severe, and resource-intensive cases with greater efficiency—both in terms of time and cost (Kruse et al., 2019; Leider et al., 2021). Specialized hospitals may be large general hospitals with centers of focus in certain fields, or smaller institutions dedicated entirely to a narrow range of medical expertise. Leveraging their concentrated expertise, these institutions often drive innovation in medical research and practice and are commonly designated as referral centers for complex or highly specialized treatments (Grilli et al., 1998; Jung et al., 2021). Across many developed healthcare systems, there is a growing trend toward centralizing medical expertise to improve outcomes through deeper specialization (Bhattarai et al., 2016; Preusker et al., 2019).

Patients' hospital choices are strongly influenced by the perceived quality and expertise of care providers, particularly in relation to their specific medical condition. Evidence shows that patients often prioritize specialty-specific competence and clinical outcomes general hospital reputation when deciding where to receive care (Pilny & Mennicken, 2014; Yahanda et al., 2016). However, most existing online platforms, media rankings, and healthcare portals assess hospitals only at a broad institutional level. When specialty-specific data is available, it is typically limited to national contexts and lacks international comparability.

The *World's Best Specialized Hospitals 2026* ranking addresses this gap by offering a comprehensive, internationally oriented evaluation of hospitals based on expertise within specific medical fields. The sixth edition **ranks the best hospitals in 12 medical fields across the world**.

The medical fields included are:

- Cardiac Surgery
- Cardiology
- Endocrinology
- Gastroenterology
- Neurology
- Neurosurgery
- Obstetrics & Gynecology

- Oncology
- Orthopedics
- Pediatrics
- Pulmonology
- Urology

The ranking is primarily based on peer recommendations collected through a global survey of medical professionals, including doctors, healthcare workers, and hospital administrators. These experts worldwide were invited to identify hospitals they would recommend based on their primarily (and where applicable, secondary) areas of medical expertise. In addition to peer survey data, various accreditations, certifications, and center designations were included, as they reflect structural quality, patient safety, and levels of expertise relevant to each subspecialty. Finally, a PROMs Implementation score was also factored into the scoring model.

2 Notable Changes

The following list provides a brief overview of the major changes in this year's edition, compared to the *World's Best Specialized Hospitals 2025* ranking:

- **Addition of accreditations and increase in accreditation weighting:** Various national and international accreditations and certifications which are relevant for the overall as well as field-specific quality of care, were added to the scoring model. Examples include accreditations from Planetree, Japan Ministry of Health, Labour and Welfare (MHLW), and the Organisation of European Cancer Institutes (OECI). Factoring in these new data points, the weighting of accreditations and certifications within the scoring model was increased from 6.5% to 10%.
- **Increased PROMs Implementation data weighting:** This year, the weighting of the data from Statista's PROMs Implementation Survey was increased from 3.5% to 5% in the scoring model to place greater emphasis on patient-centered care. Moreover, the PROMs survey, eligibility thresholds, and display of participating hospitals were updated.
- **Inclusion of the previous year's recommendation data:** To account for reputational continuity, recommendations from the last two years were factored into the reputation pillar.

- **Decrease in reputation weighting:** The weighting assigned to the overall reputation pillar was reduced to accommodate an increased emphasis on other components within the scoring model.

3 Ranking Framework and Evaluation Criteria

The following sections provide an overview of the ranking design and the underlying methodology used to determine the ranks. First, the eligibility criteria are outlined in chapter 3.1. Next, the general approach is detailed in chapter 3.2, followed by a description of the role of the global expert board in chapter 3.3 and the approach that was used to determine the lists for the ten medical fields in chapter 3.4.

3.1 Eligibility

Hospitals that are not accessible to the public and/or are very small were excluded from the ranking, as they are not comparable in the range of services provided. Additionally, hospitals were eligible to receive recommendations in a given specialty only if they demonstrably offer services in that specific medical field. This requirement ensures the validity of specialty-level rankings by aligning peer recommendations with actual institutional capabilities.

3.2 General Methodology

The *World's Best Specialized Hospitals 2026* ranking is based on three pillars:

1. **Worldwide online survey:** Conducted in collaboration with Newsweek, Statista invited medical experts (doctors, health care professionals, and hospital managers) from around the world to participate in an online survey to recommend hospitals based on their primary and optional secondary medical expertise. Data collection took place between May and July 2025.
2. **Accreditation data:** Relevant hospital accreditations and certifications were analyzed to assess structural and quality standards.
3. **Statista PROMS Implementation Survey**: Hospitals received a score based on their participation in the annual survey regarding their implementation of Patient-Reported Outcome Measures (PROMs).

3.2.1 Reputation Score

As previously described, participants of the survey were asked to recommend hospitals based on their expertise in one primary medical field (e.g., Cardiology for Cardiologists), with the option of selecting a secondary area of expertise in which they are also knowledgeable (e.g., due to frequent interaction with other medical fields). However, secondary recommendations were given a lower weight than primary recommendations (see 3.4 for scoring details). For specialists in the field of Pediatrics, participants were given the opportunity to select a standout medical field for each recommended hospital based on their perception of the hospital's specialized expertise. Available options included Cardiology, Cardiac Surgery, Endocrinology, Gastroenterology, Oncology, Orthopedics, Neurology, Neurosurgery, Neonatology, Pulmonology, and Urology.

The questionnaire did not suggest a list of recommended hospitals; therefore, respondents were free to suggest any hospital they deemed recommendable (aided by an autocomplete function for convenience). Self-recommendations were not allowed. Statista performed plausibility checks on all data to prevent self-nomination.

To determine the final ranking, the answers were weighted according to two factors: a) working experience by profession, with primary recommendations from doctors in the relevant medical field receiving the highest weight (e.g., Cardiologists for Cardiology); and b) the respondents' confidence in their vote (0-100%). Combined, the two survey parts resulted in over 39,000 individual hospital recommendations.

Finally, the combined data was analyzed, and an overall reputation score (0-100%) was calculated for every hospital across all medical fields based on the total weighted number of recommendations and the ranking score. The hospital with the highest number of weighted recommendations received a recommendation score of 100%, while the

next best hospitals received a relative score based on their weighted number of recommendations (e.g. if hospital A received the most weighted recommendations with 100, hospital B with 80 weighted recommendations would receive a score of $\frac{80}{100}$ = 80%.

Weighted peer recommendations accounted for 85% of the overall score in the ranking model. To incorporate reputational consistency over time, recommendation data from the previous two years were also included in the scoring, albeit with a lower weighting compared to the current year's data.
Hospitals with expertise across multiple medical specialties received separate recommendation scores for each field, based on specialty-specific responses. As a result, a single hospital may appear in multiple rankings if it meets the threshold of recommendations within each respective specialty.

3.2.2 Accreditation Score

The ranking model incorporates numerous accreditations, certifications, and center designations that reflect structural and quality standards, where such data is available. These credentials were included in the scoring to highlight both the general quality of hospitals and their specialization in medical subfields.

Specialty-specific accreditations and certifications were included to assess the level of expertise and specialization in the respective subspecialties.

Specialty-related accreditations and certifications from the following institutions were considered:

- Accreditation Canada: Data was available for oncology and general healthcare quality standards
- Accreditation Commission for Health Care International (ACHC International): Data was available for neurology, oncology, and general healthcare quality standards
- Asociación Argentina de Ortopedia y Traumatología (AAOT)
- Asociación Argentina del Trauma Ortopédico (AATO)
- Australian Council on Healthcare Standard International (ACHS International): Data was available for pediatrics, cardiology, oncology and general healthcare quality standards
- Commission on Accreditation of Rehabilitation Facilities (CARF): Data was available for pediatrics, orthopedics, and neurology

- Deutschen Krebsgesellschaft (DKG)
- Det Norske Veritas (DNV): Data was available for oncology, endocrinology, orthopedics, cardiology, cardiac surgery, neurology, neurosurgery and general healthcare quality standards
- European Board of Urology (EBU)
- European Neuroendocrine Tumor Society e.V. (ENETS) - Centers of Excellence (CoE)
- European Society of Cardiology (ESC)
- European Stroke Organization (ESO)
- Foundation for the Accreditation of Cellular Therapy (FACT)
- International Society of Orthopaedic Centers, Ltd. (ISOC)
- Joint Commission International (JCI) and The Joint Commission (TJC) - data was available for all specialties, as well as for general healthcare quality standards. Please see the appendix for the specific certifications and their respective specialties.
- National Association of Epilepsy Centers (NAEC)
- Centers National Cancer Institute (NCI) Designated Cancer Centers
- National Institute on Aging (NIA) Designated Alzheimer's Centers
- Organisation of European Cancer Institute (OECI)

In addition, general hospital accreditations focused on overall quality, patient safety, and healthcare infrastructure were considered when relevant across multiple specialties. The following general hospital quality accreditations were taken into account:

- ANCC Magnet (ANCC)
- Australian Council on Healthcare Standard (ACHS)
- Planetree
- French National Authority for Health (HAS)
- Indonesian Commission on Accreditation of Hospital (KARS ICAHO)
- Initiative Qualitätsmedizin (IQM)
- Instituto Técnico para la Acreditación de Establecimientos de Salud (TAES)
- Intersocietal Accreditation Commission (IAC)
- Japan Ministry of Health, Labour and Welfare (MHLW)
- Joint Commission of Taiwan (JCT)
- Korea Institute for Healthcare Accreditation (KOIHA)
- Malaysian Society for Quality in Health (MSQH)
- National Accreditation Board for Hospitals & Healthcare Providers (NABH)
- Organização Nacional de Acreditação (ONA)

- Organización para la Excelencia de la Salud (OES)
- Philippine Health Insurance Corporation (PhilHealth)
- Healthcare Accreditation Institute (HAI)
- Programa de Acreditação em Diagnóstico por Imagem (PADI)
- Qmentum Global by Accreditation Canada
- Instituto para el Desarrollo e Integración de la Sanidad (IDIS)

The Accreditation Score accounts for 10% of the overall hospital score.

3.2.3 PROMs Implementation Score

Patient-Reported Outcomes Measures (PROMs) are defined as standardized, validated questionnaires completed directly by patients to reflect their perception of their health status. Health status is defined beyond simply surviving disease following treatment, covering symptom burden, impact on functioning (physical, mental, and social), and quality of life. In recent years, PROMs measurement and the pursuit of patient-centered and value-based care has become a key topic in health care systems worldwide.

With the guidance of the global board of experts, Newsweek and Statista have updated the *PROMs Implementation* Survey for the 2025 ranking cycle. The survey was sent out to hospitals in fall/winter 2024, and participation was also possible on newsweek.com and r.statista.com.

The overall **purpose of this survey is to determine the status quo of implementation of generic and condition-specific PROMs** in hospital settings, as well as the hospital's efforts towards reporting and usage of the data both internally and externally for the purpose of improving health care delivery. For this, the global board of experts provided methodological input and guidance regarding the importance and development of the PROMs topic in a clinical setting. Furthermore, the board provided feedback on each of the questions within the survey to capture the most relevant PROMs information from the hospitals.

Statista collaborates with the International Consortium for Health Outcomes Measurement (ICHOM) as a knowledge expert. ICHOM is the world's leading nonprofit organization dedicated to transforming healthcare through the applied use of standardized patient-centered outcomes measurement. ICHOM convenes and empowers patient and clinical leaders to identify and standardize the most important clinical, quality of life, function, and experience results for health care, and enables transparent, large-scale

use by various stakeholders to achieve patient-centric health system transformation. By working with partners around the world, ICHOM builds evidence-based, patient co-created resources—the standardized sets of patient-centered outcomes measures— that help all actors in healthcare design deliver and evaluate care based on outcomes that matter to patients. ICHOM sets cover a large variety of medical conditions and account for nearly 60% of the global burden of disease. They have been implemented in over 500 care settings across more than 42 countries. Drawing from their widely recognized expertise and experience in the field of clinical and patient-reported outcome measures, ICHOM is contributing to the future development of the *PROMs Implementation* Survey and to the wider advancement of value-based care worldwide.

More information about ICHOM is available at: www.ichom.org

An outline of the questions covered in the PROMs Implementation Survey can be found below, and the full questionnaire can be accessed via this link.

PROMs questions[1]:

- Designated team to measure PROMs (Yes/No)
- Collection of standardized PROMs (Yes/No)
- Number of standardized PROM instruments measured and the departments they are being measured for
- The condition and/or departments measuring PROMs, whether case-mix adjustment was taken into account, if the instruments are scientifically validated, and the percentage of patients that complete the PROMs questionnaire for each condition
- Internal reporting of PROMs data to clinicians (Yes/No)
- Internal reporting of PROMs data to patients (Yes/No)
- External reporting of PROMs results (Yes/No)
- Auditing of the data prior to being published (Internal/External/Both)
- Use of PROMs data to optimize care processes (Yes/No)
- Use of PROMs data to support therapeutic decisions in real-time (Yes/)
- Sharing and comparing of PROMs data with other institutions to learn from each other (Yes/No)

[1] In the questions pertaining to external reporting, optimization of care processes, therapeutic decisions, and sharing and comparing of PROMs data – examples were either listed or asked of participants if participants selected yes.

Furthermore, in collaboration with the expert board, a grading system was developed to determine the PROMS Implementation score. For hospitals to qualify for this pillar within the scoring model, they had to achieve a minimum of 50% (of the maximum 100% score). To further highlight PROMs implementation efforts of participating hospitals and their level of excellence in this category, a range of 1-3 ribbons was awarded. The number of ribbons awarded was based on by the amount of points accrued within the PROMs Implementation Survey, and the criteria were as follows:

- Checkmark: PROMs measurement does not meet the 50% threshold
- 1 Ribbon: 50% – <70%
- 2 Ribbons: 70% – <87.5%
- 3 Ribbons: ≥ 87.5%

The PROMS Implementation score accounts for 5% of the overall hospital score. The PROMS Implementation score was awarded only to participating hospitals who marked the respective specialty within the PROMs survey. For example, if a hospital stated they measured PROMs for cardiology and oncology, then the overall PROMs score would be factored into only those specific rankings. Consequently, PROMs ribbons are displayed only for the specialties in which PROMs were measured.

The upcoming survey cycle, which will be valid for all hospital rankings published in 2026, will be announced on newsweek.com and r.statista.com, and shared via e-mail with pre-registered participants. Hospitals interested in participating in future cycles can preregister through the provided link here.

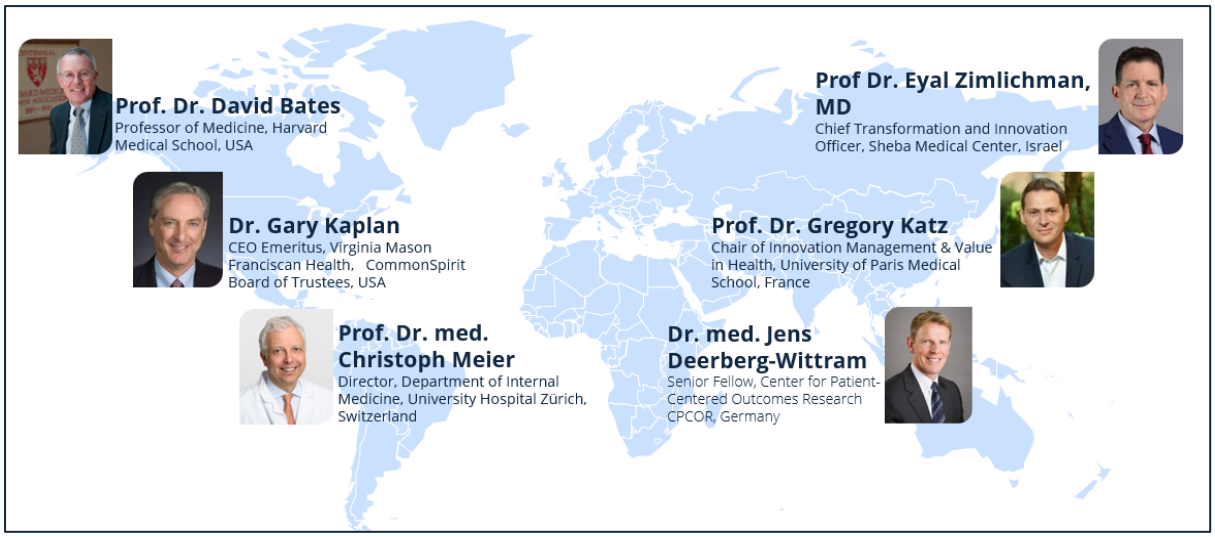
By continuously improving the PROMs Implementation Survey in collaboration with the expert board, Newsweek and Statista strive to drive PROMs implementation and promote patient-centered care on a global scale. The long-term goal is to establish this questionnaire as the leading measure for PROMs implementation on an international level. The ongoing participation and engagement of hospitals worldwide are crucial in achieving this shared vision of improving healthcare standards through the integration of patient-reported outcomes.

3.3 Methodological input by the Expert Board

The following section outlines the function of the global board of experts, which was founded by Statista to support the World's Best Specialized Hospitals project.

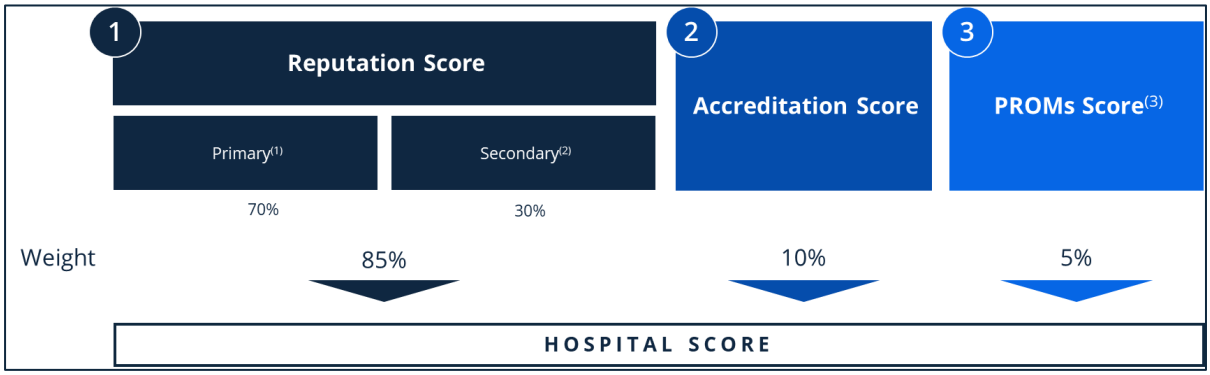
The idea behind the board of experts was to create an independent body that was tasked with the continuous development of the quality and scope of the project. The board of experts was tasked with providing input on possible improvements and expansions of

the current questionnaires and methodology, most notably the PROMs Implementation Survey. The members of the board of experts were carefully chosen based on their national and international expertise and decades-long experience in their respective medical fields, as well as their scientific output. The current members of the board of experts are:



3.4 Scoring Model

The scoring model is based on the reputation score, the accreditation/certification score, and the PROMs implementation score. Each individual component was assigned a specific weight within the model, as shown in this overview:



As shown above, the primary specialty recommendations from experts in each medical field account for 70% of each hospital's reputation score. Secondary specialty recommendations from medical professionals with knowledge in more than one medical field contribute a weight of 30% towards the reputation score. The total reputation score

accounts for 85% of the overall hospital score, while the accreditations/certifications account for 10% and the PROMs Implementation Survey score for 5%.

Hospitals were ranked within each medical specialty based on their overall composite score, ordered from highest to lowest score

Hospitals were ranked within each medical specialty based on their overall hospital score, ordered from highest to lowest performance.

The results of this ranking are displayed in the lists published by Newsweek. This year's ranking features twelve specialty lists with hospitals from over 30 countries. The following number of hospitals were awarded per list:

Specialty	Hospitals awarded
Cardiology	300
Oncology	300
Pediatrics	250
Cardiac Surgery	150
Endocrinology	150
Gastroenterology	150
Neurology	150
Orthopedics	150
Pulmonology	150
Neurosurgery	125
Obstetrics & Gynecology	125
Urology	125

Top global hospitals are represented in multiple medical fields, along with leading specialized hospitals that are highly renowned in one or two specific medical fields or treatments.

4 Disclaimer

The rankings are comprised exclusively of hospitals that are eligible regarding the scope described in this document. A mention in the ranking is a positive recognition based on peer recommendations and publicly available data sources at the time. The ranking is the result of an elaborate process which, due to the interval of data-collection and analysis, is a reflection of the last calendar year. Furthermore, events preceding or following the period 07/01/2024–07/01/2025 and/or pertaining to individual persons affiliated/associated to the facilities were not included 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 hospitals or, if possible, accompanied by a visit to a facility. Please note that data are subject to change and may be affected by continuing differences among states in abortion laws. The quality of hospitals that are not included in the rankings is not disputed.

5 Appendix

Joint Commission Certifications:

Specialty	Relevant Certifications
Cardiac Surgery	Acute Coronary Syndrome, Acute Myocardial Infarction, Heart Failure, Heart Transplant, Coronary Artery Bypass Grafting, Ventricular Assist Device, Ventricular Septal Defect
Cardiology	Acute Coronary Syndrome, Acute Myocardial Infarction, Heart Failure, Ventricular Assist Device, Ventricular Septal Defect
Endocrinology	Diabetes Mellitus (Type 1 and Type 2), Outpatient Diabetes,
Gastroenterology	Colon Cancer, Benign Biliary Pathology, Bariatric Surgery
Neurology	Primary Stroke, Brain Cancer, Traumatic Brain Injury, Normal Pressure Hydrocephalus, Acute Ischemic Stroke
Neurosurgery	Acute Ischemic Stroke, Brain Cancer, Primary Stroke, Traumatic Brain Injury, Normal Pressure Hydrocephalus
Oncology	Breast Cancer, Cervical Cancer, Colon Cancer, Lung Cancer, Brain Cancer, Prostate Cancer, Rectal Cancer, Ovarian Cancer, Multiple Myeloma, Cancer Center
Orthopedics	Joint Replacement (all types), Anterior Cruciate Ligament (ACL), Shoulder Replacement, Orthogeriatric, Lumbar Decompression and Fixation, Knee Replacement,
Pediatrics	Childhood Asthma, Pediatric Cardiology and Cardiac Surgery, Hip Replacement
Pulmonology	Lung Cancer, Chronic Obstructive Pulmonary Disease (COPD)
Urology	Prostate Cancer, Rectal Cancer
Obstetrics & Gynecology	Breast Cancer, Cervical Cancer, Vaginal Birth after Cesarean, Ovarian Cancer

Literature

Bhattarai, N., McMeekin, P., Price, C., & Vale, L. (2016). Economic evaluations on centralisation of specialised healthcare services: A systematic review of methods. *BMJ Open, 6*, e011214. https://doi.org/10.1136/bmjopen-2016-011214

Kruse, F., Groenewoud, S., Atsma, F., van der Galiën, O. P., Adang, E. M. M., & Jeurissen, P. P. T. (2019). Do independent treatment centers offer more value than general hospitals? The case of cataract care. *Health Services Research, 54*(6), 1357–1365. https://doi.org/10.1111/1475-6773.13201

Leider, M., Campbell, R., Boyce, J., & Tjoumakaris, F. (2021). Orthopaedic specialty hospitals compared with general hospitals: A systematic review of demographic, clinical, and financial parameters. *JBJS Reviews, 9*(8). https://doi.org/10.2106/JBJS.RVW.20.00093

Pilny, A., & Mennicken, R. (2014). *Does hospital reputation influence the choice of hospital?* https://hdl.handle.net/10419/104730

Preusker, U., Böcken, J., & Busse, R. (2019). *Höhere Versorgungsqualität durch mehr Konzentration und Spezialisierung*. https://www.monitor-versorgungsforschung.de/wp-content/uploads/2023/01/0519-23.pdf

World Health Organization. (n.d.). *Hospitals*. https://www.who.int/health-topics/hospitals (accessed July 23rd, 2025)

Yahanda, A., Lafaro, K., Spolverato, G., & Pawlik, T. (2016). A systematic review of the factors that patients use to choose their surgeon. *World Journal of Surgery, 40*, 45–55. https://doi.org/10.1007/s00268-015-3246-7

Jung, B., Yeo, J., Kim, S. J., & Ha, I. H. (2021). Relationship between hospital specialization and health outcomes in patients with nonsurgical spinal joint disease in South Korea: A nationwide evidence-based study using national health insurance data. *Medicine*, *100*(32), e26832. https://doi.org/10.1097/MD.0000000000026832